FRAMING HEALTH, SAFETY, SECURITY AND RISK MANAGEMENT, “THE PUBLIC HEALTH APPROACH”

Stephen Hargarten, MD, MPH
Professor and Chair, Emergency Medicine
Assc. Dean, Global Health
Medical College of Wisconsin
"TAKING LIFE EASY"

IN MILWAUKEE
Objectives

1. Review definitions of Global Health/Public Health

2. Describe current state for determining student health and safety

3. Describe framework for prevention and control of illness and injury: pre-event, event, and post-event strategies

4. Suggest recommendations for advancing health and safety
Global World, Global Citizens, Global Students

- Today’s world is truly global
- Universities are creating global citizens
In 2008, for the first time in human history, more than half of the world’s population lived in cities.
The Global Village

- **Global Economy**: trade, multinational corporations

- **Global Language**: English: communication in trade and sciences and medical education

- **Global Communications System**: texting the world

- **Global Travel**: From Ger in Ulaan Baatar, Mongolia to Chicago, Illinois <30hrs
Our Science World is Going Global

- **Science:** Board on Global Science and Technology
- **NIH:** initiating several Institutes with a global agenda
- **Partnering:** USAID and NIH, World Bank, European Union
- **Research:** increasingly globally networked
- **Universities/CUGH:** Annual meeting
I AM A GLOBAL LATIN AMERICAN

Francisco Costa. The Brazilian designer who leads one of the world’s top fashion brands. I was born in a small town of eight thousand people. When I was 20, I decided to move to New York City. I’m the only designer to have won two Council of Fashion Designers of America awards. Today, as the creative director of Calvin Klein Collection, I design clothes that are desired by millions. Just like my continent, I’ve struggled hard to earn my place in the world and to become an agent of change.

My name is Francisco Costa. I’m a global Latin American. And Itaú is the global Latin American bank.


Learn about us: www.itau.com
GLOBAL STUDENTS

>300,000  US students/year study abroad
>900,000  Students from abroad study in US
>???    Students studying outside their home country
City of Berkeley inspectors conclude that the fourth-floor balcony had badly rotted beams caused by water damage.

They recommend changes to make new balconies and other sealed areas exposed to weather in the northern Californian city subject to stricter rules on materials, inspections and ventilation.

Berkeley police say they will launch a criminal investigation into the incident.”
PRINCIPLES FOR OUR CONSIDERATION

The Health and Safety of our **students** is the priority
The Health and Safety of our **patients** is the priority
**Student-centered** “care”
**Patient-centered** “care”
The Importance of a Definition of Global Health

“Global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide”.

Lancet 2009; 373: 1993–95
“GLOBAL HEALTH EMPHASIZES TRANSNATIONAL HEALTH ISSUES, DETERMINANTS, AND SOLUTIONS; INVOLVES MANY DISCIPLINES WITHIN AND BEYOND THE HEALTH SCIENCES AND PROMOTES INTERDISCIPLINARY COLLABORATION; AND IS A SYNTHESIS OF POPULATION-BASE PREVENTION WITH INDIVIDUAL-LEVEL CLINICAL CARE,”

PUBLIC HEALTH APPROACH

Science based
Population based studies
Host/agent/vehicle/environmental approaches
Evidence based programs and policies
The Public Health Approach to Prevention

1. Evaluate interventions
2. Define the problem: Surveillance
3. Identify causes: Risk & protective factor research
4. Implement interventions
5. Develop and test interventions

The process is cyclical, allowing for continuous improvement and adaptation.
## 10 Leading Causes of Death by Age Group, United States - 2012

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1</th>
<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>Total</th>
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</tbody>
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**Data Source:** National Vital Statistics System, National Center for Health Statistics, CDC. Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.
Epidemiology/Statistics

- Defines risk; domestically and globally
- Helps to address risk by informing prevention and mitigation strategies
PEACE CORPS STUDY
American Travel Deaths in Mexico
Causes and Prevention Strategies

KATHARINE S. GUPTILL, ScD, Berkeley, California; STEPHEN W. HARGARTEN, MD, MPH, Milwaukee, Wisconsin; and TIMOTHY D. BAKER, MD, MPH, Baltimore, Maryland

Presented in part at the Travel and Tropical Medicine Update IV—1990 conference sponsored by the University of Washington School of Medicine, Seattle, May 1990.

