



EMERGENCY PROTOCOLS FOR MONTEVERDE INSTITUTE COURSE COORDINATORS & PROFESSORS

The health and safety of our students is a priority for the Monteverde Institute. While we recognize that no single plan can address every type of emergency situation that might occur, it is important to establish consistent and predictable policies and procedures that will safeguard our students. These procedures need to be clearly defined and followed in order to assist staff, faculty, administrators, and students in reacting in an effective and responsible manner when emergencies develop.

Course professors and Coordinators are provided copies of these protocols along with the Coordinator handbook. Pre-course information, such as medical conditions, dietary restrictions, and emergency contacts, is gathered before the arrival of students, and a full range of the available emergency services are documented. *All MVI Coordinators are minimum first aid trained, and many are Wilderness Advanced First Aid or Wilderness First Responder certified.*

Regarding institutions that provide faculty for courses with MVI, MVI will defer to that client institution's protocols. The client institution's faculty accompanying the course will have complete oversight and control of the students and program unless otherwise requested. Therefore, in the case of an emergency, the client institution's faculty will take the lead in managing the crisis and act as the point of contact for the client institution and the Monteverde Institute. The Monteverde Institute will act as support, advisor, and facilitator of the directives issued by the client institution faculty as they fall within Costa Rican law and the Monteverde Institute's capabilities. Costa Rican law supersedes the directives of all institutions. In the case of disagreement in medical decisions between the MVI Coordinator and the client institution faculty, call Dr. Wander Hernández for his recommendation.

Since the inception of the Monteverde Institute in 1986 with its mission to guide students and academics in exceptional programs of placed based learning and cultural understanding, we have served over 11,000 students or more than 500 students per year in the last decade. We believe that study abroad programs are critical for the creation and stability of the global community that is our future. We are proud to be a part of this larger mission.

The following are MVI protocols that are a guide to emergency management and are protocols to be used in the absence of sending university faculty or to assist a client institution's faculty with procedures as they apply in Costa Rica. Coordinator first aid training is paramount, and first response to emergencies should follow this training.

MONTEVERDE INSTITUTE EMERGENCY RESPONSE TEAM (ERT)

Call ERT members in the following order until you make contact.

Depending on the type and degree of emergency, the contacted person will consult with at least one other person on the team. When necessary, all team members will be consulted.

ERT MEMBER	TITLE/SPECIALTY	HOME TEL.	MOBILE TEL.
Estela Coghi (First Contact)	MVI Director Assistant, WAFA (Wilderness Advanced First Aid)	N/A	8710-0141
Lilliam Zúñiga (Second Contact)	MVI Academic Assistant, WAFA (Wilderness Advanced First Aid)	N/A	8355-7690
Alexandra Paniagua (Third Contact)	Academic Director	N/A	8818-2269
Fern Perkins (Fourth Contact)	Executive Director, Wilderness First Responder	2645-7150	8658-8770
Wander Hernández	Medical doctor	N/A	8589-8227/2645-6065
Harriet Joslin	Crisis management, clinical social worker	2645-7043	N/A
Angie Kubin	Licensed Psychologist		8391-9339
Marco Retana	Attorney at law	2222-9566	8387-1068

MVI staff contact numbers:

Monteverde Institute		2645-5053	2645-5219
		HOME TEL.	MOBILE TEL.
Fern Perkins	Executive Director	2645-7150	8658-8770
Estela Coghi	Director Assistant, WAFA (Wilderness Advanced First Aid)	N/A	8710-0141
Alexandra Paniagua	Academic Programs Director	N/A	8818-269
Lilliam Zúñiga	International Programs Facilitator, Logistics	N/A	8355-7690
Karen Matarrita	Homestay Coordinator	8494-6532	8529-5039
Seidy Torres	Financial Director	2645-7044	8312-1324
Yadixa Leitón	Financial Director Assistant	N/A	8707-4900
Jorge Mora	Maintenance	8387-8082	8331-0445
Selena Avedaño	CIC Supervisor	2645-7415	8846-2698

EMERGENCY CONTACT NUMBERS BY LOCATION

NATIONAL EMERGENCY SYSTEM: 911 can be called from anywhere COUNTRY-WIDE

Emergency	911
Poison Control	2233-1028
INS (traffic accident)	800-800-8000
SENASA (National Animal Health Service)	2587-1600 ext. 1696 (Heredia, central office)
U.S. Embassy	2519-2000

SANTA ELENA / MONTEVERDE

Clínica de Emergencias	2645-7778 / 8304-2121 / 8391-9290
Centro de Salud Dr. Hernández	8589-8227
Clínica Santa Elena	2645-5076 / 2645-5716
Cruz Roja Costarricense	2645-6128
Dr. Wander Hernández	8589-8227/ 2645-6065
Farmacia Vitosí	2645-5004
Police	24 hours: 2645-7074 / general: 2645-6248
OIJ (to report a crime)	2645-5992 (Puntarenas: 2630-0377)
Bomberos (fire department)	2645-7512
INS – Monteverde agent	2645-5719

SAN JOSÉ

Clínica Católica Hospital	2246-3000
Hospital Calderón Guardia	2212-1000
CIMA Hospital	2208-1144 / 2208-1776
Hospital de Niños	2523-3600
Clínica Bíblica Hospital	2522-1000
Hospital México	2242-6700
Hospital de la Mujer	2523-5900

If you have a concern about a course participant and are not sure if it should be considered an emergency, please call someone on the ERT or a medical center. It is better to err on the side of caution. **THE COORDINATOR HAS THE RESPONSIBILITY TO NOTIFY THE MVI EMERGENCY RESPONSE TEAM AS SOON AS POSSIBLE IN ANY EMERGENCY**

(See the list of individual telephone numbers)

THE MVI EMERGENCY RESPONSE TEAM WILL PROVIDE BOTH IMMEDIATE AND CONTINUOUS SUPPORT.

For visiting professors, the MVI ERT will provide support and assistance for carrying out the client institution's protocols.

In cases where the Coordinator is in charge, the ERT will immediately contact the client institution's international studies office to report the incident and will call you back if there are any specific instructions from the client institution's international studies office.

You have been provided with emergency phone numbers for both the MVI ERT and the client institution. In the case of an emergency in which you are unable to contact anyone on the MVI contact list, please call a contact person on the client institution's contact list. This might be the case in a natural disaster where in country communication is out of service. Provide as many details of the emergency as possible and then follow the instructions of the international studies office.

MONTEVERDE INSTITUTE EMERGENCY RESPONSE TEAM (ERT)

Contact person "A" first. If that person is not available, contact person "B". If "A" and "B" are not available, contact person "C". The following is the MVI ERT. They will follow MVI protocols to guide the management of the emergency. **In most cases the MVI administration will notify the client institution.**

Core ERT:

- A. Estela Coghi, MVI Director Assistant, WAFA: 8710-0141
- B. Lilliam Zúñiga, International Programs Facilitator, Logistics, WAFA: 8355-7690
- C. Alexandra Paniagua, Academic Programs Director, 8818-2269
- D. Fern Perkins, MVI Academic Director, WAFA: 2645-7150 / 8658-8770
- E. ***Wander Hernández, Medical Doctor (phone consultations and home visits for all medical needs and sexual assault): 8589-8227/8813-3253***

Auxiliary ERT:

- A. Angie Kubin, Licensed Psychologist: **8391-9339**
- B. Harriet Joslin, Crisis Management and Clinical Social Worker: **2645-7043**
- C. Marco Retana, Lawyer: **2222-9566 / 8387-1068**

Internal Communication Protocol for Emergency Response Team

Members of the core ERT will be reachable by WhatsApp, cell phone, or landline whenever there is a group in the country.

The person notifying another member of the ERT is responsible for ensuring receipt of the communication by the other party (message reply or phone conversation).

When any team member is contacted by a coordinator, professor, or student in an emergency, the entire core team will be notified of the emergency.

The core team are members of the Emergencies MVI WhatsApp group, which will be used for updates, in addition to phone communication. They will involve other members of the ERT by phone as necessary.

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EMERGENCY PREVENTION AND PREPAREDNESS PLAN

Course Coordinators are required to be prepared with the following:

- **Coordinators must carry the following emergency contact and protocol information at all times:**
 - MVI Coordinator emergency contact card
 - Emergency telephone list (with numbers relevant to the itinerary highlighted)
 - Printed MVI emergency protocols and step-by-step protocol for sexual assault
 - Student medical information and medical accountability form
 - Client institution emergency packet (emergency contact list and protocol)
- **Check that all students have the MVI emergency contact card** with them at all times, and that **faculty, Coordinator, and driver numbers** have been entered on the card. Stress that **911** service is available in Costa Rica.
- **Complete the student check sheet**, including cell phone number for those who have one in Costa Rica (Appendix B or use the copy provided in the course handover).
- Make sure that all students receive the **health and safety briefing** within 12 hours of arrival and before students leave hotel or commence activities. Reiterate specific risks at each location.
- **Know your participants.** Complete the **medical accountability form** and understand all conditions, medications, and possible complications (Appendix A). Check that students have their medications, or stop at a pharmacy so they can restock. Know where students keep Epi-pens and inhalers.
- **Designate a student leader**, in case the faculty and Course Coordinator become incapacitated or unavailable. The student leader should have available all of the emergency numbers (the MVI Coordinator will be given an extra copy of all of the emergency telephone numbers for this purpose).
- **Designate a primary and secondary meeting place** (e.g. bus, hotel, entrance) at each location that the group visits, and develop contingency plans of what students should do if they become lost or separated from the group. Also designate general meeting spots at the beginning of the course (e.g. reception).
- Activate **GPS** to find location on cell phone, if applicable.
- For semester courses, **passport copies** are on file at the Academic Department Office at MVI. Short course client institution faculty have been asked to have copies on file at the client institution's international studies office.

