



Royal Australasian  
College of Surgeons

# Global Health Deployment Guidebook



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## Key contacts

### International SOS

For 24/7 medical and security advice contact International SOS via the Assistance app or:

Call: +61 2 9372 2468

Email: [sydney@internationalsos.com](mailto:sydney@internationalsos.com)

Membership Number: 12Agda907181

### Converge International

For 24/7 counselling and psychological support

From overseas, call +613 8620 5300

From within Australia call 1300 687 327

[www.convergeinternational.com.au](http://www.convergeinternational.com.au)

### Corporate Traveller

From overseas call: +61 7 3170 7907

From within Australia: 1300 732 280

### RACS Global Health

Call: +61 03 9249 1290

Email: [volunteer@surgeons.org](mailto:volunteer@surgeons.org)

### Further information

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Acknowledgements: Darren James Photography



Committed to Indigenous health

RACS acknowledges Aboriginal and Torres Strait Island people as the traditional owners of country throughout Australia and Māori as the tangata whenua (people of the land) of New Zealand and respects their continuing connection to culture, land, waterways, community and whānau/family.

*Service | Integrity | Respect | Compassion | Collaboration*

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## Welcome

The Royal Australasian College of Surgeons' (RACS) Global Health specialist volunteers have been at the heart of our Global Health programs in the Asia-Pacific region for almost 30 years. RACS Global Health specialist volunteers provide the surgical and medical expertise required to assist with complex surgical procedures and ongoing training and mentoring of local surgical and medical teams to complement other, longer term capacity building support provided through the RACS Global Health program. RACS volunteers also play an important role in developing and sustaining partnerships with local counterparts such as ministries of health and medical teams. The strong commitment of our volunteers enables RACS Global Health to meet program outcomes.



**Philippa Nicholson**  
**Head of Global Health**

## Purpose

This guidebook has been developed as a resource to support you during your deployment on RACS Global Health programs. Please read this guidebook before you depart and refer to it throughout your deployment. The guidebook complements RACS policies, guidelines, and online learning.

## Related policies, codes and agreements

- Child Safeguarding Policy and Code of Conduct
- Prevention of Sexual Exploitation Abuse and Harassment Policy
- Ethical Stories & Images Policy and Consent Form
- Environmental Protection and Waste Management Policy
- Whistleblower Policy
- Counter Terrorism Financing and Anti-Money Laundering Policy
- Fraud & Corruption Prevention Policy
- Disability Inclusiveness Policy
- Gender Equity Policy
- Complaints Handling Policy
- RACS Global Health Volunteer Agreement
- RACS Workforce Conduct Policy
- Travel Safety and Security Policy
- Country Security Plan - Papua New Guinea
- Country Security Plan - Timor-Leste
- Conflict of Interest Policy

All RACS Global Health policies can be found on our [website](#).

## Introduction

The vision of RACS Global Health is that safe surgical and anaesthetic care is available and accessible to everyone. Through partnerships with Southeast Asian and Pacific neighbours, RACS Global Health programs provide specialist medical education, training, capacity development and medical support in the Asia-Pacific region. RACS Global Health programs aim to strengthen existing healthcare systems in partnership with national governments and local partners, improving local access to safe, high quality clinical and allied health care. All Global Health program activities are driven by locally identified priorities and needs, as communicated by national and regional partners. In keeping with our vision of building local capacity to deliver quality surgical and anaesthetic care, medical and allied health professional teams from Australia and New Zealand work with national teams responding to the specific requests for support from in-country Ministries of Health.

*“On a personal note, being involved in PIP [Pacific Islands Program] has completely enriched my life. The people I have met and the professional, personal knowledge and experiences I have gained on these trips have been more valuable than I can put in words.”*

– PIP volunteer - anonymous survey response

### Focus of RACS Global Health program

RACS Global Health is leading an integrated approach to health system development by improving patient access, developing workforce capacity, strengthening health systems and building partnerships for sustainable action in global health. RACS Global Health has a long history of working with governments, health services, health workers, and patients in the Asia-Pacific region. We understand that there are complex factors contributing to lack of access to healthcare in the region. They include:

- workforce gaps
- lack of national investment and planning
- geographic challenges in achieving a fit-for-size health system
- under-prioritisation of surgical care within national and global development frameworks.

To address these issues, RACS Global Health works across four areas that represent critical pathways for increasing access to health and surgical care in the Asia-Pacific region. They are:

- **Improving access to surgery and other health services** by supporting the delivery of vital health services that contribute to improved access, inclusion, and agency.
- **Developing the capacity of the health workforce** by supporting clinical and surgical training, mentorship, education, and essential equipment.
- **Strengthening health systems** by working with services and

decision makers to improve service coordination, support workforce planning, priority setting, and investment.

- **Advocating for sustainable surgical and health care** by building partnerships for action at global, regional, and national levels.

An overview of RACS Global Health programs can be found on the [RACS website](#).

### Program Overview

RACS Global Health has a history of working with AusAID, now the Department of Foreign Affairs and Trade (DFAT) since 1994. This has funded the delivery of specialist clinical services and medical training in Papua New Guinea, Pacific Island countries, and since 2001, in Timor-Leste. RACS has also managed a range of independently funded projects in Indonesia, Myanmar, and China for over a decade. RACS Global Health brings a specific set of skills that add value to the development sector:

- We work in partnership with governments and regions to improve access to surgical and broader health services.
- We develop the capacity of the health workforce.
- We strengthen health systems.
- We advocate for sustainable and inclusive surgical and health care at national, regional and global levels.

Currently RACS Global Health works in 15 countries across the Asia-Pacific. RACS Global Health works in collaborative partnerships with Ministries of Health, local surgical and

medical teams and local and regional partners and key stakeholders to build capacity within health workforces to ensure that safe and affordable surgery is universally accessible. The way we build capacity takes many forms and is based on the priorities of the countries in which we implement our Global Health program.

Please see the map on page 8-9 outlining our key programs.

### Role and contribution of volunteers

Global Health volunteers are RACS Fellows and other specialist medical professionals. RACS Global Health volunteers are engaged to provide training, mentoring and surgical support services to local hospital and university partners, in line with their professional qualifications. RACS volunteers make a valuable contribution to the delivery of the RACS Global Health programs. We meet in-country requests by engaging volunteers with relevant professional qualifications, who provide support through:

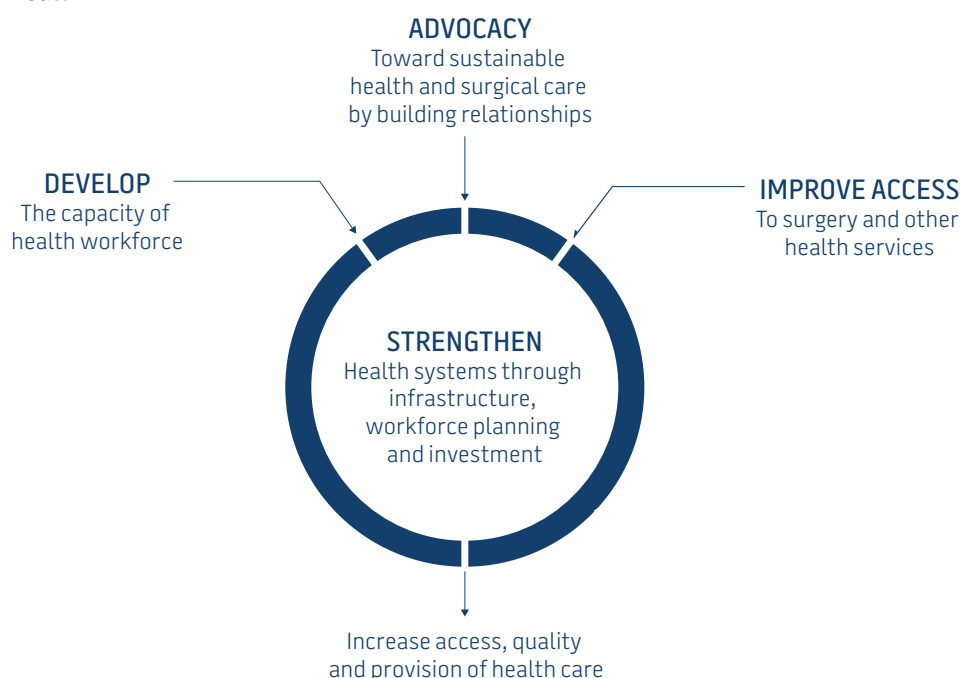
- surgical services
- clinical support and mentoring
- education and training
- specialist technical advice; and
- clinical governance.



