

FOTCOH

FRIENDS OF THE CHILDREN OF HAITI



Volunteer Manual

Training for Medical & Non-Medical Volunteers



Effective December 2015

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FOTCOH Mission and History

Our Mission: Provide essential and sustained medical care and health education to the poor of Haiti at our clinic in Jacmel.

Who We Are: A 30 year old non-profit organization based in Peoria (central Illinois) that provides medical care at its clinic in Haiti, the poorest place on earth.



Clinic Location

Geographical Overview

- Haiti occupies the western third of the Caribbean island of Hispaniola, which it shares with the Dominican Republic.
- Covers 10,700 square miles (about the size of Maryland).
- Land is mountainous and mostly uninhabitable because of the rough terrain.
- Temperatures range from 75 to 95 degrees F.
- Has few paved highways and is mostly accessible by air and off-road vehicles.
- Capitol is Port-au-Prince.
- ***FOTCOH Clinic is located on the southern coast in Cyvadier, near Jacmel.***

The Haitian People

- Population of Haiti: **10.4 million**.
- 95% are descendents of African slaves brought there to cut sugar cane.
- Most of the rest are mulatto descendents of French settlers.
- **More than half the population is unemployed.**
- **70% are illiterate.**
- Language is French Creole.
- **75% live below the poverty level** set by the World Bank.
- Last year, the World Bank identified Haiti as the **poorest place on earth**.
- Per capita **annual income is \$350**.
- Workers earn less than \$3.00/day working in agriculture.
They have so little, but share a strong, unyielding faith in God.

Haitian Health

- Haiti is the **poorest, sickest country in the world** where **survival is a daily struggle** for children and their families.
- **Women and children are dying faster in Haiti than in any other place on earth.**
- Overall life expectancy is **54** years old.
- **1 of every 5 Haitian children dies of malnutrition, dehydration and diarrhea.**
- 20% of all children die before their 5th birthday because their parents simply cannot afford healthcare.
- **Clean drinking water is a luxury.**
- **Public sewage systems do not exist.**
- **Two million children** were traumatized, injured or left homeless after the January **2010 earthquake**.
- An estimated **3,000 amputations occurred** due to the earthquake.

*Sources: World Health Organization, UNICEF, Handicap International, CIA and FOTCOH.

Our 35 Year History

1979: Dick & Barb Hammond's Caribbean cruise stops in Haitian Capital, Port-au-Prince. They cannot shake the horrible images of what they'd seen.

1980-1984: Through prayer and education, they discover a program where Roman Catholic churches in the U.S. sponsor parishes in Haiti. St. Anthony's in Bartonville, IL adopts St. Dominick's in Marigot, Haiti. Dick reluctantly visits Marigot and falls in love with Haiti and its people. Identifies major need: medical attention.

1985: Six volunteers from St. Anthony's parish embark on first medical mission. 550 patients treated with Tylenol, vitamins and donated antibiotics.

1985-1999: Medical missions continue at least annually, seeing 1,000+ patients each time.

1999: 16 rocky, wooded acres were purchased using funds raised in conjunction with St. Anthony's via bingo, and clearing began for the clinic. Barb Hammond begins the Child Sponsor program.

2000: Local laborers were hired and used machetes and sledge hammers to clear overgrowth and ragged rock. Haitians crafted blocks by hand and stacked them into a 3-story structure.

2001: 6,000 sq. ft. clinic opened.

2002: Two medical missions

2003: Three medical missions, each two weeks long. 1,800+ patients seen each time.

2004: Three 2-week medical missions.

2005: Four 2-week medical missions. Patients seen rises to 2,000+

2006: Five 2-week medical missions.

2007: Six 2-week medical missions: Jan., March, May, July, Sept., Nov. Surgical program begins with 2 surgical clinics.

2008: Six 2-week medical missions, including 3 surgical clinics.

2009: Six 2-week medical missions, including 4 surgical clinics. Medika Mamba program for severely malnourished children established.

2010: January 12, 2010 major earthquake hits Haiti. 200,000 die; 350,000 injured; 1 million left homeless; 3,000 children become amputees; countless children become orphans. FOTCOH sends six 2-week missions – January team arrives one week after earthquake.

2011: Six 2-week missions, including 4 surgical clinics.

2012: Six 2-week missions, including 4 surgical clinics. Mini-clinics begin for chronic patients' medication refills between regular clinics.

2013: Six 2-week missions, including 4 surgical clinics. In September, the surgical team exceeds 1,000 surgeries since its inception in 2007 by ONE SURGEON! Thank you Dr. Lukas

2014: Five 2-week missions. July cancelled due to lack of funding. Child Sponsorship Program ceases on 12/31/14.

2015: July clinic reinstated for six 2-week missions. Board approves a 1-week option beginning 5/2016.

TRAVEL ARRANGEMENTS

- The team leader will provide the team with the necessary flight information into and out of Port Au Prince, Haiti.
- Team members are responsible for making their own flight arrangements to and from PAP (Port Au Prince)
- The only requirement is that **all team members be on the same flight into Haiti.**
- If a flight out of Haiti is different (i.e. New York or Fort Lauderdale destination), the flight time must be near or after the rest of the team's outgoing flight to the USA.
- The airlines allow (1) roll-aboard case and (1) personal item as **carry-on**.
- Two supply bags will be given to each team member to be **checked**.
- Checked bags will contain no more than 45lbs of medical supplies, leaving a minimum of 5 lbs per bag for individuals to pack items that are not allowed in carry- on baggage.
- The airlines charge \$40.00 for the second checked bag. The team member is responsible for this charge and will not be reimbursed by FOTCOH.
- For any personal items packed in the checked bags, be sure to bag and label it so it does not get placed in any “give away” piles during the unpacking process at the clinic.
- Photocopy plane ticket and passport. Keep these in a separate location from the originals. **Keep your passport with you at all times while travelling. Do not put it into your carry-on suitcase as these are sometimes checked gate side.**
- For travel days, bring a water bottle, light snacks, small hand sanitizer, Kleenex, reading material, etc.
- If you wish, register your presence abroad and get updates by enrolling in STEP ([Smart Traveler Enrollment Program](#)) online at (step.state.gov/step/)

