

SOP Number Version 1
SOP Title Clinical/Research Site Placement Abroad

	NAME	TITLE	SIGNATURE	DATE
Author	M Rogers	Director, LCC		
Reviewer				
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Effective Date:	
Review Date:	

READ BY			
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1. PURPOSE

This SOP will guide the clinical and research placements for students who wish to do part of their rotations or other academic requirements in international sites.

2. INTRODUCTION

Emory SON is known for its emphasis on global health and many students with experience in this area or who wish to gain experience in this field come to Emory because of this emphasis. In addition, several faculty members conduct their research projects in international settings and students often work with them, requiring travel to these countries. Many students (e.g., returned Peace Corps Volunteers) have extensive experience in global health activities prior to their engagement with Emory and wish to leverage that experience and partner networks to obtain clinical experience and training in these settings. LCC's goal is to facilitate the placement of these students in international settings upon their request.

3. SCOPE

This SOP applies to graduate students who request clinical or research placement in international settings. It is unlikely that undergraduate students will have these requests and can be handled on an individual basis.

4. DEFINITIONS**5. RESPONSIBILITIES****Students:**

- Discuss the potential site with the student's faculty advisor and program director and, in the case of masters students requiring clinical placement, specialty coordinator as an initial step to determine if this site can provide the type of experience and mentoring that is required by the program.
- Obtain approval form from LCC and have faculty advisor, program director and specialty coordinator (Masters students) sign, approving the site for placement.
- Assist LCC in obtaining MOU from site, if needed.
- Meet with LCC to discuss safety and security, potential for occupational exposures (obtain kit, if needed), sign forms, obtain assistance with visa and travel plans
- Sign all forms and comply with all LCC requirements for international travel and activities (see SOP for PEP, emergency situations).
- Pay for all travel, lodging, and other expenses. LCC does not have funding for students for this activity.

Faculty (student advisor, specialty coordinator, program director):

- Faculty Advisor should ensure that proposed site meets all clinical and/or research requirements for the student's program of study. For clinical placements, Faculty Advisor should connect with the local preceptor to discuss activities, ensure that preceptor meets requirements, obtain preceptor's CV, and discuss student evaluation during and after the rotation is completed. For research placements, Faculty Advisor should ensure that the local research infrastructure can handle the student's activities, lodging, food, and safety.
- Complete LCC form for faculty approval
- Be available to the student for any questions or concerns while abroad
- Monitor student's well being during the assignment

LCC:

- Counsel student on all known and publically available potential risks such as emergency situations, theft, arrest, safety, security, potential occupational exposures per the SOPs developed for this purpose.
- Have student sign all required forms (same as those used for other international trips)
- Ensure that student has complied with all requirements (e.g., vaccinations)
- Assist student in obtaining travel and visas, if necessary, although making travel arrangements is the student's responsibility. LCC should discuss travel plans and lodging with student to make sure travel is safe.
- Ensure that contract is in place for clinical site.
- Assist the student in meeting any licensure requirements
- Monitor student's well being while at site upon arrival and every 1-2 weeks either through Internet email, international phone system, or other application such as whatsapp. Mode of communication must be discussed prior to the trip.

6. SPECIFIC PROCEDURE

Step 1: Student should discuss the potential placement with their faculty advisor, specialty coordinator, and program director.

NOTE: BEGIN THIS DISCUSSION AT LEAST ONE SEMESTER IN ADVANCE OF PROPOSED TRAVEL! TWO SEMESTERS IN ADVANCE IS RECOMMENDED.

Step 2: Faculty members should:

- ensure that the proposed clinical or research site can provide the types of activities/experiences appropriate for course requirements

- ensure that the proposed mentors/preceptors have the proper qualifications as outlined by the program of study and obtain their CVs (masters clinical placements)
- Sign LCC form for approval of the proposed activity

Step 3: Student to return approval forms to LCC and begin discussion about the site

Step 4: Meet with LCC Program Director to review all LCC requirements

Step 5: Student meets all LCC requirements

Step 6: Student makes all travel arrangements, including travel and lodging, with assistance from LCC. If faculty funds are to be used, the student MUST comply with Emory travel policies

<https://www.finance.emory.edu/home/travel/travelpolicyintro.html>

Step 7: LCC ensures that contract with site is in place prior to the student's travel, if needed

Step 8: LCC should assist the student in coming up with a means of regular communication while they are at the site either through email, phone, or other application.