Students and visiting faculty should:

- Have received and read the student handbook.
- Have received health and safety information briefing as part of orientation.
- Have an emergency telephone number card.

- Know how to use the GPS system on their telephones (if they have one).
- Know the contingency plan in case the group is separated (meeting spot, who to call at MVI).

EMERGENCY RESPONSE PROTOCOLS

In all situations, your first concern is the immediate physical and emotional well-being of the patient and the group.

ACT WITHIN THE SCOPE OF YOUR TRAINING.

In other words, provide responsible care but do not exceed your training.
Refer to professionals as much as possible.

STAY CALM

- Attend to immediate medical needs and secure the scene.
- Follow the instructions of the client institution's faculty.
- Notify the MVI ERT as soon as possible for additional help. If no faculty member is with you, the MVI ERT will assist you.
- In extreme cases, if communication with the MVI ERT is not possible (e.g. no telephone service), consult directly with the client institution's emergency contact.
- If the client institution faculty is not able to execute their protocols, initiate the MVI protocols.

In the event of an emergency:

- 1. Secure the safety of the entire group.** Enlist the help of others if possible to guarantee the safety of the group. **Perform an initial assessment of the situation.** Prioritize needs.
- 2. Initiate first aid treatment if necessary.** First aid kits are provided.
- 3. Call for emergency assistance.** If the Coordinator's time is best spent with the patient, designate calls to specific professors or students.
 - **Step 1: Call 911 immediately if medical or security help is needed.**
 - **Step 2: If possible (and without further injury), transport the patient to the nearest medical facility.**
 - **Step 3: Call the nearest medical facility to either advise them of your arrival or have them send help.**

Neither the patient nor the rest of the group should be left alone – both must be accompanied by either faculty or the Coordinator. The Coordinator may do either but should be accompanied by another person (faculty or designated student) if taking the patient to medical facilities. In the event that faculty cannot stay with the group and no one from the MVI can arrive in time to accompany the group, the designated student leader should be brought into service and made aware of their responsibilities.

Reminders for evacuation: bring the following (if at all possible)

- Student medical information
- MVI emergency protocols

- Client emergency contact information and protocols
 - MVI credit card or other funds
 - Clothes, etc. in preparation for staying with or near student during treatment
 - Student should bring: any medications, passport, insurance information, form of payment, clothes
4. **Keep the patient calm and try to provide a sense of security.** Be supportive and do not criticize the patient's actions.
 5. **Call the MVI ERT. Delegate additional calls to them.** Let the patient know that you are obligated to contact the MVI ERT. Remind them that the sending University must also be notified.
 6. **Be an advocate.** Act as an advocate for the patient and be present to provide translation and interpretation, support, and communication.
 7. **Maintain confidentiality.** Let the patient know the name of the people you must call and what their position is. Allow an adult patient to choose whether or not to contact additional support or resources. Do not share information about the emergency beyond what is necessary for its management.
 8. **Keep a log** that includes:
 - Incident/sequence of events
 - Times
 - Names of people involved
 - Actions taken (e.g. first aid treatment)
 - Recommendations given
 - Patient's wishes
 - Patient's condition
 - Any other pertinent information
 - Update the log as the situation develops
 9. **Assist with health insurance and payments.** For international insurance, assist with the phone calls to the international insurance office. The student is responsible for payments if their insurance does not cover services at the facility directly. If the student is unable to pay for services, consult with the ERT or directly with the financial director for authorization of payment, but never delay immediate treatment for a student who is in need.
- Call Seidy Torres at the MVI office (2645-5053) or cell phone (8312-1324) for help if there are complications. Patient treatment is MVI's priority. Financial details can be worked out after immediate treatment has been administered.**
10. **Submit a completed incident report** to the MVI Executive Director as soon as possible (preferably within one day of the incident). It should include the following:
 - a. A description of the accident, assault, violation: who, where, when, how, dates & times.
 - b. Document any conversation with the student, first aid treatment administered, as well as their decisions with regard to treatment or reporting.
 - c. Name and location of medical facility and date/time of arrival. Summarize what was said between medical staff, the student, and anyone else present.
 - d. Date and time that the police were notified (if necessary). Document what transpired between the student and the police.

- e. Document any other contact conversations, including the time and what transpired.
- f. Any medical documentation (vital signs, etc.).

11. Address the experience with the rest of the group. This is to make sure that everyone is safe and processing the incident in an appropriate manner. Record any additional relevant information gathered from the group. **Refer to the psychological first aid protocol.**

If the patient refuses medical recommendations, require that they fill out and sign the Exemption of Responsibility of the Monteverde Institute for Refusal of Medical Recommendations Form (Appendix E).

SEXUAL ASSAULT

Sexual Assault:

Refer to the “Steps for Handling Sexual Assault” guide.

Note: The home institution’s sexual assault policy follows the student. The Monteverde Institute follows the direction of the client institution faculty and acts in a supportive role to facilitate the directives of the said faculty.

If the victim is willing, take them to the nearest medical facility (or call 911 in the case of remote locations or if the victim needs immediate medical attention). Calling Dr. Wander Hernández (8589-8227) will be helpful as she can advise which hospital is the most appropriate depending on your location and available services.

By entering a medical facility or by calling 911, the victim will be provided all the necessary services due a sexual assault victim (compliant with Costa Rica’s Protocols Inter-Institutional para Acoso Sexual). As the victim’s advocate, ensure that the victim is allowed to make all of his/her own decisions, including the right to refuse certain services. The medical professionals will be able to prescribe the necessary medications (antiretroviral, antibiotics, and emergency contraception) and provide any other professional services (e.g. psychiatric, legal) that may be necessary.

If the victim of sexual assault does not wish to utilize the Costa Rica services or established protocols, the home institution’s emergency response service and the MVI emergency response team must be consulted for instructions on how to proceed.

The victim must be offered professional medical, psychological, and counseling services. The MVI is to facilitate these services by acting as the person’s advocate and connecting the student to professional services. Provide a sense of security and basic care to the person (e.g. water, privacy). Suggest that the person call their parents or guardians. Offer MVI’s assistance with travel arrangements if the victim would like to return to their home country. Remind the student that the client institution must be advised of the incident*.

* Most U.S. Universities are required by law under Title IX to investigate any sexual assault. The immediate notification of the International Studies Administration of the client institution is imperative so that their Title IX Coordinator is then advised. The Monteverde Institute is legally obligated to comply with this protocol. *The Monteverde Institute’s ERT will call the sending University.*

*****See Appendix D: Steps for Handling Sexual Assault*****

MEDICAL EMERGENCIES

You should review your first aid training before any course and follow those guidelines.

As Coordinator, you should assist any medical emergency with the following:

- Find the appropriate medical care (call 911, transfer to a medical facility, call a doctor).
- Secure the well-being of the patient and the rest of the group.

- Assess the severity of the emergency, ideally with a medical professional.
- Brief the MVI ERT and receive guidance.

A few examples of emergencies that require immediate attention without the possibility of waiting for help are: severe allergic reactions, heart attack, seizures, diabetic crisis, and choking.

The following are published emergency first aid procedures.

Severe Allergic Reaction

Source: <http://www.webmd.com/first-aid/severe-allergic-reaction-anaphylactic-shock>

Call 911

1. Seek emergency care

Get immediate help if the person has these symptoms or a history of severe allergic reactions (anaphylaxis) even if there are no symptoms:

- Difficulty breathing or wheezing
- Tightness in the throat or a feeling that the airways are closing
- Hoarseness or trouble speaking
- Swollen lips, tongue, or throat
- Nausea, abdominal pain, or vomiting
- Fast heartbeat or pulse
- Skin that itches, tingles, swells, or develops raised red areas (hives)
- Anxiety or dizziness
- Loss of consciousness

2. Inject Epinephrine Immediately

Inject immediately at first sign of anaphylaxis. The injection cannot harm them if it is a false alarm, but could save their life. If the person has an anaphylaxis action plan from a doctor for injecting epinephrine and other emergency measures, follow it.

Otherwise, if the person carries an epinephrine shot -- it's a good idea to always carry two shots -- or one is available:

- *If you are certified to do so*, inject epinephrine if the person is unable.
- If the person has a history of anaphylaxis, don't wait for signs of a severe reaction to inject epinephrine.
- Read and follow patient instructions carefully.
- *(If injecting from ampule using syringe, inject 0.3mg for adults or 0.15mg for children under 33 lbs. / 15 kg. In a 1:1000 solution, 1 mg = 1 mL.)*
- Inject epinephrine into outer muscle of the thigh. Avoid injecting into a vein or buttock muscles.
- Do not inject medicine into hands or feet, which can cause tissue damage. If this happens, notify the emergency room staff.
- The person may need more than one injection if there's no improvement after the first. For an adult, inject again after 5 to 15 minutes. For a child, inject again after 5 to 20 minutes.

3. Do CPR if the person stops breathing **and does not have a pulse** □ For a child, start CPR for children.

- For an adult, start adult CPR.

4. Follow Up

- Make sure that someone stays with the person for 24 hours after anaphylaxis in case of another attack
- Report the reaction to the person's doctor.

Heart Attack

Source: <https://www.nlm.nih.gov/medlineplus/ency/article/000063.htm>

Symptoms

Symptoms of a heart attack can vary from person to person. They may be mild or severe. Women, older adults, and people with diabetes are more likely to have subtle or unusual symptoms.

