What Constitutes an Emergency?
An emergency is any situation which poses an immediate or potential risk to the safety, security, or health of anyone traveling on a DMU sponsored activity. This includes, but is not limited to:

- Major accident, injury, or illnesses
- Any hospitalization
- Natural disasters
- Terrorist events
- Civil unrest
- Victim of a violent crime or physical assault
- Arrest or detention
- Disappearance or missing person

Safety and Security Plan
The DMU emergency plan enhances the safety of our participants and guides their response to emergencies. The plan is not a guarantee that a specific action will take place in a specific situation, nor is this document a contract between DMU and any other party. Health, safety, and recovery from emergency situations are the sole responsibility of each participant as outlined in the waiver form signed by each participant.

The DMU Global Health Department advises participants to:

- Make sure family members have accurate and up-to-date contact information at all times
- Notify the Global Health Department of any emergencies and any serious health condition
- Review travel advisories for the country you plan to visit
Des Moines University Global Health Program

DMU Clinical International Rotations and MPH/MHA Learning Experience sites

1. Belize (Central America)
2. Ghana (West Africa)
3. Jamaica (N. America)
4. China (Asia)
5. Peru (South America)
6. Rwanda (East Africa)
7. St. Lucia (N. America)
8. Tanzania (East Africa)
9. Thailand (SE Asia)
10. Uganda (East Africa)

Service Trips

1. Dominican Republic (Caribbean)
2. Appalachia, Kentucky, USA

Pathways of Distinction-Global Health

1. US Global Change Research Program, DC, USA
2. PAHO-Washington, DC, USA
3. CDC-Atlanta, GA, USA
I. Reference Websites:

<table>
<thead>
<tr>
<th>Description of website</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enroll in the STEP Program</td>
<td><a href="https://step.state.gov/step/">https://step.state.gov/step/</a></td>
</tr>
<tr>
<td>Current Immunizations for the region to be visited</td>
<td><a href="http://wwwnc.cdc.gov/travel/">http://wwwnc.cdc.gov/travel/</a></td>
</tr>
<tr>
<td>Medical Insurance option</td>
<td><a href="https://www.volunteercard.com/">https://www.volunteercard.com/</a></td>
</tr>
<tr>
<td>Information about locations</td>
<td><a href="https://www.cia.gov/library/publications/the-world-factbook/">https://www.cia.gov/library/publications/the-world-factbook/</a></td>
</tr>
<tr>
<td>Overseas Security Advisory Council</td>
<td><a href="http://www.osac.gov/">http://www.osac.gov/</a></td>
</tr>
</tbody>
</table>

II. Student International Rotations

A. Pre-Departure Requirements

Prior to performing an internation rotation, students must complete two waiver forms: Student Global Health Program Contract and Comprehensive Release of Liability and Consent to Secure Medical Treatment forms (Attachments 1 and 2). These agreements state:

1. Participation in a Global Health rotation is voluntary
2. Health insurance coverage is confirmed and will adequately cover the student while out of the country
3. DMU is not liable for any damages, losses or injuries to person or property
4. The student is responsible for reviewing the CDC websites and receiving the required immunizations, and understanding the risks to their own health and personal safety.
5. There may be risks to health and personal safety such as civil unrest, political instability, terrorism, crime, violence, and disease, and for these risks DMU is not liable.

B. International Rotation Application Process

1) Student completes an online International Rotation Application in Terra Dotta.
2) In Terra Dotta, the student provides the following:
   a. Copy of Passport
   b. Insurance Card with International Coverage
   c. Immunization Records
   d. Emergency Contact Information
   e. Confirmation of Registration with the US State Department
   f. Confirmation of Understanding of Academic Responsibilities and Expectations
   g. Student Global Health Program Contract
   h. Comprehensive Release of Liability and Consent to Secure Medical Treatment
3) Upon satisfactory completion of application, the Director of Global Health approves the rotation.
4) Global Health Department communicates approval to student and clinical coordinator, including the following information:
   a. Information about making travel plans
   b. Safety and emergency assistance documents
5) Global Health provides to student via mail:
   a. ACE assistance card
   b. Sexual assault protocol
c. International emergency assistance procedures
   d. Passport sticker