Step 9: LCC and faculty advisor to monitor student's wellbeing every 1-2 weeks while away

Step 10: Student to report to LCC and their faculty mentor any issues, concerns, or recommendations for improvement upon their return

7. FORMS/TEMPLATES TO BE USED

- LCC Faculty Approval Form for International Clinical or Research placement (Appendix A)
- Students Traveling Internationally – (Appendix B)
 - o <https://emorynursing.wufoo.com/forms/r39oulv18mh4s2/>
- Code of Conduct – (Appendix C)
- Health Information Questionnaire – (Appendix D)
- Media Release (Appendix E)
- Release, Assumption of Risk and Covenant Not to Sue for Participation in a Student Program (Appendix F)
- Student Health and Safety Information (Appendix G)
- Zika Warning and Advice (Appendix H)

8. INTERNAL AND EXTERNAL REFERENCES

8.1 Internal References

- SOP for Post Exposure Prophylaxis
- SOP for Emergency Situations
- School's contractual policy and documents

- Emory travel policy

8.2 External References

9. CHANGE HISTORY

Where the SOP is the initial version:

- SOP No: Record the SOP and version number
- Effective Date: Record effective date of the SOP or “see page 1”
- Significant Changes: State, “Initial version” or “new SOP”
- Previous SOP no.: State “NA”.

Where replacing a previous SOP:

- SOP No: Record the SOP and new version number
- Effective Date: Record effective date of the SOP or “see page 1”
- Significant Changes: Record the main changes from previous SOP
- Previous SOP no.: Record SOP and previous version number

SOP no.	Effective Date	Significant Changes	Previous SOP no.
Draft 1	6/26/18	Added Forms and Appendix's	

APPENDIX A

LCC FACULTY APPROVAL FORM FOR INTERNATIONAL CLINICAL OR RESEARCH PLACEMENT

I certify that _____ [*name of student*] has discussed their proposed international placement with me and that this placement meets with my approval and all program requirements as per their course of study.

___ At least one faculty (advisor, specialty coordinator, or program director) has contacted the local preceptor and discussed the student's activities and

- certify that these are appropriate
- will meet the program requirements
- are within the student's scope of practice
- the student's safety and security is assured.

___ For clinical placements,

- I have attached the preceptors CV

Faculty Advisor signature and date

Specialty Coordinator (if clinical placement) and date

Program Director (masters students) or Director of Graduate Studies (doctoral students) or Director of DNP Program and date

APPENDIX B

Students Traveling Internationally

Emergency Contact Information and Personal Student Information

Name

First Last

What is your course of study?

If other, please specify.

What is your destination of your trip? Please be specific with all towns and villages.

What is the purpose of your trip?

Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Cell Phone Number

####

Date of Birth

MM / DD / YYYY

Place of Birth

Citizenship

Please list your contact whom you agree we can contact in case of emergency

Name

APPENDIX C



EMORY

NELL HODGSON
WOODRUFF
SCHOOL OF
NURSINGLillian Carter Center
for Global Health & Social Responsibility**Code of Conduct and Expectations**

Dear Participant:

The School is committed to social responsibility and as part of that commitment, we want to clearly state our intentions and expectations related to conduct, safety, and cultural awareness and sensitivity. We believe that this framework will help promote and maintain academic excellence, group harmony, and personal growth, -- all of which are integral dimensions of these unique programs. It is important to note that your actions -- both positive and negative -- do not go unnoticed. We are, in a very real sense, cultural ambassadors and learners, and we are welcomed as such, recognizing that unlike many of the tourists that flood their islands, we are there for serious study and cross-cultural exchange.

