**Health Caring Ministries**

**Hospital Socorro De Lo Alto**

**Honduras**

**Team Member Manual**

(updated 4/2024)

It is with enthusiasm and anticipation that this team manual has been prepared to help you experience a rewarding and fulfilling mission trip.

***Please read it thoroughly as it contains the pertinent team and travel information you will need for your trip to Hospital Socorro de lo Alto.***

Our prayer at Health Caring Services 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.”

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(updated 1/2024)

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**Hospital: (History & Description)**

Hospital Socorro De Lo Alto (translated: Hospital Help from on High) is a twenty-six (26) bed hospital located in Sula, Macuelizo, Santa Barbara, Honduras.

With in-house physicians on staff, the emergency room is operational 24/7. The hospital has four (4) operating rooms, a pre-operative suite, a recovery room, and a central sterile supply area. In addition, the hospital has a laboratory, a microbiology laboratory, radiology, labor and delivery services, and a pharmacy. An outpatient clinic houses general consultation rooms, an ultrasound department, and dental and eye clinic services.

Health Caring Services (HCS) is an American 501(c)3 that provides administrative and logistical support for Hospital Socorro de lo Alto, in Sula, Honduras, facilitating the shipments of supplies donated in the United States, the preparation of the team trips, and transferring of monies donated in the USA.

There is no undergirding organization for the Hospital, therefore, a minimal payment is made by patients who can afford to pay; however, no one is refused care due to financial reasons. Health Caring Services and the Hospital do not want to undermine the enthusiasm of Honduran people to care for themselves and their families.

**Team Membership**

* While team members help with the recruitment of team members, the team leader makes the final decisions about team participation of every team member.
* Once the team member is invited to become a part of the team by the team leader, the team leader will send the team member the Due Date and Trip Information sheet along with the Team Member Manual.
* With these documents, team members now have all the information needed to proceed with filling out the necessary forms, completing the requirements for team membership, and information about the trip in general.

**Next Steps:**

1. Read the entire Team Member Manual.
2. Fill out the application:
	1. <https://www.healthcaringservices.org/teams/application/>
	2. do NOT fill out your application until all required documents are ready to be uploaded (see **“Required Documents”** section below)
3. Travel Arrangements
	1. Check with your team leader for specifics of dates and times for arrivals and departures; general travel information is found below
4. Your team Leader will provide answers to questions and more information specific to your team.

**Application Information and Process**

**Policies and Procedures**

**When filling out the application, the team member will be asked to indicate their acceptance of the policies and procedures of Health Caring Services. By indicating your acceptance, you are accepting responsibility for abiding by the policies and procedures and accepting responsibility for your actions in their regard. If you have any questions regarding any of the policies or procedures, do not proceed with the completion of the application. Talk to your team leader about your questions.**

**Lifestyle Statement**

Health Caring Services (HCS) is a Christian organization as is Hospital 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 and Health Caring Services. Help us respect the Hondurans and protect the ministry of HCS and the Hospital.

**Patient Privacy and Social Media Statement**

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.

**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.**

* This entire detailed policy is found at the end of this Team Member Manual and each team member will need to consent to the policy when they apply for the trip.

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

* Team members must indicate their acceptance of 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.
* This form is found at the end of this Team Member Manual.

**Required Documents to be uploaded onto the Team Application**

* If all due dates established by HCS and communicated to the team members are not met as specified, the applying team member's name will be removed from the roster with no guarantee of the team fee being refunded.
* The only exception to this policy is if a professional license renewal falls outside of the due date.
* Passport renewals are not exceptions unless OK-ed by HCS administration before the application is submitted. Contact your team leader for help with this.

**- All Team Members**

* + Passport: 1 color picture with both the signature and picture pages in the same picture
	+ **Passports must be valid for 6 months from the date of departure FROM** **HONDURAS**. If your passport does not meet this requirement, you must renew your passport as you will not be allowed to depart from the USA.
	+ Your passport must be renewed in time to meet the Team Application deadline provided by your team leader.