SUGGESTED ITEMS TO BRING

Important Documents

Driver's license
Passport
Professional medical license

Clothing

Shorts
Sundress/Skirt
Tank tops/t-shirts
Sleepwear
Underwear/bras
Tennis shoes/sandals
Swim shoes
Swimsuit

Medical team members

Medical Guidelines

Stethoscope
Otoscope

Cash

Will need cash for:
\$40.00 for 2nd checked bag
Dinner out on Saturday and Sunday (can be from \$10-\$25 each day)
Beer at clinic \$2.00 ea.
Soda at clinic \$1.00 ea.
Souvenirs
Potential tips
Usually \$200-\$250 is plenty.

Personal Items

Toothbrush/paste
Soap/body wash
Shampoo/conditioner
Razor
Shave cream/lotion
Comb/brush
Lip protectant
Feminine Hygiene products
Sunhat
Kleenex
Sunscreen
Bug spray
Small fan to clip on bed (battery
Operated if possible)

Water bottle – drinking water is
provided to refill your water bottle
as needed
Casual outfit for weekend outing
Small beach bag
Ear plugs for sleeping

- Bed linens, pillows, bath towels, wash clothes and hand towels are provided.

Airport Bag Claim in Port-au-Prince

- You are responsible for your own bags and cart. Stay with your bag at all times. Reasons: bags get lost, supplies get lost, if they are searched you will need the key, etc.

Leaving the airport

- One line from beginning to end is FOTCOH. One Team Leader (TL) at the front and one TL at the back. A TL always needs to be the last one out of the airport.
- Do not allow any Haitian not with FOTCOH to handle your bags. If you're not sure, ask Boyer or a TL. Haitians see this as an opportunity to earn money.
- Boyer, our Haiti clinic manager, will be inside the airport upon our arrival to assist with bags, customs, and exiting the airport. If he is not there when the team is ready, stay inside the airport and wait for his arrival.

Customs form:

- Address to use is: 1 Rue FOTCOH, Jacmel (do not put Cyvadier). There is no phone # to list.

ADDITIONAL KEY INFORMATION

- There is a washing machine (no dryer – everything is line dried outside) at the clinic and laundry is done daily, so you can pack light.
- The water is hard so do not bring quality clothes. There are scrubs at clinic in various sizes that are available to wear.
- Sheets/towels and pillows are provided.
- Drinking water, fruit punch and lemonade are always available.
- Soda, beer, rum and wine are available for a small fee.
- There is a computer at clinic and wi-fi is available. Remember a laptop is considered (1) of your carry-ons with the airline.
- The emergency contact number the executive director's:
Shelly Peters 309.369.8118. If there is an emergency, she can contact the clinic.

IMMUNIZATIONS

- Immunizations and/or prophylactic treatment are the responsibility of team members.
- Due to liability, FOTCOH does not provide or recommend immunizations for travel to a third world country.
- It is recommended that team members discuss options with their primary care physician or their local health department.
- FOTCOH is not responsible for the personal medical choices made by team members.

Other resources available regarding immunizations are:

The World Health Organization www.who.int/en

Centers for Disease Control and Prevention www.cdc.gov

Code of Conduct for Volunteers

- 1) Be dependable, and recognize the commitment and responsibility to volunteer assignments.
- 2) It is expected that all team members will be at their assigned work stations at the designated time each day of clinic operation.
- 3) Follow safe work practices, including participation in applicable education sessions, using appropriate safety equipment, and reporting accidents and injuries, and unsafe situations to the team leader.
- 4) It is expected that all team members check with other team members at the end of the clinic day to see if there is any additional work/activities that need to be done.
- 5) Accept feedback from the team leader in order to do the best job possible.
- 6) Report any problems as they arise to the team leader including concerns with interpreters, incidents, injury, or property damage.
- 7) Treat everyone with respect, dignity, integrity, courtesy, and consideration. It is expected that volunteers will be considerate of the welfare and comfort of fellow team members by keeping the noise level down for those team members who are sleeping, and by using moderation in alcohol consumption.
- 8) It is expected that all team members follow the rules for the clinic.
- 9) I will conduct myself professionally as a representative of Friends of the Children of Haiti throughout the duration of my trip.

RULES FOR CLINIC

1. Do not leave the compound without permission from Dick Hammond or your team leader. When you do leave, you must be with a group and have an interpreter with you. This is for your safety.
2. Please respect the e-mail communications of others. If you anticipate being on the computer for long periods of time, you may want to bring your lap top with you.
3. Conserve water. Check toilets. Take G.I. showers (turn off water during “middle” portion to soap and lather, then turn water back on to rinse).
4. When you return from the beach, please hang towels outside on the line by the generator. Wash sand off feet before coming into the clinic. Clap shoes outside.
5. Keep upstairs gates closed at night, it helps keep the bugs out.
6. Be considerate of others at meals. Eat what is on your plate and try not to waste food.
7. The roof is **off limits** at all times. This is for your safety.
8. Do not invite any of the workers to Saturday or Sunday activities.
9. Do not give Haitians your phone numbers. Recommended not to give them your email address.
10. Last person to leave a room please turn off the lights.
11. Avoid excessive alcohol consumption. Many of the volunteers may also be donors or potential donors, without which our mission could not continue. Good impressions go a long way, as do negative ones. Encourage your team to keep this in mind when partaking during post-clinic hours.

