

Clinic Standard Operating Procedures Manual



Trip Information

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General Information

The following manual represents the guidelines and rules of operation for each medical clinic. All staff whether professional or non-professional will be asked to follow these written instructions. These written procedures also provide a missionary, host pastor, or evangelist the opportunity to understand ORH prior to a commitment to do a clinic.

These procedures, SOP, are definitely not exhaustive in nature, but they are intended to give the participants general guidelines for uniform behavior.

PURPOSE OF ORH CLINICS

The purpose of our clinics is to mimic the earthly ministry of the Lord Jesus Christ. Christ consistently cared for both the physical and spiritual needs of people. Therefore, ORH wants to set a pattern of ministry that cares for both the physical and spiritual needs of people.

Matthew 9:35-38 (KJV)

³⁵ And Jesus went about all the cities and villages, teaching in their synagogues, and preaching the gospel of the kingdom, and healing every sickness and every disease among the people. ³⁶ But when he saw the multitudes, he was moved with compassion on them, because they fainted, and were scattered abroad, as sheep having no shepherd. ³⁷ Then saith he unto his disciples, **The harvest truly is plenteous, but the labourers are few;** ³⁸ **Pray ye therefore the Lord of the harvest, that he will send forth labourers into his harvest.**

The spiritual need of people is the driving force behind ORH. It is the goal of ORH to provide for these needs to be met immediately and in the future. The clinics provide for immediate preaching of the gospel, call to repentance, and opportunity for the patient to respond to the Gospel.

It is hoped that permanent works left in the regions continue the training, teaching, and encouragement for spiritual growth. ORH does not apologize for loving the soul of a man, offering an immediate call to repentance, nor are we ashamed of attempting to give the gospel clearly, indiscriminately, and honestly.

It is not the purpose of ORH to assume the care of the people indefinitely. It is wrong to perpetuate a ministry that deprives people from caring for themselves, but it is proper to offer assistance that is beyond their capabilities. Therefore, ORH seeks to provide medical care and spiritual guidance to help people with their needs and encourage them to improve their means of caring for themselves. The medical service provided is not to substitute for personal responsibility to improve living conditions and medical care for their local surroundings. The medical care ORH provides for immediate need with a hope

to provide periodic help. The encouragement ORH provides is in the form of donated medical supplies, permanent and temporary clinics, training for future medical professionals, and tools to help those medical professionals.

In order to help, we must continue the impacts of the clinics by building permanent church/clinic facilities. Nationals, in-country missionaries, and short-term missionaries can then staff these facilities. It is the hope of ORH to send short-term and permanent medical professionals and missionaries for continued ministry.

PHILOSOPHY OF CLINIC OPERATION

There are several services that the clinic cannot provide; however, there is a wide range of services that the clinic does provide. The following guidelines we believe are very general but important.

1. The clinics are not meant to be a hospital experience for those who are serviced by them. ORH does not have the capability to handle such a commitment.
2. The clinics are meant to be an avenue for people to receive consultation, examination, and topical or internal treatment through topical solutions or limited doses of antibiotics.
3. The procedures performed will be strictly limited to those things which in the professional opinion of our on-sight medical staff are reasonable according to the short term duration of our stay, the tools available for our use, and the medicines available for our use.
4. Procedures that require long term monitoring, risky surgical procedures or hospitalization will not be permitted.

Medical Clinics are an important service provided by Operation Renewed Hope, and demonstrate the mercy and compassion of Jesus Christ. However, medical clinics are not the end objective or the ultimate goal for our international and domestic relief work. We use medical clinics to tangibly demonstrate Jesus Christ's love, mercy, and compassion. We use medical clinics to soften the hearts of the people to whom we minister so that they will be receptive for a transformational Gospel message. In other words, we use medical clinics to earn the right to be heard with a valid spiritual message which can permanently change their lives for eternity. Our medications which we distribute during the medical clinics will eventually run out, but the Gospel of Jesus Christ has the potential to spiritually transform individuals and villages forever.

Medical Clinics of Operation Renewed Hope shall be conducted with professional excellence which glorifies our Lord Jesus Christ. We shall endeavor to provide compassionate and professionally excellent care to the target people. Therefore, we shall establish the following guidelines:

1. Medical Clinics shall comply with the other standard operating procedures for Operation Renewed Hope. We shall designate a Lead Physician for every Medical Clinic.
2. Prior to being seen by a physician, each patient must be triaged. Triage shall consist of obtaining patient identifying information, vital signs, chief complaints, and a quick assessment of serious and emergency medical conditions.
3. Patients shall see a licensed physician or dentist who has graduated from an accredited undergraduate college or osteopathic school, and an accredited postgraduate training program. We also will allow physicians or dentists from countries other than the United States. These physicians must have a medical license in good standing with their nation and educated according to their nations requirements.
4. We may at times use physicians in training at a postgraduate training program to see patients when allowed by the host country. These physicians shall be closely monitored, supervised, and actively taught and trained by our licensed physicians. They shall fall under the ultimate direction of our lead physician for the medical clinic.
5. We may at times use mid-level providers including family nurse practitioners and physician's assistants to provide medical care to patients who are not seriously or acutely ill. These mid-level providers will practice under the supervision of the physicians and ultimately under the direction of the lead physician for the Medical Clinic. We shall not allow the use of mid-level providers without the physical presence of a physician attending our medical clinics.
6. Medical Clinics shall not use nurses (including Registered Nurses or Licensed Practical Nurses) to diagnose and treat patients in a physician's role. Nurses are valuable and essential staff workers in our medical clinics, and may function in a role prescribed by medical professionals such as a physician. They shall fall under the direction of the lead physician and head nurse for each respective medical clinic.
7. Physicians shall practice professional standards of care for each respective area and shall practice medicine in a conventional manner based on scientific medical methods. Experimental procedures and therapies or procedures and therapies which require higher levels of facilities or equipment which are beyond the scope of our medical clinics shall not be performed or undertaken. Physicians practicing in our medical Clinics shall fall under the direction of the lead physician for each respective medical clinic.
8. Medical clinics shall be conducted with the permission of governmental authorities in each nation or state. A national physician is requested to be present at all times in our medical clinics so that they can be a resource for referral of serious and emergency medical conditions, and so that they can explain specific local conditions and practices among

- both the people being treated and the local health care providers. The national physician is a valuable cultural and medical resource.
9. Patients who present with conditions which are serious and which are beyond the scope of our outpatient medical clinics shall be referred to a local facility for treatment. Transportation for these patients cannot be guaranteed by our limited resources.
 10. Our Medical Clinics shall utilize pharmaceutical medications and medical supplies which are in excellent condition and are not out of date. Variety of pharmaceuticals distributed will be regulated and may be restricted by Operation Renewed Hope's professional staff under the direction of the lead doctor of the clinic. When patients cannot be seen because of numbers, ORH will provide wellness packets for them to take home.
 11. Optometry is a valuable adjunct to the medical clinics which Operation Renewed Hope conducts. Patients presenting to the Optometry unit shall see a licensed Optometrist or Ophthalmologist. Opticians with proper credentials can also be used to distribute glasses in place of the Optometrist or Ophthalmologist, but he may not diagnose. Lion's Club trained dispensers shall also dispense glasses, but may not diagnose.
 12. Prior to the clinic, all professionals must provide credentials for submission to the medical authorities of the country in which we are working.

ATTITUDE OF PARTICIPANTS

These trips are ministries. They are not made for our personal comforts or fulfillment. If you are hard to please concerning sleeping arrangements, personal hygiene, or food; please, do not go. You will be working long hours. You will be hot, dirty, and exhausted. You will be expected and must remain sweet and pleasant. You will be asked to work at tasks sometimes that you might think are below you. If you cannot endure such situations please do not begin this trip. It is not for those with low stamina or humility. If you are afraid to fly or travel by water, please, do not go.