About 3 to 4 million Americans travel to Mexico every year, yet their mortality experience has never been analyzed. Fatalities among US travelers to Mexico during the years 1975 and 1984 were examined using a previously unanalyzed data source. The leading cause of death to all US travelers to Mexico was injuries (51%), with 18% of deaths resulting from motor vehicle crashes. Of all travelers' deaths, 37% were due to circulatory diseases and less than 1% were due to infectious diseases. While the proportion of all deaths from motor vehicle crashes was similar for US citizens traveling in Mexico and US residents, travelers had significantly higher proportions of injury deaths due to aircraft crashes and drowning. Injury, rather than infectious diseases, appears to pose the greatest risk of death to travelers to Mexico. Physicians and travel clinics need to place greater emphasis on injury prevention when giving advice to clients traveling to Mexico.


Mexico receives about 3 to 4 million American visitors each year. This large population includes business travelers, students, vacationers, and others who may face sample of deaths at younger than 60. The expanded sample was used for all analyses.

Data abstracted from the documents included age, sex,
Age-specific PMRs for male deaths due to circulatory seases are shown in Table 3. Travelers had lower PMRs.

**TABLE 1.—Proportion of Male Deaths Due to Unintentional Injuries, Homicide, and Suicide in US Citizens Traveling in Mexico and in US Residents**

<table>
<thead>
<tr>
<th>Age Group, years</th>
<th>US Travelers in Mexico</th>
<th>US Residents in the US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>15-24</td>
<td>26</td>
<td>92</td>
</tr>
<tr>
<td>25-34</td>
<td>50</td>
<td>88</td>
</tr>
<tr>
<td>35-44</td>
<td>36</td>
<td>83</td>
</tr>
<tr>
<td>45-54</td>
<td>58</td>
<td>50</td>
</tr>
</tbody>
</table>

CI = confidence interval
<table>
<thead>
<tr>
<th>Cause</th>
<th>US Travelers in Mexico</th>
<th>US Residents in the US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% (95% CI)</td>
<td>% (95% CI)</td>
</tr>
<tr>
<td>Motor vehicle crash</td>
<td>24 (20-34)</td>
<td>27 (26-27)</td>
</tr>
<tr>
<td>Homicide</td>
<td>12 (6-18)</td>
<td>16 (15-16)</td>
</tr>
<tr>
<td>Suicide</td>
<td>4 (3-13)</td>
<td>21 (20-21)</td>
</tr>
<tr>
<td>Burns</td>
<td>3 (2-11)</td>
<td>3 (2-3)</td>
</tr>
<tr>
<td>Other injuries</td>
<td>26 (18-36)</td>
<td>27 (26-28)</td>
</tr>
<tr>
<td>Drowning</td>
<td>20 (13-27)</td>
<td>2 (1-2)</td>
</tr>
<tr>
<td>Aircraft crashes</td>
<td>11 (6-16)</td>
<td>4 (3-4)</td>
</tr>
</tbody>
</table>

CI = confidence interval

*Because of rounding, percentages do not add up to 100%.
Fatal Injuries of US Citizens Abroad

Clare E. Guse, MS, ‡ Leslie M. Cortés, MHS, ‡ Stephen W. Hargarten, MD, MPH, *§ and Halim M. Hennes, MD, MS †

*Injury Research Center, Medical College of Wisconsin, Milwaukee, WI, USA; †Department of Family and Community Medicine, Medical College of Wisconsin, Milwaukee, WI, USA; ‡Center for Youth Violence Prevention, University of Puerto Rico, San Juan, PR, USA; Departments of *§Emergency Medicine and †Pediatrics, Emergency Medicine Section, Medical College of Wisconsin, Milwaukee, WI, USA

DOI: 10.1111/j.1708-8305.2007.00133.x

Background. US citizens are increasingly traveling, working, and studying abroad as well as retiring abroad. The objective of this study was to describe the type and scope of injury deaths among US citizens abroad and to compare death proportions by region to those in the United States.