We implement our programs with the critical support of a cadre of expert volunteers who have skills across a comprehensive range of specialist medical areas. These include:

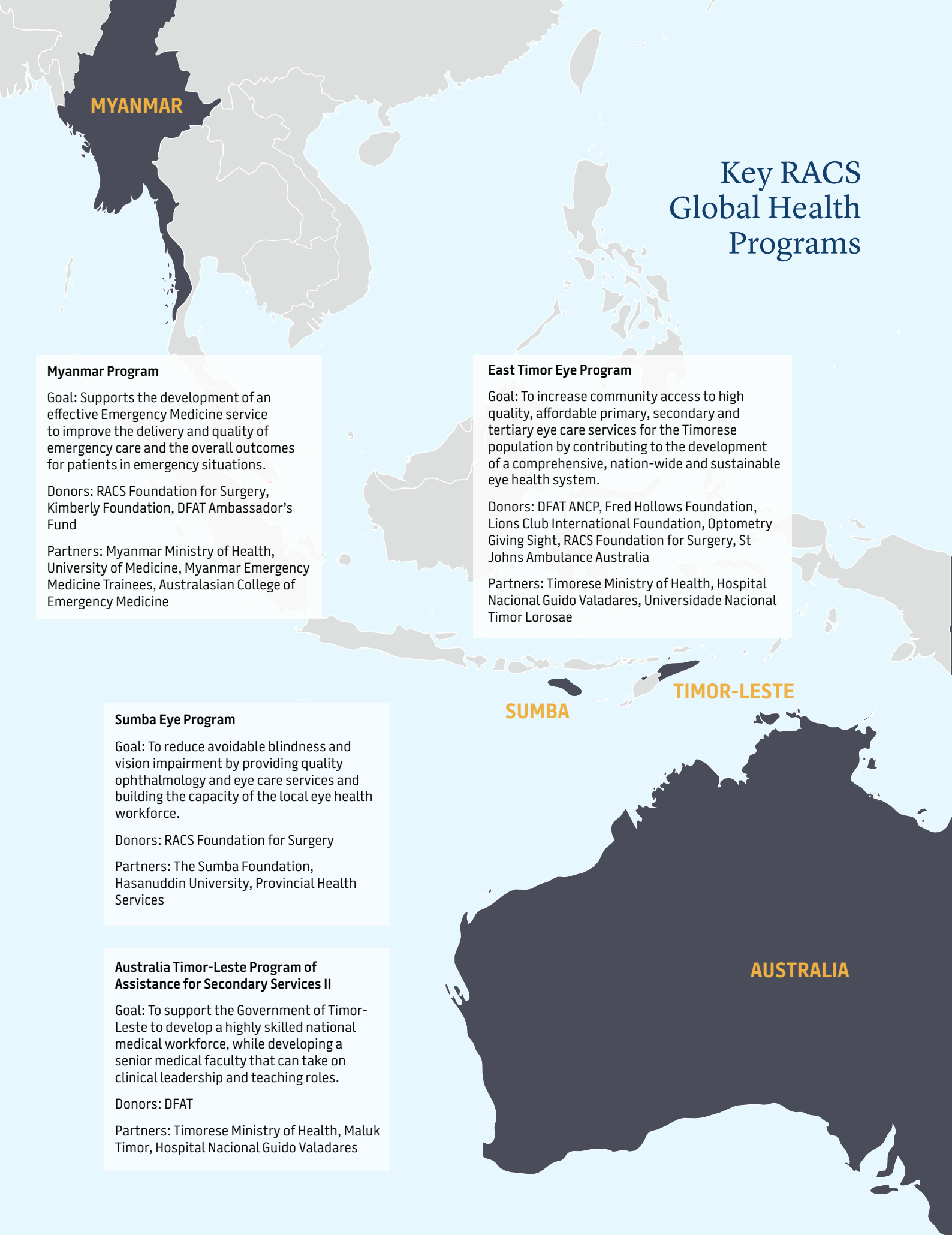
- Anaesthesia
- Burns, trauma, pain
- Cardiac surgery
- Emergency medicine
- Ear, Nose and Throat surgery
- Gastroenterology
- Intensive care
- Internal medicine
- Neurosurgery
- Nursing
- Ophthalmology
- Oral maxillofacial
- Orthopaedics
- Otolaryngology head and neck surgery
- Paediatrics
- Paediatric surgery
- Palliative care
- Plastic and reconstructive surgery
- Obstetrics & Gynaecology
- Oncology
- Pathology
- Psychiatry
- Urology

RACS Global Health is leading an integrated approach to health system development by improving patient access, developing workforce capacity, strengthening health systems and advocating for sustainable action in global health.



#### Rationale:

- Across the Asia Pacific, there is significant unmet demand for surgical health care.
- Access to safe surgical and anaesthesia care are essential to achieving universal health coverage in alignment with [United Nations Sustainable Development Goal 3](#) and global standards for health system strengthening.
- Barriers to safe surgical health care, are systemic in nature. It is not possible to increase access to surgical health care by working with patients or health care workers alone.
- An integrated approach to health development is required to ensure gains we bring about now are sustained into the future.
- Our partners are our enablers of change. National, regional and global institutions play important roles in supporting our work through policy drivers linked to increasing funding for health and by supporting, policy and financial incentives to build and retain a health workforce.



## Key RACS Global Health Programs

### Myanmar Program

Goal: Supports the development of an effective Emergency Medicine service to improve the delivery and quality of emergency care and the overall outcomes for patients in emergency situations.

Donors: RACS Foundation for Surgery, Kimberly Foundation, DFAT Ambassador's Fund

Partners: Myanmar Ministry of Health, University of Medicine, Myanmar Emergency Medicine Trainees, Australasian College of Emergency Medicine

### East Timor Eye Program

Goal: To increase community access to high quality, affordable primary, secondary and tertiary eye care services for the Timorese population by contributing to the development of a comprehensive, nation-wide and sustainable eye health system.

Donors: DFAT ANCP, Fred Hollows Foundation, Lions Club International Foundation, Optometry Giving Sight, RACS Foundation for Surgery, St Johns Ambulance Australia

Partners: Timorese Ministry of Health, Hospital Nacional Guido Valadares, Universidade Nacional Timor Lorosae

### Sumba Eye Program

Goal: To reduce avoidable blindness and vision impairment by providing quality ophthalmology and eye care services and building the capacity of the local eye health workforce.

Donors: RACS Foundation for Surgery

Partners: The Sumba Foundation, Hasanuddin University, Provincial Health Services

### Australia Timor-Leste Program of Assistance for Secondary Services II

Goal: To support the Government of Timor-Leste to develop a highly skilled national medical workforce, while developing a senior medical faculty that can take on clinical leadership and teaching roles.

Donors: DFAT

Partners: Timorese Ministry of Health, Maluk Timor, Hospital Nacional Guido Valadares



### Paediatric Critical Care Capacity Building Project

Goal: To increase the critical care capacity of Papua New Guinea's clinicians and thereby decrease the morbidity and mortality of seriously ill and injured children presenting to hospital for treatment

Donors: DFAT ANCP, RACS Foundation for Surgery

Partners: PNG National Department of Health, APLS Australia, PMGH.

### FEDERATED STATES OF MICRONESIA

### MARSHALL ISLANDS

### NAURU

### PAPUA NEW GUINEA

### SOLOMON ISLANDS

### PNG Clinical Support Program

Goal: To enhance the quality of care at ANGAU Memorial Hospital, fully utilising its redevelopment, and Port Moresby General Hospital (PMGH), and to enhance specialist training at the School of Medicine and Health Sciences, University of PNG.

Donors: DFAT

Partners: PNG National Department of Health, ANGAU Memorial Hospital, PMGH, University of PNG, JID, ACORN, ANZCA, ACEM, RACP, APLS Australia, Interplast, ANZGITA

### VANUATU

### NEW ZEALAND

### Samoa Hearing Program

Goal: To improve hearing services across primary, secondary, and tertiary level care through mainstream and disability service providers, staged infrastructure improvements, capacity building and service coordination.

Donors: DFAT through Samoan Disability Partner Project

Partners: Samoan Ministry of Health, SENESE, Tupua Tamasese Meaole Hospital

### KIRIBATI

### TUVALU

### SAMOA

### FIJI

### COOK ISLANDS

### TONGA

### Pacific Islands Program (PIP)

Countries involved: Cook Islands, FSM (Federated States of Micronesia), Fiji, Kiribati, Marshall Islands, Nauru, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

Goal: Strengthen and consolidate specialised clinical service delivery in the Pacific region, through clinical education, capacity development and system strengthening.

Donors: DFAT

Partners: Pacific Ministries of Health, Pacific Professional Clinical Organisations, Pacific Community (SPC), Fiji National University, ACORN, ANZGITA, RANZCOG, Interplast, PENTAG, PISA, PSA

### RACS Workforce Conduct policy

RACS is privileged to work with communities and health systems overseas. The RACS Workforce Conduct Policy is an essential component of our commitment and accountability to the national Ministries of Health, local partners, communities and donors that we collaborate with across the Asia-Pacific region.

We aim to protect RACS' integrity and good standing in the communities where we work. RACS aims to ensure we conduct quality Global Health programs

that impact positively on the lives of participants and their communities and 'do no harm'. The Workforce Conduct Policy clearly defines expected behaviours of RACS Global Health staff and volunteers and ensures that staff and volunteers are sensitive to, and respectful of, local customs and culture and that their conduct is consistent with local partner-centred approaches and that all programs are informed by local needs and priorities.

### RACS values

As a RACS Global Health staff member or specialist medical volunteer, you are also expected to demonstrate and work by the guiding principles and values of RACS; collaboration, respect, service, integrity, compassion, diversity, and inclusion, throughout your overseas engagement on any activity related to RACS Global Health programs.

Please refer to the [RACS Workforce Conduct Policy](#) for further information.







## Child safeguarding

We are committed to ensuring the protection of children in Global Health programs and all global health activities. We have a zero-tolerance approach to child abuse and exploitation. Staff and volunteers are expected to be fully competent in the area of child safeguarding and adhere to the [Child Safeguarding Policy](#) and Code of Conduct, which include a mandatory requirement to report any concerns, suspensions or breaches of child abuse or exploitation. This policy is mandated by the Department of Foreign Affairs and Trade (DFAT) and the Australian Council for International Development (ACFID).

Please see page 30 for the Incident Report Diagram.