We are going to help the people. It means that sometimes we may have to work long hours to meet the needs. We attempt to limit the number of people who must be seen, but we cannot always have perfect success. Sometimes we must stay until the job for the day is finished. This will take many out of their comfort zones. If you go recognize that we must stay until the patients for the day have been helped.

DANGERS AND PRECAUTIONS

Physical

You must accept that you could be physically hurt, contract a disease, or even lose your life. If you cannot accept this; please, do not go. It is your

responsibility to make certain that you have obtained all necessary prevention inoculations.

Sometimes people have infirmities and/or diet restrictions which could result in physical harm if there is not proper planning. It is very important that our staff and leaders are aware of your conditions. It is your responsibility to put this information on all appropriate forms. If you have a disorder that requires limiting physical exertion our staff and leaders need to be aware of this. If you have had surgery or are in need of surgery our staff and leaders need to be aware of this. This information should be forthcoming prior to purchasing air fare.

Due to the danger of such trips children may not attend the trips. The age requirements are 14 years old and up. All people who go with Operation Renewed Hope are encouraged to attend a boot camp for training. However, a person at least 18 years of age may opt out of boot camp by signing a waiver. Any person under 18 must attend a boot camp unless accompanied by a parent or guardian. In this case, the guardian must have power of attorney for the minor.

Mental

Sometimes people have phobias which are impossible to overcome. Fears are real and must be addressed. If you have a fear that would mean that you could not travel well in the air, land, or water, our staff and leaders must be made aware of this. If you are afraid of animals or remote settings, our staff and leaders must be aware of this. The applicant is responsible for full disclosure of these problems.

If you cannot travel away from home without being homesick, frightened that you would lose a loved one, or frightened that you might not return because of distance; our staff needs to be aware of this. The applicant is responsible for full disclosure of these problems.

If you are taking a drug for depression or any mental disorientation, our staff and leaders must be aware of this. If you have been violent, disruptive, or cannot cope with stress or pain; our staff and leaders must be aware of this. The applicant is responsible for full disclosure of these problems.

Full disclosure of these problems must be done before purchasing of air fare, and should be done on the applications. If for some reason this information should be discovered, the applicant would be asked to not travel and would not be eligible for refunds.

Travel

There is always the possibility that transportation does not work as we thought it would. Airlines are infamous for being late. Also the remoteness of our locations could result in losing the existing air connections. This would mean extra charges for participants. Each participant would be responsible for such extra charges. Please bring a credit card or extra cash to cover such a loss.

DO NOT BRING ANY GUNS, KNIVES, OR WEAPONS ON ANY TRIP OF ORH.

Information Source

All team members should contact the following group for information concerning immunizations prior to leaving on a trip. Please call toll free 888-499-PASS (ext. 7277) to be connected to the Passport Health office nearest you. They are happy to offer a personalized briefing booklet specifically designed for you and your destination in a clear and concise format. They can arrange a comprehensive telephone consultation for you at your convenience. A travel health specialist will offer advice on all of your travel health needs including immunizations (specific to your destination), food and water precautions, travelers diarrhea, malaria, high altitude illness, security issues and offer recommendations on appropriate supplies for your destination(s). There are charges for these services.

We recommend to all the following immunizations: Hep A, Hep B, and Tetanus for all trips. The public health department in your community is an excellent source of information about traveling and immunizations.

CHAIN OF COMMAND STRUCTURE

The Host Pastor, Missionary, or Evangelist

The host pastor, missionary, or evangelist of the trip will be our highest authority in the local church or mission group. He is the authorized representative for the local ministries working with ORH to accomplish the medical mission.

He will work directly with the leadership of ORH. He must co-ordinate with ORH staff all elements of the mission for the benefit of the local body of believers sponsoring the clinic. Various responsibilities are listed in this book for him. He must read, understand, and agree to handle all local responsibilities prior to engaging the ORH team for future ministry.

National Doctor Consultant

When available a national doctor will be utilized by ORH clinics. This doctor will be the official representative of the Ministry of Health. He will be the liaison to inform the ORH lead doctor and team leader of the normal practices of the

Ministry of Health of the host nation. This doctor will be consulted in all matters in which there is no clear understanding of host nation's medical policies, or in a situation demanding special handling of patient needs. His understanding of the general practices of his nation's Ministry of Health will be invaluable to the leaders of Operation Renewed Hope clinics.

This person is sometimes unavailable to ORH for the clinics.

The Advance Team Leader

The advance team leader enters the country with his team of workers in order to prepare for the main team arrival. He is the authorized representative to work with the host pastor, missionary, or evangelist for all needed advance preparation. He is the ORH authority until the team leader arrives on site with the main team. He arrives several days before the clinic with his team.

The Team Leader

The team leader is the over-all leader of the clinic. He may also be the advance team leader. In his absence the assigned alternate leader or the advance team leader will assume decision responsibility. His mission is to make the clinic go according to the instructions in this handbook, provide for the clinic participant's safety, and provide clear leadership in all situations not covered by the handbook.

The Alternate

The alternate leader is assigned to know the plans of the clinic so in case of the loss of the Team Leader he may assume the role of Team Leader. His responsibilities would be the same as the Team Leader. His job will also require him to work directly with the Director of Clinic Operations and the Advance Team Leader.

Director of Clinic Operations

If the director is on the trip, the team leader will work with him to facilitate orderly clinic operations concerning the site set up, lodging, food, and travel arrangements.

The Lead Doctor

This individual is a medical professional in charge of the proper medical administration of the medical clinic. He is the final authority over all medical matters. He will work in concert with the team leader, alternate or advance team leader, national doctor consultant, and host pastor, missionary, or evangelist. The team leader, alternate, advance team leader, or host pastor, missionary, or evangelist may not change or invalidate his medical orders.

The Head Nurse

The head nurse will be responsible for the nursing staff working under the lead doctor. The head nurse may field medical questions with the nursing staff. The head nurse will consult with the Lead Doctor should the head nurse be unable to answer the questions.

Standards for ORH Clinic Operations

SPIRITUAL MINISTRY

The evening before a clinic day a gospel service is conducted at the site of the next day clinic. During the clinic day preaching station is utilized for preaching in the clinic. It is part of the clinic just as any other clinic unit described. Please read the section on Evangelism.

IMMEDIATE CARE UNIT

The mission of immediate care team members is to verify the immediate well being of those who attend the clinic prior to entering the clinic system. These workers observe potential patients while supplying water or food. This unit will function when the number of people working the clinic is large enough to do so.



The immediate care worker is to observe behavior and appearance. If a person appears to be sick they will display certain characteristics which our staff must identify in order to properly service their needs. Characteristics for which our staff looks are heavy sweating, labored breathing, paleness, lethargic behavior, or any behavior that does not appear normal. In addition to this, the immediate care people are to be aware of any skin appearance disorder such as spots, swelling, or rash. A major factor in immediate care is observation for open bleeding or a raspy cough. This could point to serious illness.

If these things are noticed a person should be brought to the attention of the head nurse, immediately. Under no circumstance is an immediate care worker to touch one of the patients waiting to see a doctor. Should a patient faint or in any way need physical assistance the immediate care worker must seek the assistance of a nurse. The nurse in charge of triage must isolate the person who is considered a risk after observation. Under no circumstances is this patient to enter the clinic system.

Should a patient appear unruly the immediate care staff should immediately disengage from the patient and seek assistance. At no time should a worker

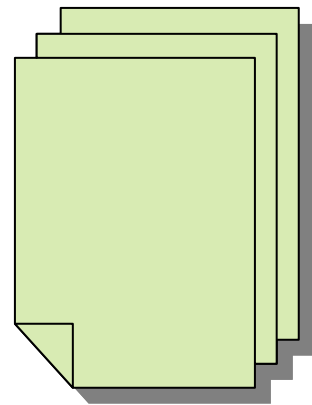
come near a patient who is displaying any signs of drunkenness, hostility, incoherence, or mental disorder. These signs will include such things as boisterous talk, flailing of arms, spasmodic muscle movement, loud noises, crying, convulsions, or simply unawareness of surroundings. The immediate care worker must avoid this type of person and immediately seek help.

