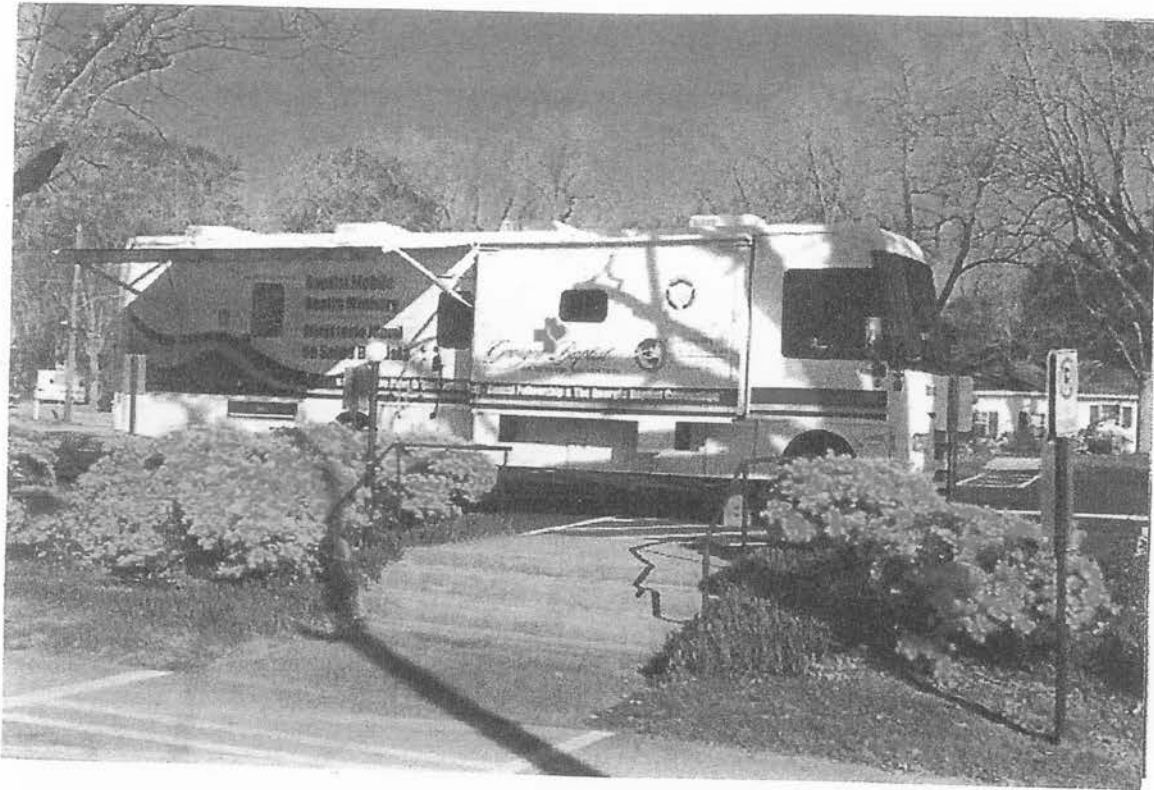


# Baptist Mobile Health Ministry, Inc.

Ministerio de Salud Móvil Bautista



## Project Planning Manual



Mission Statement:

To help provide caring health service and Christian witness to underserved persons of Georgia.

## TABLE OF CONTENTS

I.	Introduction	
A.	Purpose of the Baptist Mobile Health Ministry	1
B.	History of the Baptist Mobile Health Ministry	2
C.	Types of Projects Provided	3
D.	Sample Facility Diagram	5
II.	Proving a Health Event for Your Community	
A.	Initiate the Process	6
B.	Select a Planning Committee	9
C.	Planning For A Health and/or Dental Project	11
D.	Conducting the Project	19
E.	Suggested Countdown For the Project	22
III.	Appendices	
A.	Appendix A	
1.	Volunteer Protection Act of 1997	
2.	Exposure Control Plan Summary Statements	
3.	Involvement with There's Hope for the Hungry	
4.	Georgia Volunteer Health Care Program	
5.	Tracphone Method for Scheduling Screening Appointments	
6.	Protocol for Ebola Virus Screening	
B.	Appendix B	
1.	Committee Information Form - English and Spanish	
2.	Project Covenant	
3.	Indemnity Provision	
4.	Schedule for Dentists and Health Care Professionals	
5.	Final Check List - English and Spanish	
6.	Professional Volunteer Letters	
7.	Professional Information Form	
8.	Information for Dental and Medical Professionals	
9.	Appointment Card Samples - English and Spanish	
10.	BMHM Forms - English and Spanish	
11.	Volunteer Statement of Confidentiality	
12.	Volunteer Sign-In Sheet	
13.	Refusal of Urgent/Emergency Care - English and Spanish	
14.	Clinic Operation Summary Report and Evaluation	
C.	Appendix C	
1.	Mobile Unit Receptacle	
2.	Health Care Kit Information	
3.	Childcare Liability	
4.	Witnessing Opportunities	

## Purpose of the Baptist Mobile Health Ministry

Baptist Mobile Health Ministry was begun as a result of needed health care in communities across the state of Georgia and because of the poverty and indigence of the migrant population. Today, the unit travels to any Georgia Baptist Mission Board church or association or to an event with Georgia Baptist Mission Board involvement desiring to reach out to their community in the name of Christ.

The ministry exists to advance the name of Jesus and His saving grace throughout Georgia by providing health and dental care, health and dental education, prevention-focused services and witness and testimony of Christ's love.

The events are staffed entirely by medical and dental professionals and laypersons local to the project site that volunteer their time, talents and abilities to meet physical and spiritual needs of underserved persons throughout Georgia and Baptist Mobile Health Ministry staff. Services provided are done so without charge to those receiving care.

The ministry is funded by the Georgia Baptist Mission Board, Georgia Baptist Healthcare Foundation grants, individual and church contributions and other grants.

The organization will determine which services to offer as part of their event.

- I. Dental: Extract, restore, clean teeth and provide sealants. Dental evaluations, including an oral examination and x-rays, are done to determine the type treatment that is necessary. The mobile unit is not in any given area often enough or long enough for long-term procedures to be done, i.e., root canals, crowns, dentures, etc.
- II. Medical: Basic screening. Abnormal findings will be addressed by the physician on site. The patient will receive counsel resulting in possible treatment of and/or referral for the condition that has been discovered. All findings that are deemed to be emergent will require transfer to the local hospital emergency department. If the patient does not agree to this, he/she must sign a document stating that he/she understands the problem and possible outcome of not receiving emergency care, but that they do not choose to be transported to the hospital for emergency care.

PLEASE READ THE ENTIRE WORKBOOK FOR DETAILS ON EACH OF THE ABOVE AREAS.

## History of the Baptist Mobile Health Ministry

This ministry was begun as an outgrowth of the annual “Health Fairs” originated by Central Baptist Church of Warner Robins. Volunteers felt that the health screenings performed were not enough. A means to treat the detected conditions was needed. Also, several state language missionaries across Georgia requested a mobile unit – one that could “deliver” health care “out” to the people in need.

In early 1995, negotiations began to acquire a used mobile dental unit from *Project Smile* in Macon. This mobile unit was researched thoroughly and the possibility of purchasing it was studied by the health professional volunteers at the May 1995 Health Fair.

In July of the same year, The Baptist Medical-Dental Fellowship (BMDF) of Georgia, represented by Hoyt Dees, M.D., Bobby Brooks, D.D.S. and Yesmin Wilson, R.N., presented the idea of operating an ongoing mobile health ministry to the Administrative Committee of the Georgia Baptist Convention (GBC). Project approval and operation funding was obtained from the GBC. By October of 1995, the BMDF had raised enough money to purchase the used bus. A voluntary Board of Directors was established in late 1995 with incorporation following in January 1996 under the title “Baptist Mobile Health Ministry, Inc.” (BMHM).

The bus was renovated for medical and dental health care and was in use for two years. In October, 1998, while in route to a project site in North Georgia, the engine of the old unit caught fire, destroying enough of the bus that it was declared a total loss. The GBC, committed board members, BMDF members and others banded together and in February, 1999, a 48 ½ foot fifth wheel unit and a diesel truck to tow it was purchased.

Eight years of travel across the state took its toll on the truck and trailer unit and, in June of 2007, it was replaced with a state-of-the-art Class C motor home type dental unit. Funding for this unit came from grants and donations. We are especially grateful to the Georgia Baptist Health Care Ministry Foundation (GBHCMF) for the two grants that totaled \$300,000.00.

As the Lord grew this His ministry, the Board of Directors voted to take a leap of faith and begin plans for a second mobile unit and the vision of having two (2) units in operation each week from March through November with the exception of holiday weeks when it would be difficult to enlist lay and professional volunteers. On October, 2013, the ministry took possession of another mobile unit that was purchased with grant funding from the GBHCMF. These two (2) mobile units are now in service from March through November of each year with both vehicles providing clinic days each week most of the time.

We praise the Lord that we are able to partner with Georgia Baptists throughout the state as they serve others through health care and as they spread the Gospel.

In His Service,

Board of Directors  
Baptist Mobile Health Ministry, Inc.

## TYPES OF PROJECTS PROVIDED

The Baptist Mobile Health Ministry is dedicated to partnering with Georgia Baptist Mission Board (GBMB) churches, associations and organizations in meeting the medical, dental and spiritual needs of the Underserved of our state. A GBMB church, association or organization must sponsor or co-sponsor the project and there must be an evangelistic effort during the event. Recently, the Board of Directors voted to allow the ministry to enable churches of other denominations with doctrines and a mission statement that align with those of GBMB and the Southern Baptist Convention to reach out to their communities through health care. These are known as Contract Projects, further explained below. Each project is to have an active evangelistic outreach during the event.

There are primarily four (4) types of events in which we participate.

### **Combination Medical/Dental Project**

The unit is equipped with (3) three dental chairs with dental workstations and assistant cabinets - each collectively known as a dental operator. The dental operator is set up and equipped for dental treatment as well as for dental hygiene treatment. It is our recommendation that the ultimate goal would be to relieve pain and to strive to recruit dentists for the three (3) operatories. Also, dental hygiene is available at dental hygiene schools at a nominal fee and eliminating the out-of-pocket expense for dental treatment is of far greater benefit to a patient than that of hygiene care. However, it is not the place of the Baptist Mobile Health Ministry to dictate the services that are offered. The professionals on the planning committee will be the best persons to make this determination.

Medical screening and care will be carried out in the church or under tents depending upon the set-up of the project. The ministry provides equipment and supplies for testing random blood glucose levels, for anemia and for the taking of vital signs (blood pressure, pulse and temperature). This portion of the event can and should include health information and information regarding health-related services. Engaging the local health department or the community outreach department of the local hospital and the institutions of higher learning in the community are all options for assisting the project committee in this area.

### **Dental Project**

The medical/dental unit would operate as explained above. The only medical procedure will be the obtaining of a medical history and vital signs from each person who will receive dental care.

### **Ancillary Unit to a Large Event**

The units have been effective serving as part of a large community event in partnership with a Georgia Baptist Mission Board church or organization. Examples are found on the next page.

**Migrant Health Fairs** - During the month of June, the ministry partners for a week in each of two (2) locations with the Georgia Farm Worker Program, the Physician Assistant Program of Emory University and the Bowen Baptist Association to offer dental treatment to migrants whose physical needs are being assessed. We also participate with the Southwest Georgia Area Health Education Center (SOWEAHEC) in their health outreach to migrants.

**Woodstock First Baptist Church Love Loud Event** - The First Baptist Church of Woodstock, Georgia has an annual event to meet physical and spiritual needs of the people of their community. A dentist who is a member and deacon of this church recruits local dentists to provide dental treatment during three (3) days of the event. On Thursday, persons with dental needs come to the church and receive dental evaluations on a first come, first served basis. After registering, each person undergoes an oral examination, appropriate x-rays are made and is given an appointment for dental treatment on either Friday or Saturday. The person reports back to the church at the time of his/her appointment and is transported by bus to one of several offices of volunteer dentists or they are directed to one (1) of our two (2) mobile units that are on site at the church to enable dentists to provide treatment there. A number of dentists give of their time and professional abilities to serve at the locations. This event has a major evangelistic effort.

**Kingdom Care** - Kingdom Care is a medical/dental clinic in Waycross, Ga. that operated out of Second Baptist Church until it had its own facility. Every year one of our mobile units partners with this clinic to help decrease the backlog of dental patients that amasses over the year. We also do the same thing with the J.O.Y. Clinic at the Laurens County Baptist Association in Dublin.

This workbook gives step-by-step instructions in how to plan and carry out an event. The BMHM desires to assist in accomplishing the goals of the event. Please read the areas that apply to your proposed project. Pray about the type of services the Lord would have you to offer. Then, contact the BMHM office in Intercultural Church Planting and Missions Ministry department of the Georgia Baptist Mission Board to allow us to be a part of your plans.

## SAMPLE FACILITY DIAGRAM

ELIGIBILITY

ELIGIBILITY

REGISTRATION

REGISTRATION

APPOINTMENT

CHAIR	CHAIR	CHAIR	CHAIR	CHAIR
CHAIR	CHAIR	CHAIR	CHAIR	CHAIR
CHAIR	CHAIR	CHAIR	CHAIR	CHAIR

VITAL SIGNS

THIS DIAGRAM IS NOT TO SCALE  
AS TO THE LENGTH OF THE ROOM  
MORE TABLES CAN LINE THE WALLS

## INITIATE THE PROCESS

### Schedule the Medical/Dental Unit

Success of a health screening fair is from the Lord. However, the members of the project committee must do their part in planning so that they can give their efforts to be used by Him. Begin praying and planning twelve (12) to six (6) months in advance. Place your event on your associational and/or church calendar at a time when dentists, doctors, nurses, health care professionals and lay volunteers will be available. Reserve the unit through the Baptist Mobile Health Ministry of the Intercultural Church Planting and Missions Ministry Department located at the Georgia Baptist Missions and Ministry Center, 6405 Sugarloaf Parkway, Duluth, Georgia 30097. Call us at 1.800.746.4422 or 770.936.5217 as soon as possible to coordinate your proposed dates with the availability of the units.

### Budget the Costs

The Baptist Mobile Health Ministry, in cooperation with the Georgia Baptist Mission Board, provides the supplies, repair of the unit and the replacement and continual upgrading of the equipment. A non-refundable event fee (\$150.00 per working day) made payable to Baptist Mobile Health Ministry is required to secure your reservation date. The association or church is asked to provide for the on-site expenses (housing and meals) for the Medical/Dental Coordinators who will travel with the unit and who will assist you during the project. There will usually be three (3) persons (one man and two women) functioning in this capacity. We would ask that you provide a room and meals for each of the three (3). Rooms can be in a motel or in a church member's home. Breakfast would be eaten at a hotel, the host home or on site. Lunch will be on site and dinner would be at your discretion. Sometimes dinner is on site, a person with the church or association provides the meal in their home or takes them out to eat or the staff goes to a restaurant and submits the receipt for reimbursement.

### Special Information

#### A. Basic Supplies and Equipment

All necessary dental supplies are on board the unit

Nurses and dental assistants should arrive at least 30 minutes ahead of schedule to check the supplies and familiarize themselves with the equipment. Dentists and physicians may also wish to do this. Restocking and ordering of supplies is done through the BMHM Coordinators. Tax-deductible donations of medical or dental supplies given to help defray our expenses will be accepted and are greatly appreciated.

Physicians should bring their prescription pads, any sample medications that they might wish to use and necessary basic screening tools, i.e., personal stethoscope, ophthalmoscope, etc. We have stethoscopes, sphygmomanometers and glucometers with appropriate supplies for use by the nurses. Dentists should bring their cover jackets and their prescription pads. General dental instruments will be available; however, the dentist should bring any special items that they like to use.

Each mobile unit is equipped with two (2) cavitron units, curing lights and x-ray equipment. There is digital x-ray capability on only one (1) of the units, but both have conventional x-ray equipment.

**Each dentist must have an assistant. It is best if the dentist can bring his own. If this is not possible, the Project Director should be informed of this so that he/she can recruit a dental assistant to assist him/her.**

## Special Information (continued)

### B. Insurance

All health professionals work under their own personal liability insurance and/or under the Georgia Volunteer Healthcare Program (GVHCP) (See Appendix A.) It is strongly recommended that the project committee consider entering into an agreement with the GVHCP which will not only give sovereign immunity coverage to the licensed volunteers, but liability insurance for the church or association as well.

The ministry carries insurance on the mobile units and liability coverage for their usage as a clinic. It is recommended that the association and/or church contact their insurance providers regarding coverage for an event such as this if they do not choose to enter into the contract with the GVHCP.

### C. Child Protection Policy

All GBMB associations and churches have received a packet of information from the GBMB in the past regarding the adoption of a Child Protection Policy. It is the recommendation of BMHM and GBMB that all associations and churches have such a policy in place. All workers or volunteers having anything to do with the care of children up to the age of 17 should have a background check to assure that no one with a history of abuse or child molestation is allowed to come in contact with children.

There is an indemnity provision in Appendix B that addresses this and will need to be signed by the person empowered to do so. This does not say that you must adopt the GBMB policy but that you have such a policy in place and that it is being enforced.

All BMHM Coordinators and GBMB Volunteers have passed background checks and adhere to the GBMB policy.

**It is the recommendation of this ministry that child care not be an option for patients. They should be told to leave the children at home or to bring someone of their own choosing to care for their child/children. There should be a volunteer available who has had a background check just in case a patient does bring a child. In either case, children should remain in an open area where they can be seen by everyone. Children should not be allowed to go to the restroom alone. The person who accompanies them to the restroom should remain outside the door if possible or have another person go with them inside the restroom to assist the child.**

### D. Photographs of Patients

The patient must give verbal and written permission for any picture to be made of them or their minor child that would show their face or any other feature that could be a means of Identification.

There is a provision in the Health Screening Form where the patient or guardian of a minor indicates whether or not it is permissible for pictures to be taken of the patient or the minor.

