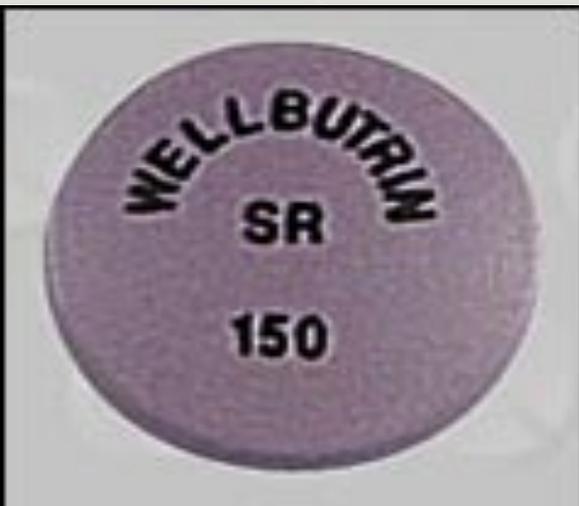


# LODESTONE SAFETY INTERNATIONAL



## “Screening” for International Programs



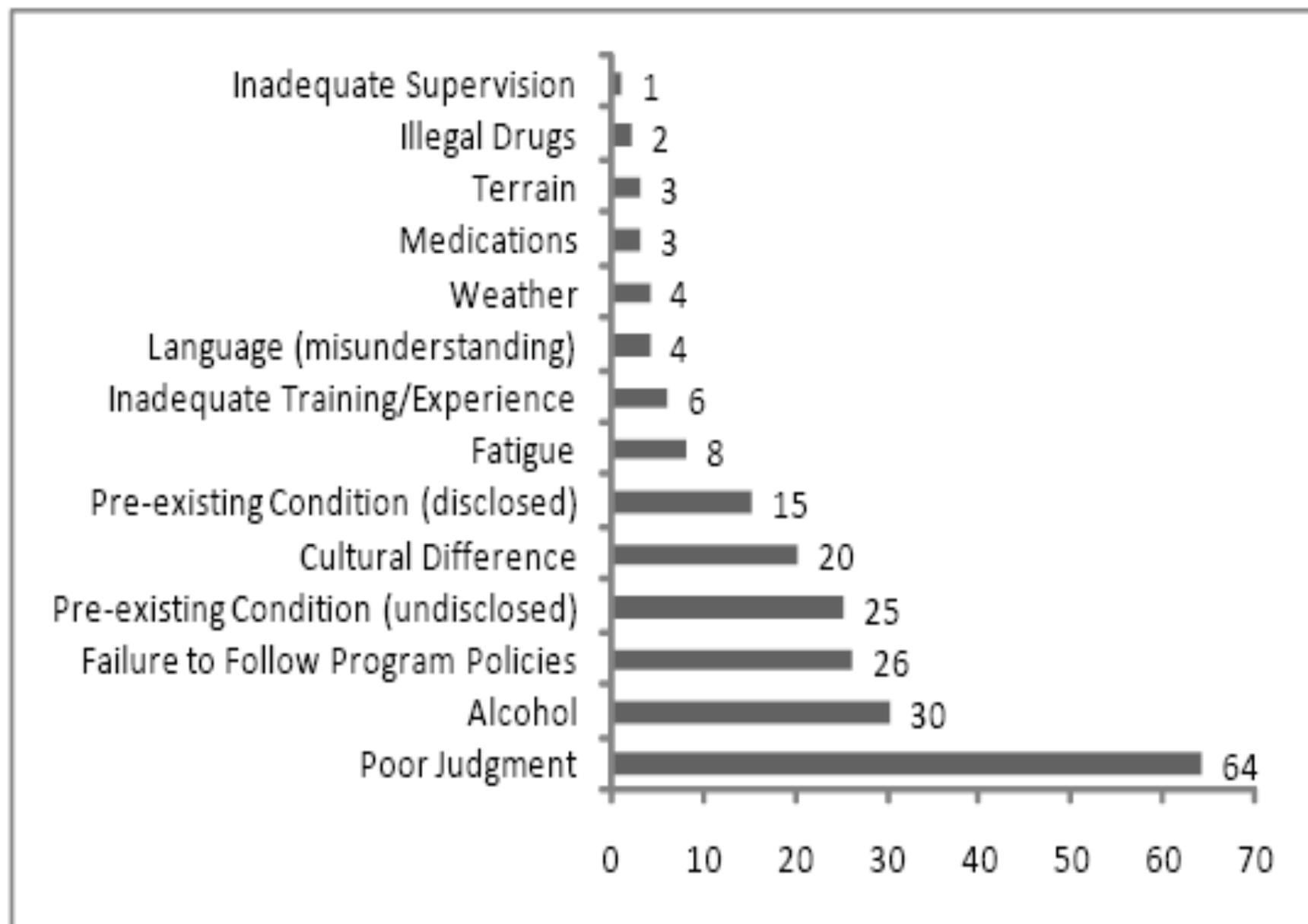
① Usually, its main issues deal with the acceptance of the standard nation. The main function is to gain economically based on use of products that completely control the economic priority for the nation that is exporting goods. Unfortunately if the exporting nation does not comply the import nation can purchase the export nation economically + with military force.

