

Open Space Missions Manual



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I. FOUNDATIONAL PRINCIPLES & IDENTITY

'For you always have the poor with you, and whenever you want, you can do good for them'

I.1. OSM Mission, Vision & Values

Our Mission

Our mission is to build global relationships and provide life changing-First Impact resources to meet the urgent needs of underserved communities.

Our Vision.

Our vision is to see lives and communities around the world impacted, renewed, and strengthened by genuine relationships, and deeply encouraged through our dedicated service

Our Core Values

- 1. Compassion Centered**

We lead with compassion, seeing every person as bearing inherent worth and dignity.

- 2. Whole-Person Integrity**

We do not separate physical care from spiritual care. Healing the body, uplifting the spirit, and empowering the mind are intertwined in our work. How we serve is as important as why.

- 3. Empowering Partnership**

We do not just arrive; we come alongside. We serve under the authority of local community leaders, working to strengthen, equip, and leave behind sustainable initiatives.

- 4. Faithful Excellence**

We offer the highest standard of care our context allows. Professionalism in our clinics, preparedness to do our work with excellence.

I.2. Guiding Principles of Ministry & Medical Care

Quality Care: Excellence as a Testimony

OPEN SPACE MISSIONS is committed to providing safe, timely, effective, efficient, equitable, and patient-centered care in all our outreach settings. We believe that medical excellence honors God and dignifies those we serve.

- Professional Standards: Our medical teams are composed of licensed professionals who maintain current credentials. All volunteers, medical and non-medical, undergo specific training for cross-cultural ministry.
- Evidence-Based Practice: We utilize internationally and nationally (within the country of intervention) recognized, evidence-based protocols appropriate for the primary care and public health context of our outreaches.
- Leadership: The medical focal person on each outreach provides direct clinical leadership and oversight, ensuring standards are maintained.

Team Readiness & Activation

Our effectiveness depends on thorough preparation.

- Following a decision to launch an outreach, the Team Leader conducts a final review of all mission-critical supplies, technology, and documentation using a master checklist.
- Each team member receives an OPEN SPACE MISSIONS identification, this manual, and necessary support documents prior to deployment.
- The standard field uniform is modest, culturally appropriate, and functional—typically consisting of closed-toed shoes, work pants or scrubs, and an OPEN SPACE MISSIONS team shirt. Camouflage patterns are not worn. The Team Leader has final authority on attire and may send a team member out of the field for non-compliance.
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Appropriate & Needs-Based Care

We provide care based on the assessed needs of the community, in close partnership with local structures.

- We work exclusively through and with our local church partners in full collaboration with the **local health authorities**. Together, we determine the scope and services of medical outreach.
- We use standardized triage and patient flow processes to ensure orderly and equitable access to care for all.
- Stabilization & Referral: Our clinics provide acute and primary care, with a key function being the identification and stable referral of patients who require higher-level or specialized care. We integrate into the local referral system in collaboration with our partners.

Equitable & Culturally Sensitive Care

We serve all people, reflecting honest equality.

- In accordance with our mission, care is delivered based solely on need. We make no distinction in service based on ethnicity, nationality, religion, gender, or social status.
- We are particularly attentive to the needs of vulnerable populations within a community (e.g., the elderly, disabled, very poor, orphans, etc.) and design our outreach flow to ensure they have access to care and spiritual ministry.
- All care is delivered in a culturally sensitive manner. Our partnership with the local church is essential for navigating cultural nuances with respect.

Ethical Care: Our Moral Foundation

Our ethics are rooted in principles of truth and professional medical standards.

- The best interest of the individual patient is our first consideration in any clinical decision (**Patient-Centered Care**).
- The Consent Treatment Form will be used as needed, and care options will be explained via a local interpreter, except in dire emergencies where immediate care is lifesaving.
- Patient privacy is rigorously protected. Consultations are private, and medical data is collected and used ethically, with respect for patient confidentiality.
- Care is **documented** simply and clearly. Patients have a right to understand their treatment.

Accountable Care: Stewardship & Integrity

The privilege to serve comes with profound responsibility.

- OPEN SPACE MISSIONS is accountable to God, the Host Nation Government, the Host Nation Ministry of Health, our local church partners, the host community, and our donors.
- We operate with fiscal and operational transparency. We commit to critical evaluation of our outreaches to ensure effectiveness, efficiency, and the welfare of both beneficiaries and team members.
- We abide by the local laws and customs of the nations we serve, under the guidance of our local partners.

Integrated & Coordinated Care

We do not work in isolation.

- Coordination with our local community and church leaders is the cornerstone of our model. They are the sustainers of the work long after our team departs.
- We seek to integrate our temporary medical service into the broader community health and spiritual landscape, avoiding **duplication** and supporting existing **local efforts**.

Spiritual Ministry: The Heart of Our Mission

Medical care is the vehicle; life impact benefits is the destination.

- Partnering with the local community and church leaders allows us to work with success in a culturally intelligent and impactful way.
- We embrace the care of body, soul, and spirit. Team members are encouraged to minister through their spiritual gifts, offering a compassionate presence, voluntary prayer, and the clear message of hope in words and deeds.

Benevolence & Giving

Recognizing the vast needs we will encounter, we implement wise policies to avoid harm.

- Our primary assignment during an outreach is the integrated provision of medical care and spiritual ministry. We must stay focused on this agreed-upon mission.
- All benevolent giving (financial or material) **must** be coordinated through the **Team Leader** in consultation with the local community and church partners.
- Desire to continue supporting partners after the outreach must be channeled through OPEN SPACE MISSIONS leadership to ensure culturally wise, sustainable, and equitable support that strengthens the entire local community and church network.

II. TEAM MANAGEMENT & DEPLOYMENT

II.1. Team Composition & Roles

OPEN SPACE MISSIONS fields integrated ministry teams designed to execute our holistic mission. Each team is a blend of skilled medical professionals and dedicated ministry personnel, working in unity to provide whole-person care and clear Gospel witness.

A. Standard Outreach Team Structure

This model structure ensures all critical functions are covered for a typical outreach. Actual team size and composition may vary based on volunteer availability and specific outreach objectives.