Since you have applied to this Program because of the opportunities available to you we are now asking you to take seriously the responsibilities as well. These include acting in a courteous, honest, safe, mature, self-disciplined, and culturally sensitive fashion. The codes of conduct that we have included here are designed to cultivate just such qualities. We believe these codes will enhance your own experiences, benefit the people you live with and encounter there, and assure the continued success of and support for this Program.

It is also important that you read the release form and become informed about the communities you will be visiting. Safety is of paramount importance during any international travel experience. Individuals choosing to participate in projects in these areas need to consider carefully the reality of the environment in which they will be working. These projects provide a very valuable experience for students and faculty, but they also have inherent risks that need to be considered.

With these things in mind, we ask you to sign the following “Code of Conduct Expectations” and the “Release Form for Participation in Activities Abroad”.

With best wishes for a life-changing experience.

1. Drugs and Alcohol

In accordance with the laws of the country to which I am assigned, I will not distribute, possess, solicit, or use any unauthorized controlled substance or distribute, possess, solicit, or use any illegal drug. I will not appear in a public place manifestly under the influence of alcohol or a controlled or other intoxicating substance, particularly where there is danger to self, others, or property or there is unreasonable annoyance to person(s) in the vicinity. Additionally, I will not appear in a public walkway with an open container of alcohol.

2. Culturally Appropriate Behavior

In order to promote and maintain a studious, inter-personally harmonious, and safe environment, to the best of my ability, I will act in a culturally sensitive and appropriate fashion as explained to me by the Emory University faculty and staff.

I will refrain from taking photographs of clients without obtaining permission as specified by faculty.

I recognize that my behavior will be noticed by residents of the areas where I will be studying. Even when I am not in a clinical setting, I am still representing Emory University and will act in accordance with the Emory University Code of Conduct.

Displays of romantic or other intimate interpersonal interactions are not appropriate for any aspect of the program setting. I will also treat all interactions with on-site program staff and patients in a professional manner and be aware of cultural differences in levels of intimacy.

If I am staying with a family in the country, I will make an effort to get to know the family, and to the extent feasible within my schedule, participate in family life. Any concerns about the homestay (food dislikes, lifeways of the family, etc.) I will first discuss with the faculty during our daily debriefings. If the family asks me for food preferences, it is fine to explain the foods I always avoid because of allergy or diet practice (vegetarian). However, I will not request expensive or imported items because the local people often place a high value on pleasing their guests, even when they may not be able to afford such items.

3. Culturally Appropriate Dress

When on site of the project, I will wear clothing that is respectful of the people with whom I am working. I will not wear halter tops, miniskirts, short shorts, string bikinis, sports bras without cover shirts or other form-fitting clothing. Scrub suits or other appropriate clothing are preferred.

If my project includes participation in liturgical services, I will wear sleeved shirts and pants or a skirt covering my knees.

4. Expectations for Safety

Crime and gang violence occur regularly in certain areas. At no point will I travel in the city, or leave the hotel or volunteer centers without the accompaniment of a faculty member and a large group. A faculty member should know where I am at all times. Ground Transportation to and from the airport and the care centers will be provided in-country and will consist of a bus or vans with a driver provided. Students are not allowed to drive or rent or operate vehicles for transportation between sites or program activities. Students are not allowed to drive or be a passenger on a motorcycle, motor scooter, or related vehicle.

I will not go anywhere alone. If I wish to engage in physical activities or familiarize myself with the area, I will take at least one other person, and inform a faculty member in advance. A faculty member should know where I am at all times.

If at any time I have concerns about any issue related to safety and/or potential abuse (including but not limited to verbal, physical, sexually inappropriate, etc.) involving me, another student, or client(s), I will not attempt to personally intervene, but will report the situation immediately to a faculty member.

5. Student Expectations for Caregiving

I realize that the Nursing Boards view our group as volunteers.

