**Health Caring Services**

**Hospital Centro Socorro De Lo Alto**

**Team Leader Manual**

Dear Team Leader,

This Team Leader Manual has been compiled to inform you of the necessary steps to organize a medical/ surgical/ dental/ VBS/ construction team/ mountain ministry.

You and your team members’ mission experience has been and will remain our top priority. The team at Health Caring Services (HCS) is prepared to support you through the process of planning and getting your team to the hospital, to see to the arrangements necessary for your team to have a successful mission trip, as well as to support the team throughout the time your team is at the hospital.

With the information provided in this manual, our desire is that you will be better able to serve your team members and each Honduran that you encounter and, hopefully, in some way touch their lives with your healing hands and loving hearts, just as Jesus did. Thank you for serving!  Our prayer at HCS for each of you is that God will richly bless your life and that you leave Honduras believing it is truly “more blessed to give than receive.”

We appreciate your commitment to service and will be praying for you.

Your team of Health Caring Services (HCS) Team Coordinators,

Bruce Zoeller- chairman of the HCS Board

Mary Kinsey- Hospital director- 251-656-4543; [otrasula@yahoo.com](mailto:otrasula@yahoo.com) or [bertmary@bellsouth.net](mailto:bertmary@bellsouth.net)

Jill Wilson- Team administrator- 612-518-5168; [jillcw8812@yahoo.com](mailto:jillcw8812@yahoo.com)

**Your Responsibilities as Team Leader:**

**1)** **Upholding the Lifestyle Statement**

Health Caring Services (HCS) is a Christian organization, as is Hospital Centro Socorro De Lo Alto. Hondurans view alcohol consumption, cursing, smoking and drug use, as well as unmarried couples rooming together, as non-Christian behaviors. In light of our desired witness in the community, Health Caring Services asks you to refrain from alcohol, smoking, cursing and drug use on or off the hospital campus while working with the hospital, as well as other behaviors that might prove offensive to our hosts and compromising to the expressed Christian beliefs of the hospital. Please help us respect the Hondurans and protect the ministry of HCS and the hospital.

As Team Leader, you bear the greatest responsibility to uphold the lifestyle statement for Health Caring Services and Hospital Centro Socorro de Lo Alto.

**2) Upholding Patient Privacy and Social Media Policy**

**Health Caring Services Patient Privacy and Social Media Policy**

Health information is considered amongst the most sensitive and personal information that individuals possess. Just as patients must be able to trust their doctors with their lives and well-being, they should also be able to feel more than reassured that their health records are safe with the clinician. Besides caring for our patients, we must respect their dignity and privacy and protect their confidential information.

**Protected Health Information:**

* Protected health information is the term given to health data created, received and stored.

**Individually Identifiable Health Information:**

* Names (Full or last name and initial)
* Dates (other than year) directly related to an individual
* Phone Numbers
* FAX numbers
* Email addresses
* ID Numbers
* Biometric identifier (includes finger print)
* Full face photographic images and any comparable images
* Any other unique identifying characteristic (such as tattoos)

**Clinical Photography/ video:**

* **NO CLINICAL PHOTOGRAPHY/ VIDEO MAY BE POSTED ON SOCIAL MEDIA.**
* All departments of patient care are considered clinical photography/video areas.
* Clinical photography/video may be used in medical education.
* No patient’s identifiable health information may be on the photograph or video.

**Non -Clinical Photography/video:**

* Non-clinical photography/video subjects refer to friends and family who have accompanied the patient to the hospital.
* Non-clinical photography/video requires verbal consent from the subjects as a courtesy to individuals being photographed.
* Posting of non-clinical photos/videos to social media is acceptable if the person posting took the photos/video.

**Public Photography/video:**

* Public photography/video refers to any photos taken in any place where people have no reasonable expectation of privacy.
* Public photography/video may be uploaded to social media**.**

**Violation of this policy is taken very seriously by the Health Caring Services Board and violations will be reviewed for appropriate discipline for the offending party.**

As Team Leader, you bear the greatest responsibility to uphold the Patient Privacy and Social Media Policy for Health Caring Services and Hospital Socorro de Lo Alto.

**3) Communication with HCS Personnel**

Putting a team together requires much time and organization.  We consider you our partner.  Stress and hassle can be avoided if you communicate your questions and problems.  E-mail is the best way to communicate; however, if you need to call, please do not hesitate to do so.

We also ask that you respond promptly to our emails regarding your team.  Many times, everything is on hold until we get the answer from you.

On a rare occasion, your team may require different arrangements than what we currently provide in some area; it will be your responsibility to contact us well in advance to discuss the issue.  We will see if the issue can be worked out.

- Team leaders, we ask that you address correspondence regarding team issues to:

Jill Wilson

[jillcw8812@yahoo.com](mailto:jillcw8812@yahoo.com)

612-518-5168

**4)** **Scheduling a mission trip**

When you want to schedule a team trip, visit the calendar on the Health Caring Services web site to check availability of dates: <https://www.healthcaringservices.org/calendar/>

The team leader then contacts the HCS administrator to inquire about scheduling your team, making the determination ofdates the team will arrive in Honduras and depart from the hospital, as well as the type of team.

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- Jill Wilson

- email: [jillcw8812@yahoo.com](mailto:jillcw8812@yahoo.com)

- telephone: 612-518-5168

Once the dates have been approved, the HCS team administrator will send the team leader or their assistant an email describing the next steps:

**5) Team Leader Commitment**

- After the team leader receives the approval for the team, the team leader then submit the **“Team Leader Commitment Form.”**

- <https://www.healthcaringservices.org/teams/team-leader/>

- Remember, a team is not officially on the hospital calendar until this form is received.

