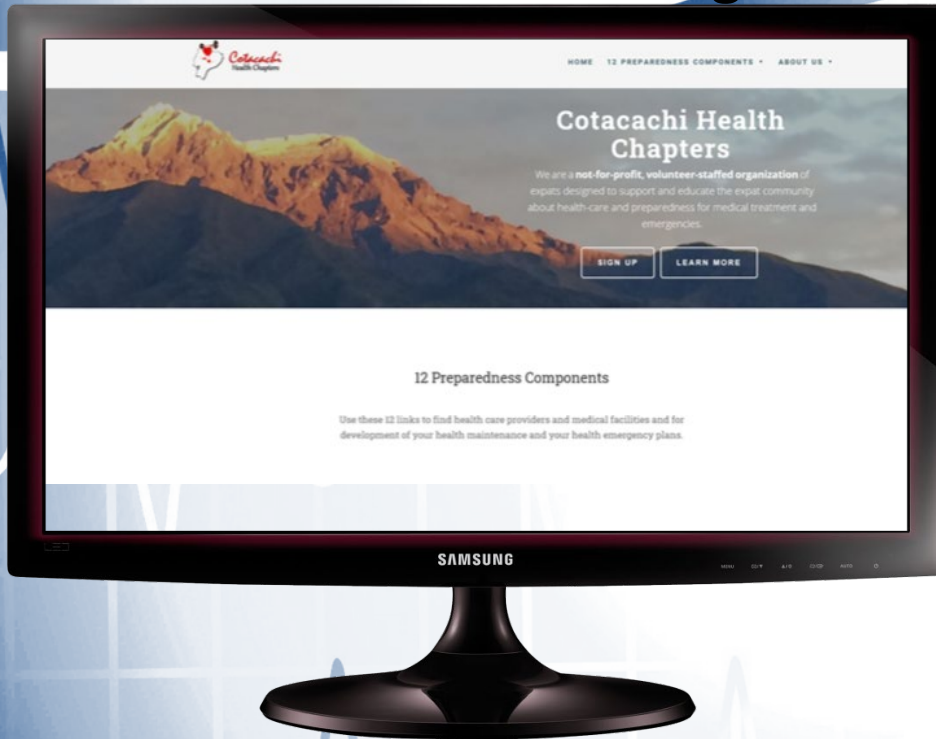


COTACACHI HEALTH CHAPTERS  
**Online Community Forum**  
*For Members*  
**April 10, 2020**

**www.CotaHealth.org**



**BECOME A MEMBER OF  
COTACACHI HEALTH CHAPTERS**

***Your \$10.00 annual membership  
goes toward these valuable services:***

1. Free seminars and workshops (\$2.00 for non-members)
2. CHC website maintenance costs
3. Production of workshops
4. Medical equipment purchases
5. Free loan of medical equipment to Members (with security deposit)
6. Supports our community's health information needs

COTACACHI HEALTH CHAPTERS  
**Online Community Forum**  
*For Members*

## TODAY'S TOPICS

1. **Re-assessing your personal emergency medical plan**  
(considering current circumstances)
2. **Personal Support Networks (PSNs)**
3. **Emergency Forms / Plan Summary**
4. **Prescription Drug access**
5. **Covid19 Update**
6. **Q&A** - submit your questions via chat during this session

**Please limit your questions to the topics covered.**

**We are not experts in Covid-19 research.**

# Your Personal Emergency Preparedness Plan



Your plan reflects:  
Your finances, fluency in Spanish, your health condition, insurance coverage, willingness to travel to the US for care and the degree of local support from friends and family.



