

NC Baptists on Mission

Health Screening Ministry



Clinic Planning Manual

Table of Contents

Letter from Richard Brunson	3
Purpose Statement	4
Reservation Procedure	5
Overview of Health Screening Clinic.....	6
Guidelines for Planning the Clinic.....	7-8
Healthcare Volunteer Sample Schedule.....	9
Target Population	10
General Information	11-12
Parking Requirements	13
To Do List/Timeline	13-14
Clinic Day	15
Cross Cultural Clinics	16
Hygiene Kits and Evangelistic Tracts.....	17
Electrical Requirements.....	19
Exposure Control Plan.....	21
Supplies on the mobile Health Screening Ministry unit.....	22
Eye Equipment.....	23
Insurance and Liability	24
General Statute for Volunteer Healthcare Providers in NC.....	25
NC Board of Nursing statement on standing orders.....	26
NCBM Standing Order Client Disposition Policy.....	27
NCBM Standing Order Finger Stick Policy.....	28
NCBM Standing Order Patient Confidentiality Policy.....	29
Counseling Documentation (Form 12).....	31
Volunteer Sign-In Info	32
Licensed Healthcare Team Leader (Form 20).....	33
Health Ministry Coordinator Contact Information.....	34
Statement of Beliefs	34

Dear Friends,

Thank you for your interest in using the Health Screening Ministry mobile unit to meet the physical and spiritual needs of those in your community. I am thankful that our medical volunteers, churches, and NCBM have seen this as a great need in our state and that God made this vehicle available to us. I am also thankful that volunteers and health care professionals are willing to give of time and expertise to make this ministry possible.

Because of your willingness to partner with us in this ministry, we ask that you carefully follow the material in this packet. Good planning is essential for a meaningful project. There are significant financial costs for North Carolina Baptists to provide this ministry, so we ask that you take good care of this unit. It belongs to the Lord.

My prayers are with you as you minister in His Name, and as you represent the name of Christ and North Carolina Baptists in your community.

Sincerely,

Richard Brunson
Executive Director
NCBM

Purpose Statement

North Carolina Baptists On Mission seek to share the love of Christ through the Health Screening Ministry. This ministry provides not only basic health screening clinics, but spiritual assessments and counseling as well. Our mission is to reach a vast population including the uninsured, under-insured, and impoverished. Our hope is that by meeting a physical need, a spiritual door will open and the message of Jesus can be shared.

Additional Goals

Nursing programs, Schools of Medicine, Physician Assistant programs, and other collegiate healthcare programs are encouraged to utilize the ministry for rural/community health screening clinics under the supervision of faculty. As students are exposed to rural/community health needs within this setting, our hope is they will seek a career path that will not be solely contained within the walls of an institution or facility. We pray that this will make a lasting impression on them as they seek to serve in the future.

Health Screenings May Include:

- Hemoglobin A1C for diabetes screening
- Cholestech LDX for Total Cholesterol and HDL results
- Body Mass Index calculation
- Depression screening
- Vital signs assessment
- Heart Disease Risk Assessment
- Basic Eye Exams

NCBM Health Screening Ministry Reservation Procedure

The North Carolina Baptists on Mission Health Screening Ministry offers a mobile unit to provide health screenings to patients who otherwise cannot afford it. Health screenings are **FREE** to patients. The costs to the church or sponsoring organization are listed below. The unit will be available to churches, community organizations, and faith based organizations.

1) Contact the Baptists on Mission office, 919-459-5603, or by email at kwatson@ncbaptist.org to set a tentative date for the health screening clinic.

2) The deposit for reserving the mobile unit is \$250 for **each clinic day** requested. The requested date is confirmed once the deposit is received in the NCBM office. If someone else requests the same date, and your deposit has not been received, you will be contacted to confirm your intentions. The deposit will be applied to any fees incurred including:

- a) Screening fee of \$10 per patient.
- b) Vehicle gas fee of \$0.75/mile from the Cary office to the requested location and back
- c) Generator use fee of \$10/hour (for locations that do not have a 220 outlet available)

Fees not covered by the deposit will be billed after the clinic date. The *minimum* charge for use of the unit is \$250. ***If you must cancel, please do so at least EIGHT (8) WEEKS in advance of your scheduled date, since last minute cancellations render the unit unusable. A \$250 cancellation fee will be charged per each reserved day cancelled.***

3) NCBM will provide a host and a driver for the unit. If overnight stay is required, the **reserving entity** will be responsible for providing **hotel accommodations (equivalent at minimum to a Holiday Inn Express) and meals** for the host and driver. This will be requested if the clinic location is farther than one hour from Cary.

4) The reserving entity will be responsible for staffing the unit. The *minimum* requirement for the lead staff member is a Registered Nurse with current BLS and active licensure in the state of NC. The RN (or higher licensure status) will be responsible for oversight of all blood testing and adhering to the screening values and disposition policy. Non-medical personnel may be utilized for patient registration, data collection, spiritual counseling and prayer. If an educational facility is reserving the unit, there must be faculty members on the unit when students are performing any health screening activities.

5) The reserving entity will be responsible for setting up a local referral network for patients who need to be seen post-screening for follow-up care. (County health departments should be contacted prior to the unit arriving and asked if they would be able to see the patients from the health fair.) This referral information would need to be given to the patients at the end of their screening.

