SITUATION: MEDICAL TREATMENT (NON-URGENT)

PROTOCOLS:

Prior to departing on your semester or interim experience, please prepare by completing the following:

- All students, faculty, and staff should be seen prior to travel in Health Services to make sure they are up-to-date with all necessary vaccinations (i.e. measles, mumps, rubella, tetanus, diphtheria, pertussis, hepatitis A and B, meningitis, influenza, and polio). This visit should take place ideally 4-6 weeks before travel, to get any additional vaccinations, medications, or information they may need to stay healthy abroad.

- All students should prepare an ample supply of prescribed medications in their original, clearly labeled containers as well as anti-diarrheal medication, insect repellent, alcohol-based hand gel, thermometer, pain relievers, cold medication, and first aid supplies.

- Each instructor will be given a first aid kit from Health Services prior to departure.

- Familiarize yourself with basic first aid so you can self-treat minor injuries. Utilize basic first aid information in one of the two books provided by Health Services in the first aid kit provided. (A Comprehensive Guide to Wilderness & Travel Medicine by Eric A. Weiss, M.D. and the American Red Cross Emergency First Aid Guide).

- Identify in-country health care resources in advance of your trip in case of a medical emergency. This is especially important if participants have a pre-existing medical condition. The U.S. Department of State provides links to U.S. Embassy or Consulate websites for the country or countries you are visiting that can assist in locating safe doctors and hospitals abroad. See website Doctors/Hospitals Abroad – www.travel.state.gov/travel/tips/emergencies/emergencies_1195.html

- Review each participant’s health history prior to the trip. Take a copy of these records along with you on the semester or interim and keep them confidential while living abroad.

- To prepare for air travel, tell students to drink a lot of non-alcoholic fluids, stay away from caffeine, eat light, and stretch often to avoid jetlag and the potential formation of blood clots, which can be caused by cabin pressure. A direct flight is usually easier for most travelers, but flights broken up by stops can also lessen jet lag.
During your semester or interim experience, students should do the following to reduce their risk of illness and injury:

- In developing areas, boil your water or drink only bottled water or carbonated drinks from cans or bottles with intact seals. Do not drink tap water or fountain drinks or add ice to beverages. Avoid eating salads, fresh vegetables and fruits you cannot peel yourself, and unpasteurized dairy products. Eat only food that has been fully cooked and served hot.

- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand gel to clean your hands.

- Avoid animal bites by not handling or petting animals, especially dogs and cats. If you are bitten or scratched, wash the wound immediately with soap and water and seek medical attention to determine if medication or anti-rabies vaccine is needed.

- If visiting an area where there is risk of malaria, use insect repellent and a mosquito net for sleeping, wear long-sleeved shirts and long pants outdoors between dusk and dawn, and make sure to take your malaria prevention medication before, during, and after your trip, as directed.

- If you are visiting a country that has experienced an avian flu (bird flu) outbreak, avoid poultry farms, bird markets, and other places where live poultry is raised or kept. For more information, see the webpage from the CDC, “Guidelines and Recommendations: Interim Guidance about Avian Influenza A (H5N1) for U.S. Citizens Living Abroad.”

- Travel to high altitudes may result in altitude sickness. To minimize this potential, acclimate over a few days time. Avoid exertion and alcohol. Drink extra water. Symptoms usually resolve in 24-48 hours and can be helped with analgesics and anti-nausea medications.

- Automobile accidents are the leading cause of preventable deaths in travelers. Wear your seat belt and follow the local customs and laws regarding pedestrian safety and vehicle speed. Avoid night travel if possible.

- If visiting an area which has risk of water-borne infections (i.e. schistosomiasis), do not swim in lakes or streams or other fresh bodies of water.

- Keep feet clean and dry, and do not go barefoot, especially on beaches where there may be animal waste, to prevent fungal and parasitic infections.

