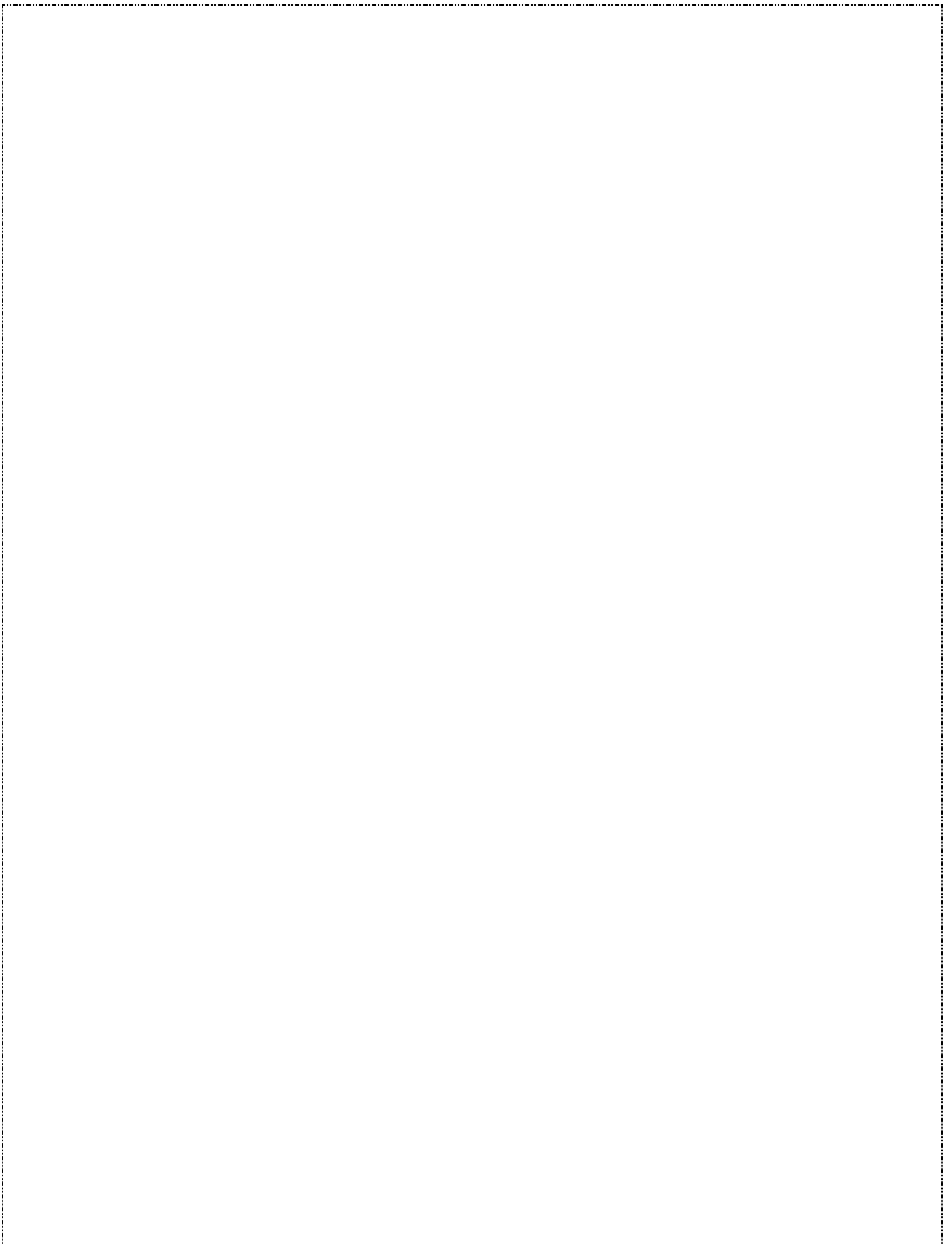




Parent Preparation Guide

2009

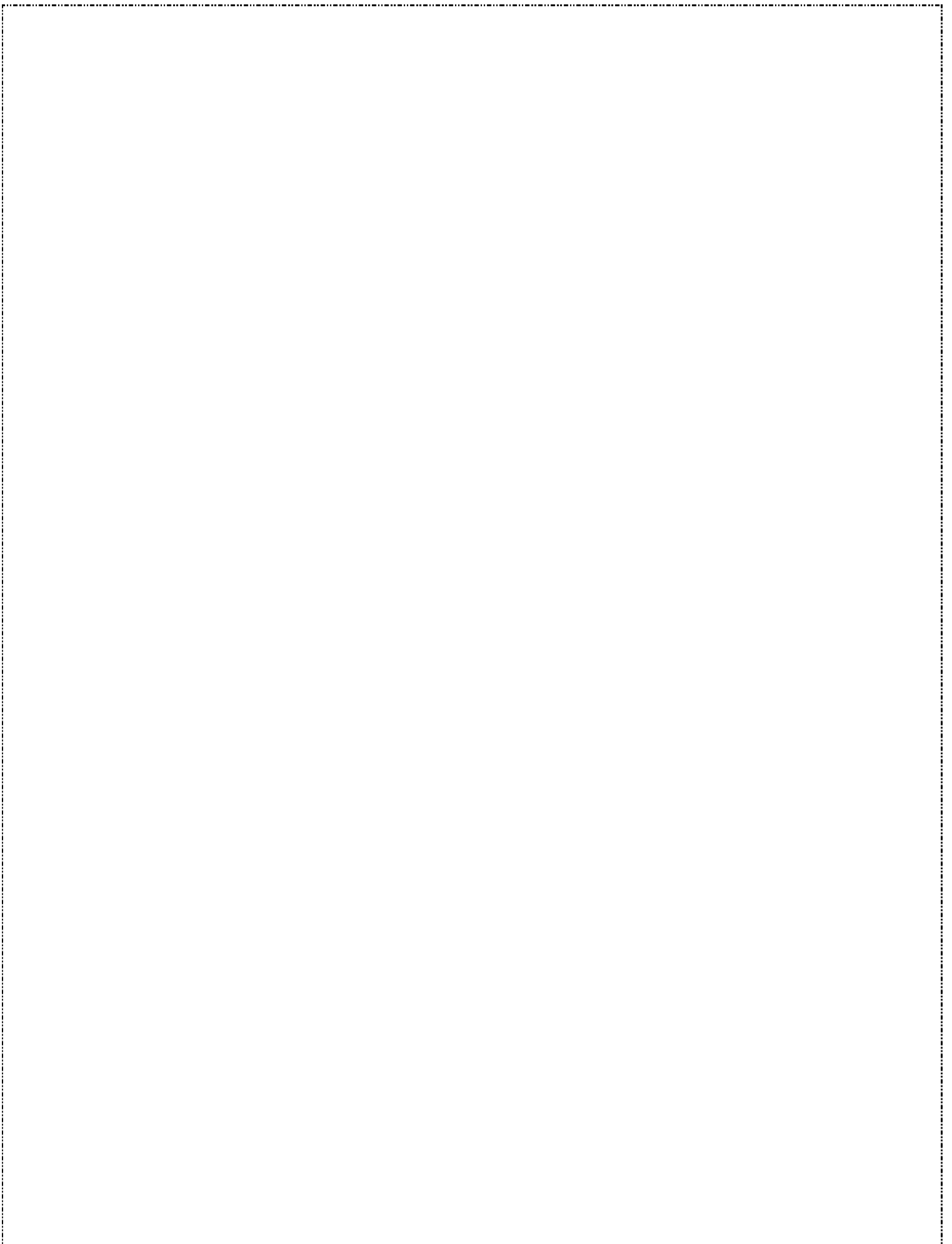


2009 Parent Preparation Guide

1- Introduction to the AMIGOS Organization.....	1
Introduction Letter	2
International Office 2007-08 Operating Revenue and Expenses.....	6
AMIGOS Vocabulary	7
Volunteer Requirements Checklist	10
2- AMIGOS Chapter Administration	13
Chapter Information and Specifics	14
3- AMIGOS International Office.....	17
International Office Timeline and Expectations	19
Latin American Programs	20
• 2009 Project Goal and Objectives.....	20
• 2008 Project Results	20
• Latin American Programs Staffing Structure	21
• Latin American Projects Structure.....	23
AMIGOS Training Program	27
• AMIGOS Online Training Program	28
• Volunteer Training Objectives.....	29
Standards of Behavior and Community Conduct	29
• Procedures in the Event of a Violation of the Standards	31
Communication Expectations	31
• Pre-Summer Communication to Parents.....	31
○ Letter of Medical Disclosure/Confidential Health Form I.....	31
○ Confidential Health Form II.....	31
○ Letters from AMIGOS International Office	31
○ Visa Requirements	31
○ Airline Tickets	31
• Communication Procedures During the Summer	32
○ Summer Communication from Chapters to Parents	32
○ Summer Communication from the International Office.....	32
▪ International Project Flight Arrival & Departures	32
▪ Community Assignments.....	33
▪ Illnesses.....	33
▪ Project Updates on the AMIGOS Website	33
○ Summer Communication from Your Volunteer	33
• Post Summer Communication to Parents	34
○ Cultural Readjustment Letter.....	34
○ Photos and Essay Contests.....	34
○ Volunteer Certificates	34
○ Press Release Templates	34
○ Networking Opportunities	34

AMIGOS Travel Instructions	35
• Passport Instructions	35
• Visa and Tourist Card Instructions	35
• Airline Ticket Instructions	36
• Parent Permission to Travel	36
• AMIGOS Project Departure Travel Procedures	37
• AMIGOS Project Return Travel Procedures	38
• Escort Services	38
• Change of Ticket Fees	38
• AMIGOS In-Country Release Policy	39
Health and Safety Protocol	40
• Letter from Medical Director of International Board of Directors	40
• Health Emergency Procedures and Policies	41
• Health Screening Process	41
○ General Health Criteria for AMIGOS Participants	41
○ General Health Procedures	43
○ Mental Health Procedures	44
○ Assault Prevention and Support	45
• In-Country Health & Safety Procedures	48
○ 15 Ways to Stay Healthy	48
○ In-Country Project Staff Support and Supervision	49
○ CALM Plan Protocol and Preventing Circumvention	49
○ Medical Consultation Procedures	50
▪ Injections & IVs	50
▪ Major Medical Incidence	51
▪ Volunteer Project Specific Health and Safety Training ..	51
○ 24-Hour AMIGOS Summer On-Call System	52
▪ Parent Communications with On-Call	52
▪ Information Shared with Parents & Volunteers	53
• Preparing Your Volunteer For A Healthy Summer	55
○ First Aid Kit	55
○ Prescription Medications	55
○ Immunizations	57
○ Medical Insurance Requirements	59
▪ Short Term Volunteer Supplemental Health Insurance ..	59
• Preventing & Treating Disease & Illnesses During the Summer	61
○ Prevention of Food and Water Related Illnesses	62
▪ Cleanliness	62
▪ Water & Purification	62
▪ Food Preparation & Dietary Concerns	63
▪ Dehydration	64
▪ Suero - Rehydration	64
▪ Diarrhea and Gastrointestinal Infections	65
▪ Nausea and Vomiting	66
▪ Constipation and Abdominal Pain	67
▪ Upper Respiratory Infections	68
▪ Rashes and Insect Bites	71

- Prevention of Insect Borne Illnesses..... 73
 - Malaria 73
 - Dengue 78
 - Yellow Fever..... 81
 - Chagas..... 83
 - Rabies..... 86
 - Orthopaedic Injuries..... 88
- Post Summer Health Steps..... 88
 - Medical Check-up..... 88
 - Medical Documentation..... 88
- Notes 89



Parent Preparation Guide

Section 1

Introduction to the AMIGOS Organization

Contents

1- Introduction	1
Understanding the Organization	2
International Office 2007-08 Operating Revenue and Expenses.....	6
AMIGOS Vocabulary	7
Volunteer Requirements Checklist	10

Dear Parent,

As the parent of an AMIGOS Volunteer, you will play an important role in supporting your Volunteer through their training, summer and return from Latin America. Your support and understanding are very important throughout this process and this information is intended to inform and guide you in this role. This guide should answer many of the questions you have about our programs and procedures. Information contained within it is produced by the AMIGOS International Office and most often refers to processes within the International Office and in our Latin American projects. Chapter specifics vary and will be provided by your local chapter board.

Enjoy!

Amigos de las Américas International Office Staff

Understanding the Organization of AMIGOS

Amigos de las Américas

History of Amigos de las Américas

In 1965, 285 young people recruited and inspired by Guy Bevil, a Houston youth minister, volunteered to spend their summer fighting a growing polio epidemic in rural Honduras. Although Jonas Salk had discovered a polio vaccine several years earlier, many people in Latin America still lacked access to this treatment.

Under the name “Amigos de Honduras,” the first AMIGOS Volunteers achieved two significant outcomes. First, thousands of Hondurans were immunized against polio. Second, as a result of this experience, 285 young people discovered the value of community service. The Volunteers returned with added maturity and confidence, certain in their newfound knowledge that young people *can* make a difference in the world.

After that first summer, a group of Houston community leaders decided to continue making such opportunities available for youth. In late 1965, they formed a board of directors and chartered Amigos de las Américas as a non-profit, nonsectarian, private, voluntary corporation. AMIGOS soon grew to require an office and staff of its own. While the program grew nationally, it also expanded internationally. Over the last four decades, AMIGOS has fielded approximately 20,000 Volunteers who have worked in more than a dozen Latin American countries.

Since 1965, the focus of AMIGOS projects in Latin America has shifted to address priorities voiced by host partnering agencies, communities, and AMIGOS Project Staff. Until the 1980’s, AMIGOS primarily conducted immunization programs (smallpox, polio, tetanus, measles, etc.). As the need for immunization assistance diminished, AMIGOS Volunteers began addressing water sanitation, another prominent public health concern. Volunteers in the 1980’s and early 1990’s focused chiefly on the construction of latrines and water wells, and, in the mid-1990’s, AMIGOS began to broaden its scope to include environmental projects such as reforestation and family gardening. As we move into the 21st century, community capacity-building projects, such as educational workshops for youth and community-based initiatives, have come to the forefront.

Although the focus of AMIGOS’ programs in Latin America has evolved throughout the years, the mission and spirit of the program have remained unchanged. AMIGOS has consistently valued and encouraged youth leadership, multicultural understanding, service and the development of projects that address community priorities.

The Chapter System

Approximately three quarters of the total number of Volunteers each year are recruited and trained through one of the 30 AMIGOS chapters around the United States. Typically there are training sessions twice a month, beginning in the late fall through the late spring.

Before they depart, many chapter Volunteers are involved in ongoing community service learning projects in their home communities. This enables them to test and practice the skills necessary for the summer service program in Latin America.

Chapter Volunteers also participate in group fundraising activities, such as coffee/fruit sales, letter writing and silent auctions. Chapter Volunteers are dispersed among the Latin American projects. They are paired with partners from other Chapters or from the Correspondent Volunteer Program described in the following section.

Each individual chapter has a board of directors comprised of both adult and youth volunteers. Chapter activities are coordinated in consultation with the International Office in Houston, which provides training, publicity materials, resources and advice about legal and financial matters, as well as standards for the organization.

AMIGOS Online Community

The AMIGOS Online Community (<http://community.amigoslink.org>) has been set up to keep Volunteers informed of the latest project developments. It is a space where AMIGOS Volunteers, alumni and friends can share stories, ask questions and stay connected.

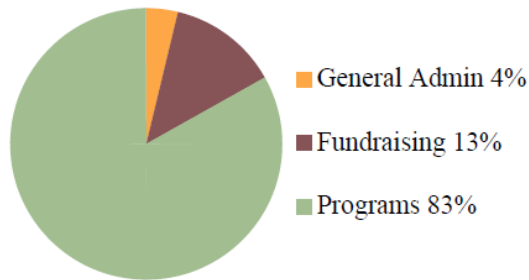
The AMIGOS Online Community has discussion forums, photo galleries, blogs, a career center and more. Volunteers can upload digital photos from their project or start a blog about their experience. Each year, the most outstanding photos will be featured in AMIGOS publications and on the website. Additionally, Volunteers can set up a personal profile and connect with the network of more than 20,000 Volunteers and alumni who are involved with AMIGOS.

The Online Community hosts AMIGOS online training program which varies for each chapter but all Volunteers will need to complete a minimum of the online health and safety assessment.



International Office 2007-08 Operating Revenue and Expenses

2007-08 Expenses



Fundraising 13 %

- Promotion, public relations and fundraising
- Fundraising materials for use by the Volunteers

General Administration 4%

- Direct support costs of the program, including a 24-hour telephone communication network to and from Latin America, postage expenses, insurance and equipment costs

Volunteer Program Expenses 83%

Funding

AMIGOS is funded entirely by contributions from individuals, corporations and foundations. With chapter support or under the direction of Correspondent Volunteer Administrators in the International Office, Volunteers and their families raise funds which amount to approximately 84% of the annual budget. The remainder, about 16%, of the annual budget, is provided through International Office fundraising efforts. Financial assistance is available from the International Office and from many chapters. Each veteran Volunteer returning to Latin America receives a discount from the International Office. AMIGOS is recognized as an educational and service organization under Section 501(c) 3 of the Internal Revenue Code and is eligible to receive tax-deductible contributions. Audited financial reports prepared by Mir, Fox & Rodriguez, P.C. are available upon request.

- Project supplies
- In-country support costs for the Project Staff, such as food lodging and transportation
- Food, transportation, and lodging costs for Volunteers during extensive in-country training workshops, and midterm and end-of-project evaluation sessions
- Routine medical expenses in Latin America
- Survey trips for Project Directors to plan the summer program
- Volunteer, Project Staff and chapter training materials
- Workshops for the Project Staff, Correspondent Volunteers and Chapter Leaders
- Financial assistance for Volunteers
- Support of the chapter system through leadership and management training
- Latin American Programs Department salary and benefits

Note: Latin American host families provide food and housing for volunteers during their stay; host country sponsoring agencies provide logistical support, technical supervision and some supplies.

AMIGOS Vocabulary

As an organization, AMIGOS has a pretty involved vocabulary. We use many acronyms and terms that assume unique meaning within the organization. For example, this is the first edition of our Parent Preparation Guide, and it is already commonly referred to as the PPG. Here is a list of common terms and acronyms to help you better understand the information in this handbook and throughout your AMIGOS experience.

Terminology

ABCD: Asset-Based Community Development. A positive community development utilized in our summer projects that focuses on identifying underutilized assets within the community rather than problems.

AI: Appreciative Inquiry. This community development theory is similar to ABDC and it prioritizes a positive approach to identifying community resources in addressing community needs.

APD: Associate Project Director. Latin American Program Staff member. Supervises Project Supervisors, handles project budget and collaborates with and is supervised by Project Director. Plays an important role in program design, implementation, and evaluation of the program. The APD participates actively in the training of LAP Staff and in nurturing relationships with partnering agencies. The APD visits host communities as needed. Projects typically have one APD.

Board: Each chapter has a Board of Directors. Members contribute their time on a voluntary basis. The International Office is also governed by an International Board of Directors, made up of veterans, parents of veterans, medical and legal professionals, among others.

Briefing: The first 3-4 days after Volunteers arrive in Latin America, during which the Volunteers meet their Latin American Project Staff and receive additional technical and location specific training. During this time, Volunteers are placed into partnerships and receive their host community assignments.

Chapter: Currently there are 30 separate, voluntary organizations throughout the United States that train Volunteers and support the AMIGOS program.

Community Based Initiative (CBI): A collaborative process in which AMIGOS Volunteers partner with local community groups in the identification, planning and implementation of community service projects. Includes the revised role of the Volunteers and Project Staff as facilitators of this process, and the increased importance of these community based initiatives as the principal efforts of AMIGOS for a given project. A CBI may be either a primary or concurrent project.

CV: Correspondent Volunteer. An AMIGOS Volunteer who trains and fundraises directly and via correspondence with the International Office in Houston, Texas. CVs are often college aged

and often live in an area where AMIGOS has no chapter. CVs make up about one quarter of the total number of AMIGOS Volunteers.

Debriefing: The final 2-3 days Volunteers are in Latin America. Once they leave their host communities, the group re-unites to evaluate their experience and prepare to return home.

Host Community: Community in which AMIGOS Volunteers live and work for the duration of their project.

In-country: A term used for things taking place in the Latin American countries where AMIGOS works.

IO: The AMIGOS International Office in Houston, home of the professional staff and corporate headquarters of the organization.

Latin American Program (LAP) Staff: Teams of people who manage each Latin American program. Each team consists of one PD, one APD, one SPS and 5-7 Project Supervisors. LAP Staff are selected and trained by the International Office staff.

Letter Writing: The letters that Volunteers are encouraged to send to friends, relatives, and businesses to help them solicit funds for the summer project.

Midterm: At some point during the summer, the Volunteers will get together in groups to reunite, rest, begin to assess the progress of their work, share ideas and motivate themselves for the duration of the project. The structure of midterm is determined by Project Staff to ensure it is congruent with the project timeline and priorities.