**- 1st year team member Physicians/ Dentists/ Residents documents:** (1st year on a Hospital Centro Socorro de lo Alto mission trip- MD/ DO/ DDS/ residents)

* Medical/ dental school diploma, residency certificate
* Current for dates of the mission trip: Professional license, DEA license, Board Certification (not all doctors have Board certification; residents do not have residency certification or Board certification)

**- Returning Physicians/ Dentists/Residents documents:** (All MD/ DO/ DDS/ residents)

* Current for dates of the mission trip: MD/ DDS license, DEA license, board certification (not all doctors have Board certification; residents do not have residency certification or Board certification)

**- Health Care Provider documents:** (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 Nurse Practitioner)

* Current for dates of the mission trip: Diploma from training program; professional license

**Trip Payment**

* The team fee paid covers transportation to and from the airport with the team on specified team travel dates, food, lodging, and team expenses, i.e. interpreters.
* Payments are made by credit card on the application.
* Current team fees are as listed below:
	+ 1 week: $375.00 per person
	+ 10 days: $525 per person
	+ 2 weeks: $700 per person
	+ 2.5 weeks: $850 per person
	+ Extra day charge: $45.00 per day

**Refunds of team fees**:

* If a refund of the team fee is requested, it must be approved by the Health Caring Services Board and the initial credit card fee will be deducted from the refund. Team fee refunds are not guaranteed and, if made, will only be made if the team fees have not been sent to Honduras.
* Talk to your team leader if there is a personal emergency necessitating you to cancel your trip.
* Instead of a refund, a team fee may be donated to Health Caring Services to support the Hospital or your team specifically.

**Team Cancellation**

* 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.  Cancellation would be done only after thoroughly investigating the situation with our overseas directors.   Every effort would be made to reschedule the trip but there is no guarantee this would be possible.  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 the information below under “Travel Information”.

**Travel Information**

**Passport:**

- A passport is required for travel into Honduras and back to the USA. No visa is required for travel to Honduras from the USA.

* **Passports must be valid for 6 months from the date of departure FROM** **HONDURAS**. If your passport does not meet this requirement, you must renew your passport as you will not be allowed to depart from the USA.
* Your passport must be renewed in time to meet the Team Application deadline provided by HCS administration to your team leader who sends this information to the team members
* It is recommended that you carry a color copy of your passport and 2 passport-size pictures with you; keep these separate from your passport.
* You will need to have your passport available when you check-in in the US and Honduras airport and pass though immigration in Honduras, as well as when you re-enter the USA.
* Make sure that you have your passport in a secure place during your trip.

**Immunizations:**

* No immunizations are required to enter Honduras.
* An updated Tetanus (within ten years) and malaria prophylaxis are recommended.
* Check with your doctor for immunization suggestions, i.e. Hepatitis A&B, etc.

**Government Requirements for Travel to Honduras**

* Each team member is responsible for knowing and abiding by the current travel requirements to and from Honduras for the time of their travel.
* <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/> or . <https://travelbans.org/north-america/honduras/>, <https://hn.usembassy.gov/covid-19-information/> or similar information site.
* If a team member does not meet the requirements for travel to Honduras or the USA, the team member is responsible for all expenses incurred, including but not limited to: team fees, travel expenses, medical expenses, all required testing, food, lodging, transportation, etc.

**Pre-check Form**

* All travelers entering or exiting Honduras must submit the Pre-check form which is submitted electronically prior to departure from the USA.
* Detailed information on this form may be found at the end of this manual. P.15-16

**Traveler’s Declaration Form/ Online Traveler’s Affidavit**-

* All travelers entering or exiting Honduras must submit the Traveler’s Declaration/ Online Traveler’s Affidavit Form which is submitted electronically 5 days or fewer before departure from the USA and arrival in Honduras.
* This form is submitted again when exiting Honduras and can be done electronically on a computer and printed out on a phone at the airport.
* Detailed information about this form may be found at the end of this manual. P.17-19

Team leaders will also have pertinent information that is needed to prepare for travel.