Students who have licensure in the U.S. will have temporary nursing licensure in some countries. Unlicensed undergraduate students will limit their scope of practice to activities centered on care for the residents including bathing, feeding, hand and foot care, changing dressings for wounds, taking blood pressures, health education, reading and personal interactions. Undergraduate university students are not allowed to give injections or use needles or other sharps in any procedures.

Students and faculty members will also work with teachers and principals in schools to educate school-age children on health related topics identified by the Chief Nurse and principals.

Students and Faculty members shall follow practice guidelines in accordance with nursing in the visiting country.

If at any point I feel uncertain about a situation, I will immediately stop and ask for help from a faculty member or in-country preceptor.

6. Academic Integrity:

In order to guide implementation and strengthen understanding of the School of Nursing Policies related to academic integrity, the following selected guidelines have been reproduced from the Student Handbook.

Academic misconduct is an offense generally defined as any action or inaction that is offensive to the integrity and honesty of the members of the academic community. This offense includes, but is not limited to, the following:

- (a) Seeking, acquiring, receiving, or giving information about the conduct of an examination, knowing that the release of such information has not been authorized:
- (b) Plagiarizing: Definition of plagiarism
Plagiarism is a false representation of authorship and consists of the reproduction, in whole or in part, of a manifestation of intellectual endeavor by someone who by statement or implication holds himself/herself out as its creator.
- (c) Seeking, using, giving or obtaining unauthorized assistance or information in any academic assignment or examination;

Program Expectations

I will participate in all scheduled activities, including required community events held after clinical hours. I will participate in any debriefing sessions scheduled by a faculty member. I will follow directions provided by faculty members in respect to safety and security issues. Above all, I will follow the lead of faculty members or I agree that I can be returned home for

being non-compliant with this Code of Conduct. I additionally understand that I am expected to travel with the group overseas, and return with the group to the U.S.

Signature

Date

Printed Name

APPENDIX D



EMORY

NELL HODGSON
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NURSINGLillian Carter Center
for Global Health & Social Responsibility**Health Information Questionnaire**

Name: _____

Birthdate: _____ (dd/mm/yyyy)

Program (BSN Senior, ABSN, AMSN, graduate student Program):

The purpose of this form is to help NHWSN be of maximum help to you should the need arise during your student program. Mild physical or psychological disorders can become serious under the stresses of life while journeying abroad. It is therefore important that NHWSN be made aware of any medical or psychological problems, past or current, which might affect you in a travel context. The information provided will remain confidential with NHWSN and your Program Director, and will be shared with other program staff, faculty, or appropriate professionals only if pertinent to your well-being. NHWSN may not be able to accommodate all individual needs or circumstances. This information does not affect your admission into LCC student programs. Please answer the questions honestly and completely. You may use the other side of the form if necessary.

- Yes No 1. Are you generally in good physical condition? (If not, please explain.)
- Yes No 2. Have you ever been hospitalized and/or had any surgical procedures? (If yes, please explain.)
- Yes No 3. Have you ever been or are you currently being treated for any physical, psychological, or emotional problems? (If yes, please explain.)
- Yes No 4. Do you have any allergies? (If yes, please explain.)

Yes No 5. Are you taking any medications? (If yes, please explain.)

(Need to have enough to last the duration of trip, if not available in the destination country)

Yes No 6. Are you a vegetarian or are you on any restricted diet? (If yes for the latter, please explain. Please note that you will need to take any food needed with you as special dietary requests cannot always be accommodated.)

Yes No 7. Is there any additional information (concerning a medical condition or physical or learning disability) that would be helpful for the program to be aware of during your trip experience? (If yes, please explain.)

I, the undersigned, have provided accurate answers to the best of my knowledge in completing this document and hereby give permission to the attending physician and/or other health officials to administer emergency treatment in the event of any serious injury or illness. I also agree to notify NHWSN hereafter of any relevant changes that occur in my health prior to the start of my trip.