- **If the team dates change after this form has been submitted, the HCS team administrator must be notified immediately; [jillcw8812@yahoo.com](mailto:jillcw8812@yahoo.com).**

**Once the Team Leader Commitment Form has been received and the team dates officially put on the hospital calendar.**

**6)** Team leaders are sent the **“Team Leader Schedule of Due Dates and Responsibilities” chart** and the **“Team Member Due Date Information” form** (both of these forms are included at the end of the manual), as well as the **Team Member Manual** and the **Team Leader Manual**.

- **the “Team Leader Schedule of Due Dates and Responsibilities” chart** is a summary of team leader responsibilities and is to be used to make sure everything is done in a timely way

- Team Leaders should re-read the **Team Leader Manual** annually.

-**Oneof the most important responsibilities team leaders have during the process of team formation is to communicate information to team members**

- the “**Team Member Due Date and Information**” **form** is sent BY THE TEAM LEADER to each person on their team AS SOON AS THEY AGREE TO BE A TEAM MEMBER; the TEAM LEADER IS the only one who can explain these responsibilities and see that team members understand.

- HCS has NO contact with individual team members

- Tell team members to read the **Team Member Manual** for complete details for their upcoming trip

- See #8 below for more details on Due Dates.

**7) Team Charts from Health Caring Services administration**

- As team applies and sends in required documents, including passports, medical personnel diplomas of training, physician/ dental/ resident documents, payments and itineraries, the team chart will be updated by the HCS team administrator.

- Upon request, the HCS team administrator will send this chart to the team leader or designated team administrator to update the team leader as to the progress of their team members in the application process.

**8) Assemble the Team:**

- **Recruiting:** Team members are recruited by various people but always under the advice and consent of the team leader who makes the final decision about who will be on the team. HCS does not review applicants but assumes that the team leader has accepted those who will be beneficial members of the team.

- HOWEVER, no individual becomes a team member until they have completed the entire application process. Entire process is:

* Complete online application, submitting a color copy of the passport picture page and the required documents for all medical personnel, accepting all policy and waiver statements included on the application & paying the trip fee before the nine (9) week deadline expires.
* Submission of the team member’s travel itinerary and a copy of Emergency Evacuation insurance policy ($500,000 minimum coverage) purchased by four (4) weeks before departure for Honduras.

**- Medical Team Size and Specialty Limits:**

* Medical teams are limited in size by the accommodations available in the team house
* No more than three surgical disciplines on a single team.

- **Accommodations available at the hospital**:

* Operating Suite:

(4) Operating Rooms

(4) Bed Recovery Room

(6) Bed Pre-op

Steam and Flash autoclaving

* Team House:

(14) female beds in dormitory room with attached bath facilities

(14) male beds in dormitory room with attached bath facilities

(2) private bedrooms with bath & queen bed

(1) bedroom with bath with 2 bunk beds

**9) Due dates for the teams:**

Due dates are established so that the team leader and team members will know when information must be received by HCS in order that the requirements established by the Honduran College of Medicine can be met.

**It is the team leader’s responsibility to inform team members of the team due dates in order for them to submit forms, etc. in a timely way.**

- If team members do not have their necessary forms, payment and itinerary in by the due dates, they will not be allowed to participate on the trip.

- If a potential applicant purchases a plane ticket based on an invitation to be on the team but does not meet all of HCS’s requirements by the team deadlines, they will **not** be able to go. Purchasing a plane ticket for Honduras does not secure a place on a medical team.

- \*\*\*Financial loss can be substantial, so it is mandatory that the team leader communicate all information in a clear, concise and timely manner. Using the **“Team Member Due Date Information”** formwill assure the information is shared accurately.

- HCS will not be responsible for financial loss due to lack of team leader’s communication to a team member of their responsibilities, or a team member not fulfilling their requirements laid out for them.

- If unique situations arise requiring special attention, HCS will work with the team leader to resolve these unique issues. The team leader must communicate with HCS team administrator about those issues.

- Team leaders may establish their own personal due dates (ones that are before the ones established by HCS) that they communicate to their team members in order to build in some “slop” time for getting everything into HCS by the required deadlines.

**All team members:**

**- Information due 9 weeks prior to departure:**

* + - 1. **Application**- filled out on-line with uploaded **scans of the passport (COLOR), medical training diplomas for all health care providers**
* **\*\*\*\*\*NOTE: Passports must be valid for 6 months from the date of departure FROM Honduras.**
* **\*\*\*\*\*NOTE: All documents must be renewed in time to meet the team due date (9 weeks prior to departure) in order for the individual to be a participant on the team.** 
  + **Health Care providers**: Diplomas are required all health care providers, including but not limited to: Registered Nurses-RN, Licensed Practical Nurses- LPN, Certified Nursing Assistants- CNA, Nurse Practitioners- NP, Physician Assistants- PA, Physical Therapists- PT, Scrub Technicians- CST, Certified Registered Nurses- CRN, Certified Registered Nurse- Anesthesia- CRNA, Student Registered Nurses Anesthesia, Audiologists, Registered Dental Hygienists, Dental Assistants
  + **Physicians/ Dentists (including residents)**:
    - Medical/ dental school diplomas (1st trip to the hospital)
    - residency certificates (1st trip to hospital)
    - Board Certification (residents and not all doctors have this certification)
    - medical/ dental license current for the year of the mission trip
    - DEA license current for the year of the mission trip
      1. These documents are submitted to the Honduran College of Medicine and are used to obtain the temporary Honduran medical/ dental licenses and malpractice insurance needed to practice medicine/ dentistry in Honduras
      2. If the MD/dental or DEA license is up for renewal and the new one will not be received before the 9 week deadline, submit the license that will expire. When the license is renewed on-line, the on-line renewal confirmation is sufficient to send in until new license is received. The current license must then be submitted.
* Team members must indicate their acceptance of the Lifestyle and Social Media Statements, as well as the Consent, Assumption of Risk, Release of Liability, Waiver and Indemnification as stated on the application. Parental acceptance of the waiver is required for any team member under the age of 18 years; a copy of this waiver is found at the end of this manual
* **trip payment**- paid on-line as part of the application process
  + Team members may have others support their trip by using the “Donate” tab on the Health Caring Services web site and making a donation to a specific team member.