6) The reserving entity should have a plan of action for where to send patients should an emergent situation arise on the day of screening.

Krissy Watson BA, CDA
kwatson@ncbaptist.org

919-459-5603 (o)
984-220-1507 (c)

Overview- What is needed for my clinic to be successful?

At any given time, you will need the following minimum number of volunteers for the Health Screening Ministry mobile clinic:

(The longer your clinic goes, the more volunteers you will need, if you are having them work in shifts.)

*****The maximum number of patients you can see in one hour will be 6, based on the time it takes to result the blood tests.*****

- **Registration Area: 1 lay volunteer**
- **Vitals Assessment Area: 1 healthcare volunteer trained to take manual blood pressures**
- **Blood Testing Area: 2 health care volunteers** (nurses, EMTs, Med Techs, Lab Techs, CNAs).
- **Summary/Referral Station: 1-2 health care volunteers**
*****The Healthcare Provider at this station (at minimum) must be a Registered Nurse but can be a Nurse Practitioner, PA or Physician. All MUST have current BLS and NC licensure*****
- **Data Collection/Check-Out Station: 1 lay volunteer**
- **Eye Screening Station:** If you are able to get a volunteer optometrist or ophthalmologist to work your clinic, we will provide eye screening equipment for your event.
- Pastors and/or church members are needed to spend time with each patient and/or family to pray with them, share the plan of salvation, and offer counseling.
- Additional volunteers may be utilized for childcare while parents are being screened. You may also want to include an area to offer snacks and drinks.
- *****We highly suggest offering other incentives during your clinic such as a food pantry, clothing ministry, community luncheon, free haircuts or car washes, backpack buddies program, or holding the event during a community wide park day/festival/craft fair to draw in potential participants*****
Offering the clinic in a low income neighborhood or community parking lot many times will draw more participants as well.

Guidelines for Planning Your Screening Day

1. **Form a planning committee**- This committee will need to begin preparations several months in advance of the clinic day. This will need to be a working committee comprised of the following suggested committee members:
 - Project Director
 - Team Leader for Volunteer Enlistment
 - Team Leader for Patient Contact
 - Healthcare Volunteers (MDs, DOs, Eye Doctors, FNPs, PAs, RNs, EMTs, LPNs, students)
 - Healthcare Team Lead
 - Logistics Coordinator
2. **Assign duties to committee members**- (suggestions below)
 - **Project Director**- Gives overall supervision and guidance to the project, serves as a liaison between your organization and NCBM, arranges for the reservation/scheduling/financing of the ministry, ensures all forms are completed and forwarded to NCBM, and evaluates the project
 - **Team Leader for Volunteer Enlistment**- Recruits healthcare professionals (*minimum* lead licensed personnel must be a Registered Nurse with active NC licensure and current BLS) and prepares a work schedule for them. Recruits lay personnel for childcare, counseling, prayer, and language interpretation. Provide a work schedule for lay personnel.
 - **Team Leader for Patient Contact**- Determines the target patient population and advertises the clinic to them.
 - **Healthcare Volunteers**- Provide counsel to the committee. Assist in the recruitment of other healthcare personnel.
 - **Healthcare Team Lead** (required for the entire clinic day) – *At minimum*, must be a RN with current licensure and BLS certification. This volunteer will be **required to sign a form verifying they are currently and duly licensed and are not subject to any enforceable actions against their license**. NCBM does not cover medical malpractice under their insurance. (NC General Statute listed at the end of this manual.)
 - **Logistics Coordinator**- Serves as the liaison between the planning committee and the contact person at the project location (if at a different location). Assures bottled water, snacks, and *lunch* are made available to driver/host, healthcare personnel, and volunteers. Assures that all supplies are available for any special activities (children's games, arts and crafts, tents). Sees to the electrical needs of the unit, provides tables,

chairs, and other supplies as needed. Determines the most appropriate parking space for mobile unit (passenger side door will need to face the building). Contacts the driver/host and NCBM with directions to project site. Contacts NCBM concerning the need for *hotel arrangements and transportation* for driver/host. ***(If travel time from Cary to your site is greater than 1 hour, hotel accommodations will be needed)***. Arranges transportation for the driver and host to/from the hotel and restaurants, if they park the unit on site and set it up the evening prior to clinic. *(If the mobile unit is set up on your site the night before the clinic, please call your local Sheriff's office and request that they drive past your site at night to decrease the risk of vandalism to the unit)*. Serves as the Safety Advisor, coordinating vehicular traffic and people flow.

3. Follow Up- After the completion of the health screening clinic, the committee should meet for evaluation and future planning. Recall the purpose of sponsoring the event: to meet both physical and spiritual needs. How is follow-up occurring? You have the names and addresses of the patients. Consider adding them to your mailing list for one year. Invite them to special events sponsored by your organization. If they mentioned a special need, let them know you are continuing to pray for them.

