



# **Medical and Evacuation Procedures Indonesia 2026**

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# **1. Introduction**

## **Medical screening**

All participants will be required to enter their medical details onto the Operation Wallacea data portal. Details of how to log on are sent out upon receiving the booking from the participant. The data is stored securely and is initially only available to certain Operation Wallacea staff members, and, for groups of school students, the teacher leading the group.

## **PADI**

All expedition participants who wish to dive during the expedition will also be required to complete a PADI (Professional Association of Dive Instructors) medical questionnaire which must be returned to Operation Wallacea. Those volunteers who have answered 'yes' to any of the questions contained within the PADI medical questionnaire are also required to seek further assessment from a suitably qualified clinician and will not be allowed to dive unless the declaration on the reverse side of the PADI form has been signed by the assessing clinician thereby acknowledging the expeditioner as being medically safe to dive.

## **Screening**

All medical details are assessed by Operation Wallacea. Operation Wallacea may seek to contact the participant to gather further information, which they would then enter on to the portal.

Following the initial screening, the details are then passed to the senior-site medic. He or she may ask for further information, and will have an opportunity to discuss any issues of concern at a medical meeting (between the expedition medics and Operation Wallacea) held approximately 3 months prior to the expedition. The team of medics will discuss any potential medical issues, advise anyone if a further consultation with a medic is required and will also suggest additions to the medical kits in light of any pre-existing health problems highlighted.

## **Insurance**

All participants are required to have medical and travel insurance and to provide these details in advance of their expedition. Operation Wallacea have comprehensive combined liability insurance with up to £10,000,000 for public/product liability.

## **Roles in the event of an emergency**

Carefully planned evacuation protocols are in place for both forest and marine sites in Indonesia. These protocols are well understood by senior staff working on site in the event that a medical evacuation should be necessary.

Due to the variable nature of potential injuries and other limiting factors (such as the availability of high level medical facilities) a number of different evacuation scenarios must be prepared for prior to the expedition commencing. All staff are fully briefed in these scenarios, with this report describing the most likely evacuation options.

Once a serious medical incident is identified, the relevant Site Manager will take control as the Incident Coordinator coordinating the evacuation up until the point there has been a full hand-over of the patient to the Indonesia Country Manager. The Medical Officer and Site Manager will recommend the level of evacuation required for the patient, in consultation with the Country Manager. The Country Manager will authorize the evacuation and work with the Site Manager to coordinate the evacuation. Evacuations are to be classified as either Medium Priority, High Priority or Emergency.

### **Medium Priority**

Cases defined by the patient being in no immediate danger but on-site medical facilities are considered to be unable to cope with the patient's existing condition and that without seeking outside medical attention the patient's condition is likely to deteriorate. An example of this type of evacuation may be a skin infection that is no longer responding to treatment. Such a scenario requires the patient to be moved, usually without the need to hire special vehicles or boats (i.e. rely upon public transportation only), from site to the nearest appropriate medical facility. Typically a Medium Priority evacuation would see a patient evacuated to a hospital located in Bau Bau or Kendari.

### **High Priority**

Cases where the patient's health and wellbeing is at risk if immediate action to evacuate is not taken. An example of this type of evacuation would be a broken bone. Such a scenario requires the patient to be moved from site quickly, often with the use of chartered vehicles (cars, boats) to the nearest appropriate medical facility. Typically, a High Priority evacuation would see a patient evacuated to a private hospital located in either Bau Bau, Kendari or Makassar.

### **Emergency**

Cases where the patients' life is deemed to be at risk if immediate action is not taken. This requires the fastest possible route and will almost certainly require the use of charter vehicles and boats and may also include the use of a medevac flight should it be considered necessary and indeed possible. A patient required to undertake an Emergency evacuation would likely be stabilised at a private hospital in either Bau Bau or Makassar before being transferred onwards to a private medical facility in Jakarta, Bali or overseas.

In all cases where a patient is being transferred to a medical facility they should be accompanied either by an Operation Wallacea medical officer or, where deemed appropriate, a senior Operation Wallacea staff member. The absence of a medical officer from a site whilst the patient is accompanied off-site will require the suspension of activities until the Medical Officer has returned or alternative medical personnel cover exists.