## Restrictions



- Curfew hours
- No travel to the US
- No travel from the US
- Limited shipping from the US
- Limited local supplies

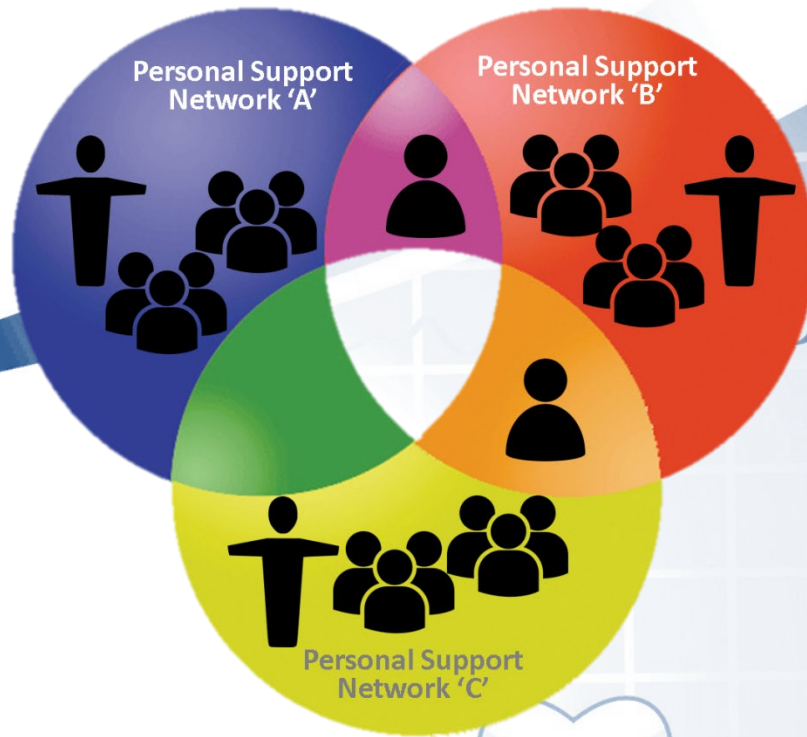
# Personal Support Networks



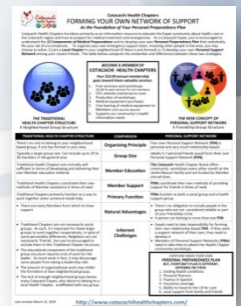
**THE TRADITIONAL HEALTH CHAPTER STRUCTURE**  
A Neighborhood-Group Structure

## Let's compare the two:

In terms of how they get organized, the group size, CHC Member education, Member support, primary function, natural advantages and the challenges



**THE NEW CONCEPT OF PERSONAL SUPPORT NETWORK**  
A Friendship-Group Structure

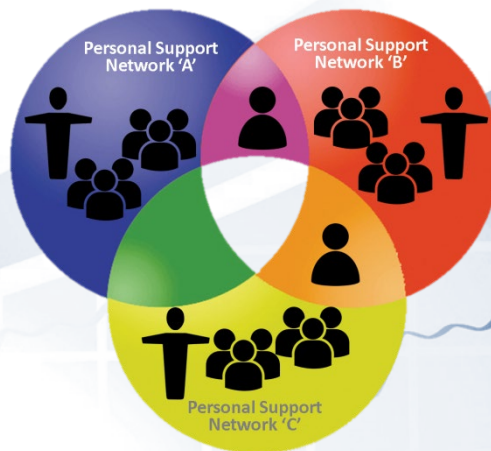


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# Personal Support Networks Organizing Principle



There's no cost to belong to your neighborhood-based group, if one has formed in your area.



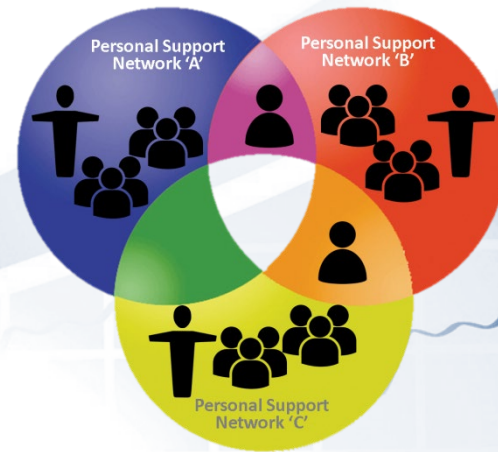
Your own Personal Support Network (**PSN**) is personal and very much relationship-based.



## Personal Support Networks Group Size



Typically, a larger group size.  
Can include up to 20 to 30  
members in the general area.