② Free trade is detrimental in the sense that it:

③ Despite my inability to obtain any sort of information, I find myself stumped by technology. I am sorry for this disrespect though you have opened up the door for me, I have been closing it. I am not the point of no return, I have given up. Why study when you know you are going to fail. It is a constant battle. And look not fortunate I am to have this opportunity. I am throwing it away. There is always a way to get out of a jam like this. At least in these ways and I am I am confused and intimidated. If you cannot communicate, then you are useless in this world. It is an endless soap in the brain. Please feel me. I'm not good with words, numbers. I should have it figured out already, there is no common sense, which I find broken by the soul. Civilization can be detrimental because it detaches a sense of community. This is caused by universalization of occupations. This is due for the demand for capitalism which severely undermines the way of life. Sustainable farmers are now forced to grow such items like coffee which is ~~needed~~ needed for survival. The cost of trade is greatly increased ~~and~~ and the ~~and~~ and in the final product. There are only a few ~~shadows~~ shadows that truly provide. I listen to Edward Grigg's Piano Concerto, it is which is going through my head. The double the brass instruments is quite beautiful.

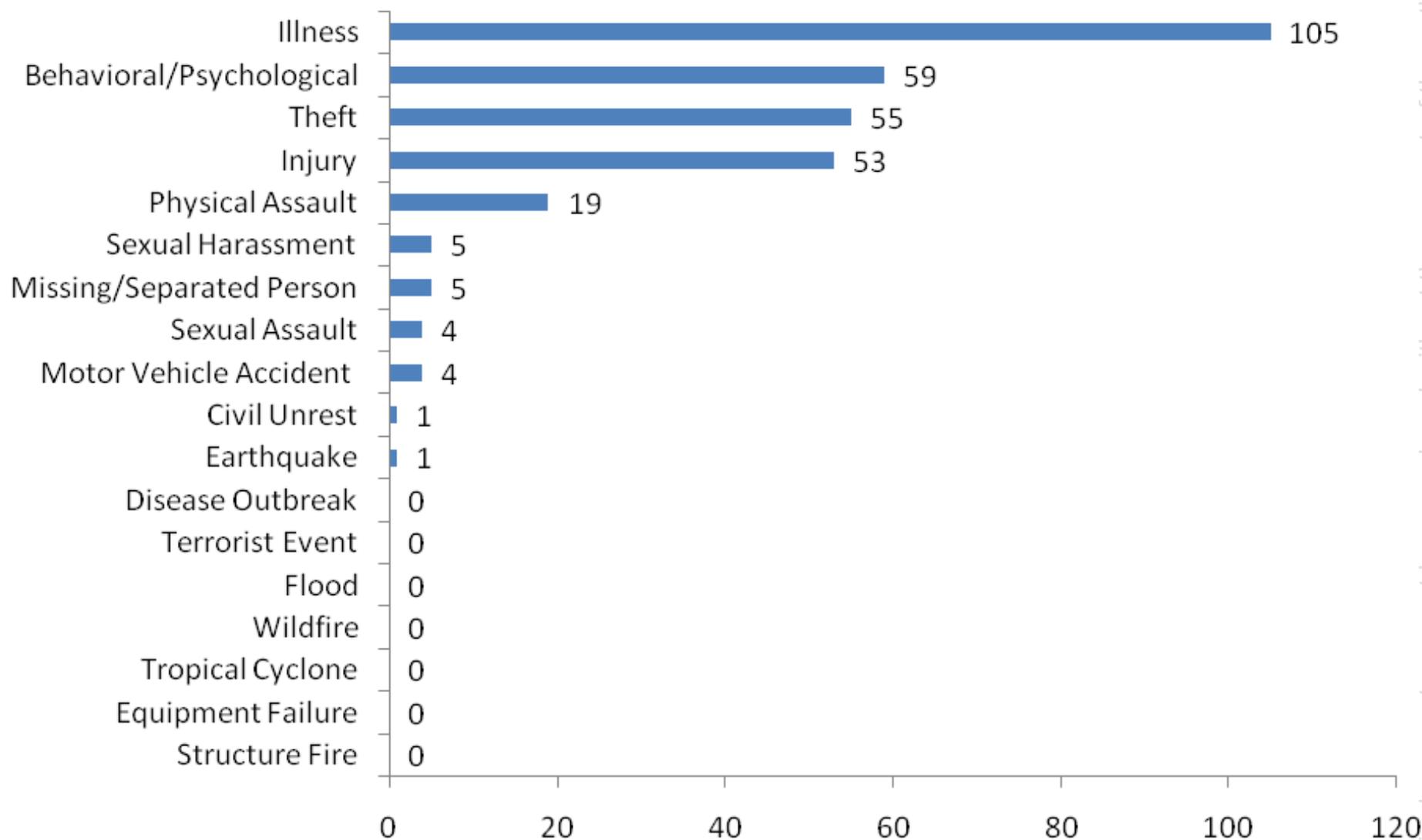


# Education Abroad Incident Database Pilot Project: Contributing factors for incidents



# Forum on Education Abroad Incident Database Pilot Project

## Types of Incidents Reported, by Number of Incidents



Dr. Robert Quigley of International SOS: The number of mental health related RFAs that ISOS received over a 2 year period for higher ed study abroad students was 23 times the number received from all their other clients combined.