PD: Project Director. Conducts initial survey of work area. Works with Regional Director and partner organization(s) to develop work plan. Reviews and updates emergency procedures. Supervises LAP staff and Volunteers. Coordinates programs with national and regional health officials. Provides recommendations for future program development.

Partner Agency: Local or national agency with which AMIGOS collaborates in the Latin American project area. Examples are Save the Children, Plan International, Fundación del Desarrollo Comunitario (FUDECO), Ministerio de Salud, and CARE.

Project Area: Refers to the site in which Volunteers and Latin American Program Staff are based during the summer.

Project Supervisor (psup): Formerly known as Field Supervisor or Route Leader. Supervises 3-5 Volunteer teams. Surveys host communities before Volunteer arrival, makes arrangements for host families and meals, establishes emergency procedures for each community. Visits Volunteers and host communities each week to offer support, deliver mail.

Route: A grouping of 3-5 Volunteer partnerships/host communities. A Project Supervisor supports each route.

Senior Project Supervisor (SPS): A position on Senior Staff that is filled by a veteran or return Project Supervisor. The SPS assumes more managerial tasks, assisting the PD and APD with crisis management, health and safety situations, training and supervision of Project Supervisors and meeting with contacts. The SPS may also assume the oversight of 1-2 routes of Volunteers.

Vet / Veteran: A Volunteer who has completed her/his service with AMIGOS; many vets continue their service through recruiting, help with training, or returning as staff members or Volunteers.

Vol / Volunteer: The AMIGOS participant. It should be noted that many other members of the organization Volunteer their time as well.

AMIGOS Volunteer Requirements Checklist

The purpose of this section is to provide parents with an overview of several important steps in the Volunteer application process, as well as a rationale for why the following requirements are part of the process. In each case, the requirements are representative of AMIGOS' commitment to the health and safety of the Volunteer and the successful completion of their summer experience. These topics are also addressed in further detail throughout this guide.

✓ **Medical and Mental Health Disclosures:**

- The *Letter of Medical Disclosure* (p. 17 of the Volunteer Application) is the first step in the application process related to medical screening and is designed to obtain important health history information.
- The *Confidential Health Form I* (pp. 19-20 of the Volunteer Application), which asks for full disclosure of mental health, physical health, or substance abuse history, including hospitalizations, treatments, medications, injuries, or any other aspect of an applicant's health history that may affect their experience in Latin America
- The *Confidential Health Form II* will need to be completed and signed by all attending physicians and mental health care providers.

✓ **Standards of Personal Conduct and Community Behavior:**

AMIGOS is a challenging program that requires a significant amount of responsibility on the part of the Volunteer. This includes strict adherence to the *Standards of Personal Conduct and Community Behavior*. For this reason, the Volunteer (and parents/guardians if under 18 years) is asked to sign the *Acknowledgement of Standards of Personal Conduct and Community Behavior* (p.16 of the Volunteer Application). It should be noted that one or more infractions against these Standards may, depending on the circumstances, result in the dismissal of the Volunteer from the program at their own expense.

✓ **Immunizations Requirements:**

As part of its commitment to the health and safety of participating Volunteers, AMIGOS requires or strongly recommends a variety of immunizations prior to travel to Latin America.

- Volunteers must submit a copy of their immunization records or proof of immunizations as outlined in the Immunizations Requirements document.
- *Please see the Immunizations section of this document for more details.*

✓ **Passports and Visas:**

- AMIGOS requires that **all** Volunteers, regardless of country assignment, send **two clear copies** of the first page of their passport to the International Office with their application.
- For important specifics of passports, visas and tourist cards required, see that section of this guide.

✓ **Parent Permission to Travel Form:**

Many airlines require notarized parental permission for minors to travel unaccompanied outside of the United States or their country of origin. *Please see the travel section of this guide for details.*

✓ **In-Country Release Policy and Form**

The In-Country Release Policy of AMIGOS has been developed for those Volunteers who need or wish to extend their stay in-country or who are traveling to another destination for personal reasons (vacation with family, etc.). *For details on procedures and stipulations, please see the travel section.*

✓ **Insurance:**

As part of the participation fee, AMIGOS secures a Short-Term Volunteer Supplemental Health insurance policy to supplement the Volunteers existing comprehensive health insurance. *For details on coverage and limitations, please see the insurance information in the Keeping Your Volunteer Healthy For the Summer section of this guide.*

✓ **Training:**

It is important for parents to understand that acceptance to the AMIGOS program is contingent upon the Volunteer applicant successfully completing the full training program. Volunteers will not be able to participate unless they have completed all training activities for each year they participate with AMIGOS.

✓ **Volunteer Country Materials (VCMs):**

VCMs are project-specific documents produced by AMIGOS Project Directors after they return from a spring visit to the project areas. They will be made available in April for the purpose of providing the Volunteer (and parents) with comprehensive information on the following topics:

- Description of work areas
- Background information about AMIGOS in the project area
- Weekly themes for Volunteer educational activities
- Description of partner agencies
- Description of the proposed community projects for summer 2009
- Volunteer role on the projects
- Regional/project specific packing list
- Additional Logistical Information (Mail, Money, Travel Logistics, Communications)

The VCMs are likely the most useful resource information on the specifics of their project that the Volunteer and parents will have at a glance. It is crucial that the Volunteer thoroughly read the VCMs prior to departing for Latin America. Parents are also strongly encouraged to read the VCMs, as they will contain the answers to many important questions about what the Volunteer's summer will be like.

Parent Preparation Guide

Section 2

AMIGOS Chapter Administration

Contents

2- Chapter Information & Specifics.....	14
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Chapter Information & Specifics

Each of our chapters has developed its own system of how to best support parents through the AMIGOS process. Your chapter will be providing you with information to address the following points. This information is separate from the AMIGOS International Office in Houston and specific to each chapter's timeline and priorities.

1. How do I...? Who do I contact to...?
2. Chapter Calendar
3. Chapter Board of Directors Rosters
4. Chapter Training Team Rosters
5. Chapter Training Calendar
6. Chapter Financial Information
 - a. Chapter Financial Agreement
 - b. Chapter Financial Procedures
 - c. Financial Assistance (International Office or chapter)
7. Chapter Fundraising Requirements
 - a. Overview of Chapter Fundraising Philosophy
 - b. Volunteer Fundraising & Parent Involvement
 - c. Letter-writing Calendar
 - d. Putting Together an Effective Mailing List
 - e. Preparing the Fundraising Letter for Mailing

Please contact your chapter's parent coordinator or chapter president if you have any questions on the above tools.

Parent Preparation Guide

Section 3

AMIGOS International Office

Contents

3- AMIGOS International Office.....	17
International Office Timeline and Expectations	19
Latin American Programs	20
Training Program	27
Standards of Behavior and Community Conduct	29
Communication Expectations	31
AMIGOS Travel Instructions	35
Health and Safety Protocol	40

INTERNATIONAL OFFICE TIMELINE & EXPECTATIONS

AMIGOS is organized around the summer projects, with the annual cycle. Each chapter has a unique, but similar, calendar, with the annual cycle starting in the fall.

Fall –

In the fall, chapters recruit Volunteers and begin their training and fundraising activities. Recruiting for Correspondent Volunteers begins in the fall, as well. Latin American Project Staff are interviewed and selected, and program planning begins with partnering agencies in Latin America.

Winter –

Chapter training and fundraising activities are in full swing in the winter and continue throughout the spring. Project Staff are trained and Project Directors travel to Latin America for a two-week survey of the project area. Volunteer full and complete applications are due.

Spring –

Chapter training continues and Volunteers receive their project assignments. Project Staff attend training in Houston in early spring. They then travel to the host countries 2-3 weeks in advance of the Volunteers to set up a staff headquarters, survey each host community, and make preparations for Volunteer arrival. Travel itineraries for all Volunteers are sent out. All Volunteers who are minors must have a signed parent permission to travel and this form must be notarized within 60 days of the departure date for Latin America.

Summer -

The First Half...

- Project Directors briefed at the International Office before traveling to Latin America
- Senior Staff arrives in Latin American project area
- Project Supervisor arrival and briefing
- Host community surveys by Project Supervisors
- Volunteer arrival and briefing

Volunteer Arrival to Latin America

LATIN AMERICAN PROGRAMS

2009 Project Goal and Objectives

General Project Goal for all AMIGOS Projects: to build leadership and life skills of youth people in the Americas through exchange, civic engagement, and collaborative community development

General Objectives:

- 1) increase active youth involvement in communities
 - work with community youth to facilitate educational activities
 - hold workshops with local youth
- 2) increase knowledge and awareness of cultural, environmental, and health issues
 - facilitate educational activities with children and young people with a focus on culture, health and environmental education, social skills, group leadership, and creative expression
 - work on community projects related to these themes
- 3) collaborate with community members on Community-Based Initiative (CBI) process

*For more detailed and up to date descriptions of each project area, visit www.amigoslink.org.

2008 Project Results

Overall Participation

Volunteer and Latin American youth participation

701	AMIGOS Volunteers
112	Project Staff
300	Host communities served
3	Host parks served
361	Latin American youth counterparts
60	National Latin American Volunteers
2	International Latin American Volunteers
5	National Latin American Project Staff
1,300	Latin American youth attending youth <i>encuentros</i>

Home Improvement Projects

Projects carried out with families

252	Latrines constructed (1,361 beneficiaries)
170	Fuel-efficient stoves constructed (1,822 beneficiaries)
241	Family gardens planted (2,144 beneficiaries)
1	Chimney constructed (8 beneficiaries)

Community Improvement Projects

Projects carried out with community groups

5,128	Trees planted (26,870 beneficiaries)
194	Community and school gardens planted (19,816 beneficiaries)
62	Educational murals created (43,133 beneficiaries)
376	Environmental improvement efforts, including trash pickups (327,247 beneficiaries)
316	Community centers, clinics, schools built or renovated (68,288 beneficiaries)
128	Playgrounds, sports fields, and parks built or improved (86,449 beneficiaries)
11	Libraries established (13,732 beneficiaries)
226	Books donated

Community Capacity Building

Projects carried out with children, women and community organizations

4,752	Hours of educational workshops held with children and young people (50,433 participants)
900	Hours of educational workshops held with adults (20,423 participants)
592	Hours of English classes (2,423 participants)
572	Number of activities to support community groups held, such as planning sessions for Community-Based Initiatives (7,807 participants)
717	Community fundraisers (28,963 participants)
5	Community groups formed (203 participants)
4,220	Toothbrushes distributed
22	Cultural Expositions (6,191 beneficiaries)
154	Hours of technology training workshops and activities (1,048 participants)

Latin American Programs Staffing Structure

International Office Latin American Programs Department (LAPD) Staff

The Latin American Programs Department, otherwise known as LAPD, Staff is composed of six staff members who work year round to design, implement and evaluate projects in Latin America. Additionally, they are responsible for the Project Staff recruitment and training. The Training Director and Training Associate are also responsible for the development and implementation of Volunteer training.

- ***Director of Latin American Programs***: Responsible for overall planning, implementation and evaluation of the Latin America Programs. Networks with international health and voluntary organizations in the US and Latin America. Collaborates with Training Director to develop training programs; collaborates with Director of External Relations on fundraising initiatives in Latin America. Supervises Regional Directors.
- ***Regional Directors (3 staff)***: Responsible for development, supervision and evaluation of the programs in her/his region. Travels regularly to work areas to maintain and expand working relationships with local health agencies. Recruits, selects, trains, and supervises Project Staff. The three Regional Directors report to the Director of Latin American Programs.

- **Director of Training:** Responsible for the overall design and implementation of all Chapter Volunteer, Correspondent Volunteer and Project Staff training programs. Serves as a resource and support for Chapter training directors and collaborates with the Latin American Programs Department to develop resource materials for Volunteers, Project Staff and Chapters.
- **Training Associate:** Responsible for assisting the Director of Training in curriculum development, implementation and evaluation of training events that serve the needs of a diverse array of AMIGOS Volunteers, Project Staff, and chapter trainers.

In-Country Project Staff

In keeping with AMIGOS' mission of empowering youth leaders, all AMIGOS projects in Latin America are led and managed by youth themselves. The in-country Project Staff are composed of former successful Volunteers who apply to move up the AMIGOS leadership ladder. One Project Director, one Associate Project Director and one Senior Project Supervisor make up the Senior Staff team in each project area. Staff in these positions have all spent at least two summers with AMIGOS, one as a Volunteer and one as a Project Supervisor. They are paid a very small stipend for their work over the summer. A typical project also consists of approximately six Project Supervisors. Volunteers have the most regular contact with their Project Supervisors, who visit weekly and directly oversee their work and health and safety during the summer. Project Supervisors are unpaid; however, their expenses are covered during the summer. Each year, approximately 130 former AMIGOS Volunteers are selected to serve as Latin America Project Staff. They undergo a competitive selection and training process before the summer begins.

The Project Staff positions attest to AMIGOS' belief that with proper training, young people can effectively manage great responsibility. Through the leadership ladder, AMIGOS is committed to providing opportunities in which young people are challenged and prepared to advance to higher levels of responsibility within the organization.

1. **Project Director (PD):** Conducts survey of project area. Works with Regional Director and host organization/s to develop work plan. Reviews and updates emergency procedures. Supervises Project Staff and Volunteers. Coordinates programs with national and regional health officials. Provides recommendations for future program development.
2. **Associate Project Director (APD):** Collaborates with Project Director on program planning, implementation and evaluation. Manages project budget. Supervises Project Supervisors and Volunteers. Provides recommendations for future program development.
3. **Senior Project Supervisor (SPS):** Is trained as a member of Senior Staff and performs selected Senior Staff duties during the summer program, in addition to carrying out the role of the Project Supervisor in 1-2 communities. Serve as coordinators of the Project Supervisors during the summer program.

4. **Project Supervisor (P Sup):** Conducts town surveys to prepare host communities for Volunteer arrival. Provides consistent support for 8-10 Volunteers in various communities through weekly visits. Coordinates programs with local officials and assumes other duties as assigned by Senior Staff. Reports to Senior Staff.

Latin American Projects Structure

Role of Partner Agencies

In each of its project areas, AMIGOS works in partnership with local organizations via the structure of their already-existing programs. This framework ensures AMIGOS' summer programs are relevant to the Latin American communities AMIGOS works with, as they amplify the year-round programs of our partner agencies. Where AMIGOS provides well-trained Volunteers and Project Staff, our partner agencies provide expertise and program structure. Additionally, they aid in the selection of community and host families for AMIGOS projects. These agencies vary between project areas but include international non-governmental organizations like Plan International, local non-profits like *Puente a la Salud Comunitaria* in Oaxaca, Mexico and government agencies like the Nicaraguan Ministry of Health.

Project Briefing, Midterm, and Debriefing

When Volunteers arrive in Latin America, they first participate in a three to four day in-country **briefing**, or orientation, conducted by the Project Staff. The briefing is where Volunteers meet all the Project Staff and complete project-specific training. There is a standardized training agenda for these briefings, which compliments the pre-summer Core Curriculum training all Volunteers are required to complete. During briefing Volunteers are also placed in partnerships with one or two other AMIGOS Volunteers and are briefed by their Project Supervisor about the community to which they have been assigned. After briefing, Volunteers are either taken to their communities by a Project Staff member or a host family member comes to the briefing site to pick them up.

Throughout the summer there will be one or two opportunities to get together with other youth and Volunteers, through organized events, such as youth *encuentros* (workshops) or route picnics. Some of these activities are done regionally and some are done with the entire project. The structure of these activities is determined by Project Staff in order to best compliment each individual project's timeline. During these activities Volunteers participate in a **midterm** evaluation, where they exchange ideas and lessons learned with each other and members of their Project Staff. Additionally, they are given the opportunity to call or e-mail their family.

The last two to three days in country are spent at **debriefing**, which is a period of closure and evaluation for the entire group. Activities include reflection on the project, suggestions for the following year, Volunteer and Project Supervisor evaluations and preparation for the trip home (e.g. immigration and customs information). Time for relaxation and recreation is also included.

Host Community Selection

- ***Role of Project Staff:*** Project Staff work directly with partner agencies to select host communities and host families. This process begins during the Project Director Survey in the spring. During this time Project Directors travel to the work area to meet key contacts and begin setting up work plans and logistics for the summer with help from their Regional Director. In May/June, the Project Supervisors arrive ten days prior to Volunteers to finalize the host communities and host families. During this time, the Project Supervisor spends at least one night in each community with the host family and works to set up a meal plan, meet key contacts, and confirm emergency procedures.
- ***Host Families:*** Host families are recommended by the host agency. Typically they are active community leaders in such roles health workers, teachers, mayors, or partner agency representatives. They are not paid to host our Volunteers.
- ***Distance between Staff House and Communities:*** Host communities are located no more than four hours travel time for the Project Staff headquarter city.
- ***Communication:*** All host communities must have reliable communication accessible within a reasonable timeframe. As a guideline, Volunteers should be able to access reliable communication within a 30-60 minute walk from their community.

Partnership Selection and Placements

- ***The Interview Process:*** During briefing, each Volunteer is interviewed by at least one Project Staff member to assess their Spanish ability and experience level. Based on this interview, information in the Volunteer Application, and evaluations from Chapter Training Directors, Project Staff work as a team to place Volunteers in partnerships of 2 or 3. Often times, communities request Volunteers with specific skills and host families request specific genders based on housing arrangements. AMIGOS makes an effort not to place Volunteers from the same Chapter in the same community.
- ***Role of Gender in Placements:*** Same gender partnerships are most appropriate in terms of promoting the highest degree of cultural sensitivity, given that mixed-gender friendships can easily be misinterpreted. In some cases, due to the nature of the program or community logistics, mixed-gender partnerships may be the most feasible option. Project Staff may not place one female Volunteer in a partnership with one male Volunteer. Volunteers in mixed-gender partnerships must have separate sleeping quarters. Whenever possible, female Volunteers should share sleeping quarters with another female, either a family member or another AMIGOS Volunteer. Female and male Volunteers may not sleep in the same room with members of the opposite gender – be they AMIGOS participants or host family members.
- ***Housing:*** AMIGOS partners do not necessarily live in same house. Not all host families can accommodate multiple Volunteers.

- ***Solo Placements:*** No Volunteer may be placed in a community alone without an AMIGOS partner. If a Volunteer departs prior to the conclusion of the project, authorization is needed for the partner to remain alone in his/her community.
- ***Non-Family Housing:*** Volunteers should be placed with a host family. If non-family housing appears necessary, alternative housing arrangements must be approved by the International Office in advance. Such housing must be located within more densely populated areas rather than on the edge of town. Volunteers must always be able to quickly contact designated community members for assistance should the need arise.

A Note on Mapping Volunteer Communities

Please note that AMIGOS does not provide maps pinpointing the exact location of Volunteer communities, as they are difficult to obtain. For those trying to find a Volunteer's community on Google Earth, please keep in mind that there are many communities with the same or similar names. AMIGOS encourages Volunteers to share the exact location of their community with family and friends upon their return to the states.

Involvement of Latin American Youth

In the last few years, participation of Latin American youth in AMIGOS programs has grown exponentially. There are several different participation levels, with the most common level being youth who are actively involved within their own community. A Youth Participant is a community youth leader that participates within his or her own community and helps AMIGOS Volunteers work on the project at the community level. They may or may not also attend Briefing and Midterm as well. A second way Latin American youth are involved is as Youth Counterparts. Youth Counterparts also participate within their own community, but what distinguishes them from Youth Participants is that they are selected by the partner agency and attend at least a day-long training workshop prior to Volunteer arrival.

In addition to the involvement of local youth in his or her home community, AMIGOS also has Latin American youth who participate in a different community from their own and sometimes in a different country. National Latin American Volunteers are selected by our partner agencies or other local organizations to participate in their own country but in a different community. They attend a multiple day training pre-Volunteer arrival and participate in all AMIGOS events such as Briefing, Midterm, and Youth Encuentros (workshops) for the duration of their time as an Amigo. Their participation may be part or full-time. For example, National Latin American Volunteers from Junior Achievement in Paraguay participate for ten days alongside AMIGOS Volunteers. International Latin American Volunteers are similar except that they actually participate in an AMIGOS project for the duration of the project and in a different country. Last year AMIGOS had two Dominican Volunteers on one of our Honduras projects.

What is a CBI?

A CBI is a community-based initiative, and all Volunteers, regardless of what project they participate in are expected to facilitate the process of a CBI with community members. The process involves working with community members to identify, plan and carry out a project that utilizes community resources to meet the goals of the community. In the AMIGOS context,

Volunteers partner with local community groups (like mothers' groups or youth groups) to decide what community project they would like to undertake. It is very important to note that Volunteers will arrive in communities at different stages of the CBI process. AMIGOS Volunteers primarily serve as catalysts and facilitators. The success of CBI is determined by the process of working with community members, rather than the outcome. This ensures that the project is relevant to the community and, therefore, sustainable as it is something the community is interested in maintaining once AMIGOS Volunteers have left.