These rules were adopted out of safety concerns for all team members, respect for the clinic, the environment and each other, and are based on learnings over the past 14 years.

Blatantly disregarding clinic rules will not be tolerated and may result in team member being asked not to return on future trips.

BLOG INSTRUCTIONS

Guidelines

- The primary goal is to provide communication about the work being done at the clinic and to give those reading it a sense of “being there.”
- Mini patient profiles generate interest; photographs with the profiles help the audience connect with the patients.
- Remember that the readers are most likely not medical experts; describe cases and treatment specifics so a general audience can understand.
- Convey a sense of place; set the scene. Few people have ever been to Haiti, so comment about life around the clinic. The more descriptive, the better.
- Emphasis should be on work at the clinic. It is ok to acknowledge team members in general terms, but keep the focus on the team as a whole and the work that gets done.
- Try to post at least daily -- definitely o.k. to post more than once a day.
- Posts can be brief – don’t feel like you have to write a book.
- Be sure to notice comments made on the blog, and respond if appropriate.
- Discuss the blog in team meetings and assign the blog to team members if no one volunteers.
- First timers often offer such a great picture. Encourage your “newbies” to blog.
- Keep it positive -- this is about the good work we are doing. Sometimes the work is sad and it is o.k. to share that, but the experience needs to be conveyed as a positive one.
- Blog entries should be emailed to speters@fotcoh.org for posting.

JOB DESCRIPTIONS

DOSSIERS

Volunteers working dossiers and triage should be at their stations by 7:00 a.m. Dossiers are located in the dossier building, as are flip-flops/shoes/diapers.

Following is the process as patients arrive at dossiers from the education video:

- Patients with return to clinic cards (RTC) will present their card to the Haitian writing the dossier. He will complete name, address, date and gender on a new dossier. The patient then presents the card and dossier to you.
- Those without an RTC card should have on a wristband that they were given outside, with some sort of marking on it that Boyer has written.
- Make sure that if there is no card, there is a wristband. Often children will be brought in with a wristband and the mother will not have one.
- However, they are very good at convincing the Haitian interpreter to give them a dossier. **If they don't have a wristband or card, they should not have a dossier.**
- If they have a complaint that you feel might warrant being seen, it is perfectly acceptable for you to find your team leader and ask them.
- Make sure to cut the band off of the wrist and tuck it into your apron, to be placed in the plastic bag in the pantry for disposal. Haitians are very good at finding them and piecing them back together, which is why we are very careful with their disposal.
- Occasionally a patient will have lost their card and Boyer will write on their arm "o.k. to see."
- Dental patients and Dr. Lukas' surgical patients will also have writing on their arms if they do not have cards.
- The dossiers of those with RTC cards will be in the set of crates right in front.
- The dossiers of those without cards will be along the side.
- If they do not have a RTC card, ask if they have been to clinic before..."Premiere fwavini"? If they have been before, they may have an old dossier in the crates set to the side. Should always check.
- Once the old dossier is found, the new one and card (if they have one) should be stapled to the old dossier. If the patient is between 6 y/o and 13 y/o "FLOURIDE" should be written at the top of the dossier.
- If the patient is dental or Dr. Lukas, that should be written at the top of the dossier as well.
- Once you give their dossier back, they will proceed to the weight station.
- If you can't find a dossier- check first by name, check alternate spelling of name and check in non-returns. Sometimes they get stuck to the one in front of them by the staple and sometimes they are just mis-filed.

- After seeing a provider and finishing in pharmacy, the dossiers are kept in pharmacy before being taken upstairs to the kitchen.
- At the end of the day, dossiers are sorted by return and non-return and then alphabetized and counted.
- “Return to same clinic” dossiers (marked in red by a provider) should be collected at the end of the day and put into a Ziploc bag and then placed at the back of the first crate so that when a red RTC card presents, they can be easily found.
- Dossiers marked for Dr. Nelson’s mini clinic will be filed separately.
- Occasionally “return to same clinic” dossiers are not filed into the appropriate bag. When this happens you may have to go inside and search the piles of dossiers.
- Necessary items for dossier volunteers are kept in a **tote bag** on the third floor. This includes extra dossiers, aprons, pens, clipboard, sharpies, stapler/staples, highlighter and bug spray. **When you break for lunch and at the end of the day, ensure all supplies and blank dossiers are locked inside the dossier building.**

TRIAGE

Volunteers working triage should be at their station by 7:00 a.m. They should each have a “tub” with their necessary items: stethoscope, B/P cuff (multiple sizes), pulse ox, pens, clipboard, hand sanitizer, thermometers and thermometer sheaths.

- After patients get weighed, they will be directed to a bench where they can wait for the next available triage person.
- At triage, the patient will have their B/P checked (age 13 and up), pulse and respirations documented. Pulse ox if necessary should also be done here. If the patient looks “sick” or feels hot to touch, then have a temperature done.
- **Temperatures on every patient are not necessary and add time to the process.**
- If you have an infant with fever, please use Sure Temp digital thermometers, which are available in the lab.
- Triage personnel should not document anything else on the dossier because often the “story changes” between triage and the provider bench.
- If a patient is identified by triage to be **acutely ill or in respiratory distress** they should be brought back to a provider for initial assessment.
- The provider will then direct care for the patient. A nebulizer treatment should not be started on a patient without a provider listening first.
- If the patient is in with a RTC for **diabetes**, after vitals are done they should go to the diabetic education table for blood glucose check and the education class.
- If a patient is **pregnant**, they should be sent to lab for a urine dip and hemacue check before going to the provider benches.
- A provider should evaluate all other complaints before any labs are ordered.
- After a patient is finished at triage, they will be directed to the appropriate bench by Frednor (provider, dental, green card, surgery or fluoride).

