



Project Medishare and the University of Miami Global Institute

HAITI RELIEF VOLUNTEER INFORMATION PACKET

**Bernard Mev's Hospital/Project Medishare
Boulevard Toussaint Louverture,
Entrée Village Solidarité
Port-au-Prince, Haiti**

Updated: March 15th, 2011

Dear Colleague,

As we continue to seek volunteer physicians and nurses to work in Haiti's main Critical Care hospital at Bernard Mev Hospital in Port au Prince, we must immediately express our heartfelt gratitude for your willingness to help with our relief effort in Haiti. Our goal is to provide critical care and/or trauma care as well as to mentor Haitian Physicians and Nurses in order to establish Haiti's first Haitian run Critical Care and Trauma Unit.

All contents of this document are important to your deployment to Haiti.
Therefore, please read it in its entirety

Basic Deployment Protocol

We ask that all volunteers submit their request to volunteer on our website, https://secure.med.miami.edu/Volunteer_for_Haiti/, which has been established to collect required information for our flight operations and for the professional license validation process (Please note, we do not and will not share the information entered at the website with other organizations). After you have submitted your data and have determined your desired dates of deployment, please call our office (305-243-6685) to coordinate your mission.

Our deployments are a minimum of eight (8) days (seven (7) working days + one (1) day for travel). In order to ensure continuity of care at the hospital in Haiti, we prefer to schedule volunteers from Saturday to Saturday. We will provide transportation from Miami to Haiti/Haiti to Miami on American Airlines every Saturday. However, volunteers who have opted to arrange their own flights using commercial airline must provide us their itinerary in order to arrange transportation to and from the airport in Haiti.

Pre-Deployment Required Documentation

1. Consent and release forms (pages 8-12)
2. 1 copy of your medical license
3. 1 copy of your passport
4. Consumer Authorization

Please print and complete the consent and release forms in this document (pages 8-12). Make 2 copies of your medical license and 2 copies of your passport. Fax, Scan or Mail the consent and release forms (Pages 8-12) PLUS one (1) copy of your medical license, one (1) copy of your passport to and the Consumer Authorization to:

FAX TO: 305-243-7045

EMAIL TO: Haiti Command Center- Logistics Center
HaitiLogicsCenter@med.miami.edu

MAIL TO: Project Medishare/Volunteer Waiver
MTSL Building
1430 NW 11th St
Miami, FL 33136

Bring (1) one copy of your Passport and Medical License with you to Haiti.

Current Conditions On-Site (Hospital Bernard Mevs)

HBMPM is a Hospital similar to any county hospital in the US. For people with health insurance, we will bill the provider, but for those who are uninsured they will receive “free” care. This is a mandate by the Haitian MSPP to help reestablish the pre-earthquake healthcare system.

Conditions are sometimes crowded, confused and loud; sleeping arrangements are not gender segregated; showering and personal comforts are adequate. **Shifts are long and can be physically and mentally demanding.** Therefore, if physical and emotional challenges are a concern, we respectfully suggest that you consider some other way of assisting. Notwithstanding, many of those who have participated have described the experience as inspirational and deeply rewarding and have returned to volunteer multiple times.

All volunteers are required to stay on-site at the hospital, as there is limited security outside the complex. We do not transport volunteers or supplies to other locations, and we do not provide tours of the city. It is important that you understand that generally, the conditions on the ground are still very unsettled.

In preparation for your week with Project Medishare, we would like to provide you with the following information:

- **Depending on the hospital’s needs, you may not be working in the area of your expertise. You must be adaptable and willing to work in multiple departments.**
- **It is necessary to be flexible about the times you will be working. Depending on the hospital needs you may be working day shifts, night shifts or a combination.**
- **You will receive two meals per day, one at 10 am and the other at 2 pm. We recommend you bring snacks and instant meals with you in addition to eating utensils.**
- **Please bring a water bottle to use throughout the week.**
- **You may want to bring cash for dinner or for souvenirs. In addition, we recommend you bring \$25 in \$1 bills. You will not have access to an ATM.**

We are very excited for you to join us at Bernard Mevs/Project Medishare Hospital. Thank you for your cooperation, and we look forward to seeing you soon!