## Determine the Location and/or Target Population to Be Served

- A. The location for the project should be based on **need and unit accessibility**. The following are sites for consideration:
1. Churches or associational offices
  2. Schools, shelter or other institutions
  3. Migrant camps
  4. Low income communities
  5. City housing projects
  6. Health Departments
  7. Senior adult apartments or centers
  8. Mobile home parks
  9. Carnivals where carnival workers are served
- B. The ministry mobile units should be positioned in a relatively level area, preferably on concrete or asphalt.
1. Power requirements
    - a. A power source with 220 VAC, single phase, 60 amp power is necessary to operate the unit and it should be within 100 feet of the mobile unit.
    - b. It is suggested that a unique receptacle be installed at the power source if possible. (See Appendix C of this manual). It can be flush or surface mounted near or on a breaker panel.
    - c. The receptacle can usually be found at a recreational vehicle parts store or an electrical supply store. Most times, however, the receptacle must be special ordered. (Please note that there are other receptacles that are similar in appearance, but are not the receptacle that is necessary to allow the mobile unit cable to be connected to power.)
    - d. If this is not possible, the unit power cord may be wired into the circuit breaker panel provided that the necessary power is available.
    - e. We request that an electrician be consulted about these requirements and that he/she be on site when the unit arrives and when it prepares for departure to assure that the process is done correctly.
  2. Water requirements
    - a. A water faucet should be available within 100 feet of the unit location.
    - b. It should not be possible for a vehicle to be driven over the water hose when the hose is lying on the ground from the mobile unit to the faucet.
    - c. A pressure regulator should be placed on the end of the hose that will be attached to the faucet. One of these should found on the mobile unit.

Complete the *Committee Information Form*, the *Project Covenant* and the *Indemnity Form* and send them along with your event fee to the Baptist Mobile Health Ministry, Inc., 6405 Sugarloaf Parkway, Duluth, Georgia 30097-4092 as soon as the project committee chairpersons are chosen. Checks should be made payable to BMHM. This is of the utmost importance so that we can be in close contact with the persons responsible for your project. Payment of an event fee for a project scheduled in the next year may be delayed so that it will come out of the budget year in which the project falls.

The list of professional volunteers along with the date and time that they will serve is due in the office **no later than six (6) weeks prior to the date of your event**. The Final Check List is due at least four (4) weeks prior to the event. You should have received these forms by mail or electronically when the event was scheduled. If they were not, they can be found in Appendix B of this manual. Please make a copy of each one and return the originals to the manual for future reference.

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## SELECT A PLANNING COMMITTEE

Members of the committee should be in place **twelve to six months** prior to the date of the event. If this is a repeat project, it is advantageous if the same members return, especially the Director.

Suggested positions are:

Associational Missionary or Director of Missions (if this is an associational project)

Project Director (may be a lay person)

Assistant Project Director

Volunteer Coordinator

Two (2) professionals, preferably a dentist and a physician if it is to be a medical and dental project.

Men's Ministry Director

WMU and/or Women's Ministry Director

Associational Missions Action Director (if this as an associational project)

Project Site Sponsor (pastor of the church or the person in charge of the project site)

### A. Duties of Committee Members

1. Associational Missionary or Director of Missions (if an associational project) or Pastor of the sponsoring church.

a. Gives overall supervision and guidance to the project

b. Serves as a liaison between his association or church and Baptist Mobile Dental Health Ministry Coordinator (BMDHMC). He may designate the Project Director for this position.

c. Arranges for the scheduling of the unit to come into the community.

2. Project Director

a. Provides general supervision for the project.

b. Recruits and gets commitments from professional volunteers, i.e., dentists, doctors, dental assistants, hygienists, nurses (RN's and LPN's), health department, organizations and/or other licensed volunteers.

c. Verifies that licensed volunteers have current credentials (license and malpractice insurance) before they are scheduled to work. Provision for such insurance for licensed volunteers who have none is available from the State of Georgia through the GVHCP (see Appendix A.) This is only available to the professional if the committee has a contract with the GVHCP. The professional needs only to have completed the GVHCP paperwork once.

d. Have the licensed professionals complete the BMHM professional application if they have not done so during the calendar year of the project. This should be forwarded to the BMHM office as soon as possible. (see Appendix B for the form to duplicate and distribute to the them.) Retired dentists, hygienists and nurses (RN or LPN) may be used in screening situations. A retired nurse or other persons named above may be recruited to take vital signs if there is a licensed nurse, MD, PA, NP or paramedic on the premises to back them up in case there is a question about any of the readings. Student nurses may take vital signs and perform finger sticks if they are allowed to do so by their school and one of their instructors is present to oversee them. A retired nurse may not perform invasive procedures such as finger sticks. Other persons who are formally trained in taking vital signs and doing finger sticks such as paramedics, medical assistants, PA's, NP's, etc. may be recruited to take vital signs and do finger sticks if they are currently licensed and practicing.

e. Serves as the liaison between the committee and the contact person for the project site if the project is not being held at their church or association.

f. Assumes responsibility for the completion of all forms that are to be sent to the BMDHMC and assures that these are mailed in a timely manner.

g. Leads in the debriefing and evaluation meeting that follows the project.



## PLANNING FOR A HEALTH AND/OR DENTAL PROJECT

### HEALTH (Medical) SPECIFIC PORTION

#### Recruit the Health Professionals

- A. Health professionals will be needed for the following:
  1. Vital Signs (blood pressure, pulse, temperature)
  2. All lab procedures, i.e., blood glucose, hemoglobin, etc.
  3. Stress and diet discussions (optional)
  4. Visual screening if it is to be done by a professional and not by a volunteer utilizing an eye chart.
  5. Hearing screening
- B. Health professionals should be recruited **at least six months prior to the project**. This is necessary to avoid scheduling conflicts between the volunteers schedule and the dates of the event. This includes all organizations, such as the American Cancer Society, the Health Department, etc.
- C. **There must be a physician or physician assistant or nurse practitioner working under the license of a physician on site at all times if any laboratory testing is to be done. This is to insure that there is a qualified health professional to manage abnormal findings.**
- D. Local Christian professionals should be approached first, then others, to provide continuity of witness throughout the event. However, we should be mindful that the Lord may lead us to a professional who is in need of salvation and He may desire that we include this person so that they can learn about Jesus and His grace and mercy. (This has occurred in the past.)
- E. Contact your local health department to inquire about providing immunizations especially if serving migrants and/or low income populations.
- F. Often the area hospital will have a mobile unit that can be scheduled to partner with the event sponsor to provide additional services or to offer the lab procedures instead of their volunteers.
- G. Schedule the health professionals to work in four (4) or eight (8) hour shifts allowing time for meal breaks. A list of these volunteers and the days and hours that each professional will serve should be sent to the BMHM office six weeks prior to the date of the project or the project will be subject to cancellation. **The Georgia Composite Medical Board grants one (1) Continuing Education Credit for each four (4) hours of uncompensated service that a physician or physician assistant performs. We pass this along to them at the project.**

#### Determine the Types of Health Screening to be Offered

Instruments and equipment for the following types of screening are aboard the mobile unit and **must be signed out and returned to the unit at the end of the project.**

- A. Weight - Bathroom scales
- B. Vital Signs - Stethoscopes; sphygmomanometers (pediatric, regular adult, large adult and thigh cuffs); non-contact thermometers; pulse-oximeters.
- C. Visual Acuity - Eye chart. You may enlist a local optician or the Lions Club to participate and to bring their equipment to provide screening.
- D. Hearing Screening - Enlist the services of the health department or an audiologist
- E. Random Blood Glucose - Glucometers (2) and test strips
- F. Hemoglobin - Hemocue and microcuvettes

Health (Medical) Specific (continued)

**Determine the Types of Health Service to be Offered by a Physician**

If the patients will be able to see a medical doctor, an osteopath, a chiropractor, physician assistant, or nurse practitioner the patient will need to complete a BMHM Medical Form in addition to the Health Screening Form.

It is be predetermined if any children will be able to receive service.

All minors must be accompanied by a parent or guardian who will sign the forms giving permission for the minor to be seen. The parent or guardian must remain with the minor while being seen by the provider along with the volunteer escort who will be positioned in their appropriate location.

A. Consultation

1. Patients should be seen in a separate room or an area of the larger room that has been cordoned off for the purpose of providing privacy.
2. The door of the room should be kept open and a volunteer should be posted so that the patient and provider can be easily seen, but not heard.
3. Treatment and/or prescriptions shall be given at the discretion of the provider and according to the limitations of their license.

B. Examination

1. Patients should be seen in a separate room or an area of the larger room that has been cordoned off for the purpose of providing privacy.
2. All patients shall have a volunteer of their same sex present in the examination area to serve as a witness to the proceedings.
3. Treatment and/or prescriptions shall be given at the discretion of the provider and according to the limitations of their license.

The provider will document his/her findings and treatment and/or prescription in the appropriate area of the BMHM Medical Form. This form and all other paperwork are to be taken to the Check Out Station when the patient has completed all of the stations that they chose to visit.

## Dental Specific

### Determine the Types of Dental Services to be Offered

The mobile units are equipped to enable dental professionals to provide x-rays, extractions, restoration of teeth and dental hygiene. There are three (3) dental chairs, each with a workstation, and three (3) assistant cabinets. The primary dental goal is to diagnose and treat dental problems and to relieve pain. Therefore, it is recommended that project committees strive to man all three (3) chairs with a dentist and a dental assistant during the daily treatment schedules. However, it has been found that manning two (2) chairs with a dentist and a dental assistant and utilizing the third chair to bring the next patient in for administering local anesthesia is an advantage. If this is done, a dentist and his assistant can go directly to that next patient and begin treatment while the BMHM coordinators dismiss the previous patient and ready that chair for another patient.

If the project committee is not able to recruit a dentist for each chair to provide dental treatment during the daily treatment schedule, the committee may elect to recruit a hygienist to man that chair, thus offering dental hygiene appointments during the day. This will decrease the number of patients that will be able to be treated by a dentist and will overall affect the number of patients to be able to receive a screening appointment, i.e., we usually add a certain number of additional persons to the screening list (invite 86 persons when you only have 80 treatment appointments to offer) to account for those who are found not to need or opt not to have dental treatment or for those who do not keep their appointments and will allow the additional persons to receive dental appointments. If you offer hygiene treatment, we do not add the additional persons. If there are 80 treatment appointments, then you would only assign 80 screening appointments and the dental professional will determine which persons have the most need and will offer dental treatment appointments to them. Hygiene treatment appointments will be offered to those who do not need dental treatment and to those whose dental problems are found not to be of high priority.

#### A. Recruit the Professional Volunteers

1. Dentists - one for each of the three (3) dental chairs on each treatment day and one (1) on screening day.
  2. Dental assistants - **one (1) for each dentist at all times.** It is next to impossible to efficiently serve the number of patients to be treated if the a Unit Coordinator has to step in and assist a dentist. Unit Coordinators are responsible for the turn over of equipment and instruments and for providing the dentists with the supplies and equipment needed for procedures. These duties require their full attention. Therefore, we ask that the dentist bring an assistant or that he/she inform the Project Director that this is not possible. It will then be the responsibility of the Project Director to recruit an assistant for this dentist. The BMHM representative who is overseeing the planning at the point may be able to supply the project director with the name(s) of an assistant in the area who has served with the ministry in the past so that the project director may contact them to volunteer. Sometimes a dental hygienist may agree to serve as a dental assistant, but do not assume that he/she will do this.
  3. Dental hygienist(s) if dental hygiene treatment is to be offered.
- B. Local Christian professionals should be approached first, then others, to provide continuity of witness throughout the event. However, we should be mindful that the Lord may lead us to a professional who is in need of salvation and He may desire that we include this person so that he/she can learn about Jesus and His grace and mercy. (This has occurred in the past.)

## Dental Specific (continued)

- C. Schedule the dental professionals to work in four (4) or eight (8) hour shifts allowing time for meal breaks. A list of these volunteers and the days and hours the each professional will serve should be in our office six (6) weeks prior to the date of the project or the project is subject to cancellation. **Ask each dentist they are left or right handed, do they only do extractions, do they only do fillings or if they will do both. Report this information to the BMDHMC when you send your list.**
- D. Follow up with a phone call to each volunteer in a month and a week prior to the project to confirm the date and time of their commitment.

Begin recruiting the professional volunteers as early as one (1) year in advance of the date of the event. These persons make their schedules well ahead of time due to the fact that they must allow for continuing education courses and seminars, professional meetings and family vacations. Inform them that the Georgia Dental Board allows the ministry to pass on continuing education (CE) units that have been approved by this board. Each dentist and hygienist will be able to earn one (1) CE unit for each four (4) hours that they provide care during the event. This includes hours served during the screening day as well as the during the days of treatment.

## Stations and Volunteers Needed for Either or Both Events

- A. Recruit the Lay Volunteers
  - 1. Eligibility Table (if the sovereign immunity insurance administered by the GVHCP is offered)
    - The same table can be used for both the dental and health fair events.**
    - a. Four (4) to six (6) persons whose sole responsibility is to do financial screening on the day of dental screening. There should also be one (1) person trained in the eligibility process present on the days of dental treatment in case a person with a dental emergency comes seeking help.
    - b. Volunteers will be trained in the completion of the financial eligibility form by the GVHCP representative assigned to the event. (Usually on the day that persons are screened for dental treatment appointments).
    - c. Ask each patient the financial questions and determine if the patient is eligible to be seen for dental treatment using the Federal Guideline Chart.
    - d. If there is also a health event, this table will need to be manned by two (2) or (3) of the trained volunteers on each of the days of the health event. If this is not possible, then a sufficient number of additional volunteers will need to attend the training on screening day to insure that there are enough volunteers to man this station during the health event.
  - 2. Registration and Record Keeping Table (The same table may be used for dental and health fair)
    - a. Three (3) or four persons are needed for dental screening day and health fair days
    - b. Explain to the patients how to complete the registration forms (Health Screening Form, Dental Clinic Medical Form and the Medication Warning Sheet) with the exception of their signature The BMHM Point Person will supply these to the Project Director and will instruct the volunteers in their use prior to the beginning of the screening process.
      - 1. These are to be completed by the patient unless they need assistance. (The volunteer should discreetly ask if the person needs assistance. We never know if a person can read or write.)
      - 2. If it is necessary for an interpreter to assist a patient, he/she must write "explained and translated by" preceding or under their signature as a witness.
    - c. Place the forms on a clipboard, direct the patient to a seat provided for this purpose and ask them to bring the paperwork back to the registration table upon completion.
    - d. Check the forms to see that they are complete.
    - e. Observe the patient as they sign their name and, unless an interpreter has already done so, sign on the witness lines to attest that this person is the person who completed the forms.
    - f. Give the paperwork to the patient and direct him/her to the Vital Sign Station.

Stations and Volunteers (continued)

3. Vital Sign Table
  - a. Nurse (RN, LPN), Physician Assistants, Nurse Practitioner, Paramedic, Medical Assistant or any other person who has been formally trained and is currently licensed or practicing may be recruited to man the Vital Sign Table and take vital signs. Three (3) of these volunteers are needed on the day of screening, one (1) is needed on dental treatment days and two (2) or three (3) on the day of the health fair
  - b. Retired nurse or other retired persons named above may be recruited to take vital signs if there is a licensed Nurse, MD, PA, NP or Paramedic on the premises to back them up in case there is a question about any of the readings.
  - c. Student nurses may take vital signs if they are allowed to do so by their school and one of their instructors is present to oversee them.
  - d. Any and all abnormal readings are to be reported to the BMHM Point Person who will be on the mobile unit. The Point Person will consult with the appropriate licensed provider as to whether or not the patient may be allowed to proceed with the screening process. The appropriate provider would be the dentist or the medical professional on site who has the highest level of education, i.e., MD, PA, NP.
  - e. If the patient is not allowed to be screened, then the provider who made the decision or the BMHM Point Person should explain the decision to the patient. If the situation is emergent, then the person should be sent to the ED. If the patient refuses to go, the provider or the BMHM Point Person will utilize the Refusal of Emergent Care to obtain a release of responsibility from the patient. Concise documentation of what took place should always be written on the health form that is being used that day.
  
4. Appointment Table
  - a. One (1) volunteer is to be present at the appointment table while dental screening is in progress. This person will be trained by the BMHM Point Person in how to interpret the notes on the dental exam portion of the Health Screening Form so that he/she can know what type appointment the patient needs, i.e., extraction, filling or cleaning.
  - b. The patient is given an appointment card with date and time of their appointment written on it and asked to arrive 40 minutes prior to the appointment time.
  - c. All of the paperwork that was used during the screening process is to be retrieved from the patient at this station. When all patients have been given an appointment, the paperwork that has been gathered is now given to the volunteers at the Registration Table. These volunteers will in turn organize the forms in a manner in which the paperwork will be easy to redistribute to the patients when they return for their dental appointment. The project committee may have chosen to distribute the health kits to all persons who have come for screening. If so, this will be done at this time.
  
5. Check-Out Table (Same station used as Appointment Table on Screening Day)
  - a. One (1) volunteer.
  - b. The patient returns all paperwork to this station where the volunteer will separate the triplicate forms and give the pink copies to the patient. All white forms are to be given to the BMHM Point Person with the exception of the white GVHCP insurance sheet is given to the Project Director if the project is under that program. All yellow forms are to be given to the Project Director.
  - c. The health kits will be distributed here if they were not distributed on screening day.
  - d. The volunteer extends an invitation to the patient to visit the church and to speak to a counselor if they have not already done so. Always offer a witness when you can.

Stations and Volunteers (continued)

6. Post-Extraction Instruction Station
  - a. One (1) volunteer can be trained in giving post-extraction instructions
  - b. Patients who have had extractions are to be escorted from the unit to this station.
  - c. The volunteer will give the patient a copy of the written post-extraction instructions and a post-extraction packet. The volunteer will read the instructions line by line to the patient and instruct them in the use of the gauze, the Advil or Tylenol and tea bag that are found in the post-extraction packets.
  - d. If the patient does not speak English, then the volunteer will instruct the patient through an interpreter.

The preceding volunteers are needed to man the stations that are necessary for a health and/or a dental event. It is the responsibility of the project committee to determine any additional stations that will be included in any one individual project. The following are suggested volunteers and stations for additional screenings:

A. Visual Acuity

1. Using An Eyechart

- a. This method requires two (2) volunteers.
- b. The eyechart is placed on a wall 20 feet from the station where the patient and the first volunteer will stand. The second volunteer will stand next to the eyechart in order to hear what the patient reads and determine the result. He/she will relate the result to the first volunteer for it to be recorded in the appropriate section of the Health Screening Form.

2. Using Optical Equipment

- a. The local Lions Club can be recruited to come and perform eye tests
- b. A local optician or ophthalmologist may be able to bring equipment to render testing.
- c. Either of these sources may bring their own forms to use in recording test results for the patient. If so, they should be asked to record the results on the Health Screening Form as well. It might be necessary to offer one of the project volunteers to record the results.

B. Health Information or Pamphlets (one or more stations)

1. The committee may decide to contact the local health department to come and share literature and information regarding services that are available, i.e., WIC, Peach Care, etc.
2. Local technical schools or colleges can be asked to provide information using their specific students i.e., dental hygiene by dental hygiene students; dietary needs, hypertension, diabetes, etc. by nursing students.
3. Representatives and/or pamphlets from the American Heart Association, American Cancer Society provide wonderful health information.