The immediate care unit will be comprised of one or two clinic staff members. If there are youth workers, they are at all times responsible to the adult staff member. The workers must wear gloves and a mask for protection.

The patients should be quizzed as they are given water about tuberculosis in particular.

INFORMATION STATION

Forms will be provided for questioning each patient. These patient forms will include personal, vital signs, complaint, diagnosis, and prescription information. Several attendants will be needed to speak to the people in the country language and then write the information in English.



The Information Station will handle personal information and complaint. After recording the information the patient must be instructed to keep these forms with them until they go to the pharmacy where they will be collected. They should be told that even if there is no prescription, they must go to the pharmacy to leave the forms; or they may leave them with the last doctor they see.

Those recording information must write legibly so that all information will be available to the doctors.

The attendants will first number each form so that an accurate check may be made of the number of patients for the day. The attendant will then ask and complete all blanks of information concerning the patient. No blanks should be left unanswered. It is crucial that all information be complete especially information about allergies or allergic reactions and the information about the medications which the patient might be taking. If the patient does not know about allergies or allergic reactions this should be indicated so the doctor may make a judgment concerning proper treatment. If there is no answer to a question then write *N/A* so the doctor will know the question has been asked and answered.

The attendants must make a very determined effort to obtain and clearly record the actual complaint of the patient for the benefit of the doctors who will see the

patients. Also the attendant should record the medical areas which the patient will require. If the patient must see two doctors this should be recorded on the form. Any doctor the patient does not request to see must be crossed-out on the form. The patient may only see two of the three possible doctors.

After the attendant has properly completed the form with the information of the patient, the patient should be moved to the triage line.

TRIAGE UNIT

The purpose of the triage is gathering of vital information on the condition of the patient. Each patient will receive a general examination that will include blood pressure, respiration, temperature, and pulse. When possible this information will be forwarded to the nurse-in-charge who will make a determination as to the degree of need that this patient is experiencing. The nurse will be responsible to route the patient according to the triage information and the complaint. When this is not possible the patient is simply directed to a doctor's line.



Triage can be very demanding; however, it is recommended that the nurse remind the workers that demand does not dictate. The information that is being gathered must be accurate. This will not occur if the worker hurries or is careless. The worker must not only work at a pace that reflects a cognizance of the workload, but also reflects an understanding of the importance of accuracy. The nurse-in-charge must monitor the efficiency and accurateness of the workers. Gentle reminders are very important tools to keep weary hands and minds aware. Take time to record information.

Recording the vital signs and complaints of a patient is crucial. All patients must have a triage form completed by the triage unit worker. The worker must be careful to record all requested information that is pertinent to the triage unit. The information must be recorded accurately and legibly. The doctors will be hindered by inaccurate or un-discernible information. No patient may be examine or consult a doctor without a patient form completed in triage.

The triage unit must not become a place for carelessness in hygiene. The triage unit will be in direct contact with the body of the patient; therefore, the nurse-in-charge must require a strict adherence to safety from contamination. All triage workers must wear gloves, and these gloves must be disposed of at the close of the triage day. The workers must also wear masks. No worker may approach a bleeding patient without face protection masks.

The worker must constantly be made aware that the hands are not to be placed around the mouth. Also any worker who leaves the triage unit on a break must de-glove and cleanse the hands prior to eating or associating with others. Upon return from a break the worker must cleanse, glove, and mask before re-entering the triage unit for service to patients. All workers must be completely aware of and follow all hygiene regulations in this SOP.

The triage unit will be comprised of a nurse-in-charge and assistants. The unit will also use trained youth workers. These youth workers will be directly responsible to the nurse-in-charge and assistants. The nurse-in-charge will work directly with all doctors to co-ordinate an efficient operation.

The triage unit should also look for possible oversights by the immediate care concerning coughing, bleeding, or other visible signs of serious disease. Isolation of a patient should be immediate.

CENTRAL SERVICES UNIT

Central Services makes the operation of the clinic efficient and effective. Without the proper storage and distribution of medical equipment no services could be offered. Therefore it is important that the Central Services be properly functioning.

Prior to going on the trip, our warehouse director or central services nurse will organize and pack the daily essentials for examination and treatment. The nurse must make a complete inventory of what is packed. The packing box must be inventoried for immediate use. The nurse will be available at clinic to consult with the Central Services staff.

The Central Service will be under the control of the CS manager. The manager will be responsible to oversee transit of all equipment and materials during the trip. He must be certain that all materials arrive at the clinic site.

The CS manager will be responsible to unpack and organize the materials to be used. Often the area for organization is very limited; therefore the CS manager must be wise in how much of each item he unpacks. The boxes themselves may be used as table tops with only a few of each item on the box. The items should be ordered according to type and alphabet. The types consist of needles/syringes, bandaging and cotton products, containers, tools, and other items. The doctors should be given as clear a picture of stock quantities and materials availability at the close of each clinic day.

The CS manager will be given a helper to fulfill his duties.

PHARMACY



The pharmacy is one of the most important areas of the clinic due to the need for medicine after a patient has seen a doctor. Most clinics will only prescribe medicines, but we also provide the medicines. As a result of this it is crucial that we do an adequate job in dispensing the proper and accurate types and dosages of medicines.

Each doctor will write prescriptions on the patient form. The Pharmacy will be provided with a prescription form on which to record the doctor's instructions to give to the patient with the medicine. No one but a doctor may authorize a prescription for medicine. Medicine may only be dispensed with written approval from a doctor. The patient forms must be compiled and kept in order to track the diagnosis and distribution of medicines.

Each doctor must be aware of the types of drugs available for their use; therefore, a list of medicines in the pharmacy will be provided as soon as possible to the doctors. The doctor should write on the patient form clearly, legibly, and accurately. The name of the medicine, dosage amounts, and frequency should be clearly given for the benefit of the pharmacy.

Due to impact of medicines upon people unaccustomed to taking medicine, the doctor should take this into account when prescribing quantities. It is fruitless and expensive to over prescribe. However, the prescribing is in the hands and discretion of the doctor of record with the patient.

Operation Renewed Hope reserves the right to determine appropriate dosage amounts concerning distribution of medicine. At no time should a medicine be distributed in a reckless or wasteful manner. Medicine should not be used to indicate a level of concern on our part or to indicate proper care. The medicine provider and lead ORH Doctor will make these determinations.

The medicine provider may change any prescription to alternative medicines when instructed by the doctor of record on the prescription form. Only a doctor may authorize medicine or a change in medicines. If the medicine provider has a question concerning the prescription this question must be taken directly to the doctor giving the prescription. No prescription should be filled if the medicine provider is uncertain about the exact meaning of the prescription or sees a potential for problems with the prescription written.

It is the responsibility of the pharmacy personnel to inform doctors of shortages or changes in the inventory of medicines.

All medicines which require a prescription must be kept in the pharmacy. This is meant to protect the clinic, the hosting pastor, missionary, or evangelist, and the professional staff. Medicines which require a prescription must not be open to access by the general public being serviced by the clinic at any time.

The access should be restricted by the location of the pharmacy and the flowing of patient traffic. **NO CHILDREN CAN BE ALLOWED IN THIS AREA AT ANY TIME.** No patient should be allowed access to the pharmacy room. No prescription medicines should be distributed to the doctor's areas because of the inability to guard against unauthorized dispensing or possession of the medicines. The doctor's attention could be diverted by patient need and a child could get access to the medicine. This could be a life threatening situation.

MEDICAL UNIT

The medical unit is organized into teams. A team consists of a youth staff runner, a nurse, and a doctor.

The runner will be responsible to take prescriptions to the pharmacy, obtain items from Central Services, or to execute any instructions from the nurse or doctor. The runner must be with the team at all times except when dispatched for a specific duty.

The nurse will work directly with the doctor, as is the common expectation. The nurse will help the doctor to be as effective as possible in the care of the patient.