It is the responsibility of the Medical Officer at the relevant site in conjunction with the Site Manager to recommend if an evacuation is required, the level of the evacuation, as well as to ensure the patient is stabilized and properly prepared prior to evacuation commencing. The Medical Officer in conjunction with the Site Manager and the Indonesia Country Manager will

discuss and agree as to the nature of the evacuation (destination, medical assistance being sought) as early as possible in the evacuation process.

All Operation Wallacea participants will have purchased Medical and Evacuation Insurance cover that can be used in the unlikely event that an evacuation from site should be required. Where an evacuation is deemed necessary, the Indonesia Country Manager will be responsible for contacting the insurance company to inform them of the need for an evacuation. The Indonesia Country Manager will also contact the medical facilities where the participant will be evacuated to, in order to ensure that relevant preparations can be made in advance of the patients' arrival at the medical facility.

Should an Emergency level Medevac be deemed necessary, the Indonesia Country Manager will coordinate this with the insurance company and the selected emergency medical assistance company.

The Indonesia Country Manager will be responsible for reporting the condition of the patient and planned route of evacuation. The Indonesian Country Manager may be required to pass on specific medical information relevant to the patient to the assistance company as well as seeking further medical opinion from this company. Maintaining good lines of communication between the Medical Officer, Site Manager, the Indonesia Country Manager, along with the insurance company and the medical assistance company is critical to ensuring a successful evacuation.

All senior staff involved in a major accident or emergency procedure should keep detailed notes of times, actions taken, communications and costs incurred. After the incident has been closed it is the responsibility of the relevant Medical Officer in conjunction with the Site Manager to compile a detailed report of the incident and medical procedures followed.

## **2. Medical facilities in country**

This information below has been updated and is valid for 2026.

The Siloam Hospital Group have by far the best medical facilities and services to be found across Indonesia. Operation Wallacea will always seek to prioritize the use of Siloam hospitals (found in Bau Bau, Makassar, Bali and Jakarta) over other medical facilities available locally, however sometimes General Government Hospitals will be used in situations where this is deemed more appropriate. A shorter evacuation time is something that may make the decision to use a general government hospital more appropriate.

### **Facilities in Bau Bau**

The main hospital in Bau Bau can be used for Medium and High Priority evacuations from all forest and marine sites as well as act as a holding facility prior to onward travel for Emergency evacuations.

Siloam Hospital Buton  
Jl. Sultan Hasanuddin No 58,  
Baubau  
Information & Services Number (8am-4pm only): 0812 4139 6767  
(Number under maintenance: 0402 282 5555)  
24 hour Ambulance Call Center: 0402 2821 911 or 1-500-911  
24 hour A&E Desk (UGD): 0812 8710 4008  
Email: [info@siloamhospitals.com](mailto:info@siloamhospitals.com) or [info.shbn@siloamhospitals.com](mailto:info.shbn@siloamhospitals.com)  
[www.siloamhospitals.com](http://www.siloamhospitals.com)

### **Facilities in Kendari**

The main General Government hospital in Kendari can be also used for Medium and High Priority evacuations from forest and marine sites where it is deemed necessary or more appropriate than evacuating to Siloam Bau Bau. It is a fully equipped hospital and in some circumstances it may be quicker and more efficient to evacuate a patient to this hospital.

RSUD Bahteramas  
Jalan Kapt. Pierre Tendean No. 50 Baruga, Kendari  
Call Center+62 (0)401 319 5611

### **Facilities in Makassar**

The Siloam Hospital in Makassar can be used for High Priority evacuations after referral from Bau Bau. It may also serve for holding and stabilizing Emergency evacuation patients prior to onward travel.