Signature

Date

Printed Name

APPENDIX E

Media Release

For good and valuable consideration herein acknowledged as received, I hereby grant to Emory University, its affiliates, legal representatives, and assigns, and those acting with Emory’s authority and permission, the irrevocable and unrestricted right and permission to create, use, re-use, publish and re-publish video recordings, audio recordings, photographs, or other media that contain or capture my likeness or voice or in which my likeness or voice may be included (the “Recordings”) in connection with any publication or materials relating to or serving the mission and goals of Emory University or Emory Healthcare, including advertisements, brochures, or other promotional materials. The Recordings may be used with or without my name, and in any and all media now or hereafter known. I acknowledge and agree that Emory owns all right, title, and interest in and to the Recordings, including all copyrights therein and the full and unrestricted right to edit and modify the Recordings, and I hereby assign and agree to assign any such interest that I may own or control to Emory. I also consent to the use of any printed matter in conjunction with the Recordings. I hereby waive any right I may have to inspect or approve the Recordings or any finished product or products incorporating the Recordings and any written or other print material that may be used in connection therewith, including print material containing my name. I acknowledge that nothing in this Agreement obligates Emory or any third party to make any use of the Recordings.

I hereby warrant that I am of legal age and have the right to contract in my own name. I have read the above Media Release prior to its execution, and I am fully familiar with its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Name(Print)_____Date_____

Signature_____Ph:_____

Address_____

City_____State_____Zip_____

APPENDIX F



EMORY

 NELL HODGSON
 WOODRUFF
 SCHOOL OF
 NURSING

 Lillian Carter Center
 for Global Health & Social Responsibility

Release, Assumption of Risk and Covenant Not to Sue for Participation in a Student Program

As attested to by the fact of my signature below that I, _____,
understand that:

1. I have informed Emory University that I will be participating in an LCC student program to:
[list country] _____
and I will take part in training in conjunction with The Ministry of Health and other organizations that are unrelated to Emory University School of Nursing.
2. I acknowledge that my travel to an LCC Student Program site is in no way required by Emory University to complete the clinical or credit hours entirely voluntary and is for satisfactory completion of a nursing degree at the Nell Hodgson Woodruff School of Nursing. I further acknowledge that while an Emory Faculty will be present during this Program, I will also be participating in approved activities under the supervision of in-country representatives.
3. I understand that Emory University does not warrant (or guarantee) in any respect the competency or mental or physical condition of any person associated with the program or the physical condition of any facility or equipment used in connection with the program. Emory has purchased an International SOS plan for students participating in programs sponsored by Emory University.
4. I understand that it is my responsibility to know what personal equipment is required and provide the proper personal equipment for my participation in the program, and to ensure that it is in good and sustainable condition. I agree to ask questions to make sure that I know how to safely participate in the program.

5. I understand that I will be traveling on the program to areas of the world with endemic diseases, e.g. malaria. I acknowledge that Emory University has advised me to follow the applicable CDC guidelines for immunizations and the taking of prophylaxis before and when traveling to the location of the program. I also acknowledge that Emory University has advised me to make an appointment at the Emory University Student Health Services.
6. While I participate in the Program, along with any travel to or from the Program or the provision of transportation to or from the Program. I realize that my trip and my activities in the program involve a significant level of risk and that during my trip certain risks and dangers may occur, including, but not limited to, the hazards of traveling; accident or illness in remote places; health hazards due to exposure to poor food and water quality, diseases, pests and poor sanitation, and patients from areas with poor food and water quality, diseases, pests and poor sanitation; the forces of nature; travel by air, train, automobile or other conveyance; including public buses, taxis and personal vehicles of the Ministry of Health staff and community nurses and the exposure to acts of terrorism or war. I also recognize that safety standards in foreign countries in respect to transportation, fire, earthquakes and other natural disasters are not consistent with U.S. standards. In addition, I understand that the risks involved in participation in the program include damage, whether to person or property, injury, or death. Further, I am aware and understand that Emory cannot guarantee what assistance it can provide, if any, if I develop a legal problem in a foreign country. In consideration of being able to participate in the program, I voluntarily assume all risks, including death, associated with the program and travel to and from my destination site.
7. IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE PROGRAM, I ACKNOWLEDGE AND VOLUNTARILY ASSUME ALL RISKS OF DAMAGES OR INJURY, INCLUDING DEATH, THAT I MAY SUSTAIN OR THAT MY PROPERTY MAY SUSTAIN. I hereby release, covenant not to sue and forever defend, indemnify and hold harmless Emory University and its trustees, officers, agents, employees, students, and volunteers of any and from all claims, demands, rights and causes of action of whatever kind or nature including, but not limited to, negligence, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from any participation in or in any way connected with my trip and any travel incident thereto.
8. I understand that, when I travel independently and not with the Program (before/after the Program and/or on weekends or during free time), I am responsible for myself. I understand that when I conduct personal travel and activities during the course of the program I should leave emergency contact details with the Program Director, including an itinerary and phone numbers. I understand that I should always be in the company of other students or faculty members, especially when away from the designated project sites.
9. I expressly agree that the terms of this Release, Assumption of Risk and Covenant Not to Sue shall be binding upon me and my heirs, executors and assigns, and all members of my family.