- Use sunscreen with both UVA and UVB protection.
Responding to Non-Urgent Medical Concerns

- In terms of illnesses, the instructor/director is encouraged to check in with students on a regular basis regarding their health. If students become sick, the instructor/director should monitor the affected students closely and if the situation deteriorates, additional medical attention should be sought out. Throughout this process, the instructor/director should document (in writing) the situation and how it is being handled (e.g. if and when medication is given, etc).

- In terms of gastrointestinal illnesses, acute bacterial gastroenteritis or parasitic diarrhea caused mostly by *Giardia* represents the most common conditions reported by travelers. Parasitic diarrhea may often present as intermittent diarrhea, nausea, headache, and fatigue, but may also present with postprandial rapid expulsions of loose stool. It is imperative that students communicate openly with instructors about symptoms so that accurate assessments can occur.

- Health Services will determine what quantity and kind of medications should be distributed to instructors for treatment of diarrhea symptoms. All participants are encouraged to take over the counter anti-diarrhea medication, such as Loperamide and Pepto-bismol. In the event of severe cases of diarrhea, antibiotics may be distributed by the instructor. To assist in determining the correct course of action, the following guidelines are sent with each bottle of Ciprofloxacin. **If instructors/directors administer any meds, they should document who, when, and how much medication is given and report to Health Services upon their return.**

  "Traveler’s Diarrhea usually is self-limited and often resolves without specific treatment. However, oral rehydration with clear liquids is always beneficial to replace lost fluids and electrolytes. Travelers who develop ≤3 loose stools in a 24-hour period, with minimal other side effects should increase fluids + lactose free diet and avoid coffee. If ≥4 stools, may use Loperamide 4 mg, then 2 mg after each loose stool up to 16 mg/day. Also, Pepto Bismol may be used: 2 tablets every 30 minutes for up to eight doses in a 24-hour period, which can be repeated a second day. If severe diarrhea (≥6 stools/day and/or temperature>101°F, abdominal cramps, or blood in stools) – should receive antibiotic treatment- Ciprofloxacin 500 mg **2x/day for 3 days.** Do NOT give if allergic to: Cipro, Tequin, Levaquin, Floxin, Maxaquin, Zagam, Trovan. If there is no decrease in number of stools after 24-36 hours seek medical treatment ASAP. “

Follow Up Protocols upon Return from a Semester or Interim

- Names of all sick and injured students should be reported to Don DeGraaf in Off Campus Programs and Barb Mustert in Health Services within two days of return to Calvin. They will follow up with the student, and parent if necessary, to ensure that on-going care and medications are provided.
  - The most frequent health problems in ill returned travelers are persistent gastrointestinal illness (10%), skin lesions or rashes (8%), respiratory infections (5%–13%, depending on season of travel), and fever (up to 3%).
Although gastrointestinal upset is the most frequent problem, febrile illnesses represent the most serious of the spectrum of illnesses in travelers. Infections such as malaria may be life threatening, and others may pose a serious public health hazard (e.g., tuberculosis, measles, viral hemorrhagic fever).

- It is especially important for you to send students for health care if they have a fever, rash, cough or difficulty breathing, or any other unusual symptoms.

- Most post-travel skin ailments reported are insect bites, bacterial infections, scabies, and parasitic larvae infestations.

- Most travelers infected abroad become ill within 12 weeks after returning to the United States. However, some diseases, such as malaria, may not cause symptoms for as long as 6–12 months or more after exposure.

- The possibility of malaria as a cause of fever should be evaluated urgently by appropriate laboratory tests and qualified personnel.

- Since most primary care physicians have little expertise in tropical diseases, a newly returned, ill traveler should be evaluated by an infectious disease or tropical medicine practitioner. The student can have an evaluation in Health Services and referrals will be made if necessary.

**SPECIFIC RESOURCES**

Important phone numbers:
- Don DeGraaf, Off-Campus Programs Director – 616-526-6225 (office) – 616-558-7245 (cell) – ddegraaf@calvin.edu
- Barb Mustert, Calvin Health Services – 616-526-6187 – bmustert@calvin.edu


- CDC Health Information for International Travel 2010, The Yellow Book


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