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# Psychological Screening for Outdoor Programs

Wilderness Risk Management Conference  
2011



www.nols.edu/wrmmc | (800) 710-6657 X3

WILDERNESS RISK MANAGEMENT CONFERENCE



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# Screening for International Programming

Pre-existing condition(s) +

Student competency +

Destination hazards and resources +

Program demands + program capabilities



CDC Centers for Disease Control and Prevention  
CDC 24/7. Saving Lives. Protecting People™

Travelers' Health

Home  
Destinations  
Travel Notices  
Zika Travel Information  
Find a Clinic  
Disease Directory  
Resources  
Yellow Book  
Contents  
Chapter 8 (17)  
Immunocompromised Travelers  
more  
Maps

Chapter 8  
Advising Travelers with Specific Needs

Chapter 7 - International Advice  
Chapter 8 - Travelers with Chronic Illnesses

Immunocompromised Travelers  
Camille Nelson Kotton, Andrew T. Kroger, David O. Freedman

APPROACH TO THE IMMUNOCOMPROMISED TRAVELER

Immunocompromised travelers make up 1%-2% of travelers seen in US travel clinics. These travelers pursue itineraries largely similar to those of immunocompetent travelers. The pre-travel preparation of travelers with immune suppression due to any medical condition, drug, or treatment must take into consideration several issues:

- What is the cause of the immune suppression? Different conditions and medications produce widely varying degrees of immune compromise, and there are many unknowns in this field. Guidance regarding vaccination of immunocompromised travelers is less evidence-based than with other

BEST Apps 2017

**ALLERGIES**

# Lost in Translation

A Haitian student new to your secondary school has been accepted into the Ecuador Program which will be based out of Quito.