Pediatric Ward



Volunteers' sleeping quarters



Bernard Mevs Hospital

RECOMMENDED ITEMS/STEPS TO TAKE

1) OBTAIN VACCINATIONS, MALARIA PROPHYLAXIS, AND SEEK OTHER MEDICAL GUIDANCE - read the current CDC recommendations and contact your physician

Volunteers should review the CDC Announcement Guidance for Relief Workers and Others Traveling to Haiti for Earthquake Response at:
<http://wwwnc.cdc.gov/travel/content/news-announcements/relief-workers-haiti.aspx>

2) ENSURE THAT YOUR PASSPORT IS UP TO DATE AND THAT IT WILL BE VALID FOR YOUR ENTIRE STAY IN HAITI

View the US Department of State Website for travelers to Haiti at:
http://travel.state.gov/passport/passport_1738.html

3) SUGGESTED SUPPLIES

- **Fanny pack to keep passport with you at ALL TIMES**
- Food: Snack items, quick energy foods, powdered drink mix individual packets and instant meals
- Eating utensils
- Twin Sheets and Blanket or Sleeping bag with a travel pillow
NOTE: We would appreciate it if you could bring sheets and blankets to donate to the hospital. Also, some of the rooms will be colder than others depending on the air conditioning, be prepared for both warm and cold sleeping conditions.
- Rain gear
- Personal Hygiene/ Toiletries
- All Personal Medications
- Sun block/ Hat
- Protective Footwear/ no clogs, open toes
- Flip flops for shower area
- Bathing suit
- Mosquito Repellent
- Headlamp, Flashlight/ Batteries
- Baby Wipes (An excellent way to freshen up)
- Toilet Paper
- Towel/ Washcloth
- Can Opener
- Anti-bacterial sanitizer/gel/wipes
- Enough clothing or scrubs to last your entire deployment. (no laundry facilities available)
- Mosquito net
- Earplugs.

Baggage Instructions

- You are allowed **one (1) carry-on bag**
- You are allowed **one (1) check-in luggage at 50lbs each**. See restrictions below
- **Please attach bright Red or Orange Ribbons to each piece of luggage** that you will be checking-in with American Airlines. We have found this is small effort will expedite your arrival to the hospital once in Haiti.
- Please pack your bags considering all TSA regulations. There are no exceptions for those traveling on missions to Haiti.

Haiti Bag Limitations

In an effort to ensure all customers' bags and relief effort items are accommodated on their scheduled flight, it is necessary to impose a bag limitation, on all excess, oversize, and overweight baggage to Port au Prince, Haiti (PAP). Customers traveling to Haiti are allowed:

- One checked bags - 62 in/157 cm each (length + width + height) weighing no more than 50 lbs/23 kgs each
- One carry-on bag - 45 in/114 cm (length + width + height) weighing no more than 40 lbs/18 kgs
- **Each passenger may check one additional piece of baggage. Excess baggage charges of \$30.00 per bag will apply**
- Oversized (63 - 115 in/160 - 292 cm) and overweight bags (51 lbs - 100 lbs / 23 - 45 kgs) will be permitted. Oversize and/or overweight charges will apply.

If you have specific questions on what to bring and not bring, please email Rachel Belt at haitilogistics@med.miami.edu.

WHILE IN HAITI - DO's AND DON'Ts

<u>DO</u>	<u>DON'T</u>
<ul style="list-style-type: none"> • Drink bottled water or purified 	<ul style="list-style-type: none"> • Do not drink tap water/ ice/shower water
<ul style="list-style-type: none"> • Observe universal precautions 	<ul style="list-style-type: none"> • Do not eat fresh food and vegetables from the island
<ul style="list-style-type: none"> • Keep your passport with you at ALL TIMES 	<ul style="list-style-type: none"> • Do not eat raw or undercooked meat.
<ul style="list-style-type: none"> • Understand that you are working in a high stress environment 	<ul style="list-style-type: none"> • Do not wander outside hospital site
<ul style="list-style-type: none"> • Remember you are in a foreign country with unique customs and a proud history 	<ul style="list-style-type: none"> • Do not comment negatively to the press regarding any other governmental or non government organization. We respectfully ask that you follow this rule as a guest of the UM Global Institute & Project Medicare
<ul style="list-style-type: none"> • Voice concerns about patient or personal safety to your team leader 	<ul style="list-style-type: none"> • Do not take photographs/ videos of patients in pain or in compromised situations. The only photographs should be for academic or medical purposes
<ul style="list-style-type: none"> • Contact the Chief Medical Officer (CMO) IMMEDIATELY if you have an injury 	<ul style="list-style-type: none"> ○
<ul style="list-style-type: none"> • Journal your experience along the way to help document the historical nature of the response. 	<ul style="list-style-type: none"> ○