LAB/TREATMENT

These are two areas of the clinic that can usually be performed by one individual, either an RN or medic.

Requirements include:

- Common sense
- Good communication skills
- Willingness to work alone or with others
- Observation skills
- Willingness to ask questions of the providers and other volunteers
- Ability to use protective equipment to protect the patients from passing infections
- Ability to work with an interpreter to understand and communicate the most common request in Creole to the patients.
- If it gets busy, someone can be pulled from triage area to help. Whoever is performing this job needs to either have some experience in wound care/debridement, or be trained properly before the start of clinic.

Purpose: To perform point of care lab testing as prescribed by established protocols and the providers.

Utilizing blood, skin and urine samples to provide the following labs:

- ✓ Hemoglobin- by finger stick
 - ✓ Blood glucose- by finger stick
 - ✓ Urine dip- chem strip 10
 - ✓ Pregnancy- urine dip
 - ✓ Rapid malaria test
 - ✓ Rapid HIV test
 - ✓ Malaria
-
- Approximately 10% of the time is spent setting up and cleaning the lab area.
 - 85% of the time is spent speaking to the patients, testing patients, and recording the results on the patient's dossier.
 - 5% of the time is spent in discussing results with the providers. Good communication is essential to the volunteer in this role.
 - Communication needs include highly abnormal results, supply levels of testing supplies, and in communicating to the patients and translators, using Creole.
 - All machines should be QC'd during clinic set up.

- When pharmacy gets an order for an IM injection, this person will be performing that task.
- **Wound care:** supplies are available at clinic. Any patient who visits wound care should have soap prescribed to them. Once the wound has been cleaned, but before it is dressed, the provider needs to look at the wound in order to determine what treatment is necessary.
- **Nebulizer treatments** are available in the treatment area.
- After a patient visits lab/treatment/wound care they need to return to their provider in order to complete their visit.
- During down times for lab/treatment, the volunteer can be utilized in counting pills.
- Suzette, one of the pill counters, performs fluoride treatments. She will mark the dossier with her name when the treatment has been completed.

PHARMACY ASSISTANT

This position works directly with the pharmacist and takes all direction from the pharmacist. In the event the pharmacist steps away for a few minutes, the following guidelines should be followed:

- Assist with unpacking bags on arrival at clinic.
- Locate and verify all inventory and supplies needed, including items in refrigerator in pharmacy.
- Supply management: Make sure we have adequate stock of all meds. When they are getting low, replenish them, especially fast movers. Anticipate needs.
- Assist pharmacist in filling orders off the dossiers
- Record items dispensed and any changes on patient's dossier for next team of providers.
- Manage pill counters: Provide direction while encouraging them to take initiative in getting pills counted.
- Organizing, Cleaning, Labeling: Check for outdated meds, prepare and label things to make inventory (and just finding things) easier. Sort and organize med vials and other supplies, by size, purpose or other criteria that makes sense.
- Calculating quantities.
- Have attention to detail in all tasks.
- Secure store room when not in use.
- Complete inventory at clinic end, store all supplies and clean area.

COMMUNITY JOB DESCRIPTION

This is a generalization of tasks that team members can assist in that make the clinic run more smoothly. They are in no particular order, but are all important.

- **Laundry:** There are (2) hampers located outside the doors of the 2nd floor bedrooms. Please place colored and white clothes in separate hampers. The laundry is usually started early in the morning, often by the crowd control people. It is hung outside and may be overhead of some provider stations. Help will be needed to hang the laundry on the lines and to take it down. After it is dry, it is folded and placed on one or more of the dining tables. **Please** collect your laundry off the tables as soon as you can so we can use the tables for meal time.
- **Pill Packing:** For the first few days of clinic and periodically during the clinic, there will be a need to pack some of the medications into bags or bottles for the pharmacy. This social event works well in the dining room and also in the small room just off the pharmacy. Someone on the pharmacy team will direct you and we ask that all available team members assist, especially early on. Some teams have taken this task out into the yard and that is acceptable. Pharmacy does ask that when the task is complete that all product, supplies, and tools be returned to the pharmacy and it would help if the tools come back clean.
- Before and after clinic hours, it is pleasant to relax out on the balcony, the lounge, and above the portico. Please be respectful of others who may be sleeping or resting in that bedroom on the other side of the windows.
- **Dishes:** Everyone gets their turn at doing the dinner dishes. Neva and Andrita, our Haitian helpers, take care of the breakfast and lunch dishes except on the weekends. Please be sure to sign up on the sheet posted on the bulletin board for your shift.
- **Snacks:** There will be trail mix, crackers, etc., on the counter for the team. This is not for the Haitians, so please respect that.
- **Beach:** Many team members head for the beach when clinic is done. Renel will likely be there as an escort. Do not go alone, always go in a group and be sure to have Renel or another interpreter with you. Also, please be aware of stragglers and make sure the group stays together. This is for your safety.