There is also an option for people to make donations to a specific team to help cover team expenses of supplies, etc. **- Information due 4 weeks prior to departure:**

1. **itinerary sent from the airline**- send to the HCS team administrator- [jillcw8812@yahoo.com](mailto:jillcw8812@yahoo.com)
   * All team members are to arrive and depart on the same day; midday arrivals are accommodated by the main US airlines.
2. Team member’s complete itinerary is needed in case there are travel issues en-route **Emergency Evacuation Insurance policy with coverage of $500,000**- send to the HCS administrator- [jillcw8812@yahoo.com](mailto:jillcw8812@yahoo.com); more information below

**10) Team Cancellation Policy**

Team safety is our top priority. If for any reason HCS feels the team's safety could be in jeopardy when traveling in Honduras, HCS reserves the right to cancel the trip.  This would be done only after thoroughly investigating the situation with our overseas directors.   Every effort would be made to reschedule but there is no guarantee.  HCS will not be responsible for any expenses lost due to the cancellation and advises team members to investigate the purchase of trip cancellation insurance. See information below under “Travel” section.

**11) Travel:**

**As of November, 2020:**

1. Every person who enters Honduras must have a negative COVID-19 test done within 72 hours of entering Honduras. Airlines will not allow you on the plane in the USA for departure to Honduras if you do not have the proper documentation proving you have tested negative.
2. All travelers entering or exiting Honduras **MUST** complete the immigration pre-check form at <https://prechequeo.inm.gob.hn>

Travelers will receive a confirmation email, which they should print and carry with them.

1. Health Caring Services highly recommends that all team members enroll in the Smart Traveler Enrollment Program (STEP) to receive security messages and make it easier to locate you in an emergency. <http://step.state.gov>

- **Travel Insurance for Team Members**

- All team members will be required to submit an Emergency Evacuation Insurance policy in case of a medical emergency.

- This policy will be submitted with the team member's airline travel itinerary at least 4 weeks prior to departure to Honduras, sent to HCS Team administrator- jillcw8812@yahoo.com.

- This insurance must include at least $500,000 in evacuation coverage, as recommended by travel professionals.

- Insurance policy must be carried with team member while traveling

- Suggestions:

    - Borton Overseas, contact Jody- 612.661.4625/ 1-800-843-0602 ext. 115, offers a Travelex policy for $500,000 evacuation coverage for $51/ per person. (11/2020) This is a comprehensive policy and includes medical, travel, etc. coverage as well. Have the team member mention Health Caring Services when speaking to Jody.

    - IF anyone is a current member of Rural Metro, there is coverage that can be purchased for evacuation from outside the USA. Each person would need to make this purchase individually.

- There are many companies that provide coverage for evacuation, the team member must make sure the coverage meets the required minimum. Airline policies usually do NOT have enough coverage.

**Arrivals into San Pedro Sula:**

- Team members will be transported to and from the airport in **San Pedro Sula** **(SAP**).

- **All team members arrive into Honduras on the same day, with arrivals being mid-day, and will depart the hospital on the same day, using flights that arrive mid-day to early afternoon.**

- If arrival or departures are NOT on the specified team travel dates and special transport has to be arranged, there will be a charge of $50 each way to cover hospital expenses; this fee will be paid at the Hospital upon the arrival of the team member who is responsible to make sure this fee is paid. The team leader will be notified by the HCS administrator who will then communicate the necessary information to the team member.

- Flights that do not coordinate with the team dates MUST BE APPROVED BEFORE tickets are purchased.

**- Night arrivals will not be accommodated by hospital transport. Team members should not arrive at night**.  It is not safe to have personnel on the road after dark.  A night arrival will necessitate team members spending the night in San Pedro Sula at their own expense. The Hotel Copantl in San Pedro Sula has airport pick up, English speaking staff and is safe. (more information on the Copantl below)

- Adoption Airfares- travel agency- has been used by other teams and team members. They have been most helpful in navigating the purchase of tickets and when there are issues to be dealt with. [tabitha@adoptionairfare.comm](mailto:tabitha@adoptionairfare.comm)

**- Navigating through the airport and tipping suggestions:**

**-** Many team leaders are seasoned leaders and have this process worked out, but for those who are new leaders, we offer the following suggestions.