For a standard multi-day outreach (e.g., to Malakisi/Webuye), a full team composition is structured for effectiveness, safety, and mutual support. The following represents a model for a team of approximately 14-20 people:

- **Team Leadership:**
 - **Field Ministry Coordinator (Team Leader) (1):** Ultimate on-site authority for the mission.
 - **Gospel Ministry Leader (1):** Oversees all ministry integration, evangelism teams, Prison Ministry, and Children/Youth Ministry.
 - **Medical Ministry Leader (1):** Licensed physician responsible for all clinical care standards, protocols, and medical oversight.
- **Medical Unit:**
 - **Clinicians (3-4):** Physicians, Nurse Practitioners, Clinical Officers, or Physician Assistants.
 - **Nursing Staff (2-3):** Registered Nurses to support triage, treatment and patient education.
 - **Pharmacy Manager (1):** Responsible for safe medication dispensing and inventory.
 - **Medical Support (1-2):** Medical assistants, EMTs, or trained volunteers for clinical and logistical support in the clinic.
- **Spiritual Ministry Unit:**
 - **Gospel Ministry Team (2-3):** Individuals focused on prayer, evangelism, Praise and Worship; and counseling at the clinic.
 - **Prison Ministry Lead (1):** Coordinates prayer, evangelism, and education for behavior change in local prisons.
 - **Children/Youth Ministry Lead (1):** Organizes programs, activities, and teaching for young community members.
 - **Local Church Liaison (1):** A key local pastor or leader who facilitates community relations, translation, and long-term follow-up.
- **Logistics Unit:**
 - **Logistics Manager (1):** In charge of supplies, transportation, accommodation, and camp setup/breakdown.

B. Team Capacity & Clinic Operation

A team of this size can typically provide quality care for 150-250 patients per day in a well-organized clinic flow, depending on the complexity of cases.

Our clinics are designed to be adaptable, utilizing local structures (churches, schools) or tents. The layout always follows the standard patient voluntary flow: **Triage → Consultation → Voluntary Prayer & Counseling → Education → Pharmacy.**

We prioritize sustainable work hours and team care to prevent burnout and ensure consistent, compassionate service throughout the outreach.

II.2. Qualifications, Credentials & Training

We commit to the highest standards of professionalism and integrity.

- **Medical Professionals:**

- Must hold a current, active license in their home country and be in good standing with their professional body.
- Must work within their home country scope of practice unless formally adjusted under the authority of the host nation's Ministry of Health.
- Must provide proof of personal medical malpractice insurance that covers volunteer services internationally or purchase designated coverage through OSM prior to deployment.
- Must provide copies of their passport, professional license, and credentials to the Team Leader prior to deployment for submission to local health authorities if required.

- **All Team Members:**

- **Mandatory Training:** All team members, regardless of role, must complete pre-field training modules covering:
 1. **OSM Mission & Integrated Ministry:** Mission, Vision, Values, and holistic ministry philosophy.
 2. **Cultural Orientation & Safety:** Cultural sensitivity, security protocols, and field safety.
 3. **Role-Specific Protocols:** Clinical, logistical, or ministry operational guidelines.
- **Spiritual Readiness:** Team members should be prepared to share their faith and participate in group devotions and prayer.

II.3. Deployment Preparation & Documentation

The Team Leader will maintain a master file for the outreach containing:

- Team Capability and Composition Form.
- Copies of all passports and visas.
- Copies of all medical licenses and credentials.
- Local partner agreements and health authority permissions.

Safeguarding critical documentation is essential for all team members, both international and local:

- **International Team Members** must safeguard:
 - Passport with at least 6 months validity and necessary visas.
 - Current professional license/credentials.
 - International Certificate of Vaccination (“Yellow Card”) as required for the host country.
 - Proof of travel/medical evacuation insurance.
 - Emergency contact information.
 - **Digital Copies:** Scans/photos of all critical documents stored securely on a mobile device and cloud service accessible offline.
- **Local Team Members** (Doctors, Nurses, Interpreters) must provide:
 - National Identification.
 - Current professional license/credentials from the host country.
 - Emergency contact information.

The Team Leader is responsible for verifying the completion and accessibility of all team documentation before field deployment.

II.4. Team Health, Safety & Conduct

The well-being of our team—body, mind, and spirit—is a primary responsibility.

- **Pre-Deployment Health:**
 - **International Volunteers** must have a medical clearance from their physician, confirming fitness for travel and work in a resource-limited setting. They must obtain all recommended vaccinations and malaria prophylaxis, as required.
 - **All Team Members** are required to have adequate rest before deployment and disclose any conditions requiring ongoing medication or management.
- **In-Field Care:**
 - The leadership will enforce a sustainable schedule with adequate hydration, nutrition, and rest.
 - The Gospel Ministry Leader will facilitate daily team devotions and be available for pastoral support.
 - The medical team will provide basic care for ill or injured team members. If care exceeds our onsite capability, the **Team Leader will activate the pre-arranged evacuation plan** utilizing the patient's insurance and local referral pathways.
- **Insurance:** International volunteers are required to carry comprehensive travel medical insurance, including medical evacuation coverage. Local team members will be covered under any applicable national or partner-provided schemes for work-related incidents.
- **International Volunteers:** Must carry their own **professional liability (malpractice) insurance** that provides coverage for voluntary short-term medical work abroad. Proof of coverage may be required.

- **Local Professionals:** Practice under the auspices of their country licenses and the local partnership agreements. OPEN SPACE MISSIONS will work with local partners to clarify the medico-legal framework for the outreach.
- **Incident Management:** Any patient complaint or adverse clinical incident must be documented immediately using an **Incident Report Form** and reported to the Medical Ministry Leader (MML) and Team Leader. The leadership will manage the situation transparently in consultation with local partners and authorities.
- **Field Attire & Appearance**

Our appearance should reflect professionalism, cultural sensitivity, and unity.

- Closed-toed, practical shoes; modest, durable pants or skirts (below the knee); and an OPEN SPACE MISSIONS team shirt or professional scrubs. **Camouflage patterns are not worn.**
- All attire, during work and downtime, must respect local norms for modesty. This typically means covering shoulders, chest, and knees. The Team Leader and Local Church Liaison (LCL) will provide specific guidance.
- The Team Leader has the authority to address non-compliance, which may include asking a member to change or, in repeated cases, removing them from field activities.

III. FIELD OPERATIONS & LOGISTICS

III.1. Partnership Coordination & Communication

OPEN SPACE MISSIONS is committed to providing organized, effective, and respectful medical ministry. This requires diligent coordination with all relevant authorities and partners.

- All outreaches are planned and executed **in formal coordination with our designated local church partner and the local health authorities**. This ensures that our services are supportive, sanctioned, and integrated into the community.
- The Team Leader is responsible for establishing and maintaining these key relationships prior to and during the outreach.

A successful outreach depends on clear communication and proper documentation shared with partners.