Symptoms in adults may include:

- Changes in mental status, especially in older adults
- Chest pain that feels like pressure, squeezing, or fullness. The pain is usually in the center of the chest. It may also be felt in the jaw, shoulder, arms, back, and stomach. It can last for more than a few minutes, or come and go.
- Cold sweat
- Light-headedness
- Nausea (more common in women)
- Numbness, aching, or tingling in the arm (usually the left arm, but the right arm may be affected alone, or along with the left)
- Shortness of breath
- Weakness or fatigue, especially in older adults and in women

First Aid

If you think someone is having a heart attack:

- Have the person sit down, rest, and try to keep calm.
- Loosen any tight clothing.
- Ask if the person takes any chest pain medication, such as nitroglycerin, for a known heart condition, and help them take it.
- If the pain does not go away promptly with rest or within 3 minutes of taking nitroglycerin, call for emergency medical help.
- If the person is unconscious and unresponsive, call 911 (or your local emergency number), then begin CPR.
- If an infant or child is unconscious and unresponsive, perform 1 minute of CPR, then call 911.

DO NOT

- Do NOT leave the person alone except to call for help, if necessary.
- Do NOT allow the person to deny the symptoms and convince you not to call for emergency help.
- Do NOT wait to see if the symptoms go away.
- Do NOT give the person anything by mouth unless a heart medication (such as nitroglycerin) has been prescribed.

Cardiopulmonary Resuscitation (CPR)

Source consulted: <https://eccguidelines.heart.org/wp-content/uploads/2015/10/2015-AHA-Guidelines-Highlights-English.pdf>

You use cardiopulmonary resuscitation (CPR) to revive someone who has stopped breathing and whose heartbeat has stopped (cardiac arrest). Not everyone who has a heart attack needs CPR because not all heart attacks cause the heart to stop beating.

If someone suddenly collapses or passes out and is not responding to you, immediately call 911, then:

If you know CPR: Perform 5 cycles (30 compressions, 2 breaths) and check to see if the person's pulse has returned.

If you don't know or have forgotten CPR: You can still help! The American Heart Association (AHA) now recommends a simplified version of CPR called **Hands-Only CPR**. This involves pushing hard and fast in the center of the chest until help arrives, or until the person begins to move or wakes up. This is safe for an adult or child over the age of eight. Any attempt to provide CPR increases a person's chances of survival.

If an automatic external defibrillator (AED) is available, follow the instructions on the AED device. The AED automatically determines if the victim needs an electrical shock to restore a beating heart. Don't worry; the AED will not shock a person who does not need it.

If the person has a pulse but is not breathing, and you know CPR, give rescue breaths.

Seizures

Source: <http://www.cdc.gov/epilepsy/basics/first-aid.htm>

First aid for generalized tonic-clonic (grand mal) seizures

When most people think of a seizure, they think of a generalized tonic-clonic seizure, also called a grand mal seizure. In this type of seizure, the person may cry out, fall, shake or jerk, and become unaware of what's going on around them.

Here are things you can do to help someone who is having this type of seizure:

- **Ease** the person to the floor.
- Turn the person gently onto **one side**. This will help the person breathe.
- Clear the area around the person of anything hard or sharp. This can **prevent injury**.
- Put something soft and flat, like a folded jacket, under his or her head.
- Remove eyeglasses.
- **Loosen** ties or anything around the neck that may make it hard to breathe.
- **Time** the seizure. Call 911 if the seizure lasts longer than 5 minutes.

Call 911 if:

- The person has never had a seizure before.
- The person has difficulty breathing or waking after the seizure.
- The seizure lasts longer than 5 minutes.

- The person has another seizure soon after the first one.
- The person is hurt during the seizure.
- The seizure happens in water.
- The person has a health condition like diabetes, heart disease, or is pregnant.

First aid for any type of seizure:

There are many types of seizures. Most seizures end in a few minutes. These are general steps to help someone who is having any type seizure:

- Stay with the person until the seizure ends and he or she is fully awake. After it ends, help the person sit in a safe place. Once they are alert and able to communicate, tell them what happened in very simple terms.
- Comfort the person and speak calmly.
- Check to see if the person is wearing or a medical bracelet or other emergency information.
- Keep yourself and other people calm.

Knowing what NOT to do is important for keeping a person safe during or after a seizure. Never do any of the following things:

- Do not hold the person down or try to stop his or her movements.
- Do not put anything in the person's mouth. This can injure teeth or the jaw. A person having a seizure cannot swallow his or her tongue.
- Do not try to give mouth-to-mouth breaths (like CPR). People usually start breathing again on their own after a seizure.
- Do not offer the person water or food until he or she is fully alert.

Diabetic Emergencies

Source:

Isaac J, Johnson D. 2013: Wilderness & Rescue Medicine. 6th ed. Jones & Bartlett Learning & Wilderness Medical Associates.

Hyperglycemia

- High blood glucose
- Develops slowly, over hours or days
- Most diabetics will be aware and adjust insulin dose accordingly to avoid hyperglycemia □

Signs and symptoms:

- Frequent urination, extreme thirst, weakness, fruity odor on patient's breath □ **Treatment:**
- Aggressive hydration and urgent evacuation if any change in mental status

Hypoglycemia

- Low blood glucose
- A diabetic with altered mental status is considered to be hypoglycemic until proven otherwise □
 Much more common than hyperglycemia □ Can develop rapidly

- **Signs and symptoms:**
- Altered mental status, which may include becoming irritable, forgetful, combative, completely disoriented, or unconscious □ **Treatment:**
- If patient is awake: give glucose gel, granulated sugar, honey, candy, juice, or any other sweet food (not sugar substitutes)
- If patient's level of consciousness has decreased and airway is a concern: rub glucose, honey, or sugar onto mucous membranes inside the mouth, or give rectal enema of sugar diluted in warm water
- Inject glucagon per kit instructions, if patient is carrying a kit
- Urgent evacuation if administration of sugar or glucagon does not rapidly resolve the problem

Never give insulin to a diabetic patient with altered mental status.

Choking

Source: <http://www.mayoclinic.org/first-aid/first-aid-choking>

The universal sign for choking is hands clutched to the throat. If the person doesn't give the signal, look for these indications:

- Inability to talk
- Difficulty breathing or noisy breathing
- Inability to cough forcefully
- Skin, lips and nails turning blue or dusky
- Loss of consciousness

For a total obstruction of the upper airway with a foreign object, perform abdominal thrusts:

- **Stand behind the person.** Wrap your arms around the waist. Tip the person forward slightly.
- **Make a fist with one hand.** Position it slightly above the person's navel.
- **Grasp the fist with the other hand.** Press hard into the abdomen with a quick, upward thrust — as if trying to lift the person up.
- **Perform a total of 5 abdominal thrusts,** if needed. If the blockage still isn't dislodged, repeat the five-and-five cycle

High Risk Wounds

Source:

Isaac J, Johnson D. 2013: Wilderness & Rescue Medicine. 6th ed. Jones & Bartlett Learning & Wilderness Medical Associates.

Patients with the following types of wounds should be evacuated to medical care, after being provided emergency first aid according to your training.

- **Grossly Contaminated:** Injuries with imbedded foreign material, such as gravel, sawdust, or clothing fibers harbor bacteria that is difficult to dislodge.
- **Mangled:** Wounds that involve crushed, shredded, or dead tissue provide a growth medium for bacteria.
- **Deep:** Wounds that penetrate to the fascia to expose joints, tendons, and bones are difficult to clean adequately, and are prone to serious infection.
- **Bites (from humans or other animals):** Mouths harbor a wide variety of virulent organisms. Human and cat bites are among the worst. Any wound exposed to human or animal saliva. **See below for dog bite.**
- **Punctures:** A small opening in the skin with a wound track that extends through several layers of tissue deposits bacteria in areas that are unable to drain properly.

Dog Bite

According to the National Animal Health Service, rabies in dogs is almost non-existent in Costa Rica. **Attend to the Patient**

1. Provide first aid.
2. Call the MVI ERT and follow any additional instructions.
3. Take the patient to the nearest medical facility promptly.
4. If the patient does not have a current tetanus vaccine, or isn't sure, request they get a tetanus shot. The doctor may not automatically give this and you may have to request it.

Report the Incident to the local police (911), OIJ, and SENASA immediately and in this order. The MVI Emergency Response Team can assist with the process with SENASA.

1. If possible, **document** the following:
 - Location of the incident.
 - Details of the attack
 - Address of where the dog lives.
 - Owner's name.
 - Information about the dog such as: breed, age, physical appearance, tied or loose, vaccination parasite treatment record, other animals present, current eating habits, etc.
 - Take photos of the dog if possible, or ask the victim and witnesses for a description. If possible, accompany police to visit the owner and take notes and ideally photos of the conditions in which the dog lives. Note especially the following about the dog: breed, age, physical appearance, tied or loose, vaccination and parasite treatment record, other animals present, current eating habits, etc.

2. **Report** the incident to 911, and file a police report and get a copy. The copy is necessary for filing the *denunciación* with OIJ and SENASA.
3. **File *denuncias*** with OIJ and SENASA. This is necessary to start the process that includes 10-day quarantine of the dog for observation of rabies symptoms.
4. Continue necessary patient care while dog is in quarantine.

If the dog or the patient shows rabies symptoms, the patient will be given a series of shots. The treatment is not readily available, is given by prescription only, and is very expensive.

Snake Bite

If possible, know what type of snake bit the person.

- **Call 911 immediately.**
- **Clean** the wound.
- **Immobilize** the wound if beneficial to patient and does not delay reaching anti-venom. Take into account that swelling will likely occur.
- **Rapid evacuation** to anti-venom – as quickly as safely possible.
- **Don't** use tourniquets, cut the wound, suck out the venom, or apply compression, ice, or any type of medicine or chemical.

*Our first aid kits may have venom extraction kits. THIS TECHNIQUE IS NOT RECOMMENDED BY WILDERNESS

FIRST AID EXPERTS. Know that this technique will remove at most a small portion of the venom, and IT IS IMPERATIVE THAT YOU FOLLOW THE SNAKE BITE PROTOCOL AND GET THE PATIENT TO A HOSPITAL IMMEDIATELY. If used, take care to prevent skin exposure to the removed poison.

Burns

Source:

Isaac J, Johnson D. 2013: Wilderness & Rescue Medicine. 6th ed. Jones & Bartlett Learning & Wilderness Medical Associates.