- If the entire team is arriving on the same flight;

* + The team leader (or designated person) can act as the leader/ organizer when gathering and processing team members and baggage through customs.
  + After going through immigration, choose one Honduran porter and have him (with whatever help he chooses to enlist from his fellow porters) collect all the baggage and usher everyone and all baggage through customs at the same time and take the baggage out to the waiting transportation.
  + This is the only person who will be tipped at $2/ bag
  + One person should handle the tipping to the one porter who then can share it with those who help. Tip money can be collected from team members, if desired.
  + Getting the baggage loaded is where it gets tricky, as other porters want to jump in and help and then expect tips. Stand firm- 1 porter gets tipped for everything/ everyone.
  + Each team member is responsible to make sure their baggage is collected in baggage claim, taken through customs and loaded onto the vehicle.
  + **All hospital drivers will have some sort of identifying sign or badge from the hospital.  If unsure, ask the driver for identification.**
  + Expect chaos!!! You’re in Honduras.
  + Once all the baggage is loaded onto the hospital vehicles, have team members use the restrooms or purchase food as needed. Remind the team members to not dawdle- get their food and return to the vehicles quickly.
  + Be sure to have leaders do a head count BEFORE leaving the airport. Don’t leave anyone behind.

- If your team members are arriving on different flights and at different times:

* + It helps to pre-arrange people to be leaders of the groups of arriving team members. Share with them the process outlined above before leaving the USA.
  + Hospital transport is arranged according to flight arrivals into Honduras. The leader will have to decide whether to have everyone wait in the baggage claim area and proceed through customs together or to have groups go through customs with their baggage as they are ready. Once you pass through customs, there is no reentry into the secured area. Make sure everyone knows how to find the Hospital transport, who to tip and when to meet for departure from the airport.
  + Each person is responsible to make sure their baggage is collected at baggage claim, taken through customs and loaded onto the vehicle.
  + It is helpful for the leaders to have a list of flights and who is arriving and when. Team leaders can get this information to share with the designated leaders from your team chart in the Dropbox file.
  + If there is a delay of a flight, the leader should have the hospital driver call the hospital and decide how to handle that delay. Hopefully, those who are delayed have already contacted Mary or the hospital and arrangements have been made.
  + Once all the baggage is loaded onto the hospital vehicles, have the team members use the restrooms or purchase food as needed. Remind the team members to not dawdle- get their food and return to the vehicles quickly.
  + Be sure to have leaders do a head count BEFORE leaving the airport. Don’t leave anyone behind.

**Travel issues**:

- If a team member(s) encounters travel complications and isn’t arriving when scheduled, this is the protocol:

* + First: **BEFORE** leaving the USA, team member should immediately notify their team leader via phone, text or e-mail.
  + Second: **BEFORE** leaving the USA, an e-mail or telephone call should be made to Mary to formulate a plan:
    - team member should provide new arrival time and airline
    - the team member will be notified by Mary that the email has been received and will be provided with instructions regarding transportation plans
      * **Mary Kinsey:**
      * [otrasula@yahoo.com](mailto:otrasula@yahoo.com)
      * **001-504-9573-23-78 (outside Honduras)**
      * **9573-2378 (inside Honduras)**
      * **The hospital:**
      * **Noemi- 011-504-**9572-66-40
      * **011-504-2657-41-60 (outside Honduras)**
      * **2657-41-60 (inside Honduras)**
      * [hsocorrohond@yahoo.com](mailto:hsocorrohond@yahoo.com)
* **After arrival in Honduras,** if no email is received before departure from the USA, upon arrival in San Pedro Sula:
  + - 1. The team member should check to see if an email has come
      2. The team member should look for a man holding a sign with their name.
      3. The team member should not wander about the airport; go to the Wendy’s restaurant area and wait there
      4. The team member should call or email 1) Mary or 2) Noemi’s cell phone from the airport, using an airline employee for assistance if necessary; contact information listed above

**- Should the arrival be late evening or in the night:**

* + - * **BEFORE leaving the USA, email or call Mary at the hospital using the contact information listed above, providing the new arrival time and airline; team member will receive an acknowledgment email with new instructions**
      * **If an email doesn’t arrive before leaving the USA, check email upon arrival in San Pedro Sula**
      * **BEFORE** leaving the USA, **make a reservation at the Hotel Copantl**
  + Hotel Y Club Copantl

Boulevard del Sur

Residencial Los Acros 1 calle, 50432

San Pedro Sula, Honduras

* + Telephone if you are IN Honduras: 556-8900
  + Telephone if you are IN the USA: 011-504-556-8900
    - Team member tells the hotel they are with the Hospital in Sula- Hospital Centro Socorro De Lo Alto for the hospital rate
    - **give the hotel arrival time and airline and flight number**
    - **the Hotel will send a shuttle/ taxi to the airport and have a sign with team member’s name; cost for this transportation is ~$30 one way.**
    - **once at the hotel, email Mary and arrangements will be made for being picked up as soon as possible**
    - **enjoy a night and a delicious breakfast in a lovely hotel!**

**- All hospital drivers will have a sign for Hospital Socorro De Lo Alto.**

- This information should be shared with all team members and those who will be the leaders who are taking care of the tipping, etc. at the airport **BEFORE** they leave the States. In addition, team members reading the team manual and having it on one’s person as they travel will help avoid and solve problems.

- A team leader’s responsibility is to think through situations and communicate information to team members, helping them to know what to do in case the best laid plans are thwarted.