**US “STEP” program- Smart Travelers Enrollment Program**

* + HCS recommends that all team members enroll in the STEP program to receive security messages and make it easier to locate you in case of an emergency. <http://step.state.gov>
	+ This enrollment is not required for travel.

**Travel Insurance:**

Health Caring Services requires all team members to purchase Travel Insurance with coverage for emergency medical evacuation with a minimum of $500,000 per person.

* Many companies offer travel coverage, but each team member is responsible for purchasing a travel policy that adequately covers their medical and personal needs, i.e. extended housing and food expenses, additional medical care in Honduras, personal needs, etc., in addition to the required $500,000 emergency evacuation coverage.
* Each team member is responsible for knowing the policy’s requirement for the coverage of pre-existing conditions.
* This proof of purchase of the travel policy will be submitted with the team member's airline travel itinerary at least 4 weeks before departure to Honduras; send to your team leader/ administrator and HCS Team administrator- jillcw8812@yahoo.com
* Insurance policy must be carried with the team member while traveling.

**Booking a Flight:**

* + All team members are to arrive in Honduras on the same day, on flights that arrive mid-day to early afternoon, and depart the hospital on the same day,
	+ Consult with your team leader before making flight reservations to make sure you are booking in coordination with the rest of your team.
	+ If your travel plans are not coordinated with the team's arrival and departure dates, you must have your proposed itinerary reviewed BEFORE purchasing your ticket.
	+ There will be a charge if the hospital needs to arrange a special pickup from San Pedro Sula or return transport to the airport. This extra charge is to cover transport and staff expenses and will be paid to HCS BEFORE the trip.
	+ Due to safety considerations, no evening flights will be accommodated by hospital transport. A night arrival will necessitate the team member spending the night in San Pedro Sula at the Hotel Copantl at their own expense. See the “In case of travel issues” section below for more information.
	+ Team members forward the email received from the airline or booking agency with their complete itinerary along with the proof of purchase for their travel insurance policy at least 4 weeks before departure. These are sent via email to the team leader/administrator and the HCS team administrator- jillcw8812@yahoo.com
	+ Confirm with your airline the baggage requirements and fees. The HCS and the hospital are not responsible for baggage fees.

**Travel Hints:**

* + Some teams travel all together; others come from various places and meet in San Pedro Sula. Your team leader

will provide you with information as to the arrival of members on your team and how to proceed through immigration, customs, and ARSA( if anyone in that arrival group is transporting medical supplies or medications.)

* If you have questions, contact your team leader.

**Upon arrival at the San Pedro Sula airport:**

* + Team members will be picked up at the airport in San Pedro Sula by hospital transport. **All hospital drivers will have a sign and/or a Hospital badge for Hospital Socorro De Lo Alto.**
	+ Proceed to Immigration, then to baggage claim and ARSA checkpoint, exiting through Customs to the hospital transport.
	+ Your team leader may send out information as to how to gather luggage, go through Customs and ARSA, and proceed to the Hospital transport vehicles. Contact your leader with any questions.
	+ When passing through Immigration and Customs, it is better to not offer unsolicited information, and this is not the best time to practice your Spanish.
	+ The airport staff may or may not want to see your luggage stickers and match them with your personal luggage.
	+ If your team is carrying medical supplies into Honduras, ARSA officials will check the forms and luggage. Team leaders are responsible for making sure all forms are available to those team members bringing in supplies.
	+ **N.B. DO NOT BRING IN ANY SUPPLIES THAT HAVE NOT BEEN APPROVED ON AN ARSA FORM. DOING SO MAY LEAD TO THE CONFISCATION OF ALL SUPPLIES BEING TRANSPORTED.**
	+ Each team member is responsible for making sure their baggage is collected and loaded onto the hospital transport vehicle.
	+ After all the baggage is loaded onto the hospital vehicles, use the restrooms or purchase food as needed.
	+ Team members should return to the vehicles promptly to facilitate speedy departure for the hospital.
	+ The drive from San Pedro Sula to Sula is approximately 2+ hours. There are no restroom facilities along the way to the hospital.