EDUCATION FOR PROVIDERS

MEDICAL GUIDELINES

- The medical guidelines are a working document that has been created using “best practices” for practicing medicine in Haiti.
- They are based on the medications we have available to us at the clinic in Jacmel.
- The Medical Guidelines should be reviewed in detail prior to departing and during the clinic orientation.
- Suggestions to change a guideline or practice need to be presented at the next scheduled FOTCOH medical advisory committee meeting following a trip.
- All medical personnel should receive a copy of the guidelines prior to travel.
- **It is the responsibility of each team member to review their copy and bring it along with them to Haiti.**
- The team pharmacist, in conjunction with the pharmacy director, will provide the team with an updated formulary prior to the first day of clinic.



REFERRALS AND DIAGNOSTIC TESTING

- Referrals and diagnostic tests are **not** offered by FOTCOH.
- If you recommend to a patient to follow-up or be seen by a care provider outside of FOTCOH, be very clear that FOTCOH will **not be paying** for that care.
- If a patient needs care that FOTCOH cannot provide and you are unsure where to send them, have them wait and talk with Dr. Nelson.
- **Use Dr. Nelson for information – he is an invaluable resource at our disposal.**
- You will see many things that we are unable to handle and Dr. Nelson is a great resource for directing or getting the medical care that is available and necessary.
- It needs to be made very clear to the patient, however, that FOTCOH will **not** be paying for the evaluation or treatment.

PROFAMIL CLINIC

- This is a women's health center (family planning) in Jacmel that offers treatment for STD's and pregnancy education/counseling.
- Women can receive Depo here.
- If you are treating a patient for an STD, all sexual partners should be referred to Profamil for assessment and treatment.
- The center also provides testing for HIV.

PATIENT DATA COLLECTION

- Data collection sheets need to be given to each provider for their clip board.
- Data needs to be recorded for every patient seen.
- At the end of each day, the provider should tally all columns and give their sheet containing the tallies to the team leader for consolidation.
- At the end of each clinic, the team leader should add all totals and have one number for each column.
- Those should then be converted into percentages of the total number of patients seen.
- The final numbers need to be submitted to the FOTCOH office within 2 weeks of returning from a trip.

SURGICAL PATIENTS

- Any patient that you believe should be seen by the surgeon should be given a tan RTC for the first day of the next surgical clinic.
- That patient will be seen and evaluated by the surgeon at that clinic.

- If your clinic is a surgical clinic and you see a patient you believe needs to be evaluated, have that patient wait until the end of the day to be seen when the surgeon returns (if the patient lives a good distance away) or give the patient a red RTC for Saturday of clinic for evaluation (if patient is more local).

HIV/TB CLINIC

- HIV and TB testing are available, at no cost, at the HIV clinic in Jacmel.
- If a patient is seen at the FOTCOH clinic and the provider suspects either of these illnesses, the patient should be referred to this clinic.
- No paperwork needs to be sent. The patient should just be told to go to the HIV clinic.
- Do not do a rapid HIV test on the person at clinic. These tests are only for use if a volunteer incurs a needle stick or other exposure.
- If such an incident occurs, then the patient should be tested at the FOTCOH clinic.

INVENTORY

- Ending inventories are taken in order to accurately prepare for the next team's inventory needs. You will likely be involved in this process in some way.
- Inventory sheets should ALL be completed on the last day of clinic.
- The areas listed are as follows:
 - Lab
 - DM supplies
 - Gyne room
 - Treatment area
 - Locked Cabinet
 - Respiratory Cart
 - Surgery -to be completed by surgeon
 - Kitchen
 - Third floor supplies
- Pharmacy will have its own inventory sheets.
- All completed inventory sheets should be given to the team leader, who then brings them back to the inventory coordinator, Jenna Ford.

COMPLETING A DOSSIER

The dossier is the patient record and every patient that is seen at FOTCOH clinic needs to have one completed. The completed dossiers are kept on file for at least 2 years so that they may be referenced whenever that patient returns to clinic.

Demographics: the Haitian interpreter that is writing the dossier will complete the demographic portion of the dossier.

Triage: the volunteers at triage will complete the weight and vital signs section of the dossier. If the patient is diabetic, their blood glucose will also be recorded. Triage should not be completing the chief complaint portion of the dossier as this often changes by the time the patient arrives at the provider station.

Providers:

- The **first thing** a provider should write on the dossier is **their name in the top right corner**. This allows pharmacy to find the appropriate provider if there are questions.
- When filling out the dossier, keep in mind that **each clinic is working for the next clinic**. In order to maintain care, **good documentation is essential**. Be sure to write pertinent findings as well as what you are treating. A dossier with only the prescription area completed tells the next team nothing regarding treatment plan.
- **Plan/comments**-below the prescription boxes, there is an area for a plan. If any changes are made to the patient's current treatment, please note the changes and the reasons why. For example, if a blood pressure medication is changed or discontinued due to supply, note it so that the next provider understands what happened. If the provider is starting a new treatment that they would like the next clinic to continue, document what the thoughts are regarding that treatment. This is also the area where education provided should be documented.
- **Medications**- there are preprinted prescriptions on the dossier; these can simply be circled if the provider wants the patient to receive them. **There are 6 prescription boxes—just because they are there, doesn't mean they need to be filled**. It is important to keep safety in mind when writing for medications. These patients are receiving large amounts of pills to try to keep track of, keep it as simple as possible.
- Providers need to calculate and write the dose of the medications they are prescribing **with the exception of** albendazole, ivermectin and chloroquine. Pharmacy will calculate the doses of those medications.
- If the provider would like the patient to receive **soap** (i.e. scabies, wounds) **or a toothbrush**, this should be written in the **prescription area**. **Pharmacy will dispense these products**.
- **Baby formula** should be documented in the plan section and **distributed by the provider so that appropriate education can be given. This is not a pharmacy responsibility**.
- **RTC's**- if a return to clinic card is given, the RTC space in the upper right corner needs to be filled in with the expected return to clinic date. If the patient is given a red card, that space needs to be completed in red so it is flagged for separate filing. Additionally, if the patient is given a purple card for a mini clinic, that space needs to be circled and starred so it is also filed separately