**12) Team Meeting: When the team assembles at the hospital, the team leader, working with Mary Kinsey, should hold a team in-service the first night or 1st morning, before surgery or clinic begins.**

Some items to be covered in the Team Meeting:

* + - 1. The hospital staff will address the team, going over policies and procedures that will enable smooth operation. Remind team members that the team is entering into the hospital’s system and procedures that are in place 24/7/365 and respect needs to be given to the hospital’s way of doing things.
      2. Remind the team of the lifestyle agreement they agreed to when they applied: refraining from alcohol consumption, cursing, smoking and drug use while in Honduras
      3. Emphasize Patient Privacy and Social Media Policy to team members.  The policy is specific to photos and videos team members might be taking. Team leaders must familiarize themselves thoroughly with this policy.
      4. Meal schedule: timeliness is important for the kitchen staff. Meals will be set aside for those who are unable to make the designated times **if** the kitchen staff is informed before the kitchen closes.
      5. Toilet paper does not go into toilets… use waste bins.
      6. Do not drink tap water.
      7. The risks when leaving the grounds alone are very real, therefore team members are not to to go off the grounds without an escort from the hospital. The team leader will make arrangements through Mary or the hospital administration for transportation and an escort.
      8. Hondurans- adults or children, including the interpreters- are not to be invited into the team house.
      9. Keep ALL valuables (passport, money, cameras, jewelry, etc.) in a secured place; there are lockers inside the OR suite (each person brings their own padlocks); these will need to be shared. Keep the Team House locked- main doors and sleeping rooms.
      10. Should the team house lose power wait 10-15 minutes and the generator will be activated. Someone will take care of flipping the circuits in the team house as the generator is activated.

- Team leaders add items to the in-service agenda as they determine their team needs.

- There is a white board inside the OR suite that the team leader may use to communicate with the team. Daily schedules, meal time reminders, work assignments, encouragements, team reminders and announcements, etc. (FYI- Team Leaders should take white board pens just to make sure there are some to use.)

**13) Meals**

- All meals are eaten in the Team House and are prepared by the Team House staff.

- If team members with special dietary needs, encourage them to bring food that will meet those needs as the Team House staff is not able to cater to special diets.

**14) Tour and trip extensions:**

- Team leaders are responsible for making all arrangements for these tours/ trip extensions. ALL tours and trip extensions must be scheduled at the END of the team’s scheduled time of working at the hospital. (No mid-week tours are requested.)

**TOUR**:

* If help with tour transportation for the team is required, this request must be submitted **at least** **6 weeks before departure to Honduras** to the HCS team administrator- bertmary@bellsouth.net
* **At least 6 weeks prior to departure to Honduras,** email:
  + 1) the number of people going
  + 2) the location
* All transportation will be by hired, non-hospital owned vehiclesTransportation costs will be provided to the team leader who must give approval before reservations are made
* All tour expenses are in addition to the team member’s team fee ($350)
* All other arrangements for the tours are the responsibility of the team leader.
* If there are team members returning to the SAP airport after the team is finished working at the hospital and not going on the tour, this information is to be provided to the administration
* Name of a person to arrange tours or activities: Hector Cueva at [trifiniotours@gmail.com](mailto:trifiniotours@gmail.com); he is excellent and a native of Copan Ruinas. This is his business and is paid for his services.

**HOTEL COPANTL- San Pedro Sula:**

1. **At least 6 weeks before departure for Honduras: If you desire a quote** at the Copantl, submit
   1. the date of the reservation, the # of single and the # of double rooms being requested
   2. no reservations will be made without the approval of the quote by the team leader.
2. **At least 4 weeks before departure for Honduras: if reservations** are desired, submit the following information:
   1. Name of each person(s) in every room, indicating type of room- single or double
   2. Confirmation of the date of the reservation

3) Reservation confirmations will be sent to the team leader

4) Rooms are paid for at check-out by each individual

5) If reservations are desired at the restaurant at the hotel, this information needs to be submitted at the time of the room information being submitted. Time and date of reservation and # of people information required.

**15) Coffee orders:**

- If your team is going to order coffee to take back to the USA, that coffee order must be handled by you, the team leader, or someone you designate, with the orders taken and submitted to the HCS team administrator ([bertmary@bellsouth.net](mailto:bertmary@bellsouth.net)) **at least 2 weeks before you arrive in Honduras**.

Information concerning package sizing and prices of the coffee can be obtained upon request. Team leaders will collect the orders from your team members and email the HCS team administrator with the team order at least 2 weeks prior to your arrival at the hospital.

- The team leader will collect all monies and make payment for the coffee upon its arrival at the hospital and distribute the coffee to the team members.

**16) HCS makes arrangements in Honduras**

**-** HCS will arrange transportation, lodging, and meals for the time you are at the hospital.

- HCS will also arrange for all physicians’/dentists’ licensure to meet the Honduran government’s requirements.

- If there are issues regarding your team that arise, the administrative team will communicate with the hospital staff after the team leader informs us of that issue.

**Team Leader Schedule of Due Dates and Responsibilities**

Team Leaders,

This letter acknowledges that your Team Leader Commitment form has been received and your mission trip has officially been scheduled on the hospital calendar for the dates listed below. Please check to make sure they are accurate.

It’s time to start recruiting and getting your team together.

1. Attached to this email is the new **Team Member Due Date Information Form**, created as a way to get information to your team members efficiently. We are hoping that it avoids confusion for them and lightens the load for you. The **Team Member Due Date Information Form** should be emailed to every person as they commit to serving on your team.
2. Below you will find the **Team Leader Schedule of Due Dates and Responsibilities**. It is a much condensed version of the Team Leader Manual.
3. NOTHING REPLACES READING THE TEAM LEADER MANUAL. The manual has been updated as of November, 2020 so as to be complete with new HCS policies and procedures, especially in regard to COVID-19. We cannot stress strongly enough that you read the Team Leader Manual at least once a year to refresh yourself with the procedures and information needed to lead a team.