10. I expressly agree that this Release, Assumption of Risk and Covenant Not to Sue shall be governed and interpreted in accordance with the laws of the State of Georgia without regard to conflict of law principles. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY OT THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT, IN THE EVENT THAT ANY CLAUSE OR PROVISION OF THIS RELEASE IS HELD TO BE INVALID BY ANY COURT OF COMPETENT JURISDICTION, THE INVALIDITY OF SUCH CLAUSE OR PROVISION SHALL NOT OTHERWISE AFFECT THE REMAINING PROVISIONS OF THE RELEASE.

11. I have read and have had the opportunity to ask questions concerning this document.

Date: _____ Signature: _____ Printed Name: _____

APPENDIX G



EMORY

NEL HODGSON
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Student Health and Safety Information

I. Medical Conditions

NHWSN recommends that all students get a thorough physical examination before participating in an LCC program. Discuss with your physician your intent to travel abroad and get advice for managing your physical and emotional health while in another country. Describe your health condition (allergies, disabilities, psychological treatment, dietary requirements, and medical needs) with your physician, and seriously consider the appropriateness of your participation in the program in your chosen country.

Actions:

1. If you have any medical or psychological condition that may require attention while you are abroad, discuss this with your physician before going abroad.
2. Ask your physician if your medication will be readily accessible in your host country.
3. Take necessary medications (in original, labeled containers) and written prescriptions with you.
4. It is advisable that you carry a letter from your doctor explaining the use of your medication so it is not suspected as contraband.

II. Vaccinations and other preventive actions

You may need to update your vaccinations and/or take medication to prevent malaria prior to and while you are on an LCC trip, depending on recommendations for your

country of travel. Please consult the CDC website for recommendations:

www.cdc.gov

Actions:

Make an appointment at the Emory Travel Clinic Patient Portal or with your healthcare provider to receive individual counseling and necessary immunization.

III. Medical Facilities/Services

Medical facilities and services will not be the same in every country. It is important to understand as much as possible about the facilities and services in your host country before you should need them.

Actions:

1. Be sure you get information in your program-specific orientation about medical facilities and services in your host city/country.
2. You will need to understand where to go for common health needs (i.e., cold, stomachache, flu, etc.) and where to go for emergencies. Your faculty member will be able to get you to medical care, if needed.
3. You will need to know how medical services are paid for (i.e., out-of-pocket by the student, host country or institution, insurance, etc.).
4. Understand your insurance coverage before going abroad (does your insurance cover you in another country, what is covered, what is not, how to make claims, etc.).
5. You will need to know who to contact in case of a medical emergency.

IV. Disabilities

Students requiring accommodations for a medical condition and/or disability during an LCC program experience must submit an accommodation letter from the Office of Disability Services (ODS) to NHWSN and/or the host country Program Director before going abroad. The earlier the request is made, the more measures NHWSN can take to discuss accommodations in the host country. **Please note:** “reasonable accommodations” provided on the Emory campus may differ and/or may not be available in the host country.