The doctor will be in charge of the medical unit in which he is assigned. The doctor is responsible to make reasonable and careful diagnosis of the patient's need.

The need to do general surgical procedures is often a reality for our medical unit. General surgery for our units is any surgical procedure that can be performed with local or topical anesthesia with no requirement for monitoring equipment of vital signs, or a procedure that would require hospitalization after the procedure. The doctors should become familiar with the surgical capabilities of the Central Services.

The doctors on the team must remember that ORH wishes to keep strong, healthy relationships with the country in which we are working. This relationship could be damage if a medical incident occurred that could be considered mal-practice. For this reason we ask that our doctors never ignore the authority of the local national doctors. When the national doctor is available we ask our doctors to consult with them when there is a serious or unusual diagnosis.

DENTAL UNIT

Team Members

The dental unit will consist of a dentist, a dental assistant, and a sterilization/supply manager. An interpreter may also be required.

The sterilization/supply manager must be familiar with the array of dental supplies and instruments. The manager will maintain an ample stock of dental supplies in an area accessible to the assistant and the dentist. He must also know where to obtain additional supplies from Central Supply when needed. The manager is responsible for sterilization of instruments. Methods for sterilization, as demonstrated by the dentist, must then be employed by the manager, so that contamination of patients does not occur.

The dental assistant is to work closely with the dentist, providing clean instruments, gauze, anesthetic, and other disposables at the request of the dentist. They must also assist with patient management and crowd flow.

The dentist is responsible for overseeing all dental clinic operations, ensuring proper management of infectious materials and injurious equipment. Proper training of auxiliary personnel is imperative. The dentist must constantly monitor the dental clinic for proper function and competent performance of team members.

The dentist should strive to address the chief complaint of each patient, placing emphasis on the treatment of pain and infection. The dentist is not, however, expected to carry out elaborate treatment plans or perform every patient request. Ultimate decisions for treatment lay with the dentist based on his/her diagnosis of the patient's need. Ensuing treatment of the patient must then fall within the scope of the dentist's abilities. It may be necessary to decline treatment in instances where patient welfare might be risked unnecessarily.



Pre-trip

ORH will provide basic instruments for extractions, as well as any necessary disposables: gauze, local anesthetic, needles, suture, gelfoam, gloves, and materials needed for disinfection. It may be helpful for the dentist or hygienist to supplement the ORH armamentarium with his or her own instruments. Two months prior to travel, the dentist should receive a list of supplies that are typically provided. The dentist should then prepare a list of any other materials deemed necessary. This list should be sent to the ORH offices immediately upon completion so that an order can be placed.

Mission Site

The key to any successful operation is flexibility, hard work, and a good attitude. These elements must be a part of the dental team while on a mission.

The first task of the dental team will be to unpack and inventory supplies that have been made available. At the clinic site, all unit members are responsible to help the dentist gather the supplies from Central Supply.

The second task of the team will be to set up operations. The team will be provided physical location suitable for operation of a dental clinic. The location may be an open arena or a closed room. There should be an adequate light source, a place for instruments and supplies, and a scrub table for the instruments. The area should be organized for optimal patient flow. The team should be certain that they have a location for infectious waste disposal.

The third task of the team will be instrument disinfection and site cleanup. The instruments must be scrubbed after each use. Bleach and “Cidex”, or some similar sanitizing solution, will be made available for the disinfection process. Waste handling must be organized so that infectious materials do not come into contact with other patients or with dental unit personnel. All contaminated waste should be conveyed to a designated biohazard bag. Disposal of these bags must then be accomplished according to the standard procedures of the country in which we are working.

The fourth task will be an inventory of the instruments. A written inventory of the instruments will be supplied to the dental team. They must check this inventory listing periodically so that no tools will be lost. Tools are extremely expensive. At the close of the clinic on cleanup day, the tools must be inventoried and packed for reshipment to the United States. Any missing items must be reported and an attempt must be made to find the missing items.

The fifth task will be to pack for departure. The packing of the dental chairs and equipment for return shipment is crucial and must be taken extremely seriously. This area of the clinic is extremely expensive, and lost equipment will make it impossible for ORH to continue. The dentist(s) must supervise the packing very carefully.

OPTOMETRY UNIT

The Optometry unit will consist of the optometrist and his assistant. The optometrist will be responsible for the examination and prescription of the glasses that are provided to him.

The assistant will be responsible to unpack, repack, and arrange the glasses for the



optometrist. The glasses are marked and under the supervision of the optometrist. The glasses must be arranged according to the wishes of the optometrist. The assistant must be very careful with the glasses dropping of the boxes could produce breakage or scratches; both of which are counter productive to the servicing of those in need.

The optometrist will also be responsible for the use, storage, and transportation of the auto-refractor. This instrument will require careful handling. The auto-refractor may require a power source; therefore, a portable 110 v generator or a 110 v wall outlet will need to be provided by the hosting pastor, missionary, or evangelist. A power inverter connected to a car battery will also work. If this is not possible, it is crucial to know this immediately. The auto-refractor must not be moved unless it is housed in a shock absorbent packing system.

At the close of the clinic all glasses must be repacked in order and type for the missionary. The missionary will then take the glasses to the government clinics for distribution or will save the glasses for distribution to those in need after the medical team has left.

EMERGENCY PROCEDURES

Full Code – Cardiac or Respiratory Arrest

The first qualified person must go immediately and assess the patient's breathing and circulation. They should instruct someone to call doctors for help.

The most qualified person first on the scene will take responsibility for the patient until the lead doctor arrives on the scene. The lead doctor will then take control of all resuscitation efforts with the patient.

If resuscitation efforts are successful, arrangements should be made to transport the patient to the nearest appropriate facility if one exists.

If the resuscitation efforts are not successful the decision to call the code and cease resuscitation efforts should be the lead doctor with consultation from the national doctor if one is available.

In the event of a code crowd control will be vital. All available non-medical personnel should be involved in clearing the area of on-lookers and keeping present patients calm and in their places.

One person will be designated to deal with the family members if present. Ideally this will be the host missionary or national pastor in consultation with the team leader.

Potentially Life Threatening Event

This would include but not limited to loss of consciousness, active bleeding, anaphylactic reaction, sudden change in mental status (like a stroke), hypovolemic shock, unstable vital signs, or any unexpected event which is determined to require immediate medical assistance.

The person discovering or encountering the event or the nearest trained person will assess the patient, and if the event believed to require medical attention they will sound the alarm of two short blasts at regular intervals.

Upon hearing the blast the lead doctor, head nurse, and team leader should respond immediately to the location. Any other medical personnel that are not actively involved in patient care should make themselves available. If the lead doctor and or the head nurse are involved in patient care and are not immediately available they should designate a person to respond in their place.

The care of the patient will then be undertaken by the responding doctor.

Security Emergency

Security emergencies will be indicated by three short blasts at regular intervals.

The team leader with assistance of all available personnel will evaluate the situation at hand and take appropriate actions. The team leader will assign all personnel necessary responsibilities at the time of the event.

If a continuous short blast on the whistle is heard by staff members they should go to the predetermined evacuation site and maintain calm until evacuation is possible. All equipment and supplies should be abandoned immediately upon hearing the continuous short blasts. This is to be observed only due to severe threat to the teams well-being.

Emergency Equipment and Crash Box

Contents : Laryngoscope and blades of various sizes, endo-tracheal tubes of various sizes, oral airways, ambu-bag, where possible an oxygen source, appropriate masks for the ambu-bag, 1 liter of IV solution with tubing and an assortment of intravenous catheters and butterfly needles, portable suction machine with yankaur tips and catheters, at least 1 NG tube, 1 Roberts' urinary catheter,

SANITATION

Personal Hygiene

1. All staff must wear gloves at all times during the clinic.
2. All workers who might encounter blood or body fluids should wear masks provided for this possibility and appropriate eye protection. It is the

- position of Operation Renewed Hope that people mask at all times. We ask for compliance with this.
3. All workers should wash their hands with disinfectant after the clinic day is over. Germ X or a wash similar is provided for intermittent use or as needed.
 4. Workers should be aware that placing a gloved or bare hand to the mouth is an unsafe practice.
 5. Workers should not chew on any clinic items or place anything in or near the mouth that could be contaminated.
 6. All workers must wash prior to ingesting any food, and all workers must wash after bathroom use.
 7. All workers must cleanse their hands after examination of a patient.
 8. Any contact with contaminated materials requires washing and disinfecting of contaminated area.