If you ever need any help or information, please get in touch with us. We want to support you as your proceed and put together the strongest team.

This is done with the LORD’s guidance and help and we are here to assist you in that work.

Blessings.

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| --- | --- | --- | --- |
| **Hospital Centro Socorro de lo Alto Team Leader’s Information** | | | |
| **Team: your team name is inserted** | | | |
| **Team dates: your team dates are inserted**  **Arrival date into San Pedro Sula: your date inserted**  **Departure date from the hospital: your date inserted** | | | |
| **Team documents due date: your date inserted Itinerary due date: your date inserted** | | | |
|  | **Date due** | **Description** | **Who** |
| **­­­­Scheduling a Team/ Team Dates Request** | **As early as possible- hospital team calendar fills early** | **Review the Hospital calendar on the Healthcaringservices.org web site to see what dates are available; email HCS administrator to request desired dates: Jill Wilson- jillcw8812@yahoo.com** | **Requested dates are “penciled” onto the calendar; this is only a request until the Team Leader Commitment form is received; When the requested dates are approved, the team leader will be instructed to proceed in filling out of the Team LeaderCommitment form** |
| **Team Leader Commitment form** | **Immediately after team date request** | **Submit the Team Leader Commitment form on-line-**  [**https://www.healthcaringservices**](https://www.healthcaringservices)**.**  **org/teams/team-leader/** | **When this form is received and information is accepted, team dates will be secured on the calendar.**  **You will then receive 1) an acceptance letter from the HCS administrator, 2) this Team Leader Schedule with instructions as to how to proceed, 3) the Team Member Due Date and Information form.**  **If at any time, you have questions, contact HCS Administrator- Jill Wilson-** [**jillcw8812@yahoo.com**](mailto:jillcw8812@yahoo.com) |
| **Team Leader & Team Member Manuals- updated November, 2020** | **Read immediately; Send to team members immediately after they are recruited** | **Team Leader and Team Member Manuals are provided for your effective leadership; new policies and procedures are included, many due to COVID-19** | **Team leaders are responsible for all the information in the TL & TM Manuals. Many glitches are avoided if you take this information in early in your leadership responsibilities and send to your team members upon acceptance on your team.** |
| **Team basic information** | **When team member is recruited** | **Send Team Member Due Date and Information form; inform them about Team Member manual** | **Inform all team members of team due dates, application process, documents , etc., required; have them read the team member manual**  **Each Team member is responsible for the information contained in the TM manual** |
| **Travel- \*\*\*\*see TL & TM manual for details concerning these requirements** | **When team member is recruited** | **Inform team members of travel requirements:**  **- documentation of negative COVID-19 test with 72 hours of travel**  **- registration with Honduran government:** [**https://prechequeo.inm.gob.hn**](https://prechequeo.inm.gob.hn)**; confirmation of registration must be carried**  **- itinerary and Emergency Evacuation policy (with $500,000 per person coverage) due date; information must be carried with traveler**  **- suggested: registration with US STEP program:** [**http://step.state.gov**](http://step.state.gov)  **- airport, arrival and departure dates and times; any exceptions to the above dates need to have prior approval from HCS administrator; fees for special transportation needs will be incurred by the team member** | **All team members**  **We highly recommend using Adoption Airfares; they provide excellent service and tend to all travel changes if they are necessary; see manual for contact information.**  **All team members need to arrive at and depart from the hospital on the same days; midday arrivals into San Pedro Sula only** |
| **Team documents** | **9 weeks prior to departure for Honduras** | **Application, passport- color copy of picture page (valid for 6 months AFTER departure FROM Honduras), acceptance of Lifestyle and Social Media policies and Waiver, payment**  [**https://www.healthcaringservices**](https://www.healthcaringservices)**.**  **org/teams/application/** | **All team members- medical personnel and non-medical personnel; others may donate to a specific team member by going to the “Donate” button the on the web site.** |
| **1st year Physicians/ Dentists/ Residents documents** | **9 weeks prior to departure for Honduras; uploaded on application** | **Medical/ dental school diploma, residency certificate, Board certification\*,DEA and MD/ DDS license valid for dates of the mission trip** | **1st year on an Hospital Centro Socorro de lo Alto mission trip MD/ DDS/ residents**  **\*- residents do not have resident certificate or board certification, not all doctors have board certification** |
| **All Physicians/ Dentists/ Residents documents** | **9 weeks prior to departure for Honduras; uploaded on application** | **MD license, DEA license, Board certification\* valid for the dates of the mission trip** | **All MDs/ DDS, including residents**  **\*- residents do not have board certification, not all doctors have board certification** |