For anything beyond a minor sunburn, etc., seek medical assistance, beginning with the MVI ERT.

Patients with the following types of burns should be evacuated to medical care, after being provided emergency first aid according to your training.

- **Any respiratory system involvement.** Signs and symptoms include singed facial hair, burned lips, sooty sputum, and persistent cough.
- **Partial-thickness** (blisters, red, painful) **burns of the face, genitalia, hands, and feet.**
- **Circumferential burns.** (Burn completely around an extremity.)
- **Burns of any degree over greater than 10% of body surface area.** (The palm of one hand is approximately 1 %.)

Diarrhea

Sources: Isaac J, Johnson D. 2013: Wilderness & Rescue Medicine. 6th ed. Jones and Bartlett Learning and Wilderness Medical Associates; <https://www.webmd.com/digestive-disorders/diarrhea-symptoms>

Diarrhea is loose, watery stool passed two or more times per day, and might also include the following symptoms:

- Cramping
- Abdominal pain
- Bloating
- Nausea
- Fever
- Vomiting

Field treatment:

- Keep the patient hydrated (water, electrolytes, sports drinks, broth).
- Promote a diet that is easily digestible.
- Pepto-Bismol can be given if not contraindicated. Avoid anti-diarrheal pills with any of the symptoms listed below, and unless necessary for travel to medical care, as these can aggravate cases of bacterial infection (diarrhea accompanied by blood or pus in stool and fever).

If diarrhea persists for 24 hours, call Kristinne for medical advice. If diarrhea persists for 3 days, call for a visit by Kristinne or take the student to a clinic.

If any of the following symptoms are present, seek medical attention immediately:

- Severe or persistent abdominal or rectal pain
- Fluid losses exceed intake
- Persistent or high (>101.3F or 38.5C) fever
- Bloody or tarry black stool
- Signs of dehydration or shock

Nosebleed

Source: Isaac J, Johnson D. 2013: Wilderness & Rescue Medicine. 6th ed. Jones and Bartlett Learning and Wilderness Medical Associates;

Spontaneous nosebleeds are usually not serious and can be stopped easily. If there is a mechanism of facial injury, consider the possibility of facial bone fracture and evacuate the patient to medical care. Field treatment – have the patient:

- Blow out any clots.
- Pinch nostrils closed and hold firmly
- Sit leaning slightly forward
- Maintain for 15 minutes

If bleeding persists, use a tampon inserted into the nose while you seek medical attention. The tampon should be changed after four hours if necessary during evacuation.

PSYCHOLOGICAL & PSYCHIATRIC EMERGENCIES

For any psychological/psychiatric issue, call 911 if there is any immediate danger to the health or safety of a person or the group, and always call the ERT or Angie Kubin directly (8391-9339) for direction. If Angie is not available, call Harriet Joslin (2645-7043).

If the person becomes aggressive and violent, do not try to restrain them. You will never try to harm your patient, but under these circumstances, the patient may try to harm you. Call for emergency assistance from the appropriate authorities. Follow the protocol below. Monitor the patient while maintaining your own safety, theirs, and that of the group. Crisis and Psychological First Aid

Source: Licda. Cristina Navarro Rodríguez. Psychological First Aid Workshop for the Monteverde Institute. 26 November 2015.

Crisis intervention should occur as soon as possible and with the objective of reducing the impact of the crisis. Psychological first aid is basic care for the person in crisis, with the objective of mitigating the emotional impact of an event.

The basic objectives of psychological first aid are the person's safety, emotional support, and to accompany the person.

Follow these five steps to provide **psychological first aid**, after securing the scene:

1. Contact and introduction

- a. First approach to the person in crisis
- b. Helpful attitude
- c. Empathy
- d. Make the person feel confident that you are going to help them

2. Relief and protection

- a. Rapidly evaluate the person's situation and their environment
- b. The priority is the person's safety
- c. If possible, take the person to a place where they feel comfortable and relieved
- d. Take into account that many times body temperature drops during crisis, and offer warmth, a blanket, a hot drink, food, etc.

3. Emotional support

- a. Invite the person to talk about what happened
- b. Listen to the person (try to not interrupt)
- c. Allow them to express all their emotions and feelings, and offer validation of their feelings
- d. Do not judge the person, or tell them how to feel or what to do
- e. Do not give false hope

4. Collection of information and determining next steps

- a. Together, find a solution, identifying the person's alternatives
- b. Follow the MVI protocols, including notifying the ERT
- c. End goal: that the person receives the most appropriate care

5. Accompaniment

- a. Stay with the person until the appropriate help arrives (doctors, family members, etc.)
- b. Try to stay near the person unless absolutely necessary that you leave

Crises that require hospitalization:

- Persons who have experienced severe trauma or suffer from panic attacks
- Persons having a psychotic break
- Persons with altered states of consciousness and behavior due to drugs □ Persons with suicidal thoughts

Situations we should pay attention to in order to determine if something is happening to the person:

- Confusion
- Disorientation
- Like they are between asleep and awake
- Erratic behavior
- Sees and hears things that are only in their imagination
- Alteration of consciousness
- Fainting
- Intense, out-of-control emotional reactions
- Uncontrolled movements

Patients who suffer from intense emotional crises

- Traumas
- Panic attacks ○ Hyperactivation of the brain due to belief that one is in mortal danger, but without reason

What to do:

1. Provide psychological first aid
2. Take the person to be evaluated and treated professionally

Psychotic Break

- Psychiatric emergency that requires hospitalization
- The person suffers from delirium, and visual and auditory hallucinations ○ Delirium: the story that the person is living ○ Hallucinations: what the persons sees and/or hears that isn't real □ High probability of recurrence

What to do:

- Accompany the person at all times
- Take them to the emergency room as soon as possible

Persons with altered states of consciousness and behavior due to drugs and/or substances

- Persons under the effects of substances who are on the verge of losing control of themselves ☐
Danger: poisoning, overdose

What to do:

- Accompany the person at all times
- Take them to the emergency room as soon as possible

Persons with suicidal thoughts

- Persons who have expressed a wish to die or take their own life
- Reckless behaviors that involve risk of death and that person expresses they don't care about dying

What to do:

- Talk to the person to obtain information

Take the person to a professional to have the risk of suicide evaluated.

Hyperventilation

Source: Isaac J, Johnson D. 2013: Wilderness & Rescue Medicine. 6th ed. Jones and Bartlett Learning and Wilderness Medical Associates; <https://www.webmd.com/lung/lung-hyperventilation-what-to-do#1>

Hyperventilation is breathing that is deeper and more rapid than normal. It can occur with altitude, exercise, injury, and illness due to lack of oxygen. It can also occur with acute stress reaction (ASR), in which case hyperventilation symptoms can exacerbate ASR, which in turn exacerbates hyperventilation. Symptoms can include:

- Lightheadedness
- Rapid heartbeat
- Shortness of breath
- Numbness or tingling in hands and feet
- Anxiety
- Fainting
- Sore chest muscles Field treatment:
- If caused by ASR:
 - Assure the patient that the hyperventilation is the cause of their symptoms ☐ Coach the patient to slow their breathing, for example:

- Pursed-lip breathing:
 - Inhale through the nose
 - Exhale slowly through pursed lips (as if you were blowing out a candle)
- One-nostril breathing:
 - Block one nostril
 - Inhale and exhale slowly through the other nostril – do not use mouth
 - Exhale slower than inhale
- Repeat as needed.

If the hyperventilation is not caused by ASR, and cannot be corrected with breathing exercises, seek medical attention.

Panic Attack

Sources: <http://www.psychiatrictimes.com/articles/gender-differences-panic-disorder>, <http://www.uhs.nhs.uk/Media/Controlleddocuments/Patientinformation/Stayinginhospital/Anxietyandbreathingdifficultiespatientinformation.pdf> and Kelly CM, Jorm AF, Kitchener BA. 2009. Development of mental health first aid guidelines for panic attacks: a Delphi study. *BioMed Central Psychiatry* 9:49.

Panic Attack Symptoms

Shortness of breath, feeling faint, feeling smothered, choking or difficulty swallowing.

Treating a Panic Attack

Do not belittle the person's experience. Acknowledge that the terror feels very real, but reassure them that a panic attack, while very frightening, is not life threatening or dangerous.

Relaxing your breathing

Some people find that their breathing becomes difficult when they are feeling anxious. Breathing techniques can help to overcome feelings of breathlessness and manage anxiety. The tips below may be useful when your breathing becomes difficult:

- If you starting to feel anxious, and you are beginning to have worrying thoughts, start by breathing out and empty your lungs as much as you can.
 - Breathing through your nose automatically slows your breathing down and helps to avoid hyperventilating.
 - Breathing into your abdomen by putting one hand on your chest and the other on your stomach. As you breathe in and out through your nose, the hand on your stomach should move, while the one on your chest should keep as still as possible. By breathing into your abdomen, your diaphragm is stretched and you relax the muscles that become tight that make it seem like it is difficult to breathe.
- You could try:
- Counting while you breathe, for example, by counting one and two for breathing in and three and four for breathing out. You may like to increase your counting, for example, three, four and five to breathe out longer, to see if that helps. The counting helps to avoid rapid, panicky breathing.

- Saying “re – lax” in your mind when you breathe, breathing in through your nose when saying “re” and out through your mouth when you say “lax”.

If the person does not accept the help prescribed by a professional, they must sign the Exemption of Responsibility of the Monteverde Institute for Refusal of Medical Recommendations Form (Appendix E), and their participation in the MVI course will be terminated, meaning they will not be able to participate in any activities or be with the group, and will not be allowed to enter the MVI campus.

POISONING

Gather information regarding the type of poisoning.

Call Poison Control Center (2233-1028) and follow their recommendations.