****A referral list needs to be assembled prior to the clinic day by the reserving organization. Health Departments are good places to start for referral source contacts. You may want to also check with social services and your local hospital for input. NCBM will not be responsible for gathering any referral contacts. ****

****When identifying referral sites for the patients from your clinic, let the sites know that the patients will be seen at a free health screening clinic. These patients will likely not have insurance, and will have little income. Ask if they have sliding scale payments, and if they have a representative that could come talk with the patients after they are seen. If they are not able to send a representative, print their information and give it to your HealthCare Team Leader to give to the patients after they are screened. We have pre-printed referral forms on the unit. They can take this information with them to the follow up visit. ****

- Project Director Name: _____
- Team Leader for Volunteer Enlistment: _____
- Team Leader for Patient Contact: _____
- Healthcare Volunteers: _____
- Healthcare Team Lead: (must be a RN *at minimum* with current licensure): _____
- Logistics Coordinator: _____

Sample schedule for Volunteers

CLINIC DATE: _____ **First Shift:** _____

Registration Table: (1 layperson per shift): _____

Vital Signs Station: (1 healthcare volunteer per shift): _____

Blood Testing Stations: (2 healthcare volunteers per shift): _____

Summary-Referral Station/Healthcare Team Leader: (1-2 healthcare volunteers per shift, at minimum, must be a currently licensed RN with BLS certification): _____

Check-Out Station/Data Collection: (1 layperson per shift): _____

Lay Personnel: (various non-medical volunteers needed throughout the day for prayer, care packages, snack/lunch, etc.): _____

CLINIC DATE: _____ **Second Shift:** _____

Registration Table: (1 layperson per shift): _____

Vital Signs Station: (1 healthcare volunteer per shift): _____

Blood Testing Stations: (2 healthcare volunteers per shift): _____

Summary-Referral Station/Healthcare Team Leader: (1-2 healthcare volunteers per shift, at minimum, must be a currently licensed RN with BLS certification): _____

Check-Out Station/Data Collection: (1 layperson per shift): _____

Lay Personnel: (various non-medical volunteers needed throughout the day for prayer, care packages, snack/lunch, etc.): _____

Target Population

The planning committee should identify a target population. The clinic may be open to the general public, or to a specific group of people. Groups of people that could benefit from this ministry include: low income apartment complexes, rescue missions, homeless shelters, farm workers, carnival workers, and community outreach participants.

How to notify your target patient population:

Social media is very useful in getting the word out for community events. Consider posting your clinic on Facebook, your church's website, etc.

Flyers and word of mouth advertisement are also very effective tools for notification. If focusing on the Hispanic community, place flyers (in Spanish) in local neighborhoods and restaurants. If you aren't sure who to target, contact your local division of social services, food banks, soup kitchens, or churches/schools in low income areas.

*****We highly suggest offering other incentives during your clinic such as a food pantry, clothing ministry, community luncheon, free haircuts or car washes, backpack buddies program, or holding the event during a community wide park day/festival/craft fair to draw in potential participants** Offering the clinic in a low income neighborhood or community parking lot many times will draw more participants as well.***

The target patient group should not be your church members. The goal is to reach out to those within your community. Please keep this in mind when identifying a target patient population.

General Information

- Communication and appropriate *training of volunteers* is extremely important. Manuals and a training video will be sent to your coordinator prior to your clinic date. Please ensure volunteers are aware of their duties and have the training material sent to them at least one week in advance.
- Please keep in mind the need for confidentiality and security when medical questions are being asked.
- No one under the age of 18 should be screened.
- *The maximum number of patients that can be seen each hour is 6, based on the speed of the blood analyzers.*

Medical Equipment Supplied

- Blood pressure readings will be performed using a manual sphygmomanometer and stethoscope. This is due to the inability to calibrate automated blood pressure machines. The health screening unit will be stocked with stethoscopes, sphygmomanometers, thermometers, Cholestech LDX machine and refrigerated cartridges, Afinion AS100 A1C machine and refrigerated cartridges, lancets, first aid items, and other medical supplies deemed necessary. (*Please do not hand out any drugs/ointments to patients from the First Aid kit. We are not licensed as a pharmacy, nor do we have standing orders to give medication. Please use the first aid medications for personal use only, unless there is a physician on board who can give orders to medicate.*) You are welcome to use your own stethoscopes and other equipment as desired. The unit also contains an Automated External Defibrillator and ammonia inhalant.
- An **Incident Report** needs to be completed for any emergencies, needle sticks, accidents, disgruntled patients, etc.

Childcare

- The planning committee may choose to set up a childcare center for the children of patients and the children of volunteers. These volunteers should be experienced in childcare or the church nursery. This may include CPR training. Responsibility lies with the sponsoring organization for child safety and liability. Activities should be planned for all ages and languages.

Food and Drinks

- Food and drinks are not allowed on the mobile unit, as blood testing will be performed in this area. Bottled water should be provided for all volunteers. The church/organization may choose to provide snacks/lunch to volunteers only, or to volunteers and patients.

Handicap Access

- The mobile health screening unit is **NOT** handicapped accessible. All patients will need to be able to walk up steps to enter the mobile unit.