The diversity of CBIs developed in the last few summers has been rich. Some communities have elected to carry out physical projects, such as the building of sports courts, parks, benches, and community latrines that benefit the entire community. Other communities have devoted their energies to capacity-building activities, such as forming exercise clubs, cooking groups, and drama clubs. Others have opted for a microenterprise, forming cooperatives to produce and sell chocolate and honey, among other things.

When will Volunteers be given the opportunity to call home?

At some midpoint during the project, all Volunteers will be given the opportunity to contact family and friends back in the United States. These dates are flexible according to resources and the project and community timelines. Additionally, our Volunteers often choose not to call home when given the opportunity to do so. As midterm has evolved over the years, there is not one session for each of the projects. Every project has at least one youth workshop. Most projects have route picnics (which occur by route, meaning possibly 7 distinct dates). Additionally, all projects have a mid-way evaluation. Some of these evaluations are done regionally and some are done with the entire project. This means that there could be 9 or more distinct dates for each project when Volunteers might be calling home. All of these events have greatly added to the value of the Volunteer experience, but they don't allow AMIGOS to provide a definitive time when Volunteers will have the opportunity to call home. **Please remember that no news is good news!**

AMIGOS TRAINING PROGRAM

AMIGOS has an intensive and dynamic training program. Each chapter has its own training director and team of trainers. The Chapter Training Director is responsible for implementing the Volunteer Core Curriculum. The Core Curriculum is the foundation of AMIGOS project preparation. It is a minimum training standard set to meet the 15 Volunteer Training Objectives, which are divided into sections based on the AMIGOS mission statement.

1. AMIGOS 101 and Health & Safety
2. Community Development
3. Youth Leadership
4. Multicultural Understanding

The entire Core Curriculum must be completed by all AMIGOS Volunteers prior to each AMIGOS Volunteer experience. Each chapter may also add requirements to the Core Curriculum based on local opportunities, such as ropes courses and further team-building activities.

The Core Curriculum is updated annually based on evaluation and input from many AMIGOS constituents involved.

- For this reason, all Volunteers must complete the entire Core Curriculum each time they volunteer with AMIGOS.
- Though there are standard training modules, many crucial pieces of information change each year.
- It is most common for veteran or returning Volunteers to assume more leadership and help with the actual facilitation of training activities they have already participated in.
- This is a way of further developing leadership skills in these individuals and promoting our mission of developing young leaders.
- Many chapters use the veteran volunteer training role to prepare individuals with exceptional leadership abilities for applying to the AMIGOS Latin American Project Staff positions.

Chapter Trainers meet at the International Office every fall to learn the latest training updates and program changes before leading a cycle of chapter training. The 2008-2009 Volunteer Training Objectives are included in this section.

AMIGOS Online Training Program

AMIGOS has developed online training tools to supplement chapter training and to prepare Correspondent Volunteers for their intensive training workshop. Online training is a part of the AMIGOS Online Community training center. www.amigoslink.org. All Volunteers will be required to complete an online training assessment on health and safety topics. Both chapter and correspondent Volunteers will receive instructions on how to complete this assessment and any additional online training requirements.

Amigos de las Americas Volunteer Training Objectives 2008-2009

By the end of the chapter or CV training program, AMIGOS Volunteers will be prepared to take the initiative on these points in making their summers successful.

AMIGOS Volunteers will...

- 1. ... articulate the AMIGOS' mission, history, and organizational structure in English and Spanish/Portuguese.**
- 2. ... demonstrate accountability for their role as a volunteer and positive representative of the AMIGOS programs.**
- 3. ... explain the AMIGOS Health and Safety protocols and commit to following them (CALM Plan, Standards of Conduct, Weekly Self-Assessments and proactive personal care).**

Community Development

- 4. ... identify and practice using resources for conducting technical aspects of AMIGOS programs (Program Guides, Volunteer Country Materials, useful individuals or groups in communities as appropriate).**
- 5. ... practice utilizing the positive community development methodologies in preparation for the summer projects.**
- 6. ... explain the purpose of a community based initiative and the process needed to ensure success.**
- 7. ... articulate their primary role as partner & catalyst for positive change in working with community members.**

Youth Leadership

- 8. ... communicate constructively and positively on both individual and group levels in English and Spanish/Portuguese.**
- 9. ...practice effective teambuilding techniques in preparation for working with community members, including Latin American and US peers.**
- 10. ... demonstrate creative time-management and problem solving skills.**
- 11. ... apply innovative lesson planning and classroom management techniques using a variety of multiple intelligences.**
- 12. ... uphold the Standards of Conduct as a crucial part of youth leadership development, accountability to all AMIGOS stakeholders and the ongoing AMIGOS legacy.**

Multicultural Understanding

- 13. ... demonstrate cultural sensitivity and multicultural awareness in preparation for positively integrating into the host community.**
- 14. ... understand the importance of incorporating cultural norms to increase relevancy and sustainability of their projects.**
- 15. ... demonstrate flexibility in personal expectations and understanding of the diversity within AMIGOS experiences and communities.**

UNDERSTANDING AMIGOS STANDARDS OF BEHAVIOR & COMMUNITY CONDUCT

AMIGOS is a challenging program and the Standards of Conduct are in place to protect all of our Volunteers and constituents. As an organization, these Standards are taken very seriously and all participants are required to sign an agreement to uphold these Standards prior to acceptance into our programs.

Each AMIGOS Volunteer and his/her parents should understand that the following rules, known as the AMIGOS Standards of Personal Conduct and Community Behavior, apply during all phases of AMIGOS participation. The Standards of Personal Conduct and Community Behavior are also discussed in the AMIGOS Volunteer Training Handbook.

Standards of Behavior and Community Conduct

AMIGOS participants will not:

1. engage in any behavior that may be harmful to the health and safety of the Volunteer or others, nor will the Volunteer engage in any behavior that may be detrimental to the program;
2. use or possess any drugs which are illegal under the laws of the United States or the host country;
3. consume any alcoholic beverage;
4. leave his/her assigned work area without prior permission from a member of the AMIGOS Project Staff;
5. engage in amorous conduct;
6. operate any motorized vehicle or ride on a motorcycle;
7. handle firearms; or
8. use tobacco products.

Procedures in the Event of a Violation of the Standards

An infraction or disregard for the Standards of Personal Conduct and Community Behavior may result in the Volunteer's immediate dismissal from the Training Program or the Volunteer's removal from the Latin America Service Program and return to the United States, country of origin, and/or home residence at the expense of the Volunteer and his/her family.

If it is suspected that a Volunteer has violated the Standards of Personal Conduct and Community Behavior, the AMIGOS Project Staff may discuss and document the alleged violation with the Volunteer. When the AMIGOS Project Staff writes a formal incident report, the Volunteer may add personal comments to the report and request a copy of the incident report. The formal incident report is signed by the AMIGOS Project Staff and the Volunteer and is filed with the International Office. The decision to send a Volunteer home is made by the Executive Director of AMIGOS, or his/her designee, after consulting with the AMIGOS Project Staff and reviewing the formal incident report and the Volunteer's personal comments. Any Volunteer

involved in a rule violation may appeal the decision in writing to the AMIGOS Executive Director, whose decision shall be final and non-appealable. When the decision is made to return a Volunteer, the appropriate travel arrangements are made and a member of the Project Staff escorts the Volunteer to the departure airport in Latin America. The Volunteer may be met by a member of the AMIGOS International Office Staff or a designated representative for consultation and debriefing before returning home.

Penalty for Dismissal Due to a Violation of the AMIGOS Standards

When a Volunteer is returned to the United States, country of origin, and/or home residence due to an infraction of the AMIGOS Standards of Personal Conduct and Community Behavior, the entire program incurs intangible and tangible losses. A Volunteer's violation of the Standards and subsequent early departure will harm the image of the AMIGOS program at home and abroad, particularly in the Volunteer's assigned community; disturb the normal operations of the Volunteer's work team; and cost time and attention for the Project Staff and the International Office staff. More tangible expenses are those such as increased travel cost due to the Volunteer's early departure, food and lodging for the departing Volunteer and his/her escort, penalty charges associated with the cancellation of the Volunteer's original return plane ticket, and certain administrative expenses associated with affecting the premature return of the Volunteer. Any Volunteer who is dismissed from AMIGOS due to a violation of any Standard of Personal Conduct and Community Behavior will be solely responsible for all costs associated with an early departure, which includes changes in airfare, as well as any additional lodging and administrative expenses.

COMMUNICATION EXPECTATIONS

As you prepare to send your son or daughter to Latin America with AMIGOS it is important that you understand the communication systems we provide and when you can expect to hear from your local chapter, the AMIGOS International Office, and your Volunteer – before, during and after the summer. This section outlines the communications you can expect.

Pre-Summer Communication

In preparation for the summer, AMIGOS parents can expect communication with the AMIGOS International Office on the following topics:

- **Letter of Medical Disclosure/Confidential Health Form I**
These forms and instructions for the process of medical and health screening are included in the Volunteer application. This process begins in the early stages of the application process. *Please see AMIGOS Health Screening Processes in this document for more details.*
- **Confidential Health Form II**
Possible follow-up to information provided in the Confidential Health Form II (completed by physician and part of the Volunteer application): *Please see AMIGOS Health Screening Processes in this document for more details.*
- **Letters from AMIGOS International Office**
In mid April, the following letters are sent from the AMIGOS International Office to Correspondent Volunteers/parents and to chapters for distribution to Volunteers/parents:
 - **Medical Director Letter:** Overview of information on disease prevention in Latin America.
 - **Dengue Information Sheet:** Overview of information on Dengue Fever and how it can be prevented.
 - **Rabies Information Sheet:** Overview on Rabies, how it can be contracted, and what are what the vaccination recommendations
 - **Latin American Program Guidelines Synopsis:** Overview of policies and procedures related to operations in Latin America.
 - **Summer Communications Letter:** Overview of how communications between the AMIGOS IO and chapters/parents will take place, including how parents can contact AMIGOS with questions during the summer.
- **Visa Requirements**
Volunteers assigned to Paraguay and Michoacan projects will need to obtain visas. *Details on this process can be found in the Travel section of this guide.*
- **Airline Tickets**
International flights are purchased and distributed to chapters and Correspondent Volunteers by the end of May with instructions and details for domestic flights. The

process varies with each local chapter. Correspondent Volunteers should contact their Correspondent Volunteer Administrator with any questions. *Details on this process can be found in the Travel section of this guide.*

Communication Procedures During the Summer

This section will give Volunteers and their parents an overview of the communications they can expect from their local chapter and/or the AMIGOS International Office. It also includes a section on expectations of communication from Volunteers in Latin America to their families back in the U.S.

Summer Communication from Chapters to Parents

Each chapter has its own process for communicating efficiently with Volunteers' parents during the summer projects. Some chapters utilize a Chapter Emergency Contact for routine and emergent communication with parents regarding AMIGOS project or Volunteer updates. Other chapters will implement phone trees mechanisms to disseminate AMIGOS project information. Please consult with your local chapter for information on their summer communication procedures. In cases of extreme emergency, parents may be contacted directly by the International Office's 24 Hour Summer On-Call System. *For more information on Summer On-Call, please refer to that section of this guide.*

Summer communication regarding Correspondent Volunteers will be handled by their Correspondent Volunteer Administrator and/or the International Office's Summer On-Call system.

Summer Communication from the International Office to Parents

There are three main topics of communication from the International Office to parents. These messages are sent via Chapter Emergency Contacts and the Correspondent Volunteer administration parent list. They are community assignments, illnesses, and project updates. The specifics of each are detailed here.

International Project Flight Arrivals & Departures

Upon arrival of each AMIGOS project's international flight, an email will be sent notifying parents that the group of Volunteers has arrived in-country. This email will be sent out by the AMIGOS On-Call system to chapter emergency contacts, chapter presidents and Correspondent Volunteer administration parent list. These updates will also be posted on to the AMIGOS website by the next business day at www.amigoslink.org on the Project Updates section. Similarly, if there are any delays with the flight arrival, notification will be sent out.

Upon arrival return project flight in the U.S. at the end of the project, the AMIGOS On-Call System will send out an announcement via email to all Chapter Emergency Contacts and to the Correspondent Volunteer administration parent list. This will notify parents that the international group flight has arrived in the Miami or Houston airports and Volunteers will be making their way to connecting flights home. Any individual travel or connection concerns will be handled on a case by case basis by the AMIGOS Travel Coordinators.

Community Assignments

Approximately two weeks after Volunteers arrive in Latin America, you will receive the name of your son/daughter's community, partners' name(s) and project supervisor's name (via your Chapter Emergency Contact or Correspondent Volunteer administration parent list). The reason for the two-week delay is that Volunteer community assignments are not made until Project Staff has had the opportunity to meet Volunteers, assess individual strengths, and match Volunteer skill-levels to community conditions. Once the Project Staff sends the community assignments to the International Office, the On-call staff will sort out the information for all Volunteers and will send this to the Chapter Emergency Contacts and to the Correspondent Volunteer administration parent list. The Chapter Emergency Contact will then distribute specific information about Volunteers via that communication system utilized by the chapter.

Illnesses

Your Chapter Emergency Contact will report medical information to you as needed. They will notify you about medical conditions if your child spends the night in a medical facility. Minor episodes of diarrhea, colds, et cetera will not be relayed routinely. In some cases, the International Office staff will contact you directly. For example, AMIGOS will call you directly if your son/daughter requires an invasive medical procedure, experiences a serious emergency situation or is being sent home for circumstances related to a violation of the Standards of Personal Conduct and Community Behavior.

Project Updates on the AMIGOS Website

The dates listed on the AMIGOS website during the summer for project updates do not reflect actual project event dates. The briefing update occurs after project briefing is over. The midterm date is randomly selected by our Latin American Programs Department Staff approximately half-way through the summer. The debriefing update is provided before debriefing begins. Each of these postings will provide parents with an overall summary of how the project is going, but it will not provide community specific information. Your Volunteer can share those details through letters and when they return home.

Summer Communication from Your Volunteer to Parents

In order to maintain the highest quality emergency preparedness, AMIGOS summer communication system is set up to prioritize emergency and health related communications. It does provide limited, structured means of general communication for our Volunteers at project specific times but this is not the purpose or priority of our projects and our communication systems. Volunteers will be given the opportunity to contact their families, but these times and dates are project specific and dependent upon access to local amenities. Additionally, AMIGOS Volunteers often choose not to take advantage of these opportunities to contact their families back in the U.S. AMIGOS also has an established technology and communication protocol to preserve the integrity of our projects, emergency communication systems and constituents. Please review it carefully.

Post Summer Communication

AMIGOS will be reaching out to you and your Volunteer after the summer. Here are some communications you can look forward to.

Cultural Readjustment Letter

Towards the end of the summer, the International Office Director of Training will send a cultural readjustment letter out to all Chapters for release to Volunteer parents. Correspondent Volunteer parents will receive this letter from the Correspondent Volunteer Administrators. This letter will go over the cultural adjustment issues that our Volunteers commonly experience upon return to their U.S. communities. The purpose of this letter is to help parents understand how their child's experience in Latin America may have affected their world view, relationships, perspective on life in their home community, priorities, and other aspects of their personalities. It is designed to help provide guidance to the parent on how best to support their child in their re-entry into their daily lives.

Photos and Essay Contest

Each year, AMIGOS organizes a Photo and Essay Contest to collect the best images and stories from the summer. Your son or daughter will be invited to submit photos and an essay for the contest. The winning photo and essay will be featured in the Annual Report and on the AMIGOS website, and winners receive a \$100 cash prize. Digital submissions are preferred and they should be sent to the Alumni Relations Manager.

Volunteer Certificates

Upon your son or daughter's return, he or she will receive a certificate signed by the Executive Director/President of the organization, which will recognize the year and county of service. Chapter Volunteers will receive their certificates directly from the chapter, usually during welcome home celebrations. Correspondent Volunteers will receive their certificates by mail. Certificates should be received 4-8 weeks after the Volunteer's return to the U.S. Also, note that Volunteers, who return home early from their Latin American project, may not receive a certificate. If for some reason your son or daughter does not receive a certificate, please contact the International Office at 800-231-7796. Please wait at least one month after your son or daughter's return.

Press Release Templates

Upon your son or daughter's return, he or she will receive by email and mail a press release template. Basic information such as name, country of service and length of service should be filled in, and the press release may be submitted by email, fax or mail to local press outlets. This is a great opportunity for individual recognition of community service and also a tool for spreading the work about AMIGOS' programs.

Networking Opportunities

There are multiple social networking opportunities for AMIGOS alumni after their experience. Your son or daughter will already be a member of the AMIGOS Online Community because of the online training they will have completed in preparation for the summer. After they return, they are encouraged to post photos and stories from their experience or to start a blog. The Online Community also includes a Career Center with internship and job opportunities and a tool for posting resumes. The Online Community can be accessed from the AMIGOS website. Additionally, Volunteers may become a fan of AMIGOS on Facebook, add AMIGOS as a friend on MySpace or connect to the AMIGOS professional network on LinkedIn.

AMIGOS TRAVEL INSTRUCTIONS

It is very important that your Volunteer be thoroughly prepared for travel to Latin America. This process begins with making sure that each Volunteer has a valid passport and concludes with the successful return of your Volunteer. Please make sure you and your Volunteer have a thorough understanding of each of the following travel topics.

Passport Instructions

AMIGOS requires that **all** Volunteers, regardless of country assignment, send **two clear copies** of the first page of their passport to the AMIGOS International Office with their application. These copies must be clear, in the event they need to replace a stolen or lost passport.

- **REMINDER:** Volunteers' passports should be valid six months after the arrival in country of the project year. For example, a Volunteer assigned to our Lempira project, which starts on July 1, 2009, must have a passport valid through February 1, 2010.

Traveling With a Non-U.S. Passport

Volunteers with Non-US Passports may require a visa to travel to the assigned project area. These Volunteers should indicate that they do not have a US passport on their application. They are required to research their own visa requirements for entry into Latin America and reentry to the United States.

- If a Volunteer is planning to reenter the U.S. on a non-U.S. passport, AMIGOS needs to have a copy of their correspondent alien visa on file at the International Office. Ex: green card.

Lost or Forgotten Passports

All Volunteers are responsible for traveling with their passport to the gateway departure city. If a Volunteer arrives in the gateway departure city without a passport, he/she will NOT be permitted to travel to Latin America. In such an instance, the Volunteer will be held responsible for any expenses related to either helping him/her get to Latin America or return to home of record from the project's gateway city airport.

Visa and Tourist Card Instructions

Volunteers assigned to the following projects have special visa requirements:

1. Paraguay - The AMIGOS International Office will send an information packet to all Paraguay volunteers **in March**. Volunteers must submit a visa application, a check, their passport, two passport photos, and copies of identification cards to IO **in April**. They will be without their passports until the end of May, so if they have plans to travel internationally before then, they must inform IO immediately. The visa will be placed directly in the passport and will be returned to the volunteer with the airline tickets.

2. Michoacán – Upon arrival in Mexico, AMIGOS Volunteers will get a tourist visa. However, due to requirements of the regional immigration office in Michoacan AMIGOS Volunteers are required to request a volunteer visa upon arrival in the project area. Volunteers are required to submit four (4) passport size pictures two (2) are of the front

side, and two (2) are of the left side (the ear must be visible and no jewelry can be worn) **in March**. If AMIGOS doesn't already have a copy of the Volunteer's passport, they are also required to submit a passport copy. IO completes the application portion of the visa process and registers volunteers with the immigration office in Michoacán. **Other projects in Mexico do not require special visas. Each state establishes its own set of immigration parameters.**

Volunteers assigned to the following projects have tourist card requirements:

3. Dominican Republic and Panama - A tourist card is required, and can be purchased for \$10 and \$5, respectively in Miami upon checking in with AMIGOS representatives. AMIGOS Volunteers assigned to these projects are responsible to have this necessary tourist card funds in U.S. dollars.

4. Nicaragua – An entry tax is required and should be purchased for \$5 upon arrival in Nicaragua. AMIGOS Volunteers assigned to these projects are responsible to have this necessary tourist card funds in U.S. dollars.

Airline Ticket Instructions

International tickets from either Houston or Miami to and from the Latin American projects are included in the AMIGOS International Office participation fee for all Volunteers. The domestic ticketing process for AMIGOS Volunteers varies depending on whether or not the Volunteer is with a chapter or a Correspondent Volunteer:

Chapter Volunteers: The cost of domestic tickets to Gateway Cities (Houston or Miami) will be included in the chapter participation fee. Domestic tickets are purchased by the chapter from the International Office (IO). Domestic and international tickets are typically distributed to chapter Volunteers at the chapter "Ticket Party" in late spring – after Memorial Day. Specific instructions on what Volunteers need to do on their travel day are covered in the travel procedures section below.

Correspondent Volunteers (CV): The cost of domestic tickets to Gateway Cities (Houston or Miami) is not included in the AMIGOS IO participation fee and therefore is the responsibility of the CV or parents. .

Parent Permission to Travel

Many airlines require parental permission for minors to travel unaccompanied outside of the United States or their country of origin. Since age requirements vary among airlines, the *Parent Permission to Travel Form* (p. 29 of the Volunteer Application) must be completed for any Volunteer who is under the age of 18, and the original **must** accompany the Volunteer while traveling.*

This document must be signed notarized within **60 days of departure** for Latin America. A copy must be submitted to your chapter paperwork coordinator or Correspondent Volunteer Administrator by the deadline.