6) Student completes and submits clinical clerkship request to respective clinical coordinator.
7) Global Health Department provides information to international rotation site and confirms rotation.
8) Upon completion of rotation student completes the following:
   a. Submission of supervising physician’s evaluation to Clinical Coordinator
   b. Completion of Global Health Department Rotation Evaluation

III. Summary of Coverages provided by DMU’s International Coverage:

A. **International Commercial General Liability**
   Who is covered: Des Moines University and its employees

   What is covered: The coverage will pay for damages that DMU becomes legally obligated to pay to
   third parties due to bodily injury, property damage or personal and advertising injury arising from
   DMU’s premises, operations, completed operations and products.

B. **International Contingent Automobile**
   Who is covered: DMU Students, International Students attending DMU, Other non-DMU Students,
   DMU Employees, Chaperones, and Alumni

   What is covered: The coverage will pay for damages because of bodily injury or property damage
   caused by an accident to a third party resulting from the use of a covered automobile. This coverage is
   not intended to fulfill the motor vehicle law primary of insurance requirements in any country. This
   coverage would be excess of any required local coverage.

   Medical Payments: Reasonable expenses incurred for necessary medical and funeral services for
   covered person; limited to a certain amount.

   Hired Automobile Physical Damage – pays for physical damage to the rented/hired automobile; limited
   to a certain amount.

C. **International Workers Compensation & ACE Services**
   Who is covered: DMU Employees

   What is covered: This coverage pays for employees who are injured in the course of employment for
   bodily injury by accident, disease and endemic disease.

D. **Accidental Death and Dismemberment for DMU Employees**
   Who is covered: DMU Employees

   What is covered: Policy will pay a specific amount due to loss of life, speech, hearing, fingers, hands,
   feet or eye resulting from an accident.

E. **Accidental Death and Dismemberment, Medical Expense & ACE Services for Students & Others**
   Who is covered: Students, chaperones, or other participants of the tour, trip or study group sponsored
   by DMU who are legal citizens, legal permanent residents or legal student visa residents of the United
   States.
Accidental Death & Dismemberment:
The coverage will pay a specific amount due to loss of life, speech, hearing, fingers, hands, feet or eye resulting from an accident.

Accident & Sickness Medical Expense
What is covered: The coverage will pay for bodily injury or sickness for treatment by a physician or surgeon due to accident or sickness during the sponsored trip. Pre-existing conditions are subject to a lower benefit amount. This coverage is excess of any other health insurance available.

Covered expenses include: Hospital, surgical, other medical care treatment furnished by a physician, outpatient medical care treatment furnished by a hospital, x-rays, lab tests, physiotherapy, a second surgical opinion, and certain supplies while confined to a hospital or prescribed upon release from the hospital.

F. Health and Travel Insurance: Students with the DMU medical insurance will be covered overseas. They will be provided with OnCall assistance information. If they do not have the DMU insurance, students are required to check with their health insurance company to verify medical coverage while they are traveling internationally. If the student will NOT be covered while traveling abroad, they are encouraged to purchase coverage through an online provider at this website: http://www.volunteercard.com/. This carrier is unique in that they provide coverage for the length of time needed by the student – whether it be for one week or longer.

G. Professional Liability (Malpractice) coverage: DMU policies will cover a student for both professional and personal liability if a case is brought against them in a US court. For out of country cases, there are none to very few insurance carriers that provide coverage. If students are concerned about malpractice insurance coverage, they are encouraged to check with the physician/hospital that they will be working at to cover them under their malpractice insurance policy.