**Exchanging Money:**

* Do not exchange money at the airport.
* Most vendors and stores take US$ or credit cards. If you want to have lempiras, the money may be exchanged in Sula at the bank. Your team leader will assist you in arranging the exchange of money if needed.

**In case of travel issues or interruptions**

* Team leaders should ensure their team members know how to contact the team leader AND the Hospital personnel in case of travel issues.
* Team Members have the information needed in their Team Member Manuals. Team members are to carry their manuals with them while traveling as it contains instructions and phone numbers.
* Team leaders should carry all team members' travel information and contact information with them to know how to track their team members in case of travel issues. This information is in the emails sent to the TL by the team member.

**The following detailed information is provided for team members in case there are issues related to travel leading to a delay in your arrival into San Pedro Sula.**

* + N.B.- it may be very expensive to use a cell phone for phone calls within Honduras; make every attempt to make contact with the hospital and/ or hotel before leaving the
	+ Consider downloading **WhatsApp-** a free, wi-fi calling app that needs to be downloaded by both the caller and the one being called. **Whatsapp** is used by the hospital and can be used for calling the USA for free.
	+ If a team member(s) encounters travel complications and knows they won’t be arriving when scheduled, BEFORE leaving the USA, the team member should immediately communicate with the following people:
		1. The team leader- make sure your team members have the team leader’s phone number and email
		2. HCS administration:
			- Jill Wilson- jillcw8812@yahoo.com or 612.518.5168

and/or

* + - * Mary Kinsey- bertmary@bellsouth.net or 251.656.4543
		1. Hospital personnel:
			- Erika- hospital administration- 011-504-9729-0720 and 011-504-9773-5934
			- Noemi Santos- hospital administrator- 011-504-9572-6640
* *During these issues, it is of utmost importance for communication among the team member, team leader, HCS administration and the hospital to remain open and consistent.*
* To dial a Honduran phone # if you are IN Honduras try these sequences: + (hold the “0” key until the “+” appears)- 504- the local phone #, or 011-504-the local phone #
* The team leader should stay in touch with HCS administration, the hospital and the team member, as possible.
* The team leader, team member, HCS administration and the hospital staff and driver will formulate a plan for pick-up and with Hotel Copantl if arrival is later than 5pm.
* The team member should provide the following information:
	+ - * Flight issues and current location
			* New flight arrival times and all flight information
* **If arrival in Honduras is BEFORE 5PM:**
	+ The team member should proceed through immigration, collect their baggage and go through customs and ARSA check if needed; upon exiting customs, look for the hospital driver who would be holding a sign with the hospital and team member’s name
	+ AFTER arrival IN Honduras, contact HCS administration, Erika and/or Noemi- using the instructions and numbers listed above; use an airline employee for assistance, if necessary
	+ If no one is there from the hospital for the pick-up, the team member should not wander about the airport, but stay near the exit from Customs until contact is made with hospital personnel; hospital personnel will always have an ID badge or Hospital sign
* **Should the arrival be AFTER 5PM, staying at the Hotel Copantl will be necessary with transport to the Hospital the following day:**
	+ **BEFORE leaving the USA, email or call the hospital and others listed using the contact information listed above, providing the new arrival time and airline**
	+ BEFORE leaving the USA, if possible, **make a reservation at the Hotel Copantl; if team member cannot make this call before leaving the USA, the hospital will facilitate this reservation; upon arrival in Honduras, call the hotel from the airport using airline employee help, if necessary; the hotel has English speaking employees**
	+ Hotel Copantl information
		- Telephone from IN the USA: 011-504-2556-8900, 011-504-2556-7890, 011-504-2561-8900
		- Telephone from IN Honduras: use the calling instructions above with these local phone numbers: 2556-8900, 2556-7890, 2561-8900
		- Talk to the reception and tell the hotel you are with the hospital in Sula- Hospital Socorro De Lo Alto **give the hotel your arrival time and airline and flight number; ask to be picked up at the airport**
			* Hotel Y Club Copantl
* Boulevard del Sur
* Residencial Los Acros 1 calle, 50432
* San Pedro Sula, Honduras
	+ **The hotel will send a shuttle or a taxi to the airport and have a sign with your name; there is a charge for this shuttle service.**
	+ **Once at the Copantl, have the hotel contact Erika (contact information listed above) at the hospital to let her know of the team member’s arrival there and find out transportation arrangements.**