Methods. A cross-sectional design using reports of US citizen deaths abroad for 1998, 2000, and 2002 on file at State Department and Social Security Administration. The primary outcome was the number of reporting of injury deaths and rates.
Table 3  Motor vehicle–related and drowning deaths: age-specific proportional mortality ratios (PMRs)

<table>
<thead>
<tr>
<th>Age (y)</th>
<th>Overall</th>
<th>Motor vehicle–related death</th>
<th>Drowning death</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–14</td>
<td>2.3 (2.0–2.7)</td>
<td>2.1 (1.5–2.9)</td>
<td>3.7 (2.4–5.5)</td>
</tr>
<tr>
<td>15–24</td>
<td>1.0 (0.9–1.1)</td>
<td>0.7 (0.6–0.8)</td>
<td>4.2 (3.0–6.0)</td>
</tr>
<tr>
<td>25–64</td>
<td>1.8 (1.7–1.9)</td>
<td>1.2 (1.1–1.4)</td>
<td>11.9 (10.3–13.7)</td>
</tr>
<tr>
<td>65+</td>
<td>1.7 (1.5–1.9)</td>
<td>1.4 (1.1–1.8)</td>
<td>24.1 (18.5–31.3)</td>
</tr>
</tbody>
</table>
Injury Deaths of US Citizens Abroad: New Data Source, Old Travel Problem

Daniel J. Tonellato, BA Candidate,* Clare E. Guse, MS,*† and Stephen W. Hargarten, MD, MPH*‡

*Injury Research Center, Medical College of Wisconsin, Milwaukee, WI, USA; †Department of Family and Community Medicine, Medical College of Wisconsin, Milwaukee, WI, USA; ‡Department of Emergency Medicine, Medical College of Wisconsin, Milwaukee, WI, USA

DOI: 10.1111/j.1708-8305.2009.00318.x

Background. Global travel continues to increase, including among US citizens. The global burden of injuries and violence, accounting for approximately 5 million deaths worldwide in 2000, is also growing. Travelers often experience heightened risk for this biosocial disease burden. This study seeks to further describe and improve our understanding of the variable risk of travel-related injury and death.

Methods. Information on US civilian citizen deaths from injury while abroad was obtained from the US Department of State Website. This information was categorized into regional and causal groupings. The groupings were compared to each other and to injury deaths among citizens in their native countries.

Results. From 2004 to 2006, there were 2,361 deaths of US citizens overseas due to injury. Of these US citizen injury deaths, 50.4% occurred in just five countries.
Regional variation of risk

- **MVC:**
  higher proportion in many regions

- **Motorcycle crash:**
  Southeast Asia, Western Pacific: higher proportion

- **Drowning:**
  - higher proportion in LMIC Americas: PMR 2.80
  - proportion in HIC Americas: 7.71
  - leading cause of death in unclassified countries --- islands
CURRENT UNDERSTANDING:

Young adults have increased PMR for injury (overall) and drowning, with regional variation
THE HEALTH OF COLLEGE STUDENTS

By
HAROLD S. DIEHL, M.D.
and
CHARLES E. SHEPARD, M.D.

