Orthopaedic Outreach
Volunteer Deployment Handbook

V 5.0

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We aim to work alongside the local doctors.

We operate with them and we teach them.

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About Orthopaedic Outreach

Australian orthopaedic surgeons, nurses and allied health personnel have been providing surgical support and teaching throughout the Asia Pacific region since the late 1950's. Our volunteers provide expert surgical and medical care in addressing the complexities of orthopaedic injury and disease.

At Orthopaedic Outreach, we believe in the profound impact of collaborative compassion. We express our sincere gratitude to every volunteer, partner, and supporter who gives structure to our organisation. Your commitment is pivotal in advancing our mission to provide critical surgical training and services, making a tangible difference in the lives of those in need.

"One operation well taught is worth fifty done myself."

GRAHAM GUMLEY, OUTREACH SURGEON

Our vision and purpose

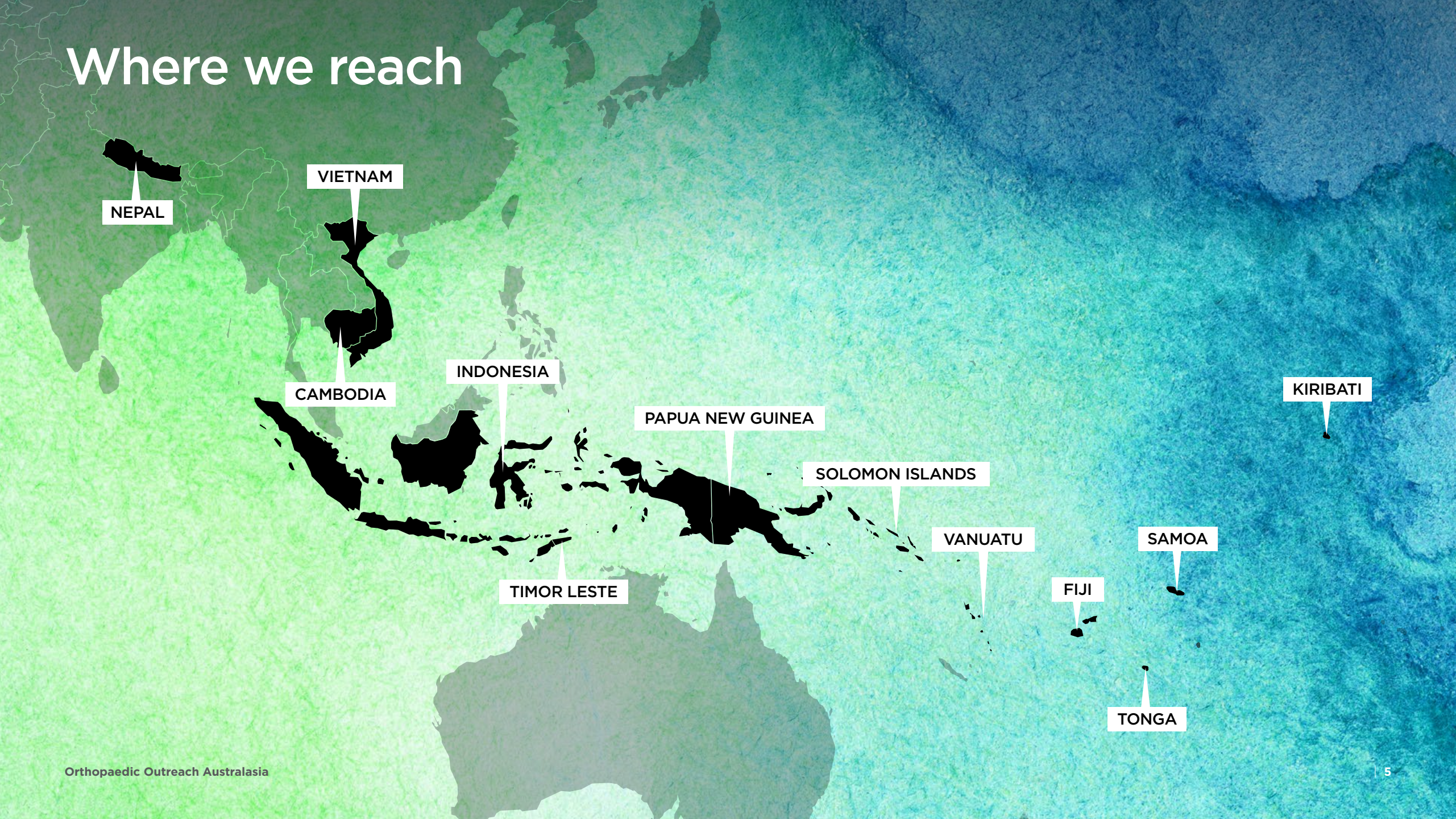
Orthopaedic Outreach's principal goal is to work with the healthcare providers and governments of the Asia Pacific to build sustainable musculoskeletal health services through direct care and ongoing educational relationships.