FOTCOH PATIENT REPORT

Date: _____

PROVIDER: _____

Name: _____

Age: _____

RTC DATE: _____

Address: _____

Sex: M F

LMP _____ PG: Y _____ N _____ Breast Feeding: Y _____

N _____ Habits: Smoking _____ ETOH _____

Chief Complaint: _____

PHYSICAL EXAM	WT	LB KG	Weight Percent	Height	T	O R A	P	RR	BP	Pulse	OX
---------------	----	-------	----------------	--------	---	-------	---	----	----	-------	----

General

Heart

Skin

Abd

HEENT

Genital

Neck/Nodes

Musculo

Lungs

Neuro

Lab - Hbg BS HCG UA HIV Neb tx A1C

Diagnosis (circle all that apply)

Anemia	Asthma	Diabetes	Fungus	Heart Failure	HTN	Lymph Filariasis
Malaria	Otitis Media	Pneumonia / URI	Pregnancy	Scabies	Seizures	Sickle-Cell
Skin Infection	STD	UTI	Well Baby	Worms	Other:	

MVI/PNV		
FE/FA		
ORS		
Tylenol		
Albendazole		
Soap		
Toothbrush		

Plan: _____

RETURN TO CLINIC CARDS

- Return to clinic cards (RTCs) are considered “**valuable**” to the Haitians.
- If a Haitian gets a card it means that they get to automatically be seen at the next clinic. These cards should be handed out ONLY when necessary.
- Patients will try to “talk you into” giving them one.

The following information describes the different colored cards and what goes on each.

Red: Given when the provider wants to see that patient back at the **same clinic**. If a patient is given this card, be clear that the patient needs to be at clinic early on the date they are to return. The provider who wrote the card, should be the provider to see the patient on the follow up visit.

Green: **Refill only** card. The **only 2 things that go on this card are stable diabetes and hypertension**. The medical guidelines provide parameters for these patients. If a patient has any other diagnosis that you want them to return for, they should not receive the green card. Inappropriate diagnoses for green cards include:

- Anemia
- Pain
- Seizures
- Heart failure
- Asthma

Tan: Any patient that the provider would like followed up at the **next clinic**. Examples of APPROPRIATE diagnoses include:

- WCC (up to 1 year)
- Failure to thrive
- Seizures
- Hypertension
- Diabetes
- Congestive heart failure
- Surgical referrals
- Severe anemia (documented <5)

Examples of INAPPROPRIATE diagnoses include:

- Recheck rash/scabies/fungus
- Follow up pneumonia
- Follow up UTI
- Vaginal discharge
- Acid
- Abdominal pain
- Pain

Return to Clinic (RTC's), continued

If in doubt about whether or not a patient should receive a tan card, the provider should check with the team leader or an experienced provider on the team.

Purple: Patients that are identified for the “**mini clinic**”. FOTCOH currently distributes 120 purple cards at each clinic.

Blue: These patients are receiving a **4-month supply of meds** and will not return to clinic for 4 months. This is done so that providers and pharmacy at each clinic are not overwhelmed by the large number of patients needing medicine refills and so that patients who really need to be seen are not bumped because of those needing medicine refills. This also aids in keeping accurate inventories on medicines from clinic to clinic. The patients that present with a blue card should see a provider. FOTCOH currently distributes 300 blue cards at each clinic. Blue cards are to be completed by the individual working the green card station.

MINI-CLINICS

- Mini-clinics are clinics that run for (4) days sometime in the two weeks prior to the medical team arriving in Haiti.
- Dr. Nelson sets the dates for, and runs, the mini-clinics.
- Patients seen by Dr. Nelson for a mini-clinic will receive a tan card for the next clinic. (For example, if a patient is given a purple card in November, Dr. Nelson will see the patient prior to the January team arrival. The patient will receive their medications and a tan card for March).

MEDIKA MAMBA

- Medika mamba (Creole for peanut butter medicine) is a nutritional supplement that is used in severely undernourished children to help reverse the devastating effects of malnutrition.
- FOTCOH enrolls approximately 10-15 children per clinic.
- Each team leader should designate one provider (preferably a pediatrician, FP or pediatric APN) to enroll the children.
- It is the team leader's responsibility to educate the team on the children who qualify for this program. See the medical guidelines for further information.
- Medika mamba should be inventoried at the end of each clinic and reported to the team leader.

Clinic Orientation Overview – Day One

Clinic orientation begins with a **tour of the clinic** from the patient’s point of view. Everyone needs to be familiar with all areas/rooms as they will be assigned an area during unpacking.