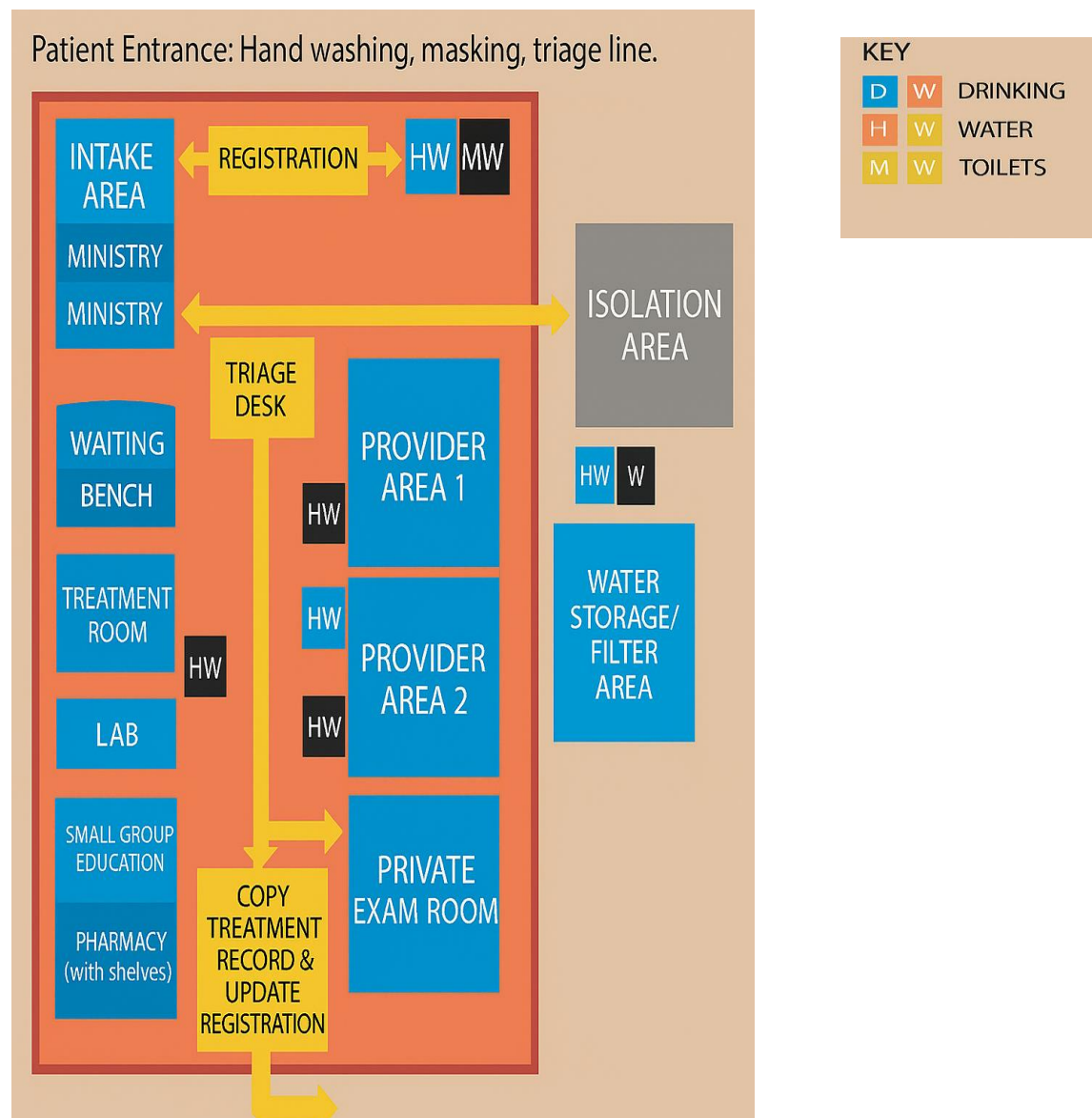
- Prior to arrival, our Team Leader will provide our local church partner and health authorities with a **Team Capability and Composition Form**, including:
 - Team Capability and Services Offered
 - Operational Dates and Hours
 - Names, Passport Numbers, and Roles of all team members
 - Copies of medical licenses for all clinical personnel
 - In-country and home office contact information
- All volunteer information, including current passports and medical licenses, will be verified and compiled by the Team Leader prior to deployment.

III.2. Clinic Setup, Flow & Daily Operations

A. Clinic Setup & Breakdown

- **Site Selection & Preparation:** Conducted jointly with the local church partner and health authorities. The site (church, school, community hall) must be accessible, have a water source, and offer privacy/security.
- **Setup:** The team, alongside local volunteers, will transform the space into a functional clinic following the **Standard Patient Flow Layout** (See figure below). Setup includes creating clear signage, private consultation areas, a prayer/counseling station, and a secure pharmacy.
- **Breakdown & Restoration:** The clinic will be broken down systematically, leaving the site cleaner than it was found. All waste will be properly disposed of, and any remaining supplies deemed useful will be formally donated to the local church or health authority.

B. Patients flow



III.3. Operational Support & Field Logistics

Pharmaceutical Standards & Formulary

We commit to the highest standards of medical ethics and safety in our pharmacy.

- All medications dispensed will be within their expiration date, properly stored, and sourced from reputable suppliers. Our core formulary is based on the **WHO and MSF Essential Medicines**, adapted in consultation with our **local health authorities and medical partners** to ensure relevance to the local disease burden and approval for use.
- Whenever possible and advantageous, medications will be procured locally to support the local economy and ensure compatibility with the national health system. Any imported medications will comply with the local regulations regarding donations.
- The Pharmacy Manager will maintain a precise **Medication & Supply Inventory**. This list, including dosages, quantities, and expiry dates, will be shared with the local health authority if requested.

Logistics Philosophy: Partnership Over Self-Sufficiency

Our model prioritizes partnership, empowering local churches and utilizing local resources to build sustainable capacity and community ownership.

- **Role of the Logistics Manager:** Works **in tandem with the Local Church Liaison** to coordinate all in-country logistics, acting as a facilitator and quality-assurer rather than an independent operator.
- **Core Responsibilities:**
 - **Procurement & Supply:** Manage team supplies, prioritize sourcing appropriate supplies and services locally in partnership with the church, rather than importing all items.
 - **Transportation & Labor:** Coordinate with the local partner to arrange local vehicles and hire local labor for setup/breakdown, ensuring fair compensation.
 - **Knowledge Transfer:** Actively train and involve local volunteers in logistics processes (e.g., inventory management, waste disposal protocols).
 - **Problem-Solving:** Address challenges *with* the local team, seeking their contextual solutions first rather than imposing external answers.

Water, Sanitation & Hygiene (WASH)

We adhere to public health standards to protect patients and team.

- **Drinking Water:** A dedicated supply of **potable water** (bottled, boiled, or filtered) will be secured for team and patient consumption.
- **Hand Hygiene:** Multiple **handwashing stations** with soap and clean water will be established at clinic entry, exit, and near consultation areas. Alcohol-based hand sanitizer will be available at each clinical station.

- **Medical Waste:** A plan for the safe disposal of sharps and biohazardous waste will be implemented in accordance with local regulations, typically via sealed containers and incineration at a designated facility.

Lodging, Transportation & Food

All arrangements are made to ensure team well-being and cultural immersion, facilitated by our local partner.

- **Lodging:** Arranged by the local church partner. Accommodations will be safe, clean, gender-segregated, and conducive to team community (e.g., guesthouses, church compounds).
- **Transportation:** All in-country transport will be via pre-arranged, reliable vehicles with vetted drivers coordinated by the Local Church Liaison.
- **Food:** Meals will be provided by the local church community, offering nutritious, locally prepared food. The Logistics Manager will ensure basic food safety standards are communicated and met.