The purpose behind Orthopaedic Outreach is to extend access to quality musculoskeletal care throughout the Asia Pacific.

This Handbook serves as resource for all volunteers in Orthopaedic Outreach programs, outlining essential information to enhance your experience during each activity, and practical details regarding your role and responsibilities.

Whether you are a seasoned volunteer or joining us for the first time, this handbook compliments Orthopaedic Outreach policies and procedures, and serves as a guide to ensure clarity, consistency and a seamless integration into our teams.

Where we reach



Why we do what we do

Lack of access to essential surgery results in 4.7 million avertable deaths occurring in low-and middle-income countries (LMICs) annually.

South East Asia and the Pacific region contain some of the most densely populated regions across the globe, yet only 2% have timely access to safe and affordable surgical care.

Access to safe and affordable surgery should not be considered an option, but a fundamental element of any national health system. The core indicators for monitoring this universal access to safe, affordable surgery and anaesthesia include:

- Calculating the proportion of the population that can access, within 2 hours, a facility with the capacity to provide for a caesarean delivery for obstructed labour, laparotomy for bowel obstruction, and the management of an open fracture. These are collectively known as the Bellwether Procedures.
- An existing specialist clinical workforce that includes surgical, anaesthetic and obstetric care physicians with a density of 20 per 100,000 population.
- A surgical volume with a minimum of 5000 procedures per 100,000 population annually. The concept is that with volume comes consistency, skill development, confidence, and resulting in reduced complications.

The overwhelming evidence supporting the need for surgery lies in the greater than 30% of all deaths worldwide being lost from conditions needing surgical care. This figure is far greater than the combined total of deaths from HIV/AIDS, tuberculosis, and malaria each year, with the greatest burden of untreated surgical conditions falling within those populating the LMICs.

Orthopaedic Outreach established programs where our volunteers work along-side local leaders and their trainees, to develop their workforce capacity, their surgical and clinical assessment skills, so that they may provide a greater orthopaedic service for their own communities.

Volunteering with us

Our dedicated volunteers encompass specialist medical professionals, physiotherapists and nurses from various fields.

With a focus on in-country development, our programs promote activities with a duration of 7-10 days in order to achieve maximum local engagement and provision of clinical services. With prior board approval, dedicated skills development activities may have a reduced duration with a minimum of four days engagement in-country.

The contribution of volunteers

Orthopaedic Outreach volunteers are specialist medical professionals engaged to provide skills development, mentoring and surgical support services specific to Orthopaedics to local hospital and universities in line with their professional qualifications. Orthopaedic Outreach address in-country requests by engaging our volunteers with the relevant professional qualifications and expertise to provide support through:

- **Surgical services** – volunteers actively participate in providing essential surgical interventions, addressing complex cases, and contributing to the improvement of local healthcare.
- **Clinical support and mentoring** – our experienced clinicians maintain contact beyond the completion of any physical team activity, providing ongoing support to enhance high level problem solving and clinical decision-making.
- **Specialist skills development** – volunteers engage in educational initiatives, conducting training workshops that empower local healthcare practitioners with practical applications of orthopaedic care in low-resourced settings.
- **Clinical governance** – development continues through the promotion of quality audits and research of in-country services and patient safeguarding.