C. Station where haircuts can be given by barbers and hair stylists.

D. Christian Literature. Free tracts and other forms of reading material can be arranged on a table.

E. The Gideons can be asked to come and have a station where patients can receive Bibles. They may feel led to present the Gospel during this time.

F. Other stations that the committee would want to offer. "Brainstorming" about this is recommended.

G. Three or Four Float Volunteers

1. Available to mingle with the patients.
2. Available to relieve other volunteers for restroom breaks.
3. Available to show patients to answer questions about the stations, restroom locations, etc.

H. Escorts

1. Escort all patients to and from the mobile unit.
2. Make sure the all patients get to their next station.
3. Make sure that all post-extraction patients are seen by the post-extraction volunteer.

## Stations and Volunteers (continued)

### I. Food and Refreshments

- a. Prepares meals for the volunteers. Meals will consist of continental breakfast, lunch and/or dinner, depending upon the time of the project and the decision of the project committee.
- b. Sets up the areas to be used for eating. (This will include volunteers and patients if they are to be fed as well.)
- c. Maintain an adequate supply of refreshments and water for the volunteers and water for the patients.
- e. Sunday school classes and other groups within the church or association may volunteer to do this.

## Volunteer Training Sessions

The Baptist Mobile Dental Health Mission Coordinator (BMDHMC) needs to meet with the project committee in the beginning of the planning process to make sure that all questions are answered. Other volunteers may be included in this meeting as well. The Point Person assigned to each project will orient all volunteers regarding the use of forms and equipment 30 minutes prior to the beginning of each project day.

If possible, view the Ministry DVD regarding the mobile medical/dental unit so that volunteers will be familiar with it. This is available on our website - [gabaptist.org/bmhm](http://gabaptist.org/bmhm) - or a copy can be mailed to you upon request. If the DVD is not viewed prior to the meeting with the BMDHC, it should be viewed at the time of the meeting.

As part of the meeting, the Project Director should show the BMDHMC the facility where the project is to be held, the accessibility of the mobile unit to the property and the sources of power and water. If this is not possible, the mobile unit Driver/Coordinator assigned to the project should arrange for a site check.

## Obtain Health Kits

Sponsoring churches and associations are encouraged to prepare Health Kits for distribution to those who will come seeking dental assistance. If there is to be a day for health screening, a decision needs to be made as to whether or not to have a kit available for each family for single person that attends. There is a page in Appendix C of this manual that discusses what can or should be included. The issue of cost will most likely determine who will receive the kits.

All churches in the association can participate in the making of health kits so that the cost may be decreased. The assembling of kits is a good ongoing project for churches. It can also be an excellent way for families to participate in a mission project or as a Vacation Bible School project. Prepare a gallon ziplock bag with the list of items to purchase inside the bag and ask families or church members to fill one of the bags. Another approach is to designate certain items to be gathered each month, i.e., toothbrushes in January, toothpaste in February, etc. Then have a time to get together to place the items in the bags.

There are some persons and/or groups in churches across the state that prepare health kits as a mission project. If it is not going to be possible for your church to have health kits, contact the Baptist Mobile Health Ministry office to see if there may be some available for your project.

### **Plan for Meals and Housing for the BMHM Staff**

Three (3) BMHM staff members will be assigned to each project - a mobile unit Driver/Coordinator and two (2) mobile unit Coordinators, usually one (1) man and two (2) women. The church or association is asked to provide meals and lodging for these persons during the time that they are on site. The accommodations would need to be three (3) rooms and may be in a hotel or in church members homes.

The Project Committee will decide how the meals will be provided. Usually, breakfast is at the hotel, the church members homes or at the church prior to the project each day, lunch would be at the project site and dinner would be at the discretion of the committee. Most churches ask the staff to obtain their dinner meal at a local restaurant and to give their receipts to the Project Director for reimbursement. Some churches will provide dinner for all of the volunteers or the host families or other church members may invite the staff to homes for dinner.

At times, the ministry will ask if we can have a new staff member to come to the project to continue orientation to the mobile unit and their responsibilities. Expenses for lodging and meals for this person, other than the volunteer meals at the site, will be covered by this ministry.

### **Arrange for Food and Water for Volunteers and Patients**

The volunteers who are working during the normal time for a meal will need to have a break for eating. Groups or individuals within your church or association should be asked to bring food for this purpose. If you are planning to feed the participants - which is done at some projects - additional amount of food should be taken into consideration. Some projects have cookouts rather than asking individuals to prepare the meals. Some provide snacks, fruit and drinks for the volunteers during the day. There should be an adequate supply of water available for the patients who are present for the event. You may choose to provide light refreshments of soda, lemonade and cookies for them as well.

### **Disposal of Biohazard Waste**

The Unit Coordinators are responsible for seeing that all biohazard waste is disposed of in accordance with OSHA guidelines. Needles and all sharps are put into a plastic container and disposed of by a process using chemicals that, when activated, form a material that hardens and encapsulates the sharps into a solid block. The container is placed into a box that is taped closed, properly labeled and put into regular trash. Other waste is double bagged and placed into regular trash as well.

### **Obtain the Necessary Supplies for the Project.**

The forms that will be used during the project will be brought to the site aboard the mobile unit. You can see examples of the forms in this manual. You will need to make photocopies of the BMHM Confidentiality Form for the volunteers to read and sign upon their arrival. Briefly, the statement that they sign is an agreement that whatever they see or hear regarding patients will not be repeated or reported to anyone. "What happens at the project stays at the project" if it is of a private nature or if it would negatively impact the patient, church, volunteers or this ministry. These become a part of your files. We will prepare appointment reminder cards for your use in assigning appointments to patients or you may make your own. There are examples of appointment cards that you may use in making your own. The Confidentiality Form and appointment card examples can be found in Appendix B.

## Plan for Publicity

The success of the project will depend upon publicizing the event. While you will want to “get the word out”, you do not want to over-advertise. Remember that dental services are limited to the amount of time that is allotted for care and the number of dental providers that are available. You can see many persons for medical screening during a health fair. It is recommended that you have enough staff and resources to serve the numbers that you invite through your communication.

Always convey in your advertising that there is **“limited dental service offered on a first come, first served basis and that a person desiring dental treatment must come for a dental exam in order to get an appointment for service.”** **“Fillings and extractions only; no cleanings, dentures, root canals or crowns.”** On occasion, there may be dental hygiene appointments so you would change your statement of service if there are cleanings offered.

## Conducting the Project

If there is to be medical screening or a health fair in addition to a dental event, the two will occur at the same time, but they are being carried out separately. It is recommended that the health fair be done only on Saturday or the last day of the project. This is due to the fact that it takes many more volunteers and more effort for the health fair than for the dental event. Also, the dental patients will have been registered, received necessary x-rays for diagnosis and given an appointment to return for dental service. Upon their return, they will find an orderly process, much like that of a dental office and very little noise.

## Dental Screening Day

Screening of dental patients should be done **just prior** to the project if possible. This will enable you to provide care to the persons who will benefit most from the services offered. Screening usually scheduled on the day or evening prior to the first day of treatment. It takes place on the mobile unit, but can be done in the church. **We ask that you not make screening appointments for children and absolutely none for children under the age of five.** There are opportunities for children to receive dental care, but there is very little or no assistance for adults. Therefore, our focus is on adults. Teens with problems may be seen, but only if accompanied by a parent or legal guardian.

In your advertising, explain the procedure for receiving treatment. There are two ways to do this:

1. The hours for the screening are announced. Persons are to arrive at the designated time and are seen in the order of their arrival. The Project Director makes numbered tickets to coincide with the number of screening appointments that are available. Each person is given a ticket until all of the tickets are distributed. The remaining persons in line will be turned away. A waiting list can be made of those who could not be seen just in case an appointment becomes available. This is not the preferred method because it will appear that the church offered something that they could not provide. This will not help you in building relationships with the Lost and/or those in need.
2. The preferred method is called the Tracphone Method. Briefly, it provides a way for persons to call for screening appointments. While this does not assure that someone will be given a time to come for a dental exam, it does keep people from having to stand in line only to be turned away. The appointments are still given in a first come, first served scenario. This method is preferable with project directors as the patients do not all come at the same time and do not have to wait as long. The full explanation of this process can be found in Appendix A of this manual.

## Dental Screening (continued)

Personnel needed for this day should include a dentist, but an experienced hygienist can be used, three (3) or four (4) nurses or a professional who is formally trained in taking vital signs and assessing a medical history and an interpreter for anyone that is to be screened who does not speak English. The volunteers and stations needed have been outlined previously in the section entitled “Stations and Lay Volunteers”. All volunteers will be given orientation to their specific duties by the mobile unit Point Person. Following this, all personnel and any patient who desires to join them will gather for prayer.

If the GVHCP is extending insurance to the licensed professionals and the association, church and this ministry, only persons who are deemed to be 200% or below the Federal Poverty Level may be seen. This is done at the Eligibility table. The patient will then go to the Registration Table to complete the BMHM registration forms. Next he/she will be directed to the Vital Signs Station where his/her vital signs will be taken, the results recorded on the Health Screening Form and their medical history assessed.

Patients will wait until their name is called. Then he/she will be escorted to the mobile unit where the dentist or hygienist will assess the patient’s problem and perform a dental examination. The appropriate type of treatment will be determined and an x-ray will be taken of the affected tooth. The patient will then be escorted back into the building to the Appointment Table where they are assigned an appointment for dental treatment. The dental evaluation that is recorded on the Health Screening Form will indicate if the patient needs premedication. If so, and a dentist is on board the mobile unit, the medication have been given to the patient to take one hour prior to their appointment or the patient may have been instructed to arrive one hour prior to their appointment time to be given the medication by the Point Person on the mobile unit under the direction of the dentist. Other patients will be asked to arrive 30 minutes ahead of their appointment time. If the patient is to meet with a counselor with *There’s Hope for the Hungry*, they will be asked to arrive 40 minutes ahead of the appointment time. The treatment plan for a patient will recommend service that can be accomplished in a 40 minute interval, thus the schedule for the day(s) of treatment will allow for each dentist to see a patient every 40 minutes.

All paperwork will be retained by the volunteer at the Appointment Table. It will be returned to the patient when they come for their dental appointment.

## Dental Treatment Days

On the treatment day, all volunteers should arrive for orientation 45 minutes before the time that the first patient is scheduled to arrive. The mobile unit Point Person will give necessary instructions to volunteers at that time. This will include volunteers serving in the health fair area on days when a health fair is going on. Any additional volunteers who are going to work during the day should arrive 30 minutes before their shift in order that they may be informed of their duties and how to carry them out. After orientation and prior to the first patient being seen, all volunteers will gather for a time of prayer.

The dental patients will report to the Registration Desk to retrieve their paperwork and then go to the Vital Signs station to have their vital signs taken again. There will only need to be one (1) person on treatment days unless there is also a health fair, then there will need to be two (2). If there are counselors available, then this is the next stop. After meeting with the counselor, the patient will be escorted to the mobile unit for his/her appointment. Following treatment, the Driver/Coordinator will separate the triplicate forms, give the patient the pink copy and call for a volunteer to escort the patient back inside the building. If the patient had an extraction, he/she will be escorted to the Post-Extraction Instruction Table where the volunteer will explain after care for the procedure. If not, then the patient will go to the Check-out Station to be given a Health Kit if these were not distributed previously.

## Evaluation and Wrap Up of the Project

The planning committee should meet shortly after the event to evaluate the project from their prospective. At the end of the project days, volunteers should have been asked to express their opinions regarding their experiences. These opinions should be regarded as being valuable information and related to the committee. The spiritual impact of the ministry should be discussed so as to determine if the methods used for evangelism were effective.

Discuss the possibility of a future project. If the decision is to have another event the BMHM office should be contacted and given the date that you would like to have it because it is never too early to schedule the mobile unit. Remember that there is better participation from the health care professionals if you ask them well in advance.

The Project Director will complete the Evaluation Form based upon the conclusions made during the meeting. The Project Director should have completed the Clinic Operation Summary sheets - one for each clinic day. If these were not given to the BMHM Point Person at the end of each day or at the end of the project, then the sheets and the Evaluation Form should then be forwarded to the BMHM office as soon as possible. Professional and Lay volunteers should be sent a letter or email acknowledging their participation and conveying the appreciation of the committee. If a date for the next event has been chosen, this information should be shared with the volunteer, asking them if they would serve again.

## SUGGESTED COUNTDOWN FOR THE PROJECT

### AS SOON AS THE DATE IS CONFIRMED

1. The Project Director should be in place. Ideally, the Project Director who led the previous event should remain in that position.
2. The BMHM office will send by email attachment or regular mail the *Project Director Packet* and the *Professional Volunteer Packet* to the Project Director. The BMCHMC should then contact the Project Director to make sure that he/she understands the purpose and use of the packets.
3. The professional volunteers and providers should be approached request their participation in the proposed upcoming event. Provide each one with the appropriate information found in the *Professional Volunteer Packet*. The *Professional Information Form* is to be completed once a year and is to be done during the year of the project.
4. The ancillary organizations such as the local health department, area technical schools or other institutions of higher learning, etc., that were a part of the previous event should be contacted for commitment.
5. The date is not set in stone until the **non-refundable** event fee of \$150.00 per working day is received in the BMHM office. The church or association may wait until the beginning of the church budget for the year in which the project is scheduled to send the event fee or they may send it as soon as the date is scheduled. Their proposed date will not be given to another organization without talking with the Project Director, but it is permanently confirmed when the event fee is received.

### SIX MONTHS prior to the event ....

1. Enlist the committee members. If the performance of those who were members of the prior committee was satisfactory, it would be advantageous to ask them to serve again.
2. Agree upon the nature and objectives of the project.
3. Send the *Committee Information Form*, the *Project Covenant* and the signed *Indemnity Provision* to the BMHM office as soon as the committee has been established. The event fee MUST have been paid at this point unless the new church year budget is not in use at this time.
4. Enlist the assistance of the BMCHMC in the planning of the new event. If there is a new Project Director and/or there are new committee members, the BMCHMC may deem it necessary to have a face-to-face meeting with the committee members prior to the active planning by the committee.
5. Determine target locations and meet with the appropriate person(s) related to the locations in order to explore the advantages of each one and then gain permission to conduct the event that is chosen.
6. Reconfirm the commitment of the professional volunteers and providers, If there is a need for additional volunteers, now is the time to recruit them and get their commitment to serve. This will include dentists for screening day.
7. If the GVHCP is to provide sovereign immunity to licensed providers, the program representative is to be contacted so that he/she begin their process.
8. If the site for the event is not the same site as the one utilized during the previous event, arrangements for a site check should be made. It is suggested that a receptacle be installed to provide electrical power to the unit if this site is to become a regular site for future events. (See Appendix C).
9. Determine the approximate number of health kits that will be needed and make the arrangements for procuring them. If there is the possibility that there would be the need to have assistance from persons who regularly make health kits in order to meet your goal, contact the BMHM office for information.
10. Prepare a list of facilities where patients may receive other health care to be available at the event.

**TWELVE WEEKS** prior to the event ....

1. Order any materials that will be needed for the event. This would include Christian literature such as tracts.
2. Review all plans, dates, times and location.
3. Assess the progress of recruitment of professional providers and volunteers and the dates and times that they will serve. Check in with those who have already volunteered to reconfirm their commitment and to make sure that the *Professional Information Form* has been completed and sent to the BMHM office.
4. Enlist the lay volunteers.
5. Refine the target groups and areas that will be served.

**EIGHT WEEKS** prior to the event ....

1. Confirm the commitment of the lay volunteers that have been contacted.
2. Assess the need for additional lay volunteers. If additional persons are needed, publicize this need in the associational and/or church news letter and in the Sunday church bulletin.
3. Review and update all information.
4. Review and update all preparations. Assure that all responsibilities have been assigned.
5. Make the arrangements for lodging for the BMHM staff members. Forward this information to the BMDHMC or the Point Person if one has been assigned to you.

**SIX WEEKS** prior to the event ....

1. Using the schedule for professionals found in the *Project Director Packet* or in Appendix B of this manual, enter the names of the professionals along with the days and times that each one will serve. Send this to the BMDHMC or the BMHM office so that the appointment schedules for your dental screening day and dental treatment days can be made.
2. **If you have not been able to secure dentists or doctors by this time, it is unlikely that you will be able to do so and your project will be subject to cancellation.** The BMDHMC may be consider extending the deadline if there are extenuating circumstances.
3. Get in touch with the contact person for the project location if it is different than your own church.

**FOUR WEEKS** prior to the event ....

1. Determine the supplies that will be needed for the different stations. This includes the duplication of any forms that you have decided that you need and of the BMHM *Confidentiality Form*.
2. Make sure that the plans for evangelism are in place.
3. Inform the local Emergency Department or Urgent Care facility where patients might go for after care to let them know of the project. This will assure them that any of the persons who were seen at your project received professional care.
4. Mail reminder cards to the professional providers with the dates and times they are to serve.
5. Review the entire project. Prepare contingency plans for inclement weather and other worse case scenarios.
6. Complete the *Final Check List* that was sent in the *Project Director Packet* or that is found in Appendix B of this manual. Address any thing that has not been done, then send it to the office.

### **ONE WEEK** prior to the project ....

1. Contact all lay volunteers to confirm the dates and shifts that they will serve and their responsibilities. Remind the first volunteers that they should arrive 45 minutes prior to the arrival of the first patient and that the other volunteers should arrive 30 minutes before the time of their shift.
2. Make any last minute plans or preparations.
3. Review the list of facilities where patients can go for other health care and make copies to be available at the event.
4. Make sure that the health kits are ready for distribution.
5. The BMHM Point Person assigned to the event will have been in contact with the Project Director all during the planning of the event. Touch base with him/her to verify the arrival time of the mobile unit and staff and to review that plans for their meals and lodging.
6. Contact the person who will be at the project site who will meet the mobile unit and staff and allow them access to the facility for set-up.
7. Arrange a time when the rooms in the facility will be set-up, i.e., tables, chairs, etc.

### **DAY OF ARRIVAL** ....

1. The Project Director should be at the project site when the mobile unit and staff arrive.
2. The BMHM Point Person will see that all BMHM forms and necessary equipment is taken into the facility. This will include the instruments for taking vital signs.
3. All needed equipment is to be signed out to the Project Director.
4. The Point Person will give the Project Director a copy of the *Clinic Operation Summary* sheets for each clinic day and one *Evaluation Form*, so that the appropriate data needed to complete each form can be obtained each day.
5. The Point Person and the other unit Coordinator will ready the inside of the mobile unit for dental screening. They will also check with the Project Director to see that the facility is ready as well.
6. The Point Person will conduct orientation to the BMHM forms, the equipment used to do vital signs and answer any and all questions.
7. All volunteers will gather for prayer prior to the beginning of the event.