- **Clinic Rules, Code of Conduct**
- **Security and Safety**
- **Respect for each other and the clinic**
- **Beverage system:**
 - Water, punch, lemonade and tea are free and available at all times.
 - Beer is \$2.00 per bottle
 - Soda is \$1.00 per bottle
 - Rum and wine are available and the cost is posted in the kitchen.
 - Please contribute to the “drink kitty” based on the amount consumed. It is an “honor” system. Alcohol and soda are not included in the \$565.
- **Housekeeping**
 - Laundry
 - Dinner Dishes
- **Typical day/clinic flow**
 - 2 volunteers prepare breakfast to be ready at 6:00am – 7:30am
 - Crowd control (a team leader/provider and a non-med) heads outside around 6:30am to start patient selection for the day.
 - Pull all tan RTC’s first, filling the “1st stage” benches
 - At the same time, look for anyone who needs to get in immediately
 - Send the first group of 20 people through the gate around 6:55am to watch the education video, then on to the dossier station.
 - Volunteers working dossiers and triage need to be down by 7:00am
 - Providers need to be down by 7:20am or so
 - Crowd control continues to keep the benches outside full with tan cards.
 - After 2 groups of 20 tan cards, send in the 1st group of 20 green cards
 - Then alternate depending on what the provider benches look like.
 - The Team Leader/provider provides and directs traffic with verbal instruction.
 - Have Chenier (Haitian worker) keep count of how many come through the gate and the non-med volunteer keep track of how many bracelets are being handed out.
 - **Try to keep each day as close to 250 as possible.** Once past the 250 number, it will be up to the Team Leader who will be seen and this will be limited to infants/children and ill elderly patients.
 - **Clinic closes and the entire team breaks for lunch together between 11:30am – 12:30pm.**

- Be sure to bring in all supplies or they will disappear.
 - Clear all patients from the building and close the doors.
- Following lunch, resume all stations
- Crowd control is usually done by 2:00pm due to meeting the maximum number for the day.
- At this time, dossier and triage are wrapping up
- Providers and pharmacy will work approximately another 1 to 1 ½ hours.
- If a team member is done at their station, please check with others to see where help is needed. Often, pill counting can be done
- When everyone is done, usually around 3:30pm, a group may walk to the beach.
- **Dinner is at 6:30pm followed by a 10-15 minute team meeting.**
 - Cover:
 - questions about the day
 - Concerns with each station and/or interpreters
 - Interesting cases
 - Pharmacy update
 - Surgery update
- Next, release the non-meds for an hour or so, if they wish
- **Medical Guidelines**
 - Review them page by page, with more attention to key info like Return to Clinic Cars (RTC's)
 - **Tan** – return next clinic to see provider (stress what DOES and what DOES NOT go on these)
 - **Green** – return next clinic for medication refill only. The absolute only thing on these cards should be hypertension and diabetes.
 - **Red** – return same clinic for re-check. Be sure to mark the dossier in RED marker so it does not get filed away.
 - **Purple**: Patients that are identified for the “mini clinic”. FOTCOH currently distributes 120 purple cards at each clinic.
 - **Blue**: These patients are receiving a 4-month supply of meds and will not return to clinic for 4 months.
- **Unpacking of bags** - assign roles as follows:
 - 2 people in lab
 - 2 people in gyne
 - 4 people in pharmacy (the pharmacist(s) and pharmacy assistant(s) are responsible for the pharmacy as well as the stock room)
 - 2 people in treatment
 - Dr. Lukas in the surgery supply room (if it's a surgical clinic)
 - 1 person in the kitchen
 - Team Leader and one other person actually opening and unpacking the bags
 - Remainder of the team act as “runners” for the items being pulled from the bags

Clinic Workers & Staff (in alphabetical order)



Alex



Amson - Crowd: assists Team Leaders and Boyer in selection process in crowd. Translates for Team Leaders and directs people where to go.



Andreta – Cooks meals for American teams during all clinics; cleans the clinic prior, during and following all clinics.



Antoine - Crowd: assists Team Leaders and Boyer in selection process in crowd. Translates for Team Leaders and directs people where to go.



Boyer - Clinic Manager: Conducts all in-country banking; maintains financial ledger; communicates regularly with Dick Hammond and Executive Director; oversees all non-medical interpreters and workers; communicates scheduling needs; advises and administers all FOTCOH policies/procedures; schedules transportation of American teams to and from Port-au-Prince to clinic and around town; disburses worker pay in conjunction with Team Leaders; oversees all maintenance issues and secures appropriate specialists when necessary (plumber, electrician, etc).



Bruno - Crowd: assists Team Leaders and Boyer in selection process in crowd. Translates for Team Leaders and directs people where to go.



Cadet - Triage Interpreter: Assists triage nurses/EMT's by translating questions and answers between patients and nurses.



Chenier - Crowd: assists Team Leaders and Boyer in selection process in crowd. Translates for Team Leaders and directs people where to go.



David Evenson - Dossiers: Takes each patient's information from the RTC (return to clinic) and writes it on the dossier (patient chart). Fills out new dossier if RTC is not used.



David Hughes - Provider interpreter: assists Providers by translating questions and answers between patient and provider



Dieubonne



Dieudonne



Elise Alphonse (Preacher) - Provider interpreter: assists Providers by translating questions and answers between patient and provider



Frednor



Jameson



Junior – Takes each patient’s weight after they leave dossier area and before they move to triage area.



Louinel - Crowd: assists Team Leaders and Boyer in selection process in crowd. Translates for Team Leaders and directs people where to go.



Max - Provider interpreter: assists Providers by translating questions and answers between patient and provider.



Mericus - Crowd: assists Team Leaders and Boyer in selection process in crowd. Translates for Team Leaders and directs people where to go.



Dr. Nelson - Medical Director: Oversees provider interpreters, Medika Mamba program, medical guideline adherence, mini-clinics, Haitian staff in pharmacy.



Neva - Cooks meals for American teams during all clinics; cleans the clinic prior, during and following all clinics.



Papouche - Crowd: assists Team Leaders and Boyer in selection process in crowd. Translates for Team Leaders and directs people where to go.



Peterson



Renel – Grounds keeper, garbage collector, raking leaves, sweeping, etc.



Roger - Provider interpreter: assists Providers by translating questions and answers between patient and provider.



Roosevelt – Crowd: assists Team Leaders and Boyer in selection process in crowd. Translates for Team Leaders and directs people where to go.