Logistics

- The planning committee will need to appoint someone familiar with the facility and equipment to handle logistics. The logistics volunteer:
 - Determines if an electrical connection exists on site for the mobile health screening unit (220 volt). The mobile unit is equipped with an on-board generator which can be used by your facility if you do not have an appropriate electrical outlet. **(See Appendix B)**
 - Coordinates with the building custodian to make sure the building is opened and closed. They also coordinate the heating/air needs within the facility.
 - Determines the parking site for the mobile health screening unit, and parking for volunteers and patients.
 - Makes arrangements for *hotel accommodations* for the driver and host if needed. ***(Needed if travel time >1hour from Cary)***. Arranges transportation for the driver and host to/from the hotel and restaurants, if the bus is set up the evening prior to the clinic. *(If the mobile unit is set up on your site the night before the clinic, please call your local Sheriff's office and request that they drive past your site at night to decrease the risk of vandalism to the unit).*
 - Acts as the Safety Advisor, coordinating vehicular traffic and people flow. They are also responsible for setting up the registration/waiting area and making directional signage.

Mobile Health Screening Ministry Parking Requirements

- The unit is a 38-foot-long RV. It will require significant space for parking and turning around. A level parking space is essential. The unit must be completely level before the slide outs can be opened. The unit is approximately 13 feet high, and 13 feet wide.
- Please ensure that both the parking area and the entrance to/from the parking area are clear of limbs, branches, and electrical lines.
- The steps and patient entrance are on the passenger side of the unit. Therefore, the passenger side of the vehicle should face your patient waiting area. Patients should not cross vehicular traffic to enter and leave the unit.



40 feet long

13 feet wide

13 feet tall

To Do List/Timeline of Events

To Do List	Due Date	Person Responsible
Obtain information regarding unit from NCBM	9 months to a year prior	
Pray for guidance in decision making	continuous	
Get support from church/organizations	9 months to a year prior	
Enlist committee members	9 months to a year prior	
Choose date for clinic	9 months to a year prior	
Notify church office to reserve space	9 months to a year prior	

Mail \$250/day deposit to BOM	9 months to a year prior	
Enlist healthcare professional volunteers	9 months to a year prior	
Determine clinic hours must be 6-8 hours	9 months to a year prior	
Determine target patient population	9 months to a year prior	
Determine if electrical outlet is available	6 months prior	
Enlist volunteers for registration/food prep/runners/logistics	6 months prior	
Ask children's group or youth to provide hygiene kits (toothpaste/toothbrush/comb/soap/lotion)	6 months prior	
Determine meals needed/snacks/beverages	6 months prior	
Determine if childcare will be offered	6 months prior	
Order witnessing tracts/material	6 months prior	
Make directional signage	4 months prior	
Assign someone to receive/answer phone calls regarding the event	4 months prior	
Provide volunteers with a list of responsibilities	4 months prior	
Notify custodian of any special needs in building	4 months prior	
Send a written reminder to healthcare professionals	4 months prior	
If you do not have appropriate staff to run the clinic, CANCEL at least 8 weeks out so you don't forfeit the deposit	8 weeks out	
List specific prayer requests in church bulletin	8 weeks out	
Determine the parking area and ensure the entrance/exit are clear of all branches/limbs	4 weeks out	
Advertise to target patient population	4 weeks out	
Make copies of volunteer instructions and counselor sheets.	4 weeks out	
Enlist childcare volunteers	4 weeks out	
Contact NCBM regarding hotel accommodations/reservations for host/driver	4 weeks out	
Train volunteers and counselors. <i>Send volunteers training video and manuals.</i>	4 weeks out	
Collect all materials needed (pens,clipboards,crafts/games,chairs)	4 weeks out	
Provide NCBM with driving directions/details	4 weeks out	
Ensure you have Form 20 completed for the Healthcare Team Leader/s. Please scan or fax to chorton@ncbaptist.org	2 weeks out	
Purchase bottled water/sodas/snacks/food for lunch/paper products	1 week out	
Notify all volunteers of meals being provided and childcare if applicable	1 week out	
Talk with bus driver by phone	1 week out	

Clinic Day

- Please start your clinic day with prayer.
- The Project Director or assigned volunteer should greet the mobile unit upon arrival. This may be on the evening prior to the clinic day. If so, the driver and host may need transportation from the clinic location to their hotel and to a restaurant for dinner. A volunteer will also need to pick up the driver and host from the hotel the next morning and ensure that breakfast is provided. The driver/host may choose to arrive on the day of the clinic. If so, they will arrive up to one hour before the clinic is set to begin. The Project Director or assigned volunteer needs to be on site an hour before clinic start time to show the driver where to park and to assist with setting up the clinic. This person should know the location of the electrical outlet, if available. (see **Appendix A**).
- The driver/host will have a **CLINIC FOLDER** which contains yellow volunteer sheets, clinic summary form, and a clinic evaluation.
 - Every volunteer needs to sign the **YELLOW VOLUNTEER SHEETS**. (Form 15)
- The driver and host will introduce the healthcare professionals to the mobile health screening unit. The driver and/or host will remain with the unit throughout the day to help locate equipment and supplies as needed.
- The first stop for patients is **Registration**. Patients will then proceed to the **Vital Signs** assessment area, then to the **Blood Testing** station, then to the **Depression Screening/Summary-Referral** station, and then to the **Check-Out Data Collection** station. You may choose to have an **Eye Screening** station if you are able to recruit an eye doctor. We will supply the eye equipment with prior notification from you. The last station can be a ministry area outside the mobile unit where patients can receive a hygiene kit, free food/clothing, prayer station, and church/organizational information.
- Please try to ensure the clinic ends on time. The driver/host will need one hour to close the unit and prepare for travel. Take into account that the unit may be traveling a long distance after everyone else has made it home.
- When the last patient is being seen, the **Project Director** will need to meet with the driver/host to complete appropriate forms in the **CLINIC FOLDER**.
- Someone should stay on sight until the driver leaves.
- Offer a prayer of thanksgiving for the lives that were touched by the ministry.