*** Please Note:** This form must be notarized and signed by **both** custodial parents or legal guardian(s), if the Volunteer is under 18 years of age. If one parent is unable to sign, the form must be accompanied by a copy of a death certificate, divorce decree, or other legal document that verifies the signing parent is the sole custodial parent. Guardianship papers should be attached when applicable. If both custodial parents are unable to sign the same form, each parent can submit a separate signed and notarized form.

AMIGOS Project Departure Travel Procedures

All AMIGOS Volunteers fly to their gateway city of either Miami or Houston, depending on their assigned project. Upon arrival at the gateway city airport, Volunteers will be met by International Office travel team members. The travel team will support Volunteers until their project's international flight departure from either Miami International Airport or Houston Intercontinental Airport to Latin America. Depending on the situation Volunteers arriving from their home towns will be coming for a same-day international departure, an overnight at an airport hotel for departure the next day, or participation in a Gateway training (CVs only).

Please note: any airline flight transfers that occur domestically other than at the Houston and Miami gateway city airports will not have AMIGOS travel teams to support Volunteers through these airport.

Baggage Fees

The airlines have recently introduced surcharges for luggage. These charges vary from carrier to carrier and frequently change. Airlines will collect these fees during the check in process for both out-bound and in-bound flights. It is the responsibility of each Volunteer to inquire with each airline they will be traveling with as to what these charges are.

Volunteers need to know what these fees will be for each portion of their itinerary and to have the necessary funds to pay these charges.

Chapter Volunteers

Travel instructions also distributed at the chapter "Ticket Party" and should be reviewed thoroughly.

Specific and careful attention should be given to topics such as:

1. luggage requirements, fees and recommendations (carry-on and checked),
2. what to do upon arrival in gateway cities,
3. who to call if there is a problem or missed connection, and
4. what to do if the volunteer is spending the night in the Gateway city prior to departure for or upon return from Latin America. (Volunteers should have cash on hand for incidentals in case of an overnight.)

Correspondent Volunteers

All Correspondent Volunteers will go through the gateway training program 3+ days prior to departure for Latin America. The AMIGOS International Office training staff members will provide specific information to the Volunteer on when he/she needs to arrive in Houston or Miami for the training and where they need to go upon arrival at the airport.

Once Volunteers arrive at gateway city airport or at the training site, all reasonable costs (room, board, transportation to the airport for international flight) are covered by AMIGOS. Correspondent Volunteers will be required to provide the domestic ticket itinerary information to the Correspondent Volunteer department as soon as it has been purchased. International tickets are mailed to Correspondent Volunteers once their account balances are paid in full. AMIGOS makes this service available primarily to Volunteers who are returning early for any of the following or otherwise approved reasons.

AMIGOS Project Return Travel Procedures

As with project departure travel, AMIGOS travel teams will meet each flight of Volunteers arriving back from Latin America to the gateway city airport in Miami or Houston. The travel teams will then assist the Volunteers with making it to their connecting flights. This includes escorting the Volunteers to an overnight hotel location in some cases.

Please note: any airline transfers that occur domestically at airports other than at the Houston and Miami gateway city airports will not have AMIGOS travel teams to support Volunteers between flights.

Escort Services

Under special circumstances either during or at the end of the summer, there may be a need for an AMIGOS Volunteer returning from Latin America to be met at either Houston or Miami airports by a professional escort. When hired, professional escort services will be at the arrival gate to help transfer the Volunteer to their domestic flight back home.

Examples of reasons for an escort include but are not limited to:

- impaired medical condition or emotional state,
- emergency situation requiring a supported transfer to a domestic connection, or
- other urgent circumstance.

In all cases, the cost of a professional escort service is the responsibility of the Volunteer and/or the Volunteer's family. It typically costs upwards of \$90 and must be pre-paid prior to confirmation of the escort service. Arrangements for professional escort services will be made via the AMIGOS Summer On-Call System directly with the parents of the volunteer.

Change of Ticket Fees

In all circumstances, the costs of changing the return flights of a Volunteer's domestic and international tickets are the sole responsibility of the Volunteer and/or their parent.

This includes cases In-Country Release. In most cases, changes to the return leg of a ticket cannot be made until the original (departure) leg of the itinerary has taken place. In other words once the Volunteer arrives in Latin America, Volunteers and/or their parents are responsible for making all airline flight changes. This includes any and all international and domestic itineraries. The Volunteer and/or the parent also assume sole responsibility for paying any associated fees with all ticket changes.

In cases of a Volunteer's early return from the project, the AMIGOS Summer On-Call staff in Houston are in a position to provide some logistical support to this process, but the primary responsibility of making the changes to all airline tickets and paying any associated fees remains that of the Volunteer and/or parents.

AMIGOS In-Country Release Policy

The In-Country Release Policy of AMIGOS has been developed for those Volunteers who need or wish to extend their stay in-country or who are traveling to another destination for personal reasons (vacation with family, etc.).

This policy has been developed with the safety of the Volunteers in mind and factors in the following stipulations:

- Costs associated with changing airline tickets are the responsibility of the Volunteer and/or parents. Specified travel arrangements cannot be made by AMIGOS.
- If the Volunteer is under 18 years of age, he/she can only be released to a parent or legal guardian at a specified and agreed-upon location.
- AMIGOS discourages any AMIGOS participants from traveling alone in Latin America. All Volunteers are registered under the AMIGOS name with the U.S. consulate upon arrival in-country. They are protected under the organizational safety net while they serve as AMIGOS Volunteers in that country. If released in-country, they will no longer have that added protection, although any negative behavior could still reflect poorly on AMIGOS. There are potential risks of traveling alone in Latin America that should be considered by the Volunteer and his/her parents or legal guardians.
- Requests for In-Country Release are processed by AMIGOS during the month of May. For a copy of the In-Country Release Policy and Form, please contact your chapter paperwork coordinator (for chapter volunteers) or the Correspondent Volunteer Program (for CVs).
- **Note: Submission of an In-Country Release Form does not guarantee acceptance by AMIGOS.** Any questions regarding the In-Country Release Policy should be directed to the Director of Volunteer Administration or the Executive Director at the International Office in Houston.

HEALTH & SAFETY PROTOCOLS

Dear AMIGOS Parent:

On behalf of the AMIGOS International Board of Directors, I would like to congratulate you on your child's decision to participate on the Summer 2009 AMIGOS Projects. The purpose of this letter is to provide you with an overview of the organization's commitment to health and safety and to briefly outline the various mechanisms, processes, and personnel in place pursuant to that goal.

As AMIGOS Medical Director, I am a member of the AMIGOS International Board of Directors and chair of the Health and Safety Committee of the Board. This Committee is charged with developing the medical and mental health screening protocols for Volunteer applicants, as well as health and safety protocols for the summer program.

In addition, I work with staff from the AMIGOS International Office and chapter medical directors, where applicable, to convey a single message on health and safety to Volunteers covering the following areas:

- General health criteria for participation in the AMIGOS program.
- Disease prevention and health maintenance
- Safety protocols in communities and work areas
- Emergency response plans
- Approval of Volunteer medical treatments during the summer when necessary
- Documentation of medical cases during the summer.

Volunteers will receive extensive training on issues of health and safety as they prepare for their summer in Latin America. In addition, prior to the Volunteer's departure, you will receive extensive written information on general health practices, protocols for communication during the summer, and specific information on diseases such as Malaria, Dengue, and Rabies. It is important to understand that without exception, the overwhelming majority of AMIGOS Volunteers have no major health issues during their summer in Latin America. However, because of our commitment to health and safety from a preventive perspective, we provide substantive information on these issues in order to better prepare and train the Volunteer to approach their personal health matters proactively.

In subsequent sections of the Parent Preparation Guide, you will be given more detailed information on specific health and safety protocols - both prior to and during the summer, as well as information on how to address any residual health issues upon the Volunteer's return home from Latin America.

When traveling internationally, especially in an environment where conditions are different than what one is used to, it is common to experience some physical distress. However, as an AMIGOS Volunteer it is important that your child understand how to be pro-active in taking personal responsibility for his/her own health. This can be done by reviewing and making good use of the information and practices outlined in all AMIGOS health-related materials. Not only this will minimize the time and energy spent by your child, but it will also minimize the burden of care on the host family and Project Supervisor in treating an otherwise preventable illness. Encouraging your child to take all the health and safety information to heart will make the overall AMIGOS experience will be much more enriching, enjoyable, and rewarding.

As mentioned previously, AMIGOS places the highest possible priority on issues of health and safety. We believe our 43 year track record speaks for itself in terms of such commitment. With that said, I wish you and your AMIGOS Volunteer the very best of luck in the upcoming months as you prepare for what will most certainly be a very enriching and rewarding experience.

Sincerely,

Dayton Voorhees, MD
AMIGOS Medical Director 2009

Health Emergency Procedures and Policies

AMIGOS health emergency procedures and policies begin with the screening process outlined here and in the Volunteer application. The organization's dedication to proactive planning in all matters related to health continues throughout the summer. AMIGOS has designed a 24 hour oncall system to link each host community to the International Office and U.S. based health professionals, who provide guidance to our Project Staff on any health issues that may arise. Many potential health concerns can be averted with precaution and pro-active self care. This section will provide detailed information and suggested health maintenance and disease prevention steps. This information is also the foundation of our Volunteers' health and safety training.

Health Screening Process

AMIGOS has a thorough health screening process to ensure that we are able to safely and effectively meet the needs of all of our Volunteers during their time in Latin America. The process begins in the fall and accommodates updates in health status until departure. The General Health Criteria for AMIGOS Participants guides our health screening team through the process.

Other tools are:

- Letter of Medical Disclosure
- Confidential Health Form I
- Confidential Health Form II
- Medical Update form.

All of these tools are described in this section.

AMIGOS makes every effort to maintain the privacy and confidentiality of each individuals health concerns. All forms are to be delivered to chapter representatives in sealed envelopes which are sent directly on to the AMIGOS International Office's health screening team.

General Health Criteria for AMIGOS Participants

AMIGOS places the highest priority on keeping the "participants", defined as Volunteer and Project Staff, safe and healthy during their time in Latin America. Program policy and guidelines on health and safety are rigorously enforced. Participants undergo intensive training to maintain their physical and mental health during their summer with AMIGOS.

However, an applicant with a significant history of some chronic illnesses, acute psychiatric conditions, or some kinds of physical disability may be subject to heightened vulnerability due to the living and working conditions on AMIGOS projects. Given certain health conditions, AMIGOS therefore may not be able to effectively guarantee safety or provide sufficient support. While participants with a variety of health issues have had very successful project experiences, it is important to be realistic about the project demands and potential impact on existing health conditions. Overall expectations include, but are not limited to the following:

- i. Participants will be expected to have the physical and mental capacity to independently perform all duties associated with their role.
- ii. Participants will be exposed to dietary changes that may affect and/or exacerbate any

- existing health conditions.
- iii. Participants' communities will be principally in rural locations with limited, immediate access to specialty medical procedures.
 - iv. AMIGOS cannot guarantee electricity in all host communities, which may impact personal self care for participants.
 - v. Participants will be responsible for independently carrying out physically taxing activities. This will require the ability to physically engage in the project unaided, such as, but not limited to carrying one's own 40-50 lb. duffel bag, as well as other personal items and project related materials.
 - vi. Given the significant contributions of host communities and host families to AMIGOS, it is crucial that we consider how they may be impacted by a participant's health conditions and physical and mental capacities.
 - vii. AMIGOS reserves the sole right to determine eligibility for our programs through an extensive health screening process.

Additionally, to be eligible for acceptance into the AMIGOS program, applicants must meet both the physical and mental health criteria described below at the time of application. Participants may have a change in their physical or mental health status before leaving for the field. In this case, the International Office and local chapter, if applicable, must be informed of the change and a reassessment of eligibility will occur. Participants may re-apply the following summer if they believe their health status has changed significantly.

Physical Health Criteria

In order to participate safely in the AMIGOS program, a participant must be able to perform the following "major life activities" as defined in the Americans with Disabilities Act of 1990: caring for one's self, performing manual tasks, walking, seeing, hearing, breathing, speaking, learning and working.

In addition, the following variables will be given serious consideration when determining the eligibility of an applicant to the AMIGOS program.

- Successful completion of the pre-summer training.
- The ability to be independently mobile, such as but not limited to, walking on uneven terrain for distances of multiple miles and maneuvering elevations unaided.
- The extent and availability of necessary medical treatment, monitoring, or physician follow-up in-country for the disclosed conditions or illnesses.
- Possible undue burden on the host family or community due to accommodations required for the health and safety of the applicant in question.

Mental Health Criteria:

- No acute psychiatric diagnosis or episode, or psychiatric hospitalization within the past year, prior to the current application to AMIGOS.
- No new psychotropic medication(s) within six months of departure for country assignment.
- No major changes of existing psychotropic medication(s), including sudden stoppage,

- within three months of departure for country assignment.
- Relative stability (verified by the treating clinician) over the last year, if a history of chronic depression, anxiety, or other psychological or behavioral diagnoses exists.
 - Willingness by the participant to sign a Self-Care Agreement which holds them accountable for administering their own prescribed medication(s) (antidepressant, stimulant, mood stabilizer etc.) and monitoring their mental health, reporting immediately any new or familiar symptoms.

General Health Procedures

Each step of the health procedures is outlined here according to the accompanying form. *See the Volunteer application and communication section of this guide for additional information.*

Letter of Medical Disclosure

The Letter of Medical Disclosure is distributed in the fall. It must be signed by the Volunteer and a parent or guardian if the Volunteer is a minor. The letter asks that Volunteers disclose any and all existing medical or psychological conditions. It is important that full disclosure take place, even for conditions that are easily treated and maintained in the United States. Differences in climate, stress, and living conditions may exacerbate underlying, seemingly minor health issues. This letter must be returned to the Chapter Paperwork Coordinator in the fall with the Confidential Health Form I.

Confidential Health Form I

The Confidential Health Form I requires that Volunteers and their parent or guardian answer a series of questions pertaining to the Volunteer's mental and physical health. This form must be returned to the Chapter Paperwork Coordinator in the fall along with the letter of Medical Disclosure. These forms are used to identify Volunteers who may need additional support in the field or who may not meet the eligibility requirements.

Confidential Health Form II

As a part of the medical screening process, the Confidential Health Form II must be filled out by the Volunteer's physician and returned to the Chapter Paperwork Coordinator with the rest of the application. Volunteers may be required to fill out a Self Care Agreement due to information disclosed by the treating physician.

Confidential Health Form II

As a part of the medical screening process, the Confidential Health Form II must be filled out by the Volunteer's physician and returned to the Chapter Paperwork Coordinator with the rest of the

Medical Update Form

The Medical Update Form must be returned to the Chapter Paperwork Coordinator in the spring. It asks Volunteers if any changes have occurred in their mental or physical health status since they filled out the Confidential Health Form I and Confidential Health Form II. If changes have occurred, our health screening team will follow up and determine if the updated condition can be accommodated safely within the parameters of our Latin American projects.

Mental Health Procedures

As with medical conditions, all prospective Volunteers are screened for compliance with our mental health criteria for participation in the AMIGOS Program. The criteria are in the previous section under health screening. AMIGOS utilizes two main tools to promote mental health and increase eligibility for safely participating on our projects: the Self Care Agreement and the Personal Coping Agreement. Both are described below.

Self Care Agreements

In the event that an applicant meets the above criteria and is cleared for participation, there may be the need for a Self Care Agreement (SCA) to be completed and signed by the Volunteer and his/her parents (if under 18). If required, the parent(s) and/or Volunteer will be contacted by directly by member of the mental health screening, who will help guide you through the screening process.

The completed and signed SCA is placed in the Volunteer's file and send to Project Staff in Latin America. It is then reviewed by the Project Director and the Volunteer's direct Project Supervisor. It is the responsibility of the Project Supervisor and the Volunteer to jointly monitor compliance with the SCA during the weekly supervisory meetings or as needed. The Project Supervisor must bring any infractions of the agreement to the Volunteer's attention to work out a solution in the form of an action plan. During the summer project, the IO Mental Health Consultant is available to provide guidance and support to the project supervisor to ensure the success of the SCA process. In the event the action plan is not adhered to, or is otherwise not successful, more serious measures will need to be taken to ensure the health and safety of the Volunteer. The action plan may include the need for an early return if sufficient progress to address the problem is not made. A blank copy of a Self Care Agreement is available upon request.

Personal Coping Inventory

During training, each of our Volunteers will complete a training session on how to safeguard their mental health while with AMIGOS in the field. As part of this activity, each Volunteer is asked to reflect on how they cope with stress while in their home community. There is then a group discussion on how coping strategies that are used in the US may be different in Latin America and what alternative coping skills may be. Each Volunteer concludes this activity by filling out a Personal Coping Inventory. This Personal Coping Inventory is a log of methods that each Volunteer feels will be successfully used in coping with stress during the summer. Each Volunteer should take care to pack this Personal Coping Inventory and bring it with them as a tool for dealing with stress during the summer. It is designed for personal reflection during the summer, but Volunteers may share it with their partners or Project Staff members if they think it will be beneficial.

Mental Health Situations

AMIGOS has a professional Mental Health Consultant on call 24 hours a day during the summer to help respond to any mental health concerns that may arise. Additionally our Volunteers receive training in coping mechanisms for dealing with common mental health issues. We have an extensive health screening process that includes reviewing any pre-existing mental health challenges prior to acceptance into the program. AMIGOS requires participants to sign a self care agreement in cases where it is determined beneficial by our mental health professionals. Mental health situations that may arise during the summer include:

1. Cultural Adjustment
2. Anxiety
3. Depression
4. Eating Abnormalities
5. Attention/Focus/Concentration problems
6. Impulsivity problems
7. Psychotic episode

The most common situation is a range of cultural adjustment issues. It is important that Volunteers are prepared to experience a level of cultural adjustment and stress due to the change of environment. In training, they will receive anticipatory guidance on cultural adjustment and complete a personal coping inventory in preparation for dealing with their feelings of during the initial cultural adaptation. If a Volunteer experiences feelings that may reflect any of these mental health concerns or witnesses such behaviors in their partners, they should not hesitate to discuss this with a member of their Project Staff.

Additionally, it is CRUCIAL for each Volunteer's health and well-being that they FULLY disclose any and all mental health concerns throughout the AMIGOS screening process. If at anytime in the training and application process, there is any event or update an individual's status, it should be reported promptly to the AMIGOS International Office so that this new information can be reviewed by our mental health professionals prior to the Volunteer's departure. AMIGOS mental health consultants are familiar with the types of stress our Volunteers frequently encounter and are therefore best qualified to work with an individual healthcare provider in determining the eligibility of each Volunteer to safely complete a project with AMIGOS.

Assault Prevention & Support

Assault prevention is a skill needed for life, not merely for the summer. Many AMIGOS Volunteers are preparing for college, and in fact few cities in the U.S. have a greater per capita incidence of sexual assault than an average U.S. college campus.

AMIGOS Volunteers are *not* at an increased risk of sexual or criminal assault in Latin America. There is no social or cultural acceptance of sexual assault as a normal behavior.

However, when traveling to a different place, whether it is a new city or a different country, your vulnerability is heightened. As a visitor, you will probably "stick out," even if you do speak the language perfectly. In response, you should be more cautious and aware of your new surroundings.

Volunteers need to be prepared take basic steps in order to avoid potential problems. They receive basic safety tips in training. The following are some of talking points covered with Volunteers:

- Follow the Standards of Conduct! Many sexual assaults take the form of “date rape.” By following the Standard of Conduct to not engage in amorous conduct, these situations will not be an issue. Abstaining from alcohol and other drugs also decreases the likelihood of being placed in this type of dangerous situation.
- Respect gender roles in the host community. Although platonic mixed gender relationships are commonly accepted in the United States, these may go against cultural norms in a Volunteer’s host community.
- Avoid being isolated from others. This is one reason why AMIGOS Volunteers have partners. Volunteers should always walk with their partner or with host family members, friends, or a group of children. Also, they should avoid being alone in a house or spending time behind closed doors with someone of the opposite sex. Though Volunteers may have perfectly good intentions, these behaviors may send the wrong message to others.
- Trust your instincts. Volunteers are trained to remove themselves from the situation immediately if they feel in anyway unsafe. Health and safety is more important than being culturally sensitive, so they should immediately notify a partner and notify Project Supervisor immediately if they feel unsafe at any point during the summer. This would include feelings of discomfort with any particular individual in their community, other AMIGOS Volunteers, or staff members.
- Exercise caution while traveling. Volunteers void traveling alone at all costs. If they must get on a bus, don’t sit alone by a window, where your exit is blocked to the aisle.
- Make sure Volunteers are accompanied during a physical examination. AMIGOS requires that all Volunteers and Project Staff undergoing a physical examination be accompanied by a same-sex companion, who may include one’s partner, staff member, or trusted community member. The presence of a companion during the medical consultation will serve to increase the safety of the patient during the exam as well as allow for increased understanding and support for the sick Volunteer/staff member.
- Remember you are also responsible for being a support to your partner(s). Be mindful and observant of your partners’ behavior as well – if you notice any risks being taken, communicate with your Project Supervisor if you don’t feel like you can talk directly with your partner(s). You may feel like it’s not your place to “tell on” your partner if he or she is breaking rules but if they can lead to dangerous situations, you are doing both you and your partner a favor.