Clinic Hygiene

1. Instructions concerning clinic cleanliness made by medical professionals must be immediately followed.
2. Gloves should be worn at all times during clinic operation. Gloves should be changed after patient examination (Triage) if there is any possibility of contamination such as touching an open wound or sore in the process of working with the patient.
3. Any instrument in sterile wrapping may not be used if the wrapping has been compromised.
4. All disposable instruments, bandaging, or disposable items must be disposed of after usage.
5. No patient should be examined until all workers have properly disposed of or prepared examination materials in the examination area and have applied rules of personal hygiene.
6. Should it become necessary to impose more drastic hygiene policies, the ORH lead physician will determine the level of clinic hygiene to be imposed. Examples of more drastic hygiene would be quarantine procedures, or the need to burn contaminated clothing because of infection.
7. Disposable items must be secured in the examination area away from patients. Just like medicine improperly obtained by a child, or anyone, disposables can be very dangerous.
8. Disposal of all contaminated waste must be in red bio-hazard bags.
 - a. These bags must be sealed when full.

- b. No materials should be removed from the bags after they are sealed.
 - c. These bags must be disposed of a proper site provided through the local ministry of health.
 - d. These bags are never to be left in the open where children could get their hands on the waste materials.
 - e. They must be secured in the examination areas so no one can get access to them.
 - f. The bags may not be left at any clinic site, but must remain with the medical team until proper disposal can occur.
 - g. All disposable products contaminated by blood must be placed in these bags for disposal.
9. Needles must be disposed of in proper sharps containers. The sharps containers must be treated as all disposable bio-hazard waste.
 10. Any professional seeing unsafe or improper hygiene must report this to the team leader or lead doctor immediately.
 11. Anyone who has a potentially dangerous exposure to contaminated or potentially contaminated material, examples: needle stick or eye splash or open wound exposure should report it immediately to the lead physician for proper prophylactic treatment or testing.
 12. Any worker displaying signs of illness such as fever or diarrhea should consult the lead physician immediately.

The purpose of hygiene rules is to protect the safety of the patient and the worker. No worker, professional, or other person is exempt from proper hygiene rules. Any worker who refuses to follow these rules will be removed from their unit's service. We do not need anyone to be sick because of improper hygiene.

ADVANCE TEAM

The advance team will be responsible to help the missionary prepare our accommodations prior to the main body arrival.

The advance team is under the command of the appointed team leader. His commands are final and must be obeyed. Life or death can depend on our accepting and execution of his commands.

1. The advance team will stock food, water, and medical equipment for the clinic.
2. The advance team will clean living accommodations and prepare them for occupancy.
3. The advance team will clean the buildings housing the clinic and allocate buildings for specific purposes, such as dental, optometry, medical.

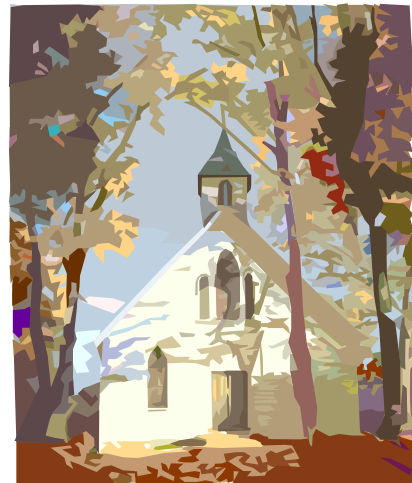
4. The advance team will move supplies to all locations that are designated as target areas.
5. The advance team will clear landing sites for helicopters to land.
6. The advance team will prepare cooking stations, toilets, and equipment to operate generators to produce electricity.
7. The advance team will work in concert with the hosting pastor, missionary, or evangelist.
8. The advance team will be responsible for the clinic opening on time. In order to get at least four full days of clinic the advance team must have all operations ready for the team to begin the moment the main body arrives. This is crucial to save time and money. Also this is important to the missionary who must fulfill his own duties as well as help us.

PRE-CLINIC PREPARATION IN-COUNTRY

Evangelism Teams

All efforts to help people are completely worthless if we fail to give them the gospel of Christ and offer an opportunity to respond in faith. The Gospel is “the power of God unto salvation” which brings help and healing to the soul.

The relief of physical suffering is not the only goal of our medical work. We must complete the two fold ministry of Christ by relieving the suffering of the soul of man. Therefore, it would be impossible to separate the practicing of medicine from the witness to the gospel with invitation to believe.



The gospel must be the true gospel. It must be the articulation of the death, burial, and resurrection of Christ. It must contain a call to forsake sin and call upon the name of the Lord at the moment. The call must include the admission that Jesus Christ is the Lord, and a belief that God has raised him from the dead.

The ultimate victory would be the baptism and church attendance of the new convert.

In order to accomplish these essential goals we ask that the missionary prepare a gospel team to work with our evangelist. This team would have several responsibilities.

1. The evangelism team will conduct the main witnessing efforts.

- a. The members of the team will prepare the neighborhoods several weeks prior to the clinic days.
- b. The members of the team must qualify people at the public invitation times.
 - i. They must learn to qualify the person as to the reason for their response to the gospel message.
 - ii. If it appears that they are coming without the earnest desire to forsake all else and receive Christ alone as Lord and Savior, the personal worker should repeat the gospel message of repentance, take their name and location, and then follow up after the clinic at their place of dwelling or at some other time.
 - iii. If they are earnestly desiring to forsake all else and receive Christ alone as Lord and Savior, the personal worker should confirm their understanding of the message of repentance, and then allow them to pray to accept Christ.
- c. The members of the team will prepare the people to come for evening services the night before the clinic the next morning.
 - i. They will distribute information that the clinic will be on a certain day in their village or town.
 - ii. The information must include the instruction that in order to attend the clinic day they must attend a service the night before where people will give them the account of Jesus' life, death, burial, and resurrection.
 - iii. The information should include the instruction that the clinic cannot accommodate more than two hundred and fifty people in one day.
 - 1. The first two hundred and fifty who come will receive tickets to return to the clinic the next day.
 - 2. This number could be adjusted according to the medical team composition.
 - 3. In order to come to the clinic they must have this ticket.
- d. The members of the team will be responsible to do all personal work in order to assist the evangelist in leading people to Christ.
 - i. They will need to be available at the evening service for personal work.
 - ii. They will need to be available at the clinic preaching times for personal work.

- e. The members of the team will be responsible for follow-up of those who attend the clinic.
 - i. The team will be responsible to bring the people to the new church
 - ii. The team will be responsible to encourage as many as possible to be baptized as a result of their profession of salvation.
 - iii. The team will also be responsible for helping the missionary start a church at the clinic site where applicable.
 - iv. Their purpose also will be to help begin a Bible study in their area if there is no church.
 - f. The evangelism team will consist of nationals headed by a person appointed by a hosting pastor, missionary, or evangelist.
 - i. The witnessing materials and method used in the evangelism will be approved and provided by the hosting pastor, missionary, or evangelist.
 - ii. The evangelism team must be taught and equipped for ministry prior to the evening services and medical clinic.
 - iii. All training will be supervised by the hosting pastor, missionary, or evangelist.
 - g. Suggested attitudes
 - i. The evangelism team must remember that we will help them physically with medicine or otherwise, even if they refuse to hear our gospel.
 - ii. The evangelism team must be compassionate and never overbearing or dictatorial.
 - iii. Converts must choose to accept Christ not be bullied into salvation.
2. The hosting pastor, missionary, or evangelist should choose a young preacher to continue the ministry in the area where the clinic will be held.
 - a. It is recommended that this young man lead the witnessing teams.
 - b. If possible this man should have a Bible college degree.
 3. Vacation Bible School would be a great way to win the children in the clinic.
 4. Evening Service and Clinic Service
 - a. Preaching duties
 - i. Our staff evangelist will preach and be in charge of the evening service.