Volunteering with us

The implementation of our programs involves the expertise across a range of related specialist areas including:

- Orthopaedic Surgeons
- Anaesthetists
- Registered Nurse Specialists
- Physiotherapists
- Hand Therapists
- Orthotists
- Sonographers
- Radiographers

Through these multifaceted roles, our volunteers embody the spirit of humanitarian service, making a lasting impact on the communities we serve and advancing the mission of Orthopaedic Outreach.

In some countries such as Indonesia and Vietnam, where there are numerous highly skilled orthopaedic surgeons, Orthopaedic Outreach's programs focus on high-level, advanced reconstructive surgical training and mentoring, as well as sub-specialty areas of orthopaedics.

In other regions, such as the Pacific Islands, there are often no permanent qualified orthopaedic surgeons locally available, and so our focus is more on the provision of an orthopaedic surgical service, creating an appreciation of management of orthopaedic conditions and basic surgical skills training.

More information on our programs is available at www.orthoreach.org.au/countries.

Funding and allocations

Funding applications may be submitted by any member of Orthopaedic Outreach. Each of these applications to undertake Orthopaedic Outreach activities are reviewed by the Program Monitoring and Evaluation Committee (PMEC) of Orthopaedic Outreach, who then submit their recommendations to the Orthopaedic Outreach Board for final approval.

With a focus on in-country development, our programs promote activities with a duration of 7-10 days in order to achieve maximum local engagement and provision of clinical services. Team funding is currently capped at $12,500 per activity, however please include all anticipated costs for the activity to assist in future planning.

The Programs, Monitoring and Evaluation Committee review all funding proposals, assessing for value for money and level of impact.

Second and subsequent visits are more likely to be supported if there is a well documented recording and reporting of clinical work (outpatient reviews and surgery performed), inclusive of any teaching undertaken during the initial Orthopaedic Outreach visit

Following funding approval, it is essential that all volunteers make contact with our agent at Flight Centre Business Travel, who will collect your information, and arrange bookings for your flights, accommodation and any transfers required if requested. Flights are issued on booking; accommodation is charged after checkout.

In the event that the total expenses exceed the agreed Orthopaedic Outreach funding, individual volunteers will be billed any excess.

Funding and allocations

The purpose of Orthopaedic Outreach funding is to assist with Orthopaedic Outreach activities and may not necessarily fund 100% of the cost of an Orthopaedic Outreach activity.

Given the limited Orthopaedic Outreach funding sources, Orthopaedic Outreach allocate funds in a financially responsible manner, and expect those participating in Orthopaedic Outreach trips to likewise, be financially responsible.

Volunteers are encouraged to seek program sponsorship through external sources to supplement Outreach funding.

For further information on funding proposals including key dates and submission timelines, reporting documents and further information on our programs, please head to www.orthoreach.org.au

Clinical guidelines

For clinical visits, volunteers are to adhere to the following clinical guidelines that are also aligned with competencies overseen by the Royal Australasian College of Surgeons (RACS), the Physiotherapy Board of Australia and the Nursing and Midwifery Board of Australia:

1. Ensure all patients are treated with full respect for their dignity, human rights, culture, and religious beliefs.
2. Only carry out procedures with the potential for good results and minimal complications and understand that any high-risk procedures should be avoided. Refrain from being persuaded to undertake surgery you deem to be inappropriate.
3. 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 Orthopaedic Outreach visiting surgical team has left.
4. Scope of practice is influenced by the context in which the volunteer is practising within, the health needs of the people, the level of competence and confidence of the individual practitioner.
5. Be sensitive to the impact Orthopaedic Outreach visiting teams and/or specialists can have on a small community.
6. 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.
7. 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 postoperative management are as important as operations.
8. 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

Duty of care checklists

The host country's clinical team will be responsible for ensuring patient screening is adequately completed and communicated with the visiting Orthopaedic Outreach surgical team regarding expected consultations, operations, and day to day activities prior to deployment. The Orthopaedic Outreach team leader in cooperation with the host country clinical team representative will complete a 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 county.