Another issue to be aware of is the possibility of a criminal assault, which most often takes the form of pick-pocketing or theft, rather than violent assault. Volunteers are trained to follow the suggestions below:

Travel & Personal Possessions

- Do not travel or walk alone at night, either within your community or between communities and/or the headquarter city.
- Avoid spending time in large urban areas. If you are required to be in large urban areas (for example, during mid-term or debriefing), be sure to remain alert and cautious with your surroundings.
- Avoid traveling with neck pouches worn externally or knapsacks loosely thrown over one's arm. These are prime targets for pickpockets/street thieves. Always wear important items on one's person. Always carry your backpack tightly and close to your person.
- Avoid traveling with jewelry (watches, earrings, necklaces, etc.). Jewelry is an immediate target for street thieves.
- Carry a photocopy of your passport. Depending on your assigned country, it is often recommended to carry a copy of your passport and to leave your passport at home or in a safe place. Check with your Project Staff.
- Carry your money on different places on your person (i.e. spread money among a money belt, your shoe, in a zipped jacket pocket). Always have some money readily available for when you have to pay for things (eg. small funds ready to be pulled out to pay for a bus ticket), or, in case of an assault, ready to be given to the assailant. **DO NOT CARRY LARGE SUMS OF MONEY WHEN TRAVELING and DO NOT CARRY ALL OF YOUR MONEY IN ONE PLACE.**

In the event of an assault

- **DO NOT RESIST!** If you are held up, stay calm and collected and cooperate with the assailant. Be ready to give him/her your money. You should always have some funds available on you that can be handed over. Remember, your life is more important than any possessions that you might be carrying.
- Report the assault to your Project Supervisor or other Project Staff member. Once contacted, the International Office will be brought into the discussion to explore how to best support you, report the incident if necessary, and to take any further steps to ensure your safety for the duration of the project.

Sexual Assault

AMIGOS recommends that every Volunteer become educated about assault and rape prevention. Many chapters, working with local women's groups, include these issues as part of their training.

Prevention methods are important for both men and women. Statistically, at least one in six women in the U.S. has been the victim of rape or attempted rape. Also, an estimated 10% of sexual assault victims are men. Approximately 2/3 of sexual assaults are committed by someone who is known to the victim. (*Source: Rape, Abuse and Incest National Network*)

Given the large numbers of Volunteers and Project Staff fielded every summer, AMIGOS has had very few instances of sexual assault or rape. Latin American Project Staff are trained to keep open lines of communication with Volunteers regarding their personal safety and they are trained to respond to such an occurrence. In the event of any incidence, a trained rape crises counselor is available for consultation to staff and Volunteers the International Office during the summer.

Houston Area Women's Center – Procedure for Support

The Houston Area Women's Center (HAWC) is a local United Way-funded agency in Houston that has been the premier provider of services and education related to issues of domestic violence and physical abuse in the greater Houston metropolitan area for over 30 years. Since 2000, HAWC has graciously agreed to provide free real time support services and consultation to AMIGOS Project Staff and Volunteers in Latin America who have been the victims of attempted or actual assaults, be they physical, sexual, or criminal in nature. These services are available via the On-Call staff and are accessible 24 hours a day.

Fortunately, there have only been one or two instances where HAWC's services have been required. However, the AMIGOS community is privileged to have access to HAWC's team of qualified crisis counselors and educators should the need arise during any time throughout a given summer. For more information on HAWC, please visit www.hawc.org

In-Country Health & Safety Procedures

AMIGOS Volunteers are trained on basic health and safety protocols pre-departure for Latin America. Upon arrival in the field they are given specific health and safety information for their work area. Prevention and self care are key components to a healthy, safe and positive AMIGOS experience. Volunteers are provided with all the tools and information to stay healthy, and Project Staff check on health status during the weekly visits. However, it is the Volunteers' responsibility to understand and utilize the information provided. Here are the general tips covered with Volunteers in health and safety materials:

15 Ways To Stay Healthy

1. Purify your water for the entire summer
2. Drink lots of water
3. Use oral rehydration therapy (ORT) if you get dehydrated
4. Clean your food
5. Eat fiber
6. Eat the right amount
7. Wash your hands
8. Wash your feet
9. Wash your clothes
10. Avoid sunburn
11. Avoid mosquitoes and other biting insects
12. Avoid exhaustion
13. Get immunizations before leaving
14. Get lots of rest
15. Use common sense

In-Country Project Staff Support and Supervision

Volunteers will be visited overnight on a weekly basis by their Project Supervisor. During the visit, their Project Supervisor will review the **Volunteer Weekly Self-Assessment** with each of their Volunteers. This form provides Volunteers with the opportunity to check in on important issues such as their mental and physical health, project status, summer goals, host family relations, and rotating food schedule. The Project Supervisor is responsible for addressing any issues the Volunteer is facing in a timely fashion.

CALM Plan Protocol and Preventing Circumvention

Each Volunteer will be issued an emergency **CALM (Call Assist Lift Medical) Plan** during in-country training. This card includes Project Staff contacts, local and regional clinic contacts, location of phones and viable transportation within their community (researched well in advance), AMIGOS International Office numbers, and embassy contacts. Volunteers are expected to follow this plan when they are sick or need support from their Project Staff. The information provided will be carried by the Volunteer at all times, and all the phone numbers have been tested by the Project Staff prior to Volunteer arrival. AMIGOS encourages parents to remind their Volunteer of the importance of following their CALM Plan.

The CALM Plan is AMIGOS' emergency plan for communication, transportation, and medical care for each Volunteer. The CALM Plan functions as their "emergency plan" or "community specific 911 system". The acronym CALM stands for the order of operations in case of emergency: Contact, Assist, Lift, and Medical.

Contact - Notify your Project Staff, local contact, or nearest medical facility as appropriate. Do not contact your parents as a first step; there is little they can do from a distance except get extremely worried.

Assist - Administer first aid, get help, or do whatever is necessary to stabilize the situation.

Lift - Transport to medical facility.

Medical - Receive medical attention, if needed.

During their in-country briefing just after arrival in Latin America, each Volunteer is issued a community specific CALM Card. When necessary, Volunteers are provided with an emergency calling card to cover charges associated with calling for assistance. It has a complete list of who to contact in an emergency situation with their contact information:

- ✓ Community members with transportation and phones
- ✓ Project Staff contact information
- ✓ Local and regional health clinics and hospitals
- ✓ AMIGOS International Office contact information
- ✓ US Embassy contacts

The CALM Plan is carefully designed to notify the individuals best equipped to handle and address emergencies within Latin America. These emergency procedures are:

- ✓ Specific to each host community

- ✓ Determined prior to Volunteer arrival in country
- ✓ Confirmed by Volunteers directly upon arrival in the host community

Please note – parents and family are NOT a part of the emergency system. This is because calling parents or family first in the US only delays proper emergency and/or medical attention in Latin America and increases anxiety of all involved. Our Oncall system will contact chapters and families when appropriate.

- If your Volunteer calls you directly for a health, safety or medical issue, please check that they have already activated their CALM plan. If not, have them do so immediately.
- As it may create undo risk, AMIGOS considers circumvention of the CALM Plan detrimental behavior and a rule violation.

Medical Consultation Procedure

If an AMIGOS Volunteer requires medical attention and consultation during the summer, they will be accompanied by or met at the medical facilities by a member of their Project Staff. In cases of emergency, Volunteers will be met by Project Staff as soon as physically possible. Volunteers receive specific training on when to doctor's visit is necessary and when to call the Project Staff house for guidance and support. Project Staff and Volunteers are trained in how to respond to a wide variety of medical and health issues, including community specific emergency procedures. Once at the medical facilities, the Project Staff member will work with the local doctors and the AMIGOS International Office On-Call system to ensure Volunteers receive the best care possible.

If a Volunteer is prescribed a medication not on the pre-approved list, the medication must be called into the International Office in Houston for approval. AMIGOS has a 24 on-call system in place with Volunteer doctors around the United States, and they must approve medications and procedures not on the preapproved list.

AMIGOS requires that all Volunteers and Project Staff members undergoing a physical medical examination be accompanied by a same-sex companion, which may include one's partner, staff member, or trusted community member. The presence of a companion during the medical consultation will serve to increase the safety of the patient during the medical check-up as well as allow for increased understanding and support for the sick Volunteer/Staff member.

A Volunteer may refuse the assistance of a companion, except in cases where physical examination of the anal, genital and/or breast area is involved. In this case, every attempt should be made to honor patient confidentiality and privacy. Under no circumstances will emergent medical care for life-threatening situations be delayed in the event that an appropriate companion is not readily available.

Injections & IVs

All medications administered by injection (subcutaneous, intramuscular, intravenous) should be discouraged and limited to cases of extreme emergency. However in some situations it is the only remedy available. The use or potential use of injections or intravenous medications must be relayed immediately to the On-Call Support Staff.

The most common use of IVs on AMIGOS is for rehydration purposes. This is often necessary when Volunteers are unable to keep fluids in their system or if they are severely dehydrated.

- Project Staff do not need permission to approve IV rehydration therapy, provided that it is only rehydration therapy.
 - No medications (even those on pre-approved medication list) may be given in conjunction with the IV rehydration therapy without prior approval.
 - The chapter emergency contacts and Correspondent Volunteer administration parent lists will not be notified of simple rehydration IVs, unless the Volunteer must also spend a night in a medical facility.
- If the Volunteer must receive any additional IV medications with the rehydration, then the medication protocol below is followed.
 - All medications administered by IV or injection (subcutaneous, intramuscular, intravenous) are limited to emergency situations.
 - These cases are handled by the AMIGOS Oncall staff and approved by AMIGOS Oncall doctors prior to the drugs being administered, except in life-threatening emergencies.
 - Chapter emergency contacts and Correspondent Volunteer administration parent lists will be notified of any IV or injection medications administered to their Volunteer.

Major Medical Incidence

In major medical cases, the response depends on the situation and seriousness of the problem. AMIGOS may transport Volunteers from their communities immediately by private car, ambulance or even helicopter to a major hospital. The Volunteer may receive immediate treatment from a physician in the local clinic. The Project Staff consult with the local physician, the AMIGOS International Office and the AMIGOS Medical Director to determine what is best for the Volunteer based on known information.

Parents will be notified as soon as a situation appears to be a major medical emergency. In cases of extreme emergency, when adequate treatment may not be available in the Volunteer's assigned country, the short-term medical insurance carrier will help AMIGOS facilitate medical evacuation to an appropriate medical facility and/or air transport the Volunteer to his/her home city.

Volunteer Project Specific Health and Safety Training

Upon arrival in Latin America, Volunteers receive 3-4 days of project specific training called in-country briefing. During the briefing, they receive their community and partner assignments. Once the Volunteers have their community assignments, they receive training in how to use their community specific CALM Plan. Please see the CALM Plan section for more information.

24-Hour AMIGOS Summer On-Call System

The Summer On-Call System (On-Call) is a communications mechanism operated and managed by select members AMIGOS staff at the International Office in Houston. It functions 24 hours a day 7 days a week during the time when the AMIGOS summer program is active – from the date of first Volunteer departures to Latin America in June, until the last Volunteers have returned home in August.

On-Call System is a direct communications link between Project Staff in Latin America, the AMIGOS International Office, U.S. health professionals and Chapter Emergency Contacts. The On-Call System will also be in contact with parents in a more limited capacity described in the following sections. On-Call System relies on a team of U.S. based physicians and mental health professionals who Volunteer to provide guidance and consultation to AMIGOS staff with respect to the physical and mental health issues of Volunteers and Project Staff during the summer.

On-Call receives, documents, and processes a wide variety of routine information from Project Staff in Latin America, as well as specific cases related to individual Volunteers and Project Staff, such as incidents of medical illness, rule violations, and other occurrences outlined later in this section under *Information Collected*.

Parents of Volunteers can expect a letter (*Summer Communications Letter*) from the AMIGOS Executive Director in April outlining the circumstances in which On-Call will be used to communicate information to Chapter Emergency Contacts (for chapter Volunteers and parents) and CV parents. Parents of chapter Volunteers can also expect to receive an orientation from their local chapter on how summer communications will work.

Parent Communications with On-Call:

Parents of chapter Volunteers communicate with On-Call via their Chapter Emergency Contact. CV Parents are given a specific mechanism through which they can communicate with On-Call. In both cases, the protocol for how this communication is to take place will be outlined in the *Summer Communications Letter*.

Please note: Unless otherwise specified, parents of chapter Volunteers will receive this information from their Chapter Emergency Contact rather than directly from the AMIGOS On-Call System.

What Communication To Expect

In general terms, parents of Volunteers can expect to receive the following types of communications via the On-Call system:

- Confirmation of Volunteer group flight arrivals to and departures from Latin America.
 - Note: this only pertains to international flights departing from and arriving in the Gateway cities of Houston and Miami.
 - Information on flights departing from and arriving to home cities should be tracked via the specific airline website in question.

- Information on Volunteer community assignments.
- Any medical issues related to individual Volunteers including, but not limited to:
 - Overnight stays in local clinics or hospitals,
 - The use of an IV in the treatment of a Volunteer,
 - Requests for solo placements of Volunteers under the age of 18,
 - An animal bite or scratch that may require the post-exposure rabies prophylaxis,
 - An early return of a Volunteer due to a severe rule violation, medical, or mental health issue.
 - Notification of release from the inpatient setting is also provided to the Chapter Emergency Contact or CV parent.
- Issues that are of a particularly sensitive or confidential nature that pertain to a chapter Volunteer will be communicated directly to the parent, bypassing the Chapter Emergency Contact.

What Communication Not To Expect

Parents should **not** expect to hear from either AMIGOS On Call System or in the case of chapter Volunteers, Chapter Emergency Contacts regarding the following issues:

- Minor illnesses or other medical conditions that do not require an overnight stay in a clinic, invasive procedure such as surgery, or an IV treatment.
 - Examples of such illnesses include, but are not limited to colds, headaches, mild cases of traveler's diarrhea, or any other condition that can be treated readily and does not require an overnight stay in a local clinic or hospital.
- Notification of Volunteer homesickness, or other adjustment issues readily addressed by Project Staff
- Exact dates of Volunteer arrivals in to host communities after the conclusion of project briefing.
- Progress reports or specific information on "how a Volunteer is doing" unless as a follow-up to a previously reported issue or problem.

Information Shared with Parents & Volunteers:

The following is a list of scenarios for which the AMIGOS On-Call System documents and conveys information to Chapter Emergency Contacts and Correspondent Volunteer administration parent lists:

- Email announcements of Volunteer Flight Arrivals and Departures, as well as issues related to flight delays, cancellations, and lost or missing luggage.
- Brief Project Updates related to briefing, midterm, and de-briefing available on the AMIGOS website www.amigoslink.org.
- Email with Volunteer Community Assignments (Names of Partners, Communities, and Supervisors) within 2 weeks of a project group's arrival in country.
- Medical Issues (Serious Illnesses, Injuries, Animal Bites/Scratches, and Inpatient Treatments)

- Upon return from Latin America, all Volunteers will be given a copy of a summary of any medical treatments they received in Latin America. The purpose of this documentation is to facilitate any follow-up medical treatment that may be needed upon return.
- If additional health and medical information is needed, requests can be made directly to the Director of Volunteer Administration at the AMIGOS International Office in Houston.
- Incidents of physical, sexual, or criminal assault (extremely rare within the AMIGOS context) are handled with the utmost confidentiality. For Volunteers under 18, parents will receive direct notification of such occurrences prior to any chapter notification. Correspondent Volunteer administration parent lists will also be notified directly. For Volunteers 18 or over, the Volunteer will have control over who learns of the situation, but will be actively encouraged to seek support and guidance from their parents.
- Early Returns (including those related to Rule Violations)

Preparing Your Volunteer For A Healthy Summer

First Aid Kit

Please use this first aid kit as a checklist when preparing your Volunteer for a healthy and safe summer experience. Keep in mind that we do not want Volunteers self-diagnosing illnesses when they should be seeking professional medical care.

We recommend Volunteers have the following in their first aid kit:

- ✓ ½' adhesive tape
- ✓ band-aids
- ✓ 3-4 small gauze pads
- ✓ 1 3" ace wrap
- ✓ Pain/fever reducer (Acetaminophen (Tylenol), Ibuprofen (Advil, Motrin))
- ✓ Antibiotic cream (ex: Neosporin)
- ✓ 1% Hydrocortisone cream
- ✓ Decongestant (ex: Sudafed)
- ✓ Antihistamine (ex: Benadryl)
- ✓ Digital Thermometer
- ✓ Sunscreen (SPF 15 or greater)
- ✓ Mild laxative
- ✓ Anti-diarrheal medication (ex: Imodium AD)
- ✓ Antacid (ex: Pepto Bismol tablets)
- ✓ Water purification tablets (Potable Agua)
- ✓ Antifungal medication (Vaginal yeast infection/jock itch)
- ✓ Cream based insect repellent with 30-50% DEET (Recommended: Ultrathon cream 33% DEET– made by 3M and designed for the U.S. military)
- ✓ (<http://wwwn.cdc.gov/travel/contentMosquitoTick.aspx>)

Please note that this first aid kit will likely cost about \$100.00, when buying full size packages of these medications and supplies. We encourage you to plan ahead for purchasing these important supplies.

For the full project-specific packing list, please see the Volunteer Country Materials distributed to Volunteers during April.

Prescription Medications

AMIGOS Volunteers may not take prescription medications with them to the field unless the medication is for a pre-existing condition and this pre-existing condition has been declared in the health forms during the application process. Project Staff need to be aware of pertinent pre-existing medical conditions among their assigned Volunteers in order to properly support them. Volunteers must alert their Project Staff whenever they are feeling ill, even if it is due to the pre-existing condition. This is to ensure proper monitoring of the situation. AMIGOS does not want Volunteers to self-medicate when they are not familiar with the signs and symptoms of diseases they may be exposed to.

- ✓ NO prescription medications, unless it is for a pre-existing condition declared on the health forms.
- ✓ Volunteers must bring information regarding their condition and treatment for their Project Staff.
- ✓ If Volunteers are approved to bring prescription medication, they must alert the Project Staff regarding what medication they have and when they take it.
- ✓ Volunteers should alert Project Staff when they are ill even if they feel they have the medication necessary to deal with the situation.

Once your Volunteer has obtained pre-project approval of the prescription medication for field purposes, there are important steps to take for travel to and from Latin America.

- ✓ Carry a copy of all prescriptions that includes the medications' generic names.
- ✓ Carry a physician's note on official letterhead for all controlled substances and injectable medications.
- ✓ Confirm the use of medication with appropriate AMIGOS staff upon arrival to the project area.

One Dose Antibiotic Protocol

A Volunteer will be allowed to carry a prescription medication on his person from his/her private MD to take in the event of Travelers' Diarrhea.

- ✓ Travelers' Diarrhea Defined: four or more unformed stools in 24 hours plus a symptom such as abdominal cramps, nausea, vomiting, fever or chills occurring within **3 weeks of arrival** in country.
- ✓ Treatment should consist of a single dose of either Ciprofloxacin or Levofloxacin 500mg or Azithromycin 500mg.
- ✓ Seek medical treatment immediately for blood in the stool.
- ✓ Seek medical treatment for symptoms that continue for more than 48 hours after the dose.

After the initial period of three weeks, Volunteers are no longer allowed to take the one-dose antibiotic for travelers' diarrhea symptoms and must seek professional medical attention for all diagnosis and treatment of any illnesses.

Immunizations

All AMIGOS Volunteers are required to obtain certain immunizations, depending on the project they visit.

AMIGOS International Office consults with the International Board's Medical Director, local Peace Corps offices (where applicable), and the guidelines set out by the Centers for Disease Control and Prevention (CDC), as well as the National Institutes of Health (NIH) in establishing these requirements and recommendations.

- For more information on where to access the vaccines, please contact your primary health care provider.
- The cost of immunizations is **not covered** in the participation fee.

Please note that different health care providers may have a variety of opinions as to the necessity of some of the vaccines required. While we understand this, participation in the program is dependent upon obtaining the required vaccinations.

- This is not negotiable, as these requirements are approved policy of the AMIGOS Board of Directors.
- Recommended vaccinations are ultimately optional and therefore left to the discretion of the Volunteer applicant and his/her parents/guardians. For a complete list of immunizations required or recommended, please see the *Immunizations Required for AMIGOS Participants* document below.
- Updates to this document may be distributed through your local chapter (for chapter volunteers) or the Correspondent Volunteer Program staff (for CVs) based on updated medical reports and CDC recommendations.

See next page for specific immunization requirements.