Alcohol Poisoning

Source: <http://www.nhs.uk/Conditions/alcohol-poisoning/Pages/Introduction.aspx#signs>

Signs and symptoms of alcohol poisoning

The signs and symptoms of alcohol poisoning include:

- confusion
- severely slurred speech
- loss of co-ordination
- vomiting
- irregular or slow breathing
- hypothermia (pale or blue-tinged skin caused by low body temperature)
- stupor (being conscious but unresponsive)
- passing out and being unconscious

In the most severe cases, alcohol poisoning can lead to coma, brain damage and death.

When to seek medical help

If you suspect alcohol poisoning, dial 911 immediately to request an ambulance.

While you're waiting:

- try to keep them sitting up and awake
- give them water if they can drink it
- if they've passed out, lie them on their side in the position and check they're breathing properly
- keep them warm
- stay with them and monitor their symptoms

Never leave a person alone to 'sleep it off'. The level of alcohol in a person's blood can continue to rise for up to 30-40 minutes after their last drink. This can cause their symptoms to suddenly become much more severe. You also shouldn't give them coffee or any more alcohol, put them under a cold shower or walk them around. These won't help someone 'sober up' and may even be dangerous.

PHYSICAL ASSAULT

Follow steps 1-12 of the emergency protocol if necessary.

1. Get the victim to a safe place.
2. Call 911 for both health and safety concerns.
3. Go with the victim to report the crime.
4. Call MVI administration as soon as the situation is secure.
5. Document all details of the event.

THEFT

Call 911 or the local police.

Do not attempt to confront anyone or recover items on your own.

Assist the student in reporting the theft to OIJ and make sure student gets a copy of the report.

*If a student has (or parents have) homeowner's or renter's insurance, it may cover international theft. The student will need a copy of the OIJ report in order to file a claim.

ARREST

Call MVI administration and home institution office immediately.

Collect as much data regarding the incident as possible (who, what, where, when, how, witnesses, facts).

Record everything in writing.

In collaboration with the client institution's instructions, you may need to take the following or other actions: □ Notifying the U.S. Embassy regarding status and legal services.

- Following instructions of MVI's legal counsel.
- Paying bail or otherwise remove the student from the detention center as soon as possible.
- Maintaining contact with the student and legal services.

MISSING STUDENT

If a student cannot be located:

1. Check contingency plan meeting spots, student's room/homestay, MVI, etc. Call all possible locations. Call the student's cell phone if they have one. Send an email or text to the student in case that is their only method of communication
2. Gather all necessary information such as when last seen, any comments made, clothing, and a description of the person. Talk to anyone who might have seen this person.
3. Call 911.
4. Notify the MVI ERT. Gather all necessary information such as when last seen, any comments made, clothing, and a description of the person. Talk to anyone who might have seen this person.
5. Develop a search plan. Do not allow others to look for the student alone.

DEATH

In the case of a fatality, await legal authorization to move or otherwise transport the body.

1. Call the MVI ERT.
2. Call the client institution's international studies office if you are unable to contact the MVI ERT.
3. Follow instructions for notifying the U.S. Embassy.
4. Record all known details. Ask for additional information from anyone with knowledge of the situation.
5. Keep a log of events.

EPIDEMIC

The Monteverde Institute will follow the Ministry of Health precautions and guidelines in the case of any epidemic. The client institution will be notified of public health concerns on an epidemic scale. MVI will notify you of any warnings and precautions or actions you should take.

TERRORISM AND CIVIL DISOBEDIENCE

Avoid any area of civil disobedience. In Costa Rica, this is usually just a peaceful demonstration or a blocking of highway transit. Drivers should also seek information regarding planned events, as they are normally announced.

UK Terrorist Event Protocol:

1. **RUN:** Look for the closest escape route and run as fast as you can away from the incident. If possible, convince others to run as well.
2. **HIDE:** If it is not possible to escape, hide. Make sure that your cell phone is on silent.
3. **CALL:** Call for help (911).

In the unlikely event of a terrorist attack in which you are not directly involved:

- Call 911 to report the incident and request medical assistance if necessary.
- Call the MVI ERT.
- Contact the client institution's office of international studies if the MVI ERT cannot be reached, and follow their instructions.
- Account for and keep together all group members.
- Move to a safe location if necessary. Maintain calm. □ Administer first aid.

In the case of any act, the Monteverde Institute will be sure to follow any directives of the U.S. Embassy, advise you of areas to avoid, and inform you of any directives from the client institution. Immediately remove your group from any dangerous area or situation.

VEHICLE ACCIDENT

1. Secure the safety of the group.
2. Call 911 if medical assistance is needed.
3. Secure the scene and administer first aid.
4. Once everyone is safe and attended to, call the MVI ERT.
5. Call INS and wait for agent to arrive before moving vehicles, unless for safety reasons. Take pictures.

NATURAL DISASTERS

For all natural disasters, account for whereabouts of all participants. Follow procedure for missing student if someone is not found.

Earthquake – Terremoto (Tremor – Temblor)

Located atop the intersection of three tectonic plates, Costa Rica is prone to both small and large earthquakes. Accordingly, Costa Rica has a very strict seismic code. Typically, we experience tremors under 3.0 on a regular basis (85 of these occurred in the month of January, 2014) and these do not tend to do any damage. The magnitude 7.6 earthquake, on September 5th, 2012 did very little structural damage, and caused only two deaths (indirectly, by heart attack).

In case of an earthquake:

- Direct your group to follow earthquake safety advice (see below).
- Call 911 if anyone is hurt, and remember that lines may be jammed. If you cannot get through, administer first aid and keep the patient calm. Look for local help and keep trying 911.
- Notify the MVI ERT of the state of the group.
- Work to allay student’s fears, as earthquakes can be very disturbing. Tell them that they may feel smaller aftershocks, but they are normally of a lower magnitude.
- Call the home university immediately after all danger has passed, if MVI ERT has not done so. Tell students to notify their families. In the case of earthquakes, news networks report this information fairly quickly so it is important to inform the families of student’s safety.

During An Earthquake

Source: <http://www.ready.gov/earthquakes>

If you are inside a building:

- Stay where you are until the shaking stops. Do not run outside. Do not get in a doorway as this does not provide protection from falling or flying objects, and you may not be able to remain standing.
- Drop down onto your hands and knees so the earthquake doesn’t knock you down. Drop to the ground (before the earthquake drops you!).
- Cover your head and neck with your arms to protect yourself from falling debris.
 - If you are in danger from falling objects, and you can move safely, crawl for additional cover under a sturdy desk or table.

- If there is low furniture or an interior wall or corner nearby, and the path is clear, these may also provide some additional cover.
- Stay away from glass, windows, outside doors and walls, and anything that could fall, such as light fixtures or furniture.
- Hold on to any sturdy covering so you can move with it until the shaking stops. Stay where you are until the shaking stops.

If getting safely to the floor to take cover won't be possible:

- Identify an inside corner of the room away from windows and objects that could fall on you. The Earthquake Country Alliance advises getting as low as possible to the floor. People who use wheelchairs or other mobility devices should lock their wheels and remain seated until the shaking stops. Protect your head and neck with your arms, a pillow, a book, or whatever is available.

If you are in bed when you feel the shaking:

- If you are in bed: Stay there and Cover your head and neck with a pillow. At night, hazards and debris are difficult to see and avoid; attempts to move in the dark result in more injuries than remaining in bed.

If you are outside when you feel the shaking:

- If you are outdoors when the shaking starts, move away from buildings, streetlights, and utility wires. Once in the open, "Drop, Cover, and Hold On." Stay there until the shaking stops. This might not be possible in a city, so you may need to duck inside a building to avoid falling debris.

If you are in a moving vehicle when you feel the shaking:

- If you are in a moving vehicle, stop as quickly and safely as possible and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires. Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that the earthquake may have damaged.

After an Earthquake

- When the shaking stops, look around. If there is a clear path to safety, leave the building and go to an open space away from damaged areas.
- If you are trapped, do not move about or kick up dust.
- If you have a cell phone with you, use it to call or text for help.
- Tap on a pipe or wall or use a whistle, if you have one, so that rescuers can locate you.
- Once safe, monitor local news reports via battery operated radio, TV, social media, and cell phone text alerts for emergency information and instructions.
- Be prepared to "Drop, Cover, and Hold on" in the likely event of aftershocks.

Listen to Local Officials

- Learn about the emergency plans that have been established in your area by local government. In any emergency, always listen to the instructions given by local emergency management officials.

Landslide – Derrumbe

Most landslides occur in periods of heavy rainfall, on steep slopes and in areas with particularly unstable soils, or during or after an earthquake. Do not enter areas, such as trails, that have been closed off. Do not

enter fenced-off areas. During torrential rainstorms, avoid cliff edge areas. If you witness a landslide, call 911 to report it.

During a Landslide

Source: <http://www.ready.gov/landslides-debris-flow>

- During a severe storm, **stay alert and awake**. Many deaths from landslides occur while people are sleeping.
- **Listen to local news** stations on a battery-powered radio for warnings of heavy rainfall.
- Listen for **unusual sounds** that might indicate moving debris, such as trees cracking or boulders knocking together.
- **Move away** from the path of a landslide or debris flow as quickly as possible. The danger from a mudflow increases near stream channels and with prolonged heavy rains. Mudflows can move faster than you can walk or run. Look upstream before crossing a bridge and do not cross the bridge if a mudflow is approaching.
- **Avoid** river valleys and low-lying areas.
- If you are near a stream or channel, be alert for any sudden **increase or decrease in water flow** and notice whether the **water changes from clear to muddy**. Such changes may mean there is debris flow activity upstream so be prepared to move quickly.
- **Curl into a tight ball** and protect your head if escape is not possible.