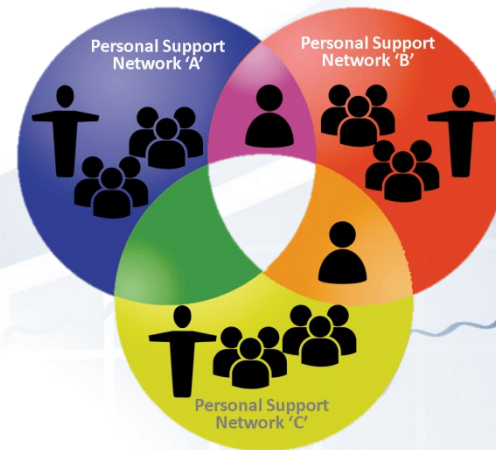
Ideally 5-7 personal friends and  
neighbors would form their own  
Personal Support Network (PSN).



## Personal Support Networks Member Education



Traditional Health Chapters are normally self-sufficient in terms of developing and delivering their own Member education material.



The Cotacachi Health Chapter Board offers community workshops every other month, either online or at the Jambi Mascari facility.

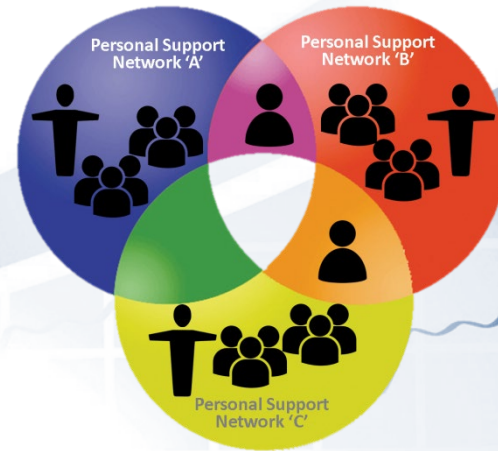


**Workshops are funded by  
Member annual-dues.**

# Personal Support Networks Member Support



Traditional Health Chapters coordinate their own methods of **Chapter Member** assistance in times of need.



PSNs coordinate their own methods of providing support for **friends and neighbors** in times of need.





## Personal Support Networks Primary Function



Traditional Chapters primarily function as a way to work together when someone needs help.



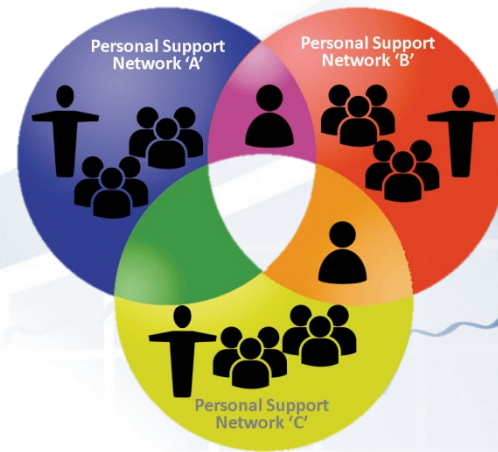
PSNs function as **both** a social group and a health-support group.



# Personal Support Networks Natural Advantages



There are many Members from which to draw support.



There's no obligation to include people in the group who are not considered reliable or part of your friendship circle.

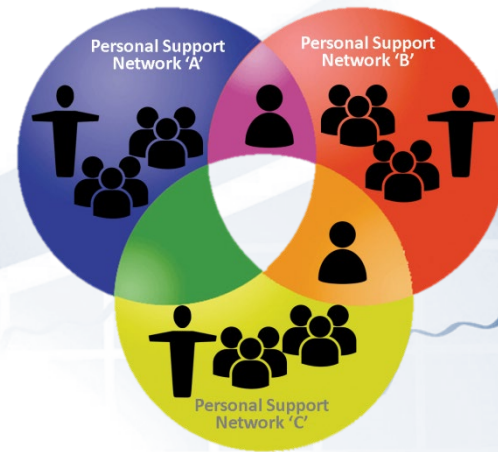


**A person can belong to more than one PSN.**

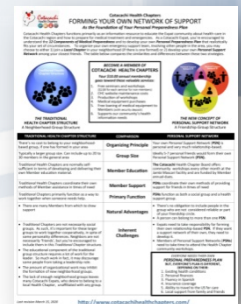
# Personal Support Networks Inherent Challenges



1. Are not necessarily social groups.
2. Includes people who are not necessarily 'friends'.
3. Work cooperatively, in spite of personality differences.
4. Educational component requires a lot of work for the leader.
5. The amount of work could inhibit group formation.
6. The lack of groups leaves many Cotacachi Expats unaffiliated.