Siloam Hospital Makassar  
Jl Metro Tanjung Bunga Kav 9, Tanjung Merdeka – Tamalate, Makassar, 90225  
Information & Services Phone: +62 (0)411 3662 900  
Emergency Phone: +62 (0)411 811 7911  
Email: [info.shmk@siloamhospitals.com](mailto:info.shmk@siloamhospitals.com)  
[www.siloamhospitals.com](http://www.siloamhospitals.com)

### **Facilities in Bali**

Siloam Hospital Bali,  
Jl Sunset Road No 818 – Kuta - Bali  
Phone: +62 361 779 900  
Emergency Phone: +62 1-500-911  
Whatapp Info: +62 811 895 1181

In addition to the Siloam Hospital found in Bali, Bali also has two Hyperbaric chambers and is where expeditioners suffering decompression sickness would travel for treatment. The main recompression chamber is located at the main hospital in Denpasar, Bali, known RSUP Prof Ngurah, formerly known as RSUP Sanglah, and the other is at RS Kasih Ibu.

RSUP PROF. NGOERAH/SANGLAH, Jl Diponegoro – Denpasar – Bali  
Emergency Phone: +62361226363  
Switchboard Operator: +62 361 227911 or ending in (12,13,14,15)

- a. +62 896 8561 8838 (Dr Anita Devi – Head of Hyperbaric Unit RSUP SANGLAH)
- b. +62 812 395 0751 +628 (Kadek Sariani - Hyperbaric Nurse RSUP SANGLAH)

RS KASIH IBU, Jl Pantai Saba No 9 – Saba – Blahbatu – Gianyar - Bali  
Phone: +62 361 300 3333  
Hyperbaric & Dive Medicine Centre  
24hr Emergency Phone: +62 811 3883 028

### **3. Medical cover**

There will be one or two forest camps in operation at any one time, and one marine site will in operation in Indonesia in 2026. A qualified medic will be based at each camp or site. Such medical staff will be practicing professionals such as a doctor, paramedic, or nurse with accident and emergency experience.

A medical kit is provided at each site, the content of which is determined prior to the expedition commencing in consultation with professional medics. These kits are designed to deal with as many non-emergency medical situations as is reasonably possible and to also support emergency incidents necessary for stabilization of a patient prior to transfer to a suitable medical facility.

### **4. Evacuation from the forest sites**

#### **Overview**

Typically, from Buton forest camps the first step in an evacuation will be to get the patient overland to Bau Bau, or Kendari. On arrival in Bau Bau the patient can be stabilised at the Siloam Hospital before transferring via commercial flight (or medevac if considered necessary) to other medical facilities located elsewhere in Indonesia if deemed necessary. On arrival in Kendari the patient can be stabilized at RSUD Bhateramas before further transfer.

The main challenge with all forest evacuations is getting the patient out of the forest and to a vehicle. At each forest camp there is a team of Indonesian staff who have received training and hold equipment necessary to transport a patient to the nearest road access point. The camp manager will coordinate the evacuation from the camp to ensure there is a waiting vehicle and the road-side meeting point.

#### **Medium and High priority evacuations**

All Medium and High Priority evacuations will be evacuated to the Siloam Hospital in Bau Bau or RSUD Bahteramas in Kendari for treatment and/or for stabilisation whilst ongoing travel arrangements to Makassar are arranged, if deemed necessary. The procedure is as follows:

- The responsible medical officer at the site will assess the patient and, in conjunction with the camp manager or site manager, a recommendation will be made to evacuate the patient;
- The Site Manager will notify the Country Manager of the recommendation in order that they can authorize the evacuation and contact the insurance company to inform them of the planned evacuation and patient's condition; as well as agreeing an evacuation route and timeline to be implemented. Where an evacuation must take place prior to contact being made with the Country Manager, the Site Manager will still continue to seek to make contact with the Country Manager even whilst an evacuation may be underway.
- For the forest camps the road travel time to Baubau can vary from 7-9 hours depending upon the precise location of the relevant forest camp. This does not include the time to evacuate the patient from the forest camp to the roadside.
- A medical officer would normally accompany the patient to Bau Bau in all High Priority cases but designated staff members may be used for Medium Priority cases.
- The Country Manager will be responsible for making all travel and hospital arrangements for the evacuee. Where an evacuation must commence prior to contact being made, the Site Manager will need to make the travel arrangements until such time that the Country Manager has been contacted.
- The Indonesia Country Manager will contact Operation Wallacea's UK office to inform them of the situation and the UK office will in turn liaise with the patient's next of kin to inform them of all developments.
- If onward travel to a medical facility in Makassar is necessary, this will be arranged using scheduled flights; there are several scheduled flights each day from Bau Bau or Kendari to Makassar.