Cross Cultural Clinics

If working with language groups:

- Enlist several interpreters:
 - To greet patients and to interpret for consent/health assessment form completion
 - To interpret for the health screening professionals
 - To share the gospel
- The promotional material used to invite the community to the clinic will need to be prepared in the appropriate language.
- The patient consent/health screening assessment forms are available on the mobile unit in English and Spanish. If other language groups may be present, local interpreters will be needed.
- Please ensure patients are seen in order to prevent unrest.
- If possible, provide evangelical tracts in each specific language and a listing of cross-cultural churches in the area.

Hygiene Kits, Evangelistic Tracts, Adding Other Events:

- Organizations should prepare hygiene kits for each patient if possible.
- A kit can include any of the following:
 - Toothbrush
 - Toothpaste
 - Dental Floss
 - Soap
 - Washcloth
 - Deodorant
 - Comb
 - Lotion
 - Shampoo
- All kits should contain an evangelistic tract/and or Bible in the appropriate language.

Adding Other Events:

Sometimes it is helpful to offer other events in conjunction with a Health Screening clinic to draw patients in. Many people don't go to the doctor unless something is "hurting". There is a great need for preventative care, such as screenings, to identify chronic preventable disease processes prior to them developing into larger health issues. *Try offering one or more of the following events in addition to the clinic to draw a larger number of patients:*

- Plan your clinic in conjunction with other events (town concert, craft bizarre, back to school bash, parade)
- Offer free haircuts or car washes
- Free hot dog lunch
- Food pantry
- Care packages
- "Free" yard sale or clothing give a way

Appendices

Appendix A

Electrical Requirements/Connections

Shore Power - Electricity provided to the RV by an external source other than the RV batteries or generator.

The electrical hookup will require the plug/outlet listed here.

4 prong 50 amp supply
220 Volts



In the absence of an electrical hookup, the mobile health screening unit is equipped with a generator. A fee of \$10/hour is billed to the sponsoring organization for use of the generator

Appendix B

- Exposure Control Plan
- Supplies
- Eye Screening Equipment
- Insurance and Liability
- Standing Orders

Exposure Control Plan Summary

Infection control is a priority within any healthcare setting. The prevention of cross contamination and transmission of infection to all persons, including patients, healthcare workers, or lay volunteers, is the responsibility of all personnel. Due to the nature of their professional activities, healthcare personnel are at risk for occupational exposure to potentially infectious material. Occupational exposure can potentially occur during any health screening assessment.

A fundamental principle of any infection control program is to exercise care, precaution, and effective techniques that can keep infectious microbes within manageable limits of the body's normal resistance to disease. The following policies/procedures have been instituted to address issues related to infection control with regards to the mobile Health Screening Ministry unit.

1. Universal Precautions should be implemented whenever there is the potential for contact with blood or body fluids.

Specifically, the following procedures should be applied:

- a) Hand hygiene must be performed before and after direct patient contact, before gloves are put on, immediately after gloves are removed, and whenever contact with blood or other potentially infectious material has occurred.
 - b) Disposable gloves must be worn when performing finger stick procedures
 - c) Disposable gloves must be worn when handling any equipment or items contaminated with blood, saliva, or other body fluids.
 - d) Gloves must be changed and discarded between patients.
 - e) An eye wash station is available for eye/mucous membrane exposure.
 - f) If a provider should be exposed by way of needle stick, please inform the NC Baptist Men's office immediately. Complete the **Incident Report Form (Form 5)** found in the planning manual.
2. Contaminated needles or sharps must not be bent, recapped, or removed.
 3. Contaminated needles must be placed in puncture resistant containers, appropriately labeled as contaminated sharps, after they are used. These containers must be upright and not overfilled. They must be completely sealed prior to removal. The health screening ministry coordinator will remove and dispose of filled sharp containers, and will replace containers as needed.
 4. All patient care equipment should be wiped down between patients with approved disinfectant.
 5. Eating, drinking, and smoking are prohibited on the mobile health screening unit, due to the risk of occupational exposure to blood.
 6. Food and drinks **are not** to be kept in refrigerators, freezers, shelves, cabinets, or on countertops where blood or other potentially infectious materials are present.
- Healthcare volunteers: Please **discard all contaminated sharps and used cartridges in the sharps containers**.
- Drivers/hosts have been instructed NOT to handle these items.

Supplies On the Mobile Health Screening Ministry Unit

- Afinion AS 100 A1C machine and refrigerated cartridges
- Cholestech LDX machine and refrigerated cartridges
- 40 microliter lancets
- Capillary tubes and plungers
- Alcohol wipes
- Gauze
- Basic glucometer (for emergency testing only)
- Manual sphygmomanometers
- Stethoscopes
- Temporal artery thermometers
- Infrared No Touch thermometers
- Weight Scale
- Height measurement board
- Depression screening tool
- Vision Screener, Ophthalmoscope, Tonopen for vision exams
- Basic first aid supplies
- AED
- Fire extinguisher

Purchase of supplies will be made by the Health Screening Coordinator at the NCBM office. Suggestions for needed supplies can be made to the host/driver.