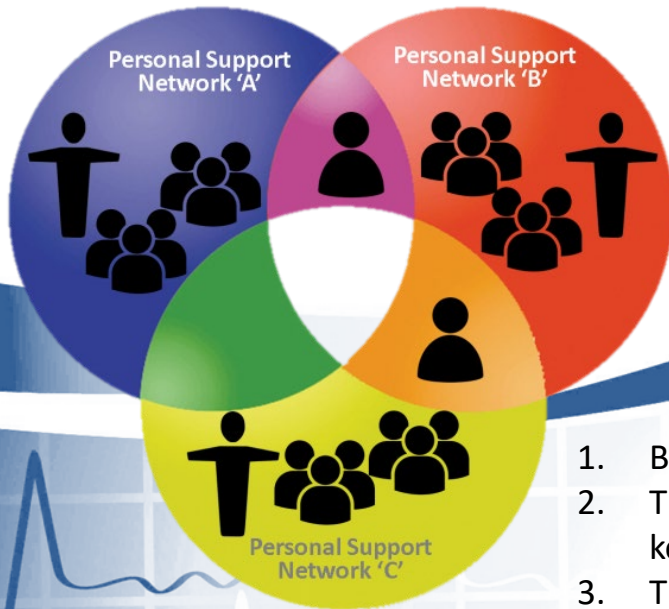


1. Expats take responsibility for forming their own relationship-based **PSN**.
2. If Expats want support they need to develop it.
3. PSNs Members need to attend Health Chapter community workshops.

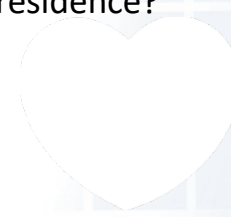


This document will be emailed to you

## Personal Support Networks Suggestions for Forming Your Own Personal Support Network



1. Be the first to reach out to others
2. Think about the criteria you want (i.e. Who would you trust with the key to your house?)
3. Think about your neighbors; within walking/running distance
4. What social groups have you participated in (sports, yoga, trivia, etc.)
5. Who helped you locate your current residence?
6. Organize a potluck



# Emergency Information Sheet

Friends with keys

Emergency contacts in Ecuador

Family contacts

Pet information

Taxi driver contacts

Ambulance / Fire / Police

Emergency Information Sheet

<b>Name</b>	
<b>Who has copies of your house keys:</b>	
Name	
Phone	
Address	
Name	
Phone	
Address	
<b>Emergency contact in Ecuador:</b>	
Name	
Phone	
Address/Email	
Name	
Phone	
Address/Email	
<b>Family members to contact:</b>	
Name and Relationship	
Phone	
Email	
Name and Relationship	
Phone	
Email	
Name and Relationship	
Phone	
Email	
<b>Pet Names and Ages</b>	
Pet Caregiver Name	
Phone	
Pet Caregiver Name	
Phone	
Veterinarian Used-Name and Phone	
Pet Feeding/Medication Instructions	
<b>Taxi Driver Names and Numbers</b>	
<b>Hospital/Ambulance Phone: 06-291-5118 / Fire Dept Phone: 06-291-5102 Police Phone: 06-291-4400</b>	

- Be sure someone has keys to your home and access to this document.
- Cotacachi Health Chapters recommends having either a pre-paid debit card available or \$500 in cash to cover emergency expenses.
- Have a go bag ready with toothbrush, change of clothes, towel and washcloth to take to the hospital with you.

This document is available on the CHC website

# Emergency Room Information

## INFORMACIÓN SALA DE EMERGENCIA

SLIDE 1 OF 2

Personal Identification

Insurance Information

Your Doctor's Information

Emergency Contact Information

Medications

Allergies

Childhood Illnesses

Accident History

Chronic Illness

Surgeries

Family Medical History

Vaccinations

Recreational Use of Tobacco or Alcohol

Nutritional Needs

**INFORMACIÓN SALA DE EMERGENCIA / EMERGENCY ROOM INFORMATION**

FECHA DE ACTUALIZACIÓN/ date last modified (DD/MM/YY): .....