After a Landslide

- Go to a **designated public shelter** if you have been told to evacuate or you feel it is unsafe to remain in your home.
- **Stay away from the slide area**. There may be danger of additional slides.
- **Listen** to local radio or television stations **for the latest emergency information**.
- **Watch for flooding**, which may occur after a landslide or debris flow. Floods sometimes follow landslides and debris flows because they may both be started by the same event.
- **Check for injured and trapped persons** near the slide, without entering the direct slide area. **Direct rescuers to their locations**.
- **Look for and report** broken utility lines and damaged roadways and railways to appropriate authorities. Reporting potential hazards will get the utilities turned off as quickly as possible, preventing further hazard and injury.
- **Check** the building foundation, chimney, and surrounding land **for damage**. Damage to foundations, chimneys, or surrounding land may help you assess the safety of the area.
- Replant damaged ground as soon as possible since erosion caused by loss of ground cover can lead to flash flooding and additional landslides in the near future.
- Seek advice from a geotechnical expert for evaluating landslide hazards or designing corrective techniques to reduce landslide risk. A professional will be able to advise you of the best ways to prevent or reduce landslide risk, without creating further hazard.

Fire – Incendio or Fuego

Costa Rica law requires that emergency exits are lit and well-marked.

Direct students according to the following:

- **In case of fire:** Yell “**Incendio**” or “**Fuego**”.
- Get students outside of any building that is experiencing a fire as quickly and safely as possible. Tell them to leave their belongings – all of it can be replaced including their passports.
- If the building is engulfed, students should crawl low to get out and feel for heat on any doors to see if they are safe to open (only as an escape route, otherwise do not open doors).
- Most buildings in Costa Rica are single story buildings so exiting via windows is usually a possibility. □ In case of forest or grass fire, get as far away from the fire as possible before calling 911.
- If anyone’s clothes have caught on fire: **stop, drop, and roll**. Stop what you are doing, drop to the ground, cover your face, and roll back and forth until the flames go out.
- Call 911 to report the fire once you and the students are at a safe distance from the building. Keep the students together and reassure them. Do not let anyone attempt to go back **for any reason**.
- Call the MVI ERT.

What to Do During a Fire Source:

<http://www.disastercenter.com/guide/fire.html>

- **Get out as quickly and as safely as possible.** The less time you are exposed to poisonous gases, the safer you will be.
- **If a stove fire starts, slide a lid over the burning pan and turn off the burner. Leave the lid in place until the pan is completely cool.** Using a lid to contain and smother the fire is your safest action. Getting the fire extinguisher or baking soda to extinguish the fire delays action. Flour and other cooking products can react explosively to flame and should never be sprinkled over fire. Moving the pan can cause serious injury or spread the fire. Never pour water on grease fires.
- **If you try to use a fire extinguisher on a fire and the fire does not immediately die down, drop the extinguisher and get out.** Most portable extinguishers empty in 8 to 10 seconds. After some residential fires, people have been found dead with fire extinguishers near them or in their arms.
- **If you are escaping through a closed door, feel the door, cracks, and doorknob with the back of your hand before opening the door.** If it is cool and there is no smoke at the bottom or top, open the door slowly. If you see smoke or fire beyond the door, close it and use your second way out. If the door is warm, use your second way out. It is a natural tendency to automatically use the door, but fire may be right outside. Feeling the door will warn you of possible danger.
- **If you see smoke or fire in your first escape route, use your second way out. The less time you are exposed to poisonous gases or flames, the safer you will be.**
- **If you must exit through smoke, crawl low under the smoke to your exit.** Fires produce many poisonous gases. Some are heavy and will sink low to the floor; others will rise carrying soot towards the ceiling. Crawling with your head at a level of one to two feet above the ground will temporarily provide the best air.
- **Close doors behind you as you escape to delay the spread of the fire.**

- **If smoke, heat, or flames block your exit routes and you cannot get outside safely, stay in the room with the door closed. Open the window for ventilation, and hang a sheet outside the window so firefighters can find you.** Wait by the window for help. The first thing firefighters will do when they arrive at a fire is check for trapped persons. Hanging a sheet out lets them know where to find you. If there is a phone in the room, call the fire department and tell them where you are.
- **Once you are out, stay out!** Firefighters are trained and equipped to enter burning buildings. If someone is still inside, direct them to that person's probable location.
- **Get out first, away from toxic smoke and gases, then call the fire department from a neighbor's home or from an outside phone.** If a portable phone is handy during your escape, you may take it with you, but do not waste precious time looking for one. Use your neighbor's phone, a car phone, or nearby pay phone to call for help.

What to Do After a Fire

- **Give first aid where needed.** After calling 9-1-1 or your local emergency number, cool and cover burns, which reduces the chance of further injury or infection. Seriously injured or burned victims should be transported to professional medical help immediately.
- **Stay out of fire-damaged homes until local fire authorities say it is safe to re-enter.** Fire may have caused damage that could injure you or your family. There may be residual smoke or gases that are unsafe to breathe.
- **Look for structural damage.** Fire authorities may allow you to re-enter, but may not have completed a thorough inspection. Look for damage that will need repair.
- **Check that all wiring and utilities are safe.** Fire may cause damage inside walls and to utility lines not normally visible.
- **Discard food that has been exposed to heat, smoke, or soot.** The high temperatures of fire and its by-products can make food unsafe.
- **Contact your insurance agent.** Don't discard damaged goods until an inventory has been taken. Save receipts for money spent relating to fire loss. Your insurance agent may provide immediate help with living expenses until you are able to return home, and offer assistance for repairs.

High Winds

Reserves and other areas tend to close during times of high winds due to the potential of falling trees. **Avoid forested areas during times of high wind.** Watch for blowing objects.

Lightning

In the event of lightning, get the group inside shelter. If it impossible to find shelter, move away from tall trees and fences, and crouch down with your arms around your knees, and only your feet touching the ground (make yourself as small as possible). Move in this crouched position to the nearest protected area as possible.

*Remember that rogue lightning can strike before a storm arrives. Be alert for changes in the weather.

Excessive Rain and Flooding – Inundación

Source: <http://disastercenter.com/New%20Guide/Floods%20and%20Flash%20Floods.html>

What to Do During a Flood or Flash Flood (Cabeza de Agua)

- **Climb to high ground.**
- **Get away from standing, flowing, or rising water.**

If you are outdoors, you should:

- **Stay out of areas subject to flooding.** Dips, low spots, canyons, washes, etc. can become filled with water.
- **Climb to high ground and stay there.** Move away from dangerous floodwater.
- **If you come upon a flowing stream where water is above your ankles, stop, turn around, and go another way.** Never try to walk, swim, or drive through swift water. Many flood fatalities are caused by people attempting to drive through water, or people playing in high water. If it is moving swiftly, even water six inches (15 centimeters) deep can sweep you off your feet.

If you are driving, you should:

- **Avoid already flooded areas, and areas subject to sudden flooding.** Do not attempt to cross flowing streams or water covered roads. As little as six inches of water may cause you to lose control of your vehicle. The National Weather Service reports that nearly half of all flood fatalities are vehicle related. The depth of water is not always obvious. The roadbed may be washed out under the water, and you could be stranded or trapped. Also, standing water may be electrically charged from underground or downed power lines. Rapidly rising water may stall the engine, engulf the vehicle and its occupants, and sweep them away. Look out for flooding at highway dips, bridges, and low areas. Two feet (0.6 meters) of water will carry away most vehicles, including SUVs and pickup trucks.
- **Stay away from underpasses.** Underpasses can fill rapidly with water, while the adjacent roadway remains clear. Driving into an underpass can quickly put you in five to six feet (1.5 to 1.8 meters) of water.
- **Turn around and find another route if you come upon rapidly rising water.** Move to higher ground away from rivers, streams, creeks, and storm drains. If your route is blocked by floodwater or barricades, find another route. Barricades are put up by local officials to protect people from unsafe roads. Driving around them can be a serious risk.

What to Do After a Flood or Flash Flood

- **Help yourself, then help others.**
- **Stay away from damaged areas.**
- **Get medical care at the nearest hospital or clinic, if necessary.** Contaminated floodwater can cause infection. Severe injuries will require medical attention.
- **Help people who require special assistance**—infants, elderly people, those without transportation, large families who may need additional help in an emergency situation, people with disabilities, and the people who care for them.

- **Stay away from damaged areas.** Your presence might hamper rescue and other emergency operations, and put you at further risk from the residual effects of floods, such as contaminated water, crumbled roads, landslides, mudflows, and other hazards.
- **Continue to listen to a local radio or television station and return home only when authorities indicate it is safe to do so.** Flood dangers do not end when the water begins to recede; there may be flood-related hazards within your community, which you could hear about from local broadcasts.
- **Stay out of any building if floodwater remains around the building.** Floodwater often undermines foundations, causing sinking. Floors can crack or break and buildings can collapse.
- **Avoid entering any building (home, business, or other) before local officials have said it is safe to do so.** Buildings may have hidden damage that makes them unsafe. Gas leaks or damage to electric lines or water lines can create additional problems.
- **Report broken utility lines to the appropriate authorities.** Reporting potential hazards will get the utilities turned off as quickly as possible, preventing further hazard and injury.
- **Avoid smoking inside buildings.** Smoking in confined areas can cause fires.
- **When entering buildings, use extreme caution.** Building damage may have occurred where you least expect it. Watch carefully every step you take.
- **Wear long pants, a long-sleeved shirt, and sturdy shoes.** The most common injury following a disaster is cut feet.
- **Use battery-powered lanterns or flashlights when examining buildings. DO NOT USE CANDLES.**
- **Examine walls, floors, doors, staircases, and windows to make sure that the building is not in danger of collapsing.**
- **Inspect foundations for cracks or other damage.** Cracks and damage to a foundation can render a building uninhabitable.
- **Look for fire hazards.** There may be broken or leaking gas lines, flooded electrical circuits, or submerged furnaces or electrical appliances. Flammable or explosive materials may have traveled from upstream. Fire is the most frequent hazard following floods.
- **Check for gas leaks.** If you smell gas or hear a blowing or hissing noise, open a window and get everyone outside quickly. Turn off the gas at the outside main valve if you can and call the gas company from a neighbor's home. If you turn off the gas for any reason, it must be turned back on by a professional.
- **Look for electrical system damage.** If you see sparks or broken or frayed wires, or if you smell burning insulation, turn off the electricity at the main fuse box or circuit breaker. If you have to step in water to get to the fuse box or circuit breaker, call an electrician first for advice. Electrical equipment should be checked and dried before being returned to service.
- **Check for damage to sewage and water lines.** If you suspect sewage lines are damaged, avoid using the toilets and call a plumber. If water pipes are damaged, contact the water company and avoid using water from the tap. You can obtain safe water from undamaged water heaters or by melting ice cubes that were made before the pipes were damaged. Turn off the main water valve before draining water from these sources