### How we ensure we communicate our commitment to safeguarding

As a specialist medical volunteer, working in hospital in one of our program countries, you will be provided with a RACS Safeguarding poster to display at pre-screening clinics and RACS Safeguarding Statement handout to provide to local hospital staff to ensure the people we work with are aware of our commitment to safeguarding and our policies and procedures including how to raise any concerns or make a complaint.

## Prevention of Sexual Exploitation, Abuse and Harassment

We are committed to providing a safe environment for the people we work with, working respectfully, where misconduct is not accepted, and vulnerabilities and power inequalities are not exploited or abused. We acknowledge that unacceptable behaviour will adversely affect our professional reputation with colleagues, partners and patients. We will address any behaviour that does not comply with the standards articulated in policies and procedures.

Staff and volunteers must adhere to the [Prevention of Sexual Exploitation, Abuse and Harassment \(PSEAH\)](#) Policy while participating in Global Health programs, particularly to the requirement to report any concerns, suspensions or breaches of the policy. This policy is mandated by the Department of Foreign Affairs and Trade (DFAT) and the Australian Council for International Development (ACFID).

Please see page 30 for the Incident Report Diagram.

## Ethical stories and images

RACS is committed to portraying all children and adults in a way that respects their modesty, dignity, privacy, and cultural and religious beliefs. We aim to carefully, safely and respectfully take, store and share visual images taken during in-country visits. While images and personal stories are an essential means of documenting our work, RACS strives to maintain the dignity of everyone with whom we work and will not use images or information/stories that are unsafe, disrespectful or demeaning.

Staff and volunteers are required to adhere to the [Ethical Stories and Images Policy](#) when collecting, storing, and using personal information and images from program visits and always gain prior, free and informed consent.

Prior to departing on a trip you will be provided with:

- RACS Global Health Guidelines for Taking and Using Images of Children
- RACS Global Health Consent Form

Please note, this policy and guidelines are covered in the Ethical Stories and Images training module.

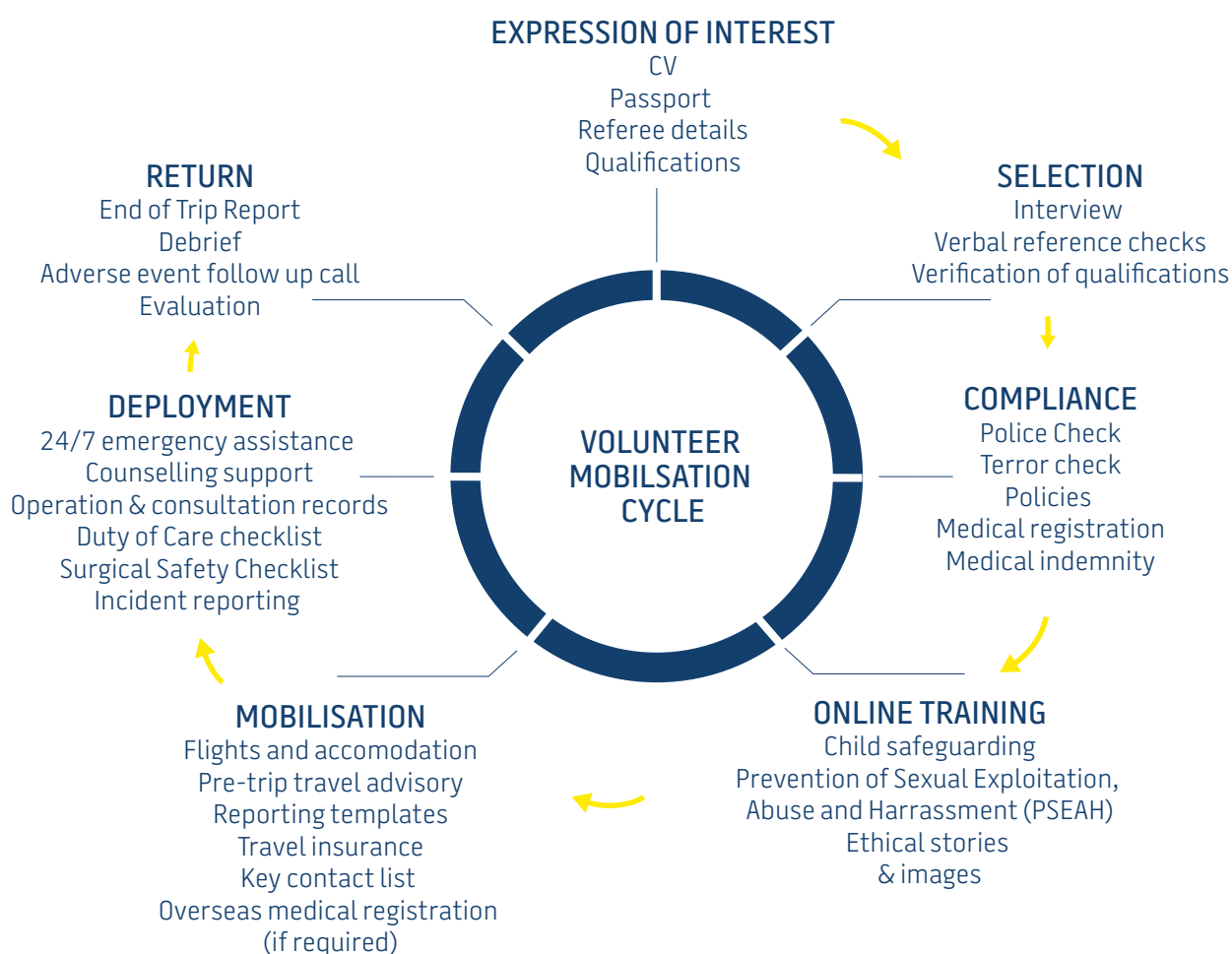






## Volunteer mobilisation cycle

There are many steps involved to ensure you are prepared and supported for your participation on a RACS Global Health program. The mobilisation team will assist you at each stage prior to your deployment and provide you with the required documentation, reporting tools, checklists, and other important information. This diagram provides an overview of the volunteer mobilisation cycle; each stage is outlined in more detail in the following sections of this guidebook.



## Volunteer recruitment and selection process

We have rigorous selection and recruitment processes in place, including compliance steps to ensure we recruit the most suitable people to work on RACS Global Health programs.

The selection process and compliance requirements are outlined below.

### Stage one: Expression of interest

At the application stage, volunteers are required to provide:

- copy of qualification certificates and current CV
- copy of current medical registration certificate, with no conditions on registration
- professional and personal referee details.

The relevant RACS Global Health Specialty Coordinator will conduct the clinical competency assessment including a technical interview, review of CV, verification of credentials and professional reference checks.

### Stage two: Selection

Prospective volunteers are required to complete a second phone interview prior to being notified of their selection onto a program. The interview will be conducted by the mobilisation team and will focus on safeguarding, cultural competence and discussion on the expected behaviours as outlined in the RACS Workforce Conduct Policy (see page 10). RACS Global Health volunteers must demonstrate they are culturally aware and will be respectful of their host environment while working with national health professionals and patients.

Volunteers need to demonstrate a willingness to undertake RACS compliance procedures including provision of identification documents, completion of a Federal Police check and online training modules. The compliance requirements are outlined in stage three of the selection process.

If selected to participate in an activity as part of a RACS Global Health program, deployment is contingent on the in-country ministry of health's endorsement.

### Stage three: Compliance

Volunteers are asked to:

- Sign and return the RACS Workforce Code of Conduct.
- Complete, sign and return the Volunteer Registration Form and Volunteer Agreement.
- Complete the Australian Federal Police (AFP) check, New Zealand Ministry of Justice criminal check or country equivalent\*.
- Sign and return the Child Safeguarding Policy and Code of Conduct.
- Provide a scanned copy of the ID page of their passport.
- Perform or provide a valid Working with Children Check.

\*Volunteers who have lived overseas for more than 12 months at a time in the last five years must also provide evidence of a national police clearance from those countries or apply for one via the RACS Global Health police check process.

In line with the RACS Counter Terrorism Financing and Anti-Money Laundering Policy, your name will be checked against the Department of Foreign Affairs and Trade's (DFAT) consolidated list for affiliation with terrorist organisations and the World Bank and Asian Development Bank money laundering and fraud sanctioned lists.



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## RACS Global Health volunteer training

Volunteers are required to complete the following e-learning modules and receive a 100 per cent grade upon completion.

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### Child safeguarding training

This training is in line with our Child Safeguarding Policy and Code of Conduct to ensure that you are fully competent in the area of child safeguarding and understand the expected and prohibited behaviours and mandatory reporting requirements. You will be required to complete a refresher course on child safeguarding every 12 months.

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### Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) training

This training module will guide you through the RACS PSEAH Policy to ensure you understand what constitutes sexual exploitation, abuse and harassment, expected and prohibited behaviours and reporting requirements. You will be required to complete this training every two years.

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### Ethical Stories and Images training

This training module will guide you through the RACS Ethical Stories and Images Policy, how to ethically approach gathering stories or taking images, and will provide examples of appropriate images, how to gain informed consent and store images safely and securely. You will be required to complete this training every three years.

Please see page 10 to learn more about RACS commitment to safeguarding.



## Gender equity

Gender equity is a key consideration in all RACS Global Health programs. Our Gender Equality Policy provides a framework for defining and promoting gender equality and women's empowerment in the context of the RACS Global Health programs. It is an integral part of our commitment and accountability to the local partners and communities that we work with and support across the Asia-Pacific region.

For further information, please refer to our [Gender Equality Policy](#).