INFORMACIÓN GENERAL/ GENERAL INFORMATION			
NOMBRES COMPLETOS/ FULL NAME:			
FECHA DE NACIMIENTO/ BIRTHDATE (DD/MM/YY):		OCUPACIÓN/ OCCUPATION:	
CÉDULA O PASAPORTE/ PASSPORT:		TIPO DE SANGRE/ BLOOD TYPE:	
SEGURO MÉDICO/ MEDICAL INSURANCE:			
No POLIZA/ POLICY	INSURANCE CONTACT NO		
HOSPITAL DE PREFERENCIA/ PREFERRED HOSPITAL:			
MÉDICO DE CABECERA/ PRIMARY DOCTOR			
CONTACTO DE EMERGENCIA/ EMERGENCY CONTACT		Name:	Phone:
INFORMACIÓN MÉDICA/ MEDICAL INFORMATION			
MEDICAMENTOS (MEDICAMENTOS QUE TOMA ACTUALMENTE, INCLUYA LOS SIN RECETA) / MEDICATION (CURRENT MEDICATION TAKEN, INCLUDING THOSE WITHOUT PRESCRIPTION). (Additional space on next page)	NOMBRE - NAME	DOSIS/ DÍA DOSAGE/DAY	NOTES
NOTA - NOTES			
ALERGIAS : MEDICINAS, ALIMENTOS Y OTROS. DESCRIBA LA ALERGIA Y SU TRATAMIENTO, TAMBIÉN SI INTERACTÚA CRÍTICAMENTE CON ALGUNA MEDICINA ESPECÍFICA, CUALQUIER COSA QUE EL PERSONAL MÉDICO DEBERÍA CONOCER. ALLERGIES: MEDICINE, FOOD, OTHERS. DESCRIBE THE ALLERGY, TREATMENT, CRITICAL DRUG INTERACTION OR ANYTHING THAT MEDICAL STAFF MUST KNOW.	ALERGIAS- ALLERGIES	TRATAMIENTO TREATMENT	INTERACCIÓN INTERACTION
NOTA-NOTES			
ENFERMEADES EN LA INFANCIA: CHILDHOOD ILLNESSES			
ACCIDENTES O HERIDAS: ACCIDENTS OR INJURIES			
ENFERMEADES CRÓNICAS O SERIAS SERIOUS OR CHRONIC ILLNESSES			
HOSPITALIZACIONES/ HOSPITALIZATION			
CIRUGÍAS/ SURGERIES			
HISTORIA FAMILIAR/ FAMILY HISTORY INCLUYENDO EDAD, PROBLEMAS DE SALUD Y CAUSA DE MUERTE EN FAMILIARES DE SANGRE. INCLUDING AGE HEALTH PROBLEMS AND CAUSE OF DEATH OF BLOOD RELATIVES			
VACUNAS -VACCINATIONS	TIPO/ TYPE	FECHA / DATE	
USO DE TABACO, ALCOHOL O DROGAS ESPECIFIQUE FRECUENCIA Y CANTIDAD RECREACIONALES / USE OF: TOBACCO, ALCOHOL OR RECREATIONAL DRUGS. FREQUENCY AND QUANTITY.			
NECESIDADES NUTRICIONALES/ NUTRITIONAL NEEDS			

Last revision date 3-30-20

# Emergency Room Information

## INFORMACIÓN SALA DE EMERGENCIA

SLIDE 2 OF 2

Current Medication

Difficulties Eating, Chewing or Swallowing

Additional Information

Recent Illnesses

Current Symptoms

MEDICAMENTOS (MEDICAMENTOS QUE TOMA ACTUALMENTE, INCLUYA LOS SIN RECETA) / MEDICATION (CURRENT MEDICATION)	NOMBRE - NAME	DOSIS/ DÍA DOSAGE/DAY	NOTES
DIFICULTADES AL COMER, MASTICAR O TRAGAR / DIFFICULTIES EATING, CHEWING OR SWALLOWING			
INFORMACIÓN RELEVANTE ADICIONAL/ Additional information about medications			

NOTE: At the time of intake, ER doctors will want to know of any recent illness or symptoms.