**Lodging & Meals:**

* Lodging is provided on the hospital campus in the Team House. All team members will lodge in the team house during their scheduled work days.
* Meals are served at the Team House and are prepared by the Team House staff:
* Breakfast: 6:00 AM
* Lunch: 12:00 Noon
* Dinner: 6:00 PM
* If there are team members who will not be able to eat at the designated times, ask the team house kitchen staff to prepare the required number of plates; they will be left in the team house kitchen and may be warmed in the microwave.
* Kitchen staff hours are 5:00 AM – 8:00 PM.
* After the kitchen staff has finished for the night, if there is food that has been left for team members, team members should make sure that the food is stored properly and the dishes used are cleaned and put away.
	+ Special Dietary Needs:
* Team House Kitchen staff are not trained dietitians. Much of Honduran food is based around starches. The concept of sugar-free and gluten-free is unknown to them. Therefore, if you have a special dietary need or allergies, you need to bring transportable food items to meet those needs.

**General Information:**

* + Various team members may give daily devotionals at breakfast. It is a good way to start the day.
	+ Towels, washcloths, bed linens, blankets, and toilet tissue are provided in the team house for team members.
	+ A computer is provided in the Team House but is in high demand. You may wish to bring your own. Wi-Fi is available in the team house and hospital.
	+ Coffee orders for bringing coffee home are arranged by your team leader. Contact your team leader for information about ordering coffee.
	+ Do not drink tap water. Drinks are available in the team house for team members. We encourage you to bring a water bottle to save on bottle waste.
	+ Do not flush TP down toilets. There are waste bins provided by every toilet.

**Clothing:**

* + Scrub suits are the attire for work. Bring your own scrubs. Scrubs are not worn off the hospital campus.
	+ Buttoned or snapped lab coats must be worn over scrubs whenever you are not in the OR suite. We recommend bringing your own lab coat.
	+ Shorts and pants are allowed and worn on days off. Please be discreet, very modest and respectful in your dress.
	+ The team house is equipped with a washer and dryer. Laundry soap is provided.

**Money & Valuables:**

* + Most vendors in Honduras will take dollars. If you desire to exchange money, speak with your team leader to make arrangements.
	+ Banks and vendors will refuse to accept any dollars with marks, smudges or tears. Inspect your bills carefully before departure. Cashier checks are NOT accepted in Honduras.
	+ Lockers are provided in the operating suite. Team members may bring personal items to the hospital for security while working. The lockers are small and will accommodate small to medium locks only. Team members bring their own locks.
	+ It is advisable to leave all of your jewelry at home except for an inexpensive watch. Do not wear earrings while shopping in the city, they are an easy target, and earlobes are vulnerable.

**Safety Issues:**

**Team members are never to leave the hospital compound without an escort that has been arranged with the hospital staff; contact your team leader**

* The same measures we use in the United States to stay safe are also used in Honduras.
* When you are off the hospital campus:
	+ Be aware of your surroundings.
	+ Do not patronize bars, clubs, and places where trouble can start.
	+ Never carry a lot of money in your pocket or wear jewelry- even costume jewelry can be a target.
	+ Never walk alone in a town or city.
	+ Do not give your personal address, e-mail, or telephone number to anyone which includes hospital staff, patients/ families, and interpreters.
	+ Hondurans are not invited into the Team House, this includes the interpreters and hospital staff.