**Definition:** Gender refers to the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and boys, women and girls, and those with other gender identities. These vary across cultures and over time.

**Definition:** Gender equality refers to the process and outcome of ensuring equal rights, responsibilities and opportunities for all people regardless of their gender identity. Achieving gender equality requires that the interests, needs and priorities of women, men and those with other gender identities are taken into consideration, recognising their diversity and the intersection of gender with other characteristics such as age, ethnicity and class or caste.

### Access to health care

Gender is an important determinant of health and access to health care. Women and girls can face additional barriers to accessing health services, where they may have travelled far

from home. This can include concerns about safety on transport or in accommodation, previous negative experiences with male clinicians, financial barriers, and caring responsibilities that make it difficult for them to attend consultations or remain away from home for treatment. In many Asia-Pacific contexts violence against women is endemic, which can be related to women's status within the household as well as broader cultural norms. In addition to being unacceptable, gender-based violence has obvious health implications.

The Asia-Pacific region also has many diverse gender identities, such as the third gender *fa'afafine* in Samoa encompassing transgender people, and *fakaleiti* identity in Tonga. People with diverse gender identities face barriers in seeking health care, including attitudes of health care providers, and in obtaining care related to their biological sex where this does not match their gender identity.

Strategies for considering gender within health care or surgical activities include:

- Discuss with counterparts whether there are any local gender norms to be aware of in engaging with patients: e.g. patient concerns about a consultation with a differently gender clinician, appropriate language to refer to gender-diverse patients.
- If you notice disparity in the gender of patients identified for consultations or surgery (e.g. many more males than females, where this is not for clinical reasons), note this in the visit report. Consider

raising this with counterparts, asking about processes for identifying patients and any gender-based barriers patients might experience to seeking treatment.

- Ask counterparts what referral services are available where patients have needs beyond the focus of your consultation e.g. they are experiencing domestic violence or they would like to access family planning.
- If patients are being referred for surgery or other follow-up procedures, ask counterparts what supports may be available to ensure patients can access this e.g. identifying safe accommodation and transport that female patients are comfortable with and assisting with out-of-pocket expenses, where appropriate.

### Health workers

The health workforce in the Asia-Pacific region, as well as in Australia, New Zealand and many other contexts, is split along gender lines. World Health Organization research has identified that women make up 70 per cent of the global health workforce but hold only 25 per cent of senior roles. They are often clustered into lower status and lower paid jobs. Gender discrimination constrains women's leadership and seniority, and a large percentage of women in the health workforce face bias and discrimination. Strategies for promoting gender equality in training or capacity-building activities include:



- Model gender empowerment by actively demonstrating your respect for the capacity of all health workers, including female-dominated roles and those who may have lower status or power such as nurses.
- Encourage active participation from female health workers, noting that they may be more reluctant to speak out or may face cultural barriers to engaging with those in authority.
- Where health workers demonstrate gendered attitudes (e.g. assuming only males will apply for surgery programs), challenge these and promote an understanding of gender bias.
- Consider the gender make-up of those involved in training or capacity-building activities. Where there are gender disparities (e.g. many more male than female trainees identified), note this in the visit report. Consider raising this with counterparts, asking about any barriers to participation that women may face and if there are ways to address this e.g. flexible timeframes to accommodate caring responsibilities, not requiring trainees to be away from home for long periods of time.
- For longer term engagement, identify ways to support and develop the skills of female health workers in particular and promote their leadership capacity, such as linking them with female mentors in their speciality.





## Disability inclusion

RACS is committed to promoting disability inclusion throughout its international development work through its Global Health programs. RACS believes in promoting participation for all people, including people with disabilities, and recognises that people with disabilities are often marginalised from mainstream development programs. Without specific measures towards inclusion, people with disabilities can be left out or excluded from engaging in, and benefiting from development activities on an equal basis with others.

The nature of RACS Global Health programs means that volunteers will often be working with people with disabilities, for example in assessments, treatment and surgery. While these activities will of course largely have a medical focus, it is important to consider disability inclusion beyond a focus on a person's impairment or illness, using the social model of disability. Many people with disabilities in developing countries (and elsewhere) may have faced discrimination or stigma in the past, which may make them reluctant to seek treatment or wary of medical professionals. They may also face other barriers to treatment, such as inaccessible transport or accommodation, and communication or financial barriers.

**Definition:** The social model of disability identifies that people with impairments are 'disabled' not by their impairments, but by the barriers that they face in society. This includes barriers in the built environment such as lack

of ramps; attitudinal barriers such as low expectations about people's capabilities; communication barriers; and institutional barriers.

Tips for engaging with patients with disabilities:

- Address the person with disability directly, not any support person or interpreter who may be assisting them (unless the person with disability asks you to do so).
- If you are unsure of the best way to communicate with, or to make the environment more accessible for an individual with disability, ask the person directly.
- Use respectful language when referring to a person's disability or impairment. If a translator is being used, check beforehand that they are using respectful terms in the local language and not using stigmatised or insulting terms for impairments or conditions.
- Don't assume that the person wants to be 'fixed' at all costs, or that their condition is a tragedy or great burden. Of course, many patients will be presenting for curative or assistive surgery and will hope to benefit from treatment. However, some groups, for instance the deaf community, may view their impairment as strongly linked to their identity, and it should not be perceived as purely negative. If a person's impairment is not relevant to your consultation (e.g. they are deaf and the consultation is for cardiology), do not dwell on their impairment except to the extent it affects the condition you are treating them for.

Accessibility measures may largely be under the control of the hospital or health facility you are working with. However, where possible, you could discuss accessibility with counterparts. For example:

- Whether consultation rooms are physically accessible to wheelchair users or patients with other mobility impairments.
- Available support for communication with people with vision impairments or those who are deaf or hard of hearing (e.g. sign language interpreters, large print materials).
- What support is available to help patients access services (e.g. can transport be provided, what accommodation is safe and accessible if a patient with disability needs to stay in town to undergo a procedure).
- How to access referral networks – for instance, if a consultation identifies that a person with an impairment is not suitable for a surgical intervention, can the person be referred to local rehabilitation services and/or a local disabled people's organisation or similar? What local services can complement any treatment or surgery being provided e.g. rehabilitation services, assistance in fitting aids and devices such as wheelchairs, hearing aids etc?

Disability inclusion is a key consideration in all RACS Global Health programs.

For further information, refer to our [Disability Inclusiveness Policy](#).

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### Medical indemnity insurance

It is mandatory that all surgeons, physicians, and anaesthetists notify their medical indemnity provider of their intention to participate on a Global Health program. These volunteers must supply the mobilisation team with a copy of the correspondence from their medical indemnity provider confirming overseas cover for their travel period. Some indemnity providers cover volunteer work overseas automatically.

### Overseas medical registration

Most Asia-Pacific countries make it a requirement that overseas medical professionals who volunteer in a surgical capacity, apply for a medical registration prior to arrival. Medical registration application requirements and supporting documents vary depending on the country. However, most require a current federal police check, passport details and a domestic certificate of medical registration e.g. Australian Health Practitioner Regulation Agency (Ahpra) certificate. The Global Health mobilisation team will assist you with the overseas medical registration process.

Countries that require a medical registration are:

- Federated States of Micronesia
- Fiji
- Indonesia
- Kiribati
- Papua New Guinea
- Samoa
- Solomon Islands
- Tonga
- Vanuatu











### Medical equipment

RACS Global Health programs include several clinical visits per year, where teams are deployed to undertake surgical operations across different specialties, primarily ENT, Orthopaedics, Urology, Oral maxillofacial and Paediatrics.

The RACS Medical Equipment Coordinator will organise the equipment, consumables, and necessary drugs for each clinical activity, and may be able to procure and accommodate specific requests made by the team where feasible. The packing list for each trip will be sent to the lead surgeon and/or anaesthetist by the RACS Medical Equipment Coordinator for review prior to packing and shipment. In all cases, where a drug case is being sent, a member of the team must transport the drug case with them on the flight to and from the Pacific. RACS Global Health staff will facilitate this process, including obtaining a Customs Export/Import Declaration and excess baggage waivers if possible. The team leader must also ensure decontamination of equipment prior to returning equipment and instruments to RACS in Melbourne. A decontamination certificate must be provided by the team with their end of trip reporting

For further information, please refer to our [Dangerous Drugs Policy](#).

In some cases, volunteers may wish to take donated items on a trip with them to provide to the host country/hospital. In these cases, a letter accepting the donation from the host country and prior approval from the RACS Medical

Equipment Coordinator must be obtained. The RACS Medical Equipment Coordinator has final approval of all donated goods to ensure suitability and that the goods meet clinical standards. A copy of the acceptance letter and RACS approval must accompany the donated goods. The Medical Equipment Coordinator also maintains a record of the value of in-kind contributions for RACS annual reporting purposes.

For further information, please refer to our [Equipment and In-Kind Donations Policy](#).







This aircraft is landing on a small airstrip placed in jungle on Ovalau Island in Fiji

### Pre-departure preparation

As a RACS Global Health staff member or specialist medical volunteer you will be supported with flights, accommodation, a per diem (travel allowance) and assistance with other travel arrangements throughout your overseas deployment.

### Flights, accommodation and travel documents

The mobilisation team will communicate with you to book your flights and accommodation once all compliance paperwork has been received. Once you have approved your flight options and they have been booked you will receive your individual flight itinerary. In some cases, this may also include your accommodation bookings. In line with our [Travel, Safety and Security Policy](#), the mobilisation team will only purchase economy or equivalent flights. However, if you wish to purchase an upgrade at your own cost or by using your frequent flyer points please inform the mobilisation team prior to your flights being approved.