# My Personal Emergency Medical Preparation Plan

SLIDE 1 OF 2

Chapter or PSN Detail

Completed documents

Your doctor

Health insurance

Emergency cash or card

Your medical facilities

**MY PERSONAL EMERGENCY MEDICAL -- PREPARATION PLAN**  
This is a summary checklist to organize your Emergency Medical Preparation Plan

Your Name:	
Your Health Chapter or Personal Support Network <b>KEY MEMBER NAMES:</b>	Group Name:  Frequency of Meetings:  Describe how the group is organized:
Names of people who have keys to my home:	Primary Person:  Backup Person:
I have all these things in a folder located on my refrigerator:	<input type="checkbox"/> My complete medical history (Include whether you wear contacts or not, color of your hair, eye color, height and weight.) <input type="checkbox"/> Filled out the Emergency Room Information Form that is on our website and that is attached here <input type="checkbox"/> List of my current medications <input type="checkbox"/> List of any allergies <input type="checkbox"/> Local emergency contact information (See below) <input type="checkbox"/> Family contact information in the US (See below) <input type="checkbox"/> Money for an emergency <input type="checkbox"/> A copy of my blood type card <input type="checkbox"/> A copy of my cedula and my passport number <input type="checkbox"/> A copy of my POA for someone to make medical decisions for me if I am unable to (see information below) <input type="checkbox"/> Other:
I have established a medical record with this doctor:	Name of Doctor:
I have medical insurance through this provider:	Name of Insurance Company:
Contact person at insurance company:	Telephone number of contact:
I have a copy of my insurance card in my emergency medical packet:	<input type="checkbox"/> Yes
Person who knows where my ATM card is and they have the pin number to withdraw funds to pay for a medical treatment or to pay any needed expenses. Or this person has access to my emergency medical fund.	Primary Person:  Backup Person:
Plan for where to go in the event of stroke or heart attack, covered by my insurance.	City:  Name of Hospital:  Mode of transport: (name and phone)  Name of Interpreter: (name and phone)

Last revision 3-30-20

This document is available on the CHC website



# My Personal Emergency Medical Preparation Plan

SLIDE 2 OF 2

Power of Attorney

Funeral home

Friend for pet care

Medical equipment from CHC

Help after hospital discharge

Family & friends to be called

In a lesser emergency, I plan to be taken to this other location, covered by my insurance.	City: Name of Hospital: Mode of transport: (name and phone) Name of Interpreter: (name and phone)
I have a <b>Power of Attorney</b> document in my emergency packet of information listing this person for making medical decisions for me, if I am incapable of doing so.	Primary Person:
I have filed a notarized document listing this funeral home to cremate me upon death. I have money for this available.	Name of Funeral Home:
I have someone who can take care of my pets in case of an emergency.	Name of Person:
I have an emergency "go bag" with medication, toiletries, change of clothing, etc available to take in the event of an emergency.	<input type="checkbox"/> Yes
I know if I need medical equipment, some is available to borrow from CHC. I know a deposit is required.	<input type="checkbox"/> Yes
Upon discharge from the hospital, I know I can reach out to my local Health Chapter members for assistance in the recuperation period. I know they will assemble a plan so there is someone checking in on me daily and getting me what I may need.	<input type="checkbox"/> Yes
I would like these family members to be contacted if I am not able to communicate with them	
Name Phone Email	
Name Phone Email	
Name of Emergency contact in Ecuador Phone Email	
With the above items in place, I feel I am as prepared as I can be for a medical emergency.	<input type="checkbox"/> Yes

This document is available on the CHC website

# Documents In Your Red Folder

Emergency forms & misc.