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

Surgical safety checklist

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 Orthopaedic Outreach surgical teams 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. This promotes best practice with in-country clinicians, and acts to reduce errors and risk.

Operation and consultation records

The Orthopaedic Outreach visiting team 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 Orthopaedic Outreach 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 Orthopaedic Outreach visiting team 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 Orthopaedic Outreach 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 Orthopaedic Outreach Operational Manager 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 Orthopaedic Outreach visiting team. The Orthopaedic Outreach 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 Orthopaedic Outreach visiting team departed the host country. Adverse events reports will be provided in the pre-departure documentation.

Refer to incident reporting documentation available within the Complaints Handling Policy.

Gender equity

All Orthopaedic Outreach programs include gender equity as a key consideration.

Our Gender Equality and Diversity Statement speaks to our approach in defining and elevating gender equality and the empowerment of women in the context of our programs. We are committed to the communities that we work with and support throughout the broader Asia Pacific region.

For further information please refer to our Policy and Procedure Manual and our Gender and Diversity Statement.

In a similar manner to how we recognise diversity with other characteristics such as age, ethnicity, class and caste, so too should the interests of women, men, and those with other gender identities be taken into consideration.

Access to healthcare

Our members find themselves in a unique position of influence whereby they have the opportunity to demonstrate equitable behaviours at multiple levels that can provide significant impact within the health systems and communities of the countries we support.

Globally, gender is an important determinant of health and access to health care. Women and girls can face additional barriers in accessing health services, where lengthy travel from remote areas is required. Safety on transport or seeking necessary secure accommodation, financial barriers, existing caring responsibilities, and even previous negative experiences with male clinicians can each create difficulties to attend to their own healthcare.

Gender violence is endemic across many regions throughout Asia Pacific, impacting on women's status within their community and broader cultural norms. The volume of unacceptable gender-based violence and defensive wounds seen in-country can be challenging to realise and generates obvious wider health implications.

There are also many diverse gender identities in the Asia Pacific, such as the third gender fa'afafine in Samoa encompassing transgender people, and fakaleti identity in Tonga. These people with diverse gender identities also face barriers in seeking healthcare providers with sympathetic attitudes, in particular obtaining health care related to their biological sex where this does not match their gender identity.

Even if familiar with a particular country from previous visits, there may be local changes in acceptance of gender diversity from time to time. Strategies to consider within healthcare or surgical activities when considering gender include:

- Discussing with local counterparts what local gender norms to be aware of when engaging with patients and their families.

This may include any patient preference with gender of clinician during consultation, or using appropriate language when referring to gender diverse patients.

- Consider discussing processes for identifying patients for consultations or surgery, where a noticeable disparity of gender representation is evident (e.g. where many more males present than females, where no clinical reason exists). This should also be noted in any team exit report. The existence of gender-based barriers may also inhibit patients from attending clinic or seeking treatment.
- Discuss with in-country counterparts the access to support services for patients that are being referred for surgery that may have needs beyond that of the primary reason for consultation, e.g. victims of domestic violence seeking safe accommodation and transport options that female patients feel comfortable with while they are seeking treatment.

Healthcare workers

The global health workforce is divided along gender lines. This is true of Australia as well as that of Asia-Pacific. World Health Organisation research has identified that women account for 67% of the global health workforce but hold only 25% of the senior roles.