H. Emergency Medical and Travel Assistance Services (ACE): As a participant on a DMU global health dept. approved travel abroad trip, DMU provides emergency medical and travel assistance services. While this is not health insurance, the ACE USA Worldwide Assistance services covers you while you are out of the country if you require a referral to a hospital or doctor, you are hospitalized, you may need to be evacuated, you need to guarantee payment for medical expenses or you experience local communication problems. For a more comprehensive listing of the services provided, the ACE website is: www.aceExecutiveAssistance.com DMU’s login information is: ID = acepremier / Password = 7kilt6 When traveling abroad or to speak with an ACE representative directly by phone, 24 hours a day worldwide:

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toll free outside U.S. and Canada</td>
<td>1 (800) 0200-8888</td>
</tr>
<tr>
<td>Collect outside U.S. and Canada</td>
<td>1 (202) 659-7777</td>
</tr>
<tr>
<td>Direct dial outside U.S. and Canada</td>
<td>1 (202) 659-7777</td>
</tr>
<tr>
<td>U.S. and Canada</td>
<td>1 (800) 766-8206</td>
</tr>
</tbody>
</table>
Once a student is approved for travel through the Global Health Department, they are supplied with the following:

- ACE brochure, which explains the coverage in more detail
- ACE ID card, which students are instructed to keep with them at all times as it contains important information and contact phone numbers in case of an emergency
- ACE sticker, which students are instructed to attach to the bottom of page 5 of their passports. This sticker also contains important phone numbers in case of an emergency.
- ACE App  ACE Executive Assistance services are available mobile by downloading the ACE Travel App. Visit www.acetravelapp.com to register using policy number: PHFD3844637A and create your personal profile

IV. Global Health Office Precautions

A. Medical Provider Safety

A Liability release form has been put into place for Volunteer Medical Providers participating in international experiences (See attachment 4). This form releases DMU from any responsibility for adjunct faculty, alumni, or other healthcare providers who voluntarily choose to travel for the Global Health department in any capacity.

B. Student Safety

The Global Health Department subscribes to the State Department’s travel alerts for every country where international rotations take place.
The link is: http://travel.state.gov/content/passports/english/alertswarnings.html

If a rotation has been approved and the Global Health Department subsequently decides that the site presents an unacceptable risk of harm to the student, the Department may rescind the approval. If such a determination is made after the student has begun the rotation, the Department may direct a student to return to the United States. We do not allow rotations to take place in any countries where the State Department has issued a travel warning.

Attachments:
1. Student Global Health Program Contract
2. Comprehensive Release of Liability and Consent to Secure Medical Treatment
3. DMU Liability Release Form for Volunteer Medical Provider
4. International Emergency Assistance Procedures
5. DMU Global Health Emergency Contact Tree
(ATTACHMENT 1)

Student Global Health Program Contract

________________________________________________________________________

Student Name ............................................ Program ............................................

The Student named above agrees as follows:

Risks of Global Health Program. I understand that participation in a Global Health program at Des Moines University (“University”) involves risks not found in domestic rotations and programs.

These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; local medical and weather conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; increased potential for theft of personal property (which is not covered by the program’s insurance), as well as other matters described in the information posted on the University’s Global Health website which I have reviewed and will continue to check prior to departure and during the program. I have made my own investigation and am willing to accept these risks.

A. Institutional Arrangements. I understand that University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Global Health Program. I understand that University has exercised its best efforts in regard to these matters, but that it is not responsible for occurrences that are beyond its control.

B. Comprehensive Release of Liability. As condition precedent to participating in this program, University requires participants to execute the Comprehensive Release of Liability and Consent to Secure Medical Treatment which is appended to this Contract as Appendix B. By signing this document you are waiving certain legal rights. Therefore, we urge you to take the time to read it carefully and we urge you to contact an attorney if you have any questions about it.

C. Health and Safety.

1. I have consulted/will consult with a medical doctor with regard to my personal medical needs. I have provided/will provide University with all medical data and any other personal information necessary for a safe and healthy Global Health program experience. There are no physical or mental health-related reasons, problems, or special dietary requirements or restrictions which preclude or restrict my participation in this program.