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| **Medical personnel documents** | **9 weeks prior to departure for Honduras; uploaded on application** | **Diploma from training program; license current for dates of the mission trip** | **All health care providers, including but not limited to: Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants, Nurse Practitioners, Physician Assistants, Physical Therapists, Audiologists, Surgical Scrub Technicians, Certified Registered Nurse Anesthesia, Student Registered Nurse Anesthesia, Student Physical Therapists, Dental Hygienists, Dental Assistants, Certified Registered Nurses** |
| **Travel Documents** | **4 weeks prior to departure from USA; uploaded on web site** | **Airline itinerary showing whole Itinerary**  **Copy of Emergency Evacuation Insurance policy with coverage of at least $500,000 per person** | **All team members** |
| **Tour/ post mission work transportation** | **6 weeks before departure from USA** | **# of people needing transport, destination & date transport are needed; if there are team members needing direct transport to the airport (not going on the post-trip), that information must be reported**  **Email Mary K (**[**bertmary@bellsouth.net**](mailto:bertmary@bellsouth.net) **) to request information concerning transportation** | **Tours are planned and reservations made my team leader; if transportation is required, the hospital is willing to help arrange transport to the place of the post-trip/ tour. Team leader must arrange lodging, etc., and transport to the airport following the tour. Transportation is paid for by team members; all tour costs are paid for by team members.**  **Hector Cueva at** [**trifiniotours@gmail.com**](mailto:trifiniotours@gmail.com) **has proven to be an excellent tour planner and is based in Copan Ruinas.** |
| **Hotel Copantl quotes**  **Details in TL manual** | **6-8 weeks before departure from USA** | **To request a quote for room rates, send an email to Mary with:**  **1) date of reservation**  **2) number of single and double rooms needed** | **Shuttle costs from the hotel to the airport will be requested along with the room quotes.** |
| **Hotel Copantl reservations**  **Details in TL manual** | **4 weeks prior to departure from USA** | **Final room reservations require: names of each person or persons in each room; email information to Mary to request information concerning transportation** | **Each individual will pay for their room at checkout. If reservations for dinner in the rooftop restaurant are desired, time, date and number of people are required.**  **Transportation will be provided from the hospital to the hotel.** |
| **Coffee Orders**  **Details in TL manual** | **2 weeks prior to departure from USA** | **If the team leader desires to place a coffer order for team members, see the procedure in the Team Leader manual** |  |

**Team Member Due Date Information Form**

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| --- | --- | --- | --- |
| **Hospital Centro Socorro de lo Alto Team Members’ Information** | | | |
| **Team: your team name inserted** | | | |
| **Team dates: your team dates inserted**  **Arrival date into San Pedro Sula: your team date inserted**  **Departure date from the hospital: your team date inserted** | | | |
| **Team documents due date: your team date inserted Itinerary due date: your team date inserted** | | | |
|  | **Date due** | **Description** | **Who** |
| **Team Member Manual- sent by Team Leader to Team Member when the member is recruited** | **Immediately** | The Team Member manual has the pertinent information for you as a team member: HCS policies, travel information to be carried with you while you travel in case of travel changes, Emergency Evacuation insurance, application, documentation, fees and payments, etc.  **Every team member should print and read this manual.**  **Each team member is responsible to meet the requirements for entry into Honduras, i.e.- COViD-19 testing, pre-registering, etc.**  **Your team leader will assist you.** | |
| **Team application and documents**  <https://www.healthcaringservices.org/teams/>  application/ | 9 weeks prior to departure for Honduras \* | Application, passport- legible color copy of picture page, all documents listed below, acceptance of Lifestyle and Social Media statements and Legal Waiver as stated on the application, payment | All team members- medical/ dental personnel/ health care providers and non-medical personnel  Team members can have others donate to their trip expenses by directing them to the “Donate” tab at healthcaringservices.org; donations are tax deductible |
| **1st year team member Physicians/ Dentists/ Residents documents** | 9 weeks prior to departure for Honduras \* | Medical/ dental school diploma, residency certificate, Board Certification\* | 1st year on an Hospital Centro Socorro de lo Alto mission trip MD/ DDS/ residents  - \*not all doctors have Board certification; residents do not have residency certification or Board certification |
| **Physicians/ Dentists/Residents documents** | 9 weeks prior to departure for Honduras \* | MD/ DDS license, DEA license, board certification current for dates of the mission trip | All MDs/ DDS/ residents |
| **Health Care Provider documents** | 9 weeks prior to departure for Honduras \* | Diploma from training program; professional license current for dates of mission trip | ALL health care providers, including but not limited to: Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants, Nurse Practitioners, Physician Assistants, Physical Therapists, Audiologists, Surgical Scrub Technicians, Certified Registered Nurse Anesthesia, Student Registered Nurse Anesthesia, Dental Hygienists, Dental Assistants, Certified Registered Nurses |
| **Travel Documents** | 4 weeks prior to departure \* | Airline itinerary showing whole itinerary  Copy of Emergency Evacuation Insurance policy with coverage of at least $500,000 per person  - submitted to: HCS administrator- jillcw8812@yahoo.com | All team members |

**\* It is the responsibility of each team member to make sure all the required documents are submitted by the dates indicated. These dates are established in order to follow the Honduran College of Medicine’s requirements, as well as making arrangements at the hospital.**

**If the documents are not submitted on time, the team member will be removed from the team roster. If there are any expenses that have been incurred, these will be the sole responsibility of the team member.**

**See the Team Member Manual for more information.**

***Consent, Assumption of Risk, Release of Liability, Waiver, and Indemnification***

I understand that all mission trips abroad carry with them significant risks. Although Health Caring Services, Inc., a Kentucky nonprofit corporation (“HCS”), has taken reasonable and prudent steps to reduce foreseeable risks, they still exist. Accordingly, in exchange for my, and my minor child(ren), if applicable, being allowed to participate in the upcoming mission trip to Hospital Socorro de lo Alto (the “Hospital”) to provide health care services to local Hondurans, coordinated by HCS and the Hospital (the “Mission Trip”), I agree, on behalf of myself and my minor child(ren) who accompanies(y) me on the Mission Trip (individually and collectively, “I,” “me,” and “my”), to be bound by each of the following:

1. Voluntary Participation. I understand and confirm that my participation in the Mission Trip is voluntary. My participation in the Mission Trip is as a servant-learner and I will adopt that attitude when interacting with my fellow team members, the people I meet during the Mission Trip and the Hospital. I will abstain from making derogatory or offensive remarks or arguments regarding people, politics, sports, religion, race or traditions. I agree to support the mission of HCS, the Hospital, and the cause of Christ on the Mission Trip. I agree to respect and follow the advice of HCS concerning attire, drinking, smoking, drugs and cultural traditions that will help me to honor the mission and integrate into the local community.

