



OPERATION BLESSING INTERNATIONAL
Disaster Relief

**Dental
Registration Packet**



OPERATION BLESSING

January 3, 2007

Karen Ball
977 Centerville Turnpike
Virginia Beach, VA 23463

Dear dental volunteer,

Thank you for your sacrificial desire to serve as a dentist with Operation Blessing Disaster Relief located in the greater New Orleans. We are very excited about your plans to bring dental relief to this area.

Please review the enclosed information that will tell you a little about our site and how we can best work together. Please make sure you complete a registration form and the liability release form. We must receive these completed forms in advance of your arrival along with a copy of your dental license and driver's license. You can send them by mail to:

Operation Blessing Disaster Relief Volunteers
977 Centerville Turnpike
Virginia Beach, VA 23463

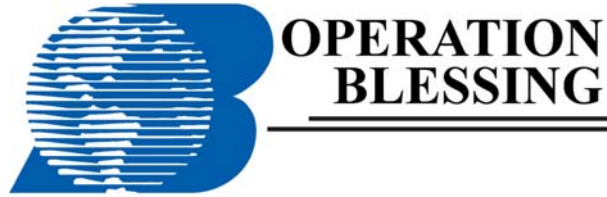
By fax to: 757-226-6173
Or by Email to: karen.ball@ob.org

You will also find a list of what to bring, driving directions to the site and other information. If you have additional questions you may call me at 757-226-3858.

We look forward to meeting you, and thank you again for your willingness to serve those who are in desperate need of your help.

Blessings,

Karen Ball
National Volunteer Manager



“Operation Blessing has impacted our whole community, when most organizations have already left, this is when we need them the most.” –Marcell, Louisiana resident helped by OBI

You are about to venture into a life changing adventure

Do you remember Hurricane Katrina? There are still hundreds, even thousands who still cannot live in their homes and haven't received dental care. They need our help more than ever. One weekend, one week of your time will change lives forever! You will have the opportunity to help people who have been without dental care for over 8-10 months. In order to make a lasting impact we are grateful for your willingness to partner with us.

“We will remain until the need no longer exists.”
- Bill Horan



You will be at the heart of the need...

We are strategically serving individuals, churches and families in: St. Tammany Parish, Orleans Parish, St. Bernard Parish; and the Jefferson Parish. These people need a fresh start and some helping hands. Most have been without electricity for over 5 months and also out of their houses. You will be helping people where their need is the greatest. Most of the local dentists have had to close their practice and still haven't reopened.

Staying at the Command Center:



Accommodations at the Operation Blessing Command Center are among the best in the devastated areas. We provide dentists with a trailer room; power; AC/Heat; Hot & Cold Showers; 24/7 armed security and Meals (Breakfast, Dinner and MRE for lunch).

It's more than just a place for you to sleep. It is a place where you will be refreshed and renewed physically and spiritually for your next day of service.

We are here to serve!

We have an excellent staff of trained project managers that are getting the clinics prepared and serviced. There will also be a dental assistant aiding dentists with their patients. We will do everything possible to make your service not only meaningful but enjoyable.

THANKS FOR COMING ON BOARD!

<u>Specialty</u>	<u>State</u>	<u>License #</u>	<u>Exp. Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

Additional Qualifications: _____

Are you currently practicing:	YES	NO	
Mission/Volunteer experience:	YES	NO	
Foreign languages?	YES	NO	_____
Has your license ever been revoked:	YES	NO	

If yes, Please explain: _____

Education: _____

Personal References (Please list two)

1. _____
2. _____

Comments

I certify that all of the information included in this application is, to the best of my knowledge, true, accurate and complete, and acknowledge that, in accepting and approving my participation OBI and IMA are acting in reliance on this application and the corresponding release.

Signed: _____ Date: _____

Logistic Information

Date of arrival: _____ Time (ETA): _____

Date of departure: _____ Time (ETA): _____

Mode of transportation (van, bus, camper, etc.) _____

OBI RELEASE

I hereby grant the following rights to Operation Blessing International Relief and Development Corporation and any of its affiliates, licensees, subsidiaries, or assigns (“OBI”) in consideration of their possible use of my visual depiction, oral statements or any other information and materials supplied by me (collectively the “material”).

I acknowledge that no promise or representation has been made to me that OBI shall be obligated to use the material in any way , and I acknowledge that OBI shall have sole and absolute discretion and creative control in determining when or whether the material should be used in any manner.