Women are also often clustered into the lower status and lower paid roles. 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 local capacity-building activities include:

- Modelling gender empowerment by actively demonstrating a respectful approach to all healthcare workers, including female dominated roles and those with reduced status such as nursing.
- Openly encourage an active participation from female health workers, noting they may be more reluctant to speak out, facing cultural barriers to engage with those in positions of authority.
- Challenge gendered attitudes where the assumptions are made that only males with be suitable for certain roles (such as surgical training programs), promoting an awareness of gender bias.
- Consider the gender makeup of those attending any training activities or capacity building workshops. Where present, consider raising this with in-country counterparts, seeking clarification of any barriers existing limiting participation, and seeking solutions that may work to address this. Where present, note this disparity in team activity report.
- Facilitate the skills development of female health workers and promote their leadership capacity by linking them with other female mentors within their specialty area.

Requirements for volunteers

Orthopaedic Outreach is a member of the Australian Council for International Development (ACFID), requiring annual compliance with its Code of Conduct.

ACFID membership also requires Orthopaedic Outreach to establish a suite of policies and frameworks in place which guide our governance processes, our fundraising activities, both internal member and external communications, and the necessity surrounding planning, monitoring and evaluation of each of our programs. These policies apply to both staff and our volunteer members.

Orthopaedic Outreach is also required to abide by other external regulatory and fundraising authorities and standards.

Similarly, when overseas, Orthopaedic Outreach must also comply with local regulations and requirements relating to each of our programs in their various countries. These include requirements relating to local medical and nursing registrations, the importation of medical equipment and supplies (customs), immigration (visas) and any other local permissions from provincial levels of government. These requirements often vary between countries and provinces within any country, and often change on a regular basis.

Related policies, codes and agreements

At times, Orthopaedic Outreach applies for external grants to support the activities of our volunteers. These often include responses on how we govern our organisation and validate our volunteers, which leads to an increased level of internal compliance management. We also advocate for our volunteers internationally, as authentic volunteers providing an expert level of clinical knowledge in countries heavily represented by vulnerable communities.

Volunteer induction

Orthopaedic Outreach is a member of the Australian Council For International Development (ACFID), making these compliance components more relevant.

To maintain the highest standards of safety, professionalism, and ethical conduct, all volunteers are required to submit copies of the following documents before approval to participate in any Outreach activity. These details are stored securely in line with the current practices of the AOA.

Consider this no different to seeking accreditation to operate at a new hospital.

- AHPRA registration
- Baseline qualifications (copy of MBBS or equivalent)
- Fellowship (or copy of equivalent)
- Professional Indemnity Insurance
- Federal Criminal Record Check
- Working with Children's Check

Policy framework

Volunteers with Orthopaedic Outreach expected to abide by our organisation policies, including

- Code of Conduct
- Child Safeguarding
- Prevention of Sexual Exploitation, Abuse and Harassment
- Ethical Stories and Images
- Volunteer Travel Safety guideline

Orthopaedic Outreach policies can be found at www.orthoreach.org/governance

Volunteer compliance

ACFID provide a series of relevant on-line training modules. Orthopaedic Outreach request volunteers complete the following, providing the certificate of completion as evidence.

- ACFID Code of Conduct
- Intro to Safeguarding
- Travel Awareness
- Preview to Child Protection

ACFID eLearning modules can be accessed at https://learnwithacfid.com

Key compliance components

Child safeguarding

We are committed to the safeguarding and protection of children in all aspects of our programs, with a 'zero tolerance' to child abuse and exploitation. All Orthopaedic Outreach staff and volunteers are expected to demonstrate full competence in this area and abide by the Child Safeguarding Policy and Code of Conduct. This includes mandatory reporting requirements of any concerns, suspicions or breaches relating to child abuse or exploitation. This policy is mandated by the Australian Council for International Development (ACFID).

ACFID eLearning modules are accessed at https://learnwithacfid.com/

Prevention of sexual exploitation, abuse and harassment

Orthopaedic Outreach is committed to providing a safe and respectful environment for our volunteers and those we work with. Misconduct is not accepted, and our volunteers are encouraged to support those who are vulnerable.

Volunteers must adhere to the Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) Policy while participating in any Orthopaedic Outreach program or related activity. This policy is mandated by the Australian Council For International Development (ACFID) and includes the responsibility to report any concerns or breaches of the policy.