Tanis – Triage Interpreter: Assists triage nurses/EMT's by translating questions and answers between patients and nurses.



Williams – Security: Sits at gate and allows entry once patients are selected in crowd. Also responsible for night time security while American teams are at clinic.



Wilner – Crowd: assists Team Leaders and Boyer in selection process in crowd. Translates for Team Leaders and directs people where to go.



Yougains – Provider interpreter: assists Providers by translating questions and answers between patient and provider.



2015 – 2016 Board of Directors

	Name	Position	State	Email
	Dick			
1	Hammond	HIC DOO	FL	brfotcoh1@att.net
2	Kay Shank	President Vice	IL	larkay1@comcast.net
3	Jane Hense	President	IL	jhense@aol.com
4	Brian Hersey	Treasurer	SC	herseyr@att.net
	Sue			
5	Wozniak	Secretary	IL	suewoz@comcast.net
	Josh			
6	Bradshaw		IL	bradshaw@mtco.com
	Sam			
7	Cigelnik		IL	sam.cigelnik@claconnect.c
	Shellie			
8	Coleman		IL	coleman@fotcoh.org
9	Derek Floyd		IL	derek.floyd@claconnect.co
10	Jenna Ford		IL	jennaford23@yahoo.com
	Barb			
11	Hammond		FL	brfotcoh1@att.net
	Michael			
12	Henderson		IL	michaelbhenderson@gmail
	Garron	Surgical		
13	Lukas	Director	SC	lukasgarron@gmail.com

14	Kate McGinn	Dental Director	MN	dmcginn@isd.net
15	Carol Miller		IL	cmillerpnp@yahoo.com
16	Patrick Renick		IL	pbrenick@gmail.com
17	Steve Trainor	Medical Director	IL	stephen.p.trainor@osfhealth
	*Shelly Peters	Executive Director	IL	speters@fotcoh.org

Key FOTCOH Personnel

Medical Director: Dr. Steve Trainor
Pharmacy Director: Erin Briggs
Team Leader Chair: Shellie Coleman
Executive Director: Shelly Peters

Dental Director: Dr. Kate McGinn
Surgical Director: Dr. Garron Lukas
Supply Manager: Jenna Ford

2016 Team Leaders:

January – Josh Bradshaw and Kay Shank

March – James Bender and Krissy Miars

May – Shellie Coleman

July – Jenna Ford and Shelly Briggs-Callahan

September – Steve Trainor and Peggy Gentes

November – Jenna Ford and Krissy Miars

Committees and Committee Members

Executive Committee	Finance Committee	Personnel Committee	Bylaws Committee	Nominating Committee
Jane Hense	Sam Cigelnik	Josh Bradshaw	Derek Floyd	Sam Cigelnik
Garron Lukas	Derek Floyd	Michael Henderson	* Michael Henderson	Jane Hense
Shelly Peters	Dianne Gootee	Kay Shank	Garron Lukas	* Carol Miller
* Kay Shank	Paula Harms	* Sue Wozniak	Kate McGinn	
Sue Wozniak	* Brian Hersey			
	Shelly Peters			

Medical Advisory Committee	Pharmacy Committee	Team Leader Committee	Philanthropy Committee	Public Relations Committee
Shellie Coleman	* Erin Briggs	Josh Bradshaw	Jenna Ford	* Josh Bradshaw
Bob Hoy	Jenna Ford	Shelley Callahan	Jane Hense	Shelly Peters
Carol Miller		* Shellie Coleman	Brian Hersey	
Ed Monroe		Jenna Ford	Jim Kaltenbach	
Pat Renick		Peggy Gentes	Krissy Miars	
* Steve Trainor		Krissy Miars	* Shelly Peters	
Trudy Vogel		Kay Shank	Sue Wozniak	
Jenna Ford		Steve Trainor		

* Committee Chair

Fundraising for FOTCOH via Donor Pages

- Donor Pages is a web-based software program designed to raise funds for FOTCOH.
- You will have a Donor Page specific to your team.
- A link to your team’s Donor Page will be sent by the Executive Director (2) months prior to your trip to begin fundraising.
- Your team’s Donor Page will contain key points about FOTCOH, its mission and information about the 2-week medical mission specifically.
- Your team members will have an opportunity to “personalize” their Donor Page, if they wish, by adding their story, pictures, etc.
- This is a great opportunity to “spread the word” about FOTCOH, and create excitement around the team, while generating financial support.
 - Since implementing Donor Pages in September 2014
 - nearly 3,000 people have received and viewed a Donor Page
 - Hundreds of people have donated
 - \$13,000+ has been raised
 - Think of the potential new donors reached via Donor Pages!
- The link to the Donor Page can be shared via email, Facebook, Twitter or other social media.
- Funds raised by your team will be used to purchase necessary medicine and supplies to run your specific clinic.
- The cost of each clinic is \$17,000-\$24,000, depending on if it is a surgical clinic or not, so any funds we can raise to help off-set that amount is extremely helpful.

- This is completely voluntary – some members of your team may not be computer savvy or want to fundraise on-line.
- They can contribute by acquiring the following donated items:
 - Baby bottles
 - Baby wipes
 - Cloth diapers
 - Disposable diapers
 - Diaper pins
 - Formula
 - Sanitary napkins
 - Hand sanitizer
 - Selenium sulfide shampoo
- As you team members are fundraising, their donors may want to know specifically what their donation is paying for. The following are just a few examples of what their gift will fund:
 - Medicine for hypertension (high blood pressure), diabetes, scabies and other medical conditions.
 - Vitamins for all children, including infants.
 - Medika Mamba for severely malnourished infants and toddlers.