Color copy of Cedula

Copy of passport

Copy of medical insurance card

Lab results

Medical test results



*Share the location of your red folder  
with your PSN or Health Chapter*

# Prescription Drugs

## OUTSIDE OF ECUADOR



# Rx

### From Rosa Bonilla, owner of the UPS Store:

1. All prescription drug shipments have to go through a complicated Customs process.
2. The Customs process can take between 1 to 3 months.
3. Customs will contact you, once the shipment arrives in Ecuador.
4. Customs will require that you email a copy of the prescription from your doctor and a copy of the invoice of the medication. If this information is unavailable, the shipment will be refused and either sent back or destroyed.
5. Customs will then require that you pay an import tax, based on the cost of your medication.
6. Import tax must be paid at the designated bank.
7. Once you make the payment you have to wait around 15 days for delivery.
8. You cannot ship more than 4 of the same item.
9. You can use Rosa's Cotacachi store location as your final shipping destination.
10. **SPECIAL NOTE:** Currently, even UPS envelopes are not being delivered from Quito to Cotacachi.

**Rosa Bonilla**  
**Professional Services**  
**Calle Gonzales Suarez y 10 de Agosto**  
[rosaproservices@hotmail.com](mailto:rosaproservices@hotmail.com)  
**(099) 914-5362**

## Current Knowledge and Facts about COVID-19:

**Risk of Severe Disease:** This tends to be the general public's greatest fear. Facts may help to lessen the fear. ***This is what we know –***

- **50%** who acquire COVID infection develop no symptoms or mild symptoms and don't know they have the virus.
- Of the other 50% who get the virus, **80%** will have mild to moderate symptoms, according to data out of China, Italy, South Korea and Iran.
- **14%** of cases develop into severe disease (pneumonia.)
- **5%** will develop severe pneumonia or septic shock.
- **2%** of cases, the patient will die.

Reference: <http://www.cdc.gov/coronavirus/2019-ncovsummary.html>

# Covid-19 Update

## Fact vs. Hearsay and Accepted Recommendations

- **Ibuprofen** – The controversy started with a tweet on social media by a French physician about the dangers of using ibuprofen with COVID-19.
  - **FACT:** A few days later, WHO responded and denied any scientific evidence of a link between ibuprofen and worsening COVID-19.
  - **ACCEPTED RECOMMENDATION:** If you are ill and have a fever, take acetaminophen (Tylenol) 1000mg four times per day (less amount if you have known liver disease.) If the fever persists and is severe, consider adding ibuprofen 200 mg at the same time as the acetaminophen four times per day.
- **Vaccine** – No vaccine available at this time for COVID-19.
- **Treatments** – At this time, investigational and novel treatments are only being used in hospital settings on patients with severe disease.

Reference: <http://www.cdc.gov/coronavirus/2019-ncovsummary.html>

# Covid-19 Update

## *Cotacachi*

### Guidelines For Seeking Medical Attention

1. IESS patients will continue to go to the IESS clinic for routine medical needs.
2. *There's a Satellite Clinic* – located on the corner by Banco Pichincha at San Francisco Park
  - Sponsored by the Ministry of Health, now open.
  - For immunizations and basic prescription refills and maintenance of ongoing, chronic, medical concerns
3. Most infected persons will shelter at home, using caution and precautions to prevent further spread.
4. If experiencing general **cold-flu symptoms**, they **MUST** stay at home and not go about the town.
5. If people are experiencing **flu-like symptoms**, but not difficulty breathing, they should begin a regimen of paracetamol, keep fluid intake up, hot tea
6. People experiencing **difficulty breathing, dry cough and/or have a temperature of 38.5°C – 39.0°C (101.3°F – 102.2°F)** should go immediately to the Cotacachi hospital emergency room, NOT to a doctor's office.

# Covid-19 Update

## Health Strategies To Protect and Improve Your Immune System

- Eat a diet high in fruits and vegetables. Avoid sugar and high fat foods.
- Drink plenty of water and other fluids – six 8-ounce glasses per day is the recommendation.
- Keep fluid intake up; hot tea and hot broth soups (no dairy; cream or milk).
- If you drink alcohol, drink only in moderation.
- Exercise regularly.
- Get adequate sleep; 6 to 8 hours per night is ideal.
- Manage your stress: Learn and use relaxation techniques. Take time for yourself. Build a support network of people you can talk to.
- Maintain a hopeful and positive attitude.



# Covid-19 Update

## BASIC HEALTH PROTOCOLS

Social distancing of at least 5-feet (min. of 1.5M)  
2X the length of your arm



Wear a face mask or scarf when out in public



Wash hands frequently using soap (a min. of 20 seconds)



Wear gloves when entering the grocery stores

Apply scent to your hands as an alert to not touch your face.