2. I am aware of all applicable personal medical needs. I recognize that, while the University will use its best efforts to ensure that I receive adequate medical care while in this Program, I assume all risk and responsibility for my medical or medication needs and the cost thereof. If I require medical treatment or hospital care in a foreign country or in the United States during the program, I authorize the University to secure any necessary care deemed appropriate.

3. The University may take any actions it considers to be warranted under the circumstances to protect my health and safety. I agree to express any health or safety concerns promptly to Global Health program staff or other appropriate persons.

4. Information for students with disabilities who may require accommodation: The University makes reasonable accommodations for students with disabilities who are otherwise qualified to participate in its activities and programs. However, the Americans with Disabilities Act
does not govern accessibility standards in other countries. The University does not discriminate on the basis of disability in admissions for Global Health programs, but is not responsible for assuring accessibility in international locations and cannot guarantee that accommodation will be available. While the University will try to arrange accommodation for special needs, students with disabilities must understand that some international experiences may not be appropriate for them.

In order to address this concern, the University policy requires students with special needs who require accommodation to self-identify at the time of application for participation in a Global Health program. The University will work with the campus disability services representative to determine whether the student's needs can be accommodated.

D. Standards of Conduct.

1. Academic Conditions. The University’s Global Health programs are not travel tours. While travel during free time can be quite educational in itself, the University program does not grant academic credit for travel. The Global Health programs are strictly academic in nature, and students must expect to invest at least the same amount of time and effort that would be required for courses at a comparable level on campus.

2. Program Participation. I understand that students enrolled in Global Health programs are required to attend all scheduled classes, lectures, activities and field trips. This also includes mandatory attendance at pre-departure orientation sessions provided by the Global Health department and orientations at the host institution. University orientation includes:
   a. Meeting and/or discussing with the Global Health dept. specific information about the rotation site
   b. Students are required to read the Global Health Safety guidelines posted on the website
   c. Enrolling in STEP (State Travel Enrollment Program) online
   d. In some cases, students are asked to write a post reflection essay

3. General Behavior.
   a. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws or standards could harm the University’s relations with those countries and the institutions therein, as well as my own health and safety. I am aware that if I violate laws of the host country, I may place myself in legal jeopardy and that U.S. standards of due process may not apply. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the program.
   b. I also will comply with University’s rules, standards, and instructions for student behavior as outlined in the University’s honor code and the student handbook.
   c. I agree that I will not engage in any of the following activities while participating in the program (unless required by the program and supervised by a certified instructor): mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; operating a motor vehicle of any kind (including motorcycle); racing by horse, motor vehicle, or motorcycle; parasailing; participating in any professional sports or competitions; or riding as a pilot, student pilot, operator, or crewmember in or on any type of aircraft.
   d. I understand that before, during or after the program there may be time that is not allocated to academic or programmatic components and I may have the option to travel at my own expense. I agree to inform a representative of the program of my travel plans, understand
that the University is not responsible for me while I am engaged in independent travel, and understand that any such travel is at my sole risk and expense.

e. I will attend to any legal problems I encounter with any foreign nationals or government at my own expense. I understand that, while the University will use its best efforts to assist me, it is not responsible for providing me with legal representation.

f. I agree that University has the right to enforce the standards of conduct described above in its sole judgment, and that it may impose sanctions up to and including removal from the program for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony and welfare of the University, the program, or other participants at any time prior to or during participation in the program. I recognize that, due to the circumstances of the program, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at my university do not apply. If I am removed from the program, either before or during participation, I understand that I will be sent home at my own expense.

E. Financial Obligations. Students are required (but not limited to) paying for airfare, VISA for the country to be visited (when applicable), accommodations, transportation, food, registration fees (if applicable), and any other local expenses.

F. Program Changes. The University has the right to cancel the program at any time prior to departure. It also reserves the right to cancel a program in progress and to require all participants to return to the United States if it determines that conditions pose a heightened risk of danger to students. I understand that the University may alter the program’s itinerary, travel arrangements, or accommodations due to emergency or changed conditions, and agree to be responsible for additional costs. Understanding that the University will make every reasonable effort to minimize the effect of same, I accept all responsibility for loss or additional expenses due to transportation delays, necessary program changes, sickness, weather, strikes, or other unforeseen causes. If I fail to meet a departure bus, airplane, or train, I will at my own expense seek out, contact, and reach the program group at its next available destination.