Once the flights have been confirmed, the mobilisation team will book accommodation for the travelling volunteer team or staff member. RACS Global Health has a list of approved hotels across the Asia-Pacific which are preferred and regularly used. These hotels have been assessed by the in-country team, team leader or International SOS as safe and secure. The team will be notified about their accommodation details in the pre-trip email. If you wish to upgrade your accommodation at your own cost please

contact the mobilisation team. However, as we prefer, for safety and ease of transportation, that the team is located at the same hotel, therefore requests for alternative hotel accommodation may be denied. Having the team dispersed across a number of hotels will impede emergency evacuation processes, should they be necessary.

On completion of a trip, volunteers are entitled to a per diem for each night you are away from home to cover the costs of meals and incidentals. Please retain a copy of all receipts and submit them to the mobilisation team upon return. See page 38 for further details about reimbursement of per diems. If there is an emergency during your deployment and you do not have access to funds, please contact International SOS for assistance (see page 27).

If during your deployment you need to make changes to your flights due to exceptional circumstances such as a missed connection, please contact Corporate Traveller on their 24/7 contact:

- +61 7 3170 7907 from overseas
- 1300 732 280 within Australia

The contact details are also included in the Key Contacts list you receive prior to departure.

### Travel documents and visas

There are several essential hard copy travel documents that are required to be carried when travelling from Australia or New Zealand to the deployment destination overseas. These include:

- A valid passport with six months validity from your return date.



- A copy of your visa approval letter (if required).
- A copy of the Customs Declaration Export/Import License (if required).
- A copy of your overseas medical registration, approved by the visiting country (if required).

See Annex A - Pre-departure checklist.

For some destinations across the Asia-Pacific it is a requirement that all Australian and New Zealand passengers have a valid visa. If you are travelling to a country that requires you to apply for a visa prior to arrival, the volunteer mobilisation team will assist you with this process. However, many of our countries of deployment only require visitors to apply for a visa on arrival.

Due to the evolving nature of the COVID-19 pandemic, entry requirements are subject to change and information from International SOS with regards to country-specific COVID screening requirements must be obtained prior to departure. For some destinations across the Asia-Pacific region a traveller may be required to provide proof of a negative COVID-19 status.

### Customs declaration

A customs declaration is required for clinical visits where the team will be carrying a consumables case on the flight with them. A Customs Export Declaration (CED) is an official document issued by the Australian Border Force declaring that the list of consumables carried by the nominated person can be exported from Australia. The RACS Medical Equipment Officer will apply for the CED on behalf of the nominated

volunteer. Once approved the nominated volunteer must carry a hard copy of the CED to present at customs as requested. In most instances consumables are left in-country with hospital staff.

### Excess baggage

RACS provides excess baggage waivers (where possible) to volunteers when they are required to export/import medical equipment, consumables, and drugs. If this is possible, the volunteer mobilisation team will organise this for you. In most cases there is a limit to the amount of excess luggage that can be pre-purchased.

During instances where we are unable to obtain an excess baggage waiver, RACS Global Health requests the team leader to make an out of pocket payment which we will reimburse once you return from your deployment. Please be sure to retain a receipt for the reimbursement claim (see page 38 for further information on reimbursement claims).

### Security and safety

RACS Global Health programs are based in countries where the socio-political environment may change unexpectedly or there are risks of natural disasters. By virtue of working in international environments, staff and volunteers are exposed to varying degrees of risk to personal safety and security. The safety and security of RACS Global Health staff and volunteers is paramount. It is important that you are informed of the safety and security situation in the country you are deployed to and that

you adhere to the RACS Travel Safety and Security Policy, security guidelines, plans and any security directives provided, in order to prevent or manage any security issues that may arise.

### Travel advice

RACS Global Health has engaged International SOS to provide medical and security support to RACS Global Health and Global Health staff and volunteers. International SOS is a world leading provider of medical assistance, international healthcare, and security services. International SOS will continue to monitor the security situation and any evolving threats during the deployment period and if required, communicate with our volunteers and the RACS Global Health management team to provide advice and support.

Prior to departure and during your deployment, you are required to be updated on the current security advice for your travel destination and sign up for travel alerts via:

**For Australian travellers, this advice can found be at the Department of Foreign Affairs and Trade's Smarttraveller website:**

<https://www.smarttraveller.gov.au/>

**For New Zealand volunteers, this advice can found at the New Zealand Ministry of Foreign Affairs & Trade's Safe Travel website:**

<http://www.safetravel.govt.nz>

On occasion and at times of heightened security, you may be asked to restrict your movements, avoid travel to 'Do not travel' zones, check-in your location or abide by a curfew. In case



of an emergency, you may need to be relocated or evacuated; you must follow all security directives.

### Pre-travel advisories and assistance app

You will have access to the International SOS Assistance App (<https://www.internationalsos.com/assistance-app>) prior to departure and during your deployment. You will also receive a pre-trip travel advisory prior to departure which includes location specific information on:

- Travel including local transport, road safety and entry requirements (see pages 23-24 on travel documents and visas).
- Safety and security (including potential risks related to crime, civil unrest, terrorism, or natural disasters).
- Health planning (including required vaccinations, infectious diseases, water/food quality).

- Local culture, laws, and customs.

All staff and volunteers must download the Assistance App prior to travelling. To access the app, please follow these steps:

1. Download the Assistance app, you can search for International SOS Assistance App.
2. Create your account using your email address. When prompted, please enter the Membership Number: 12Agda907181
3. International SOS will send you an email to verify
4. You will receive email alerts via the app once you have turned on push and location settings on

The International SOS Assistance App will send you travel alerts during your deployment. International SOS produce travel notices and alerts to both travellers and RACS Global Health regarding the conditions on the ground and immediate actionable advice for

staff and volunteers in-country.

There are four levels of travel alert notices that staff and volunteers can receive from International SOS and are outlined in the below graphic.

### Safety and security modules

International SOS have a range of short online training modules on a range of critical safety, security and health topics including:

- Travel risk awareness
- Coronavirus health
- Malaria
- Female travellers / LGBTQI travellers
- Natural disasters
- Petty crime/ kidnap awareness

#### 1. Be aware

Events that pose potential disruption to travel where there is potential impact on the safety of staff.

**NOTICE**

**ADVISORY**

#### 2. Be prepared

Events that increase risks to travellers or cause substantial disruption to travel and potential impact on the safety of staff.

#### 3. Act now

High priority alert of an incident posing a clear, immediate or direct threat. Includes terrorism, natural disasters and transport accidents.

**SPECIAL  
ADVISORY**

**EVACUATION  
NOTIFICATION**

#### 4. Prepare for possible evacuation

Issues when events meet predefined escalation triggers to increase evacuation readiness. Four levels of evacuation: Warning, Stand By, Evacuation of Non-essential staff and Full Evacuation.

Depending on the location and your travel profile, the mobilisation team may assign you some safety and security training modules to complete prior to departure. They are interactive e-learning sessions ranging from 3-30 minutes and can be completed on a desktop, tablet or mobile phone.

#### Additional security measures for higher risk countries

For higher security risk locations such as Papua New Guinea, staff and volunteers are required to complete a mandatory security briefing session upon arrival, travel in secure transport organised by RACS Global health and carry a personal tracking device to communicate with a local security provider. There may be a curfew or 'do not travel' locations identified. There may also be additional requirements. For example, the team leader may be required to purchase a local SIM card and provide this number to the local security provider. The mobilisation team will provide you with an overview of these additional security and safety requirements prior to departure. For deployments to Papua New Guinea or Timor-Leste, please also refer to the Country Security Plan which will be provided in your pre-trip information pack.

#### Risks for LGBTIQI travellers

All travellers face risks overseas. However risks can be higher for lesbian, gay, bisexual, transgender, queer and intersex (LGBTIQI) people in some countries. The information provided at [Smartraveller](#) aims to minimise these risks and provides information

on local laws and customs of each country. Please ensure you do your research and take steps to minimise any potential risks. Further information is available on the International SOS member portal, and personalised, confidential advice can be obtained from International SOS by calling the Sydney Assistance Centre (see page 27 for 24/7 support).

#### Insurance

RACS Global Health staff and volunteers will be covered by a comprehensive travel insurance policy including access to 24/7 medical and emergency assistance via International SOS. The Chubb Insurance policy (Business Travel policy) provides comprehensive worldwide insurance cover for all RACS Global Health staff and volunteers for the duration of your overseas deployment. You will be sent a copy of the insurance policy prior to deployment. The insurance covers the following items:

- Personal accident and sickness
- Medical and additional expenses and cancellation and curtailment expenses
- Kidnap and ransom/extortion cover
- Personal accident and sickness
- Hijack and detention
- Search and rescue expenses
- Emergency assistance
- Loss of deposits
- Baggage, electronic equipment and money
- Alternative employee/Resumption of assignment expenses
- Personal liability

- Rental vehicle excess waiver
- Extra territorials workers compensation
- Missed transport connection
- Political and natural disaster evacuation

Please refer to the Chubb insurance policy document for a comprehensive list of inclusions and exclusions in the insurance policy. Please read this document carefully to ensure it meets your needs, if not, you may want to organise additional insurance coverage.

Please note that training or participating in professional sports and flying or engaging in aerial activities (other than as a passenger in an aircraft licensed to carry passengers) are not covered by the policy.