Childhood immunization records were all lost. She has been previously diagnosed with sickle cell anemia but is symptom free. Her (also Haitian) doctor has cleared her for participation.



# Diabetes

You have a teenager with childhood diabetes who has applied to go to your program in Spain for 2 weeks.

Apparently, he has been hospitalized several times this year. He is monitored throughout the school day by the school nurse (who says it has become about 60% of her job). He still had a hypoglycemic event and was discovered after an hour's search unconscious in a bathroom stall.

His mother says that he'll be fine in Spain and has even offered to serve as an extra chaperone.



## Diabetes 2

You have a teenager with childhood diabetes who has applied to go to your program in Asia for 3 weeks.

He is a dedicated athlete and does an excellent job of managing his diabetes.

The trip is focused on service learning and will also include a hiking component that will culminate in final hike up a 4000+ meter peak.



# Rumi

Rumi's application indicates that she is very athletic. She has run a number of sprint triathlons and has completed several Spartan races. In high school she was a gymnast and she is majoring now in dance.

Her physical, completed by a university clinic PA, indicates that she is healthy although her body mass index indicates that she far into the underweight end of the spectrum.

During interviews, she says that she always gets questioned about eating disorders but that she's always been lean and likes to eat healthy. She expresses concern about getting enough protein during the semester in Nicaragua



# Zebras and Giraffes

Heidi has been accepted for the Kenya sustainable development studies semester and has been slow to get paperwork in. She discloses that she has well managed depression and that she'd taken the last semester off owing to personal issues.

After getting permission from Heidi to communicate with the program, her therapist indicates that Heidi had tried to commit suicide 4 month ago and has been in a structured facility up until 1 month ago. The therapist says she believes the study abroad program will be great for her.



# Kim

On an overnight trip a Korean student new to your school suddenly starts to behave manically saying a lot of somewhat silly, nonsensical things and laughing loudly at her own comments. Two hours go by before he settles down just as abruptly as he'd started. After a pause he approaches you to ask if she had been behaving oddly during the preceding period...