### **END OF THE PROJECT** ....

1. All white copies of the triplicate forms and other white paperwork with the exception of the GVHCP form is to be given to the Point Person. If the *Clinic Operation Summary* sheets are complete, they should be given to the Point Person as well. The yellow copies are to remain with the Project Director to be kept in a secured area within the church or the associational office, whichever is the sponsoring organization. All pink copies should have been given to the patients.
2. All equipment and remaining BMHM forms are to be signed back in to the Point Person.
3. The Project Director or his/her representative is to stay on the premises until the mobile unit is ready to depart. This is to make sure that the facility and the immediate surrounding area is in good order when the mobile unit and staff are ready to depart, that there will be a responsible party available should a patient return or something goes wrong and to allow the BMHM staff access to the restrooms prior to departure.
3. The Project Director will follow the information found in the area of the manual entitled "Evaluation and Wrap Up".

# APPENDIX A

# Volunteer Protection Act of 1997:

## An Analysis

by ASAE Public Policy, August 24, 1997

President Clinton signed the *Volunteer Protection Act of 1997* into law on June 18, 1997. As a founding member and leader of the National Coalition for Volunteer Protection, the American Society of Association Executives (ASAE) has been working 11 years to enact such legislation to better protect association volunteers from potential threats of costly liability lawsuits when acting within the scope of volunteer activities. It is a significant bill for associations. Following is a brief analysis of the proposal:

**Coverage:** The bill removes volunteers from liability if the volunteer committed negligent acts or omissions while acting within the scope of his responsibilities. The bill does not protect volunteers if the act or omission was caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer. It does not cover the volunteer when harm was caused by a volunteer operating a motor vehicle, vessel, aircraft, or other vehicle for which the state requires the operator or owner to possess a license or maintain insurance. If required by the state, the volunteer must have been properly licensed or certified for the activities in question.

**State laws:** The bill preempts any inconsistent state law on this issue, except that the states may provide additional protection from liability relating to volunteers. The bill allows the states to "opt out" of being covered by this law as long as the state enacts a statute citing the authority of the federal law and declaring the election of the state that the act will not apply. States are also allowed to require nonprofit organizations to adhere to risk management procedures, including mandatory training of volunteers. States may make the organization liable for the acts or omissions of its volunteers to the same extent that organizations are liable for actions or omissions of agents or employees. States could enact a law which makes the limitation of liability inapplicable if a civil action is brought by an officer of state or local government. Finally, the state may make the limitation applicable only if the nonprofit organization provides a financially secure source of recovery for individuals who suffer harm as a result of actions taken by a volunteer on behalf of the organization. Such a source could be an insurance policy.

**Punitive Damages:** Punitive damages may not be awarded against a volunteer in an action brought for harm based on the action of a volunteer acting within the scope of the volunteer's responsibilities unless the claimant establishes by clear and convincing evidence that the harm was proximately caused by an action of such volunteer which constitutes willful or criminal misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed.

**Exceptions:** The limitation on liability shall not apply to any misconduct that: constitutes a crime of violence, constitutes a hate crime, involves a sexual offense, involves misconduct for which the defendant has been found to have violated a federal or state civil rights law, where the defendant was under the influence of intoxicating alcohol or any drug at the time of the misconduct.

**Noneconomic Loss:** The bill requires that damages for noneconomic loss in lawsuits naming volunteers should only be awarded in proportion to the extent to which the defendant volunteer is liable.

**Which Volunteers are Covered?:** According to the bill, volunteers for nonprofit organizations and governmental entities are covered. The bill's definition of nonprofit organization is: "(A) any organization described in Section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from tax under Section 501(a) of such Code; or (B) any not-for-profit organization which is organized and conducted for public benefit and operated primarily for charitable, civic, educational, religious, welfare, or health purposes." The House Judiciary Committee report states that the "(B)" portion of the definition applies to volunteers working on behalf of trade and professional associations. The bill includes a provision which states that it does not apply to actions done while volunteering for organizations which commit hate crimes.

A "volunteer" is an individual performing services for a nonprofit organization or a governmental entity who does not receive "compensation (other than reasonable reimbursement or allowance for expenses actually incurred); or any other thing of value in lieu of compensation, in excess of \$500 per year, and such term includes a volunteer serving as a director, officer, trustee, or direct service volunteer.

**Effective Date:** The bill will become effective 90 days after enactment, but the protections in the bill will not apply to cases filed after the effective date which cite misconduct which occurred prior to the effective date.

## VI. EXPOSURE CONTROL PLAN – SUMMARY STATEMENTS

Infection control is a priority consideration in dental practice. The prevention of cross contamination and transmission of infection to all persons, whether patients, dentists, allied dental personnel or non-dental staff, is the professional responsibility of all dental personnel. A fundamental principle of an effective infection control program is to exercise care, precautions, and effective control techniques that can keep infectious microbes within the manageable limits of the body's normal resistance to disease. To achieve this goal, the following policies and procedures have been adopted:

1. Due to the nature of their professional activities, dentists, dental hygienists and dental assistants are at risk for occupationally related exposure.
2. Potentially infectious materials normally encountered by dental personnel include blood and saliva.
3. Occupational exposure can potentially occur in any dental examination or treatment related appointment.
4. Universal precautions should be used at all times there is potential contact with blood or other bodily fluids. Specifically, the following procedures should be observed.
  - a. Providers of patient care are required to wear clean clinical overgarments. Attire soiled with blood must be exchanged for clean attire prior to encounter with another patient.
  - b. Disposable treatment gloves must be worn in performing and/or assisting in all intra-oral procedures. Treatment gloves must also be worn when:
    - i. Opening exposed intra-oral film packets.
    - ii. Handling equipment, instruments or other items contaminated with blood or saliva.
  - c. Sterile gloves must be worn while performing and/or assisting in all surgical procedures.
  - d. Treatment gloves must not be washed or disinfected for re-use with another patients. They must be changed between patients.
  - e. Hands must be thoroughly washed with antiseptic hand soap immediately before gloves are put on and after they are removed. In addition, hands and other skin surfaces must be thoroughly washed with antiseptic soap whenever contact with blood or other potentially infectious materials has occurred. Mucous membranes so contaminated must be flushed with water.
  - f. Disposable mask and protective eye coverings must be worn in performing and/or assisting any clinical procedure involving generation of aerosols and/or splatter of blood or saliva.
5. Dental handpieces must be sterilized by autoclave between patients.
6. Contaminated needles or sharps must not be bent, recapped or removed. The lone exception to this policy is that needles may be recapped if done using a single-handed method. Shearing or breaking of contaminated needles is prohibited.

7. Contaminated needles should be placed in appropriate containers immediately after use. These containers must be kept upright and not overfilled. They must be completely sealed prior to removal.
8. All procedures involving blood and other potentially infectious materials should be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.
9. Equipment that may become contaminated with blood or other potentially infectious materials should be decontaminated at necessary.

## Involvement with There's Hope for the Hungry

There's Hope for the Hungry (THFTH) is a food distribution ministry out of First Redeemer Church in Cumming. This ministry contracts with churches in North Georgia primarily to enable the church to distribute food to those in need. It has a large pool of volunteers specifically trained in evangelism and that have been blessed to see many lost persons make professions of faith in Jesus Christ following the presentation of the Gospel.

One of their teams was serving at a church on a day with a BMHM project was in progress. They asked questions about BMHM and made pictures of the mobile unit. It occurred to the team that THFTH and BMHM might be good partners in the effort to reach the Lost for Jesus and they brought it to the director of THFTH, Mr. Melvin Benson, for discussion of and consideration of this idea. Mr. Benson met with the BMHM Administrative Assistant to present their idea. It was then brought to the BMHM President.

Mr. Benson presented the proposal to the BMHM Executive Committee and then to the Board of Directors in August, 2015. It was met with favor and the Board voted to develop a process and a memorandum of understanding between the two (2) ministries. After much planning, THFTH traveled to Mt. Airy in April of 2017 to serve with BMHM for the first time. The BMHM Administrative Assistant observed several of the encounters and found that the presentations were done without pressure and were well accepted by the patients. There were four (4) other such projects where the THFTH counselors presented the Gospel to those who came to a BMHM project for dental assistance. The Holy Spirit used this effort and 39 persons professed Jesus as Lord and Savior.

BMHM desires to see that each person who comes to a project has the opportunity to hear the Gospel and to make a decision to follow Christ. The ministry suggests to each Project Director that their committee consider having THFTH come on site to assist them in the evangelistic effort of their event. We in no way are insinuating that a church or association is not capable of doing this effectively on their own. However, we have seen over the years that some projects had been able to recruit a sufficient number of counselors to present the Gospel to each patient and some have not.

This is the process that would be followed if THFTH were to be invited by a church or association to come along side them during their event with BMHM.

- The person with THFTH who heads up the partnership with BMHM would meet with the project committee to discuss the process.
- A team of several THFTH counselors will attend each treatment day. They will bring with them a trailer filled with boxes of food, each weighing approximately 24 pounds.
- At the conclusion of their time with a counselor, each patient will be given a voucher. After their dental appointment they are to stop at the THFTH trailer, give the voucher to the representative who is manning the trailer and, in return, be given a box of food.
- There is to be no mention of this gift in the advertising or during the telephone triage, the screening day or the day of treatment so that there will not be perception that the patient must meet with a counselor in order to receive the box of food. It is a gift with no strings attached.
- There is no cost to BMHM, the church or association for this service or the boxes of food.

If you would like to hear more about this opportunity to enhance your evangelistic effort, please contact the BHDHMC as soon as you have made your decision so that the THFTH director can meet with you.



# Georgia Volunteer Health Care Program

## Overview

The *Georgia Volunteer Health Care Program (GVHCP)* of the Department of Public Health (DPH) works to increase access to quality health care for uninsured Georgians through volunteerism and state-sponsored sovereign immunity (SI). *GVHCP* provides SI protection to health care professionals (and their affiliated corporations) and clinics who treat uninsured individuals at or below 200 percent of the federal poverty level.

*GVHCP*, along with the State Emergency Registry of Volunteers in Georgia (SERVGA) and the Medical Reserve Corps (MRC), is part of **Georgia Responds**, a web based portal that connects all DPH volunteer programs and can be found online at **GeorgiaResponds.org**.

## Benefits

In addition to the SI protection, serving your community and saving lives, physicians, dentists and dental hygienists can receive Continuing Education hours for their volunteer work. Private corporations such as LLCs, PCs, and PAs, which are affiliated with the volunteer provider, may also be protected under SI.

## Statistics (2016)

- \$21.6 million in health care services
- 134,000 patient visits
- Over 100 clinics and access points
- 3,300 health care providers
- 270,000 health care hours donated
- \$3.89 million in non-clinical services



## Structure

A Georgia health care professional with an executed *GVHCP* agreement who provides free care in a clinic or their private office is eligible for SI protection as long as they act within the scope of their expertise and are free from sanctions. Patients must be uninsured with income less than 200% of the FPL and be screened by a designated *GVHCP* Eligibility Specialist.

Clinic services vary by provider type and availability and can include medical, dental, vision, mental health, pharmaceutical and specialty care. Experimental procedures are not covered. Patients may not be charged for their visit but actual fees can be assessed for prescriptions, labs, supplies and ancillary services. "Volunteers in Medicine" and "Volunteers in Dentistry" licenses are available for retired or out of state Physicians and Dentists through their licensing boards.

## To Get Involved

Visit [www.georgiaresponds.org](http://www.georgiaresponds.org) or contact your Regional Volunteer Coordinator:

Region 1 (North Georgia)	Paulette Poole	<a href="mailto:paulette.poole@dph.ga.gov">paulette.poole@dph.ga.gov</a>	404.561.2363
Region 2 (Metro Atlanta)	Carla Catalon-Scott	<a href="mailto:carla.catalon-scott@dph.ga.gov">carla.catalon-scott@dph.ga.gov</a>	404.273.6278
Region 3 (Central Georgia)	Robyn Freeh	<a href="mailto:robyn.freeh@dph.ga.gov">robyn.freeh@dph.ga.gov</a>	706.421.6183
Region 4 (South Georgia)	Patricia Adamcak	<a href="mailto:patricia.adamcak@dph.ga.gov">patricia.adamcak@dph.ga.gov</a>	912.856.6369
Statewide Director	LaKieva Williams	<a href="mailto:lakieva.williams@dph.ga.gov">lakieva.williams@dph.ga.gov</a>	404.736.8163
Program Analyst	Yolanda Oliver	<a href="mailto:yolanda.oliver@dph.ga.gov">yolanda.oliver@dph.ga.gov</a>	404.808.2636



## Tracfone Method for Scheduling Screening Appointments

In an effort to organize the screening process, several churches have found this method which was developed by the Habersham Baptist Association to very helpful. Here are the main points regarding this method:

- Purchase one or two tracfones and the amount of minutes that you think that you will need.
- Choose a date and time when you will take calls to make the appointments. It is recommended that this date be no sooner than one (1) week prior to the screening day.
- Advertise the cell number(s) for the phone(s), date and times to call two weeks prior to the time of your project. Be careful not to over-advertise. Discuss this with the administrative assistant if you are not sure how you should advertise.
- Designate one (1) or two (2) persons to man the tracfone(s) on the appointed day and time.
- Charge the tracfone(s) the night before you will need it/them.
- Turn the tracfone(s) on at the time that has been advertised and take calls until all the appointments are filled.
- When all the appointments have been given out, you may want to take another five (5) names and numbers for a waiting list. Just be sure that these persons know that you are not promising them that they will be called.
- After you have given out all the appointments and you have your waiting list, record a message to advise anyone else who calls that all of the appointments are taken.
- You will be provided an appointment sheet for your use. Be sure to record the name and a phone number where the person can be reached in the slot for the appointment that you assign the patient.
- Utilizing the dialog that has been provided for your use, ask all of the patients each of the questions.
- Ask the patient to call you on the day of screening if they cannot keep the appointment.
- If you think that you need to confirm the appointments, then do so on the day before the screening day. You will need to use the tracfone(s) to do this so that the patient will not have access to your phone or that of the church. If they have these numbers, you can count on getting calls from them or their friends.
- Keep the tracfone(s) charged and turned on during the days when you are providing the dental care so that the patients can call you or you can call the patient or someone on the waiting list.
- Make sure that you have enough minutes. It is suggested that you not initially purchase more than you need, but purchase additional minutes as needed.

## Dialog for Telephone Triage for Screening Appointment Without Ebola/ Screening

When the phone rings:

- “Hello” or whatever you want to use as your salutation.
- Identify yourself and ask how you may help them.
- If they did not already tell you, ask if they are having pain; ask if there is any swelling.
- Ask if they have been told by a dentist in the past that there are specific teeth that need attention.
- Ask if they are on a blood thinner. If so, they need to get written clearance from the doctor who prescribes this medication for them and ask how long they need to be off the medication prior to their appointment. Then we will know when to have them come back for their appointment for dental work.
- If they appear to be in a lot of pain or if they are having swelling, they should be told that they need to check with their medical provider (health department, doctor, dentist, Emergency Room or urgent care facility) to see if they need an antibiotic for infection. If a patient has an abscessed tooth, he/she may not be able to get treatment at their appointment if they have not been on an antibiotic. (Infection makes it difficult to get the patient “numb” in these cases.)
- Ask them if they have had radiation to their head or neck. They can have an appointment, but we may not be able to do the work on the unit. However, the dentist can make recommendations for their problem.
- If you feel that they need an appointment, assign them a screening time. Ask them be prompt and then they should be plan to be with us for one to two hours, but usually not that long.

## Patient Response to Telephone Screening Without Ebola Screening

Patient Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Does he/she have dental insurance  
Yes No (circle one)

Is he/she having pain and/or swelling? Yes No (circle one)  
Did you tell them to try to get an antibiotic? Yes No (circle one)

Has he/she been told previously by a dentist that they need to have dental work?  
Yes No (circle one)

Is he/she on a "blood thinner"? Yes No (circle one)  
If so, did you ask them to call their doctor about coming off the medication prior to their appointment  
and did you ask them to get a note from the doctor to say that it will be alright to receive dental  
treatment? Yes No (circle one)

Is the patient taking a medication for bone density or Osteoporosis?  
Yes No (circle one)

Has the patient had radiation treatment to his/her head or neck? Yes No (circle one)

Did the patient ask for hygiene only? Yes No (circle one)

Given an appointment to be evaluated for an appointment dental work on screening day  
at \_\_\_\_\_ (time of appointment)

## Dialog for Telephone Triage for Screening Appointment With Ebola/ Screening

When the phone rings:

- “Hello” or whatever you want to use as your salutation.
- Identify yourself and ask how you may help them.
- Ask if they have dental insurance. If they do, they are ineligible. However, if there are extenuating circumstances, i.e., it only pays for cleanings, please speak with your project director to see if he/she would consider making an exception in this case.
- Ask them if they have traveled out of the country within the past 21 days or if they have had close contact within the past 21 days with persons who have traveled outside the country, ask where they or their contact traveled.
- If they answer “West Africa” to either of these two questions, then you should inform them that you are sorry, but we will not be able to see them.
- Ask them if they have traveled to the lower Americas or Miami within the past 21 days.
- Ask them if they have had close contact within the past 21 days with persons who have traveled to the lower Americas or Miami.
- If the answer is “yes” to either of these questions, they may still come for screening. Tell them to request the info regarding the Zika Virus when they come for their appointment.
- If they did not already tell you, ask if they are having pain; ask if there is any swelling.
- Ask if they have been told by a dentist in the past that there are specific teeth that need attention.
- Ask if they are on a blood thinner. If so, they need to get written clearance from the doctor who prescribes this medication for them and ask how long they need to be off the medication prior to their appointment. Then we will know when to have them come back for their appointment for dental work.
- If they appear to be in a lot of pain or if they are having swelling, they should be told that they need to check with their medical provider (health department, doctor, dentist, Emergency Room or urgent care facility) to see if they need an antibiotic for infection. If a patient has an abscessed tooth, he/she may not be able to get treatment at their appointment if they have not been on an antibiotic. (Infection makes it difficult to get the patient “numb” in these cases.)
- Ask them if they have had radiation to their head or neck. They can have an appointment, but we may not be able to do the work on the unit. However, the dentist can make recommendations for their problem.
- If you feel that they need an appointment, assign them a screening time. Ask them be prompt and them they should be plan to be with us for one to two hours, but usually not that long.

## Patient Response to Telephone Screening With Ebola Screening

Patient Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Does he/she have dental insurance  
Yes No (circle one)

Has he/she traveled out of the country within the past 21 days Yes No (circle one)  
Was it West Africa Yes No (circle one)

Has he/she been in close contact in the past 21 days with anyone who has traveled outside of the  
country recently?  
Yes No (circle one) Was it West Africa Yes No (circle one)

Has he /she traveled to the lower Americas or Miami in the past 21 days or been intimate with some-  
one who has? If yes, tell them to ask for information regarding Zika when they register.

