

Emergency Contact Protocol for Students and Residents Participating in Electives in countries with State Department Warnings

1. Medical student/resident contacts their UCLA faculty mentor or Program Director:

{Insert Faculty Mentor Name, Cell phone number, pager, email here and ensure that your designated faculty mentor/program director will be available and willing to assist with your safety and evacuation if needed during your elective}

2. The above designated faculty member notifies:
 - a. UC insurance (Europe Assist)
 - b. The student or resident's emergency contacts, if needed
 - c. [UCLA DGSOM Dean for Students \(for medical students\)](#) or [Dean for Graduate Medical Education \(for residents and fellows\)](#)
3. The above designated faculty member then takes over as the medical contact/liaison with UC insurance, with the hospital in the host country, with the student/resident and with the student's/resident's family. If the above designated faculty member is unable to do this, then he/she can appoint another physician to be the primary contact person. The designated faculty member will be the point person for communication with the student/resident and all communication regarding safety and evacuation should flow through this designated faculty member, in communication with the Associate Dean indicated above.
4. If additional assistance is needed beyond UC insurance/Europe Assist or if any resistance is being met to evacuating the student/resident, the designated faculty member will contact Cheryl Lloyd at UCOP to request utilization of additional resources to make sure medical evacuation is provided to the satisfaction of UCLA DGSOM. In this case, the Associate Dean for Students or Associate Dean for Graduate Medical Education should also be notified.

Attestation of understanding of Emergency Protocol and agreement of medical student/resident:

Printed name: _____ **Date:** _____

Signature: _____

Attestation of understanding of Emergency Protocol and agreement of designated faculty member:

Printed name: _____ **Date:** _____

Signature: _____



Emergency Contact Numbers:

1. _____
{Insert designated faculty mentor/program director contact information}

2. _____
{If possible, please insert a backup designated faculty mentor/assistant program director contact information}

3. _____
{Insert name and contact information for UCLA DGSOM Associate Dean for Students or Dean for GME}

4. UC Insurance/Europe Assistance's Worldwide Number: 202-828-5896; US Number: 866-451-7606; email: OPS@europassistance-usa.com

5. Cheryl Lloyd, ERM Deputy & Director, General Liability (UCOP): 510-987-9289, email: cheryl.lloyd@ucop.edu

6. _____
{Insert emergency contact information for student/resident}

One copy of this signed attestation should be carried at all times by the student/resident while abroad (in addition to copy of UC insurance (Europe Assist) card).

One copy of this signed attestation and one copy of the UC insurance (Europe Assist) card should be kept on file by the student/resident's designated faculty member.

One copy of this signed attestation and one copy of the UC insurance (Europe Assist) card should be kept on file by the Student Affairs Office (for medical students) or by Residency/Fellowship Program Director (for residents/fellows).

*Completing this template will be helpful to you in answering question 7 of the Request for Exception for State Department Travel Advisory Form: **How will the safety of the student/resident be monitored and what is the process for establishing whether evacuation is needed and for potential evacuation of the student/resident, if necessary?**