- **Watch out for wild animals, especially poisonous snakes that may have come into buildings with the floodwater.** Use a stick to poke through debris. Floodwater flushes snakes and many animals out of their homes.
- **Watch for loose plaster, drywall, and ceilings that could fall.**
- **Take pictures of the damage,** both of the building and its contents, for insurance claims.
- **Watch your animals closely.** Keep all your animals under your direct control. Hazardous materials abound in flooded areas. Your pets may be able to escape from your home or through a broken fence. Pets may become disoriented, particularly because flooding usually affects scent markers that normally allow them to find their homes. The behavior of pets may change dramatically after any disruption, becoming aggressive or defensive, so be aware of their well-being and take measures to protect them from hazards, including displaced wild animals, and to ensure the safety of other people and animals.

Hurricane

During:

Fuente: <https://www.cne.go.cr/index.php/gestireventiva-la-instituci40/36-educacion-y-asesoria/82-huracan>

- Keep gas, electricity, and water disconnected until you are sure there are no leaks or danger of a short circuit.
- Move to selected safe sites, such as solidly-constructed buildings, basements, or tunnels.
- Avoid being near doors and Windows, where there is glass or exposed spaces.
- Have a reserve of potable water on hand.
- Have a first aid kit on hand.
- Disconnect electrical switches and gas.
- Have within reach a flashlight and a radio, turned on to receive information and instructions from official sources.
- Have warm, waterproof clothes on hand.
- Keep constant watch over water levels near the house.
- Do not light candles; use battery-powered lamps.
- If the wind opens a door or window, do not approach it head-on.
- Do not leave until the authorities indicate that the danger has passed.
- Remain in a safe place and stay alert to official information from the National Emergency Commission indicating that everything has returned to normal.

After:

- Remain calm.
- Follow instructions transmitted by authorities via the media.
- If anyone is injured, report immediately to 9-1-1.
- Be careful that food is clean. Do not eat anything raw or of dubious origin.

- Consume the stored potable water, or boil water to drink.
- Carefully inspect the house and verify there is no danger.
- If the house did not suffer damages, stay there.
- Ensure that electrical appliances are dry before connecting them.
- Use the telephone only to report emergencies.
- If your home is in the affected zone, do not return to it until the authorities say to do so.
- Remove standing water to avoid mosquito outbreaks.

HEAT EMERGENCIES & DEHYDRATION

Source:

Isaac J, Johnson D. 2013: Wilderness & Rescue Medicine. 6th ed. Jones & Bartlett Learning & Wilderness Medical Associates.

Heat Exhaustion

- **Signs and symptoms:** normal mental status, nausea, headache, weakness, sweating, core temperature normal
- **Treatment:** stop exercise, remove from heat, hydrate; evacuate if rehydration impossible

Heat Stroke

- **Signs and symptoms:** change in mental status, skin hot to the touch (elevated core temperature) and often red and dry (but not necessarily)
- **Treatment:** aggressively cool and hydrate the patient; evacuate if these result impossible, or if urine is brown or red

Dehydration

Remind students constantly to drink water and avoid dehydration, sunburn, and heat exhaustion or stroke. Do not be shy about asking students how many times they've peed today, what color it was, and if it had a strong odor. Infrequent, scant, and concentrated urine are all signs of dehydration. Headache and lethargy are the most common symptoms of dehydration.

- **Stop physical activity** and move out of the sun to a cool place
- **Cool** – apply cool compresses to patient's forehead, face, wrists, inner thighs, collar bone, upper arms, and armpits
- **Rehydrate** – give water, rehydration salts (in first aid kit), and food. Give liquids in small sips.

Evacuate to medical assistance and call MVI ERT if:

- The patient has a decreased level of consciousness or alertness
- Rehydration is impossible (e.g. patient vomits liquids and foods given)

Hyponatremia

Hyponatremia can result from consuming enough water for good hydration, but not enough electrolytes.

- **Signs and symptoms:** nausea, headache, normal urination, altered mental state

- **Treatment:** give patient food, preferably salty

OCEAN & WATER SAFETY

Rip Tides

Make sure that all students are advised regarding rip tides: what they are, how they form, and what to do in case they are caught in a rip tide.

If a student is caught in a riptide, do not let other students enter to swim and save the person unless they are a certified life guard. Look for a life guard, surfer, or boat to send out to get the person that is caught in the rip tide. Signal to the person to swim parallel to the shore. Call for assistance. Once the person is out of the water, seek medical assistance if necessary.



How to Survive a Rip Tide

Source: <http://www.wikihow.com/Survive-a-Riptide>

- **Keep your feet on the bottom as much as possible when swimming in surf conditions.** Rip currents can occur in any ocean or lake where surf conditions (breaking waves) exist. Keeping your feet firmly on the lake or sea floor will help you to avoid being swept out to sea by a rip current.
- **Remain calm if a rip current begins to pull you away from shore.** If you get caught in a rip current, your first instinct will likely be to panic. Don't worry, you can escape the current, but you'll need to keep a clear head about you. Understand that a rip current will probably not pull you underwater; it will only pull you away from the shore.
- **Regain your footing if possible.** If the current is relatively weak and you're in shallow water, you will probably be able to touch the bottom again and prevent yourself from being dragged out further. If you can't touch the bottom, do not struggle against the current. Rip current victims drown because they become exhausted fighting the current. Conserve your energy for methodically swimming and staying afloat.
- **Call for help immediately if you can't swim well.** Rip currents are especially dangerous to people who can't swim or who can't swim well. If you're not a good swimmer, get the attention of a lifeguard or of other beachgoers by waving your arms and yelling for help.
- **Swim parallel to shore to get out of the current.** Being caught in a rip current is like being stuck on a treadmill that you can't turn off. Luckily, rip currents, like treadmills, are usually pretty narrow--they're rarely over 100 feet (30.5 m) wide--so you need only get to the side of the rip current (step off the

treadmill) to escape. Rather than swim against the current toward shore, swim parallel to the shore. As you do so, the rip current will carry you further away from shore, but remember, don't panic. Continue swimming parallel to the shore until you are clear of the current--usually no more than 100–150 feet (30.5–45.7 m) down the beach from the point where you entered the water.

- **Float on your back or tread water** if you can't swim out of the current. If you can't swim, or if you get tired before you manage to make it out of the current, conserve your energy and stay afloat. Continue to signal for help if there are people present. If you're alone, just relax and stay afloat until you have enough energy to continue to swim. Rip currents generally subside 50–100 yards (45.7–91.4 m) from the shore, so you'll eventually stop getting pulled further out.
- **Swim toward the shore once you escape the current.** When you are out of the current, either because you've reached its side or you've been carried out far enough for the current to subside, make your way back to shore. It's generally a good idea to swim diagonally toward shore and away from the current rather than swimming straight back, as the latter method may bring you right back into the current. You may be some distance from shore at this point, so stop and float periodically if you need to rest.

Crocodiles

The crocodile population in Costa Rica is alive and well. Familiarize yourself with known crocodile areas in Costa Rica. Crocodile attacks are not common, but do occur. Crocodiles are defensive of their territories, which sometimes overlap with human recreation areas.

Be croc wise

Source:

https://www.ehp.qld.gov.au/wildlife/livingwith/crocodiles/crocodiles__be_croc_wise.html

Crocodiles are potentially dangerous. Never take unnecessary risks in crocodile habitat. You are responsible for your own safety, so please follow these guidelines and be croc wise in croc country.

- Obey crocodile warning signs - they are there for your safety and protection.
- Never swim in water where crocodiles may live even if there is no warning sign present.
- Swimming or standing in water above knee-height near a crocodile warning sign or where estuarine crocodiles are frequently seen, is illegal in protected areas (you can still enter the water if you have a reasonable excuse, e.g. launching a boat).
- When fishing, always stand a few meters back from the water's edge and never stand on logs or branches overhanging the water.
- Never clean fish or discard fish scraps near the water's edge, around campsites or at boat ramps.
- Stay well back from any crocodile slide marks. Crocodiles may be close by and may approach people and boats.
- Boats and vehicles must never be brought within 10m of an estuarine crocodile in the wild - it is illegal unless part of a commercial crocodile viewing tour, or there is a reasonable excuse, e.g. where a creek is less than 10m wide.
- Never dangle your arms or legs over the side of a boat. If you fall out of a boat, get out of the water as quickly as possible.
- Never provoke, harass or interfere with crocodiles, even small ones.

- Never feed crocodiles - it is illegal and dangerous.
- Camp at least 2m above the high water mark and at least 50m from the water's edge. Avoid places where native animals and domestic stock drink.
- Never leave food scraps, fish frames or bait at your campsite. Always check that previous campers have not left these behind.
- Never prepare food, wash dishes or pursue any other activities near the water's edge or adjacent sloping banks.
- Be more aware of crocodiles at night and during the breeding season and when they have young, (December to August). Crocs will charge anything that comes near their nests (which are on land).