Is he/she having pain and/or swelling? Yes No (circle one)  
Did you tell them to try to get an antibiotic? Yes No (circle one)

Has he/she been told previously by a dentist that they need to have dental work?  
Yes No (circle one)

Is he/she on a "blood thinner"? Yes No (circle one)  
If so, did you ask them to call their doctor about coming off the medication prior to their appointment  
and did you ask them to get a note from the doctor to say that it will be alright to receive dental  
treatment? Yes No (circle one)

Is the patient taking a medication for bone density or Osteoporosis?  
Yes No (circle one)

Has the patient had radiation treatment to his/her head or neck? Yes No (circle one)

Did the patient ask for hygiene only? Yes No (circle one)

Given an appointment to be evaluated for an appointment dental work on screening day  
at \_\_\_\_\_ (time of appointment)

## Protocol for Ebola Virus Screening

In response to questions from several persons regarding the issue of the Ebola Virus, Baptist Mobile Health Ministry (BMHM) has formulated a screening protocol based upon the guidelines of the Centers for Disease Control, the World Health Organization and the American Dental Association. This protocol will be updated as guidelines on Ebola progress.

All project directors shall notify their local health department to tell them about the project and that persons will be screened for the Ebola Virus. Therefore, they will be informed in the event they are instructed by the state PHD to become involved in the process.

Each person who comes to a health event in which BMHM is a partner will be requested to answer several questions and to have his or her temperature taken. The person has the right to refuse to do this, but in so doing, he or she will forgo the opportunity to receive care from the ministry.

All dental patients will be screened on dental screening day and again the day they return for treatment.

See attached diagram for the adopted process.

The following deems a person ineligible to be a participant in a BMHM event:

Answering “yes” to either or both of the screening questions.

Answering “yes” and having a temperature of 100.4 degrees Fahrenheit or higher.

Answering “no” to either or both of the screening questions and having a temperature of 100.4 degrees Fahrenheit or higher. The person is infectious for some other reason and should be asked to contact their physician or local ER for diagnosis and treatment.

Contact numbers for the Georgia Public Health Department are:

Monday through Friday 8:00 AM – 5:00 PM 404-657-2588 if local to Atlanta, if not, call 1-404-657-2588

After hours, 24/7, number is 1-866-782-4584

The BMHM point person for the project shall contact Stephen Lillard, GBMB/BMHM Risk Manager, at 678-328-1855 to inform him of this occurrence. After hours, please contact him by sending a text to 404-928-0571.

All media inquiries shall be referred to Kevin Smith, State Missionary, Employee Services at 770-936-5360.

Protocol for Ebola Virus Screening  
Page two

## Screening Procedure

Before being registered for the event, all persons presenting for medical/dental screening and/or treatment will be pass through an area aside from the registration tables to undergo the following procedure. Their contact with volunteers should be limited and they should not utilize any materials or equipment such as chairs, writing pens or clipboards until screened. It is not recommended that screeners would need to wear personal protective equipment.

They will be asked “Have you traveled to or from West Africa in the past 21 days?”.

They will be asked “Have you had close contact (household or similar) with anyone who has traveled to or from West Africa in the past 21 days?”.

They will have their temperature taken utilizing an infrared, non-contact thermometer.

If they answer “yes” to either of the two questions or they answer “yes” to either of the questions and have a temperature of 100.4 degrees Fahrenheit or higher they will be immediately isolated in a predetermined area. The persons who came with them or had close contact with them at the event will be isolated in another predetermined area. The Georgia Public Health Department will be notified for assistance. (Numbers listed on page on of this protocol.)

Answering “yes” to the questions does not mean that they have Ebola Virus, but it means that the Public Health Department (PHD) needs to be involved.

Further questioning of the client by health officials will follow to determine if the person has symptoms of infection with the Ebola Virus.

The volunteer who screened this person should be relieved of their responsibility, should step aside of the area and await the arrival of the Health Department Representative.

Screening of patients will continue in the back-up Ebola Screening Tent.

Protocol for Ebola Virus Screening  
Page three

## Symptoms of Infection with the Ebola Virus

### Early Signs

- Fever
- Fatigue
- Muscle pain
- Headache
- Sore Throat

### Followed by

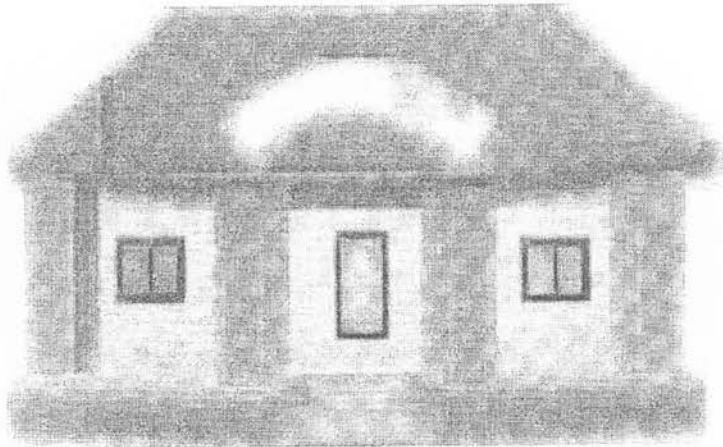
- Vomiting
- Diarrhea
- Rash
- Symptoms of impaired kidney and liver function

In some cases, both internal and external bleeding, i.e., oozing from the gums, blood in their stool.

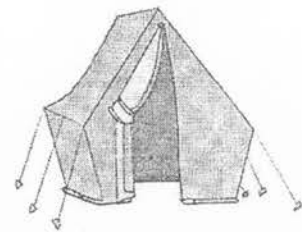
Since the virus is not believed to be airborne and, if protocol has been followed, there should be no reason for decontamination of the screening area unless the patient has fever. However, BMHM and event personnel will seek direction from the PHD as to what might need to be done to assure the safety of other clients and the event area.

In the event that the patient answered “yes” to either or both of the questions and was found to have fever, the screening area will be closed.

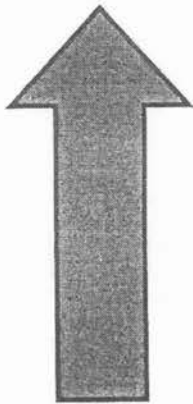
Adopted 10/24/2014  
Reviewed 10/29/2014  
Revised 10/29/2014



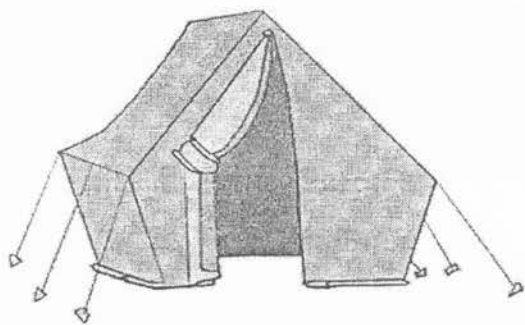
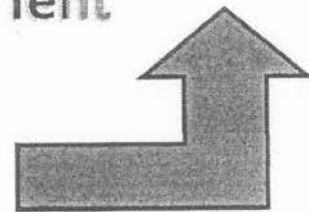
**2. Clinic Registration**



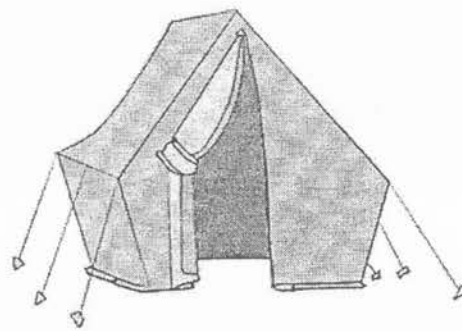
**Patient Isolation  
Tent**



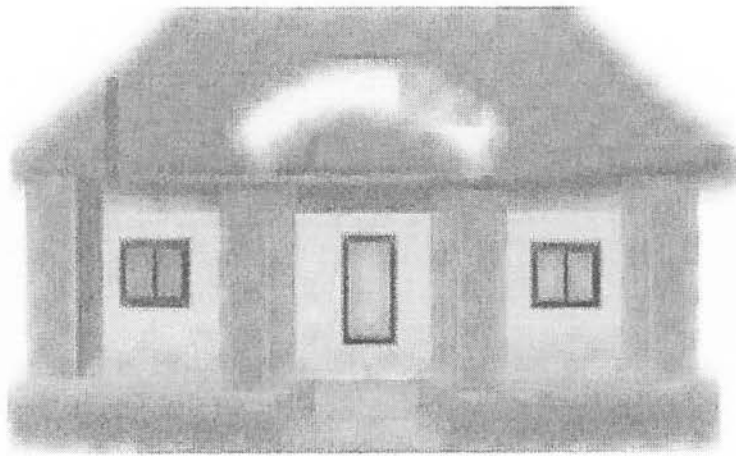
**OR**



**1. Ebola Screening  
Tent (required)**



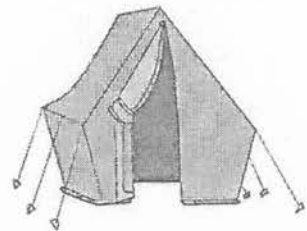
**2. Ebola Screening Tent  
Backup**



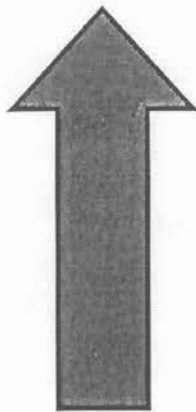
**2. Clinic Registration**



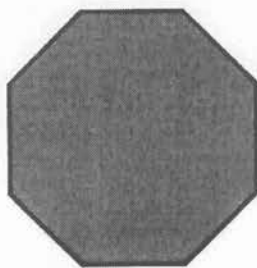
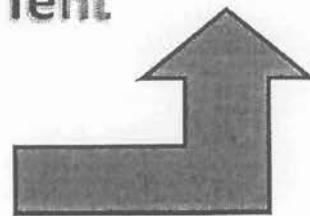
**Volunteer Isolation  
Tent**



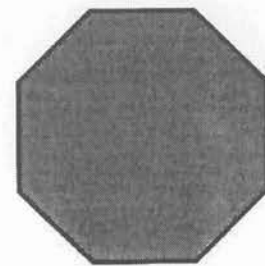
**Patient Isolation  
Tent**



**OR**



**1. Ebola Screening**



**2. Ebola Screening**

**Required!**

# APPENDIX B



Georgia Baptist  
Mission Board

Baptist Mobile  
Health Ministry

## Committee Information Form

Sponsoring Organization \_\_\_\_\_ Date \_\_\_\_\_

Project Dates \_\_\_\_\_

Project Times \_\_\_\_\_

Project Location \_\_\_\_\_

Type of Project \_\_\_\_\_ Dental \_\_\_\_\_ Medical/Dental

Approximate Number of Persons Expected \_\_\_\_\_

Housing Location for Unit Driver/Coordinator and Unit Coordinators:

\_\_\_\_\_  
\_\_\_\_\_

Project Director: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Assistant Project Director: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Volunteer Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Office Use Only

Driver/Coordinators: \_\_\_\_\_

Copy to Point Person: Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mail Form To: Baptist Mobile Health Ministry, Inc.  
6405 Sugarloaf Parkway  
Duluth, Georgia 30097-4092

A Cooperative effort between the Georgia Baptist Mission Board and the  
Baptist Medical-Dental Fellowship of Georgia  
Gifts of Georgia Baptists through Mission Georgia and the Cooperative Program  
enable us to partner together in fulfilling the Great Commission



Georgia Baptist  
Mission Board

Baptist Mobile  
Health Ministry

### Formulario de Informacion del Comite

Association or Iglesia \_\_\_\_\_ Fecha \_\_\_\_\_

Fechas del Proyecto \_\_\_\_\_

Horario del Proyecto \_\_\_\_\_

Localization de Proyecto \_\_\_\_\_

Typo de Proyecto Dental \_\_\_\_\_ Medico/Dental \_\_\_\_\_

Numero de Pacientes Que Espera \_\_\_\_\_

Localization de Hospedaje para el Chover y Coordinador:

\_\_\_\_\_  
\_\_\_\_\_

Director del Proyecto: \_\_\_\_\_

Direccion: \_\_\_\_\_

Casa Telefono: \_\_\_\_\_ Movil Phone: \_\_\_\_\_

Asistente-Director del Proyecto: \_\_\_\_\_

Direccion: \_\_\_\_\_

Casa Telefono: \_\_\_\_\_ Movil Phone: \_\_\_\_\_

Coordinador Voluntario: \_\_\_\_\_

Direccion: \_\_\_\_\_

Casa Telefono: \_\_\_\_\_ Movil Telefono: \_\_\_\_\_

Office Use Only

Driver/Coordinators: \_\_\_\_\_

Copy to Point Person: \_\_\_\_\_ Date: \_\_\_\_\_

Enviar por Correo el Formulario a: **Baptist Mobile Health Ministry, Inc.**  
**6405 Sugarloaf Parkway**  
**Duluth, Georgia 30097-4092**

A Cooperative effort between the Georgia Baptist Mission Board and the  
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## Project Covenant

1. Project dates are not permanently reserved until the *Committee Information Form*, *Project Covenant*, *Indemnity Provision* and the event fee of \$150.00 per working day (if due in this budget year) made payable to Baptist Mobile Health Ministry (BMHM) are received in the BMHM office.
2. The names of the professional volunteers listed on the *Schedule for Dental and Health Professional* form, confirmation of their participation and their completed applications must be returned to the BMHM office **six (6) weeks** prior to the project. If the professional volunteers have not committed at this point, BMHM participation is subject to cancellation as it would be highly unlikely that the personnel could be recruited before the date of the event.
3. The *Final Check List* is to be completed and forwarded to the BMHM office four (4) weeks prior to the project.
4. Due to the fact that time is a factor when rendering dental services, those who desire dental services should be persons who have no other means to obtain this care. Please post signage stating "Baptist Mobile Health Ministry provides dental care as a Christian service to those who have not other means to obtain care. Those who are able to obtain Dental services elsewhere are respectfully requested to do so through their private dentist."
5. Unless dental appointments have been given as a result of prior screening, those who present will be taken on a first come, first served basis. If there are too many people desiring dental work, those with pain and/or great need should receive priority.
6. The project director should ask the dentists how long they will work and what treatment they will provide (some do not do extractions, some only do extractions.) This information is given to the Baptist Mobile Dental Health Coordinator so that screening and patient treatment appointments can be made. This will enable us to treat as many persons as possible, while not having to turn away persons who are expecting treatment.
7. In the event of inclement weather (threats of tornado, ice, snow, etc.) that would endanger the safety of the mobile unit, patients, volunteers or BMHM personnel, the unit coordinator(s) has the authority to cancel our participation or to conclude a project early.
8. The unit and its personnel are only allowed to operate in the state of Georgia due to licensure of the professional personnel and the ministry insurance coverage
9. Mobile Unit Coordinators shall be responsible for seeing that OSHA, CDC and Georgia State Department of Health regulations and standards are in place and are followed. If any infractions occur, the Coordinators have the authority to request that the professional volunteer comply with the standards. All infractions shall be reported to the BMHM Board of Directors for further action.

Project Covenant  
Page two

10. While project directors are free to plan and implement medical/dental activities, they must follow the policies of our professional liability carrier in order that the ministry and the association or church may have that coverage. This includes the mandatory use of our paperwork which has the liability releases and provision for accurate documentation.
11. Each project that shall include medical screening shall have a physician or physician assistant, nurse practitioner who is working under the credentials of a physician on site who will address any and all abnormal findings. It is not necessary for one of these to be on site for a project that is dental only.
12. During a medical and/or dental project, all abnormal findings shall be disclosed to the patient and the patient must be seen by the volunteer physician or physician assistant, nurse practitioner who is working under the credentials of a physician on the premises for evaluation. Should this professional recommend emergency care, he/she should explain this to the patient along with the risks of not following the the advice. (If there is no MD, PA, NP on site, then the licensed professional with the highest level of certification shall be in charge of this procedure.) In the event that the patient refuses to do what is recommended, he/she must sign the document for refusal of treatment. Each section of the document shall be explained to the patient and he/she initials it. The document shall be signed by the patient and the signature shall be witnessed by the person who explained the it to him/her. If an interpreter has been utilized in this process, that person shall be the witness and under that signature add "and interpreter" after the word "witness".
13. The project director shall have a process in place whereby emergency follow-up care can be provided (perhaps a dentist who could not volunteer but agreed to be available to see a patient in his/her office or the ED.) If a dental procedure in progress cannot be accomplished, the patient is to be transported or referred to an appropriate professional for completion of the work. If transportation or referral is refused, the patient must sign the *Refusal of Emergent Care* document releasing responsibility for any complication resulting from the refusal of additional care.
14. The project director shall assist in arranging for the emergency follow-up care and for the appropriate transportation, but neither the project personnel, association, church BMHM nor volunteers shall be financially responsible for that transportation or subsequent care.
15. The project director or his/her designee shall remain on site until all patient care is completed and the unit is ready to depart.

As project director, I have read and understand the above statements and have conferred with the person in my church or association who has the authority to permit me to sign this document. We agree to all of the above policies.

---

Project Director

---

Date

## Indemnity Provision

### CHILD PROTECTION PROGRAM:

Baptist Mobile Health Ministry, Inc. is committed to providing a safe and secure environment for all children and youth that may use our facilities and/or participate in activities or events. All churches/organizations that bring children and youth to our facility and/or participate in activities or events are expected to have a proper and adequate child protection program in place and in use for background checks and protection against child abuse. All adult chaperones at the facility and/or activities or events must have completed a background check and be approved through your church/organization's child protection program. **By signing this document you are certifying on behalf of your church/organization that your church/organization has an ongoing child protection program in place for background checks and protection against child abuse and that the program is being enforced.**

### INDEMNITY PROVISION: \_\_\_\_\_

(name of church/organization using the facility or participating in activities or events), for itself and for and on behalf of its officers, employees, representatives, volunteers and agents (hereinafter collectively "Indemnitor") covenants and agrees that it will indemnify, protect and hold harmless the Executive Committee of the Georgia Baptist Convention of the State of Georgia, and its officers, employees, representatives, volunteers and agents (hereinafter collectively "Indemnitee"), from and against all claims, damages, losses, liabilities, litigation, judgments, proceedings, or expenses of any kind or nature (including attorneys fees), which may at any time be incurred by, or asserted or awarded against Indemnitee, arising directly or indirectly from, out of, or as a result of (i) any acts or omissions of Indemnitor (specifically including any negligence), (ii) Indemnitor's breach of, violation of, or failure to fully comply with this agreement or any documents, agreements, commitments or policies provided to or for the benefit of indemnitee, or (iii) Indemnitor's use and enjoyment if a GBC facility and/or participate in activities or events. Further, Indemnitor does hereby waive and fully release and discharge Indemnitees from and against any and all claims, demands, damages and losses which Indemnitor may incur resulting or arising directly or indirectly from the use and enjoyment of such facility.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Representing (Church/Organization) \_\_\_\_\_

Position/Title \_\_\_\_\_

Yates/Camps Indemnity Provision  
Current as of 06/30/05

**SCHEDULE FOR DENTISTS AND HEALTH PROFESSIONALS**

Note: Please only schedule two shifts per professional a day. This may be morning and afternoon OR afternoon and evening, etc.