# Legal Concerns

- Increasing the Duty of Care
- FERPA
- HIPAA
- ADA



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# The Safety Matrix

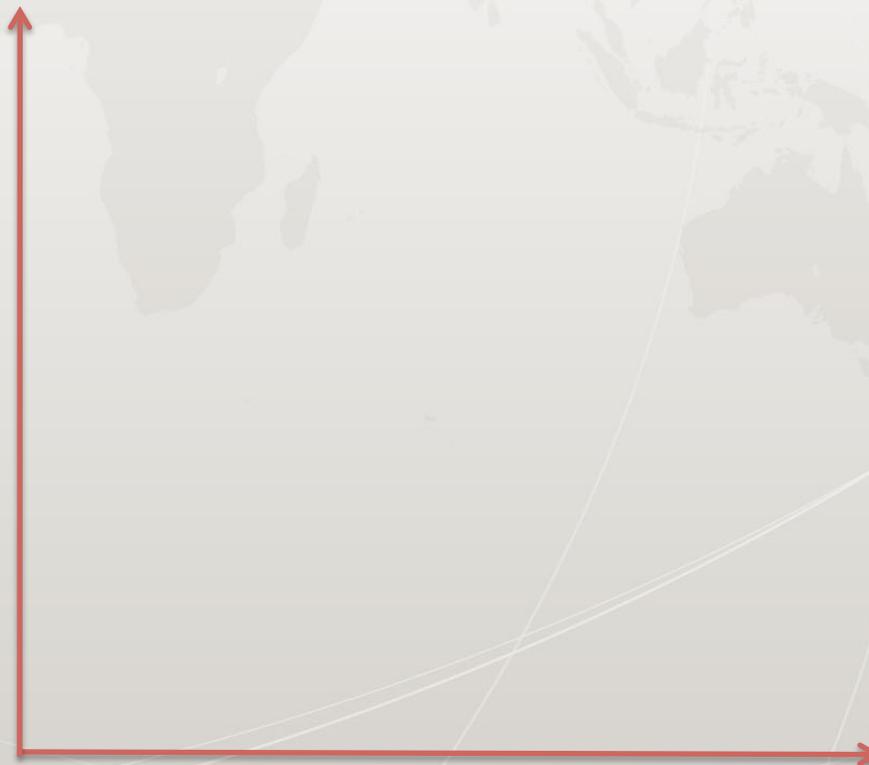
Less Aggressive

More Aggressive



## Medical & Mental Health Strategy

- Staff – experience, expertise, training, role
- Students – age, pre-existing conditions
- Destination - exposures & resources
- Activities – what's required of students & exposures
- Homestays, camping, high end hotels?
- Mission – risk?
- How long?



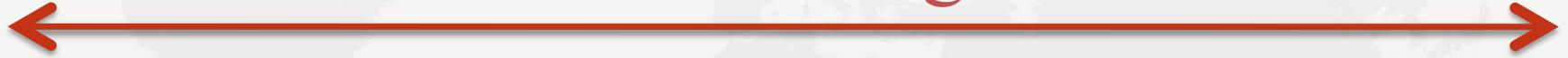
PROGRAM EXPOSURE

Who/What/Where/When/Why/How/How Long



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# Screening



Essential Eligibility Criteria

Participant info gathering

Destination/program assessment

Evaluation & followup

Policies

Management plans

Staff training (field & admissions)

Networks of expertise

Next steps



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# Communicating Your Program

## Essential Eligibility Criteria (EEC)

Each participant must...

- You must be able to effectively communicate to the staff if you are experiencing distress or need assistance.
- Recognize the hazards and risks as presented in the orientation and comply with the recommended measures.
- Be able to exercise sound judgment in the absence of direct supervision
- You may need be able to tolerate significant levels of ambivalence and ambiguity that naturally occurs when one encounters a different culture than one's own especially if you did not grow up speaking the local language
- You must maintain a reasonable level of situational awareness appropriate to circumstances.



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# Essential Eligibility Criteria

Each participant must...

- Be able to navigate their way around a city where the language and the culture are not their own.
- Be able to effectively communicate to staff when they are experiencing distress or need assistance.
- Recognize the hazards and risks as presented in the orientation and comply with the recommended measures.
- Be able to exercise sound judgment in the absence of direct supervision



# Participant Information Gathering



Safety Matrix

Self disclosure – perfunctory

Self disclosure – extensive

Physical performed by medical professional

Counseling questionnaire

Psychotropic med questionnaire

Follow up questionnaire



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# Destinations and Program



- **HiC vs LMIC**
  - Pathogen/allergen exposure
  - EMS
  - Medical Facilities
  - Mental Health Resources
- **Environment**
  - Temperature
  - Altitude
  - Pollution (indoor and outdoor)
  - Marine environment
- **Program**
  - Duration of program
  - Culturally or interpersonally stressful
  - Physical Demands
  - Homestays?
  - Staff capabilities



# Follow Up with MDs and Counselors and Sign Off

Study abroad programs can potentially be very challenging for some participants. Some students struggle with cultural ambivalence from the differences in values to the simple change in diet. Others grapple with the stresses of living in close proximity with others all day, every day, where they may be obliged to put their wants and needs second to those of the group and where there may be very limited personal time. Additionally, many study abroad programs travel to low and middle income destinations where acceptable medical care may be hours away and where appropriate mental health counseling may not be available. Students may variously experience extremely wet or dry climates, biting and stinging insects, sun and heat and very rustic living accommodations.