OBI shall have total ownership of the material; the right to broadcast, exhibit, distribute or display the material on broadcast or cable television, satellite transmission, films, photographs, videotapes, videocassettes, videodiscs, the print media, the Internet, radio format, record album audiocassette format, or by any other method or device now known or hereafter devised; the right to copyright the material; and the right to license others to use these rights.

OBI may use my name, likeness, voice, biographical information and/or other material supplied by me for purposes of advertising, publicity and promotion, but not as a direct endorsement for any product or service.

I affirm that the use of my likeness, and/or material supplied by me as described above will not violate the rights or any person or organization and will not incur any liability for payment to any person. I further agree to hold OBI harmless from any and all liability that OBI may incur as a result of its use of the material as stated herein.

I also acknowledge and will abide by HIPPA guidelines regarding patient privacy and will uphold myself in a professional and upright manner.

ACCEPTED AND AGREED:

Signature _____
Name _____

Date _____

WITNESSED:

Signature _____
Name/Title _____

Date _____

VOLUNTEER ACKNOWLEDGEMENT, WAIVER AND RELEASE (DISASTER RELIEF)

The undersigned (“Volunteer”) hereby acknowledges and agrees that Volunteer desires to volunteer his or her services for disaster relief and recovery services that Operation Blessing Disaster Relief Services, Inc., a Virginia nonprofit corporation (“OBDRS”) is coordinating, and without expectation of pay or any benefit, and not as an employee of OBDRS or any of its subsidiaries or affiliates, including without limitation Operation Blessing International Relief and Development Corporation (“OBI”). Volunteer represents and covenants that he or she has no physical or mental condition that would impair his or her capability to participate fully in any such service, as intended or expected, and that he or she will abide by all safety instructions and information provided for any such service.

In so rendering any such service, Volunteer expressly acknowledges that the services are on a voluntary basis without any contemplation or expectation of compensation or benefits of any kind, that no compensation or benefits of any kind will be paid or provided to Volunteer for such services, that there have been no promises of employment, oral or written, and that any company information of any kind or nature that Volunteer learns of or obtains during such services will not be disclosed to any other party or otherwise used by Volunteer, and will be treated confidentially.

In connection with the provision of such voluntary services, Volunteer, on behalf of himself or herself, and her or his spouse, family, estate, personal representatives, heirs, executors, administrators and assigns (i) hereby waives any and all claims, actions, causes of action, damages, remedies and any other rights (collectively called the “Claims”) that may arise from or relate in any way to the provision of such voluntary services, including without limitation Claims for illness, personal injury, death, property damage, compensation or wages, (ii) hereby releases OBDRS, OBI and their respective officers, directors, employees, contractors, agents, representatives, subsidiaries, affiliates, successors and assigns, and the project sponsors, organizers and supervisors (collectively herein, the “OBDRS Group”) from any and all Claims, and (iii) hereby agrees to indemnify and hold harmless the OBDRS Group, and each of them, against and from any and all liability for such Claims, including without limitation all Claims based on negligence, product liability, labor laws, workers compensation or employers liability laws, and reasonable attorneys’ fees and costs.

Volunteer also specifically acknowledges that no insurance coverage or any other benefit or consideration of any kind is or shall be provided to him or her by OBDRS, the OBDRS Group, or any of them, in connection with his or her volunteer service, nor has any representation of coverage or other benefit been made to him or her.

This VOLUNTEER ACKNOWLEDGEMENT, WAIVER AND RELEASE shall be governed in all respects by the laws of the Commonwealth of Virginia and the United States of America, notwithstanding the location of Volunteer’s services, and regardless of any principles of choice of law or conflict of laws.

In Witness Whereof, Volunteer freely and without duress, having fully read the foregoing, and understanding the contents thereof, hereby agrees to provide her or his services, voluntarily and without compensation, upon the terms and conditions stated above.

Signature _____

Name _____

Address _____

Witness _____

Date _____

Name _____

Declaration of Emergency
Department of Health and Hospitals
Board of Dentistry

Provisional Licensure For Dental Healthcare Providers

In accordance with the emergency provisions of the Administrative Procedure Act, R.S. 49:953 (B), which allows the Louisiana State Board of Dentistry to use emergency procedures to establish rules, and under the authority of R.S. 37:760 (6), the board of dentistry hereby declares that an emergency action is necessary in order to provide pro bono dental services to victims of Hurricanes Katrina and Rita by volunteer dental health care workers from other states. Further, Executive Order KBB 05-72 is expiring on December 31, 2005 and is not expected to be renewed. This emergency rule becomes effective on January 10, 2006, and shall remain in effect for a maximum of 120 days or until a final rule is promulgated, whichever occurs first. For more information concerning this emergency rule, you may contact Mr. C. Barry Ogden, Executive Director at (504) 568-8574.