Project Date: \_\_\_\_\_ Association: \_\_\_\_\_

Day:	Day:	Day:	Day:
<b>Morning</b>	<b>Morning</b>	<b>Morning</b>	<b>Morning</b>
Dentist:	Dentist:	Dentist:	Dentist:
Assistant:	Assistant:	Assistant:	Assistant:
<b>Afternoon</b>	<b>Afternoon</b>	<b>Afternoon</b>	<b>Afternoon</b>
Dentist:	Dentist:	Dentist:	Dentist:
Assistant:	Assistant:	Assistant:	Assistant:
<b>Evening</b>	<b>Evening</b>	<b>Evening</b>	<b>Evening</b>
Dentist:	Dentist:	Dentist:	Dentist:
Assistant:	Assistant:	Assistant:	Assistant:



### Final Check List

Sponsoring Organization \_\_\_\_\_ Date \_\_\_\_\_

Please check the space when the task has been completed.

**This should be signed and returned to the office four (4) weeks prior to your event.**

- 1. Contact made with appropriate professional and/or community organization officials to assure cooperative acceptance and assistance where needed. Mark N/A if other agencies will not be serving with you.
- 2. Confirm the commitment of medical and/or dental personnel.
- 3. Professional application have been completed and sent to the BMHM office.
- 4. List of professional volunteers was sent to the BMHM office six (s) weeks prior to the event.
- 5. Lay volunteers have been trained in and have an understanding of witnessing techniques.
- 6. Site survey has been completed by the Driver/Coordinator or his/her representative to assure that power and water sources are readily available, that the church/association maintenance or electrical person will be available at time of set up and take down, that the Mobile Unit will be parked in a level location and that there is proper access by the Unit to the location.
- 7. Lay volunteers have been recruited, there is a schedule of times that they will serve and a time has been agreed upon for the GVHVP, BMHM paperwork, etc. training and responsibilities.
- 8. Target group and dental and/or medical objectives have been determined.
- 9. Advertising has been discussed with the Baptist Mobile Dental Ministry Health Coordinator.
- 10. Procedure for screening of patients and screening schedule has been discussed with the Baptist Mobile Dental Ministry Health Coordinator and both have been received from the BMHM office.
- 11. Materials that will not be available from the Unit Coordinator are in hand, i.e., tracts, sign in sheets, etc.
- 12. Arrangements made for follow-up/emergency care for dental procedures that might not be able to be completed
- 13. Information relating to housing, meals and travel schedules have been communicated to the Baptist Mobile Dental Health Ministry Coordinator.

Upon receipt of all information, the Baptist Mobile Dental Health Ministry Coordinator will send out a group email to you and the BMHM staff assigned to your project which will include your contact information as well as that of the staff members. At that time, the lead Unit Coordinator will contact your Project Director to establish their relationship if this has not already been done.

\_\_\_\_\_  
Project Director

Return this form to:

Baptist Mobile Health Ministry, Inc.  
Georgia Baptist Missions and Ministry Center  
6405 Sugarloaf Parkway  
Duluth, Georgia 30097



Baptist Mobile Health Ministry, Inc.  
Ministerio Bautista Móvil de Salud

6405 Sugarloaf Parkway  
Duluth, Georgia 30097-4092  
770.936.5217 800.746.4422 bhm@gabaptist.org



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Chairperson: John D. Peacock, D.D.S. • Vice-Chairperson: Ronald Pirtle, M.D. • Secretary: Mrs. Debbie Hendrix  
Treasurer: Dennis J. Rivera, D.Min. • Baptist Mobile Dental Health Ministry Coordinator: Ted C. Kandler

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An Autonomous IRS Section 501(c)(3) Not-for-Profit Faith-based Ministry Established 1995

Board Members

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Statesboro, GA  
Rev. Jerry K. Baker  
Duluth, GA  
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McDonough, GA  
Dennis J. Rivera, D.Min.  
Warner Robins, GA  
T. Dale Twilley, D.M.D.  
Toccoa, GA

Dear Professional Volunteer,

This letter is to introduce this representative of a Georgia Baptist Church or Association that is planning a medical and/or dental health event in conjunction with the Baptist Mobile Health Ministry (BMHM) who is approaching you to serve as a professional volunteer during the event. Along with this letter, you will find information regarding BMHM and the mobile unit, equipment and supplies that BMHM staff members will bring to enable dental volunteers to render screening and/or treatment and the medical screening equipment for use in medical screening.

If the church or association has contracted with the Georgia Volunteer Health Care Program (GVHCP), you also find information regarding this state-sponsored organization that offers Sovereign Immunity to licensed professional volunteers outside of their personal malpractice coverage. While BMHM strongly recommends that this coverage be offered, we do not mandate that this be done.

The Georgia Board of Dentistry and the Georgia Composite Medical Board each have rulings that convey Continuing Education Units (CEU) - one (1) CEU for every four (4) hours served - to those dentists and hygienists and physicians and physician assistants who provide uncompensated care to the indigent. BMHM is allowed to grant these CEU's to the volunteers on behalf of the respective Boards and a document with the number of hours served by the provider and signed by the Baptist Mobile Dental Health Ministry Coordinator will be given to each provider as they complete their time of service.

Please take time to read this information and consider serving as volunteer.

The *Professional Information Form* included in your materials should be completed and returned to the BMHM office located at the above address. If the event is being covered by the GVHCP and you desire this coverage, please inform the person who has contacted you so that a representative of this program can be in touch with you.

Thank you for your prayerful consideration of this matter. If you have any other questions regarding BMHM, please free to contact our office by using the information listed below.

Sincerely,

Ted C. Kandler  
Baptist Mobile Dental Health Ministry Coordinator  
Baptist Mobile Health Ministry, Inc.

Email: tkandler@gabaptist.org  
Office: 770-936-5217

Enclosures

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A Cooperative effort between the Georgia Baptist Mission Board and the  
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---



Baptist Mobile Health Ministry, Inc.  
Ministerio Bautista Móvil de Salud

6405 Sugarloaf Parkway  
Duluth, Georgia 30097-4092  
770.936.5217 800.746.4422 bmlhm@gabaptist.org



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McDonough, GA  
Dennis J. Rivera, D.Min.  
Warner Robins, GA  
T. Dale Twilley, D.M.D.  
Toccoa, GA

Dear Healthcare Professional.

We are grateful for your interest in serving with Baptist Mobile Health Ministry, Inc. This ministry is one that we believe provides a needed ministry of health and dental care as well as evangelistic outreach expressing the spiritual healing message of Jesus Christ.

We encourage you to provide excellence in health and/or dental care just as you would in your own office.

Please complete the *Professional Information Form* that is included with the materials that you have been given and return it to the above address so that we may have it in our files. We would count it a blessing if you would allow us the privilege of contacting you in the future regarding serving again with us. You can be assured that we will not expect that you always say "yes", but that you will just permit us to contact you. We will be careful not to call upon you too frequently. Without professionals like you, this ministry cannot continue.

Again, we appreciate your willingness to share your professional skills and your witness in this ministry of physical and spiritual healing.

Sincerely,

John D. Peacock, D.D.S.  
Dental Director

Teresa E. Clark, M.D.  
Medical Director



Baptist Mobile Health Ministry, Inc.  
Ministerio Bautista Móvil de Salud

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T. Dale Twilley, D.M.D.  
Toccoa, GA

Dear Dentist,

The BMHM Medical/Dental Unit will be equipped with most of the items used in a dental office. Our efforts during the project will be directed toward relief of pain and doing the most good for the most number of persons. Procedures offered will be extraction and restoration of teeth using precapsulated amalgam and light-cured composite filling materials. General operative and surgical equipment are available, but, if there are particular items that you prefer to have while working, please bring them with you. There is digital x-ray capability on one of the two (2) mobile units and conventional x-ray on both.

Each patient will undergo a dental examination prior to coming aboard the mobile unit so as to triage their needs and have the appropriate x-rays made. They will bring with them a form documented with the triage findings and treatment recommendations and a form with their medical history and a section for you to record the diagnosis and treatment rendered.

You are not obligated to agree with the recommendations of the dentist who did the triage. The triage was done to identify the patient's problem and to give the patient an idea of what can be done, extraction or restoration. This is a visual exam and, if using conventional x-ray, the dentist may not have asked the patient to wait until the x-ray was processed so definitive treatment would not have been discussed. The decision for treatment will be determined by you. Generally speaking, the plan is to address the patient's most urgent need and hope that we can do so within a 40-minute time frame.

Patients in need of follow up care will be referred to the nearest health department or free clinic unless a local area dentist has agreed to see patients for follow up or continued care. The BMHM Point Person on board the unit that day will have information about this process.

You will be asked by the project director to serve a shift according to the amount of time that you have said that you can be available to volunteer. **Each dentist is asked to bring his/her dental assistant. If this is not possible, please let the project director know so that he/she can make sure that there will be someone present to assist you. It will not be possible for BMHM personnel to assist you and carry out the tasks necessary to assure the efficiency of the project.**

Thank you for your willingness to serve in the mission outreach of this ministry and the organization that is sponsoring the event.

Sincerely,

Ted C. Kandler  
Baptist Mobile Dental Health Ministry Coordinator  
Baptist Mobile Health Ministry, Inc.

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**BAPTIST MOBILE HEALTH MINISTRY, INC.  
PROFESSIONAL INFORMATION FORM**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home or Cell Phone : \_\_\_\_\_

Specialty: \_\_\_\_\_ Email Address: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

How are you interested in serving with the Baptist Mobile Health Ministry?

\_\_\_\_\_

**Dentists only please circle** Left or Right Handed I provide: Fillings Yes No Extractions Yes No

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

If you are volunteering for a particular health event, please give the location

\_\_\_\_\_

Georgia License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

DEA Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Malpractice Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

The Baptist Mobile Health Ministry, Inc. Board of Directors would like to thank you for your willingness to be a part of this ministry.

“Inasmuch as ye have done it to the least of these, my brothers, you have done it unto me.”  
Matthew 25:40 KJV

Please mail to: Baptist Mobile Health Ministry, Inc.  
6405 Sugarloaf Parkway  
Duluth, Georgia 30097

Or email to: tkandler@gabaptist.org

## Information for Dental Personnel

- Each mobile unit has conventional x-ray capability. One of our units has digital x-ray capability as well.
- We have amalgam and composite material for restoration. Shades available are A-1 through A-3.5, B-1 through B-3, C-1 through C-4 and D-2 through D-4 of condensable composite, an assortment of shades of flowable composite, posterior composite and Fugii in an assortment of shades.
- Sealant material is available.
- We have the following anesthetic:
  - Lidocaine 3% with Epinephrine 1:100,000
  - Articaine (Septocaine by brand)
  - Carbocaine
  - Cetinest Plain
  - Marcaine
- We have a wide assortment of burs including surgical burs.
- We have the general surgical instruments; upper and lower forceps; elevators; root tip instruments.
- We have the general dental instruments necessary to allow a dentist to do restoration of teeth with the exception of root canals.
- We have 3-0 plain gut suture.
- We have two (2) ultrasonic scalers for prophy care on each unit.
- We provide Amoxicillin 500 mg. or Clindamycin 150 mg. for those patients who require premedication.
- **Each dentist must have an assistant. If your assistant is not able to accompany you, please notify the project director so that an assistant can be made available for you.**
- Each dental volunteer should bring his/her own cover jacket.
- We provide powder-free nitrile gloves and an assortment of masks (ear loop, tie-on and molded). However, if you prefer a particular brand of these items, you may want to bring your own.
- We have all of the general dentistry instruments, but you will need to bring any special instrument(s) that "you cannot do without" as we might not have them. Feel free to contact the Baptist Mobile Dental Health Ministry Coordinator to ask if we have a particular instrument or supply.
- We provide a post-extraction packet with extra gauze, tea bag and Ibuprofen or Tylenol Extra Strength for extraction patients and have pre-printed post-op instructions in English, Spanish and a few other languages available for the patients to take home with them.
- You should bring your prescription pad in case you choose to prescribe a narcotic or antibiotic.

The mobile unit personnel are ultimately responsible for following OSH guidelines and ask the cooperation of the professional volunteers in maintaining OSHA standards.

Thank you so very much for your willingness to participate in this health event. If I can be of any assistance, please feel free to contact me using any of the information listed below.

Ted C. Kandler  
Baptist Mobile Dental Health Ministry Coordinator  
Baptist Mobile Health Ministry, Inc.  
Office: 770.936.5217  
Email: tkandler@gabaptist.org

## Information for Medical Personnel

Each of the Baptist Mobile Health Ministry Mobile Units has medical equipment and supplies for screening random blood glucose, anemia and blood pressure. There is also an eye chart available for vision screening. The local project director and his/her committee have determined what other information and screening may be offered.

Persons that are seeking medical treatment or advise will be asked to complete a medical history so that the Physician, PA or NP will be able to efficiently evaluate their needs. Diagnosis and treatment of general medical problems will be done at the discretion of the MD, PA or NP. Only minor surgical procedures should be attempted, i.e., splinter removal, I and D of a boil, etc. Patients found to have a medical problem must be cleared by the physician before they may have dental treatment or before leaving the premises. Any patient with an emergent problem must be advised of that problem and sent to the local hospital emergency department. If the patient refuses, he/she must sign a statement of refusal of care before being allowed to leave.

Patients in need of routine follow-up will be referred to the nearest health department unless a local area physician has agreed to see these patients for follow-up or continued care.

You will need to bring:

1. Your own barrier clothing
2. Your own stethoscope, ophthalmoscope and percussion hammer
3. Your prescription pad (We do carry generic prescription pads if you forget yours.)
4. Any sample medications that you find useful. (These medications must be taken back with you when you leave as we cannot store them on the unit.)

Please observe all infection control procedures and OSHA mandated regulations as you would in your office. BMHM personnel are ultimately responsible to see that OSHA standards are followed and appreciate your cooperation in this effort.

Thank you for your willingness to serve in this mission outreach of the Baptist Mobile Health Ministry and the organization that is sponsoring the event. Feel free to contact us if you have any questions.

Ted C. Kandler  
Baptist Mobile Dental Health Ministry Coordinator  
Baptist Mobile Health Ministry, Inc.  
Office: 770-936-5217  
Email: [tkandler@gabaptist.org](mailto:tkandler@gabaptist.org)



## Georgia Volunteer Health Care Program

### Overview

The *Georgia Volunteer Health Care Program (GVHCP)* of the Department of Public Health (DPH) works to increase access to quality health care for uninsured Georgians through volunteerism and state-sponsored sovereign immunity (SI). *GVHCP* provides SI protection to health care professionals (and their affiliated corporations) and clinics who treat uninsured individuals at or below 200 percent of the federal poverty level.

*GVHCP*, along with the State Emergency Registry of Volunteers in Georgia (SERVGA) and the Medical Reserve Corps (MRC), is part of **Georgia Responds**, a web based portal that connects all DPH volunteer programs and can be found online at [GeorgiaResponds.org](http://GeorgiaResponds.org).

### Benefits

In addition to the SI protection, serving your community and saving lives, physicians, dentists and dental hygienists can receive Continuing Education hours for their volunteer work. Private corporations such as LLCs, PCs, and PAs, which are affiliated with the volunteer provider, may also be protected under SI.

### Statistics (2016)

- \$21.6 million in health care services
- 134,000 patient visits
- Over 100 clinics and access points
- 3,300 health care providers
- 270,000 health care hours donated
- \$3.89 million in non-clinical services



### Structure

A Georgia health care professional with an executed *GVHCP* agreement who provides free care in a clinic or their private office is eligible for SI protection as long as they act within the scope of their expertise and are free from sanctions. Patients must be uninsured with income less than 200% of the FPL and be screened by a designated *GVHCP* Eligibility Specialist.

Clinic services vary by provider type and availability and can include medical, dental, vision, mental health, pharmaceutical and specialty care. Experimental procedures are not covered. Patients may not be charged for their visit but actual fees can be assessed for prescriptions, labs, supplies and ancillary services. "Volunteers in Medicine" and "Volunteers in Dentistry" licenses are available for retired or out of state Physicians and Dentists through their licensing boards.

### To Get Involved

Visit [www.georgiaresponds.org](http://www.georgiaresponds.org) or contact your Regional Volunteer Coordinator:

Region 1 (North Georgia)	Paulette Poole	<a href="mailto:paulette.poole@dph.ga.gov">paulette.poole@dph.ga.gov</a>	404.561.2363
Region 2 (Metro Atlanta)	Carla Catalon-Scott	<a href="mailto:carla.catalon-scott@dph.ga.gov">carla.catalon-scott@dph.ga.gov</a>	404.273.6278
Region 3 (Central Georgia)	Robyn Freeh	<a href="mailto:robyn.freeh@dph.ga.gov">robyn.freeh@dph.ga.gov</a>	706.421.6183
Region 4 (South Georgia)	Patricia Adamcak	<a href="mailto:patricia.adamcak@dph.ga.gov">patricia.adamcak@dph.ga.gov</a>	912.856.6369
Statewide Director	LaKieva Williams	<a href="mailto:lakieva.williams@dph.ga.gov">lakieva.williams@dph.ga.gov</a>	404.736.8163
Program Analyst	Yolanda Oliver	<a href="mailto:yolanda.oliver@dph.ga.gov">yolanda.oliver@dph.ga.gov</a>	404.808.2636





## Appointment Card

(Give the appointment card and the dental clinic medical form to the person at the time of screening.)

APPOINTMENT CARD			
_____	has an appointment to see a dentist on		
(Name)			
_____	at	_____	at
(Date)	(Time)	(Location)	
This is a <b>FREE</b> visit.			
Sponsored by _____			
(Name of Association/Church)			

## Modelo

(Entregue la tarjeta y la planilla de la clinica dental a la persona en el momento del examen.)