A Report to the
American Youth Commission

AMERICAN COUNCIL ON EDUCATION
WASHINGTON, D.C.
1939
### Table 3

#### CAUSES OF DEATH AMONG COLLEGE STUDENTS

(Reported by nine universities for 327 students in ten-year period, 1925-35)

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Number of Deaths</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma</td>
<td>86</td>
<td>26.3</td>
</tr>
<tr>
<td>Automobile</td>
<td>52</td>
<td>15.9</td>
</tr>
<tr>
<td>All other</td>
<td>34</td>
<td>10.4</td>
</tr>
<tr>
<td>Heart and circulatory diseases (chiefly endocarditis)</td>
<td>33</td>
<td>10.1</td>
</tr>
<tr>
<td>Suicide</td>
<td>26</td>
<td>8.0</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>24</td>
<td>7.3</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>21</td>
<td>6.4</td>
</tr>
<tr>
<td>Septicemia</td>
<td>15</td>
<td>4.6</td>
</tr>
<tr>
<td>Diseases of central nervous system</td>
<td>15</td>
<td>4.6</td>
</tr>
<tr>
<td>Appendicitis</td>
<td>13</td>
<td>4.0</td>
</tr>
<tr>
<td>Influenza</td>
<td>13</td>
<td>4.0</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>9</td>
<td>2.8</td>
</tr>
<tr>
<td>Scarlet fever</td>
<td>7</td>
<td>2.1</td>
</tr>
<tr>
<td>Postoperative conditions</td>
<td>7</td>
<td>2.1</td>
</tr>
<tr>
<td>Complications from sinus infection</td>
<td>7</td>
<td>2.1</td>
</tr>
<tr>
<td>Nephritis</td>
<td>6</td>
<td>1.8</td>
</tr>
<tr>
<td>Blood diseases</td>
<td>5</td>
<td>1.5</td>
</tr>
<tr>
<td>Peritonitis</td>
<td>3</td>
<td>0.9</td>
</tr>
<tr>
<td>Peptic ulcer</td>
<td>3</td>
<td>0.9</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>Typhoid fever</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>Unknown</td>
<td>7</td>
<td>2.1</td>
</tr>
<tr>
<td>Other causes</td>
<td>25</td>
<td>7.6</td>
</tr>
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</table>
“THE INFORMATION DERIVED IS REPORTED PRIMARILY FOR THE PURPOSE OF ASSISTING COLLEGES TO APPRAISE THEIR OWN STUDENT HEALTH PROBLEMS WITH THE HOPE THAT THE ADMINISTRATION AND OPERATION OF HEALTH PROGRAMS WILL PROFIT FROM THE IMPLICATION OF THE STUDY”

Diehl, Shephard, 1939
Current State of Mortality Information For Study Abroad Students: fragmented, siloed, unavailable

- Insurance Reports
- Periodic studies/surveys
- State level reporting
- Media/Newspaper reports
- CIB
- State Department public reports limited utility, details of deaths currently unavailable
TRADITIONAL FOCUS: MINIMIZE BIOLOGIC INJURY

Endemic Risks
Emerging Risks
## Minimizing risk: Public Health

<table>
<thead>
<tr>
<th>High risk group:</th>
<th>students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agent:</td>
<td>biologic agent</td>
</tr>
<tr>
<td>Vector:</td>
<td>mosquito</td>
</tr>
<tr>
<td>Environment:</td>
<td>urban, rural</td>
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</tbody>
</table>
## Minimizing risk: Public Health

<table>
<thead>
<tr>
<th>High risk group:</th>
<th>students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agent:</td>
<td>biologic agent, physical agent</td>
</tr>
<tr>
<td>Vector/vehicle:</td>
<td>Mosquito, car, motor cycle, boat</td>
</tr>
<tr>
<td>Environment:</td>
<td>urban, rural</td>
</tr>
</tbody>
</table>
3 students still in hospital after crash

Baker, Berman and Rosko were studying at Macquarie University in Sydney through AustraLearn, a Denver-based program that helps American students enroll in universities in Australia and New Zealand. Kowal was in Australia visiting Baker.

Berman’s parents were scheduled to arrive in Australia today to visit their son, a junior majoring in business at the University.

“Her injuries are serious, but they’re not life-threatening,” she said. “I feel much better about that.”