- ii. If we do not bring an evangelist the host pastor, missionary, or evangelist will be responsible to provide a preacher.
 - 1. The preacher must be committed to the preaching of the gospel.
 - 2. The preacher must be passionate in his presentation of the gospel.
 - 3. The preacher must with urgency bid those in the service to come to Christ that evening.
 - 4. The preacher must not be hesitant to preach or give a public call to come to Christ.
- b. Public Invitation
 - i. The public invitation must not be a time for easy-believe “ism”.
 - ii. The public invitation should be a time to qualify the repentant.
 - iii. The public invitation must be a call to repent not a call to mumble insincere words which destroys the work of God and confuses the people.
 - iv. The invitation should purposely bring only those who are earnestly and intelligently responding to the Gospel.
 - v. The invitation should provide a time for those who are genuinely desiring to be saved to respond forsaking all and receiving Christ alone.
 - vi. The invitation should prepare the repentant to be dealt with in a solemn session afterward by the personal worker.
- c. Each day at some point during the clinic a preaching service will be held.
 - i. It will always be at the same point once decided
 - ii. The clinic attendees will once again hear the gospel and be given another chance to respond to Christ because some will not have been at the evening service.
 - iii. All of previous sections applies to these evangelism times also.

Clinic Attendance Control

The hosting pastor, missionary, or evangelist will be responsible for pre-clinic advertising and control of attendance. If the clinic will be held in an area that is heavily populated a process for crowd control must be implemented. If the clinic were simply announced it could produce more people than the doctors could treat each day. This would produce a very difficult situation if the clinic had to

turn away people. Crowd control could be an issue. WE DO NOT WANT AN UGLY SCENE BY A CROWD.

Because of this it is suggested that the hosting pastor, missionary, or evangelist prepare an invitation system to the clinic each day. A recommended system would be a welcome card. The card could be distributed with a date for people to come to the clinic pre-service. The card could even be color coded for the day of the week. An appropriate number to invite would be approximately 250 people per day. It is understood that a mother will bring several children. Each child will need to be counted in the 250 per day.

At each evening clinic pre-service, those who attend will be given a coupon to attend the clinic. The coupon can only be used by one person. No one may enter the clinic without the coupon. The coupon must be taken out of circulation so that it cannot be used again at that day's clinic. No more than 250 coupons can be distributed for a clinic day. Those who use the coupon must present it before 12 Noon each day. The clinic registration closes at 12 Noon. No extra coupons may be given the day of the clinic.

The invitations should be distributed in the area of the church which is being strengthened or established prior to the clinic day (Please refer to the evangelism section). The evangelism teams should distribute these starting two weeks before the clinic.

Radio announcements or newspaper announcements can be used to publish the clinics.

National Doctor to Represent the Ministry of Health

The hosting pastor, missionary, or evangelist must attempt to secure a national doctor to work as liaison with the lead doctor of Operation Renewed Hope. It is suggested that the national pastor or evangelist find a Christian doctor who can be approved by the Ministry of Health to fill this position. However, sometimes it is not possible to pick our own liaison.

The national doctor when available will be the final authority for the Ministry of Health. The lead doctor for Operation Renewed Hope will consult with this doctor when the doctor is available concerning the normal practices of the Ministry of Health of the host country. The national doctor, when available, will be consulted if a patient situation is more serious than our clinic can handle.

National Team Members Preparation

All medical team workers must read and sign a copy of the Standard Operating Procedures of Operation Renewed Hope. It must be understood that the lead doctor of the Operation Renewed Hope is in complete charge of medical

operations while the mission is on-going. The practical functions will be lead by the team leader

Although we solicit and desire all workers both foreign and domestic, it is only reasonable that a medical team function with a credentialed and experienced medical leader in charge of all things medical. For this reason, Operation Renewed Hope will always designate a medical leader and team leader prior to the execution of mission and a team leader. All questions both medical and practical should be carried to these two leaders. It is requested that all who participate, willingly and lovingly, follow this request.

An organizational meeting of all national and ORH team workers will be held prior to the clinic and discussion of the SOP will take place to answer questions and establish work responsibilities. Assignments and layout of medical units will be established at this meeting. Due to necessity some assignments will have already been made.

The hosting pastor, missionary, or evangelist should read this and prepare people accordingly.

Permissions and Authorizations

The hosting pastor, missionary, or evangelist must secure meetings with the Ministry of Health to obtain written permissions for the clinic's operation. If possible, the permissions must include the names of medical professionals who will participate in the clinic.

The permissions for medicines, glasses, medical disposables, and other work related items to enter the country must be obtained for Operation Renewed Hope by the hosting pastor, missionary, or evangelist.

This will mean that the host pastor, missionary, or evangelist must be willing to establish a working relationship with the Ministry of Health, Customs, and all other necessary government organizations.

Operation Renewed Hope clinics are never operated apart from the knowledge and approval of the authorized government agencies of the host country.

Clinic Location Sites

Locations will be chosen by the hosting pastor, missionary, or evangelist with the approval of Operation Renewed Hope leadership. These locations must be available for viewing by the ORH Director of Clinic Operations to determine layouts, travel feasibility, site feasibility, and possible use of the Mobile Medical Unit. This inspection of sites must occur prior to the clinic so that plans can be made.

The sites of the clinics should be in the areas where churches will be strengthened or established. The hosting pastor, missionary, or evangelist must prepare a young preacher or assume the role himself for the continued evangelism of the area of the clinic site. The ultimate goal would be for a young national preacher to pastor a strengthened church or an established church after the clinic.

Also, clinic sites should be chosen with the traveling capabilities of the potential patients in mind. The site should offer access to the largest number of people.

The host pastor, missionary, or evangelist must secure tenting, chairs, tables, generators, lighting, and buildings. Any problem with this should be brought to the immediate attention of the Director of Clinic Operations.

Disposal of Clinic Waste

The hosting pastor, missionary, or evangelist must secure through appropriate channels disposal locations and rights for the medical team. This is one of the most important responsibilities of the host. Improper disposal could lead to fines or loss of privilege to conduct clinics in the future.

The hosting pastor, missionary, or evangelist must secure instructions for any normal or unusual disposal practices by the local or national Ministry of Health. These rules must be communicated to ORH before the trip so appropriate plans may be made prior to coming.

The waste will be in red bio-hazard bags and sharps containers.

Finances

After all permissions and authorizations are finalized, an advance of funds will be available to the hosting pastor, missionary, or evangelist. The advance must be agreed upon by the CEO of ORH, Director of Clinic Operations, and the host pastor, missionary, or evangelist. This money must be used to provide for initial costs of the trip.

Receipts must be kept on all purchases. These receipts must be given to the team leader at the close of the clinic. More money will be available upon request after the approval process.

Meals and Lodging

The hosting pastor, missionary, or evangelist must work with the Director of Clinic Operations to secure reasonable lodging and food arrangements for the visiting team. It is suggested that the team stay together as much as possible, both nationals and foreign workers. Church buildings for lodging or any other inexpensive means to lodge the team is preferred over a hotel cost. Team

members bring air mattresses and will need simple arrangements for personal hygiene. If a shower is available that is okay but not required.

The food requirements are not extensive. Those on the team understand that cultural dictates will determine amounts and types of food.

The team will need a breakfast time so that the clinic can begin each day at approximately 8:30 AM. Drinks and a sacked lunch will need to be prepared for the noon day meal because the clinic will not stop for meals. The evening meal will have to be at approximately 6:30 PM due to the closing of the clinic generally around 6 PM each day.