This emergency rule is available on the internet at www.doa.state.la.us/osr/osr.htm, and is available for inspection at the board office from 8:00 AM until 4:30 PM Monday through Friday, 365 Canal Street, Suite 2680, New Orleans, Louisiana 70130. Copies of this emergency rule may also be requested via telephone.

Title 46 Professional and Occupational Standards
Part XXXIII
Board of Dentistry

§ 128 Provisional licensure for dental healthcare workers providing gratuitous services

A. The board of dentistry may grant a provisional license not to exceed sixty days in duration for any dentist or dental hygienist who is in good standing in the state of their licensure and who wishes to provide gratuitous services to citizens of Louisiana at areas designated by the Department of Health and Hospitals provided:

1. The applicant is verified by the board to be good standing in the state of licensure where the applicant resides;

2. Provides satisfactory documentation to the board that the dental healthcare provider is registered with the Department of Health and Hospitals to provide gratuitous services at areas designated by the Department of Health and Hospitals;

3. Agrees to render services on a gratuitous basis with no revenue of any kind to be derived whatsoever from the provision of dental services within the state of Louisiana.

a. Said documentation must show that the applicant is covered under the insurance umbrella of the state of Louisiana before providing any dental services of any kind.

B. The board may renew this provisional license for no more than an additional sixty days.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6) and (8) and R.S. 49:953(B)

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 32



STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



AGREEMENT TO PROVIDE VOLUNTEER SERVICES FOR LOUISIANA RESIDENTS

This agreement is between the State of Louisiana through the Department of Health and Hospitals (hereafter referred to as "DHH") and _____ (hereafter referred to as "Volunteer").

Volunteer agrees to provide services to the State of Louisiana through DHH. The Volunteer agrees and understands that he/she will not receive monetary compensation for his/her services for disaster response.

DHH agrees to accept the services of volunteer without monetary compensation being paid to volunteer.

DHH and volunteer agree that volunteer to the extent allowed by law is an employee of DHH for the limited purposes of indemnification, immunity, and worker's compensation medical (but not weekly disability payments) benefits for any actions that may arise in the course and scope of volunteer's assigned duties.

DHH and volunteer further agree that the volunteer's service may be immediately terminated by DHH or volunteer.

If the volunteer is providing services within their given discipline and scope of practice, by signing this agreement, the volunteer verifies that s/he has current credentials and/or professional licenses for which credit has been claimed. The site address, dates of service and services to be provided are:

SITE: Operation Blessing Dental Clinic
5501 Read Blvd.
New Orleans, LA 70127

Dates of Service: _____

Services Provided: Extractions and Fillings

Profile of Volunteer: The following information shall be provided

Validated Credentials and Level Classifications	Physicians	Registered Nurses	Behavioral Health Personnel
Level 1			
Degree	Required	Required*	Required
Unencumbered License	Required	Required	Required
Certification/ Specialization	Required	Required	Required
Active Clinical Practice/ Privileges	Required	Required	Required
Disaster Training	Preferred	Preferred	Preferred
Level 2			
Degree/ Diploma	Required	Required*	Required
Unencumbered License	Required	Required	Required
Certification/ Specialization	Required	Required	Required
Disaster Training	Preferred	Preferred	Preferred
Level 3			
Degree/ Diploma	Required	Required*	Required
Unencumbered License	Required	Required	Required
Specialization (Non-certified)	Not applicable	Required if applicable	Not applicable
Disaster Training	Preferred	Preferred	Preferred
Level 4			
Occupation	Required	Required	Required
Professional School and Year (X of Y)	Required	Required	Required if applicable
Disaster Training	Preferred	Preferred	Preferred
Secondary Validation (All Levels)			
National Practitioner Databank Status	Required	Not applicable	Not applicable
DEA License Verification	Required	Not applicable	Not applicable
Inspector General Status**	Required	Not applicable	Not applicable

Definitions:

Degree/ Diploma - relative amount of degree or intensity of competence of a given discipline or given course of study; determined by accredited agency and/or organization which identifies the given level of competency to be attained/ maintained.