Use anti-bacterial gel when out in public



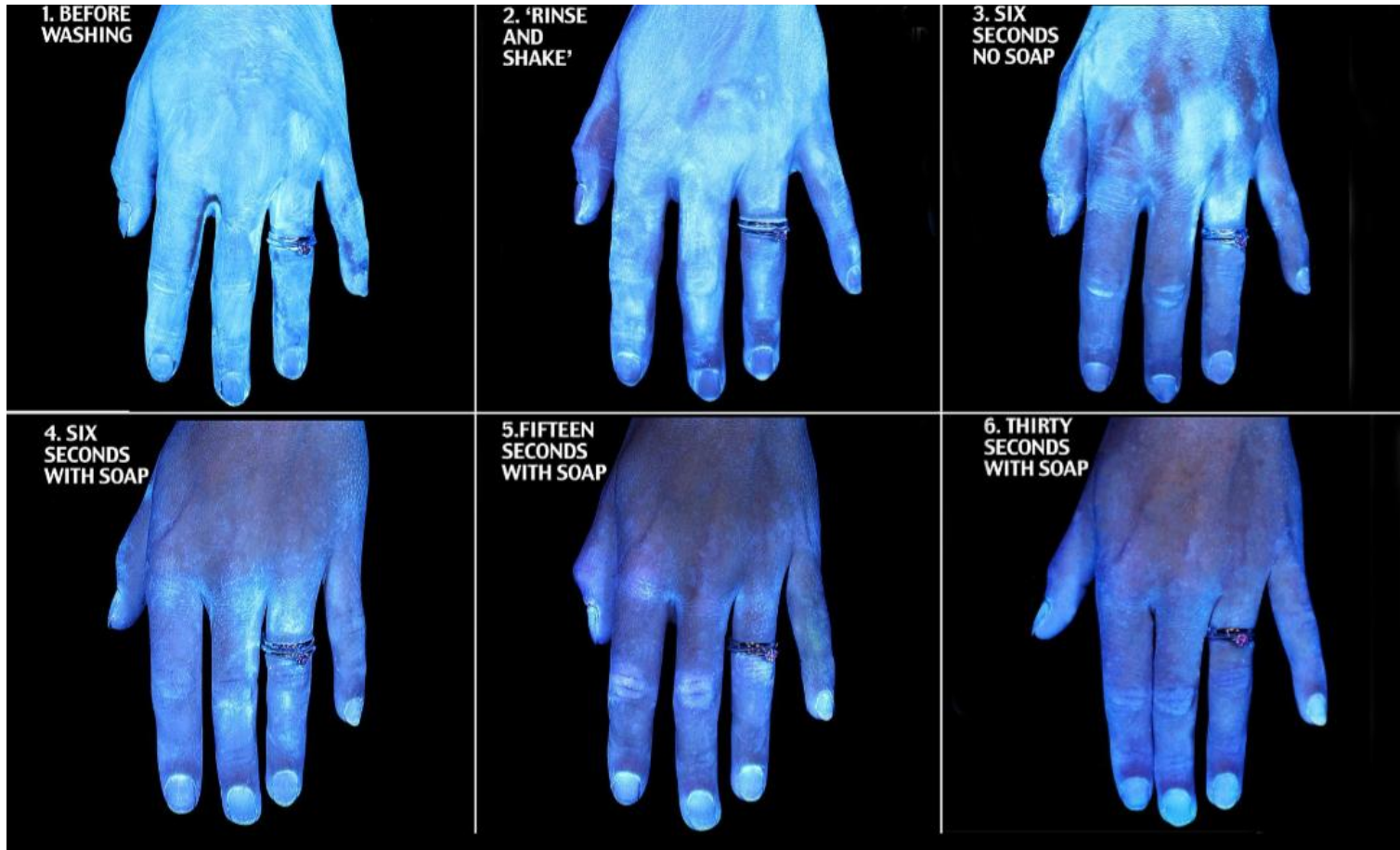


# Covid-19 Update

## BASIC HEALTH PROTOCOLS



Washing hands using soap for 30 seconds)



# Q&A

## From Chat