1. I agree that if I decide to leave the program for any reason, including illness or accident, I will be responsible for any and all costs and expenses associated with my return home.

2. I agree that the University may notify my emergency contact that I am no longer affiliated with the program.

I have read this Student Global Health Program Contract carefully before signing it, and agree that it contains my entire agreement as to my participation in the program. This agreement shall become effective only upon acceptance by the University of my application for the program.

______________________________  ______________________________
Signature of Student                     Date
Comprehensive Release of Liability  
And  
Consent to Secure Medical Treatment

By signing below, I acknowledge and agree to the following:

1. I understand that this is a binding legal document the purpose of which is to minimize the legal liability of Des Moines University ("University") in connection with my participation in its Global Health program, and that I am encouraged to consult an attorney if I have any questions about its meaning or significance.

2. I warrant that I am at least 18 years of age and am competent to enter into this contract knowingly and voluntarily.

3. I have read, understand and agree to the Student Global Health Program Contract, and in particular, the summary of the Program’s risks outlined in it.

4. I understand that my participation in the Program is voluntary.

5. In consideration of being permitted to participate in the Program, I agree to assume the risks of such participation. Further, for myself, and on behalf of my executors, administrators, heirs, and family members, I agree to release and hold harmless the University, its trustees, officers, employees, agents, volunteers, assigns and successors, from any and all claims or suits that may result from my injury or death, or the loss of or damage to my personal property, whether accidental or through the negligence of the aforementioned, arising in any way from my participation in the Program.

6. In consideration of being permitted to participate in the Program, I, for myself, and on behalf of my executors, administrators, heirs, and family members, agree to release and hold harmless the University, its trustees, officers, employees, agents, volunteers, assigns and successors, from any and all claims or suits that may result from the negligence of any other participant during my participation in the Program, including claims relating to injury to my person or my property.

7. I hereby consent in advance and authorize the University, its officers, employees, volunteers and agents to secure on my behalf any emergency medical treatment or services deemed appropriate under the circumstances.

____________________________
Participant Signature      Date

________________________________
Participant Name (Please print)     Program
Des Moines University
LIABILITY RELEASE FORM

FOR VOLUNTEER MEDICAL PROVIDER

I understand that there are dangers and risks to which I may be exposed by participating in international experiences, I understand and assume any and all risks associated with this activity, including, but not limited to illness, accidents, or violence, all such risks being known and appreciated by me.

I am not required to participate in this activity, and have elected to do so knowingly and voluntarily, with full knowledge of the potential risks.

I agree to assume and take upon myself all risk and responsibility in any way associated with this activity. In consideration of the services, assistance, and facilities provided by Des Moines University for this activity, I release the University (and its Board of Trustees, employees, and agents) from any and all liability, claims or actions that may arise from my injury, illness, or death, or from any damage to my property, or any other claims whatsoever which might arise in connection with this activity. I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act by the University (or its Trustees, employees, or agents), including but not limited to, negligence, mistake or failure to supervise by the University.

I recognize that this Release means I am giving up, among other things, rights to sue the University, its Trustees, employees, and agents for any illness, injuries, damages, or losses I may incur as a result of my participation in this activity. I understand that this Release also binds my heirs, executors, administrators, and assigns, as well as me.

I have read and understand this Release, and I agree to be legally bound by its terms.