ACFID eLearning modules are accessed at https://learnwithacfid.com/

Ethical stories and images

Orthopaedic Outreach is committed to the portrayal of all adults and children in a respectful manner, maintaining modesty, dignity, privacy, religious and cultural beliefs. Any videos or images taken in-country during our activities are to be done so with care to ensure safety and respect. Images and personal stories are essential for the documenting of our programs and the impact achieved, we aim to ensure the dignity of each individual is maintained, and we will not use any images or information that is unsafe, disrespectful or demeaning.

All staff and volunteers are required to abide by the Ethical Stories and Images Policy when collecting, storing and sharing any personal information and images from our activities. We have a consent form designed for use prior to the collection of these images, which is to be utilised to gain free and informed consent for the use of their image and story.

Key compliance components

Incident reporting – The table below provides details on what to report, how to report, and when to report.

	What to report	How to report	When to report
Adverse event (clinical-based activities)	Serious morbidity: needs additional surgical intervention and return to theatre, ICU admission, readmission to hospital, life threatening organ failure, need for urgent renal dialysis.	1. Team leader to advise Orthopaedic Outreach Operational Manager via admin@orthoreach.org.au , or +61280718091 and, 2. Team leader to complete the Adverse Event and Incident Report form and send to admin@orthoreach.org.au	As soon as reasonably possible. Team leader to provide clinical follow-up with in-country clinicians on return to Australia and report of any further occurrence of adverse events.
Child safeguarding or sexual exploitation, abuse or harassment (SEAH) incident	Any disclosure or allegation regarding the safety, abuse or exploitation of a child, or the breach of the Child Safeguarding Policy, or Code of Conduct. Any observed concerning behaviour from any Orthopaedic Outreach volunteers or staff that breaches the Child Safeguarding Policy, or Code of Conduct. Any witnessed, suspected or alleged incidents of sexual exploitation, abuse or harassment by any Orthopaedic Outreach volunteer or staff member, or breaches of the PSEAH Policy.	All incident reporting and complaints handling follows the same initial process of notification. 1. For Child Safeguarding incidents, reports may be made verbally to Orthopaedic Outreach Management, and then by completing the Orthopaedic Outreach Child Safeguarding Incident form. This template will be emailed to you prior to departure. Orthopaedic Outreach Email: admin@orthoreach.org.au Telephone: +61 2 8071 8091. SEAH incidents to be reported to the Complaints Handling Manager via admin@orthoreach.org.au 2. If overseas, also report child safeguarding concerns to the local partner liaison or using local partner reporting mechanisms.	Immediately.
Health, safety or travel related incident	All travel or safety incidents including near misses e.g. theft/ mugging, road traffic incidents, stolen/ lost documents inc passport, accommodation issues including security concerns. If an incident is related to clinical exposure to blood or bodily fluids please refer to the Occupational Exposure: Blood and bodily fluid exposure management policy.	1. Inform Team Leader, who is then to report to Orthopaedic Outreach management via admin@orthoreach.org.au using the Incident Report template. (If the nature of the incident is confidential, please report directly to Orthopaedic Outreach management via admin@orthoreach.org.au) 2. If assistance/support is needed, contact your travel insurance agency and call local emergency numbers (refer to key contact lists). 3. If applicable, report to local police. Insurance claims for theft will require a police report.	As soon as reasonably possible.
Support	If you are in Australia, call 1800RESPECT (the national sexual assault, domestic family violence and counselling support number).		

Pre-departure preparation

Medical indemnity insurance

All medical volunteers are advised to inform their medical indemnifiers of their intentions to partake in overseas volunteer work. Many indemnifiers provide up to 120 days international coverage, however this remains the responsibility of the individual volunteer to confirm their level of coverage.

Overseas medical registration

Medical registration requirements and processes vary depending on the country, however most Asia Pacific countries do have the requirement for international volunteers visiting in a clinical capacity apply for their registration prior to arrival. This process may require a current AHPRA registration, a federal police check, and passport details as a minimum. This requirement may also extend to nursing and allied health team members.