Safety, Security & Communication

- **Security Plan:** Developed in **advance by the Team Leader and Local Church Pastor**. It is based on their local knowledge and continuous assessment. The plan covers clinic security, movement protocols, and identifies safe gathering points.
- **Emergency Evacuation Plan:** A clear plan for medical or security evacuation will be established upon arrival, identifying the nearest appropriate medical facility and exit routes. This plan will be communicated to all team members.
- **Communications:** The team will maintain reliable communication using a mix of local cellular networks, walkie-talkies for on-site use, and a satellite phone or international roaming option for critical emergency backup. Contact lists for all team members, partners, and emergency services will be distributed.

III.4. Financial Stewardship & Accountability

Team finances are managed with integrity and transparency.

- A designated team member (separate from the Team Leader) will be responsible for the secure custody, disbursement, and daily accounting of all outreach funds using a **Daily Expense Ledger**.
- All expenses will be reconciled and reported to OPEN SPACE MISSIONS headquarters post-outreach. Receipts are required for all expenditures.

IV. CLINICAL STANDARDS & PROTOCOLS

IV.1. Clinical Philosophy and Scope of Care

Our clinical services are delivered by a blended team of licensed international volunteers and local medical professionals, all working under the supervision of the Medical Ministry Leader. We utilize evidence-based, primary care protocols appropriate for a resource-limited setting, always in alignment with the guidelines of the country's Ministry of Health and in partnership with local authorities.

- Our teams are trained and equipped to provide **outpatient primary care, basic emergency stabilization, and public health interventions**. This includes wound care, fracture splinting, management of common infectious diseases (malaria, respiratory infections, diarrheal illness), antenatal checks, and basic chronic disease management.
- We can provide airway support, basic hemorrhage control, and IV fluid resuscitation as stabilizing measures **while arranging immediate referral**.
- We do not provide inpatient care, surgery (beyond minor procedures like incision & drainage), blood transfusions, or management of complex emergencies. Our core function is to **stabilize, treat within our scope, and refer appropriately**.

TEAM CAPABILITY & OPERATIONAL PROFILE

- **Nature of Service:** Integrated primary medical care and spiritual ministry outreach.
- **Operational Hours:** Clinic operates from approximately 9:00 AM to 4:00 PM daily, with team preparation and debrief outside these hours.
- **Key Medical Capabilities:**
 - Outpatient primary care consultations (approx. 150-250 patients per day, full team).
 - Triage and vital signs assessment.
 - Treatment of common illnesses (malaria, URTI, parasites, etc.) and minor injuries.
 - Basic wound care and dressing.
 - Stabilization and referral for emergencies.
 - Rapid Diagnostic Testing (Malaria, HIV, Blood Glucose, Pregnancy).
 - Health and hygiene education.
 - Identification and isolation of suspected notifiable infectious diseases.
- **Integrated Ministry Capabilities:**
 - Spiritual counseling and prayer.
 - Evangelistic outreach.
 - Prison Ministry.
 - Children and Youth ministry programs.
 - Coordination with local churches for discipleship and follow-up.

IV.2. Triage, Assessment & Treatment Protocols

Proper triage ensures we see the sickest patients first and manage patient flow effectively and safely.

- **System:** We use a standardized **priority-based triage system** (not a Mass Casualty Incident system), conducted by nurses or clinical officers.
- **Categories:**
 - **Red (Emergent):** Life or limb-threatening condition. To be seen immediately by a doctor.
 - **Yellow (Urgent):** Stable but with high-risk complaint (e.g., fever in infant, moderate dehydration). To be seen promptly.
 - **Green (Routine):** Stable, non-urgent condition. Seen in order after Red/Yellow patients.
- **Process:** During triage, the following is obtained and documented on the **Patient Registration/Triage Form**:
 - Name, Age, Gender
 - Chief Complaint
 - Vital Signs (Heart Rate, Respiratory Rate, Blood Pressure, Temperature, O2 Saturation if available)
 - Allergies
 - Assigned Priority Color

Protocols for Specific Clinical Areas

A. Wound & Fracture Care:

- **Wounds:** Cleaned with potable water or sterile saline. Debrided and dressed simply. Tetanus prophylaxis assessed. Antibiotics prescribed only for clear signs of infection.
- **Fractures & Injuries:** Managed with analgesia and splinting (using plaster or SAM splints) for stabilization. All suspected fractures require referral for radiographic confirmation and definitive care.

B. Communicable Disease & Isolation:

- **Suspected Outbreak Diseases:** Any patient presenting with symptoms suggestive of a notifiable disease (e.g., measles, cholera, viral hemorrhagic fever) must be **isolated immediately** in a designated area at least 3 meters from others.
- **Notification:** The Medical Ministry Leader and Team Leader must be notified instantly. They will **immediately contact the local health authorities** to report and seek guidance, following national protocols.

C. Maternal, Child, & Vulnerable Patient Care:

- **Obstetrics:** We provide basic antenatal checks. We are prepared to assist with **normal, uncomplicated deliveries** only and if only urgent assistance is needed.

Any high-risk pregnancy, labor complication (hemorrhage, eclampsia, breech), or postpartum concern requires **immediate referral**.

- **Pediatrics:** We treat common childhood illnesses. All children are screened for acute malnutrition using **MUAC (Mid-Upper Arm Circumference)** tape. Cases of Severe Acute Malnutrition (SAM) are referred to designated feeding programs.
- **Unaccompanied Minors/Vulnerable Adults:** A minor (<18) without a guardian will only receive emergent lifesaving care. For non-emergent care, staff will work with the local church liaison to locate a guardian. Social, psychiatric, or complex cases are referred to local social services identified in our pre-outreach resource assessment.

D. Chronic Disease & Mental Health:

- **Management:** We provide evaluation and limited medication for acute exacerbations of hypertension, diabetes, asthma, etc. We emphasize patient education and **referral to the local health facility for ongoing, chronic care**.
- **Mental Health:** We offer compassionate listening, basic psychological first aid, and prayer. We identify and refer individuals with severe mental health issues to available local services through our church partner.

E. Diagnostic & Procedural Capabilities

- **Laboratory:** We utilize basic rapid diagnostic tests (RDTs) as available, including for **malaria, HIV (with pre/post-test counseling), urine dipstick, pregnancy, and blood glucose**.
- **Procedures:** We perform minor procedures: wound suture, incision & drainage of abscesses, and foreign body removal under local anesthesia and sterile technique.
- **Sterilization:** We prioritize single-use, disposable equipment. Any reusable instruments (e.g., surgical sets) must be sterilized according to WHO standards, typically arranged through a local health facility or with autoclave equipment managed by our team.

F. Management of the Deceased

In the unlikely event of a death in or near the clinic:

- The team will **immediately secure the area, preserve dignity, and notify the Team Leader**.
- The **Team Leader will immediately contact local law enforcement and health authorities**. The body will not be moved unless directed by authorities.
- We will defer completely to the authorities and the local church partner regarding all procedures, respecting all cultural and religious customs.