TARJETA PARA EL TURNO			
_____	tiene un turno para ver al dentista		
(Nombre)			
el	_____	A las	_____ en
(fecha)	(hour)	(lugar)	
Esta es una visita <b>GRATIS</b> .			
Patrocinada por _____			
(Nombre de la asociación/iglesia)			

# HEALTH SCREENING FORM

NAME \_\_\_\_\_  
(Nombre)

ADDRESS: \_\_\_\_\_

(Direccion) \_\_\_\_\_

TELEPHONE NUMBE \_\_\_\_\_  
(Telefono)

# SAMPLE

\_\_\_\_\_ (Dia de Nacimiento)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXAM	RESULTS	COMMENTS
<b>Blood Pressure:</b> (Presion Arterial)		
<b>Pulse:</b> (Pulso)		
<b>Glucose:</b> (Glucosa)		
<b>Hemoglobin:</b> (Hemoglobina)		
<b>Dental Exam:</b> Use triplicate form for patients needing fillings, extractions, or sealants in the unit (Examen Dental)		
<b>Eye/Vision Exam:</b> (Examen de Ojos)		
<b>Hearing Test:</b> (Examen de Audicion)		

**Authorization for medical and dental screening**

I hereby authorize the above medical and dental screenings provided by this free clinic, and agree to hold harmless the Baptist Mobile Health Ministry and any association, church, or individual volunteering their time for this event.

(Yo autorizo las iglesias, los dentistas y sus asistentes, los medicos, el Ministerio de Salud Movil Bautista y agencias participante, estan libre de responsabilidad en conexion con la feria de la salud.)

I do \_\_\_ do not \_\_\_ give permission for photographs to be made of me/my child (circle one) that may be used for the promotion of this ministry.

Yo doy \_\_\_ no doy \_\_\_ permiso para ser fotografiado yo o mi higo (marque uno) para ser usado en la promocion de este ministerio.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

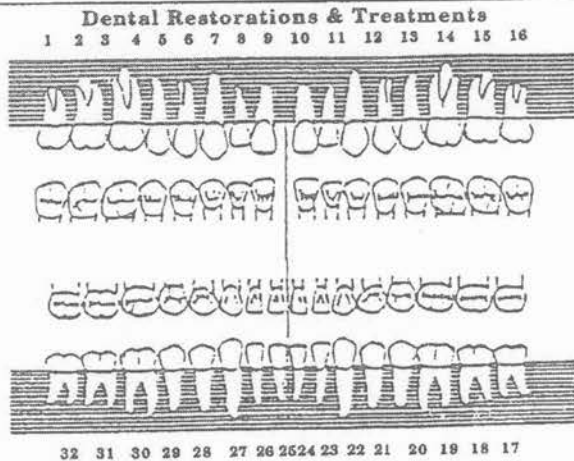
Did this patient need a referral? \_\_\_\_\_ If YES, to whom? \_\_\_\_\_

Dental Clinic Medical Record  
BAPTIST MOBILE HEALTH MINISTRY, INC.

NAME _____	DATE _____
Male _____ Female _____	_____
ADDRESS _____	_____
PHONE _____	Marital Status: S M D W
Has Medical/Dental Bus served y _____	_____
Where Employed? _____	_____
Usual Health Care Provider _____	_____

SAMPLE

<p><b>A. Has the client had or now have:</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Allergies</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 50%;"></td> </tr> <tr> <td>Asthma</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Venereal Disease</td> </tr> <tr> <td>Diabetes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>High Blood Pressure</td> </tr> <tr> <td>Epilepsy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Infectious Hepatitis</td> </tr> <tr> <td>Heart Disease</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Artificial Joints-hip/knee/etc.</td> </tr> <tr> <td>Kidney/Liver Disease</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Herpes</td> </tr> <tr> <td>Penicillin/other drug reaction</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>AIDS</td> </tr> <tr> <td>Rheumatic Fever</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prolonged Bleeding</td> </tr> <tr> <td>Tuberculosis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Radiation / Chemotherapy</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Other</td> </tr> </table>	Allergies	Yes	No		Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Disease	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Infectious Hepatitis	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Artificial Joints-hip/knee/etc.	Kidney/Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	Herpes	Penicillin/other drug reaction	<input type="checkbox"/>	<input type="checkbox"/>	AIDS	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged Bleeding	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Radiation / Chemotherapy				Other	Yes	No		Yes	No	
Allergies	Yes	No																																												
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Disease																																											
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure																																											
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Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Radiation / Chemotherapy																																											
			Other																																											
						B.P. _____  Pulse _____																																								
<p><b>B. Has the client experienced any unfavorable reaction from previous dental treatment?</b></p>			Yes <input type="checkbox"/> No <input type="checkbox"/>																																											
<p><b>C. Is client under the care of a physician?</b></p>			Yes <input type="checkbox"/> No <input type="checkbox"/>																																											
<p><b>D. Is client taking any medicine?</b></p>			Yes <input type="checkbox"/> No <input type="checkbox"/>																																											
<p><b>E. Is client in good health at present?</b></p>			Yes <input type="checkbox"/> No <input type="checkbox"/>																																											
<p><b>F. If client is female, is she pregnant?</b></p>			Yes <input type="checkbox"/> No <input type="checkbox"/>	<p><b>Medicines Presently Taking:</b></p> _____ _____ _____																																										



**REMARKS**

Number of Surfaces filled _____	Cleaning / Scaling <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Extractions _____	Other Procedures <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Sealants Placed _____	X-Ray <input type="checkbox"/> Yes <input type="checkbox"/> No

**CONSENT TO RENDER DENTAL SERVICES AND RELEASE OF LIABILITY FOR FREE DENTAL CARE**

I hereby certify that the information given above is true and correct to the best of my knowledge and belief.

I hereby authorize the dentists and chair assistants in attendance to examine and treat the applicant, which includes myself or my minor child or ward as applicable, and to perform all medical, dental and surgical procedures including anesthesia, as may be deemed necessary by the dentists. I also give consent to release medical information concerning my emergency dental care as well as information concerning my minor child or ward.

I hereby release and agree to hold harmless, the associations and churches, the dentists and chair assistants in attendance, the Baptist Mobile Health Ministry, Inc., and all other participating agencies and organizations from responsibility in connection with this Dental Care Program. I also give consent to all participating agencies and organizations to make whatever arrangements may be necessary for the transportation of myself or my minor child or ward; and I hereby release participating agencies and their agents from all responsibility and liability and agree to hold them harmless in connection with such transportation.

\_\_\_\_\_  
Signature of Applicant, (Parent or Guardian, if minor or adult adjudicated incompetent)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE OF TREATMENT

\_\_\_\_\_  
Signature of Dentist

**BAPTIST MOBILE HEALTH MINISTRY, INC.**  
**Medical Information Form**  
 2930 Flowers Road • Atlanta, GA 30341-5562

NAME _____	DATE _____
Male _____ Female _____	_____
AGE _____ Date of Birth _____	_____
ADDRESS _____	_____
PHONE _____	Marital Status: S M D W _____
Have you received medical care? _____	_____
Where Employed? _____	_____
Usual Health Care Provider _____	_____

SAMPLE

A. Has the client had or now have:	Yes	No	Yes	No	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Veneral Disease	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Infectious Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Artificial Joints-hip/knee/etc.	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Herpes	<input type="checkbox"/>	<input type="checkbox"/>
Kidney/Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin/other drug reaction	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged Bleeding	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>			

B.P. \_\_\_\_\_  
 Pulse \_\_\_\_\_

B. Has the client experienced any unfavorable reaction from previous dental treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Medicines Presently Taking:</i>
C. Is client under the care of a physician?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
D. Is client taking any medicine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
E. Is client in good health at present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
F. If client is female, is she pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

REMARKS \_\_\_\_\_

NOTE: Explain questions checked "yes" in categories A-D and "no" in category E.

CHIEF COMPLAINT (Why did you come to see the doctor today?)					
PRESENT ILLNESS					
PHYSICIAN EXAM					
TPR: _____	BP: _____	Bloodsugar: _____	Hgh: _____	Cholesterol: _____	UA: _____
ASSESSMENT/INTERVENTION					
TREATMENT:		teaching <input type="checkbox"/>	referral information:		
		meds given <input type="checkbox"/>			

**CONSENT TO RENDER MEDICAL SERVICES AND RELEASE OF LIABILITY FOR FREE MEDICAL CARE & SCREENING**

I hereby certify that the information given above is true and correct to the best of my knowledge and belief.

I hereby authorize the physicians and assistants in attendance to examine and treat the applicant, which includes myself or my minor child or ward as applicable, and to perform all medical, and surgical procedures including anesthesia, as may be deemed necessary by the physician. I also give consent to release medical information concerning my medical care as well as information concerning my minor child or ward.

I hereby release and agree to hold harmless, the associations and churches, the physicians and assistants in attendance, the Baptist Mobile Health Ministry, Inc., and all other participating agencies and organizations from responsibility in connection with this Medical and Screening Program. I also give consent to all participating agencies and organizations to make whatever arrangements may be necessary for the transportation of myself or my minor child or ward; and I hereby release participating agencies and their agents from all responsibility and liability and agree to hold them harmless in connection with such transportation.

Signature of Applicant, (Parent or Guardian, if minor or adult adjudicated incompetent)	DATE
_____	_____
Witness	Signature of Physician
_____	_____
BMHM - White Copy	Patient - Pink Copy
Local Association - Yellow Copy	

Ministerio de Salud Movil Bautisa  
Registro Dental

NOMBRE \_\_\_\_\_ FECHA \_\_\_\_\_  
 Varón \_\_\_\_\_ Hembra \_\_\_\_\_  
 DIRECCION \_\_\_\_\_  
 TELEFONO \_\_\_\_\_ ADO \_\_\_\_\_  
 ¿Usted ha recibido servicios mé \_\_\_\_\_  
 ¿DONDE TRABAJA? \_\_\_\_\_  
 DOCTOR REGULAR \_\_\_\_\_ PRIMERA LENGUA \_\_\_\_\_

**SAMPLE**

A. HA PADECIDO O PADECE USTED DE	NO	SI	Enfermedades venereas (Venereal Disease)	NO	SI
Alergias (Allergies)	<input type="checkbox"/>	<input type="checkbox"/>	Presion arterial alta (High Blood Pressure)	<input type="checkbox"/>	<input type="checkbox"/>
Asma (Asthma)	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis infecciosa (Infectious Hepatitis)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Coyunturas artificiales-cadera (Artificial Joints)	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsia (Epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>	Herpes	<input type="checkbox"/>	<input type="checkbox"/>
Enfermedades de corazon (Heart Disease)	<input type="checkbox"/>	<input type="checkbox"/>	Radiacion / Quimioterapia	<input type="checkbox"/>	<input type="checkbox"/>
Los riñones o del higado (Kidney/Liver Disease)	<input type="checkbox"/>	<input type="checkbox"/>	SIDA (AIDS)	<input type="checkbox"/>	<input type="checkbox"/>
Reaccion a la penicilina u otra medicina (Penicillin/other drug reaction)	<input type="checkbox"/>	<input type="checkbox"/>	Hemorragias prolongandas (Prolonged Bleeding)	<input type="checkbox"/>	<input type="checkbox"/>
Fiebre reumática (Rheumatic Fever)	<input type="checkbox"/>	<input type="checkbox"/>	Otro _____	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>			

B. ¿Ha tenido el paciente alguna reacción desfavorable en tratamientos? SI  NO

C. ¿Esta el paciente bajo atención medica? SI  NO

D. ¿Esta tomando el paciente alguna medicina? SI  NO

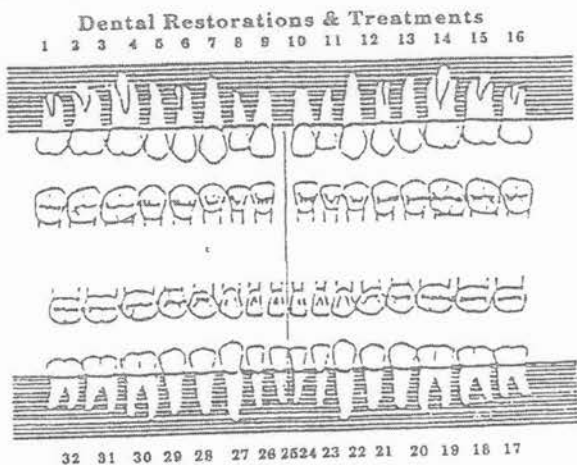
E. ¿Tiene el paciente buena salud? SI  NO

F. Si el paciente es mujer, esta encinta (en estado)? SI  NO

Nombre de Medicinas que estas tomando \_\_\_\_\_

B.P. \_\_\_\_\_

Pulse \_\_\_\_\_



REMARKS

Number of Surfaces filled \_\_\_\_\_ Cleaning / Scaling  Yes  No

Number of Extractions \_\_\_\_\_ Other Procedures  Yes  No

Number of Sealants Placed \_\_\_\_\_ X-Ray  Yes  No

**CONSENTIMIENTO PARA RENDIR SERVICIO DENTAL Y DECLARACION DE LIBERTAD DE RESPONSABILIDAD POR SERVICIOS GRATIS**

POR MEDIO DE ESTE DOCUMENTO YO CERTIFICO QUE LA INFORMACION QUE APARECE ARRIBA ES CORECTA Y VERDADERA DE ACORDO A MI CONOCIMIENTO Y CREENCIA.

AUTORIZO A LOS MEDICOS, DENTISTA Y SUS ASISTENTES PARA EXAMINAR Y TRATAR AL SOLICITANTE QUE ME INCLUYE A MI, A MI HIJO (A) O MENOR DE EDAD O MENOR A MI TUTELA. TAMBIEN PARA EJECUTAR CIRUGIA MEDICA/DENTAL INCLUYENDO LA ADMINISTRACION DE ANESTESIA COMO VEAN NECESARIO. DOY ADEMAS MI CONSENTIMIENTO PARA QUE ELLOS DEN INFORMACION MEDICA EN RELACION CON MI CUIDADO DENTAL Y INFORMACION CONCERNIENTE A MI HIJO (A) MENOR A MI TUTELA.

LA ASOCIACION, LAS IGLESIA, LOS MEDICOS, DENTISTA, PROFESIONALES, EL MIMISTERIO DE SALUD MOVIL BAUTISTA (B.M.H.M., INC.) AGENCIAS PARTICIPANTES ESTAN LIBRES DE RESPONSABILIDAD EN CONEXION CON EL PROGRAMA DE CUIDADO DENTAL. YO DOY MI CONSENTIMIENTO A TODAS LAS AGENCIAS Y ORGANIZACIONES PARA QUE HAGAN LOS ARREGLOS NECESARIOS DE TRANSPORTACION PARA MI, MI HIJO (A) O PARA MENOR A MI TUTELA Y LA VEZ DECLARO LIBRE DE RESPONSABILIDAD Y OBLIGACION A DICHAS AGENCIAS Y A SUS AGENTES EN CONEXION CON TAL TRANSPORTATION.

Firma del solicitante, Padre o guardian del nino o adulto incompetente (Signature of Applicant)

Fecha (Date)

Testigo (Witness)

Fecha (Date)

Firma de Dentista (Signature of Dentist)

**Ministerio de Salud Movil Bautista  
Registro Medico**

NOMBRE _____	FECHA _____
Varón _____ Hembra _____	_____
DIRECCION _____	_____
TELEFONO _____	_____
¿Usted ha recibido servicios médicos?	_____
¿DONDE TRABAJA? _____	_____
DOCTOR REGULAR _____	PRIMERA LENGUA _____

**SAMPLE**

- |   |                          |                          |  |                          |                          |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| A. HA PADECIDO O PADECE USTED DE  | NO                       | SI                       |  | NO                       | SI                       |
| Alergias (Allergies)  | <input type="checkbox"/> | <input type="checkbox"/> | Enfermedades venereas (Venereal Disease)           | <input type="checkbox"/> | <input type="checkbox"/> |
| Asma (Asthma)   | <input type="checkbox"/> | <input type="checkbox"/> | Presion arterial alta (High Blood Pressure)        | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes  | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis infecciosa (Infectious Hepatitis)        | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsia (Epilepsy)  | <input type="checkbox"/> | <input type="checkbox"/> | Coyunturas artificiales-cadera (Artificial Joints) | <input type="checkbox"/> | <input type="checkbox"/> |
| Enfermedades de corazon (Heart Disease)                                   | <input type="checkbox"/> | <input type="checkbox"/> | Herpes   | <input type="checkbox"/> | <input type="checkbox"/> |
| Los riñones o del hígado (Kidney/Liver Disease)                           | <input type="checkbox"/> | <input type="checkbox"/> | SIDA (AIDS)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Reacción a la penicilina u otra medicina (Penicillin/other drug reaction) | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Fiebre reumática (Rheumatic Fever)  | <input type="checkbox"/> | <input type="checkbox"/> | Hemorragias prolongandas (Prolonged Bleeding)      | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuberculosis  | <input type="checkbox"/> | <input type="checkbox"/> | Otro _____   | <input type="checkbox"/> | <input type="checkbox"/> |

- |   |                             |                             |                                       |             |
|---|-----------------------------|-----------------------------|---------------------------------------|-------------|
| B. ¿Ha tenido el paciente alguna reacción desfavorable en tratamientos? | SI <input type="checkbox"/> | NO <input type="checkbox"/> | Nombre de Medicinas que estas tomando |             |
| C. ¿Esta el paciente bajo atención medica?                              | SI <input type="checkbox"/> | NO <input type="checkbox"/> | _____                                 | B.P. _____  |
| D. ¿Esta tomando el paciente alguna medicina?                           | SI <input type="checkbox"/> | NO <input type="checkbox"/> | _____                                 | Pulse _____ |
| E. ¿Tiene el paciente buena salud?                                      | SI <input type="checkbox"/> | NO <input type="checkbox"/> | _____                                 |             |
| F. Si el paciente es mujer, esta encinta (en estado)?                   | SI <input type="checkbox"/> | NO <input type="checkbox"/> | _____                                 |             |

**OBSERVACIONES**

PROBLEMA (¿Porque usted ha venido al medico? (Chief Complaint)					
ENFERMEDAD (Present Illness)					
OBSERVACIONES DEL MEDICO (Physical Exam)					
TPR:	BP:	Bloodsugar:	Hgh:	Cholesterol:	UA:
ASSESSMENT/INTERVENTION					
TREATMENT:		teaching <input type="checkbox"/>	referral information:		
		meds given <input type="checkbox"/>			

**CONSENTIMIENTO PARA RENDIR SERVICIO DENTAL Y DECLARACION DE LIBERTAD DE RESPONSABILIDAD POR SERVICIOS GRATIS**

POR MEDIO DE ESTE DOCUMENTO YO CERTIFICO QUE LA INFORMACION QUE APARECE ARRIBA ES CORECTA Y VERDADERA DE ACUERDO A MI CONOCIMIENTO Y CREENCIA.