Name: ________________________________

(Print or type)

Signature: ___________________________  Date: ________________
International Emergency Assistance Procedures
(Includes Accidental Death and Dismemberment)

1. Call the local emergency number in your location:

<table>
<thead>
<tr>
<th>Country</th>
<th>Ambulance</th>
<th>Police</th>
<th>U.S. Embassy (Ask for American Citizen Services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belize</td>
<td>911</td>
<td>911</td>
<td>610-5030</td>
</tr>
<tr>
<td>Ghana</td>
<td>193</td>
<td>191</td>
<td>233-30-274-1000</td>
</tr>
<tr>
<td>China</td>
<td>120</td>
<td>110</td>
<td>86-10-8531-3000</td>
</tr>
<tr>
<td>Jamaica</td>
<td>110</td>
<td>119</td>
<td>1-876-702-6000</td>
</tr>
<tr>
<td>Peru</td>
<td>117</td>
<td>105</td>
<td>01-618-2000 (within Peru)</td>
</tr>
<tr>
<td>Rwanda</td>
<td>Local numbers only</td>
<td>250-252-596-400</td>
<td></td>
</tr>
<tr>
<td>St. Lucia</td>
<td>999</td>
<td>911</td>
<td>1-246-227-4000</td>
</tr>
<tr>
<td>Tanzania</td>
<td>112</td>
<td>999</td>
<td>255-22-229-4000</td>
</tr>
<tr>
<td>Thailand</td>
<td>1554</td>
<td>1155</td>
<td>02-205-4000</td>
</tr>
<tr>
<td>Uganda</td>
<td>112 (cell phone), 999 (fixed)</td>
<td>0414-306-001(within Uganda); 011-256-414-306-001(within US)</td>
<td></td>
</tr>
</tbody>
</table>

2. Call Europ Assistance USA (ACE Policy Provider):*
   - Collect when outside the U.S. and Canada (24 hrs./7 days a week)
     **1-202-659-7777**
   - Toll Free within the U.S. and Canada (24 hrs./7 days a week)
     **1-800-766-8206**

* For Medical Emergencies: When placing the call, be prepared to provide as much of the following information as possible: *(Des Moines University Policy Plan No. 01 SP 585)*
   1. Your name (or the name and relationship of the caller if not the student)
   2. Country and/or event where you are located
   3. Name(s) of persons involved, age and sex
   4. Description of emergency and/or patient’s condition
   5. Name, location and phone number of hospital (if applicable)
   6. Name and phone number of treating doctor; where and when treating doctor can be reached
   7. Actions taken thus far and Assistance needed

* For Political Evacuation Emergencies: When placing the call, be prepared to provide as much of the following information as possible: *(Des Moines University Policy Plan No. 01 SP 585)*
   1. Name of caller, phone, relationship to Evacuee(s) (if not the student)
   2. Evacuee(s) name, age, sex
   3. Description of political emergency and reason for evacuation
   4. Name, location and phone number where evacuee(s) can be reached
3. Contact the DMU Emergency phone line (24 hours a day/7 days a week):  
1-515-271-1471

If the call is placed during normal business hours (M-F 8:00 a.m. – 5:00 p.m., CST), the call will be answered by the DMU security office.

For after hour emergencies, the call will directly go to an answering service. The answering service will contact the appropriate individual.

Depending on the extent of the emergency or crisis, the Director of Global Health will:

- Contact the appropriate DMU Administrator – per the emergency calling tree
- Work with the student and ACE Executive Assistance Services
- Contact the participants’ family depending on the severity of the situation. Contact information can be found in the student’s online file or Terra Dotta.
Global Health Emergency Contact Tree

**Global Health Department**
Dr. Jeff Gray  
(work): 515-271-1506  
(cell): 515-710-2670  
Jeffrey.Gray@dmu.edu  
Sondra Schreiber  
Director of Global Health  
(work): 515-271-1369  
(cell): 515-314-6721  
Sondra.Schreiber@dmu.edu

**Office of the Provost**
515-271-1505  
Robert.Haak@dmu.edu (interim)

**Student’s College Dean**

**CHS**
515-271-1415  
Jodi.Cahalan@dmu.edu

**COM**
515-271-1515  
Bret.Ripley@dmu.edu

**CPMS**
515-271-1464  
Robert.Yoho@dmu.edu

Contact the DMU Emergency phone line which is answered 24 hours/7 days a week  
1-515-271-1471