IV.3. Referral, Transport & Emergency Response

We recognize the limits of our temporary clinic and prioritize safe, coordinated referrals.

- During planning, the Team Leader and Local Church Liaison will **identify and establish contact with local referral facilities** (health centers, hospitals) and ascertain their capabilities, protocols, and costs.
- When a patient's needs exceed our clinic's capacity (e.g., severe acute malnutrition, suspected surgical emergency, advanced pregnancy complications), a formal referral will be initiated.

The Referral Process:

- The attending clinician determines the need for referral and its urgency (immediate, urgent, or routine).
- The provider, with an interpreter (if needed), explains the need and location to the patient/family.
- A **Referral & Transfer Form** is completed, summarizing the case.
- The Team Leader and Local Church Liaison contact the referral facility to coordinate acceptance and arrange transport.

Transportation: The primary plan is to use local transport resources (ambulances, vehicles). If unavailable, the Team Leader and MML will determine if team transport is feasible and safe, considering vehicle availability, the required level of care en route, and the impact on continuing clinic operations.

Whenever safe and practical, one family member may accompany the patient. The family and the local church partner will be provided with all details of the referral for follow-up.

A. Resource Coordination for Vulnerable Populations

Our local church partners are essential in connecting patients with ongoing community resources.

- The Team Leader and Local Church Liaison will compile an **In-Country Resources Form** with contacts for:
 - Local Medical Facilities & Transport
 - Social Support Services (for gender-based violence, unaccompanied minors, malnutrition programs)
 - Essential Needs (shelter, food, water agencies)
- Special attention is given to identifying and appropriately referring vulnerable individuals (unaccompanied minors, victims of violence, and the severely disabled). Consent for treatment of minors must be obtained from a parent or guardian present.

B. Leadership Roles in Referral & Transport

General Principle: Patient transport is a measure of last resort. The primary plan is always to utilize local emergency transport services arranged by our local church partner. Team-facilitated transport should only occur when local options are unavailable, the

patient's condition is time-critical, and safe transport can be provided without compromising the ongoing clinic operations.

- **The attending doctor:** Determines medical necessity and urgency of referral; communicates with patient/family; provides all medical documentation for transfer.
- **Team Leader:** Coordinates all logistics with the local church partner and health authorities; manages resources; makes the final decision on team-facilitated transport.
- **Local Church Liaison:** Acts as the primary cultural and logistical bridge; facilitates communication with local facilities; ensures follow-up.
- **Nurse/Clinical Officer:** If involved in transport, ensures necessary medical equipment and supplies are available in the vehicle and that the patient is stable for transfer.

Transport Medical Kit - Minimum Supplies:

Contents may be adjusted based on the specific patient's condition.

- **Monitoring:** Sphygmomanometer, stethoscope, pulse oximeter, watch.
- **Airway Management:** Bag-valve mask (adult & pediatric sizes), oropharyngeal and nasopharyngeal airways (assorted sizes).
- **Circulation:** IV starter kits, assorted IV catheters (18g, 20g, 22g), IV tubing, 1-2 liters of normal saline or Ringer's Lactate.
- **Medications (as determined by the attending doctor):** Epinephrine 1:1000, antihistamine (e.g., Diphenhydramine), analgesics (e.g., Paracetamol, Ibuprofen), anti-emetic. *Condition-specific drugs as needed.*
- **Team Safety:** Personal Protective Equipment (gloves, masks, gowns if indicated), hand sanitizer.

Special Considerations For Vulnerable Populations

All general transport protocols apply, with the following additions:

A. Unaccompanied minors:

- **Team Leader:** Must coordinate directly with the local church partner and/or designated child protection agency (if available) to ensure safe handover and follow-up. A team member of the same gender should accompany if possible.
- **Attending doctor:** Must document all interactions and ensure the child understands the plan to the best of their ability.

B. Pediatric Patients:

- **Physician:** Must screen for Severe Acute Malnutrition (using MUAC tape) prior to transport, as this may alter the destination (e.g., to a facility with nutritional stabilization).

- **Transport:** A parent or guardian **must** accompany the child. If absolutely impossible, a female team member and a local church volunteer should accompany.

C. **Malnutrition:**

- **Pre-Transport:** The attending doctor should initiate initial management of hypoglycemia, hypothermia, and infection per WHO guidelines before transport if possible.
- **Coordination:** The Team Leader should have pre-identified referral centers for outpatient (Moderate Acute Malnutrition) and inpatient (Severe Acute Malnutrition with complications) care.

D. **Pregnancy & Obstetrics:**

- **Critical Rule:** A patient in **active labor should not be transported** unless delivery is imminent and advanced care is critically needed. Manage delivery on-site with the delivery kit.
- **Referral:** For antepartum complications (e.g., hemorrhage, pre-eclampsia), transport with patient in left lateral position if possible. Identify receiving facility with maternity services during pre-trip planning.

E. **Infectious Disease & Isolation Precautions:**

If a patient with a suspected highly contagious disease requires transport, extreme caution must be taken to protect the team and community.

- **Standard Precautions:** Apply for all patients (gloves, hand hygiene).
- **Contact Precautions** (for wounds with drainage, scabies): Add gown and face shield/mask.
- **Enteric Precautions** (for cholera, severe diarrhea): Use gown, gloves, mask, eye protection. Line the transport cot with plastic sheeting. Contain all waste.
- **Droplet/Airborne Precautions** (for TB, measles, meningitis, COVID-19): Use N95 masks (if available) or surgical masks for all in the vehicle. Maximize ventilation (open windows). The patient must wear a surgical mask if tolerable.
- **Strict Isolation (e.g., suspected Viral Hemorrhagic Fever):** **OPEN SPACE MISSIONS WILL NOT TRANSPORT.** Isolate the patient immediately, clear the area, and notify the **Team Leader**. The Team Leader will immediately contact the **local health authorities** and follow their explicit instructions for case management and transport. The clinic may need to be temporarily suspended.

IV.4. Infectious Control and Outbreak Management

Alert Threshold for Diseases with Outbreak Potential (Example)

Acute watery diarrhea	5 cases in the age group 5 years and over
Bloody diarrhea	5 cases or 1.5 times the baseline
Malaria	1.5 times the baseline
Measles	1 case
Meningitis – suspected	5 cases or 1.5 times the baseline
Viral hemorrhagic fever – suspected	1 case
Yellow fever – suspected	1 case
AFP (suspected poliomyelitis)	1 case
Neonatal tetanus	1 case
Fever of unknown origin	1.5 times the baseline
Severe malnutrition	3 cases
CMR	>1/10 000/day (i.e. >2.8/1000/month)
U5MR	>2/10 000/day (i.e. >5.6/1000/month)
Baseline = average weekly number of cases of the disease calculated during the past 3 weeks.	
Use Alert form to report to District Surveillance Officer or Health Coordinator if one of these thresholds is reached in a week.	