# Mental Health Follow Up

## 2 page questionnaire

- Suicide hx
- Substance abuse hx
- Anorexia/bulimia hx
- DSM V diagnosis?
- Counselor sign off

## WMA Psychological Screening

- 7 page questionnaire
- Condition Matrix
  - Recency
  - Duration
  - Symptoms (last 6 mos)
  - Treatments
- Significant Life Event
- WHODAS



# WMA Psych Screening System

## Significant Life Events

- Adoption
- Frequent moves
- Relationship loss
- School problems
- Divorce
- Physical/sexual abuse
- Serious accident/illness

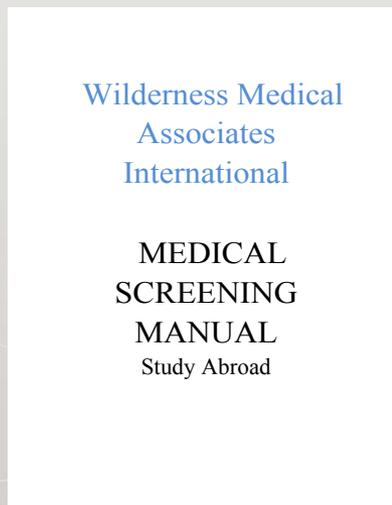
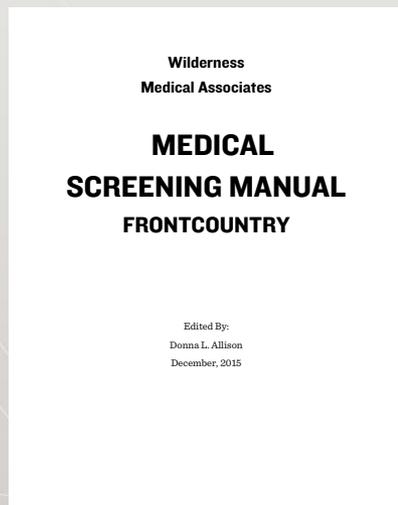
## WHODAS

- Domain 1: Cognition
- Domain 2: Mobility
- Domain 3: Self-care
- Domain 4: Getting along
- Domain 5: Life activities
- Domain 6: Participation



# Evaluation

- Admissions screening expertise – 60%
- Manuals
- Participant medical and mental health professionals
- Additional internal expertise - +30%
- Additional external expertise - + 10%



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# Mental Health Screening Policies

Focus on behavior, timeframes and circumstances, not on specific conditions. Examples:

- Cannot have a history of suicidal attempts or ideation within past 6 months
- Cannot have been institutionalized for 3 months prior to the program
- Cannot change (some) psychotropic medications within 3 months of program start
- Cannot have an active eating disorder



# Medical Screening Policies

Focus on stability of health and ability to meet the physical demands of the program. Examples:

- Allergies – multiple hospitalizations within past year
- Asthma – multiple hospitalizations within past year
- Diabetes – multiple hypoglycemic episodes

ITEM 4 – IRREGULAR HEARTBEAT/PALPITATIONS

ACCEPTANCE CRITERIA:	
MANDATORY ACTION: None	
RED FLAGS:	
CONTRAINDICATIONS:	