### **Emergency evacuations**

- The Medical Officer on site will assess the patient and with the Site Manager make a recommendation to undertake an Emergency evacuation. The Site Manager will immediately notify the Indonesian Country Manager of the situation.
- The Indonesian Country Manager will contact the insurance company to inform them of the situation and to decide upon the most appropriate mode of transportation and medical facility to which the patient should be transferred. Importantly, this may require the insurance company organising a chartered medi-vac flight from Bau-Bau.
- From all forest camps, the patient once stabilised will be taken to the nearest road from where they will be picked up by a suitable vehicle and driven to Bau Bau. It is the responsibility of the Site Manager to arrange this transfer to the road.

- A medical officer will accompany the patient initially to Bau Bau and onwards until the patient is deemed to have received appropriate medical attention and care.
- The Indonesian Country Manager will contact the UK office to inform them of the situation and the UK office will liaise with the patient's next of kin to inform them of the situation. Regular updates of the patient's condition will be relayed by the Indonesia Country Manager to the UK office.

## **Evacuation times from forest camps to Bau Bau**

### **North Buton Camp & Central Camp**

Approximately 1-2 hours by stretcher, 6-7 hours by motor vehicle. Total 9 hours

## **5. Evacuation from the marine sites**

### **Overview**

Operation Wallacea's marine site in 2024 is Hoga Island, located inside the Wakatobi National Park. Hoga Island in particular poses challenges to evacuations due to the remote location of the site and challenging weather conditions that often occur at that time of the year. Hoga Island has transportation means (small speedboats) permanently located on site. The site manager also maintains close contact with local boat companies and government departments that are on standby throughout the season to provide personnel and large powerful speedboats specifically for the purpose of an evacuation to Buton Island should the need arise. Agreements are made, and routes and contact procedures are all arranged before the expedition season starts, so that a quick and efficient evacuation off the island can be executed when necessary.

### **Medium and High Priority evacuations**

Medium and High priority evacuations would normally be sent to Bau Bau, Kendari or Makassar for treatment. The procedure would typically be as follows:

- The Medical Officer on site will assess the patient and following consultation with the Site Manager make a recommendation to evacuate the patient.
- The Site Manager will inform the Indonesian Country Manager of the need to evacuate in order to receive approval for the evacuation to proceed, and assistance in arranging the evacuation. The Country Manager will in turn inform the Opwall UK office.
- The Indonesia Country Manager will ensure that appropriate transport is arranged for the evacuation to proceed, and coordinate the preparation for the patients arrival in Bau-Bau, Kendari and/or Makassar including admission to a hospital and an appointment to see a doctor upon arrival of the patient.
- The patient will take a boat from Hoga, to Wanci, to Buton Island, then travel overland by car to Bau Bau, or take a boat from Hoga, to Wanci, to Kendari.

- A Medical Officer or someone deemed appropriate to accompany the patient will travel with the patient at all times.

## **Emergency evacuations**

- The Medical Officer on site will assess the patient and following consultation with the Site Manager make a recommendation to evacuate the patient.
- The Site Manager will inform the Indonesian Country Manager of the need to evacuate, and the Indonesian Country Manager will in turn inform the insurance company, a Medical Assistance company, and the UK office.
- A chartered speedboat will be used to transport the patient to Buton Island and an ambulance or charter vehicle will be used to take them to Siloam hospital Bau Bau where the patient can be stabilized, before being flown to Makassar on a commercial flight from Baubau airport, or if required, by medevac charter flight to an international medical facility (Darwin, Singapore)
- The Medical Officer will accompany the patient until the patient is able to receive expert medical attention.
- The Indonesian Country Manager will decide on the most appropriate mode of transportation and medical facility to which the patient should be transferred, in consultation with the Insurance Company and a Medical Evacuation Assistance company. Under certain critical conditions this may require the insurance company organising a chartered medevac flight from Bau-Bau.
- The Indonesian Country Manager will contact the UK office to inform them of the situation enabling the UK office to liaise with the patient's next of kin and inform them of the situation. Regular updates of the patient's condition will be relayed by the Indonesia Country Manager to the UK office.