**Expenses covered by team members (not covered by the team fee**):

* Traveling to and from Honduras; hotel and airport transfer fees to/ from the hotel; extra charges incurred for extra trips to and from the airport and hospital due to arrivals/ departures not coordinated with the rest of their team members
* Airline fees for checked baggage
* Travel insurance which includes emergency evacuation insurance with a coverage of $500,000/ per person (see information above)
* Malpractice insurance- optional, your team leader will have information; for MDs, only if desired
* COVID test- if required for travel; ~ $25/ test, paid in cash at the Hospital
* Tours/tour guides/meals off hospital campus/souvenirs/shopping/meals
* Donations to and expenses for medical missions are tax deductible. You will receive a tax donation letter from HCS for your team trip fees paid to HCS. For your personal tax preparation, keep your receipts for your travel and other expenses. Consultation with your tax authority may be beneficial.
* Team members can have others donate toward their trip expenses by using the “Donate” tab on the Health Caring Services website: [www.healthcaringservices.org](http://www.healthcaringservices.org) ; donations are tax-deductible

**Recreational Trips:**

* All recreation plans/trips are planned by your team leader and are coordinated with the team’s work schedule at the hospital.

**Packing/Personal Needs:**

* Packing of items to bring should be evaluated according to airline regulations.
* Keep all personal prescription medications in pharmacy-labeled bottles and over-the-counter medications in original containers.
* Supplies for medical use are very limited, therefore we request that you bring the following items for your use (if desired): personal mask(s) to wear outside of the Hospital, pocket hand sanitizer, gloves to use as you feel necessary, individual hand wipes
* The following items are suggested to bring in addition to your personal items: raincoat/ insect repellent/anti-diarrhea meds/ Kleenex/hand wipes/antibacterial hand cleaner/bar of soap/shower shoes/packing tape/special snacks or foods/hair dryer/ flashlight/alarm clock/ear plugs/blood pressure cuff and stethoscope (medical staff)/pens/routine medications, soap and shampoo.
* Items like clothing, household items, school supplies, toys and play items for children are needed to help people and may be tucked into your luggage. Puzzles, coloring items, and stuffed toys are good for young pre-op and clinic patients and visitors. Take all donations out of their original packaging and remove all tags, etc., to avoid paying import fees.

**Contact Information in Honduras**

Hospital Socorro De Lo Alto

Sula, Macuelizo,

Santa Barbara, Honduras

Kilometro 72

Calle hacir occidente del pais

Telephone: 011-504-2-657-41-60

e-mail: hsocorrohond@yahoo.com

Hospital Administration: Erika Alvarenga- 011-504-9729-0720 and 011-504-9773-5934; Noemi Santos- hospital administrator- 011-504-9572-6640

**For I was hungry, and you gave Me something to eat;**

**I was thirsty, and you gave Me something to drink;**

**I was a stranger, and you invited Me in, naked, and you clothed Me;**

**I was sick, and you visited Me; I was in prison, and you came to Me;**

**Then the righteous will answer Him,**

**“Lord, when did we see You hungry, and feed You,**

**or thirsty, and give You something to drink?**

**And when did we see You a stranger, and invite You in,**

**or naked, and clothe You?**

**When did we see You sick, or in prison, and come to You?**

**The King will answer and say to them,**

**“Truly I say to you, to the extent that you did it to**

**one of these brothers of Mine,**

**even the least of them,**

**you did it to Me.”**

**Matthew 25:35-40**

**Patient Privacy and Social Media Statement**

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 fingerprint)
* 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 of patients accompanying 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**.**

***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.**

**PRECHECK FORM**

**Honduras Entry Requirements**

* [Immigration Pre-check](https://prechequeo.inm.gob.hn/) (Pre-chequeo)
* The correct answers for the Pre-check form are listed below

**A) Immigration Pre-check:**

**To complete the Immigration Pre-check you will need:**

1. Your passport (number and expiration date), copy to upload
2. Flight details (airline, flight #, and date)
3. Information for filling out the pre-check formeither through iVisa (will be in English) or the government site (Spanish and English):
* For the United States, go to E and select “Estados Unidos de Norte America.”
* Type of transport: AEREO
* Immigration office: RAMON VILLEDA MORALES - San Pedro (SAP); if that name does not appear on the dropdown list, look for LA MESA
* Destination address: HOSPITAL SOCORRO DE LO ALTO (Do not use commas or other special characters.)
* Destination state/ Department: SANTA BARBARA
* Municipality: MACUELIZO (if asked)
* Destination city: SULA (if asked)
* Travel reason: TOURISM or OTRO (other)
* Document Type – PASAPORTE
* Issuing Country – USA = ESTADOS UNIDOS DE NORTE AMÉRICA
* Document number – Enter Passport number
* Expiration date - Enter passport expiration date; Date of birth –
* Country of birth – USA = Estados Unidos de Norte América
* Country of Residence – USA = Estados Unidos de Norte América
* Profession or Occupation: Retired – retirado or whatever… medico, etc
* Personal Phone Number: Numeric only
* Personal Email address