Medical equipment and supplies

Orthopaedic Outreach programs include those providing a clinical orthopaedic surgical service, either in the absence of an in-country orthopaedic surgeon, or in a supporting role, side-by-side with an in-country surgeon. In order to deliver safe and effective care, these activities may be supported with specific equipment, instrumentation and supplies, depending upon the location, and local resources available.

The limitation of resources throughout the region is acknowledged, as is the potential drain placed on those resources as a result of a busy orthopaedic surgical visit. It is essential that team leaders have a clear understanding of what resources are available to facilitate surgery in-country, prior to departure. This includes services such as pathology, radiology, and blood transfusion services.

Pre-departure preparation

While many facilities we base our programs around are under-resourced, it is not the role of Orthopaedic Outreach to replace any local procurement processes. Our instruments and equipment, and unused supplies, where reasonable, all return to Australia following the team activity.

Orthopaedic Outreach often receives offers of medical equipment, instrumentation and supplies for donation, and we take our role seriously in screening these to ensure appropriateness of any donated items, ensuring the condition of items meets that placed by the Word Health Organisation https://www.who.int/teams/health-product-and-policy-standards/medicines-selection-ip-and-affordability/donations unless being used in a training workshop environment only. Any donated items coordinated through Orthopaedic Outreach is only ever done so with the consent and agreement of in-country leaders, to ensure their suitability.

At times, our volunteers are positioned to receive donations of medical supplies for the hospital they are visiting. Orthopaedic Outreach takes no responsibility for these, it is expected that the aforementioned WHO Guidelines are observed, being mindful of the completeness of any item, any requirement for servicing, compatibility with existing systems, and that something is not always better than nothing.

Orthopaedic Outreach should be notified in advance of any teams intending to travel with excessive volumes of supplies in support of their assigned activities, with a view to provide supporting documentation to assist with customs clearance, or to freight essential items separately. The individual volunteer may engage the airline seeking a waiver of charges for any excess luggage; alternatively, the individual will be required to pay for these themselves.

Pre-departure checklist

Travel safety

- ☐ I have reviewed Smartraveller.gov.au and subscribed for travel security updates.
- ☐ I have the contact details for the in-country Australian High Commission offices.
- ☐ I have travel insurance that includes capacity for medical evacuation.

Flights, accommodation and other travel documents

- ☐ I have a valid passport with 6 months duration from activity end-date, and necessary visa (where required).
- ☐ I have my travel itinerary and e-ticket (copies printed if required).
- ☐ I have confirmed copies of accommodation bookings.
- ☐ I have confirmed the process for in-country airport transfers to/from hotel (where required).

Medical and health-related preparation

- ☐ I have consulted Smartraveller.gov.au and/or a travel doctor ensuring relevant vaccination coverage is current.
- ☐ I have informed Orthopaedic Outreach of any pre-existing medical conditions that may impact my capacity to contribute to Orthopaedic Outreach activities.
- ☐ Where pre-existing medical conditions exist, I have provided a 'fit-to-travel' certificate from my GP prior to travelling.

Overseas medical registration

- ☐ I have obtained my overseas medical registration (where required), and have hard copy as evidence.

Medical indemnity

- ☐ I have international medical indemnity insurance, and have provided Orthopaedic Outreach with a letter from my Professional Indemnity Insurer as evidence of this.

Reporting requirements

- ☐ I have received the following reporting templates from Orthopaedic Outreach:
  - Clinic Log template
  - OR List template
  - Team visit report template
- ☐ I have received the following reporting templates from Orthopaedic Outreach, and have familiarised myself with the reporting process:
  - Adverse event and incident report form.

Collection of visual images and personal information

- ☐ I have read and understood the Orthopaedic Outreach Policy and Procedure Manual.
- ☐ I have received a copy of the Ethical Use of Images Consent Form to be used where photography or video is used to collect images.