Information Source: World Health Organization

Patient Reporting & Disease Surveillance

Accurate record-keeping is essential for patient care, ministry follow-up, and public health.

- Every patient entering the clinic will be registered on the **Daily Patient Registration Form** to track demographics, treatments, and diagnoses.
- Our team maintains awareness of locally endemic diseases and outbreak potentials. Any patient presenting with symptoms suggestive of a reportable infectious disease (e.g., measles, cholera) must be **immediately conveyed to the attending physician and Team Leader**.
- The Team Leader, in consultation with the Medical Ministry Leader (MML), is responsible for immediately notifying the local health authorities of any suspected notifiable disease, in accordance with local regulations.

IV.5. Medical Records & Patient Consent

We uphold professional and ethical standards in documentation.

- Appropriate clinical care will be documented on an **Individual Patient Record** with unique identifiers (name, age/DOB, date). Confidentiality is strictly maintained.
- When possible, a simplified record or referral note will be provided to the patient in a language they understand.
- Consent for treatment is implied upon the patient voluntarily entering the clinic and proceeding through consultation. For any invasive procedure, explicit verbal consent (with an interpreter) will be obtained and documented. Written consent, using a **Consent for Medical Treatment Form** (in English and the local language), is required for specific higher-risk procedures. In true emergencies where the patient cannot consent and family is unavailable, implied consent is assumed to provide lifesaving care.

V. MINISTRY PROTOCOLS & CULTURAL FRAMEWORK

V.1. Integrated Ministry Framework

A. Spiritual Ministry: The Heart of Our Mission

Medical care is the vehicle; the **Gospel** is the destination.

- We believe **Jesus Christ** is the Savior, Healer, and Soon-Coming King. Our ministry flows from this unchanged truth (Hebrews 13:8).
- Partnering with the local church allows us to minister the love and healing of Jesus in a culturally intelligent and impactful way.
- We embrace the care of body, soul, and spirit. Team members are encouraged to minister through their spiritual gifts, offering a compassionate presence, prayer, and the clear message of the Gospel in word and deed.

B. Ministry Integration in Clinic Flow

- Our clinics are designed to integrate spiritual care at each stage: **Triage → Consultation → Prayer & Counseling → Education → Pharmacy**.
- A dedicated **Prayer & Counseling Station** is established where patients can receive spiritual ministry, prayer, and Gospel sharing.
- Each Ministry Director oversees all spiritual ministry activities within their assigned ministry and ensures full alignment with local church partners.

C. Role of Ministry Director

- Each Director oversees all spiritual ministry integration, evangelism teams, and discipleship connections of his/her assigned ministry. Facilitates daily team devotions and provides pastoral support to team members.
- Coordinates with local church partners to ensure culturally appropriate and effective ministry.
- Tracks spiritual ministry outcomes (e.g., decisions for Christ, prayer requests).

D. Ministries Directors Responsibilities

- Each Director engages in compassionate listening, prayer, and Gospel sharing with patients and families.
- Provide spiritual and emotional support to team members.
- Assist in follow-up and discipleship connections through local church partners.

V.2. Specialized Ministry Protocols

This section defines the operational models for OSM's core ministry arms. Each protocol is executed under the leadership of the Field Ministry Coordinator and in close coordination with our local church partners, ensuring cultural intelligence and sustainable follow-up.

1. Evangelism and Worship Ministry

This is the foundational spiritual practice integrated at the Prayer & Counseling Station and throughout all patient interactions.

- **Objective:** To authentically share the hope of the Gospel, provide compassionate intercession, and facilitate worship that invites God's presence and comfort.
- **Methodology:**
 - **Relational Witness:** Team members are prepared to share their faith naturally through caring interactions, guided by the Holy Spirit.
 - **Intentional Prayer:** Every individual is offered prayer for their specific physical, emotional, and spiritual needs. Team members pray *with* people, not just *for* them.
 - **Corporate Worship:** In partnership with the local church, incorporate times of sung praise and worship during appropriate moments, uplifting the community and the team.
- **Documentation:** Key spiritual care outcomes are recorded in the **Integrated Ministry Care & Disposition** section of the Individual Patient Record (Appendix).

2. Children & Youth Ministry

Objective: To provide age-appropriate, safe, and spiritually engaging care for the young family members of patients and community. We aim to nurture faith in children and engage the deeper questions and potential of youth, ensuring the whole family is ministered to.

Set-up & Leadership:

- Two dedicated, adjacent areas should be established: one for **Children** and one for **Youth**.
- The program is led by the **Field Children and Youth Ministry Leader (CYML)**, who may appoint two **Designated Volunteers**—one with a heart for child development and one with a heart for youth discipleship. Both must be actively assisted by vetted members of the local church.

Program Tracks:

1. Children's Ministry (Ages 4-12)

- **Focus:** Foundational biblical truth, playful learning, and basic hygiene.
- **Activities:** Bible story skits, simple memory verses, singing, supervised games, coloring/crafts, and handwashing songs.

2. Youth Ministry (Ages 13-18)

- **Focus:** Relational discipleship, practical faith, and leadership development.
- **Activities:** Small group discussions on real-life topics, guided Bible study, prayer circles, basic skills workshops (e.g., resume writing, public speaking), and facilitated service projects (e.g., helping with water distribution).

Safety & Compliance: All OSM child and youth protection policies apply. The child/youth-to-volunteer ratio must be safe and manageable. All volunteers must be approved by the local church partner. Two screened adults must always be present in each area.

3. Prison Ministry Protocol

- **Objective:** To bring the transformative Gospel of Jesus Christ, practical life skills, and compassionate fellowship to incarcerated individuals, supporting rehabilitation and hope.
- **Coordination & Access:** Ministry within correctional facilities is arranged **in advance** by the **Local Church Liaison**, who obtains formal permissions. It is led by a trained volunteer under the oversight of the **Prison Ministry Director** (Sister Pamela).
- **Core Components:**
 1. **Spiritual Ministry:** Clear presentation of the Gospel, group Bible study, one-on-one discipleship, and prayer.
 2. **Practical Life Skills:** Teaching on effective communication, conflict resolution, and social conduct that supports personal development and prudent decision-making.
 3. **Worship & Fellowship:** Leading participants in times of praise and worship, fostering a community of faith within the institution.
- **Documentation & Follow-up:** Each ministry session is documented using the **OMS Prison Ministry Encounter Form** (Appendix). Decisions for Christ, prayer requests, and specific needs are confidentially shared with the local church partner for ongoing discipleship and post-release integration planning.

V.3. Cultural Sensitivity & Partnership

1. Posture as a Guest & Learner

- We are invited guests and volunteers. We respect and support the God-given authority of our local church hosts and national partners.
- We trust their leadership and insight into their own community.

2. Embrace Cultural Humility

- We have come to serve *and* to learn. When encountering methods, practices, or attitudes different from our own, we resist the urge to correct or impose our cultural perspective.
- We are open to learning how faith and life are expressed in this context.