DONATE TO HAITI - INFORMATION

Online: www.projectmedishare.org

By Phone: 305-243-8037

By Mail: **PROJECT MEDISHARE**

MTSL Building
1430 N.W. 11th street
Miami, Florida 33136

Please make checks payable to: PROJECT MEDISHARE

Please Print and fill out the following Release Forms (pages 8-12).

Fax, Scan or Mail Pages 8-12, one (1) copy of your passport, one (1) copy of your license, and Consumer Authorization to the following:

FAX TO: 305-243-7045

EMAIL TO: Haiti Command Center- Logistics Center
HaitiLogicsCenter@med.miami.edu

MAIL TO: Project Medishare/Volunteer Waiver
MTSL Building
1430 NW 11th St
Miami, FL 33136

Bring the extra copy of your Passport and License to Haiti.

Date of Travel: _____

HUMANITARIAN AID MISSION TO HAITI CONSENT AND RELEASE FORM

For and in consideration of being allowed participate in the delivery of humanitarian aid in Haiti at the University of Miami/Project Medishare field hospital and or Bernard Mevs Hospital (The Hospital) and related facilities in Port Au Prince Haiti, **I hereby agree:**

I have not requested permission to perform any procedure or provide any treatment for which I am not fully qualified.

To abide by any rules and regulations that may from time to time be adopted for the operations of the Hospital

That the treatment of patients by me at The Hospital is a privilege which may be withdrawn by the then acting Chief Medical Officer at any time and that I have no right to treat patients independent of such privileges.

To provide continuous care to patients and refrain from delegating a patients care responsibility to non-qualified or inadequately supervised practitioners.

To produce adequate information for proper evaluation of my professional and clinical competence, character, ethics and other qualifications for resolving any doubts about such qualifications and to inform The Hospital of any material changes in the information provided on this form that may affect my qualifications.

That submission of this request does not constitute approval or acceptance to the medical staff(s) of any University of Miami facility as a staff member, affiliate, or network provider and is limited solely to work at The Hospital in Haiti.

That all such permissions granted will expire upon completion of any work that I am assigned or otherwise accept at The Hospital or termination of the operations of The Hospital, whichever occurs earlier.

That I will provide true and accurate information as follows:

- Name _____ Gender _____
- Contact Phone _____ Date of Birth _____
- _____
- Work/home address _____

- Professional School name _____
- Year Graduated _____ License # _____ State _____
- Specialty _____ Adult ___ or Pediatric ___
- Current employer name and contact information _____

- Current hospital or institutional affiliations or other professional references _____

I hereby give my permission to the University of Miami, on behalf of the Hospital, to consult with any and all persons or entities needed to verify the information provided on and submitted with this form and to request and inspect all documents that may be material to an evaluation of my credentials and qualifications which the University, Project Medishare, or The Hospital in its discretion may deem appropriate.

I do hereby release and hold harmless the University of Miami, its Trustees, Officers, Directors, Faculty and Employees, and any other participants or affiliates in the Haiti Mission, including but not limited to the UM Global Institute/Project Medishare (hereinafter collectively referred to as "releases") from and against any and all liabilities to the undersigned, his/her dependents, assigns, personal representatives, heirs and next of kin for any and all damages, expenses (including attorney fees) claims, judgments, actions or causes of action as a result of any loss or injury to the person or property, including death, which the participant may sustain or suffer during or arising out of activities of the above described event and during transportation to and from such event whether caused by negligence of the University of Miami, of persons acting on its behalf or otherwise, and any other releases.