Baker said staff from Macquarie University and AustraLearn has been in constant contact to provide her with information about her daughter’s condition and help with travel arrangements.

“I can’t even tell you how many phone calls I’ve been getting,” Berman said.

While families of the three injured students anticipate their recovery, Rosko’s family is preparing funeral arrangements. Her body will be returned to Kenosha on Saturday, said Kathy Pulera, a family friend.

Rosko was a junior at UWM, studying journalism and mass communication. She had a 3.5 GPA. Pulera described her as an honor student who was active in
Sharing road space

In low- and middle-income countries, pedestrians and other vulnerable road users often share road space with motorized users.
Multiple road users - Bangladesh
Injury-related mortality rates (per 100,000 population) in WHO regions, 2000

<table>
<thead>
<tr>
<th>Region</th>
<th>LMIC</th>
<th>HIC</th>
<th>LMIC</th>
<th>India</th>
<th>South-East Asia</th>
<th>Africa</th>
<th>Americas</th>
<th>HIC</th>
<th>LMIC</th>
<th>Europe</th>
<th>HIC</th>
<th>LMIC</th>
<th>Eastern Mediterranean</th>
<th>Western Pacific</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>118.8</td>
<td>53.8</td>
<td>76.2</td>
<td>96.9</td>
<td>75.0</td>
<td>120.0</td>
<td>131.5</td>
<td>75.0</td>
<td>51.1</td>
<td>70.4</td>
<td>56.2</td>
<td>51.5</td>
<td>78.4</td>
<td></td>
</tr>
</tbody>
</table>

HIC, High-income countries; LMIC, Low- and middle-income countries.

Source: Krug et al., eds., 2002.
Minimizing Risk: Sterile Injury

- **Pre-Event:** guidelines for behavior, standards of partners
- **Event:** belts, bags, helmets, life jackets
- **Post-Event:** EMS, Evacuation
Pre-Event
MCW Faculty/Staff current recommendations

1. International travel clinic appointment
2. MCW Travel Assistance
3. In case of an emergency - 24 hours MCW/FMLH Access Center
4. Purchase additional traveler's insurance (ransom, evacuation)
5. Register your trip with U.S. Department of State
6. Providing clinical care, Department Chair written approval to ensure medical malpractice coverage
MCW Students

current recommendations

I. Register
   - U.S State Department
   - Traveler’s insurance

II. Attend
   - International Travel Clinic

III. Read
   - Guidelines for Safety of Trainees Rotating Abroad, Academic Emergency Medicine, 2013

   - US State Department Country Report website for travel advisories and CDC website for health related advisories
(1) Online Module – D2L

- Contact information
- Resources
- Relevant Articles
- Country Profiles
Risk reduction agreement for MCW global health electives

According to the World Health Organization, injuries are the leading cause of preventable death in travelers. From 2003 to 2005, an estimated 2,276 U.S. citizens died from injuries and violence while in foreign countries (excluding deaths occurring in Iraq and Afghanistan). Road traffic crashes led the list of causes (34%), followed by homicide (17%), and drowning (13%). Depending on travel destination, duration, and planned activities, other common injury and safety concerns include natural hazards and disasters, civil unrest, terrorism, hate crimes against Americans, falls, burns, poisoning, drug-related overdose, and suicide.

Traveling by car in the developing world is markedly more dangerous than traveling elsewhere. Travelers should be aware of the increased risk of certain injuries while traveling abroad, particularly in low-income countries, and be prepared to take preventive steps to avoid them (Slez, 2009). By following the risk reduction agreement outlined below, travelers can significantly decrease their personal risk for a preventable injury.

Personal Health:
- I will arrange an appointment with my primary medical doctor or, if available, a travel clinic, to ensure that pre-travel vaccinations, medications, malarial prophylaxis, and other essential medications are obtained prior to departure.
- If I have psychiatric or other health issues that may be exacerbated under stressful and unfamiliar situations, I will meet with my therapist and/or personal physician to weight the benefits and risks of participating in a global health elective.