Please note that any accompanying persons not involved in RACS Global Health business do not have any public liability cover and are not indemnified for any other liability for incidents during the visit.

For the purpose of maintaining your safety and security, personal information such as your name, email, passport number and phone number may be shared with a case manager at International SOS and in some cases, with our insurance provider when required. This is to ensure we can assist you if you require medical or security support during your deployment. Confidentiality will be maintained.



## 24/7 support

For 24/7 advice, support and assistance including medical and emergency assistance you can contact International SOS (Sydney Assistance Centre) on:

Telephone: **+61 2 9372 2468**

Email: [sydney@internationalsos.com](mailto:sydney@internationalsos.com)

Membership Number: **12Agda907181**

During your deployment, the nearest International SOS Assistance Centre can also be contacted by calling from the International SOS Assistance App (see page 25).

Personalised support provided via International SOS also includes:

- Pre-travel advice and country briefings
- 24/7 emergency medical assistance and advice
- Evacuation or repatriation
- Liaison and case management with the hospital/medical provider
- Assistance in replacing a lost or stolen passport
- Legal assistance
- Assistance in tracing delayed or lost luggage
- Assistance in arranging medical appointments and hospital admission (if medically necessary)
- Advice and information on the location of physicians, hospitals, dentists, and dental clinics worldwide
- Delivery of essential medicine where necessary



## Escalation hierarchy and emergency procedures

Help is always available to you when you are deployed to work on a Global Health program. See the escalation hierarchy diagram below of who to contact in the case of emergency. Please also refer to the Key Contacts list you will receive prior to departure.

It is important that all travel and safety incidents, including near misses, are reported. See page 30 for our incident reporting process including how to report Adverse Events, Child Safeguarding or Sexual Exploitation, Abuse or Harassment (PSEAH) incidents. For medical assistance during deployment see page 27.



## Evacuation

There may be some circumstances where an evacuation of staff and volunteers may be required, this may include;

- a major natural disaster
- a breakdown in essential services
- a significant increase in the risk from terrorism or civil unrest
- or regional conflict.

RACS Global Health will work with International SOS to initiate the

evacuation plan, in line with advice from the Australian Embassy, High Commission or consulate.

The evacuation plan will include:

1. RACS Global Health and International SOS will contact all staff and volunteers through use of cellular phones and via the International SOS Assistance App.
2. RACS Global Health and International SOS will keep you updated with evacuation-related information. The plan will include various stages

of evacuation, most importantly, when you should move and when you should stay. You will be provided with key locations; Evacuee Assembly Point (EAA), Port of Departure (POD) and how to get there, and where the secure Safe Haven is located.

3. You must be prepared to follow the instructions of those individuals appointed to be responsible for directing the evacuation.



4. In the event of loss of communications, you should make your way to the agreed Emergency Assembly Area (EAA) and continue to attempt to re-establish communications as a priority.
5. In the event of an evacuation, you should have a Grab Bag ready.

#### Grab bag items for evacuation:

- Passport, identity documents (packed in a waterproof wallet)
- Cash, credit cards
- Airline tickets (if issued)
- Prescription medications and authorisations letters from your medical practitioner
- Communication equipment (mobile phone, charger, spare battery), satellite phone (if applicable)
- Key contact list
- Personal items and toiletries
- Change of clothes, shoes, waterproof jacket
- Water (2l) and 48-hour supply food – high energy, non-perishable.
- First aid kit
- Torch

This Grab Bag should weigh no more than 7kg due to flight restrictions.

#### Key Contacts List

Please also refer to your Key Contacts List (provided in your pre-departure email pack) which includes contact details for local embassies, DFAT posts, 24/7 emergency assistance, Travel Service provider, counselling support, RACS Global Health Team and local emergency numbers.

#### Personal safety

As a RACS Global Health staff member or volunteer, you must also take responsibility for your own personal safety and security. You have a duty to minimise risks to yourself and your team. It is important to follow these safety guidelines. If in doubt you may speak to International SOS for profile specific security and safety advice.

- Be cautious, do not engage in conduct that puts yourself or others at risk. If you are in doubt, speak to your manager or volunteer team members for advice.
- Keep your personal belongings close to you and do not leave them unattended.
- Be aware of culturally appropriate behaviour. Research the local laws, customs, religious beliefs and cultural. Smarttraveller is a great resource. You will also receive a Pre-Trip Travel Advisory from International SOS with local information and have access the Assistance App.
- Avoid sensitive political or religious discussions.
- Avoid travelling alone in unfamiliar settings, if you must travel to an unfamiliar location after dark ensure you are accompanied by others.
- Avoid larger gatherings, crowds, protests.
- Be cautious of displays of wealth, do not carry large sums of money with you.
- Apply situational awareness techniques e.g. If you need to

withdraw money from an ATM, ensure you do so in daylight, avoid dimly lit locations.

- Do not engage in excessive alcohol consumption, as this will affect your ability to notice warning signs of impending trouble and can increase the likelihood of being targeted for robbery or assault.
- Always carry some form of identification with you and have a copy of your passport, visa and other important documentation with you in case you they are misplaced or stolen. Email a copy to yourself and leave a copy with someone you trust.
- Always keep your team informed of your movements and your expected time of return.
- Report all incidents or events (including near misses) that may affect security and safety in your location.
- If you see a road accident, please do not stop to provide assistance. This presents a risk both to yourself and others you are travelling with. In some countries we work in, a vehicle accidents is staged so that passengers exit their vehicles for a robbery or hijacking to occur.

If at any stage you have any concerns about your own safety and security, please discuss them with your Manager, the Volunteer Team Leader and/or the RACS Timor Leste Country Manager at our local office (if in Timor-Leste). If you have concerns prior to departure, please also discuss with the RACS Global Health mobilisation team or you can speak directly to International SOS prior to departure for a telephone briefing.

## Incident reporting

The below diagram explains what to report and how. Please read this carefully prior to departure.

	What to report?	How to report?	Timeframes
<b>Adverse event (Clinical visits)</b>	Serious morbidity: Needs surgical intervention and return to theatre or ICU admission, life threatening, readmission to hospital, organ failure, renal dialysis. Mortality: If a death occurs	<ol style="list-style-type: none"> <li>1. Team Leader to advise Head of Global Health <a href="mailto:racs.globalhealth@surgeons.org">racs.globalhealth@surgeons.org</a> +61 3 9249 1121 and the Specialty Coordinator.</li> <li>2. Complete Adverse Event Report form and send to Global Health Management team. The adverse event report template is emailed to you prior to departure.</li> </ol>	As soon as is reasonably possible. Team Leader to make follow up call 10 days after return and report if any further adverse events have occurred.
<b>Child Safeguarding or Sexual Exploitation Assault or Harassment (SEAH) incident</b>	<p>Any disclosure or allegation regarding the safety/abuse/exploitation of a child or a breach of the Child Safeguarding Policy or Code of Conduct.</p> <p>Any observation of concerning behaviour exhibited by RACS Global Health personnel or associate that breaches the <a href="#">Child Safeguarding Policy</a> and/or Code of Conduct.</p> <p>Any witnessed, suspected or alleged incidents of SEAH by a person engaged by RACS to work on Global Health activities or any breaches of the <a href="#">PSEAH Policy</a>.</p>	<ol style="list-style-type: none"> <li>1. For Child Safeguarding incidents, reports to be made verbally to RACS Management or via Complaints Handling Manager and then by completing the RACS Global Health Child Safeguarding Incident form. This template will be emailed to you prior to departure. RACS Head of Global Health Email: <a href="mailto:racs.globalhealth@surgeons.org">racs.globalhealth@surgeons.org</a> Telephone: +61 3 9249 1121 Or via Feedback and Complaints team Telephone: +61 39249 1120 Email: <a href="mailto:complaints@surgeons.org">complaints@surgeons.org</a> SEAH incidents to be reported to Complaints Handling Manager.</li> <li>2. If overseas, also report child safeguarding concerns to the local partner liaison or using local partner reporting mechanism.</li> </ol>	Immediately
<b>Health/Safety/Travel related incident</b>	<p>All travel or safety incidents including near misses E.g. Theft/mugging, car accidents, stolen/lost passport, issues with accommodation or break ins.</p> <p>*If the incident is related to exposure to blood or bodily fluid please refer also to the <i>Occupational Exposure: Blood Body fluid exposure management policy</i></p>	<ol style="list-style-type: none"> <li>1. Inform Team Leader, who is then to report to Global Health team via <a href="mailto:volunteer@surgeons.org">volunteer@surgeons.org</a> using the Incident Report template. (If the nature of the incident is confidential, please report directly to Global Health team instead <a href="mailto:volunteer@surgeons.org">volunteer@surgeons.org</a>. In Timor-Leste, also report to country office.</li> <li>2. If assistance/support is needed, contact International SOS 24/7 support on +61 2 9372 2468 (reverse charges accepted) and call local emergency numbers (see key contact lists).</li> <li>3. If applicable, report to local police. Insurance claims for theft will require a police report.</li> </ol>	As soon as is reasonably possible

### Support

Confidential counselling can be accessed by RACS Global Health volunteers via Converge International From New Zealand call +613 8620 5300 | From Australia call 1300 687 327 see page 34.

If you are in Australia, call 1800RESPECT (the national sexual assault, domestic family violence and counselling support number). If you are in New Zealand, visit the [New Zealand Government's website](#) for support and advice on domestic violence.