Unencumbered License – latitude of action and restraints granted by an authorized body to practice a specified profession.

Certification/ Specialization – fulfillment of specified requirements that evidence knowledge over certain process or program.

Active Clinical Practice/Privileges -specific right granted to certain providers to admit patients to a hospital(s).

Disaster Training – any type of training received within the past two years geared towards disaster response.

VOLUNTEER:

Signature: _____

Print name: _____

Date: _____

DHH REPRESENTATIVE:

Signature: _____

Print name: _____

Date: _____

Operation Blessing Disaster Relief

Dental Clinic Information

GENERAL CLINIC INFORMATION

- **NO APPOINTMENTS**
 - Patients are seen on a first-come-first-served basis only.
 - We do not promise any appointments to any patients.
 - The only time we will squeeze someone into the schedule is when obvious facial swelling is present.

- **PHONES**
 - We have no phones—there are no land-lines at the office.

- **HOURS OF OPERATION**
 - We are open 9 a.m. to 5 p.m., Monday through Friday.

- **NUMBER OF PATIENTS EACH DAY**
 - Number of patients seen each day varies with the number of volunteer dentists/ hygienists working as well as with what the dental volunteer feels comfortable seeing each day.

- **EMERGENCIES**
 - We do have a medical clinic right next to the dental clinic should any medical emergencies arise (ie. anaphylactic reaction, low blood sugar, etc.).
 - For any possible behavioral emergencies, we also have an armed guard on site to assist us should the need arise.

- **CLOTHING ATTIRE**
 - Dental volunteers are welcome to wear whatever they normally wear at their office—scrubs or street clothes.
 - We do ask that no shorts are worn at the clinic, and that volunteers wear closed-toed shoes when in direct patient contact.
 - Disposable isolation gowns as well as lab coats are available for clothing and personal protection.
 - Other isolation equipment (goggles, masks, gloves) is available to all volunteers. However, if there is a specific type of eye protection/ mask that the volunteer prefers, please feel free to bring that item along.

- **FOOD/ SNACKS/ DRINKS**
 - We have food, snacks and drinks at the clinic available to all dental volunteers. Volunteers are welcome to take a break whenever needed.
 - There is also a deli nearby should volunteers like to get a po-boy sandwich (New Orleans version of a hoagie/ sub).

GENERAL PATIENT INFORMATION

▪ **TIME FOR EACH PATIENT**

- We ask that the dentist/ hygienist limit their time to no more than 50 minutes per patient. If the patient has a number of dental needs, they are welcome to return to the clinic until all of their dental needs have been met—they must just get in line each morning.
- Please be aware that each day people are beginning to line up outside the clinic at around **2 a.m.** to get their name on the list for the day. And each day we are turning away anywhere from 20 to 60 people.

▪ **SERVICES AVAILABLE**

- We can do **ONLY** restorations (amalgam and composite) and extractions.
- **IF** we have a hygienist volunteer, then we can offer hygiene services.
- We can not do: crowns, bridges, partials, dentures, implants, whitening, root canals, or orthodontics.
- Removal of wisdom teeth—is based upon what the dentist deems as possible here at the clinic.
- Each day varies on ratio of restorations vs. extractions. However, the typical the ratio is 25% restorations and 75% extractions.
- A dentist referral sheet is available at the front office for any patient needing care beyond the ability of either the dentist or the clinic.

▪ **DENTAL EQUIPMENT AND SUPPLIES**

- The clinic does have the most common materials, supplies and instruments needed to perform restorations, extractions and hygiene services. However if there is some specific item that the volunteer feels they cannot work comfortably without, we encourage volunteers to bring that item with them.
- For any questions about a specific item, please feel free to contact the dental manager, Pam Fincher, at pamela.fincher@ob.org or cell: 757-675-7719.

▪ **MEDICATIONS AVAILABLE**

- Currently we have Clindamycin, Amoxicillin and Pen-VK available for both pre-med and post-treatment prescriptions. (Available at the dental clinic.)
- Pain meds available are **ONLY**: ibuprofen and Tylenol (both are available at the dental clinic). Should the patient be requesting something stronger, they need to go to another dentist or their PCP.

▪ **CHILDREN**

- We will see children if the child will sit still for the dental volunteer, and if the dentist/ hygienist is comfortable working with children.