Occupational Standards:
- I have reviewed the MCW occupational exposure guidelines, and I understand the recommendations to have a filled prescription for post-exposure HIV prophylaxis in the event of an exposure.
- I will bring a supply of fitted N95 masks and gloves and will utilize universal precautions at all times.

Travel and Recreational Safety:
- I will wear safety belts in vehicles when a belt is available.
- I understand that my institution recommends against traveling on motorcycles, in the open back or tops of vehicles and trains, and at dusk or nighttime. I will participate in those modes of travel at my own risk.
- I will utilize a helmet when riding a bicycle when a helmet is available.
- I will avoid travel after the consumption of alcohol.
- When engaging in water sports, I will wear personal flotation devices, will avoid hazardous or unknown conditions, and will not consume alcoholic beverage while on the water. I will not operate watercraft or participate in scuba diving without proper training.
Code of conduct for MCW global health electives

Professionalism and Behavior:
- As a representative of my institution, I will hold myself to the highest standards of professionalism, respect and courtesy.
- I will always act in the best interests of my patients and hosts.
- I recognize that personal behaviors, clinical skills and competencies are culturally framed and resource-dependent. I will therefore refrain from passing judgment or expressing opinions that are insensitive to those contextual frameworks.
- I will minimize the burden of my presence on my host institution. Specifically, I will be mindful of their resources when I order tests or medications for patients; I will arrange for a translator when needed and not use nursing or other staff unless their services are offered; and I will ensure that I pay a stipend for meals and housing as needed.

Clinical Care:
- I will care for patients under the direct supervision of my faculty mentor or local preceptor within the limitations established by my level of training.
- I will not make any promises to patients or local clinicians regarding allocation of resources at the local institution or financial assistance from my institution.
- I will not make direct donations to a patient or other individual, as I understand that it would compromise the patient-clinician working relationship and would also set a precedent for future visiting clinicians. If I would like to contribute to a patient’s care, I will do so in an anonymous manner through the host administration.

Social Media and Photographs:
- I will use discretion in taking photographs. I will seek permission (with full transparency of purpose) from individuals being photographed and from my host institution prior to taking any photographs.
- I will respect the privacy of my host community and individuals, and will not post patient or facility information on Internet venues (blogs, Facebook, photo websites, etc).
- I understand that comments that are accessible to other viewers might be misinterpreted. I will therefore refrain from making comments about my host institution or patients on any social media (including Facebook and password-protected or unprotected blogs), and will limit my comments about the experience to direct emails to family and friends.

Personal Conduct:
- I will respect and comply with the rules, regulations, and cultural standards of both the US and my host country and institution, and I will attend to any legal problems that I encounter. My host institution is not responsible for providing legal assistance for any legal issues that are secondary to misconduct on my behalf.
- I will refrain from participating in political activity.
- I will dress in a culturally appropriate and professional manner.

Research and Teaching:
- I will consult with a faculty mentor if I am interested in conducting research or obtaining data for publication during my global health elective to ensure that I obtain IRB approval.
- When providing educational presentations, I will be mindful of resource limitations and will incorporate teaching points that utilize local resources and local expertise.
# Emergency Contact Information

(Submit to Tiffany Frazer)

**Trainee Information**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>M1</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENCY PROGRAM</td>
<td>PASSPORT #</td>
<td>PASSPORT EXP DATE</td>
</tr>
</tbody>
</table>

**United States Emergency Contact Information**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>M1</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELATIONSHIP TO TRAINEE</td>
<td>EMAIL ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CURRENT ADDRESS:</td>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>HOME PHONE</td>
<td>CELL PHONE</td>
<td>WORK PHONE</td>
</tr>
</tbody>
</table>

___ (initial) I authorize a MCW representative to contact this person in the event of an emergency

**Global Health Faculty Mentor Contact Information**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPARTMENT</td>
<td>TITLE</td>
</tr>
<tr>
<td>HOME PHONE</td>
<td>CELL PHONE</td>
</tr>
<tr>
<td>PAGER</td>
<td>EMAIL ADDRESS</td>
</tr>
</tbody>
</table>