AUTORIZO A LOS MEDICOS Y SUS ASISTENTES PARA EXAMINAR Y TRATAR AL SOLICITANTE QUE ME INCLUYE A MI, A MI HIJO (A) O MENOR DE EDAD O MENOR A MI TUTELA. TAMBIEN PARA EJECUTAR CIRUGIA MEDICA INCLUYENDO LA ADMINISTRACION DE ANESTESIA COMO VEAN NECESARIO. DOY ADEMAS MI CONSENTIMIENTO PARA QUE ELLOS DEN INFORMACION MEDICA EN RELACION CON MI CUIDADO MEDICOS Y INFORMACION CONCERNIENTE A MI HIJO (A) MENOR A MI TUTELA.

LA ASOCIACION, LAS IGLESIA, LOS MEDICOS PROFESIONALES, EL MIMISTERIO DE SALUD MOVIL BAUTISTA (B.M.H.M., INC.) AGENCIAS PARTICIPANTES ESTAN LIBRES DE RESPONSABILIDAD EN CONEXION CON EL PROGRAMA DE CUIDADO MEDICO. YO DOY MI CONSENTIMIENTO A TODAS LAS AGENCIAS Y ORGANIZACIONES PARA QUE HAGAN LOS ARREGLOS NECESARIOS DE TRANSPORTACION PARA MI, MI HIJO (A) O PARA MENOR A MI TUTELA Y LA VEZ DECLARO LIBRE DE RESPONSABILIDAD Y OBLIGACION A DICHAS AGENCIAS Y A SUS AGENTES EN CONEXION CON TAL TRANSPORTATION.

Firma del solicitante, padre o guardian del niño o adulto incomtente (Signature of Applicant)	Fecha (Date)	
Testigo (Witness)	Fecha (Date)	Firma de Medico (Signature of Physician)

BMHM - White Copy

Local Association - Yellow Copy

Patient - Pink Copy

## Volunteer Statement of Confidentiality

Recognizing that every person is entitled to have any and all personal health information kept confidential and being aware of HIPAA regulations, I will comply with the following Statements:

1. I will not divulge to anyone the name of any person who has come to this clinic for treatment.
2. I will not discuss with anyone any information that has been disclosed to me regarding an individual that receives assistance and/or treatment at this clinic.
3. I may discuss information that is necessary to render assistance or treatment of a client and then only with appropriate personnel.
4. I will not take any written information regarding a client or his/her care from these premises unless I am the person responsible for permanent safe keeping.

1. _____	14. _____
2. _____	15. _____
3. _____	16. _____
4. _____	17. _____
5. _____	18. _____
6. _____	19. _____
7. _____	20. _____
8. _____	21. _____
9. _____	22. _____
10. _____	23. _____
11. _____	24. _____
12. _____	25. _____
13. _____	26. _____

## VOLUNTEER SIGN-IN SHEET

PLEASE PRINT

	NAME	CATEGORY	TIME IN	TIME OUT	TOTAL HRS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

## WHEN A PATIENT REFUSES TO ACCEPT URGENT/EMERGENCY CARE

- ◇ On occasion, there may be a patient/client who is diagnosed in the health screening as having an illness or condition that requires urgent or emergency care (dental or medical) beyond which can be provided at the health event, but refuses the follow-up care or transportation which is offered.
  - ◇ In the event that such urgent/emergency follow-up care is refused, a healthcare professional must complete the *Refusal of Urgent/Emergency Care* form provided with the Project Planning Manual in Section B. The BMHM Point Person should have already distributed the form and explained its use during orientation.
  - ◇ To complete the form, a healthcare professional must first explain the condition or illness that requires follow-up care. If at all possible, this should be the same professional who determined that this was an urgent situation. He/she must also explain, as fully as reasonably possible, the potential complications or problems that may result from a refusal to have or be transported for follow-up care.
  - ◇ If, after the explanation of the problem and potential complications from refusal and if after indicating that the care is available, the patient/client continues to refuse the care, begin the completion of the form. Have the same healthcare professional fill in the blank areas in the form with the patient's name, the condition and name of the sponsoring organization as called for. The names of the healthcare professional and sponsoring organization should be inserted in the last blank. Each statement is to be read to the patient/client by the healthcare professional and he/she is to initial the blank next to the statement signifying that they understand it.
  - ◇ Have the individual sign the document in the presence of a witness who must also sign. If the individual refuses to sign, note on the form "Refusal to sign, but refused care after disclosure", sign the form and have a separate witness sign the healthcare professional's signature.
  - ◇ This document is necessary to protect the Project Director, the sponsoring organization, the healthcare providers who volunteer their time and services and BMHM. The document must be completed fully at the time the patient/client refuses the care. The original document is retained by the Project Director and attached to the paperwork that is kept by the sponsoring organization. The Project Director is to ensure that a copy is provided to the BMHM Point Person or BMHM's records.
- \*\* This page and the *Refusal of Urgent/Emergency Care* form should be printed as a double-sided document so that these instructions will be on the reverse side of the form.

## REFUSAL OF URGENT/EMERGENCY CARE

Name \_\_\_\_\_

\_\_\_\_\_ I have been informed that the health screening I have received today has indicated that I have or may have \_\_\_\_\_ (condition) which calls for urgent/emergency care.

\_\_\_\_\_ I understand and have been told about the nature of the condition, the need for urgent/emergency care and the possible complications resulting from not having follow up care by \_\_\_\_\_ (name of health care provider).

\_\_\_\_\_ I do not accept the urgent/emergency care for my illness/condition.

\_\_\_\_\_ The \_\_\_\_\_ (organization/event) offered to locate and take me to a location that may have available care for me for the illness/condition,

\_\_\_\_\_ I understand that I can have the care and ride/transportation to the hospital, doctor's/dentist office or other medical facility.

\_\_\_\_\_ I understand that I must pay for the urgent/emergency care or ride/transportation, unless some other program/group can give me or pay for the care. The Baptist Mobile Health Ministry (BMHM) and \_\_\_\_\_ (organizations) cannot pay for this care or ride/transportation.

\_\_\_\_\_ I do not expect \_\_\_\_\_ (organizations), any healthcare professional or BMHM to have responsibility or liability for any present or future injury or damages that may be caused by the condition or my refusal of urgent/emergency care.

\_\_\_\_\_ (signature)

\_\_\_\_\_ (date)

Witnessed by:

\_\_\_\_\_ (signature)

\_\_\_\_\_ (print name)

\_\_\_\_\_ (address)

\_\_\_\_\_ (address)

\_\_\_\_\_ (date)

## FORMULARIO DE RECHAZO DEL CUIDADO MEDICO O URGENTE

Nombre complete \_\_\_\_\_

(Marque una "X" despues de haver leído las siguientes oraciones)

\_\_\_\_\_ Se me ha informado que el examen medico de hoy indica que tengo o puedo tener \_\_\_\_\_ (mi condicion y necesita cuidado de emergencia o urgente.

\_\_\_\_\_ Yo comprendo y se me ha informado que la naturaleza de me condicion medico necesita cuidado urgente o de emergencia y las posibles complicaciones que pueden surgir si no atiendo el problema \_\_\_\_\_ (nombre del medico).

\_\_\_\_\_ Yo rechazo el cuidado urgente o de emergencia de mi enfermedad/condicion.

\_\_\_\_\_ La \_\_\_\_\_ (organizacion) o evento) ha ofrecido buscarme y hevarme a una localidad que pudiera tener cuidado medico para mi enfermedad o condicion.

\_\_\_\_\_ Yo comprendo que en este momento tenga el cuidado y la transportacion al hospital o al doctor/ dentist o algun otro centro medico.

\_\_\_\_\_ Yo comprendo que tengo que pagar por el cuidado urgente o de emergencia o la transportacion, solamente que algun programa/grupo me de o pague por el cuidado medico. El Ministerio de Salud Movil Bautista no puede pager por este servicio.

\_\_\_\_\_ Yo no espero \_\_\_\_\_ (organizacions) que ningun cuidado medico professional o el Ministerio de Salud Movil Bautista sean responsables por mi enfermedad/condicion (medica) de hoy o despues de hoy y libero a todos de cualquier dano por mi condicion (medica) presente o future o oir nu rechazo al cuidado urgente /emergencia.

Firma \_\_\_\_\_

Fecha \_\_\_\_\_

Testigos:

Firma \_\_\_\_\_

Nombre escrito \_\_\_\_\_

Direcion \_\_\_\_\_

Fecha \_\_\_\_\_

### Clinic Operation Summary Report

**Sponsoring Organization:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Project Director:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of Event (if different than above)** \_\_\_\_\_

**Location:** \_\_\_\_\_

Please indicate the numbers of each of the following categories. Use N/A if needed. Complete one form for each day of the project, including the day of screening.

**Medical Patients** \_\_\_\_\_

**Vision** \_\_\_\_\_

**Glucose tests** \_\_\_\_\_

**Hemoglobin tests** \_\_\_\_\_

**Other Services:**

Type	Number of Patients
_____	_____
_____	_____
_____	_____
_____	_____

**Medical Personnel:**

**Physicians** \_\_\_\_\_

**Physician Assistant** \_\_\_\_\_

**Nurse Practitioners** \_\_\_\_\_

**Nurses** \_\_\_\_\_

**Students** \_\_\_\_\_

Others:	Number
_____	_____
_____	_____
_____	_____

**Dental Personnel:**

**Dentists:** \_\_\_\_\_

**Hygienist:** \_\_\_\_\_

**Dental Assistant** \_\_\_\_\_

**Students** \_\_\_\_\_

**Persons Screened for Dental Care** \_\_\_\_\_

**Dental Patients** \_\_\_\_\_

**Hygiene Patients** \_\_\_\_\_

**Clinic Operation Summary Report**  
**Page Two**

**Presentation of the Gospel** \_\_\_\_\_

**Profession of Faith** \_\_\_\_\_

**Other Decisions** \_\_\_\_\_

**Ministry Personnel:**

**Director of Missions** \_\_\_\_\_

**Pastor** \_\_\_\_\_

**Counselors**

**Lay** \_\_\_\_\_ **Ordained** \_\_\_\_\_

**Other Church or Association Staff** \_\_\_\_\_

**Lay Volunteers** \_\_\_\_\_

**Thank you for all that was done in preparation and on the days of the project. We praise the Lord for the seeds that were sown and for the harvest that will come.**

## Project Evaluation Form

Sponsoring Organization: \_\_\_\_\_

Project Dates: \_\_\_\_\_ Project Director: \_\_\_\_\_

### The Mobile Unit:

Please comment on the general cleanliness, operational condition, safety of the mobile unit and the equipment, and instruments on board.

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### The Project:

Did the Project Planning Manual offer you the help you needed in planning this project?

Comments: \_\_\_\_\_

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What do you feel was accomplished?

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What can be done to improve this type of project in the future?

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Do you feel that the witnessing opportunities were effective?

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Project Evaluation Form  
Page 2

How many health kits were given out to those who came? \_\_\_\_\_

Will you plan to have another project? Why or Why not.

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Additional Comments \_\_\_\_\_

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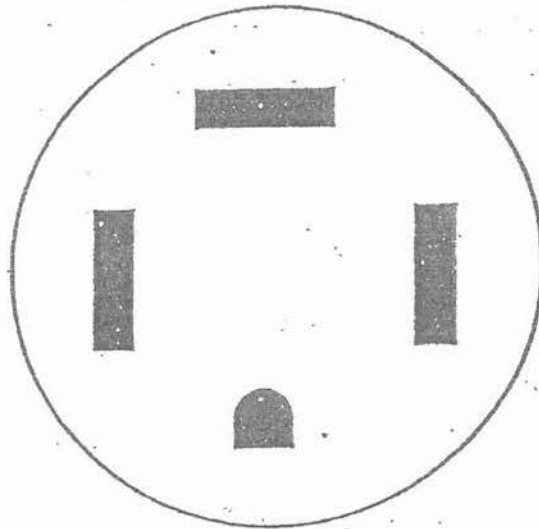
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail to: Baptist Mobile Health Ministry, Inc.  
6405 Sugarloaf Parkway  
Duluth, Georgia 30097-4092

# APPENDIX C

## Dental Unit Receptacle



### Manufacturer Information:

Hubhbl 9460A  
NEMA 14-60R  
60 AMP 125/250V  
3P-4W

### Important Information:

- Electrical hookup and water connection need to be within 100 feet of the unit.
- If it is decided to purchase and install the above receptacle, it can be flush or surface mounted near or on a breaker panel.
- If it is decided not to install the receptacle and it has been decided that the unit will be powered by your commercial power, an electrician should be present at the time of hookup to insure the safety of wiring into your power source.
- If neither of these options are to be utilized, then the mobile unit will be powered using our on-board generator.

## Baptist Mobile Healthcare Ministry Health Care Kits

Every health event should provide the persons who come for assistance with a gift of a **Health Care Kit**. Kits consist of personal care items, a Gospel tract and a New Testament or an entire Bible placed in a one-gallon Ziploc bag for distribution. Personal items can be purchased at nominal cost from "Dollar Stores" and may include:

Wash Cloth	Toothbrush (soft)
Comb	Toothpaste
Soap	Dental Floss
Shampoo	Deodorant
Gospel Tract or Bible	

\*No mouthwash unless it contains not alcohol

Place all items into a one-gallon Ziplock bag

Collecting and preparing these kits can be a great project for families, mission groups, VBS and Sunday School classes. Simply place a list of the items into a one-gallon Ziplock bag and distribute the bags asking they fill the bags with the items. Another way is to ask your church to collect the items and then have a target group in your church put them into the Ziplock bags. If your church is too small to do this, ask other churches in your association to take on the project with your church.

Many church or associational groups throughout the state of Georgia prepare the kits as ongoing projects and then get them to the BMHM office for use during other projects that cannot provide their own kits. If you need kits for your project and cannot provide them, contact the BMHM office at 770-936-5217 and extras will be made available.

## CHILDCARE LIABILITY

In years past, we lived in much simpler times. We did not have to lock our doors or pass the stranded motorist for fear of our lives. Our children were able to play outside and go to school without the thought that they would or would not safely return to us. Churches and organizations that render child care of any degree are being advised to take precautions against legal actions from parents who feel that their children have been harmed while under their care.

To address this concern, the Georgia Baptist Mission Board (GBMB) has adopted a Child Protection Program and, as a ministry of GBMB, Baptist Mobile Health Ministry, Inc. (BMHM) must follow the guidelines set forth in this policy. All volunteers rendering care of children up to 17 years of age must undergo a background check before participating in one of our projects. BMHM is responsible for seeing that our Direct Volunteers, i.e., Driver/Coordinators, Unit Coordinators and those persons who serve with the Ministry frequently have had this done and have also received certification in the *Ministry Safe* course offered by the Mission Board. However, it would be impossible to us to see that the indirect volunteers, i.e., the lay and professional volunteers that you recruit, have been cleared. Therefore, we must ask that you be responsible for complying with this requirement.

**BMHM does not recommend that you provide childcare during your event. Instead, we ask that you ask the patient during the telephone triage for dental screening or during any other contact with prospective patients that they not bring their children with them. If they choose to have their child accompany them, they should also bring someone with them to care for the child. If you do elect to provide childcare, please continue reading to understand the requirements of the GBMB and BMHM that must be met.**

You will receive a document entitled *Indemnity Provision* explaining the GBMB Child Protection Program and the Indemnity Provision that applies to your church or association. This must be signed and returned to the BMHM office before we can participate in your health event. In so doing, you are informing us that our organization has a procedure in place that assures compliance with this program.

Make advance preparation to insure that you not only protect the children who will attend your event, but that you protect you church and those who are the caregivers. You may already have a system in place for occasions such as this. The following are items that we think are important:

1. Always have two (2) persons caring for children and have a female present when a male is a caregiver. Optimally, married couples should not serve together unless there is a third person assisting them. (Spouses will rarely speak out against one another if there is accusation of wrong-doing and the courts cannot require this should there be a legal problem.)
2. Utilize a system of linking the child with the person who left him/her in your care other than a sign-in sheet. In this day of dysfunctional households, the child does not understand that he/she cannot go with the parent who is under a restraining order. They just know this is a parent that they love and will want to leave with him/her if they ask for the child, especially if the child has not seen the estranged parent in a while.
3. Children should be accompanied to the restroom, preferably by a person of the same gender. If it is not necessary for the person to give direct supervision, then the volunteer should remain at the door and not go inside. If direct care is required, it might be better if two (2) persons escort the child.

## WITNESSING OPPORTUNITIES

Actions speak louder than words, but actions and words speak volumes. Your walk and your talk can build relationships for sharing your faith. Be open and willing to listen. Be ready to plant seeds.

Never pressure individuals or imply that the person must accept Christ in order to receive assistance. If counselors from *There's Hope for the Hungry* or other counselors are in place so that the patient may hear the Gospel presented, do not imply that the person must meet with them in order to receive assistance. Do not mention the free box of food that they can receive. As a volunteer encounters patients, provide any needed assistance, engage in conversation and let the circumstances furnish the lead-in for personal witnessing. Should the Holy Spirit lead you to go deeper with your conversation, then begin your approach to the presentation of the Gospel.

If there are no counselors scheduled, utilize volunteers who have expressed that they have been trained in witnessing techniques or that they feel comfortable with intentional evangelism. There are a number of helps that you can make available to them. Introduce them to or provide training in such faith-sharing plans as *CWT*, *Evangelism Explosion*, *the Roman Road*, *the ABC's of Salvation*, etc. Visuals such as the *Evangelcube* or a witnessing bracelet can be very effective. Scripture portions or tracts can be given to a person for reading at a later time. Normally, patients appreciate prayer for their needs and this may serve as a lead-in to personal witnessing. However, the Holy Spirit utilizes any of us who make ourselves available to Him; therefore, each of us needs to pray for that opportunity and be ready to respond.

Personal experiences provide an appropriate opening for a testimony. For example:

- A. If a person is having difficulty with the children — “Parenting is difficult. I appreciate the fact that my mother took me to church from an early age.”
- B. If the person has complained of always having to move from place to place — “I have had to move several times; however, one strength that I have found in every new community is the church.”
- C. If the person is at the point of tears — “Let’s just stop right now and ask God to help us with this really difficult situation.”
- D. If the person is from another state or country unfamiliar to you — “I don’t know much about your country/state. Tell me about it.”
- E. Lead questions/statements to identify common ground might be:
  1. “Where are you from?”
  2. “What’s your work?”
  3. “Tell me about your family.”
- F. Some lead-ins might be:
  1. “I can relate to that ...”
  2. “I remember when ...”
  3. “Before I became a Christian ,,”
  4. “Before you go, I’d like to talk with you about something that is important to me.” (Share your testimony or witness briefly and sensitively.)

The message of salvation may be communicated by your manner in sharing and caring, by word of mouth and by God’s written Word. Thus, we introduce Jesus Christ to people who normally do not attend church worship services. Every service opportunity is an occasion for personal witness, opening doors to share Christ’s love and salvation. Your offer of friendship, understanding and assistance will mean much in your witness to the unsaved and needy.