## Feedback and complaints process

If you want to raise an issue about someone involved in our Global Health program, the RACS Feedback and Complaints team can help. You can speak to the Feedback and Complaints team on 1800 892 491 (in Australia) or +61 3 9249 1120 (outside Australia) between 9am and 5pm (AEST) Monday to Friday. You can also email [complaints@surgeons.org](mailto:complaints@surgeons.org).

Please visit RACS Feedback and Complaints for further information about this process, maintaining confidentiality and the support available to you. If the concern is related to child safeguarding, please also refer to the incident reporting map on page 30 incident.

Visiting medical teams will also be provided with Information flyers to display during pre-screening clinics so patients have the contacts details of the RACS Feedback and Complaints team.

Refer to the RACS [Complaints Handling Policy](#) and the [Whistleblower Policy](#).

## Clinical guidelines

For clinical visits, volunteers need to adhere to the following clinical guidelines that are also aligned with the RACS competencies:

- Ensure all patients are treated with full respect for their dignity, human rights, culture, and religious beliefs.
- Only carry out procedures with the potential for good results and minimal complications and understand that any high-risk procedures should be avoided. Do not be afraid to refuse surgery and suggest review in the future.
- Do not undertake any surgical procedure if the local hospital and personnel do not have the capacity to provide adequate post-operative care after the RACS Global Health visiting medical team has left.
- Be sensitive to the impact RACS Global Health medical visiting teams and/or specialists can have on a small community.
- Do not overload the local facilities available and adhere to theatre staff and local hospital traditions. Ensure you always obtain informed consent from all patients and be prepared to answer questions regarding the surgery and treat patients and family as you would in your home practice.
- Do not underestimate the devastating effect of infection under closed dressings in tropical areas. Grafts can disappear and wounds can break down overnight. Understand early dressing checks (24 hours) and careful post-operative management are as important as operations.
- Please be mindful that local hospital colleagues are the experts in their clinical environment, and ensure that you are always mindful of their advice and point of view.



## Reporting requirements and clinical governance

The Visiting Medical Team (VMT) and the host country clinical team have a responsibility to ensure any activity adheres to the relevant requirements set by RACS Global Health Management. You will be provided with further information about the reporting and clinical governance requirements by RACS Global Health team during the activity/trip planning and preparation stage including reporting and checklist templates.

Overview of the reporting and clinical governance requirements:

### VMT activity plan

Based on the ministry of health's or local partners' request, the RACS Global Health Program Advisors will facilitate the completion of an activity plan outlining the trip objectives in cooperation with the host country's clinical representative and the team leader from the Visiting Medical Team (VMT). This document outlines the activity/trip objectives, patient screening requirements and post-operative care requirements and reporting requirements.

### Duty of Care Checklists (for clinical visits)

The host country's clinical team will be responsible for ensuring patient screening is adequately completed and communicated with the VMT regarding expected consultations, operations, and day to day activities prior to deployment. The VMT Team Leader in cooperation with the host country clinical team representative will

complete the checklist demonstrating duty of care processes have been considered and mitigated where necessary both prior to departing from your home country and prior to departing the host country.

A summary report is also required to be submitted by the VMT team leader prior to departing the host country.

### Surgical safety checklist (for clinical visits)

This checklist promotes the Australian and New Zealand standards for patient care and has been adapted from the World Health Organisation's (WHO) checklist (2009). This is to be used by all VMTs if one is not available in-country. It covers patient consent and surgical safety requirements for patient screening (preoperative and postoperative). This checklist is to be completed for each patient and left in the patients in-country file.

### Operation and consultation records (for clinical visits)

The VMT will be responsible for correctly and completely filling in the operation and consultation records during their deployment. The records capture data that is integral to the monitoring of the program, as well as capturing the specifics of each patient. Both records include data disaggregated by age and gender which is required for effective monitoring of RACS Global Health programs and specifically for assessing how programs are reaching marginalised and vulnerable individuals.

## End of trip report

The end of trip report covers all key quantitative and qualitative reporting data required to assess the activity outputs and outcomes. The VMT is required to collect data on patients during the visit for monitoring and evaluation purposes, such as assessing possible program impacts and reviewing gender equity across the program. It is the responsibility of the VMT Team Leader to ensure this information is kept confidential throughout the visit and to ensure the end of trip report is satisfactorily completed before submission to the RACS Global Health within two weeks of returning home.

### Adverse events report

The adverse events report covers off the necessary information for when an adverse event occurs as a result of any clinical intervention provided by the VMT. The VMT team leader is required to immediately report any adverse events and follow up with in-country team ten days after trip completion to discuss any post-operative care queries and to be informed of any adverse events that occurred after the VMT departed the host country. You will be provided with the adverse events report in your pre-departure email. (See Incident Reporting Diagram in page 30).



### Environmental practice and waste management

We recognise the inextricable link between the health of human communities and their environments, and we aim to minimise the impact of our operations on the environment. Please ensure you follow environmentally sound practices in waste disposal (medical waste in particular), to the best of your abilities, within the limitations of the environment. The end of trip report includes a section to complete on waste management practices in the facility you visited and worked in. This allows RACS Global Health to advocate for improved practices, where required.

For further information, please refer to our [Environmental Protection and Waste Management Policy](#).

### Fraud prevention

We have a zero-tolerance approach to fraud and fraudulent activity. Many of the countries in which RACS Global Health activities are delivered represent difficult environments where poverty and disadvantage remain widespread. Governance arrangements can be underdeveloped and attitudes towards fraud and fraudulent activity, transparency and accountability may be less developed than in Australia or New Zealand. Given these contextual factors, the delivery of projects in these environments may face an increased risk of fraud or fraudulent activity.

The prevention of fraud and corruption is the responsibility of everyone who contributes to RACS Global Health activities. If fraudulent activities are encountered or suspected in relation to the implementation of activities supported by RACS Global Health or the use of program funds, volunteers and staff must report the matter to the Head of Global Health.

For further information, please refer to our [Fraud & Corruption Prevention Policy](#).

### Conflict of Interest

Please also ensure to declare any conflicts of interests as outlined in the [Conflict of Interest Policy](#), this includes the reporting of any offers of gifts or benefits as a result of an individual's involvement with any RACS activity.

## Health and wellbeing

It is important to ensure you are prepared to travel from a health and wellbeing perspective before your deployment. All volunteers are required to obtain a pre-deployment medical brief from International SOS which will advise what vaccinations are required and provide other preventative health measures appropriate for your destination. You will also need to seek professional medical advice from a specialist travel doctor such as [TMVC](#) on required vaccinations and prevention measures against infectious diseases in the country you are travelling to. Please ensure all vaccinations and immunisations are up to date prior to your departure.

RACS Global Health will cover travel related medical and required vaccinations up to a set amount which will be communicated to you by the mobilisation team. Please retain all receipts and invoices for medical costs and vaccinations in preparation for your trip for reimbursement.

### Pre-existing medical conditions

If you have any pre-existing medical issues, you are required to obtain a 'fit to travel' letter from your GP prior to departure. If you need to make a claim, you will need to provide this letter to the insurer. With a 'fit to travel' letter, you will be best positioned if you need to submit an insurance claim to be considered.

Ensure you take enough of any medication you need. Keep medication in the original packaging and carry them in your hand luggage along with the accompanying script.

### Deployment self-care

It is common to experience stress especially when working overseas in a different environment and without your usual support mechanisms. It is important to recognise when you are stressed and implement your own personal stress management techniques (see page 34 for counselling support).

Take care of yourself during your deployment; this may include healthy eating, maintaining exercise (if safe

to do so), drinking safe/clean water, limiting the use of alcohol and when possible, get adequate rest.

### Medical assistance during deployment

Should you have a medical enquiry, you can call International SOS' 24/7 assistance line. International SOS have doctors on call 24 hours a day who will assist you with your enquiry and can provide referrals to appropriate medical facilities if required. If you experience a specific illness during your deployment, you can also obtain advice on the best way to manage your medical condition in the location you are working in. It is recommended that you call International SOS early in the course of your illness.

### Counselling support

All RACS Global Health staff and volunteers have access to professional psychological counselling support prior to departure, during the deployment and upon returning, up to four sessions per calendar year. These counselling sessions are provided by Converge International and are confidential.

To access the counselling support, please contact Converge International:

From overseas, call +613 8620 5300

From within Australia call 1300 687 327

If support is needed while overseas you can also visit [www.convergeinternational.com.au](http://www.convergeinternational.com.au) and click on 'Contact Us' to book a counselling session and select the video conference option.

You can also download the **EAP Connect App** from the mobile phone app store or Google play. You can select 'Appointment' to make a booking.

When accessing the services, if you are not also a RACS staff member or Fellow, then please identify yourself as a RACS Global Health volunteer.

You can also contact International SOS for 24/7 support during your deployment (see page 27).





## Global pandemics

If a global pandemic occurs, there are potential risks associated with travelling. For example, due to the recent COVID-19 pandemic, prior to departure the mobilisation team will consult with International SOS to provide you with up to date advice on the COVID situation for your destination and return to Australia or New Zealand. Please be aware that the situation may change rapidly, and any travel may result in compulsory quarantine periods.

## Standard and transmission-based precautions

For clinical visits, please ensure you are up to date with the [Victorian Health Department's infection control – standard and transmission-based precautions](#) which outlines infection prevention and control using a risk management approach to minimise or prevent the transmission of infection. The two-tiered approach of standard and transmission-based precautions provides a high level of protection to patients, healthcare workers and other people in healthcare settings.

There is a section on hand hygiene which mentions the five moments for hand hygiene developed by the World Health Organization. All Australian clinical staff annually undertake mandatory hand hygiene training with Hand Hygiene Australia (HHA) and should have a current Hand Hygiene certificate. Please ensure your training is current prior to departure. You may be required to show your hand hygiene certificate.