DATES THAT MENTOR WILL BE UNAVAILABLE DURING PROPOSED ROTATION:

**On-Site Emergency Contact Information**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE/POSITION</td>
<td>EMAIL ADDRESS</td>
</tr>
<tr>
<td>CURRENT ADDRESS:</td>
<td>CITY</td>
</tr>
<tr>
<td>HOME PHONE</td>
<td>CELL PHONE</td>
</tr>
</tbody>
</table>

**Preferred Way to be Contacted:**

**United States Embassy Information**

<table>
<thead>
<tr>
<th>EMBASSY LOCATION/ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMBASSY PHONE NUMBER</td>
</tr>
</tbody>
</table>

**Additional Travel Plans (if applicable)**

PRE- OR POST-ELECTIVE TRAVEL PLANS (PLEASE INCLUDE DATES, LOCATIONS, ACCOMPANYING FRIENDS & FAMILY):

---
Global health emergency card

The below card should be copied—carry with you at all times during your elective and provide a copy to your on-site mentor.

The below card is to be completed by the trainee and carried with them at all times during their global health elective rotation.

Global Health Elective

EMERGENCY CONTACTS

Name:

Passport #:

MCW Faculty Mentor:

Primary US Emergency Contact:

Host Site Contact:

US Embassy:

Call Instructions

Contact the MCW/FMHL Access Center at:
001-414-805-4700

The Access Center staff will initiate the Global Health Emergency Call Protocol. The first point of contact is Chris Mol who will then contact the trainee’s MCW Faculty Mentor or Academic Affairs for further assistance.
MCW International Travel Emergency Contact Algorithm

MCW student, house staff, staff, or faculty member(s) that are on an international elective/mission and who require immediate consultation for an emergent injury or illness are directed to contact the FMLH/MCW Access Center at (414) 805-4700

Access Center personnel will gather the following information:

- Is the traveler a medical student, resident, fellow, faculty, or staff member?
- What is the traveler’s full name?
- What is the reason for the call (e.g. blood exposure, infectious disease, acute injury)?
- Is the traveler in immediate danger?
- What is the traveler’s current phone number including international codes if applicable?
- What country and city is the traveler calling from?
- How long can the traveler be reached at this number and if limited what other number can be used to contact the traveler?
- What actions has the traveler already taken concerning this emergency (e.g. have they contact the local police, the embassy, their MCW advisor)?
- Do you have access to email and if so what is your email address?

If call received Monday through Friday between 8:00AM and 4:30PM forward to MCW International Travel Clinic at (414) 805-6679.

If on weekday evenings, weekends, or holidays forward calls based on nature of emergency as follows:

- Blood exposure or acute illness due to disease: Calls will be forwarded to the MCW Infectious Disease Faculty on call
- Acute injury or unsure of situation: Calls will be forwarded to the MCW Emergency Physician on call

A record of the call including all information noted above along with length of call and any actions taken will be forwarded to the MCW International Travel Clinic. This can be communicated either by fax (414) 805-6698 or email cmol@mcw.edu. The MCW International Travel Clinic does not have Epic access so comments left on Epic will not be seen.
(2) Guide for Global Engagement

Comprehensive Elective Resource
- application process, timeline
- choosing, financing
- travel health and safety
- education to promote risk reduction
- legal considerations
- on-site etiquette
- incorporating global health into future career

Guide for Global Engagement
Learning Locally to Prepare Globally
Medical College of Wisconsin
2013
(3) Two, 20-min voiceover presentations

Module #1

GLOBAL HEALTH ELECTIVE PREPARATION MODULE

MODULE AND GUIDE AUTHORS
NICOLE ST. CLAIR, MD
ASSISTANT PROFESSOR OF PEDIATRICS
DIRECTOR, PEDIATRIC GLOBAL HEALTH PROGRAM