Surviving an Attack

Source: <http://www.wikihow.com/Survive-an-Encounter-with-a-Crocodile-or-Alligator>

- **Do your best to stay calm and fight back strategically.** While the very notion of remaining calm during an animal attack may seem preposterous, doing so may be the only thing that saves your life.
- If the crocodilian merely bites you at first and let's go, this is probably a defensive attack. Don't wait or try to attack it, just run away as quickly as you can.
- If the animal seizes hold of you, however, it will likely try to drag you into the water. In this case, you will need to attack it until it lets go.
- **Attack the animal's eyes.** The eyes of the crocodilian are its most vulnerable part, and several crocattack survivors have reported eye-gouging as their salvation. Attempt to gouge, kick, or poke the animal in the eye with your hands or whatever you can grab. Don't give up until you are free, you are literally fighting for your life.
- **Attack the animal's head.** If you land as many blows as possible on the animal's head, you stand a higher chance that it will let go. Bystanders observing a crocodilian attack can assist by striking at the animal with sticks, poles, oars, etc., and by kicking and even punching the animal, especially in the head.
- **Attack the palatal valve behind the animal's tongue.** Crocodilians have a flap of tissue behind the tongue that covers their throats when they submerge in water. This flap prevents water from flowing into their throats and prevents the crocodile from drowning when its mouth is open. If the animal has dragged you under the water, grabbing hold of this valve may be your only choice. Once you get hold of the valve, it will cause water to flow into the crocodile's throat, forcing it to release you. Hard strikes to this valve may also cause the animal to release you.
- **Seek medical attention immediately.** Not only do crocodilian attacks tend to cause a lot of tissue damage and blood loss, they can also quickly lead to infection. These animals harbor a massive amount of bacteria in their mouths, and even a minor bite from a small alligator or caiman can quickly lead to infection if not treated right away.

MEDIA/PRESS

Refer all inquiries to the MVI Executive Director.

Appendix B: Student Check Sheet

This form must be filled in on the arrival day of the students:

Student (Printed)	Name	Cell phone # (if the cell phone works in CR)	Has the emergency telephone # card?	Passport copy?	Carrying medication? (if applicable)

Appendix C. Incident Report Form

Instructions: Fill out this form as soon as the situation/patient is stabilized. Be sure to complete it as fully as possible (along with any notes that you have taken during the incident) and submit it to the MVI Executive Director immediately.

Part A: General Information

Reporting Coordinator/Employee:

Date of Incident:

Time:

Date reported to MVI administration (to whom, and via phone, email, etc.):

Time:

Location of Incident (be specific):

Involved/Injured Party (name):

Involved persons:

Home address:

Home/cell phone:

Email address:

Faculty/Staff/ Student Intern Visitor

Other (please explain): _____

Associated College/University:

Name of Program:

Principal Contact:

Other involved parties (employees, students, etc. as witnesses or participants)

Name:

Role in accident/incident:

1.

Part B: Description of the Event

What happened? Try to explain events chronologically.

• **Was first aid needed and/or administered? By whom?**

• **Was the incident reported to the authorities (when and where)? If not, please state why.**

Were there any external factors contributed to the event?

Sanctions against student (if appropriate):

- Verbal warning (describe)
- Written warning (attach copy)
- Termination from program
(attach copy)

MVI employee/Coordinator signature: _____ **Date:** _____

Signature of involved party: _____ **Date:** _____



APPENDIX D: STEPS FOR HANDLING SEXUAL ASSAULT AND HARRASSMENT

EMPOWER THE PERSON: Responses to any type of assault and harassment should be done in a manner that empowers the affected person. **The affected person is the only one to make the decisions** – your role is to offer information and support. In the case of an affected person who is unable to make decisions and is in need of immediate medical or security attention, act to protect their well-being.

DOES THE PERSON NEED IMMEDIATE ATTENTION? Is the person in danger physically or emotionally?

IF THE AFFECTED PERSON NEEDS IMMEDIATE **MEDICAL** ATTENTION: Call 911 with the agreement of the affected person (if capable of making the decision). If it is faster to call an emergency service or transport the affected person to the nearest medical facility, do so (see list of telephone numbers in these protocols).

IF THE AFFECTED PERSON NEED IMMEDIATE **PSYCHOLOGICAL** ASSISTANCE: Ask if they would like or be willing to talk with someone who could help them. If they would like to talk with a psychologist, numbers are provided on the back of this sheet. Offer assistance to call anyone that the affected person indicates.

IF THE AFFECTED PERSON NEEDS IMMEDIATE **SECURITY OR WANT TO REPORT THE CRIME**: Call **911** or take the person to the nearest OIJ office. **If they know the name of the perpetrator, they can go directly to the Fiscalía.** Inform the affected person that reporting the crime involves a verbal recounting of the situation to the officials and a physical examination. The affected person should not bathe and should provide the clothes that they were wearing as evidence.

IF THE SITUATION IS NOT AN IMMEDIATE EMERGENCY:

Ask the affected person if they want you to act as their advocate, or to name someone else to act as their advocate. **If they want to enter the official process that consists of reporting the crime, going to a hospital for medical care, and receive psychological counseling:** We recommend the hospitals in Cartago, Liberia, or Puntarenas for their use of a new pilot program that assures that the affected person will recount the story just one time. Private hospitals of Clinica Catolica, Biblica, and CIMA have protocols also.

CALL DR. WANDER HERNANDEZ AT 8589-8227/8813-3253 FOR ASSISTANCE. HE WILL ADVISE YOU OF WHAT YOU SHOULD DO AND WILL LET YOU KNOW TO WHICH HOSPITAL (WITH THE PILOT PROGRAM REGARDING SEXUAL ASSAULT) IT IS BEST TO TAKE THE PERSON.

If they do not want any assistance, escort them to a designated location, provide emergency numbers, including your telephone number, MVI emergency response team, medical facilities, psychologists, OIJ and tell them that you will check back with them soon. Call the MVI Emergency Response Team (ERT) immediately. Do not leave the affected person alone until advised by the ERT, even if it is simply leaving someone outside their door.

Inform the affected person that you must notify the MVI Emergency Response Team and that the client institution must be notified. Their identity will be held confidential by all parties.

Call the MVI ERT as soon as possible and follow their instructions.

Appendix E: Exemption of Responsibility of the Monteverde Institute for Refusal of Medical Recommendations Form

I, _____ (first and last names), exempt the Monteverde Institute from any responsibility related to any result of my decision to not follow medical recommendations. I understand this also cancels my participation in the Monteverde Institute itinerary and that I will not be able to participate in any programmed activity. I take responsibility for all costs incurred for, including but not limited to: medical care, transportation, lodging, and food.

_____ (signature)

_____ (date)

_____ (identification document number)

MONTEVERDE INSTITUTE EMERGENCY RESPONSE TEAM (ERT)

Call ERT members in the following order until you make contact.

Depending on the type and degree of emergency, the contacted person will consult with at least one other person on the team. When necessary, all team members will be consulted.

ERT MEMBER	TITLE/SPECIALTY	HOME TEL.	MOBILE TEL.
Estela Coghi (First Contact)	MVI Director Assistant, WAFA (Wilderness Advanced First Aid)	N/A	8710-0141
Lilliam Zúñiga (Second Contact)	MVI Academic Assistant, WAFA (Wilderness Advanced First Aid)	N/A	8355-7690
Alexandra Paniagua (Third Contact)	Academic Director	N/A	8818-2269
Fern Perkins (Fourth Contact)	Executive Director, Wilderness First Responder	2645-7150	8658-8770
Wander Hernández	Medical doctor	N/A	8589-8227/2645-6065
Harriet Joslin	Crisis management, clinical social worker	2645-7043	N/A
Angie Kubin	Licensed Psychologist		8391-9339
Marco Retana	Attorney at law	2222-9566	8387-1068

MVI staff contact numbers:

Monteverde Institute		2645-5053	2645-5219
		HOME TEL.	MOBILE TEL.
Fern Perkins	Executive Director	2645-7150	8658-8770
Estela Coghi	Director Assistant, WAFA (Wilderness Advanced First Aid)	N/A	8710-0141
Alexandra Paniagua	Academic Programs Director	N/A	8818-269
Lilliam Zúñiga	International Programs Facilitator, Logistics	N/A	8355-7690
Karen Matarrita	Homestay Coordinator	8494-6532	8529-5039
Seidy Torres	Financial Director	2645-7044	8312-1324
Yadixa Leitón	Financial Director Assistant	N/A	8707-4900
Jorge Mora	Maintenance	8387-8082	8331-0445
Selena Avedaño	CIC Supervisor	2645-7415	8846-2698

EMERGENCY CONTACT NUMBERS BY LOCATION

NATIONAL EMERGENCY SYSTEM: 911 can be called from anywhere COUNTRY-WIDE

Emergency	911
Poison Control	2233-1028
INS (traffic accident)	800-800-8000
SENASA (National Animal Health Service)	2587-1600 ext. 1696 (Heredia, central office)
U.S. Embassy	2519-2000

SANTA ELENA / MONTEVERDE

Clínica de Emergencias	2645-7778 / 8304-2121 / 8391-9290
Centro de Salud Dr. Hernández	8589-8227
Clínica Santa Elena	2645-5076 / 2645-5716
Cruz Roja Costarricense	2645-6128
Dr. Wander Hernández	8589-8227/ 2645-6065
Farmacia Vitosí	2645-5004
Police	24 hours: 2645-7074 / general: 2645-6248
OIJ (to report a crime)	2645-5992 (Puntarenas: 2630-0377)
Bomberos (fire department)	2645-7512
INS – Monteverde agent	2645-5719

SAN JOSÉ

Clínica Católica Hospital	2246-3000
Hospital Calderón Guardia	2212-1000
CIMA Hospital	2208-1144 / 2208-1776
Hospital de Niños	2523-3600
Clínica Bíblica Hospital	2522-1000
Hospital México	2242-6700
Hospital de la Mujer	2523-5900