Personal Protection Equipment (PPE) requirements are also outlined in the link above, and covers the correct use of gloves, gowns and aprons, masks, eye protection and face shields for both standard and transmission precautions.

For perioperative nurses, please ensure you are up to date with the *ACORN Clinical Standards Infection Prevention*. You should have access to the latest standards, including Infection Prevention, and should meet this clinical standard which helps prevent cross-contamination or the transmission of infection to patients, the health care worker, and the environment.

## Occupational exposure: Blood and body fluid exposure management process

Please ensure you make yourself aware of the College's process. As with standard clinical practice, every care must be taken to avoid contact with patients' blood and body fluids. (The protocol for 'needle-stick' injury and/or exposure to infectious materials will be included in the PEP (Post Exposure Prophylactic) kit and packed with RACS Global Health equipment).

## In-country information

### Pre-departure email

To ensure you are prepared for your deployment, you will receive a pre-departure email from the mobilisation team to include your:

- Flights e-tickets and Itinerary
- Accommodation details
- Reporting templates and duty of care checklists
- Custom documents
- Overseas medical registration
- Key contact list
- You will also receive a pre-departure checklist (see annex A) to ensure you have all the information and documents you require.

### Arrival in country

Where possible, RACS Global Health recommends that the visiting medical team arrive together on the same flight. Where possible, the mobilisation team will organise a transfer from the arrival airport to your accommodation. However, in some instances you will be asked to organise a taxi upon arrival. For the Papua New Guinea and Timor-Leste programs, please refer to page 26 for additional security measures for higher risk countries including for arrival process, secure transport, and security briefing.

### Accommodation

Participants should report any concerns regarding the security of an accommodation provider to RACS Global Health staff immediately, and if necessary, appropriate alternative accommodation can be found.

During periods of heightened risk staff may have to be moved to other accommodation. For security reasons the accommodation used by volunteers in high risk countries, needs to be assessed as safe by International SOS who is RACS security support provider and approved by the RACS Global Health Program Advisors/Management team.

### Transport

For security reasons, in some countries your travel may be restricted, and transport must be organised via the security transportation company. Please see the PNG and Timor-Leste country specific security plans for further details.

To best mitigate the risk of traffic accidents, we advise journeys to be undertaken during the day. Where possible, only travel on main highways, never on small or unmarked roads. Allow for additional time to complete journeys, considering possible delays. RACS Global Health asks that staff and volunteers:

- Ensure the vehicle is of the appropriate standard (vehicle in good running condition, recently serviced, 4WD if needed) and emergency equipment is appropriate (spare tyre, first-aid kit).
- Ensure you always wear a seatbelt.

- Select an appropriate driver who knows the vehicle, knows the route, able to communicate with traveller/s (no language barrier), is not over tired, is not distracted by mobile phone call while driving etc.

If you are in a situation where you will be hiring a vehicle and driving during your deployment, please note:

- You will be required to hold an international driver's licence (or appropriate driver's licence).
- You must ensure the vehicle is registered.
- You must notify RACS Global Health of your intent to drive/hire a vehicle prior to departure.
- You must understand the road rules, etiquette, and local laws and always wear a seatbelt.
- Our insurance policy does not provide cover for vehicle damage or repair so adequate vehicle insurance should be purchased as part of the vehicle hire.

If you are concerned about road safety, the safety of the driver or the condition on the vehicle, do not continue with your travel and seek alternative transport methods. If travel is in progress, and you are feeling unsafe, It is essential that you ask your driver to immediately modify his driving until a change in vehicle and/or driver can be made. For support and advice, you may contact International SOS. All travel costs related to the project are reimbursed by RACS Global Health upon receipt.



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### Water travel safety

If you need to travel by water, you are required to wear a life jacket and to check that the vessel is safe. If you are concerned about the safety of the vessel, do not travel. Overcrowded and unseaworthy ferries present a known risk to staff and volunteer safety. For specific advice you may contact International SOS.

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### Communication and emergency contact details

All staff and volunteers are to carry a fully charged personal mobile, and a phone charger and local adapter. Please activate global roaming before departure or obtain a local SIM (please ensure you update RACS Global Health and the VMT Team Leader with your new number).

If you will be out of range and uncontactable for a period of time, please ensure you advise the Team Leader. Keep personal contact details and emergency contact details up to date with the RACS Global Health VMT Team Leader. Please keep emergency numbers, key contacts and 24/7 medical emergency numbers easily accessible.



Aircraft departing Rarotonga,  
Cook Islands.



## Returning home

Upon returning to Australia or New Zealand, the mobilisation team will send you a 'Welcome home' email, which will include:

- Reimbursement claims to be returned with any eligible expense receipts.
- A link to complete a feedback survey.
- A request to submit any consent forms for images and stories obtained during the trip.
- A reminder to return the end of trip report and any relevant reporting documentation.

The team leader must complete the team end of trip report and return this report together with any other documentation requested to the Mobilisation Advisor **within two weeks of return**, unless otherwise stated.

## Reimbursements

Upon completion of a trip, volunteers are entitled to a per diem (travel allowance) for each night you were away from home. Per diems are set for each country and you will be notified of the amount prior to your departure. Your reimbursement request must be submitted within two weeks of return or may be forfeited. Please use the reimbursement form included in your Welcome Home email. Please do not fill in the exchange rate column on the reimbursement form – our finance team will do this. Please also complete the Electronic Funds Transfer form with your bank details if requested. Please note that reimbursements may take up to two weeks to be processed and appear

in your bank account. You will receive a remittance advice email from the RACS accounts payable email once your reimbursement has been processed.

## Debrief and feedback

During the visit there may be an opportunity for RACS staff to have a debrief with national hospital counterparts, a representative from the Ministry of Health, Australian Government/DFAT post and/or other relevant parties. The purpose of the debriefing is to promote relationship building and sharing of information. This is an opportunity to discuss visit outcomes, recommendations regarding staffing, training, equipment and hospital operation. This discussion is to be documented in the end of trip report.

Upon returning home, the Team Leader will be invited by the relevant Program Advisor to participate in a debrief to provide an opportunity to talk about the trip, discuss any feedback, issues or lessons learnt. This conversation will be held once the end of trip report has been received by the Mobilisation Advisor. If other members of the team wish to have the opportunity to have a debrief, please contact the volunteer mobilisation team.

## Thank you

RACS would like to thank you once again for your commitment as a volunteer on a RACS Global Health program. We value your contribution to our vision that safe surgical and anaesthetic care is made available and accessible to everyone. We hope you travel safely and look forward to hearing from you upon your return.

# RACS Global Health pre-departure checklist

## Travel safety

- ☐ I have registered for travel alerts with Department of Foreign Affairs (DFAT) Smartraveller website ([DFAT smartraveller](https://www.smartraveller.govt.nz/)) or New Zealand Ministry of Foreign Affairs and Trade's Safe Travel website (<http://www.safetravel.govt.nz/>)
- ☐ I have downloaded the International SOS Assistance App and ensured it is working prior to departure.
- ☐ I have read the Pre-Trip Advisory prepared by International SOS regarding important security and medical information relevant to my travel location.
- ☐ I have easy access to the International SOS 24/7 emergency contact details and RACS Global Health Key Contacts List.
- ☐ I have updated RACS mobilisation team with my contact details and emergency contact details and will notify RACS if there are any changes.
- ☐ I have read the RACS Business Travel Insurance Policy to ensure it meets my needs.
- ☐ I have completed and provided the RACS mobilisation team with a copy of my Personal Equipment Form (up to \$20,000, max \$5,000 per item) for insurance coverage.

## Flights, accommodation and travel documents

- ☐ I have all necessary travel documents, including a valid passport with six months validity from project end date and correct visa (if required).
- ☐ I have received my travel itinerary, e-ticket, and excess baggage documents (if required).
- ☐ I have received my accommodation details.
- ☐ I have hard copies of the Australian customs documents and overseas country customs documents (if required).
- ☐ I have received airport details for my airport transfers to/from the airport to my hotel (if required).

## Medical/Health

- ☐ I have consulted with a travel doctor to obtain advice on vaccinations required and my vaccinations and immunisations are up to date.
- ☐ If applicable, I have informed RACS of any personal or pre-existing medical conditions that may impact my ability to work on RACS Global Health activities.
- ☐ If I have pre-existing medical conditions, I have obtained a 'fit to travel' certificate from my GP before travelling.

## Overseas medical registration

- ☐ I have received my overseas medical registration (if required)

## Medical indemnity

- ☐ I have provided RACS Global Health with a letter from my Professional Indemnity Insurer as evidence that I have coverage to work overseas.

## Reporting requirements

- ☐ I have received the following reporting templates from RACS:
  - End of Trip Report
  - Operational and Consulting Record templates (if applicable)
  - Surgical Safety Checklist (if applicable)
  - Duty of Care Checklist with summary report template (if applicable)
  - Workshop Professional Development Feedback forms (if applicable)
- ☐ I have received the following incident reporting templates from RACS and understand how to report all types of incidents:
  - Adverse Event Report
  - Child Safeguarding Incident Report
  - Incident Report template

(Please refer to the incident report diagram on page 30)

## Visual Images and Personal Information

- ☐ I have read the RACS Global Health Guidelines for Taking Images and Using Personal Information of Children.
- ☐ I have received a copy of the RACS consent form to be used for any images or stories collected during my visit.