Immunizations Required for AMIGOS Participants

The following immunizations are **required or strongly recommended** for all AMIGOS Volunteers and Project Staff members. AMIGOS consults our Medical Director, in country Peace Corp office and the guidelines set out by the Centers for Disease Control and Prevention (CDC), in establishing Volunteer vaccine requirements. AMIGOS will mail you any updates specific to your project area and country. For more information, consult your doctor. The cost of immunizations is not covered in the participation fee.

Chicken Pox	Required for all Volunteers	All Volunteers are required to have proof of immunization against chickenpox, or documentation of immunity to chickenpox (Varicella IgG positive status)
Diphtheria/Tetanus/ Pertussis (Adacel)	Required for all Volunteers	One Adacel injection recommended for all Volunteers even if a tetanus booster has been received in the last 10 years. A Diphtheria/Tetanus booster is REQUIRED in the last 10 years (assuming the basic series has been completed previously). Please see the following link for more information: http://www.cdc.gov/vaccines/vpd-vac/tetanus/default.htm
Hepatitis A	Required for all Volunteers	The Hep A vaccine should be given at least two weeks before departure to the field. A booster shot of Hep A should be given 6-12 months following the initial injection (this may be administered after the summer program).
Malaria	Required for Volunteers in all projects EXCEPT Guanajuato, Michoacán, Panamá, and Paraguay	Volunteers assigned to all projects, other than Guanajuato, Michoacán, Panama, and Paraguay , should receive Chloroquine Phosphate (Aralen) . The prophylaxis is in the form of oral medication taken once weekly, beginning one week before potential exposure, each week during potential exposure and for four weeks following potential exposure. Volunteers should consult their doctors regarding the appropriateness of these drugs for them. Some Volunteers may have allergies, which necessitate other medication. One alternative is to take Doxycycline 100mg a day while in country, and for 4 weeks after. Please visit http://www.cdc.gov/travel/yellowBookCh5-MalariaYellowFeverTable.aspx for more information.
Measles/Mumps Rubella	Required for all Volunteers	Volunteers are required to have had 2 doses of the measles vaccine. This may be either the initial MMR and 1measles or 2 MMR.
Polio	Required for all Volunteers	Volunteers are required to have completed a full series. Normally, a full series is completed by entry into kindergarten/1st grade. If records of vaccination cannot be found, a booster shot of IPV is sufficient.
Tuberculosis (TB) skin test	Required for all Volunteers	Volunteers should inform their physician's that they will be living in rural or urban areas in Latin America and should have a TB skin test BEFORE and AFTER participating in the field program.
Typhoid Fever	Required for all Volunteers	Volunteers can receive either an oral vaccine, (4 capsules taken over 8 days) or an injection, to be received at least three weeks before departure.
Hepatitis B	Recommended for all Volunteers	The American Academy of Pediatrics and Academy of Family Practice recommends that all adolescents be vaccinated for Hepatitis B. Volunteers should discuss the Hepatitis B vaccine with their physician.
Meningitis (Menactra)	Recommended for all Volunteers	Please see the following link for more information: http://www.fda.gov/cber/products/menactra.htm
Rabies	Optional for all projects	There are three vaccines available: Human Diploid Cell Vaccine (HDCV), Rabies Vaccine Adsorbed (RVA), and Purified Chick Embryo Cell vaccine (PCEC). Vaccine is administered on days 0, 7, and 21 or 28 as an intramuscular injection. HDCV may be administered as an intradermal injection, as well. If Volunteers have been exposed to rabies, they will require additional vaccination in the field. Those who have received pre-exposure vaccination against rabies will require less immunization in the field than those who have not been immunized prior to exposure. Post-exposure prevention of rabies for those who have not received pre-exposure immunization will require use of Rabies Immune Globulin (RIG), which may be difficult to obtain, and possibly require evacuation from the field. For this reason, rabies immunization may be appropriate for all Volunteers requesting it.
Yellow Fever	IF traveling from an endemic zone required for all countries except Mexico and the Dominican Republic	*Yellow Fever occurs in these countries. One injection provides protection for 10 years. For further info see the links: for Paraguay - http://www.cdc.gov/travel/destinationParaguay.aspx and for Panama - http://www.cdc.gov/travel/destinationPanama.aspx Yellow fever is recommended in Panama, but only in provinces South and East of Panama City, where AMIGOS does not work.
Mosquito Netting	Required for all Volunteers	All Volunteers should bring netting. Determination will be made in Latin America as to whether netting is required at specific locations.

Medical Insurance Requirements

All Volunteers are required to have comprehensive primary health insurance that provide coverage while traveling outside of the U.S. for the duration of their involvement with AMIGOS. All Volunteers (and their parents/guardians if they are under 18 years old) are required to sign the AMIGOS Consent and Release Agreement, which states: "I am now covered, and at all times while participating in the Training and Service Program, I will remain covered by health insurance for illness and injury."

Please note that you and your Volunteer should make sure that your primary health insurance policy coverage that extends beyond the U.S. borders. If the Volunteer's existing medical health insurance does not include sufficient coverage that extends beyond the U.S. borders, AMIGOS advises Volunteers and/or their parents to contact an insurance agent and purchase the appropriate short term supplemental policy to meet the individual needs.

AMIGOS does provide a short-term, supplemental insurance, details of which are in the next section. The primary purpose for this supplemental health insurance is to supplement existing health insurance coverage for medical evacuations to the extent and limits of the policy.

Short Term Volunteer Supplemental Health Insurance

AMIGOS secures a Short Term Volunteer Supplemental Health insurance policy that covers Volunteers up to \$100,000 while they are in Latin America, subject to the conditions and stipulations set forth by the policy. The AMIGOS International Office purchases the group policy for Volunteers and Project Staff. This supplemental policy is based on the fact that all Volunteers and Project Staff are required to have standard comprehensive health insurance.

Generally, the policy covers medical evacuations, extreme surgical and medical emergencies that are not related to pre-existing medical conditions. As per the insurance carrier medical team, medical evacuations from the work area to the closest medical center that provides appropriate medical services are covered. If an individual has a condition or receives services that are not covered by the insurance company policy, the individual's family will be responsible for medical expenses. Any remaining payment or outstanding balance not covered by the primary or supplemental insurance will be the sole responsibility of the Volunteer and/or their parent.

Since this is a supplemental policy, Volunteers should have a comprehensive primary health insurance plan that covers any pre-existing conditions and routine medical needs.

When Claims are Made

- The AMIGOS International Office contacts the insurance company when an injury or illness is serious enough to anticipate extended hospitalization or specialized treatment. The insurance company then coordinates medical care for the individual and communicates directly with the hospital and/or treating physician in Latin America. The supplemental insurance carrier also communicates directly with the individual's primary health insurance carrier.

- Volunteer and/or parents have the responsibility to endorse any and all benefits received from a primary insurance carrier to the supplemental insurance carrier, if the supplemental carrier has paid for or managed the care of the Volunteer.

The Coverage Period

- Individual coverage is effective upon the Volunteers' departure from the United States and terminates upon return to the United States, unless within six months of returning to the United States the Volunteer is diagnosed with a health problem that originated while in Latin America.

The Benefits

- Accidental Death & Dismemberment: Up to \$5000 for loss of life, with percentages of that amount awarded for various types of dismemberment (e.g. limbs, eyes, etc).
- Medical Expenses: Pays eligible medical expenses up to the \$100,000 maximum for covered injuries and illnesses. Examples of coverage: hospital room/board; diagnosis, treatment and surgery by a physician; anesthesia; medications and laboratory tests.
- Emergency Medical Evacuation: Pays up to \$25,000 for emergency medical evacuation ordered by a legally licensed Physician who certifies that the severity of the injury or illness warrants the emergency medical evacuation. Arrangements must be made through AIG.
- Repatriation of Remains: Pays up to \$7,500 to return a deceased individual's body home (to his/her home country) and to assist with associated embalming, cremation, or transportation expenses.
- Volunteer Obligation: Volunteer must allow the secondary insurance that AMIGOS provides contact and request whatever necessary records from the Volunteer's primary insurance carrier.

What is Not Covered

- Pre-existing conditions
- Services, supplies or treatment not approved and certified by a physician
- Mental or nervous disorders
- Suicide, suicide attempt, or intentional self-infliction of injury
- Declared or undeclared war
- Injury sustained while participating in professional athletics
- Sickness resulting from pregnancy, childbirth or miscarriage
- Routine physicals
- Cosmetic or plastic surgery, except as resulting from an accident
- Elective surgery which can be postponed until U.S. return
- Dental care, except as resulting from an accident
- Motorcycle driving, mountain climbing, or skiing

Preventing & Treating Disease & Illnesses During the Summer

This section will provide disease specific information on many potential health issues facing our Volunteers. This information is pretty comprehensive and we have included it for your convenience. You should note that we have used the U.S. Centers for Disease Control and Prevention (CDC) and National Health Institute (NIH) as sources for disease specifics and included links to their websites if you should wish to do further investigation. Also, note that this information is directly from these national sources and is therefore may not directly pertain to the AMIGOS experience in all circumstances.

We have also included information for disease incidence on AMIGOS projects for the past 5 years to give this disease information context. Though there is a varied risk of exposure to tropical diseases covered in this section, the most common medical problems for Volunteers and Project Staff are:

- ✓ Diarrhea and Vomiting
- ✓ Respiratory Infections
- ✓ Rashes, Insect Bites
- ✓ Dog Bites/Scratches
- ✓ Orthopaedic Problems

Often these issues can be prevented with self care and common sense.

Illness	5 Yr Total	2008	2007	2006	2005	2004
Animal Bite/Scratch (Post Exposure Shots*)	73 (3)	9	13	19	14	18
Gastrointestinal Infections**	1013	216	257	213	153	174
Upper Respiratory Infections***	429	205	90	38	44	52
Scabies	61	13	7	19	11	11
Orthopaedic Injuries or problems+	59	16	8	17	9	9
Malaria	4	0	4	0	0	0
Dengue (Non-hemorrhagic)	30	4	13	3	10	0
Chagas Disease	0	0	0	0	0	0
Yellow Fever	0	0	0	0	0	0
* Number of Post Exposure Shots required in parentheses						
** Includes the following illnesses: amoebas, general bacterial infections, digestive adjustment (traveler's diarrhea), diarrhea, dysentery, GI bacterial infections, gastroenteritis, gastritis, food poisoning, bloody stool, parasites, nausea, and vomiting.						
***Includes the following illnesses: bronchitis, cold, flu, pneumonia, respiratory bacterial infection, respiratory viral infection, sinus infection, throat infection, breathing difficulty, cold/flu symptoms, congestion, runny nose, sinus pressure, sore or swollen throat, and cough)						
+ Includes the following conditions: aching joints, foot injuries, twisted ankles, fractures, sprains, back pain, muscle pain, knee pain, head trauma (mild concussion), torn or pulled ligaments, pulled muscle, and neck pain.						

Prevention of Food and Water Related Illnesses

Dehydration, diarrhea, constipation and gastrointestinal infections are some of the more common ailments while on AMIGOS projects. All these infections can often be prevented with cleanliness and careful preparation of water and food.

Cleanliness

Though our Volunteers often live with less developed water systems than they are accustomed to, it is crucial that they maintain cleanliness for health purposes. This includes their body, clothing and personal belongings. Volunteers are expected to bathe as their host family does and ask for instruction on how to wash their own clothing. They should not hesitate to ask questions of their host family and/or Project Supervisor if they are unclear on how to work the existing cleaning systems. Also, Volunteers should always wear covered shoes.

Hand-washing is as important in Latin America as it is here in the U.S. – it saves lives! (<http://www.cdc.gov/cleanhands/>). The spread of common colds and other respiratory infections can often be stopped with proper handwashing.

Volunteers should always wash their hands:

- ✓ Before preparing or eating food
- ✓ After going to the bathroom
- ✓ After blowing your nose, coughing, or sneezing
- ✓ After handling garbage
- ✓ Before and after treating a cut or wound

Water & Purification

All AMIGOS Volunteers are required to arrive in country with a water purification method for the entire summer. AMIGOS recommends iodine or chlorine treatment of water.

(<http://wwwn.cdc.gov/travel/contentWaterTreatment.aspx>.)

Options for water purification are:

- ✓ Iodine tablets – usually 4-6 hours for decontamination
- ✓ Chlorine drops – at least 30 minutes for decontamination
- ✓ Boiling the water for 1 minute. (contingent on host family's access to affordable fuel) – generally needs to cool for at least an hour before drinking.

Note: all purified water should be kept in covered, closed containers.

Bottled water and soft drinks are also safe drinking options, but are often not available in AMIGOS host communities. Volunteers will receive community specific instructions for water purification in country. Additional information may also be found in the Volunteer Country Materials distributed from the International Office in April.

NOTE: Portable water filtration is NOT recommended, generally effective or culturally appropriate.

Food Preparation & Dietary Concerns

AMIGOS Volunteers need to be proactive about food safety. The rule for food safety is:

Boil it, peel it, cook it or forget it!

All raw food has the potential for carrying live pathogens. Volunteers should eat all well-cooked food that is still hot. Volunteers should only eat fresh fruit and vegetables that can be peeled, such as mangoes or bananas. Simply washing produce is often not enough to rid it of potentially harmful bacteria.

Volunteers should avoid:

- ✓ ice
- ✓ unpurified water
- ✓ juice, unless in a sealed can or jar
- ✓ salads
- ✓ uncooked vegetables
- ✓ unpasteurized milk products
- ✓ undercooked meat and seafood
- ✓ cooked food that has been allowed to cool to room temperature
- ✓ all street vendor food and beverages, unless otherwise instructed

During the summer the host community and family will be providing your Volunteer with meals and this is a donation on their part. Some Volunteers will eat primarily with their host family, while others may have a meal plan in which they rotate spending mealtimes with several community members. Often these hosts are feeding Volunteers the only food they can afford. It is their duty to accept and eat it graciously. Even if the food is not part of their normal diet or it is a dish the Volunteer does not like. Being a grateful guest is part of the leadership role for the summer. This doesn't mean Volunteers should consume things that may jeopardize their health and safety. They need to be sure all fresh produce has been properly cleaned, cooked or peeled. They cannot drink the water, ice or juice; unless their Project Staff tells them that it is okay in their host community. Volunteers will NOT become immune to the microbes during their summer, so they MUST NOT start consuming these items at any time. If they do, they could be at a high risk of infection be it worms, parasites, bacteria or viruses.

The host family and/or those involved in the meal plan should know what is safe for Volunteers to eat. If Volunteers have any concerns, they are encouraged to contact their Supervisor and not to hesitate in being proactive about updating their meal plan if the need arises.

NO Dieting

Every summer a few Volunteers decide that the AMIGOS experience is the perfect diet experience. This is not the case and can actually be quite dangerous! Our Volunteers are living in conditions most often more physically and mentally demanding than they have ever experienced. They are also exposed to all kinds of things that their immune system has never dealt with. It is imperative that our Volunteers are consuming sufficient calories to maintain their health throughout the summer.

Dehydration

Dehydration is the loss of water and electrolytes from the body, which can impair the body's ability to function and in extreme circumstances be lethal.

Dehydration can be caused by:

- ✓ Diarrhea
- ✓ Vomiting
- ✓ Rapid breathing
- ✓ Fever
- ✓ Sweating

Prevention and Treatment: HYDRATE and eat bland foods

- ✓ Drink *suero*, broth, water, flat soda, diluted Gatorade, diluted juices or mild teas.
- ✓ Sip these liquids in small, consistent amounts to prevent vomiting.
- ✓ Severe cases should be treated with *suero*.
- ✓ If unable to keep liquids down, IV rehydration will be necessary.

Suero – Oral Rehydration Therapy (ORT)

1 liter purified water

½ teaspoon salt

8 teaspoons sugar

Frequently packets of suero mix are sold in Latin American pharmacies to avoid an improper mixture of salt and sugar.

If dehydration is severe, a Volunteer may need intravenous fluids. This may require hospitalization, although it can often be done in the doctor's office.

Steps to Identify & Seek Treatment for Food & Water Related Illnesses

If a Volunteer begins to feel ill despite taking the careful precautions, AMIGOS has a well established CALM Plan and emergency procedures. The CALM Plan is a community specific emergency plan or “911” system. Volunteers are required to carry a copy of this plan with them at all times. See the section for CALM Plan Protocol and Preventing Circumvention for more information.

This section describes symptoms for illnesses that your Volunteer may experience and what steps to take for proper care and attention. Please note if your Volunteer ever isn't sure about symptoms they should always err on the side of caution and activate their CALM Plan.

Diarrhea and Gastrointestinal Infections

Gastrointestinal infections represent the overwhelming majority of medical cases reported among volunteers and project staff over the last 5 years. During that time there were 1013 cases reported, which represents approximately 25% of our total number Volunteers and Project Staff. These numbers include the following illness: amoebas, general bacterial infections, digestive adjustment (traveler's diarrhea), diarrhea, dysentery, GI bacterial infections, gastroenteritis, gastritis, food poisoning, bloody stool, parasites, nausea, and vomiting. Volunteers normally experienced full recovery within several days of beginning treatment regimens. Some gastrointestinal upset when adjusting to a new environment and/or diet may be common. Though not all gastrointestinal infections can be prevented, Volunteers who closely follow the food and water guidelines outlined in training are most likely to complete the summer with no illnesses.

Diarrhea is defined as stool that is liquid without form, as opposed to soft stool with some form. If you only have soft stools, this is no cause for medical concern, unless you have other symptoms (read below). If diarrhea is the only symptom and it is not severe (what is meant by that will follow) then simply *hydrate*, watch your symptoms, eat bland foods, and take good care of yourself.

Frequency of diarrhea and when to seek medical attention

At times Volunteers' may have diarrhea or other illnesses but will not need medical attention. However, it is even more important that Volunteers' know and understand when they *do* need medical attention. Diarrhea of two to four times a day should be noted in the Health Log, but there is nothing to be concerned about quite yet.

Diarrhea in the range of five to ten times a day is a bigger concern, and Volunteers' should take oral rehydration therapy (ORT or *suero*) to stay hydrated. ORT is a salt, sugar, and water mixture that replenishes the nutrients that the body loses with excessive diarrhea. (See above for homemade recipe.) Many pharmacies in Latin America sell ORT envelopes that can be mixed with purified water.

At this stage, diarrhea is still a self-limiting illness and can clear up on its own. If Volunteers feel that they can, it is recommended to wait a day or two to see if it gets better or worse. Most diarrheal illnesses are self-limiting to three days (72 hours) or less.

Therefore, if a Volunteer is sick for only 24-48 hours without the symptoms described below, they can likely take care of themselves. If it starts clearing up within this time period, then they probably will not need to see a doctor.

However, if it lasts longer than 72 hours and a Volunteer is not getting better, or if a Volunteer experiences diarrhea several times an hour, the Volunteer should activate their CALM Plan and notify their Project Staff. They likely have an infection and will need professional medical care.

When to activate the CALM Plan for gastrointestinal illness...

Volunteers should activate their CALM Plan and seek medical attention when they experience any one of the following:

- Bad diarrhea (5-10 stools in a 24 hour period) for more than 48 hours
- More than 10 diarrhea stools in a 24-hour period
- Diarrhea containing blood or mucous, which may be an indication of a bacterial infection
- Lightheadedness, confusion
- Fever higher than 101°F or 38.3°C
- Rapid sickness accompanied by a high fever (over 101°F), diarrhea, vomiting, and the loss of large quantities of body fluids
- Vomiting accompanying *every* episode of diarrhea, or diarrhea accompanying *every* episode of vomiting
- Severe dehydration (greatly reduced or absent urination, saliva or sweat, dry eyes)

These illnesses can be dangerous due to the severe dehydration that they can cause, not necessarily because of diarrhea or vomiting. See below for steps for preventing dehydration to minimize this danger.

Nausea and Vomiting

The following information is based on the National Institute of Health's MedlinePlus.

<http://www.nlm.nih.gov/medlineplus/ency/article/003117.htm>

See previous note on source information under the "Preventing and Treating Disease & Illness During the Summer" heading.

Vomiting is common. In most cases, it is due to a viral gastrointestinal infection. Most of the time, nausea and vomiting do not require urgent medical attention. However, if the symptoms continue for days, they are severe, or you cannot keep down any food or fluids, you may have a more serious condition.

Dehydration is the main concern with most vomiting. How fast you become dehydrated depends on your size, frequency of vomiting, and whether you also have diarrhea.

It is important to stay hydrated, but don't drink too much at one time. Stretching the stomach can make nausea and vomiting worse. Avoid solid foods until there has been no vomiting for six hours, and then work slowly back to a normal diet. Please see the section with information on dehydration.

An over-the-counter bismuth stomach remedy like Pepto-Bismol is effective for upset stomach, nausea, indigestion, and diarrhea. Because it contains aspirin-like salicylates, it should NOT be used in young people who might have (or recently had) chickenpox or the flu.

Most vomiting comes from mild viral illnesses. Nevertheless, if Volunteers' suspect the vomiting is from something serious and/or from poisoning, they should activate their CALM Plan immediately.