Donations are welcomed. The driver/host will make a record of your donation on a form provided on the mobile unit. NC Baptist Men is a 501c3 non-profit organization. You will receive a receipt for tax purposes.

Eye Screening Equipment Available Upon Request

If you would like to utilize the eye screening equipment as a separate testing station, please notify Krissy Watson prior to your clinic date. You will need an optometrist or ophthalmologist to operate this equipment. Please see descriptions below:

Icare TA01i Tonometer:



Demonstration Video:

<https://www.youtube.com/watch?v=OJso6-m711I>

Titmus V4 Vision Screener:



Demonstration Video:

(This video is for the V2 model which is similar to, but not exactly like our V4 model. This video starts midway the demonstration, so you'll need to back it up to the beginning)

<https://www.youtube.com/watch?v=UfRhx2b1buc&t=201s>



Welch Allyn Pan Optic Ophthalmoscope

Instructions for Use:

https://www.youtube.com/watch?v=8xRjP_zbSI

Insurance and Liability

- Collision and liability insurance are carried by the NCBM.
- Our insurance does **NOT** cover malpractice for the healthcare providers on the mobile unit.
- North Carolina General Statute 90-21.16 applies to any volunteer medical provider licensed or certified in this state who provides services within the scope of their licensure at a free clinic. It deems that the volunteer shall not be liable for injuries unless it is established that injuries were by gross negligence, wanton conduct, or intentional wrongdoing. This notice is stated on each patient's consent form, per the NC General Statute guidelines.
- ***Faculty members are responsible for overseeing the work performed by their students.***
- Patients are required to sign a "Consent to Render Service and Release of Liability for Care" form prior to treatment. This documentation is part of the health assessment form. Please do not do anything with the patient until the consent form is signed!!
- Please refer to the NC General Statute on the next page regarding volunteer healthcare providers. Also attached is the NC Board of Nursing Position Statement on Standing Orders. This gives RN's permission to use our standing orders, as dictated by our Medical Director.

§ 90-21.16. Volunteer health care professionals; liability limitation.

(a) This section applies as follows:

(1) Any volunteer medical or health care provider at a facility of a local health department or at a nonprofit community health center,

(2) Any volunteer medical or health care provider rendering services to a patient referred by a local health department as defined in G.S. 130A-2(5), nonprofit community health center, or nonprofit community health referral service at the provider's place of employment,

(3) Any volunteer medical or health care provider serving as medical director of an emergency medical services (EMS) agency, or

(4) Repealed by Session Laws 2011-355, s. 7, effective June 27, 2011.

(5) Any volunteer medical or health care provider licensed or certified in this State who provides services within the scope of the provider's license or certification at a free clinic facility, who receives no compensation for medical services or other related services rendered at the facility, center, agency, or clinic, or who neither charges nor receives a fee for medical services rendered to the patient referred by a local health department, nonprofit community health center, or nonprofit community health referral service at the provider's place of employment shall not be liable for damages for injuries or death alleged to have occurred by reason of an act or omission in the rendering of the services unless it is established that the injuries or death were caused by gross negligence, wanton conduct, or intentional wrongdoing on the part of the person rendering the services. The free clinic, local health department facility, nonprofit community health center, nonprofit community health referral service, or agency shall use due care in the selection of volunteer medical or health care providers, and this subsection shall not excuse the free clinic, health department facility, community health center, or agency for the failure of the volunteer medical or health care provider to use ordinary care in the provision of medical services to its patients.

(b) Nothing in this section shall be deemed or construed to relieve any person from liability for damages for injury or death caused by an act or omission on the part of such person while rendering health care services in the normal and ordinary course of his or her business or profession. Services provided by a medical or health care provider who receives no compensation for his or her services and who voluntarily renders such services at the provider's place of employment, facilities of free clinics, local health departments as defined in G.S. 130A-2, nonprofit community health centers, or as a volunteer medical director of an emergency medical services (EMS) agency, are deemed not to be in the normal and ordinary course of the volunteer medical or health care provider's business or profession.

(c) As used in this section, a "free clinic" is a nonprofit, 501(c)(3) tax-exempt organization organized for the purpose of providing health care services without charge or for a minimum fee to cover administrative costs.

(c1) For a volunteer medical or health care provider who provides services at a free clinic to receive the protection from liability provided in this section, the free clinic shall provide the following notice to the patient, or person authorized to give consent for treatment, for the patient's retention prior to the delivery of health care services: "NOTICE

Under North Carolina law, a volunteer medical or health care provider shall not be liable for damages for injuries or death alleged to have occurred by reason of an act or omission in the G.S. 90-21.16 Page 2 medical or health care provider's voluntary provision of health care services unless it is established that the injuries or death were caused by gross negligence, wanton conduct, or intentional wrongdoing on the part of the volunteer medical or health care provider."

(d) A nonprofit community health referral service that refers low-income patients to medical or health care providers for free services is not liable for the acts or omissions of the medical or health care providers in rendering service to that patient if the nonprofit community health referral service maintains liability insurance covering the acts and omissions of the nonprofit health referral service and any liability pursuant to subsection (a) of this section.