The food preparation must be supervised by the host pastor, his wife, or someone well-trusted to avoid contamination. Cleanliness and proper preparation are essential. Food-borne pathogens can incapacitate a whole team in approximately 6 hours for at least a 24 hour period. This would make it impossible to do the clinic. It also could result in people being sick for a long period of time. The food can be food that is cultural or available; this is not a problem as long as the food comes from a clean source with reliable preparation. If cleanliness and proper preparation of food is a problem, ORH may have to bring MRE's as a last resort.

The food preparation and cost will be negotiated through the hosting pastor, missionary, or evangelist. Food must not jeopardize the health of a team.

Printing

There are several forms which must be printed in the country. The first form is an invitation card used to limit crowds in a large city. This card will be used to invite people through a visitation program to come to the clinic.

The second form is a patient registration form. This form is used at the information table, triage, and recording of all doctors actions with the patient.

The last form is a prescription form for dosage instructions to the patient.

All these forms will be provided by ORH to the hosting pastor, missionary, or evangelist to be printed prior to the clinic. These forms must be available at least one week prior to the first day of the clinic for the purpose of training. Without these forms the clinic would be forced to postponed until they were available.

Transportation for the Team

Transportation for the teams from airports, bus terminals, train terminals, or any other point of entry into the country must be provided by the hosting



pastor, missionary, or evangelist. The transportation must be adequate to move the team.

Transportation to the clinic sites, hotels, church services, or any other needed transportation will be the responsibility of the hosting pastor, missionary, or evangelist.

In remote areas transportation may require boats and placement of fuel and oil lubricants for the boats. In remote areas 4 wheel drive vehicles or helicopters are sometimes necessary to accomplish the mission. It is the responsibility of the hosting pastor, missionary, or evangelist to secure, move, or maintain these items.

The transportation costs will be negotiated through the hosting pastor, missionary, or evangelist.

Immediate Care Supplies

The hosting pastor, missionary, or evangelist must secure water containers, cups, and crackers for the immediate care workers to distribute. Please let us know that these have been secured.

The supply costs will be negotiated through the hosting pastor, missionary, or evangelist.

Clinic Jobs for Host Pastor, Missionary, or Evangelist

Interpreters - At least 10 people

Interpreters will work with doctors who speak only English or limited national language. Interpreters will also work in Triage with those doing initial work. The interpreters must read the registration papers for the English speaking doctors and nurses. There will need to be at least one interpreter in the pharmacy.

Information Station Workers – At least 4 people

These people must question those who want to attend the clinic. As they question the patient a medical team member will complete the registration forms in English for those who attend. The forms are crucial to the proper functioning of the clinic. Improper registration leads to serious problems.

Immediate Care - At least 1 person

We will need an interpreter for our immediate care medical team people. They must observe each person prior to registration to make sure no one has an infectious disease.

Directional Guides - At least one person

We will need 1 person to help the crowd control people to move the people to the lines for Triage.

Traffic Controllers for Medical Trailer Usage- At least one person

We will need one person to assist the medical team standing at the steps of each door on the medical trailer not allowing people to stand on the steps. The medical trailer team will make sure that people only climb the steps into the mobile unit when they are summoned by a nurse. Also they must be ready to help people to come down the steps so that no one falls. They may not leave their station unless they are relieved.

Generator Monitor (if used) At least one person

If we have a generator we will need a large gas container to keep with the generator at all times. We must have one person who can refill the gas can and check the generator regularly so that it does not run out of fuel. This person must have access to transportation. Also they must keep people away from the generator because it is dangerous.

Emergency Vehicle and Driver (where possible)

We need a vehicle on site which could rush a person to a nearby hospital in case of emergency. The person must have a clear understanding of the closest hospital and the best route to the hospital. This is a precaution, and we have never had to use it. If we have to rent a vehicle, a car will do; we will do so.

Workers to number the Patient Registration Forms

On a day prior to the beginning of the clinic, several people will be needed to number each one of the Patient Forms..

GENERAL GUIDELINES

Refund Policy

Operation Renewed Hope does not refund money. If a person drops from a trip or is asked to drop from a trip, there is no refund.

Payments

The first payment is the deposit. It is always \$1000.00

The second payment is usually, but not always, air fare costs. ORH schedules the travel of all team members because of the closeness of time in movement of

people. When the airfare is due the applicant must send in the appropriate amount for the purchase of his tickets. If they are late the air fare cost could increase, and they would be responsible to pay all extra costs.

The final payment is for food, lodging, and other trip costs.

If is requested that team members pay monthly for the cost of the trip which is always published. Operation Renewed Hope reserves the right to increase a trip cost at any time prior to the trip.

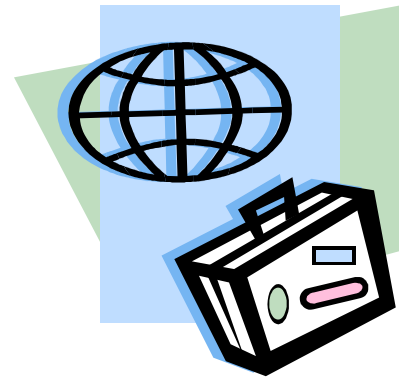
Insurance

Operation Renewed Hope includes in the cost of the trip travel insurance. However, the team members are welcome to also get their own insurance and provide ORH with the proper information about this insurance.

Operation Renewed Hope does not purchase travel interruption insurance for each team member. It is highly recommended that team members purchase this insurance.

Travel Instructions

1. Come prepared.
2. It is always possible that we could encounter loss of airline tickets due to many reasons. The traveler must understand that if this occurs Operation Renewed Hope cannot assume responsibility for purchasing new tickets. The participant must be responsible for purchasing all airfare to and from their home including airfare which is required because of a problem on the trip.
3. No person should bring more than one small suitcase and one carry-on bag. Both as small as possible. You may have to run to catch a flight, and heavy bags are really a problem.
4. On some trips you may receive a suit case or box of medical clinic equipment to add to your luggage. Please go through this container so that you can honestly say that you packed this bag.
5. All personnel should remain with the group during travel. Please do not leave the immediate area of our group.
6. All personnel are requested to wear the team shirt supplied while traveling. This shirt will make it possible for us to keep up with our team in



- busy terminals. It will also make it easier for us to go through customs. Please wear the shirt going and returning.
7. Please do not disturb other travelers on the planes. Please be courteous to all that serve us.
 8. Please keep passports, visas, important papers, and tickets in a safe place while traveling. Do not keep them in a hand carried item. The possibility of losing your documents is greatly increased. There are neck pouches and fanny packs made for this purpose. You must keep all official paper work from all governments until you surrender it or return to your home.
 9. Please be careful not to buy food that requires special preparation or that might make it possible for you to miss an air flight.
 10. Please practice rules of courtesy such as no loud noise, no horseplay, no running through congested areas, and remain in your seats while aboard the airplane unless necessary to move. On flights of more than 1.5 hours it is suggested that you move around for health reasons.
 11. Please do not bring expensive jewelry, watches, tape recorders (walkmans), small TV's, magazines, or any other items that could cause loss of time while searching for them.
 12. Do not joke about carrying illegal substances at airports. Do not joke about weapons or be abrasive toward customs agents. It is very difficult to deal with these people when your conduct or words incite them.
 13. Keep all carry-on baggage close at hand. Never leave it unattended. Do not keep money in any carry-on.
 14. Wear clothing with pockets so that you can keep passports, documents, and money on your person. It is best that the pockets can be secured by snap or button.
 15. In your carry-on always include two sets of under-garments and if possible a change of clothing. REMEMBER THE TSA RULES concerning liquids. www.tsa.gov/press/happenings/9-25_updated_passenger_guidance.shtm
 16. When arriving in the foreign country please stay close to the group so that we can all clear customs at one time. This is also true of the return trip. Be prepared to pay for a temporary visa at the entry point. The costs could be \$10.00 to \$50.00. Usually there is a departure tax also; this cost could be \$30.00 to \$50.00. **Never loose the temporary visa.** It is as important as your passport.
 17. All youth staff must surrender their passports, papers, and entrance/exit moneys. These items will be held till they are needed. Air tickets will be passed-out at time of need and will be required back for storage during the trip. Adults may follow this procedure also should they desire.