Volunteers should activate their CALM Plan if they experience anyone of the following:

- Vomiting longer than 24 hours
- Blood or bile in the vomit
- Severe abdominal pain
- Headache and stiff neck
- Signs of dehydration

Signs of dehydration include:

- Increased thirst
- Infrequent urination or dark yellow urine
- Dry mouth
- Eyes that appear sunken
- Crying without tears
- Loss of normal skin elasticity (if you touch or squeeze the skin, it doesn't bounce back the way it usually does)

Volunteers should also call if:

- They are lethargic or experience marked irritability.
- They are unable to retain any fluids for 8 hours or more.
- Vomiting is recurrent.
- There is a decrease in urination.
- Nausea persists for a prolonged period of time.

NOTE: AMIGOS Volunteers are trained to watch for signs and symptoms of illnesses in their partners and to activate their CALM Plan on their partners' behalf if necessary.

Constipation and Abdominal Pain

Some Volunteers experience constipation instead of diarrhea. This is usually an uncomfortable problem that is not dangerous. Simple remedies such as drinking plenty of fluids, eating fibrous foods such as prunes (well cleaned), milk of magnesia, or Maalox/Mylanta are sufficient to solve the problem. Only when constipation is associated with severe pain or fever should medical attention be sought.

Abdominal pain, which is not the same as gas cramps, can be present with or without diarrhea and/or vomiting. You should follow your CALM Plan and notify Project Staff if you experience the following:

- severe abdominal pain coupled with high fever persisting for more than 24 hours
- abdominal pain that progressively becomes worse over several days
- abdominal pain accompanied by vomiting or diarrhea

Upper Respiratory Infections

URL of this page: <http://www.nlm.nih.gov/medlineplus/ency/article/000678.htm>

See previous note on source information under the "Preventing and Treating Disease & Illness During the Summer" heading.

Over the last 5 years of AMIGOS Projects there were 429 cases of upper respiratory infections, which in most cases were treated with antibiotics prescribed by physicians at local clinics in or near the Volunteer's host community. These infections include: bronchitis, cold, flu, pneumonia, respiratory bacterial infection, respiratory viral infection, sinus infection, throat infection, breathing difficulty, cold/flu symptoms, congestion, runny nose, sinus pressure, sore or swollen throat, and cough.

Upper respiratory infections are as common in Latin America as they are in the US. An upper respiratory infection or the common cold generally involves a runny nose, nasal congestion, and sneezing. You may also have a sore throat, cough, headache, or other symptoms. Over 200 viruses can cause a cold.

Colds can occur year-round, but they occur mostly in the winter (even in areas with mild winters). In areas where there is no winter, colds are most common during the rainy season.

When someone has a cold, their runny nose is teeming with cold viruses. Sneezing, nose-blowing, and nose-wiping spread the virus. You can catch a cold by inhaling the virus if you are sitting close to someone who sneezes, or by touching your nose, eyes, or mouth after you have touched something contaminated by the virus.

People are most contagious for the first 2 to 3 days of a cold, and usually not contagious at all by day 7 to 10.

Symptoms

The three most frequent symptoms of a cold are:

- Runny nose
- Nasal congestion
- Sneezing

Adults and young people with colds generally have minimal or no fever. Once you have "caught" a cold, the symptoms usually begin in 2 or 3 days, though it may take a week. Typically, an irritated nose or scratchy throat is the first sign, followed within hours by sneezing and a watery nasal discharge.

Within one to three days, the nasal secretions usually become thicker and perhaps yellow or green. This is a normal part of the common cold and not a reason for antibiotics.

Depending on which virus is the culprit, the virus might also produce:

- Sore throat
- Cough
- Muscle aches
- Headache

- Postnasal drip
- Decreased appetite

Still, if it is indeed a cold, the main symptoms will be in the nose. Colds are a common precursor of ear infections. The entire cold is usually over all by itself in about 7 days, with perhaps a few lingering symptoms (such as cough) for another week. If it lasts longer, Volunteers should activate their CALM Plan to rule out another problem such as a sinus infection or allergies.

Treatment

Get plenty of rest and drink lots of fluids. Over-the-counter cold remedies may help ease cold symptoms. These won't actually shorten the length of a cold, but can help Volunteers feel better.

Antibiotics should not be used to treat a common cold. They will not help and may make the situation worse. Thick yellow or green nasal discharge is not a reason for antibiotics, unless it doesn't get better within 10 to 14 days. (In this case, it may be sinusitis.)

Chicken soup has been used for treating common colds at least since the 12th century. It may really help. The heat, fluid, and salt may help you fight the infection.

Possible Complications

- Bronchitis
- Pneumonia
- Ear infection
- Sinusitis
- Worsening of asthma

Volunteers should activate their CALM Plan for upper respiratory infections when:

- The symptoms worsen or do not improve after 7 to 10 days
- Breathing difficulty develops
- Specific symptoms deserve a call (for example, a fever is present)

Prevention of Colds

It might seem overwhelming to try to prevent colds, but you can do it. Here are four proven ways to reduce exposure to germs:

- **Wash hands:** Children and adults should wash hands at key moments -- after nose-wiping, after diapering or toileting, before eating, and before preparing food.
- **Use instant hand sanitizers:** A little dab will kill 99.99% of germs without any water or towels. The products use alcohol to destroy germs. They are an antiseptic, not an antibiotic, so resistance can't develop.
- **Disinfect:** Clean commonly touched surfaces (sink handles, sleeping mats) with an EPA-approved disinfectant.
- **Use paper towels** instead of shared cloth towels.

Here are five ways recommended by NIH to support the immune system:

- **Avoid unnecessary antibiotics:** The more people use antibiotics, the more likely they are to get sick with longer, more stubborn infections caused by more resistant organisms in the future.
- **Avoid second-hand smoke:** Keep as far away from it as possible! It is responsible for many health problems, including millions of colds.
- **Get enough sleep:** Late bedtimes and poor sleep leave people vulnerable.
- **Drink water:** Your body needs fluids for the immune system to function properly.
- **Eat yogurt:** The beneficial bacteria in some active yogurt cultures help prevent colds.

Rashes and Insect Bites

Various rashes and bug bites can be common but not usually serious. However, some people have allergic reactions, or their bites become infected.

For less severe rashes and bites, do the following:

- Wash your hands with soap and water frequently, and keep the bite clean.
- Use a topical antibiotic cream for scrapes, abrasions, small cuts.
- Use topical hydrocortisone cream for localized small itchy areas.
- Use Benadryl for intense itching.

Additionally, Volunteers are recommended to wear sunscreen at all times as they will often be outside for long periods of time in conditions of strong sunlight.

Heat Rash

Heat rash is a skin irritation caused by excessive sweating during hot, humid weather. It can occur at any age but is most common in young children.

Heat rash looks like a red cluster of pimples or small blisters. It is more likely to occur on the neck and upper chest, in the groin, under the breasts, and in elbow creases.

The best treatment for heat rash is to provide a cooler, less humid environment. Keep the affected area dry. Dusting powder may be used to increase comfort. Treating heat rash is simple and usually does not require medical assistance. Other heat-related problems can be much more severe.

http://www.bt.cdc.gov/disasters/extremeheat/heat_guide.asp

More Serious Bites

If a Volunteer should experience a snake, scorpion or spider bite, they should first take care to avoid further strikes by getting away from the animal or insect. As soon as a Volunteer or their partner is bitten by a snake, scorpion, or spider, they should activate their CALM Plan!

Next, keep the affected area at rest. Then, above the bite wound, apply a broad band or bandage to constrict some blood flow out of the limb (but it should not be as tight as a tourniquet). Put a splint on the affected area and seek medical attention.

With respect to other bites, Volunteers should activate their CALM plan and contact their Project Staff whenever there is:

- Fever greater than 101°
- Sign of infection
- Pus that does not respond when the wound is cleaned
- Red streaks extending and growing from a rash or bite toward the rest of the body
- Large raised, itchy welts
- General sick feeling

Scabies

A somewhat common insect born condition of the skin, scabies was reported 61 times among Volunteers and Project Staff during the last 5 years. Specific information on preventing and treating scabies is made available to Volunteers during training and upon arrival in country.

Every summer, a handful of AMIGOS Volunteers become infected with scabies, small bugs that burrow under the skin and provoke intense itching. Scabies is usually spread by skin-to-skin contact or via infested bedclothes and linens.

While not an emergency unless accompanied by other symptoms such as wheezing, shortness of breath or severe rash, scabies should be treated by a medical professional. As it is not an emergency, Volunteers do not need to immediately activate their CALM plan but should inform their Project Supervisor during his or her next visit. Meanwhile, to relieve the itching, apply an anti-itch remedy (hydrocortisone) or an antihistamine like Benadryl, both of which should be included in every Volunteer's first aid kit.

Prevention of Insect Born Illnesses

Malaria, dengue, yellow fever and chagas disease are endemic in some of AMIGOS project areas. The following sections provide an overview for understanding these diseases so that you and your Volunteer are prepared to fully adhere to the necessary preventative measures. AMIGOS Volunteers rarely experience these diseases and when they do occur it is often due to a lack of adherence to preventative measures: prophylaxis, sleeping under mosquito nets or neglecting to use effective mosquito repellents.

Malaria Fact Sheet

(Copied from the CDC website: <http://www.cdc.gov/malaria/index.htm>)

See previous note on source information under the "Preventing and Treating Disease & Illness During the Summer" heading.

Over the last 5 years there have been 4 reported cases of malaria among AMIGOS Volunteers and Project Staff. The low incident rate can be attributed to AMIGOS' commitment to requiring the malaria prophylaxis for all project areas where the disease is prevalent. More information on specifics related to malaria. *See Immunizations Requirements document for more information on malaria prophylaxis requirements.*

As with all illnesses AMIGOS Volunteers are trained to prevent infection first and foremost.

Prevention of malaria can aim at either:

- Preventing infection, by avoiding bites by parasite-carrying mosquitoes
- Preventing disease, by using antimalarial drugs prophylactically. The drugs do not prevent initial infection through a mosquito bite, but they prevent the development of malaria parasites in the blood, which are the forms that cause disease. This type of prevention is also called "suppression."

AMIGOS Volunteers are required to implement both types of prevention.

- Mosquito bites are to be avoided with:
 - Required bed nets
 - Mosquito repellent every hour or so in disease endemic areas
- Volunteers in malaria endemic areas must use malaria prophylaxis for the entire duration of their time in country and the physician prescribed pre-post field experience.
 - *See Immunizations Required for AMIGOS Participants for details.*

What is Malaria?

Malaria is a serious and sometimes fatal disease caused by a parasite that commonly infects a certain type of mosquito which feeds on humans. People who get malaria are typically very sick with high fevers, shaking chills, and flu-like illness. Four kinds of malaria parasites can infect humans:

- *Plasmodium falciparum*,
- *P. vivax*,
- *P. ovale*, and
- *P. malariae*.

Infection with P. falciparum, if not promptly treated, may lead to death. Although malaria can be a deadly disease, illness and death from malaria can usually be prevented.

How is malaria transmitted?

Usually, people get malaria by being bitten by an infective female [Anopheles](#) mosquito. Only *Anopheles* mosquitoes can transmit malaria and they must have been infected through a previous blood meal taken on an infected person. When a mosquito bites an infected person, a small amount of blood is taken in which contains microscopic malaria parasites. About 1 week later, when the mosquito takes its next blood meal, these parasites mix with the mosquito's saliva and are injected into the person being bitten.

Because the malaria parasite is found in red blood cells of an infected person, malaria can also be transmitted through blood transfusion, organ transplant, or the shared use of needles or syringes contaminated with blood. Malaria may also be transmitted from a mother to her unborn infant before or during delivery ("congenital" malaria).

Is malaria a contagious disease?

No. Malaria is not spread from person to person like a cold or the flu, and it cannot be sexually transmitted. You cannot get malaria from casual contact with malaria-infected people, such as sitting next to someone who has malaria.

What are the signs and symptoms of malaria?

[Symptoms of malaria](#) include fever and flu-like illness, including shaking chills, headache, muscle aches, and tiredness. Nausea, vomiting, and diarrhea may also occur. Malaria may cause anemia and jaundice (yellow coloring of the skin and eyes) because of the loss of red blood cells. Infection with one type of malaria, *Plasmodium falciparum*, if not promptly treated, may cause kidney failure, seizures, mental confusion, coma, and death.

How soon will a person feel sick after being bitten by an infected mosquito?

For most people, symptoms begin 10 days to 4 weeks after infection, although a person may feel ill as early as 7 days or as late as 1 year later. Two kinds of malaria, *P. vivax* and *P. ovale*, can occur again (relapsing malaria). In *P. vivax* and *P. ovale* infections, some parasites can remain dormant in the liver for several months up to about 4 years after a person is bitten by an infected mosquito. When these parasites come out of hibernation and begin invading red blood cells ("relapse"), the person will become sick.

How do I know if I have malaria for sure?

Most people, at the beginning of the disease, have fever, sweats, chills, headaches, malaise, muscles aches, nausea and vomiting. Malaria can very rapidly become a severe and life-threatening disease. The surest way for you and your health-care provider to know whether you have malaria is to have a diagnostic test where a drop of [your blood is examined under the microscope](#) for the presence of malaria parasites. If you are sick and there is any suspicion of malaria (for example, if you have recently traveled in a malaria-risk area) the test should be performed without delay.

What is known about the long term effects of drugs that are commonly used to prevent and treat malaria?

In general, most drugs used to prevent and treat malaria have been shown to be well tolerated for at least 1 year or more.

I live in an area where malaria is a problem, how can I prevent myself from getting sick?

You can prevent malaria by:

- Keeping mosquitoes from biting you, especially at night
- Taking antimalarial drugs to kill the parasites
- Spraying insecticides on your home's walls to kill adult mosquitoes that come inside
- Sleeping under bed nets - especially effective if they have been treated with insecticide, and
- Using insect repellent and wearing long-sleeved clothing if out of doors at night

How long after returning from an area with malaria could I develop malaria?

Any traveler who becomes ill with a fever or flu-like illness while traveling, and up to 1 year after returning home should immediately seek professional medical care. You should tell your healthcare provider that you have been traveling in a malaria-risk area.

When should malaria be treated?

The disease should be treated early in its course, before it becomes serious and life-threatening. Several good antimalarial drugs are available, and should be taken early on. The most important step is to think about malaria if you are presently in, or have recently been in, an area with malaria, so that the disease is diagnosed and treated in time.

What is the treatment for malaria?

Malaria can be cured with prescription drugs. The type of drugs and length of treatment depend on the type of malaria, where the person was infected, their age, whether they are pregnant, and how sick they are at the start of treatment.

If I get malaria, will I have it for the rest of my life?

No, not necessarily. Malaria can be treated. If the right drugs are used, people who have malaria can be cured and all the malaria parasites can be cleared from their body. However, the disease can continue if it is not treated or if it is treated with the wrong drug. Some drugs are not effective because the parasite is resistant to them. Some people with malaria may be treated with the right drug, but at the wrong dose or for too short a period of time.

Two types (species) of parasites, *Plasmodium vivax* and *P. ovale*, have liver stages and can remain in the body for years without causing sickness. If not treated, these liver stages may reactivate and cause malaria attacks ("relapses") after months or years without symptoms. People diagnosed with *P. vivax* or *P. ovale* are often given a second drug to help prevent these relapses. Another type of malaria, *P. malariae*, if not treated, has been known to stay in the blood of some people for several decades.

However, in general, if you are correctly treated for malaria, the parasites are eliminated and you are no longer infected with malaria.

Incubation Period

Following the infective bite by the [*Anopheles mosquito*](#), a period of time (the "incubation period") goes by before the first symptoms appear. The incubation period in most cases varies from 7 to 30 days. The shorter periods are observed most frequently with *P. falciparum* and the longer ones with *P. malariae*.

Antimalarial drugs taken for prophylaxis by travelers can delay the appearance of malaria symptoms by weeks or months, long after the traveler has left the malaria-endemic area. (This can happen particularly with *P. vivax* and *P. ovale*, both of which can produce dormant liver stage parasites; the liver stages may reactivate and cause disease months after the infective mosquito bite.)

Such long delays between exposure and development of symptoms can result in misdiagnosis or delayed diagnosis because of reduced clinical suspicion by the health-care provider. Returned travelers should always remind their health-care providers of any travel in malaria-risk areas during the past 12 months.

Uncomplicated Malaria

The classical (but rarely observed) malaria attack lasts 6-10 hours. It consists of:

- a cold stage (sensation of cold, shivering)
- a hot stage (fever, headaches, vomiting; seizures in young children)
- and finally a sweating stage (sweats, return to normal temperature, tiredness)

More commonly, the patient presents with a combination of the following symptoms:

- Fever
- Chills
- Sweats
- Headaches
- Nausea and vomiting
- Body aches
- General malaise.

Physical findings may include:

- Elevated temperature
- Perspiration
- Weakness
- Enlarged spleen.

In *P. falciparum* malaria, additional findings may include:

- Mild jaundice
- Enlargement of the liver
- Increased respiratory rate.

Diagnosis of malaria depends on the demonstration of parasites on a blood smear examined under a microscope. In *P. falciparum* malaria, additional laboratory findings may include mild anemia, mild decrease in blood platelets (thrombocytopenia), elevation of bilirubin, elevation of aminotransferases, albuminuria, and the presence of abnormal bodies in the urine (urinary "casts").

Dengue Fact Sheet

(Copied from the CDC website: <http://www.cdc.gov/ncidod/dvbid/dengue/>)

See previous note on source information under the “Preventing and Treating Disease & Illness During the Summer” heading.

Over the last 5 years, 30 cases of dengue were reported among AMIGOS Volunteers and Project Staff. It should be noted that none of these were cases manifested as *dengue hemorrhagic fever*, the more serious of the types of dengue outlined below. There is no medical prophylaxis for dengue, so Volunteers are required to sleep under mosquito nets and use sufficient mosquito repellent in project areas with risk of dengue exposure.

What is Dengue and Dengue Hemorrhagic Fever?

Dengue (DF) and dengue hemorrhagic fever (DHF) are primarily diseases of tropical and sub tropical areas and are caused by one of four virus serotypes of the genus *Flavivirus*. Infection with one of these serotypes provides immunity to only that serotype for life, so persons living in a dengue-endemic area can have more than one dengue infection during their lifetime.

DHF is a more severe form of dengue. It can be fatal if unrecognized and not properly treated. DHF is caused by infection with the same viruses that cause dengue. With good medical management, mortality due to DHF can be less than 1%.

How is dengue transmitted?

Dengue is transmitted to people by the bite of an *Aedes* mosquito that is infected with a dengue virus.

The mosquito becomes infected with dengue virus when it bites a person who has dengue or DHF and after about a week can transmit the virus while biting a healthy person. Dengue cannot be spread directly from person to person.

What are the signs and symptoms of dengue?

The principal symptoms of dengue are high fever, severe headache, backache, joint pains, nausea and vomiting, eye pain, and rash. Generally, younger children have a milder illness than older children and adults.

Dengue hemorrhagic fever is characterized by a fever that lasts from 2 to 7 days, with general signs and symptoms that could occur with many other illnesses (e.g., nausea, vomiting, abdominal pain, and headache). This stage is followed by hemorrhagic manifestations, tendency to bruise easily or other types of skin hemorrhages, bleeding nose or gums, and possibly internal bleeding. The smallest blood vessels (capillaries) become excessively permeable (“leaky”), allowing the fluid component to escape from the blood vessels. This may lead to failure of the circulatory system and shock, followed by death, if circulatory failure is not corrected.

What is the treatment for dengue?

There is no specific medication for treatment of a dengue infection. Persons who think they have dengue should use analgesics (pain relievers) with acetaminophen and avoid those containing aspirin.

They should also rest, drink plenty of fluids, and consult a physician.

Is there an effective treatment for dengue hemorrhagic fever (DHF)?

As with dengue, there is no specific medication for DHF. It can however be effectively treated by fluid replacement therapy if an early clinical diagnosis is made. Hospitalization is frequently required in order to adequately manage DHF.

Where can outbreaks of dengue occur?

Outbreaks of dengue occur primarily in areas where *Aedes aegypti* (sometimes also *Aedes albopictus*) mosquitoes live. This includes most tropical urban areas of the world. Dengue viruses may be introduced into areas by travelers who become infected while visiting other areas of the tropics where dengue commonly exists.

In the America region, all dengue virus serotypes are now present. DEN-3 was reintroduced into Central America in 1994 and is now found in several countries in the region. Since this serotype has been absent from the Americas for almost 20 years, the population has a low level of immunity and the virus is expected to spread rapidly.

What can be done to reduce the risk of acquiring dengue?

There is no vaccine for preventing dengue. The best preventive measure for residents living in areas infested with *Aedes aegypti* is to eliminate the places where the mosquito lays her eggs, primarily artificial containers that hold water. Items that collect rainwater or are used to store water (for example, plastic containers, 55-gallon drums, buckets, or used automobile tires) should be covered or properly discarded. Pet and animal watering containers and vases with fresh flowers should be emptied and scoured at least once a week. This will eliminate the mosquito eggs and larvae and reduce the number of mosquitoes present in these areas.