(e) As used in this section, a "nonprofit community health referral service" is a nonprofit, 501(c)(3) tax-exempt organization organized to provide for no charge the referral of low-income, uninsured patients to volunteer health care providers who provide health care services without charge to patients. (1991, c. 655, s. 1.; 1993, c. 439, s. 1; 1995, c. 85, s. 1; 2000-5, s. 4; 2001-230, ss. 1(a), 1(b); 2009-435, s. 1; 2011-355, s. 7; 2013-49, s. 1.)



STANDING ORDERS

POSITION STATEMENT for RN and LPN Practice

A Position Statement does not carry the force and effect of law and rules but is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

Issue:

Standing orders allow for the facilitation of timely interventions and the removal of barriers to care for various patient populations. Standing orders are the signed instructions of a provider authorized by state law to prescribe the medical treatment and/or pharmaceutical regimen. Standing orders describe the parameters of specified situations under which the nurse may act to carry out specific orders for a patient presenting with symptoms or needs addressed in the standing orders. They outline the assessment and interventions that a licensed nurse (RN or LPN) may perform or deliver. It is not within the nurse's scope of practice to make a medical diagnosis, identify medical problems, develop medical treatment plans, or declare someone "free" of illness. Standing orders must be in written form and signed and dated by the provider.

Standing orders may be implemented in a variety of outpatient and inpatient settings including emergency, intensive care, and acute care units. Examples of situations in which standing orders may be utilized include, but are not limited to:

- a) administration of immunizations (e.g., influenza, pneumococcal, and other vaccines),
- b) treatment of common health problems,
- c) health screening activities,
- d) occupational health services,
- e) public health clinical services,
- f) telephone triage and advice services,
- g) nurse-on-call services,
- h) orders for lab tests or treatments for certain categories of patients, and
- i) frequently occurring orders implemented when indicated for specific patient populations, diagnoses, and symptoms.

Agency:

Agencies utilizing standing orders should have policies in place which allow for the use of standing orders and procedures that describe the process for development and approval of standing orders within the organization or agency.

Components of Standing Orders should include:

1. Condition or situation in which the standing order will be used;
2. Assessment criteria;
3. Subjective findings;
4. Objective findings;
5. Plan of Care including:
 - a) Medical treatment/pharmaceutical regimen if subjective and objective findings as listed above are present,
 - b) Nursing actions, and,
 - c) Follow-up or monitoring requirements
6. Criteria or circumstances for which the physician, nurse practitioner, or physician assistant is to be called;
7. Date written or last reviewed; and
8. Signature of provider

Note:

In some systems, standing orders may be titled "protocols" and if so, must meet all the requirements of this statement.

References:

Nursing Practice Act, G.S. 90-171.20 (7) (f) & (8) (c).

Revised: 4/2007; 5/2009; 12/2009, 9/2015

Reviewed: 2/2013

North Carolina Baptist Men Screening Values and Client Disposition (ADULTS) Policy

Policy Approval Date: July 2021

Medical Director Approval: Dr Robert Stewart

Purpose: Provide a plan of care for medical treatment if subjective and objective findings listed below are present

Personnel/Skill Level: Registered Nurse with active licensure in the state of North Carolina with current Basic Life Support Certification, *at minimum*. Screening test results will be compared to the criteria below, and follow up resources identified for each clinic.

Applies to: Adult patients only

1. Blood Pressure:

Acceptable Range

≤ 120/80 mm Hg

≥ 90/60 mm Hg

Out of Range Referral

>130/85 mm Hg

<90/60 mm Hg

(Refer to primary care physician for follow up)

Urgent Referral

>190/110 mm Hg

<80/50 mm Hg

(or anyone that is symptomatic)
Call the patient's primary care physician for referral instructions, or send patient to urgent care/ER depending on symptoms

2. Blood Glucose:

Acceptable Range

Fasting 60-100 mg/dl

Non-fasting 70-140 mg/dl

Out of Range Referral

≥100 mg/dl

≥140 mg/dl

(Refer to primary care physician for follow up)

Urgent Referral

≥350 mg/dl

≤40 mg/dl, ≥350 mg/dl

(Call the patient's primary care physician for referral instructions, or send patient to urgent care/ER depending on symptoms)

3. A1C:

Acceptable Range

≤5.6

Out of Range Referral

5.7-6.4 *Pre Diabetic* (see doctor within 3 months)

6.5-10 *Diabetic* (see doctor within one month)

11-<14 (see a doctor within a week)

Urgent Referral

≥14 (Send to ER)

4. Total Cholesterol/HDL levels used for Framingham Risk Assessment. None are urgent.

5. Depression Screening Positive: Assess situation and refer to primary care or ER.

Call 911 for ALL EMERGENCIES!! State the following, "This is a mobile Health Screening Unit, and we are located at _____ (give the location). We have a _____ (type of emergency, ie. Cardiac arrest, seizure, stroke). We need help immediately. Don't hang up with the dispatcher. **Begin Basic Life Support/First Aid and attach AED as necessary.**

North Carolina Baptist Men
Standing Orders- Finger Stick Policy

Policy Approval Date: July 2021

Medical Director Approval: Dr Robert Stewart

Purpose: Provide appropriate direction regarding the need for finger stick blood testing in regards to Health Screening Ministry Clinics.

