

## Emergency Action Plan for ISLC 2022

### Purpose

These EAPs refer to general guidance to inform an ability in Student Programs staff and chaperones to respond to emergency situations and are not intended to supersede or replace guidance from entities such as emergency services, medical staff, legal teams, nor the communications response for crisis situations laid forth in the Student Programs Covid-19 Safety Protocol, Operation Smile Crisis Notifications Plan, or Operation Smile Crisis Communications Plan.

### Student Programs Emergency Contact Team

The *Student Programs Emergency Contact Team* (SPECT) is responsible for communications relating to the departmental response to emergencies at international workshops and conferences, and consists of the following:

**Tina Newton**      AVP of Student Programs      937-212-0086 (cell)  
[tina.newton@operationsmile.org](mailto:tina.newton@operationsmile.org)

**Carlos Veron**      International Manager      757 706-2561 (cell)  
[carlos.veron@operationsmile.org](mailto:carlos.veron@operationsmile.org)

### Local Hospital in Case of Emergency

Baptist Health Doctors Hospital,  
5000 University Drive, Coral Gables,  
Florida 33146  
Tel: 786-308-3000

### Specific Emergency Response Procedures

Set forth below are recommended procedures for an emergency response. As each emergency will differ it must be handled with consideration to local conditions. Certain emergencies may require only some of the steps identified below, while others may require additional steps. In both cases, OSI associates must use their common sense and independent judgment to identify the appropriate response and, in case of doubt, must seek advice from local authorities, insurance carriers, or other staff at Operation Smile.

In case of an emergency event, the first associate on the scene will:

- Account for the whereabouts and wellbeing of student(s) impacted by event.
- *Immediately* obtain care for the student(s) remaining with them until care arrives.
- Gather and record information of each action taken in incident report form (Appendix A).
- If the associate is not a member of the Student Programs Emergency Response Team, the associate will notify the first available member of SPERT by telephone.



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The contacted SPERT member will:

- Convene a meeting with other available SPERT members.
- Communicate instructions to students and associates. Encourage students to contact family members if desired.
- Contact the Student Programs' insurance provider (AIG) for advice and instructions.
- Collect and update the incident report form.

The AVP of Student Programs will:

- Relay details of incident with campus staff, Operation Smile staff, and other parties.
- Assist the student(s) in contacting their emergency contact or do so on their behalf.
- Assist emergency contact(s) with travel arrangements to site, if deemed necessary.

## COVID Precautions

In order to best protect all participants, Operation Smile will be conducting the following health precaution measures regarding COVID during ISLC 2022:

### TESTING

Upon arrival, all participants will be asked to fill out a self-attestation form and perform a rapid antigen test for COVID. This process will be repeated mid-week and at the end of the week of ISLC to ensure that any positive cases are quickly identified, and travelers are aware of their status upon departure.

For our international travelers to China and Madagascar, we will provide required PCR/IGM tests for travel at the appropriate hour for your airport departure. For all other travelers, the antigen test and proof of vaccination is sufficient for international travel home.

### POSITIVE CASE RESPONSE

Should any participant test positive for COVID, a confirmation test will be conducted by our medical staff. If affirmed, the participant will be moved to a private room for the remainder of the conference, where meal deliveries and multiple, daily medical checks will be provided to ensure optimum health responses. Should hospitalization be required, our medical team will ensure transport and any supplemental support is arranged according to parent/guardian instructions where possible.

### NOTIFICATIONS

Parents/Guardians and emergency contacts will be notified of any positive cases and advised on recommended next steps. Please note that no lodging accommodations will be provided by Operation Smile beyond the end of the conference period. Our team will, however, work to make sure that all positive cases have coordinated their needs and all students have a responsible, authorized adult to take custody of them. Additionally, any close contacts of positively identified cases will be notified and advised of their exposure. Parents and Guardians of any close contacts will also be notified so as to be alert to the exposure and subsequent health monitoring.



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APPENDIX A  
Student Programs Incident Report Form

Date of incident	
Location & time of incident	
Names of persons involved	

Were you present? (Please circle) YES NO

If not, who provided this description? \_\_\_\_\_

Brief description of what happened (attach additional pages if necessary):

What actions did you take?

If anyone was transported to a hospital or clinic, please provide complete name of facility, its phone and fax numbers, and address:	
Was insurance provider notified? Please provide identifying case number or reference information	
Names of first responders or legal authorities notified of the incident or present at the scene:	Notified Present Contact Info
Names and phone numbers of embassy or consular officials involved in this incident:	

*This sheet should be copied, filled out, and attached to the report for each person involved in the accident/illness who received medical care or counseling.*



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Name of person who received medical care, if applicable:	
Names and phone numbers of physicians who provided examinations or treatments:	
Exact names of any medications ( <i>please keep all packaging/inserts</i> ):	
Was this person conscious and capable of making informed judgments about his/her medical treatment? (Please circle)	Yes No  If not, who made necessary decisions?
Was any follow-up care recommended? (Please circle)	Yes No Explanation:
Was counseling recommended or given? (Please circle)	Yes No Explanation:

Dates/times of contact with Student Programs office:	
Dates/times of contact with parents:	

Program Name	
Printed name of preparer of this form	
Signature of Preparer	
Date	
Time	

Attach extra sheets as necessary, and any documentary evidence. Please pass, fax, or email to Student Programs staff.



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