3. Respect Expressions of Faith

- We respect the culture and distinctive practices of Christianity within the host community.
- We celebrate that the Body of Christ has many beautiful expressions around the world.

4. Honor the Local Church

- We deeply respect the long-term work of local pastors and leaders.
- Our short-term visit must support, not disrupt, their enduring ministry.

5. Dress & Appearance with Cultural Sensitivity

- Out of respect for local norms and to avoid unnecessary distraction, we dress modestly and cover visible tattoos or remove non-essential body piercings while in ministry settings.
- Attire during work and downtime must respect local norms for modesty (typically covering shoulders, chest, and knees).

6. Cultivate a Servant's Heart

We consistently maintain a humble, servant-hearted attitude toward all national partners, community members, and fellow teammates.

7. Avoid Cliques & Exclusivity

We invest relationally in the entire team. If a spouse or close friend is on the team, we are intentional about building inclusive fellowship with all members.

8. Reject a Complaining Spirit

We choose flexibility and adaptability over grumbling when faced with unexpected challenges, discomforts, or delays, seeing them as opportunities for growth and testimony.

9. Biblical Conflict Resolution

1. We refrain from gossip and commit to giving good reports.
2. If concerned or offended, we follow Matthew 18:15–17—first going privately to the individual, then to leadership if needed—to seek reconciliation, promote forgiveness, and protect team harmony.

VI. APPENDICES

APPENDIX 1: OPEN SPACE MISSIONS TEAM MEMBER COVENANT OF CONDUCT

I recognize that I am participating in a ministry of OPEN SPACE MISSIONS as a servant of Jesus Christ. I understand that the following principles are crucial to the spiritual effectiveness, operational quality, and safety of our shared mission. By God's grace, I voluntarily covenant to the following:

1. **Represent Christ & OSM:** I will reflect Christ's love, integrity, and moral conduct in all my words and actions, knowing I represent both Him and OSM.
2. **Guest & Learner:** I am an invited guest. I will respect and support the God-given authority of our local church hosts and national partners, trusting their leadership and insight.
3. **Cultural Humility:** I have come to serve *and* to learn. I will resist imposing my cultural perspective and be open to how faith and life are expressed in this context.
4. **Honor the Local Church:** I will deeply respect the enduring ministry of local pastors and leaders, ensuring our short-term visit supports and does not disrupt their work.
5. **Servant's Heart & Team Unity:** I will maintain a humble, servant-hearted attitude toward all partners, community members, and teammates. I will invest relationally in the entire team, avoiding cliques and exclusivity.
6. **Respect Leadership & Resolve Conflict Biblically:** I will respect our Team Leader(s) and their decisions. If concerned or offended, I will follow Matthew 18:15-17—going privately to the individual first—to seek reconciliation and protect team harmony.
7. **Flexibility Over Complaint:** I will choose flexibility and adaptability over grumbling, seeing challenges as opportunities for growth and testimony.
8. **Absolute Professional & Moral Purity:** I will avoid any action or relationship that could be construed as romantic or inappropriate. My dress and appearance will be modest and culturally sensitive.
9. **Biblical Convictions:** I affirm the biblical sanctity of life from conception to natural death and the biblical definition of marriage as a covenant between one man and one woman.
10. **Abstain from Harmful Substances & Speech:** For the mission's duration, I will refrain from alcoholic beverages, tobacco, and foul or crude language, so that nothing hinders the Gospel.
11. **Respect for All:** I will treat all people, animals, and property with utmost respect and never engage in physical or verbal abuse.
12. **Faithful Stewardship:** I will diligently and joyfully fulfill my assigned duties and be a careful steward of all equipment, supplies, and resources entrusted to the team.

13. Be Prepared: I am willing to step outside my comfort zone, adapt to changing circumstances, and serve in whatever capacity is needed for the mission's success.

By signing below, I acknowledge that I have read, understand, and commit to this covenant.

Team Member Name

Team Member Signature

Date

APPENDIX 2: OUTREACH TEAM CAPABILITY & COMPOSITION FORM

To be completed by the Team Leader prior to each outreach and shared with local health authorities and church partners.

ORGANIZATION: OPEN SPACE MISSIONS

OUTREACH LOCATION:

PLANNED OUTREACH DATES:

1. PARTNERSHIP & COORDINATION CONTACTS

- **OPEN SPACE MISSIONS Team Leader (In-Country):**

- Name: _____
- Int'l Phone: _____
- Local SIM: _____

- **OPEN SPACE MISSIONS Home Office Contact:**

- Name: _____
- Email: _____
- Phone: _____

- **Local Church Partner:**

- Church Name: _____
- Pastor/Liaison Name: _____
- Phone: _____

- **Local Health Authority Contact:**

- Office/Facility: _____
- Contact Person: _____
- Phone: _____

3. TEAM COMPOSITION

Total Team Size: _____ (International: _____ / Local: _____)

Team Member Name (First, Last)	Passport/Id Number	Role On Team (E.G., Md, Rn, Pharm, Logistics)	Specialty / Notes	Citizenship (Country)

1.		Field Ministry Coordinator (MC)/Team Leader		
2.		Field Gospel Ministry Leader (GML)		
3.		Medical Ministry Leader (MML)		
4.		Field Childre & Youth Ministry Leader (CYML)		
5.		Field Prison Ministry Leader (PML)		
6.		Local Church Liaison (LCL)	<i>(Kenyan National)</i>	<i>(Kenyan National)</i>
7.				
8.				
9.				
10.				
11.				
12.				
13.				
<i>[Add Rows As Needed]</i>				

ATTESTATION: I verify that the international medical professionals listed above hold current, active licenses in their home countries and will practice within their scopes. All team members have been briefed on and agree to operate under the OPEN SPACE MISSIONS Operations Manual.

Team Leader Signature: _____

Date: _____

ATTACHMENTS REQUIRED: (To be held by Team Leader)

- Copies of Passport biopage for all international team members.
- Copies of National ID for all national team members.
- Copies of professional licenses for all medical personnel.

APPENDIX 3: CHECKLIST_ INITIAL TEAM MEETING (IN-COUNTRY)

Purpose: To unify the entire team (national and international) under the mission's objectives, establish clear roles, review safety protocols, and align on integrated operational procedures.