**There are 2 ways to apply and acquire the Pre-chequeo form for travel:**

1. [www.iVisa.com](http://www.iVisa.com)

* There is a charge for this service for standard processing, although they do have expedited processing if you wait until the last minute… charges can be $28 up to +$100.00 depending on how fast the applicant needs the pre-chequeo form.
* This application for the Pre-check form can be made 4-6 weeks before the date of departure and doing it early is a good idea.
* iVisa will issue an order number upon submission.
* iVisa will submit the forms to the Government site for processing at the allowed time.
* iVisa will send you the approval form in time for travel, usually ~36 hours before travel..
* When your documents come before travel, print your forms as you may not have internet in the airport.

2. <https://prechequeo.inm.gob.hn/-> the online government Immigration Pre-check site

* There is no charge to use this site to acquire your forms.
* New users will need to register for an account on the site and can do so at any time. You will get a confirmation email.
* The Immigration pre-check can be completed for free **up to 10 days before your arrival** using your established username and password.
* Using a desktop or laptop rather than a mobile device is best for the site.
* Returning users can proceed to log in.
* Once you have an active account, log in to complete the process**:**
1. Switch to English in the upper right of the screen.
2. Create Pre-check
3. Enter Trip Information- Step 1 and Step 2
4. Enter Personal Information
5. Click Save on the final Review and Confirm page.
6. Once you have clicked “Save,” the system will send a confirmation email with an attached PDF and QR Code. (You will also be able to find the PDF on the home page of your account.)
7. Family members may use the same login account to create additional “pre-checks” as needed. Return to the home page, click on “Create Pre-check,” and repeat the steps for each person

**NOTE:** You will not receive any confirmation message or email upon submission.

[https://anthonyskey.com/honduras-entry-requirements/-](https://anthonyskey.com/wp-content/uploads/2023/02/Precheck-User-Guide-2023-01.pdf%20-) a good **general** resource for filling out the form, N.B.- on this linked form from Anthony’s Key Resort **some of the answers will not apply to the form filled out by team members as they reference the destination as Roatan;** use this information only as a general reference

**TRAVELER’S DECLARATION FORM/ ONLINE TRAVELER’S AFFIDAVIT**

All travelers entering or exiting Honduras must submit the Traveler’s Declaration/ Online Traveler’s Affidavit Form which is submitted electronically prior to departure from the USA and within 5 days of arrival in Honduras, but not before 5 days.

* Go to <https://sisglobal.aduanas.gob.hn/Pech/#/plataforma/otra_gestiones/formularioDJRV> or [www.aduanas.gob.hn](http://www.aduanas.gob.hn)
* Scroll down the page to the first block on the left of the page that has Declaracion Jurada de Viajero en Linea/ Onlne Traveler’s Affidavit - click the block.
* Fill out the declaration form.  You can choose Spanish or English at the top of the page: en\_US for English. HCS administration also recommends printing a copy of your filled-out form from the website as well as any acknowledgment of receipt that might be given.
* Complete the document and click the green Register button at the bottom right corner.
* Information for the form:
	+ Hospital Socorro De Lo Alto
	+ Sula, Macuelizo,
	+ Santa Barbara, Honduras
	+ Kilometro 72
	+ Calle hacir occidente del pais
	+ Telephone: 011-504-2-657-41-60

**SAMPLE TRAVELER’S DECLARATION FORM/ ONLINE TRAVELER’S AFFIDAVIT on the next 2 pages.**