18. Each person is responsible to make certain that his luggage is with the team at all times. Do not leave your luggage for someone else to load. If it is not with the team, then it is your fault.

In-Country Instructions

1. Remember; we are guests in a foreign country. The country does not have the same culture, laws, or freedoms. Please be very courteous and cautious.
2. Clearing customs in a foreign country can be difficult. For this reason we ask that no one carry any items which would arouse suspicion on the part of the customs agents. Weapons or other questionable items must not be brought or purchased during the trip. Some knives can be bought as souvenirs and packed in the check luggage.
3. Less personal items except for clothing and toiletries the better.
4. Please consult the missionary and team leader before doing any activity in the country.
5. Never separate from the group unless the missionary and leaders approve of the separation.
6. The time for sightseeing will be made available to those who stay the entire time of the trip. Those departing early will not be afforded the opportunity for sightseeing.
7. Please do not bring large amounts of money into the country. Spending money should be restricted to approximately \$150 to \$200.
8. Please do not eat at will from vendors. Always consult the missionary before buying from vendors. Food and water are serious issues due to parasites. Food and water should not be consumed unless the missionary or team leader gives permission. The best policy is that you cannot eat anything that is not completely cooked or peeled.
9. It is of maximum importance that people drink fluids. De-hydration is a serious problem. All staff must drink as much water as they can safely drink. The water must be in sealed bottles approved by the missionary.
10. If the missionary is unavailable the rule will be that no un-bottled or un-treated water may be consumed. Only cooked food may be eaten and it must be completely cooked. Do not consume any raw food.
11. Valuables in plain view are an open invitation to be stolen. Secure all valuables in carrying bags that can lock or be strapped shut.
12. Showers, toilets, and electricity will be at best impossible to guarantee. WE MAY HAVE THESE ITEMS BUT DO NOT COME COUNTING ON THEM. If you must have these items to be content and at ease please stay at home. Personal comfort is not a consideration.

13. Food will be difficult while on the trip. WE WILL DO ALL IN OUR POWER TO GIVE THE BEST MEALS POSSIBLE. However, we will be totally unable to accommodate special diets (case by case basis) or possibly picky eaters. You must eat what you are given, and do not complain. There will be no arguing with someone about this. If you are impossible to please or extremely narrow in your food comfort zones, please, stay home for everyone's sake.
14. Do not borrow money, clothing, or any personal item from anyone on the trip except in emergency situations, such as lost luggage. If you forget something, some arrangement will be made when you contact the group leader.
15. All effort should be made to ask questions before leaving on the trip about what to bring or not to bring.
16. Always bring an air mattress unless instructed otherwise.

In-jungle Instructions

1. All actions in the jungle must be carefully considered. You are not at home or in a protected environment.
2. Nighttime travel for everyone is restricted. Youth staff must be with an adult. The adult must be very careful due to the possibility of snakes.
3. Our missionary and advance team leader will be our expert to consult concerning things to do or not to do.
4. No one is to enter the jungle, tall grass, or leave the main residence area except with the missionary and advance team leader.
5. No one is to enter a river or lagoon without the advance team leaders knowledge and supervision.
6. No one is to leave base camp without the group leaders knowledge and in the case of youth staff his permission.
7. Showers, toilets, and electricity will be at best impossible to guarantee. WE MAY HAVE THESE ITEMS BUT DO NOT COME COUNTING ON THEM. If you must have these items to be content and at ease please stay at home.
8. Food will be difficult while in the jungle base camp. WE WILL DO ALL IN OUR POWER TO GIVE THE BEST MEALS POSSIBLE. However, we will be totally unable to accommodate special diets or possibly picky eaters. You must eat what you are given, and do not complain. I will not argue with someone about this. If you are impossible to please or extremely limited in your food comfort zones please stay home for everyone's sake.
9. Packing your own food snacks will be permissible, but please do not bring perishables or foods that can spoil. You could become very ill. If you

- have canned foods eat them immediately upon opening. Do not eat food that has been exposed to time or the heat of the sun.
10. Sheets and pillow must be packable. Inflatable pillows are suggested. Light sheets will suffice due to nighttime temperatures. You will need to bring a roll up inflatable mattress if it is extremely compact.
 11. Housing will be assigned upon arrival. Please make sure that you and your belongings remain in your housing.

Clothing Instructions and Items to Bring and not to Bring

1. Bring a Bible; a small one is recommended.
2. Bring toiletries especially your own toilet paper.
3. Bring a passport and second form of US ID with picture if possible. Always bring a copy of the photo page of your passport. Keep it in a place separate from your passport or with a travel companion. Bring a copy for the Team Leaders files.
4. Bring a pen.
5. Bring spending money (\$150.00)
6. Always bring at least \$50.00 to \$100.00 for customs fees.
7. You may bring reasonable reading materials.
8. Bring small games such as chess or checkers.
9. When requested by security officials batteries must be shown.
10. NO KNIVES, SCREWDRIVERS, OR SHARP METAL NON-MEDICAL INSTRUMENTS MAY BE BROUGHT.
11. NO WEAPONS FOR DEFENSE OR AGGRESSION OF ANY TYPE (GUN, MARTIAL ARTS, etc.), SHAPE, OR SIZE MAY BE BROUGHT.
12. Always bring malaria medicine unless other instructions are given. Make sure you consult your doctor about this.
13. Bring small snacks.
14. Bring sun tan lotion and insect repellent.
15. Proper clothing



- a. Some trips you may wear tennis shoes, but normally we ask a person to wear hiking boots or military boots.
- b. Because of the boat trips carry your shoes in plastic bags on the boat. Wear swimming shoes while in the boat and

water. Never enter the water in remote places without your swimming shoes.

16. We want to avoid the appearance of the military, so you may wear cargo pants but not BDU's.
17. Scrubs will be supplied if available from our warehouse. If not please wear a light top, pull over, or your own scrubs.
18. Women may wear slacks when announced.
19. A team shirt for travel and church services will be supplied. Please bring one dark pair of dress trousers or a skirt for travel and church services. Casual shoes may be worn. Modesty must be maintained in your choice of clothing.
20. Washing and cleaning of clothing will be impossible; therefore, you must pack accordingly.
21. All clothing for women must be modest to the knee with no plunging necklines or backs. Bathing suits should be very modest and if in swimming with boys a large T-shirt must be worn over the bathing suit. The T-shirt should be thick enough to be modest, and must be worn while in transit to and from the pool. No French cut or 2 piece may be worn at any time.
22. Boy's bathing suits should be modest and not revealing. A pair of full cut trunks may be worn but absolutely no jockey brief suits. When swimming with the girls a T-shirt should be worn. The T-shirt should be worn while in transit to and from the pool.
23. Jungle hats may be worn.
24. Bring extra underwear and socks for boat travel.
25. Bring a small flashlight for nighttime use when going to the bathroom. VERY IMPORTANT!
26. Bring insurance information to be copied. Bring a picture ID, and any other forms requested.
27. Bring an air mattress and a mosquito net for sleeping.
28. In the jungle bring your own eating utensils.
29. Rain can sometimes be a problem. Bring a poncho with head covering for moving in heavy rain and seas.



Instructions after you return from trip

1. Notify team leader via email of your safe return home.

2. Notify team leader and clinic director of any trip related illnesses after return immediately.
3. Send CD of pictures taken on the trip to team historian for ORH archives.
4. Take remainder of malaria, parasite, and etc. medicines as prescribed by doctor.
5. If we have been in a TB prone area a TB test is recommended.
6. Take the following precautions with luggage upon return:
 - a. Wash all clothing
 - b. Sanitize all other travel gear
 - c. Air out and sanitize suitcase before storage.
7. Continue to pray for the work of the host missionary and the work of ORH.