## **Evacuation times from Marine camps to Bau Bau**

### **Hoga Island**

Approximately 5-6 hours by speedboat, 1-2 hours by motor vehicle. Total approx. 7 hours

## **6. Reporting and logging**

During evacuations it is crucial that a log is kept by both the Site Manager and the relevant Medical Officer detailing times, personnel involved and all other details relevant to the evacuation process.

All medium priority evacuations must be logged by the Medical Officer and included in the post-season medical report. For High Priority and Emergency level evacuations the Medical Officer, relevant Site Manager, and Indonesian Country Manager must each make a detailed report immediately following the incident. A full safety assessment must be carried out after

all evacuations and if a similar incident is likely all activities must be stopped until the situation has been rectified.

The Indonesia Country Manager will collate the reports of all evacuations for submission to Operation Wallacea, UK. The Indonesia Country Manager will also submit relevant medical documentation and a summary of evacuation costs to the UK office to enable an insurance claim to be processed.

## 7. Mass evacuations and disaster management

There is the possibility, albeit incredibly small, that a large-scale incident could occur which would require a large number of Operation Wallacea volunteers and staff being repatriated. Such incidents could include political unrest, natural disaster and terrorist attacks. These incidents can be broken into two types, those with prior warning and those without.

### Major incident with prior warning

Some major incidents come with a degree of prior warning. A good example of this is political unrest resulting in violence, which would have a build-up period. We constantly monitor the political situation of the area we work in and if our experienced field operatives decide that the political situation has become unsafe they would order a full evacuation.

In such an incident the Indonesian Country Manager would liaise with the Opwall Office and relevant embassies to agree the best route for repatriation.

### Major incident with no prior warning

Some incidents, such as a terrorist attack or natural disaster, would have no prior warning. In cases such as these the field staff would get all volunteers and staff to a place they deemed safe by which ever means they decide best. From here the Indonesian Country Manager would contact the volunteers' embassies to coordinate an evacuation strategy. The details of such an evacuation would vary dramatically depending on the situation and as such it is impossible to produce more detailed information.

## 8. Important Contacts for Indonesia

Name	Position	Number
International SOS	Subscriber Medical, Evac or Security Assistance (for school groups that are subscribers)	+62 21 750 6001
Care Flight Australia (International Medevac)	24/7 Emergency Tasking and enquiries (calling from outside Australia)	+61 298 937 683 (24/7) helppoint@careflight.org

Global Assistance (Fullerton Health Jakarta)	For Medevac charter planes 24/7 Alarm centre	Alarm Centre: +62 21 2997 8999  Hotline: +62 21 2997 8997
DAN Diving Emergency Service Hotline	Emergency diving medical advice 24/7	021-5085-8719 (Emergency Hotline)  Customer Service Centre Phone: +62-21-5085-8720 Email: <a href="mailto:infoID@DAN.org">infoID@DAN.org</a>
Wakatobi Divers	N/A	+62 (0)812 3811 084 (Crispin) +62 (0)361 759 699 (Office)
Tim Sar Kendari (Coastguard)	N/A Emergency	+62(0)401396557 +62(0)401 115
Tim Sar Baubau (Coastguard)	Head of Team – Muslimin Hibali	+62 (0)821 9045 5257
KPPP Bau Bau (Coastguard)	N/A	+62(0)402 2821 801
Intel Polres (Police) Bau Bau	N/A	+62 811 405 9300  +62(0)81341860311 (La Izu)
Bau Bau Airport	N/A	+62(0)4022823675 +62 (0)823 4747 4343 (Pak Dedy) +62(0)852 3237 6985 (Pak Mustafa)
British Embassy Jakarta	N/A	+62(0)21 23565200
US Embassy Jakarta	N/A	+62-21-5083-1000
Canadian Embassy Jakarta	N/A	+62(0)21 25507800
Irish Embassy Singapore	N/A	+65(0)62 387616
Australian Embassy Jakarta	N/A	+62(0)21 25505555
New Zealand Embassy Jakarta	N/A	+62 (0) 21 299 55800