Personnel/Skill Level: Licensed and un-licensed personnel needing physician orders to perform blood testing, utilizing only CLIA waived tests.

Applies to: Patients needing blood testing to complete their health screening.

All patients will complete the basic Health Screening Consent and Assessment Form. Based on the results of this Health Screening Assessment Form, the need for blood testing via finger-stick will be evaluated. This form serves as a standing order for all finger stick blood testing deemed appropriate based on the previously stated guidelines. Results of such testing shall be compared against the Screening Values and Client Disposition (ADULTS) Policy.

North Carolina Baptist Men Patient Confidentiality Policy

Policy Approval Date: July 2021

Medical Director Approval: Dr Robert Stewart

Purpose: Ensure patient privacy and confidentiality

Personnel/Skill Level: All staff members are responsible for adhering to this policy

Applies to: All health screening participants

The NCBM Mobile Health Screening Ministry is committed to protecting the privacy of its participants. It shall strictly govern the disclosure of any participant information to anyone other than a staff member involved in screening services. Any person who engages in the unauthorized disclosure of any information concerning a participant may be subject to immediate reprimand.

Policy:

Ensure that all participant personal health information remains confidential. Volunteers are required to comply with the following guidelines:

1. Volunteers shall not discuss any participant information in an external or internal environment (such as the mobile unit/church/or location away from these areas) where such information could be heard by unauthorized personnel.
2. If asked about a participant by anyone other than NCBM Mobile Health Screening Ministry volunteers involved in the screening of the participant, or the participant's legal guardian, volunteers will disclose no information without proper consent or authorization by the participant.
3. All volunteers shall abide by the NCBM Health Screening Ministry's policy, and shall not disclose any portion of a participant's screening record, or the information contained therein, except in accordance with the Health Screening Ministry's policy. All volunteers must ensure that confidential medical records and documents containing participant information be kept secure and not be left unattended in an unsecured area.

If you suspect that any volunteer has breached this policy, please report your concerns to the Health Screening Ministry Coordinator, or to the Project Director for that location. If you have questions, please contact Krissy Watson, Ministry Coordinator NCBM. kwatson@ncbaptist.org or 919-459-5603.

Appendix C

Forms

Form 12

Prayer Partner Form

Guest First Name _____ Date _____

How can we pray for you today? Any specific needs or concerns?

Do you attend church? ☐ yes ☐ no Name of church _____

Do you know Jesus as your personal savior? ☐ yes ☐ no

If not, do you want more information about knowing Jesus? ☐ yes ☐ no

If you would like further contact from this church/sponsoring organization please fill out the following:

Name _____

Address _____

City _____ Phone _____

Prayer Partner Section:

Did this person make a profession of faith today? ☐ yes ☐ no

Did this person recommit their life to Christ today? ☐ yes ☐ no

Signature of Prayer Partner _____

Volunteer Information

Please scan have all volunteers scan the QR code for record of their serve. This is a yellow laminated sheet that the bus driver will have or it is also posted on the walls of the health unit.

Form 20- Healthcare Team Leader

To Be Completed By:

- **Licensed Healthcare Provider-Team Leader**
- **Collegiate Healthcare Program Faculty that participate with students**

This form needs to be completed by the sponsoring organization's Healthcare Team Leader/s and returned to NC Baptist Men prior to the clinic. FAX: 919-460-6329, or emailed to kwatson@ncbaptist.org

Reserving Organization: _____

Clinic Date: _____

The Healthcare Team Leader is responsible for oversight of all blood testing, and ensuring that only currently licensed personnel (*minimum* of a Registered Nurse in the state of NC) review the assessment data and adhere to the screening values and disposition policy (attached)

Responsibility of patient care will only be assumed by the volunteer healthcare providers while the patient is in direct contact with the provider. No responsibility will be assumed by collegiate programs or healthcare providers past the date and time of direct care. Collegiate programs will be working with this ministry as a clinical training site and community volunteering opportunity for students.

If the Team Leader is a RN, you agree to adhere to the standing orders associated with the mobile unit, falling under the direction of our Medical Director. Standards of care are listed under the Client Disposition Policy. (attached)

Healthcare Team Leader Information

Name _____ Credentials **MD DO NP PA RN**

Phone _____ Email _____

Professional License # _____

I certify that I am actively and duly licensed in the state of North Carolina, and that I have current BLS certification. I also certify that I do not have any enforceable legal actions against my licensure at this time. Collegiate Healthcare Program Faculty will be present and oversee their students at all times when working with this ministry.

Signature

Date

Contact Information

Krissy Watson CDA, BA
Ministry Coordinator
North Carolina Baptist Men
Post Office Box 1107
Cary, North Carolina 27512

919-459-5603

Fax Number 919-460-6329

kwatson@ncbaptist.org

NC Baptist Men/Baptists on Mission Statement of Our Beliefs- We are a Christian missions organization that is an auxiliary to the Baptist State Convention of NC. The purpose of NCBM is to help churches involve their members in missions. At times, non-Christians/non-church members may also participate with us in certain ministries and projects. We welcome others to come and see that God gives new life to us through the death and resurrection of Jesus Christ. We expect all volunteers (Christian and non-Christians) to not say or act in opposition to our stated beliefs below.