2. Identification of Risks. I understand that there are certain dangers, hazards, and risks inherent in participation in the Mission Trip, including, but not limited to, those associated with travel to and from the Hospital; inadequacies of lodging; patient care inside and outside of the Hospital; unstable political situations; different and under-developed facilities; uncertain medical, transportation, and communication infrastructure; possible acts of terrorism; and health hazards due to contaminated food and water, diseases, pests, or poor sanitation. I understand that my participation in the Mission Trip may involve risk of injury and loss, both to person and to property. I also understand that the risk of injury may include the possibility of permanent disability or death, **and further may include the risk of exposure to novel coronavirus (collectively, with any mutation or variation, “COVID-19”)**. There may be other risks of participation in the Mission Trip, some of which may not be known or reasonably foreseeable at this time. I further understand that some of the premises, facilities, and equipment used in connection with the Mission Trip may not be owned, maintained, or controlled by HCS or the Hospital. I understand that this Consent, Assumption of Risk, Release of Liability, Waiver, and Indemnification is intended to address all of the risks of any kind associated with my participation in any aspect of the Mission Trip, including, particularly, such risks created by actions, inactions, fault, or negligence on the part of HCS, the Hospital and their respective directors, officers, employees, agents, volunteers, successors, or assigns (collectively, the “Releasees”), including, but not limited to, risks created by the following: (a) **the risk of exposure to COVID-19**; (b) my physical, emotional, and psychological limitations and/or discomfort; (c) the physical, emotional, and psychological limitations and/or discomfort of others; (d) the use and/or condition of premises on which various Mission Trip activities may occur; (e) the lack or inadequacy of policies, rules, or regulations with respect to the Mission Trip; (f) the failure of Releasees to foresee or protect me from actions, inactions, fault, negligence, recklessness, or intentional or criminal misconduct of other persons; (g) the inadequacy or unavailability of medical facilities, treatment, and/or professionals; or (h) the lack or inadequacy of supervision by Releasees.

**3.** **Assumption of Risk**. I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Mission Trip, **including (but not limited to) risks associated with exposure to COVID-19**. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation in the Mission Trip, **including (but not limited to) risks associated with exposure to COVID-19**.

**4. Release of Liability and Waiver. I release and hold harmless Releasees from any and all liability for and waive any and all claims for injury, loss, or damage, including attorneys’ fees, to the fullest extent permitted by law, in any way connected with my participation in the Mission Trip, even if caused in whole or in part by the negligent acts or omissions of Releasees, including (but not limited to) risks associated with exposure to COVID-19 (a “Claim”). This release and waiver does not apply to gross negligence or intentional misconduct of Releasees.**

**5. Indemnification. I agree to indemnify and to hold harmless Releasees from any Claim or expense, including reasonable attorneys’ fees for the legal counsel of Releasee’s choice, in any way connected with a Claim. This includes, but is not limited to, the cost of defending any Claim I, or any member of my family, might make, or that might be made on my behalf, or on behalf of any of my family members, that is released or waived by this instrument.**

6. Policies and Exposure Notice. I agree to abide by all policies, rules, regulations, guidelines, and instructions of HCS, the Hospital, and the Honduran government including policies and safety measures intended to mitigate exposure to COVID-19, and to notify HCS or Mission Trip personnel immediately at any time prior to my departure or during the Mission Trip if I learn that I have, or may have been exposed to, or diagnosed with, COVID-19.

7. Consent to Medical Treatment. I authorize HCS and the Hospital to provide to me, through medical personnel of their choice, customary medical assistance, transportation, and emergency medical services should I require such assistance, transportation, or services as a result of injury or damage related to my participation in the Mission Trip. This consent does not impose a duty upon HCS or the Hospital, to provide such assistance, transportation, or services. I will assume the responsibility of all medical bills incurred as a result of such assistance, transportation or services. Additionally, should it be necessary for me to return home due to medical reasons, disciplinary action or otherwise, I will assume full responsibility for payment of all transportation costs.

8. Severability. If any provision (or portion of any provision) of this instrument is held to be invalid or unenforceable, that provision shall be enforceable in part to the fullest extent permitted by law, and such invalidity or unenforceability shall not otherwise affect any other provision of this instrument.

9. Applicable Law. In order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the law of the State of Kentucky without regard to its choice of law principles.

10. Modifications. This instrument may not be changed orally, and no modification, amendment or waiver of any provision contained in this instrument, or any future representation, promise or condition in connection with the subject matter of this instrument shall be binding upon any party hereto unless made in writing and signed by both parties.

11. Binding Effect. In the event of my death or incapacity, this instrument shall be effective and binding upon my heirs, estate, next of kin, executors, administrators, assigns and representatives and shall inure to the benefit of Releasees.

**I HAVE READ AND UNDERSTAND ALL PARAGRAPHS OF THIS CONSENT, ASSUMPTION OF RISK, RELEASE OF LIABILITY, WAIVER, AND INDEMNIFICATION. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY AGREEING TO IT. I AM AGREEING TO THIS CONSENT, ASSUMPTION OF RISK, RELEASE OF LIABILITY, WAIVER, AND INDEMNIFICATION VOLUNTARILY.**