For travelers to areas with dengue, as well as people living in areas with dengue, the risk of being bitten by mosquitoes indoors is reduced by utilization of air conditioning or windows and doors that are screened.

Proper application of mosquito repellents containing 20% to 30% DEET as the active ingredient on exposed skin and clothing decreases the risk of being bitten by mosquitoes. The risk of dengue infection for international travelers appears to be small, unless an epidemic is in progress.

How can we prevent epidemics of dengue hemorrhagic fever (DHF)?

The emphasis for dengue prevention is on sustainable, community-based, integrated mosquito control, with limited reliance on insecticides (chemical larvicides and adulticides). Preventing epidemic disease requires a coordinated community effort to increase awareness about dengue/DHF, how to recognize it, and how to control the mosquito that transmits it. Residents are responsible for keeping their yards and patios free of sites where mosquitoes can be produced.

NOTICE: Increased dengue activity in tropical and subtropical countries

Dengue fever is becoming more prevalent worldwide, and Latin America is no exception. Disease surveillance efficacy varies from country to country, and epidemics are not always reported in all countries. For this reason, travelers may not learn that a dengue epidemic is under way before they arrive at a particular destination.

Although the risk of dengue infection for the international traveler is low, it is possible that travelers may become infected with dengue during visits to countries in Asia, the Pacific Islands, the Caribbean Islands, Mexico, Central and South America, and Africa, especially if an outbreak is in progress. The viruses that cause dengue are constantly present, and many of these areas have had multiple epidemics. The risk of contracting dengue is greater in urban areas and there is less risk in rural and areas of high altitude, above 4500 feet (1500 meters). Travelers are advised to follow the recommendations detailed below to decrease their risk of infection.

Dengue fever is a serious viral disease that is transmitted through the bite of infected *Aedes aegypti* mosquitoes. The mosquito's biting activity is greatest in the morning for several hours after daybreak and in the late afternoon for several hours before dark. However, the mosquito sometimes feeds throughout the entire day indoors, or in nearby areas protected from direct sunlight. In addition, *Aedes aegypti* sometimes feeds indoors during the night if lights are turned on. This mosquito breeds in manmade containers that can collect or hold water, such as cans, barrels, buckets, 55-gallon drums, discarded tires, flower vases, and cisterns, all of which are frequently found in the domestic urban environment.

The risk of getting dengue is reduced if you: (1) spend most of your time in air-conditioned buildings, hotels, or other closed environments that mosquitoes cannot easily enter, (2) spend some time at beaches or in forested areas where mosquitoes are generally less abundant or (3) avoid highly populated residential areas.

Dengue fever may begin suddenly. The symptoms usually include high fever, severe headache, and joint and muscle pain. Nausea, vomiting, and loss of appetite are common. A rash may appear 3 to 4 days after the fever begins and may spread from the torso to the arms, legs, and face. These early symptoms do not usually last more than 7 days. In general there are no long-term effects of dengue infection. On rare occasions, dengue may appear as a severe and potentially fatal disease called dengue hemorrhagic fever (DHF).

Yellow Fever Fact Sheet

(Copied from the CDC website:

http://www.cdc.gov/ncidod/dvbid/YellowFever/YF_FactSheet.html)

See previous note on source information under the “Preventing and Treating Disease & Illness During the Summer” heading.

Over the last 5 years, there have been no cases of Yellow Fever reported among AMIGOS Volunteers and Project staff. *See Immunizations Requirements document for more information on yellow fever requirements.*

Yellow fever is a viral disease that is transmitted to humans through the bite of infected mosquitoes. Yellow fever occurs in tropical regions of Africa and in parts of South America. Yellow fever is a very rare cause of illness in U.S. travelers. The last epidemic of yellow fever in North America occurred in New Orleans in 1905.

What causes yellow fever?

Yellow fever is caused by infection with yellow fever virus, which is transmitted by the bite of infected mosquitoes.

What can people do to prevent becoming infected with yellow fever virus?

Yellow fever can be prevented by vaccination. Travelers should also take precautions against mosquito bites when in areas with yellow fever transmission.

Travelers should get vaccinated for yellow fever before visiting areas where yellow fever occurs. In the United States, the vaccine is given only at designated yellow fever vaccination centers. International regulations require proof of yellow fever vaccination for travel to and from certain countries. People who get vaccinated should be given an International Certificate of Vaccination.

Avoid mosquito bites when traveling in tropical areas. Mosquitoes that spread yellow fever usually bite during the day, especially at dusk and dawn.

When outside:

- Wear long-sleeved clothing and long pants. For extra protection, treat clothing with the insecticide Permethrin.
- Use insect repellent on exposed skin. Repellents containing DEET (N,N-diethylmetatoluamide), Picaridin (KBR 3023), IR 3535, p-Menthane 3,8-diole (PMD or oil of lemon eucalyptus) are effective. Follow application instructions carefully.

When inside:

- Stay in well-screened areas as much as possible.
- Spray living and sleeping areas with insecticide.
- Sleep under mosquito nets.

What is the basic yellow fever transmission cycle?

There are two kinds of yellow fever, spread by two different cycles of infection.

- Jungle yellow fever is mainly a disease of monkeys. It is spread from infected mosquitoes to monkeys in the tropical rain forest. People get jungle yellow fever when they are bitten by mosquitoes that have been infected after feeding on infected monkeys. Jungle yellow fever is rare and occurs mainly in persons who live or work in tropical rain forests.
- Urban yellow fever is a disease of humans. It is spread by mosquitoes that have been infected by other people. *Aedes aegypti* is the type of mosquito that usually carries yellow fever from human to human. These mosquitoes have adapted to living among humans in cities, towns, and villages. Their larvae grow in discarded tires, flower pots, oil drums, and water storage containers close to human dwellings. Urban yellow fever is the cause of most yellow fever outbreaks and epidemics.

What type of illness does yellow fever virus cause?

Illness ranges in severity from a self-limited febrile illness to severe hepatitis and hemorrhagic fever. Many yellow fever infections are mild, but the disease can cause severe, life-threatening illness. Symptoms of severe infection are high fever, chills, headache, muscle aches, vomiting, and backache. After a brief recovery period, the infection can lead to shock, bleeding, and kidney and liver failure. Liver failure causes jaundice (yellowing of the skin and the whites of the eyes), which gives yellow fever its name. Severe yellow fever infections can be fatal.

What is the incubation period for yellow fever?

The incubation period (time from infection to illness) is usually 3-6 days.

What is the mortality rate of yellow fever?

Case-fatality rates from severe disease range from 15% to more than 50%.

How is yellow fever treated?

There is no specific treatment for yellow fever. Treatment is symptomatic-rest, fluids, and ibuprofen, naproxen, acetaminophen, or paracetamol may relieve symptoms of fever and aching. Aspirin should be avoided. Infected persons should be protected from further mosquito exposure (staying indoors and/or under a mosquito net during the first few days of illness) so that they can't contribute to the transmission cycle.

Where does yellow fever virus occur?

The geographic range of the virus is [South America and Africa](#). For information on current outbreaks, consult CDC's Travelers' Health website (www.cdc.gov/travel). Given the current yellow fever epidemics and the world wide distribution of *Aedes aegypti*, there is a risk of importation of yellow fever into new areas by infected travelers.

Chagas Disease Fact Sheet

(Copied from the CDC website <http://www.cdc.gov/chagas/factsheets/detailed.html>)

See previous note on source information under the “Preventing and Treating Disease & Illness During the Summer” heading.

AMIGOS has had no confirmed cases of Chagas disease reported for Volunteers and Project Staff members in the past 5 years.

Introduction

Chagas (pronounced SHA-gus) disease is named after the Brazilian physician Carlos Chagas, who discovered it in 1909. It is caused by the parasite *Trypanosoma cruzi*, which is transmitted to animals and people by insect vectors that are found only in the Americas (mainly, in rural areas of Latin America where poverty is widespread). Chagas disease (*T. cruzi* infection) is also referred to as American trypanosomiasis.

It is estimated that as many as 8 to 11 million people in Mexico, Central America, and South America have Chagas disease, most of whom do not know they are infected. If untreated, infection is lifelong and can be life threatening.

The impact of Chagas disease is not limited to the rural areas in Latin America in which vectorborne transmission occurs. Large-scale population movements from rural to urban areas of Latin America and to other regions of the world have increased the geographic distribution and changed the epidemiology of Chagas disease. In the United States and in other regions where Chagas disease is now found but is not endemic, control strategies should focus on preventing transmission from blood transfusion, organ transplantation, and mother-to-baby (congenital transmission).

How do people get Chagas disease?

People can become infected in various ways. In Chagas-endemic areas, the main way is through vectorborne transmission. The insect vectors are called triatomine bugs. These blood-sucking bugs get infected by biting an infected animal or person. Once infected, the bugs pass *T. cruzi* parasites in their feces. The bugs are found in houses made from materials such as mud, adobe, straw, and palm thatch. During the day, the bugs hide in crevices in the walls and roofs. During the night, when the inhabitants are sleeping, the bugs emerge. Because they tend to feed on people’s faces, triatomine bugs are also known as “kissing bugs.” After they bite and ingest blood, they defecate on the person. The person can become infected if *T. cruzi* parasites in the bug feces enter the body through mucous membranes or breaks in the skin. The unsuspecting, sleeping person may accidentally scratch or rub the feces into the bite wound, eyes, or mouth.

People also can become infected through:

- consumption of uncooked food contaminated with feces from infected bugs;
- congenital transmission (from a pregnant woman to her baby);
- blood transfusion;
- organ transplantation; and
- accidental laboratory exposure.

It is generally considered safe to breastfeed even if the mother has Chagas disease. However, if the mother has cracked nipples or blood in the breast milk, she should pump and discard the milk until the nipples heal and the bleeding resolves.

Chagas disease is not transmitted from person-to-person like a cold or the flu or through casual contact.

If I have Chagas disease, should my family members be tested for the infection?

Possibly. They should be tested if they:

- could have become infected the same way that you did, for example, by vectorborne transmission in Latin America;
- received blood or organs that you donated after you already were infected;
- are your children and were born after you were infected; or if
- there are other reasons to think that they might have Chagas disease.

In what parts of the world is Chagas disease found?

People who have Chagas disease can be found anywhere in the world. However, vector-borne transmission is confined to the Americas, principally rural areas in parts of Mexico, Central America, and South America. In some regions of Latin America, vector-control programs have succeeded in stopping this type of disease spread. Chagas disease is not endemic in the Caribbean (for example, in Puerto Rico or Cuba). Rare vector-borne cases of Chagas disease have been noted in the southern United States.

What are the symptoms and signs of Chagas disease?

Much of the clinical information about Chagas disease comes from experience with people who became infected as children through vectorborne transmission. The severity and course of infection might be different in people infected at other times of life, in other ways, or with different strains of the *T. cruzi* parasite.

There are two phases of Chagas disease: the acute phase and the chronic phase. Both phases can be symptom free or life threatening.

- The **acute phase** lasts for the first few weeks or months of infection. It usually occurs unnoticed because it is symptom free or exhibits only mild symptoms and signs that are not unique to Chagas disease.
 - The symptoms noted by the patient can include fever, fatigue, body aches, headache, rash, loss of appetite, diarrhea, and vomiting.
 - The signs on physical examination can include mild enlargement of the liver or spleen, swollen glands, and local swelling (a chagoma) where the parasite entered the body.
 - The most recognized marker of acute Chagas disease is called Romaña's sign, which includes swelling of the eyelids on the side of the face near the bite wound or where the bug feces were deposited or accidentally rubbed into the eye.
 - Even if symptoms develop during the acute phase, they usually fade away on their own, within a few weeks or months. Although the symptoms resolve, the infection, if untreated, persists. Rarely, young children (<5%) die from severe inflammation/infection of the heart muscle (myocarditis) or brain

(meningoencephalitis). The acute phase also can be severe in people with weakened immune systems.

- During the **chronic phase**, the infection may remain silent for decades or even for life. However, some people develop:
 - **cardiac complications**, which can include an enlarged heart (cardiomyopathy), heart failure, altered heart rate or rhythm, and cardiac arrest (sudden death); and/or
 - **intestinal complications**, which can include an enlarged esophagus (megaesophagus) or colon (megacolon) and can lead to difficulties with eating or with passing stool.

The average life-time risk of developing one or more of these complications is about 30%.

What should I do if I think I have Chagas disease?

You should discuss your concerns with your health care provider, who will examine you and ask you questions (for example, about your health and where you have lived). Chagas disease is diagnosed by blood tests. If you are found to have Chagas disease, you should have a heart tracing test (electrocardiogram), even if you feel fine. You might be referred to a specialist for more tests and for treatment.

How is Chagas disease treated?

There are two approaches to therapy, both of which can be life saving:

- **antiparasitic** treatment, to kill the parasite; and
- **symptomatic** treatment, to manage the symptoms and signs of infection.

Antiparasitic treatment is most effective early in the course of infection but is not limited to cases in the acute phase. In the United States, this type of treatment is available through CDC. Your health care provider can talk with CDC staff about whether and how you should be treated. Most people do not need to be hospitalized during treatment.

Symptomatic treatment may help people who have cardiac or intestinal problems from Chagas disease. For example, pacemakers and medications for irregular heartbeats may be life saving for some patients with chronic cardiac disease.

I plan to travel to a rural area of Latin America that might have Chagas disease.

How can I prevent infection?

No drugs or vaccines for preventing infection are currently available. Travelers who sleep indoors, in well-constructed facilities (for example, air-conditioned or screened hotel rooms), are at low risk for exposure to infected triatomine bugs, which infest poor-quality dwellings and are most active at night. Preventive measures include spraying infested dwellings with residual-action insecticides, using bed nets treated with long-lasting insecticides, wearing protective clothing, and applying insect repellent to exposed skin. In addition, travelers should be aware of other possible routes of transmission, including bloodborne and foodborne.

Rabies

Over the last 5 years, 73 cases of animal bites or scratches were reported among AMIGOS Volunteers and Project Staff. The post-exposure rabies vaccination regimen was required in only 3 of those cases. Detailed information on rabies and how it can be prevented is provided below. Rabies pre-exposure vaccine is expensive and doesn't eliminate the need for post-exposure treatment. *See Immunizations Requirements document for more information on rabies prophylaxis options.*

Rabies is a viral infection that is present around the world. In the US, most rabies is transmitted from exposure to bats, raccoons and other unvaccinated animals. All mammals can carry the rabies virus. In Latin America, rabies may be transmitted by unvaccinated animals, such as dogs, cats, predator mammals and vampire bats.

Once symptoms of infection are present, rabies is fatal. Getting the rabies post-exposure vaccine is painful, but unlike the actual disease, it will not kill you. Although AMIGOS Volunteers are occasionally bitten or nipped by an animal, the following guidelines have been tried and tested throughout the years and have proven to be very effective in minimizing animal bites, as well as in preventing unnecessary post-exposure vaccination. Keep in mind that not all AMIGOS host countries have the vaccines available in country. The vaccine regime is also a painful and expensive process. Therefore being bitten or scratched by any mammal can result in a Volunteer having to leave their host community and/or being sent home for treatment at the family's expense.

Rabies Prevention

Prevention is key. Avoid all dogs, as well as cats and other mammals. **Volunteers should NEVER, under any circumstances, pet them, NOT even if they know the animal.** Dogs and cats can appear very cute and affectionate, but remember that many have not been vaccinated. Be aware that most mammals can pass rabies. Not all infected species are feline, canine, or even domesticated. For example, Volunteers have been bitten by donkeys in the past. Bats also carry rabies, which is one of the reasons you are required to use mosquito nets in most project areas.

Rabies is a consideration anytime saliva from a suspected animal penetrates the skin, whether from a bite, or even just licking an open wound on the Volunteer.

The AMIGOS Medical Director will be sending a letter to Volunteers and parents with reminders and any applicable updates to the rabies protocol in the late spring.

Rabies Vaccination Before a Bite

In the U.S., AMIGOS Volunteers have the option to be immunized against rabies prior to leaving for Latin America. Currently, there are several available vaccines effective to prevent rabies, including vaccines derived from human diploid cells, duck embryo cells and other sources. These are **all** effective in preventing rabies. However, if an individual is exposed to rabies, and is not previously immunized with one of the above vaccines, then the current recommendations from the Centers for Disease Control and Prevention (CDC) are to use Rabies Immune Globulin (RIG) in combination with any of the vaccines. Unfortunately, there is currently a worldwide

shortage of RIG, and it cannot currently be obtained in some developing countries, including some AMIGOS countries.

Should I receive rabies preexposure vaccination before traveling to other countries?

In most countries, the risk of rabies and the precautions for preventing rabies are the same as they are in the United States.

However, in some developing countries in Africa, Asia, and Latin America, dog rabies may be common and preventive treatment for rabies may be difficult to obtain. If you are traveling to a rabies-endemic country, you should consult your health care provider about the possibility of receiving pre-exposure vaccination against rabies. For more information on rabies prophylaxis, please see the CDC website. <http://www.cdc.gov/rabies/news/RabVaxupdate.html>

The preferred vaccine is the Human Diploid Cell Vaccine (Imovax). This vaccine is given on a schedule of Days 0, 7 and 21 or 28, for a total of three doses. The advantage of immunization prior to a bite is that the Volunteer will require less immunizations later, should they be bitten. However, it should be noted that this vaccine is quite expensive and will not prevent the need for additional vaccines should there be an incident of possible infection. Additionally, the vaccines may be difficult to obtain in Latin America. It is possible the Volunteer may need to be returned to the U.S. early if the appropriate vaccine cannot be obtained in Latin America.

If a Volunteer is bitten: *Any bite that breaks the skin, even the slightest bit, must be reported immediately to Project Staff.* Volunteers must activate their CALM plan, and notify their Project Staff as soon as possible. If they do not notify Project Staff when bitten by an animal, this is violation of the Standards of Conduct, because this behavior is detrimental to both the Volunteer's health and the project.

If a Volunteer is licked: Rabies can be transmitted through saliva, so if an animal licks an open wound (including irritated insect bites), rabies could be contracted. As with bites, Volunteers will need to activate their CALM plan to report any licks on open wounds that are receive from animals. Not doing so is a violation of the Standards of Conduct.

If a Volunteer are scratched: Rabies can be passed through a scratch if it breaks the skin or is located on an open wound. Again, Volunteers must activate their CALM plan to report any scratches that fit these criteria and not doing so is a violation of the Standards of Conduct.

Treating an animal bite, scratch, or lick: After being bitten, scratched, or licked by an animal suspected of having rabies, the first priority should be to locate and restrain the animal. If it is a domestic animal, ask its owner to catch it immediately. Explain the importance of holding the animal for 10 days in order to observe it for symptoms of the disease. Vigorously scrub and wash the affected area (preferably with antibacterial soap). Rinse the wound well and apply alcohol or iodine to kill any germs. Seek assistance at the nearest health facility as soon as possible and use your CALM plan to notify your AMIGOS Project Staff right away.

For information on rabies infections, symptoms and treatment go to the CDC website at this address: http://www.cdc.gov/ncidod/dvrd/rabies/natural_history/nathist.htm

Orthopaedic Injuries

Over the last 5 years 59 cases of an orthopaedic injury were reported among Volunteers and Project Staff. These cases include: aching joints, foot injuries, twisted ankles, fractures, sprains, back pain, muscle pain, knee pain, head trauma (mild concussion), torn or pulled ligaments, pulled muscle, and neck pain. The overwhelming majority of these cases were considered mild to moderate and Volunteers were treated in-country in consultation with an on-call physician in the United States.

Volunteers should take care to prevent orthopaedic injuries during their time in Latin America. They should be careful when engaging in aggressive activities such as soccer, hiking, etc. Volunteers who experience serious injuries, who cannot walk (e.g., bad sprains), or who cannot work (e.g., arm/hand injuries) may need to return home early. If Volunteers experience an injury that interferes with walking, working or they think they may have broken a bone, they should activate their CALM Plan.

The treatment for minor orthopaedic injuries is:

- Rest
- Ice if available. Not heat.
- Compression (i.e. an ace bandage for an ankle sprain)
- Elevation

Post Summer Health Steps

Medical Check-up

All Volunteers are strongly encouraged to see their primary care physician upon return home. This is particularly important if they have experienced any illnesses during the summer and/or continue to experience symptoms of an illness contracted prior to returning home. At a minimum Volunteers should get a TB test upon return and any positive results should be reported to the AMIGOS International Office.

Medical Documentation

- A Volunteer Health Log will be part of their permanent file and will include a chronological listing of all illnesses or symptoms noted by the Volunteer in Latin America during the summer. In addition, any illnesses reported to the On-Call System during the summer are contained in the Volunteer database and are available as support documentation in the follow-up of any Volunteer's care post summer.
- Each Volunteer will be given a Medical Summary Form to take home. This form will also include a listing of all medical conditions treated by a doctor as well as the medications prescribed during the summer and should be given to the Volunteer's treating physician(s) upon return home if needed.

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