Volunteer travel safety

Travel documents and visas

Essential documents required when travelling include:

- A valid passport with 6 months validity prior to your return date.
- A copy of your visa approval letter (if required).
- A copy of your overseas medical registration approved by the host country (if required).

In-country entry requirement may change, and volunteers are advised to maintain recency of changes, both prior to departure and while in-country during the supported activity. Up to date security advice in the form of travel alerts is available via smartraveller.gov.au.

Travel insurance

Personal travel insurance for volunteers is mandatory. A comprehensive travel insurance policy should be sought by the individual volunteer which includes personal accident and sickness, medical and additional expenses, hijack, kidnap and ransom cover, search and rescue, emergency assistance, loss of deposits, baggage and personal effects loss, personal liability, missed transport connection, rental vehicle excess waiver, and political or natural disaster evacuation.

Volunteer health and wellbeing

Prior to travel it is important that all volunteers are guaranteed well and fit for travel. This may be via a visit to your GP, or a dedicated travel doctor https://www.traveldoctor.com.au/ who may evaluate your level of immunity across any number of diseases, and advise on what vaccinations are required or other preventative health measures specific to your designated destination.

This is also an opportunity for any pre-existing medical conditions to be assessed, ensuring the need for personal pharmaceutical supplies are prescribed and supplied prior to travel. Note both travel and entry restrictions for specific medications relevant to your destination, and anywhere transiting through.

Global and regional pandemics

If a pandemic occurs, the potential for risk rises related to travel. Situations change rapidly, and as experienced with COVID-19, any travel may result in a necessity for quarantine.

Standard and transmission-based precautions, including blood and body fluid exposure; blood borne disease

As with standard clinical care, all efforts are to be taken in avoidance of exposure risks.

Australian Commission on Safety and Quality in Health standard precautions are to be applied as the basic infection prevention and control strategy for all Outreach volunteers, regardless of the patient's (or others) perceived or confirmed infection status. These strategies include hand hygiene, personal protective equipment, cleaning and appropriate handling and disposal of sharps.

Program reporting

As a fundamental component of volunteering for Orthopaedic Outreach, all volunteers are required to complete program reporting in a timely manner.

The specific reporting obligations may vary depending on the type and location of the program. Generally, this includes a team visit report, where all team members contribute, patient data reporting, and reporting on training outcomes. Volunteers are also responsible for gathering feedback from local partners and trainees. These team reports are typically written by the designated team leader, however all team members, including the in-country host, should be consulted.

The information collected through program reports serves various purposes, including communicating achievements to donors, facilitating clinical outcome reporting, offering feedback to local partners, and contributing to ongoing program planning. Although we acknowledge that reporting requires additional time and effort, it is a crucial aspect that ensures the sustainability of our programs and the continuous improvement of our initiatives.
By attending an outreach activity, you are agreeing to providing a well written team visit report.

Photography documentation

As an integral part of volunteering with Orthopaedic Outreach, we rely on photographic documentation for various purposes. Capturing moments during our programs is crucial for sharing achievements with donors, displaying clinical outcomes, and enhancing communication through newsletters, annual reports, and social media. These visuals also contribute to ongoing program planning, ensuring that our initiatives continuously improve.

In alignment with our commitment to transparency and accountability, volunteers are required to adhere to our Child Safeguarding, and Ethical Stories and Images policies when capturing and sharing photographs.

We understand that the inclusion of photography may require additional effort, but it plays a crucial role in telling the story of our impactful work and fostering support for the sustainability of our programs. Your cooperation in following our Child Safeguarding and Ethical Stories and Images policies ensures that our visual documentation respects the dignity and privacy of all individuals involved in our initiatives.

“To stand upright, to walk, to use one’s arms and hands means one can learn, can work, can live.”
Australian Outreach surgeons give their time and skills to make a world of difference.

Orthopaedic Outreach Australasia Limited

The humanitarian arm of the Australian Orthopaedic Association

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