Actions:

1. If you have not already registered with Emory's Office of Disability Services, contact an ODS representative at 404-727-9877.
2. Schedule an appointment with ODS to discuss services available in your host country. ODS will provide NHWSN with an accommodation letter specifically for the alternate WINTER break experience.
3. After review, NHWSN will notify you about the availability of your requested accommodations. If the requested accommodations are not available in the

chosen host country, a NHWSN representative, in consultation with ODS, will discuss your options with you.

V. Mental Health

Not all countries have mental health support services similar to what we are accustomed to in the U.S. Thus, students may not have access to mental health services in some countries. Whether students have utilized mental health services in the past or not, it is important for students to know **if**, what, and where those services are available in their host country.

Actions:

1. All students should be prepared for cultural adjustment before studying abroad. NHWSN has provided a list of recommended readings which will inform students about the cycle of adjustment to a different culture. Although this information will not prevent students from experiencing cultural adjustment problems, it will prepare them for the symptoms, the expected cycle, and some helpful advice for a successful adjustment.
2. Students who are currently, or have utilized mental health services in the past, should contact the Emory Counseling Center or your mental health provider before going abroad. The Emory Counseling Center or mental health provider should be advised as to your needs so they can help you develop a health care plan while abroad.
3. Students who are currently involved with mental health services should seriously discuss the advisability of participating in an LCC program and issues related to cultural adjustment with their mental health practitioner.

VI. Emergency Protocol

The majority of students participating in an LCC program never experience an emergency while abroad. However, any emergency is less traumatic when you are prepared to deal with it effectively and efficiently. It will make you feel more comfortable if you take the time to prepare an emergency protocol when you arrive at your host location.

Actions:

1. Carry some form of identification with you at all times (your name, your host country address, host country phone #, passport and visa #)
2. Carry emergency numbers and contacts with you (LCC will give you a card with these numbers and contacts:
 - local police
 - NHWSN project director cell phone number in host country
 - parent/guardian/emergency contact at home
 - NHWSN contact information in Atlanta, GA.
 - Embassy in host country
 - Insurance contact information

- physician and mental health practitioner at home
- 3. Know where the local hospitals are located and how to get there
- 4. By preparing yourself to respond to different types of emergencies you will feel more confident that you know what to do in the rare event that an emergency should occur:
 - natural disaster
 - medical / mental health injury or trauma
 - civil unrest / terrorism
 - criminal violence or trauma

I certify that I have read the above advice and taken appropriate actions to protect my health.

Date

Signature

Printed Name

APPENDIX H**EMORY**NELL HODGSON
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for Global Health & Social Responsibility**Zika Warning and Advice**

Zika, Dengue, and Chikungunya are all vector-borne diseases (which means they are transmitted through mosquito bites) and are common in the countries where LCC's student programs are located. LCC asks you to go to the CDC.gov website and explore under the tab "travelers' health". For most mosquito-borne diseases, the first-line prevention strategy involves preventing mosquito bites by covering your body and using insect repellent.

In the case of Zika, the CDC has also issued special recommendations for women who are pregnant:

- Do not travel to areas with Zika.
- If you must travel, talk to your doctor or other healthcare provider first and take steps to plan for travel.
- Talk with your doctor and consider postponing nonessential travel to countries in CDC's special travel considerations for Southeast Asia.
- If your sex partner travels to an area with Zika, protect yourself from getting Zika during sex

CDC has also issued special recommendations for women who are intending to get pregnant:

- Consider avoiding nonessential travel to areas with Zika if you are thinking about having a baby in the near future.
- If you must travel, talk to your doctor or other healthcare provider first and take steps to plan for travel.
- If your sex partner travels to an area with Zika, protect yourself from getting Zika during sex.

LCC advised all students participating in our programs to consider this information when deciding to participate in LCC student trips that involve going to areas where Zika virus is present.

I have read and understand this information.

Date:

Signature

Printed Name