I release from liability all representatives of the University of Miami, The Hospital, and the releases, for their acts performed and statements made, in good faith and without malice, in connection with evaluating my credentials and qualifications and further release all individuals and organizations who provide information, including otherwise privileged or confidential information, in good faith and without malice, concerning my professional competence and background.

In full recognition and appreciation of the dangers and hazards involved in such activity, I do hereby agree to assume all risks and responsibilities surrounding my participation in this event, including but not limited to any and all foreseen, unforeseen, known, or unknown risks to my health, safety, or professional status. I acknowledge that I have obtained whatever information I deemed necessary regarding any risks and have taken whatever steps in my sole judgment and discretion I deem appropriate to protect against such risks. In so doing, I have not been relied upon and otherwise disclaim any advice, information, representations or warranties by the releases.

I verify that I have any and all professional licenses necessary to provide professional care and treatment and that those licenses are valid, clear, and active.

I verify that I have no criminal charges or convictions or other criminal and regulatory disciplinary actions, either final or pending, that would prevent me from providing services at The Hospital.

I verify that I have no health conditions of which I am aware that would prevent me from providing services at The Hospital.

I also verify that I am aware of any and all applicable travel requirements, restrictions, and warnings; have taken whatever precautions I deem necessary for my personal health and safety; and that I have in my possession valid travel documents and am otherwise authorized to travel out of the country and to provide aid services in Haiti.

I acknowledge that the releases do not, in any manner, serve as principal, agent, or partner of any person or entity which may provide services or accommodations to those participating in this mission, including any common carriers or any other person or entity providing services or accommodations in Haiti and that I am acting at all times as an independent volunteer and not in any capacity as an agent, servant, or employee of the releases.

I acknowledge and agree that I am participating in this mission voluntarily and based upon a full and express assumption of all risks of loss, either to me personally or from claims of third parties; that I will not seek to recover from the releases for any harm to myself or to others for which I may be liable; and that to the extent I deem it appropriate I have through self-insurance, insurance or otherwise, provided for protection against such risks.

I acknowledge that any material misstatements in or omissions constitute good cause for summary removal of any and all permissions or privileges I may have.

I acknowledge and agree that any agreement that may be entered into by The Hospital and/or any affiliate, based on this form may, at the sole option of The Hospital or its affiliates be deemed void and ineffective if any of the preceding information is not complete, true and accurate.

I further acknowledge that I have read and understand this release and voluntarily sign this document.

I hereby state, under penalty of perjury, that all the information I provide on this application is true, complete, and accurate.

DATE: __/__/2010

PRINTED NAME

SIGNATURE

In the event of an emergency:

I (print name) _____

Authorize Project Medishare staff to please contact:

NAME _____

ADDRESS _____

TELEPHONE _____

NAME _____

ADDRESS _____

TELEPHONE _____

Please review the policy on photography and videography. There have been situations where individuals took and posted inappropriate/graphic images of patients and volunteers. Ethical standards of healthcare apply to Haitians in this catastrophe, just as they do in the United States. We now require this document to be signed as part of the volunteer packet. We appreciate your understanding and cooperation.

RESTRICTIONS ON PHOTOGRAPHY AND VIDEOGRAPHY

Out of respect to our patients, volunteers, and coworkers, photography and videography is restricted to personal use, and must be used for legitimate, academic, or scientific uses.

Photographs/videos of patients in pain or suffering, and/or any photography/video taken under objection by any patients, volunteers, or coworkers are PROHIBITED.

In exchange for the ability to work within our facility, you agree:

1. Not to publish any videos or images without the written permission of Project Medishare/UM Global Institute.
2. To not use any images in any way that would be deemed offensive to any of the parties in the photograph or to Project Medishare/UM Global Institute.
3. To promptly remove photographs/videos from any publication upon request.
4. That UM Global Institute/Project Medishare and its agents may photograph or record you on film, videotape, digital media or any other format and you give permanent and irrevocable permission for the photographs to be published in any media format for any use.

Printed Name of Participant

Signature

Date