Operation Blessing Disaster Relief

What to Bring

Clothing

- Comfortable work clothes and shoes, no shorts.
 - Slacks or scrubs in dental clinics
 - Comfortable, sturdy shoes. Sandals are not appropriate for work.
- Clothes for after work,
- Underwear,
- Socks
- Nightclothes.
- Shoes, flip-flops or slippers (footwear must be worn in all public areas for safety)

NOTE: Humidity is usually very high in this area, so hot feels hotter and cold feels colder. Summer months are extremely hot in this area (high 90's). Winter months can vary from cold (30's) to quite warm (high 70's), sometimes all in the same day. We recommend you check the weather forecast for the days you plan to be here, and pack accordingly. There is a small laundry facility on sight.

Bedding/Linens/Toiletry

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Hairbrush/comb | <input type="checkbox"/> towel | <input type="checkbox"/> shampoo |
| <input type="checkbox"/> washcloth(s) | <input type="checkbox"/> soap | <input type="checkbox"/> toothpaste and toothbrush |
| <input type="checkbox"/> deodorant | <input type="checkbox"/> blow dryer | <input type="checkbox"/> feminine products |
| <input type="checkbox"/> razor and shaving cream | | |

Note: Individual beds with pillow and linens are provided.

Personal Items

- Books, magazines, board games, sport equipment
- Notebook, pen, and Bible
- DVDs- movies must be family-appropriate only.
- Insect Repellent (Only during spring and summer)
- Personal dental equipment

Note:

Electrical outlets are in short supply. For this reason, **do not bring:**

- Stereo system, fans TV's

Please keep your use of hair dryers and other personal care appliances to a minimum.

Operation Blessing Disaster Relief

Accommodations

Food

Breakfast and dinners are served in the food tent and lunch (an MRE) is eaten at the work site. Our great volunteer cooks serve food in a buffet style. Snacks and other food items are not provided and must be brought separately.

6:30 a.m.-7:15 a.m.	Breakfast
MRE	Lunch
6:30 p.m.-7:15 p.m.	Dinner

Sleeping

Operation Blessing provides each dental volunteer with a trailer room inside a secure building. You will not be sleeping in tents! Trailers have their own bathroom and showers. You may need to share a trailer with another volunteer dentist.

Laundry

Operation Blessing provides a laundry facility which is used on a first come first serve basis. We ask that the laundry be used only when necessary. OB provides detergent.

Internet Access

OB's sights offer Internet access via Wi-Fi. This is a complementary system that is delivered via satellite.

Operation Blessing Disaster Relief

Typical Day

Typical Day

The following is the schedule for a typical day:

6:30 am	Breakfast
8:00 am	Leave for field clinics
12:00 pm	MRE Lunch
5:30 pm	Return "Home"
6:30 pm	Dinner

Transportation

Dentists are responsible for transportation to New Orleans. Our field team can pick you up from the airport if you need. Please let us know a week in advance if you are in need of transportation.

Fun Day

There are great sites to see in New Orleans. Upon Dentist's request a staff member often is able to take them around the area for sight seeing. Coordinate with Field Management when you arrive.

Operation Blessing Disaster Relief

Driving Directions

Addresses

Command Center

310 Kensington Blvd
Slidell, LA 70458

Dental Clinic

5501 Read Blvd
New Orleans, La 70127

The site is located in a building that was once a large “Schwegmann” grocery store. “Schwegmann’s Blvd.” is referred to on “Mapquest.” It is the same as Kensington Boulevard.

From I-59 Westbound:

Take I-10 via Exit 1C on the LEFT toward New Orleans
Take the US-190 exit- EXIT 266- toward SLIDELL
Turn right onto US-190, Gause Boulevard.
Turn right at the second traffic light onto Kensington Blvd.
Large brick building on the right.

From I-55 Southbound:

Merge onto I-12 via EXIT 29A toward SLIDELL. Go 47 miles.
Merge onto I-10 W via EXIT 85A toward NEW ORLEANS. Go 1.4 miles.
Take the US-190 exit- EXIT 266- toward SLIDELL
Turn right onto US-190, Gause Boulevard.
Turn right at the second traffic light onto Kensington Blvd.
Large brick building on the right.

From I-12 Eastbound:

Merge onto I-10 W via EXIT 85A toward NEW ORLEANS. Go 1.4 miles.
Take the US-190 exit- EXIT 266- toward SLIDELL
Turn left onto US-190, Gause Boulevard.
Turn right at the third traffic light onto Kensington Blvd.
Large brick building on the right.