STATUS	
1. Isolated irregular heartbeat a) Asymptomatic with no symptoms identified by the Applicant's physician.	1. Isolated irregular heartbeat a) <u>Accept</u> Follow-up directly with applicant (even if not indicated on medical) to confirm no episodes associated with chest pain, shortness of breath, loss of consciousness or dizziness
2. Bradycardia a) Pulse less than 50, asymptomatic (no light-headedness, dizziness, fainting), physically active. b) Pulse less than 50 and symptomatic and/or sedentary.	2. Bradycardia a) <u>Accept</u> . b) <u>Refer to program consulting physician</u>
3. Tachycardia a) Resting pulse no higher than 100 b) Resting pulse higher than 100	3. Tachycardia a) <u>Accept</u> . b) <u>Refer to program consulting physician</u>
4. PVST (Supra-Ventricular Tachycardia) also known as PAT, SVT; also applies to Wolfe Parkinson White (WPW) a) No medication, asymptomatic, no recent episode (within 1 year), low risk of experiencing episode on program (per applicant and applicant's physician). b) Currently symptomatic, recent episodic frequency, at risk for episode on program.	4. PVST (Supra-Ventricular Tachycardia) a) Determine if exertion related and then refer to consulting physician (would require explanation to applicant and parent/guardian if applicant is under 18, and to applicant's physician about potential inability to respond rapidly enough. <u>Accept</u> if not exertion related. b) <u>Medical Rejection</u>
5. History Ventricular Tachycardia a) Past History, no recurrence, no medication b) On medication, asymptomatic. c) On medication, symptomatic	5. History Ventricular Tachycardia a) <u>Accept</u> . b) <u>Refer to program consulting physician</u> , who may require a stress test c) <u>Medical Rejection</u>
6. PVC's (Premature Ventricular Contraction) a) History of Myocardial Infarction, (MI), on medication to control b) On medication (no hx of MI) c) Sweats, shortness of breath, light-headedness d) With exertion e) At rest but disappear with exertion	6. PVC's (Premature Ventricular Contraction) a) <u>Medical Rejection</u> b) <u>Refer to program consulting physician</u> c) <u>Refer to program consulting physician</u> d) <u>Refer to program consulting physician</u> e) <u>Accept</u>
7. Atrial Fibrillation a) History of or current b) Use of Coumadin or other blood thinner	7. Atrial Fibrillation a) <u>Refer to program consulting physician</u> b) <u>Medical Rejection</u>



# Management Plans

## Staff Training

### Medical

WFR +

- Travel med
- Auto – immune issues
  - Diabetes, addisons, etc.

### Mental Health

The First Aids

Cognitive Behavioral Therapy

Suicide prevention

Eating disorders

## Access to Expertise

Medical specialists (ex.  
Endocrinologist)

Mental health professionals,  
participants', in house, travel  
assistance provider, P3 Mental  
Health, the Truman Group



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# Management Plans – Diabetes

## Maintenance

- Bring extra insulin
- Adjust regimen per time zones
- Bring portable food (available at all times)
- Set up access to endocrinologist/MD

## Contingency

- Staff learns about diabetes
- Other participants informed
- Staff and participants trained on how to administer glucagon
- Adjust as needed for unexpected food or exercise problems
- Emergency hydration plan
- Identify appropriate local medical resources



# Management Plans – Anxiety/Depression

## Maintenance

- Medications
- Tele-therapy (their therapist)
- Scheduled check-ins with staff
- Functional regimen
- Calling home
- Weigh ins (eating disorder)

## Contingency

- Local resources
- Tele-therapy (other therapist)
- Staff interventions
  - Cognitive Behavioral Therapy
  - Mental Health First Aid
  - Psychological First Aid
  - Mental Health First Aid
  - Oversight by professional counselors – home school or P3 Mental Health



# Management Plans – Physical Disabilities

## Maintenance

- Modify program
- Modify participation in program
- Specialized personnel, i.e., interpreters, medical professionals, attendants
- Technology

## Contingency

- Medical contingency plan



# Psychotropic Medications

- Overdose (suicide) potential
- Recreational (abuse) potential
- Timeframe to stabilize
- Timeframe for withdrawal
- Side effects
- Drug interaction
- Environmental interaction
- **Legality abroad**
- **Availability abroad**



# Next Steps

- Accept
- Accept with management plan
- Direct to different program
- Defer participation to future program
- Dissuade from participation
- Disallow participation based on clear criteria





Rider: r.o.dent  
Location: your kitchen  
Helmet: Boeri Tactic



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