JACQUELYN KUZMINSKI, MD
ASSISTANT PROFESSOR OF PEDIATRICS
ASSOCIATE DIRECTOR, PEDIATRIC GLOBAL HEALTH PROGRAM

MEDICAL COLLEGE OF WISCONSIN

Please review the MCW “Guide for Global Engagement” for reference throughout this module located in this Angel Course

Pre-travel preparation

Module #2

“So you are going on a trip”

or

What to Consider with International Travel

Health and Wellness

by

Chris Mol RN MBA COHN-S
Manager, International Travel Clinic
Medical College of Wisconsin

Safety reduction

Each module includes a 5 question assessment to assure content is retained
(4) In-person Seminar: 
Ethics of Doing Short Term Electives

- 90 minutes, offered twice annually

- Co-facilitated: clinician & ethicist

- Ensure reflection of professional and personal conduct
  - Culture shock, competency, sensitivity, humility
  - Balancing personal moral convictions with foreign cultural practices

- Evaluations illustrate distinctive benefit
Event
## Event

Car crash, water submersion, fall: **sterile injury**  
Mosquito bite: **biologic injury**

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Onset Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid onset</td>
<td>Seconds, minutes</td>
<td>Urban, rural</td>
</tr>
<tr>
<td>Emerging onset</td>
<td>Days</td>
<td>Rural, urban</td>
</tr>
</tbody>
</table>
**Event**

When there is a sudden change of the environment, a risk management plan is applied

*Watch, warning, drawdown, evacuation*

<table>
<thead>
<tr>
<th>Emerging Event</th>
<th>Singular Event</th>
<th>Ongoing Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watch, warning</td>
<td>Watch, evacuation</td>
<td></td>
</tr>
<tr>
<td>• Infectious</td>
<td>• Tornado</td>
<td>• Infectious</td>
</tr>
<tr>
<td>• Political</td>
<td>• Tsunami</td>
<td>• Political</td>
</tr>
<tr>
<td>• Personal sickness</td>
<td>• Earthquake</td>
<td>• Personal sickness</td>
</tr>
<tr>
<td>Triggers ?</td>
<td>Triggers ?</td>
<td>Triggers -?</td>
</tr>
</tbody>
</table>
Post-Event
**Post-Event**

**In-country:** single events: EMS, hospitalization, evacuation?

Knowing the EMS system’s strengths and limits, knowing the health care systems strengths and limits

**In-country:** mass casualty events: EMS, hospitalization, evacuation?

Knowing the type of event, overall national and regional strengths of hospitals
Post-Event Strategies at MCW

Formal debriefing process of the institution
- How can we do better to ensure health & safety?

Formal debriefing process of students
- guided questions to solicit input during elective
- Individual or group

Clinical visit @ International Traveler’s Clinic appointment
MANAGING HEALTH & SAFETY –

Our next steps
The Public Health Approach to Prevention

1. Evaluate interventions
2. Define the problem: Surveillance
3. Identify causes: Risk & protective factor research
4. Implement interventions
5. Develop and test interventions
Advancing Health and Safety: Recommendations

- Accurate, comprehensive M&M information
- Development and Sharing and Implementation of Best Practices: focus on high risk environments
- Rigorous evaluation of Programs and Policies
- Partnerships across Academic Institutions: local/global
Advancing Health and Safety: Recommendations

- Collectively urge for comprehensive information on deaths
- Develop nationwide system for fatal illness and injury cases
- Partner with Tourism and other industries for Health and Safety
- Encourage and stimulate ideas, scholarship, and academics for health and safety
- Enhance the free flow of students and faculty---locally and globally
“Knowing is not enough; we must apply. Willing is not enough; we must do.”

Goethe
Nothin' Ales Me!
I'm just too busy to write.
Thank You

Thoughts, questions, comments

Stephen W. Hargarten, MD, MPH

Medical College of Wisconsin

hargart@mcw.edu