Agenda Item	Key Points to Cover	✓
1. Welcome & Opening Prayer		
Field Ministry Coordinator (FMC)	• Welcome all team members, volunteers, and local partners. • Open with prayer, inviting a local pastor to participate.	
2. OSM Mission & Vision Reminder		
FMC	• Briefly restate the OSM Mission, Vision, and Values. • Emphasize the integrated model of "body, soul, and spirit" care.	
3. Team Roles & Introductions		
FMC	• Introduce core leadership: Medical Ministry Leader, Field Gospel Ministry Leader, Logistics Manager, Local Church Liaison. • Have each team member state their name and role.	
4. Operational Overview & Clinic Flow		
FMC & Medical Ministry Leader (MML)	• Clinic Hours & Location. • Standard Patient Flow: Triage → Consultation → Prayer & Counseling → Education → Pharmacy. • Specialized Ministry Areas: Location of Prayer Station, Children's Area, Youth Area. • Patient Management: System for orderly registration and queue management.	
5. Clinical Standards & Safety		
MML	• Scope of Practice: Everyone must work within their licensed scope. • Patient Privacy & Dignity: Sensitive issues discussed privately; chaperones for all exams. • Meds Policy: No polypharmacy; chronic disease meds only if patient can refill. • Referral Process: Activate only through MML and Field Coordinator.	

	• Parasite Plan: Explain Albendazole protocol if applicable. • Emergency Bag: Location and access point at clinic and lodging.	
6. Documentation & Reporting		
MML	• Review Daily Patient Registration and Individual Patient Record forms. • Explain the EMT MDS Daily Reporting Form (if required by authorities). • Distribute necessary documents and instructions.	
7. Logistics, Security & Communication		
Logistics Manager	• Lodging & Transport: All concerns go through the Logistics Manager, not directly to hosts. • Safety Signals: Whistle/Alert system (e.g., 1 long = attention, 5 short = emergency). • Communication Plan: Radio use, contact list, satellite phone protocol. • Assigned Duties: Teams for Clinic Setup/Takedown, Security, Finance, Water/Sanitation. • Egress Routes: Review emergency exits from clinic and lodging.	
8. Integrated Spiritual Ministry Plan		
Field Gospel Ministry Leader (GML)	• Ministry Schedule: Timing for prayer, counseling, and separate worship sessions. • Team Well-being: Announce time for daily team devotions and pastoral check-ins. • Cultural Protocol: Review Christian Standards & Cultural Awareness covenant. • Volunteer Coordination: Brief local ministry volunteers on follow-up cards and procedures.	
9. Breakout Session Announcement		
FCM	• Dismiss team to department-specific breakout meetings: - Clinical Team (Triage, Providers, Pharmacy, Lab) - Ministry Team (Prayer, Children/Youth, Prison) - Logistics & Support Team	
10. Closing Unity Moment		
Local Church Pastor	• Allow local pastor to speak a word of encouragement and blessing over the team and outreach. • Close in unified prayer.	

APPENDIX 4: CHECKLIST_ FIELD MINISTRY COORDINATOR (FMC)

Operational Support		✓
PRE-EVENT & PLANNING		
1. Unified Mission Briefing		
• Review Specialized Ministry Protocols (Section 5.2) with relevant Ministry Directors.		
• Conduct joint planning call with MML and LCL to unify objectives and logistics.		
2. Logistical & Spatial Coordination		
• Confirm with LCL the setup for all areas: Clinic Flow, Prayer & Counseling Station, Children/Youth Areas, and Prison Ministry access if applicable.		
• Verify integrated schedule and security plan with Logistics Lead.		
3. Resource Preparation		
• Ensure all ministry supplies are packed: Integrated Care Cards, Prison Ministry Forms , and basic resources for Children/Youth tracks.		
• Confirm medical and ministry teams have necessary forms and protocols.		
DURING EVENT		
4. Daily Spiritual Leadership & Team Unity		
• Facilitate daily devotional for entire team (medical, ministry, logistics), inviting local partners.		
• Lead morning briefing to unify all teams on daily goals, patient flow, and spiritual focus.		
• Monitor overall team morale, resolve conflicts, and ensure care for all volunteers.		
5. Ministry Coordination & Integration		
• Oversee all ministry stations: ensure Prayer/Counseling, Children/Youth, and Prison Ministry are active, safe, and aligned with protocol.		
• Integrate Medical & Spiritual Care: Ensure smooth patient hand-off from clinical exit to prayer station. Facilitate communication between Medical Lead and ministry volunteers.		
• Connect daily with local church leadership for cultural guidance and feedback.		
6. Medical Activity Integration		

• Interface with Medical Ministry Leader to monitor clinic flow, address bottlenecks, and support triage or surge needs. • Ensure non-medical volunteers are briefed to support clinic flow (e.g., patient guiding, comfort care) without disrupting clinical work. • Collaborate on urgent decisions (e.g., early closure, severe weather response).	
7. Operational Oversight & Support	
• Ensure all team members are properly identified (name tags, OSM shirts). • Coordinate with Logistics to provide patient comforts (water, shade, snacks). • Verify safety, security, and cultural protocols are being followed by everyone on site.	
8. Documentation & Reporting	
• Track key ministry metrics (salvations, prayers, referrals) and medical volumes for daily debrief. • Ensure all ministry forms are collected, and medical reporting is on track.	

POST-EVENT

9. Unified Debrief & Handover	
• Lead final debrief with all team leads and local partners. • Consolidate all ministry documentation and ensure a copy is provided to the local church for follow-up. • Ensure formal handover of spiritual and medical follow-up needs to the local church partner.	
10. Final Reporting	
• Submit integrated field report to the OSM Director (Pastor Victor) and relevant Ministry Directors, covering both medical and ministry outcomes.	

APPENDIX 5: CHECKLIST_ LOGISTitIAN

Operational Support	✓
PRE-EVENT & PLANNING	
1. Transportation & Itinerary Finalization	
• Confirm all airport pickups/drop-offs.	
• Finalize transport for team, clinic supplies, and luggage between lodging and clinic site(s).	
• Provide detailed itineraries to the in-country Local Church Liaison.	
2. Team Identification & Attire	
• Procure and distribute team T-shirts and ID badges.	
• Assist team with visa processes if required.	
3. Lodging & Site Security	
• Confirm safe, gender-segregated lodging with the Local Church Liaison.	
• Conduct initial safety evaluation of clinic and lodging sites.	
• Develop ingress/egress routes and emergency plans for both locations.	
4. Infrastructure & Supply Evaluation	
• Evaluate infrastructure (power, water access) at clinic and lodging.	
• Finalize master inventory of all equipment and medical supplies.	
5. Equipment Preparation	
• Inventory logistics team bags.	
• Ensure all equipment (communications, power) is functional, charged, and has spare batteries.	
• Transport Equipment: Inspect, pack, label, and assign bags to specific team members.	
6. Signage & Documentation	
• Print and laminate universal signs (Registration, Triage, Pharmacy, lab, toilets, etc.).	
7. Financial Stewardship	
• Obtain pre-approved budget from leadership.	
• Create expense tracking spreadsheet/receipt book (get receipts for all purchases).	
• Prepare a secure money bag for field use.	
8. Transportation Safety Planning	

• Check travel advisories for the host country. • Map routes: Airport to Lodging, Lodging to Clinic(s), Lodging to Embassy. • Establish and rehearse primary & secondary emergency egress plans for clinic and lodging.	
9. Power & Communication Setup	
• Assemble power equipment: cords, batteries, solar chargers. • Test all comms: radios, SAT phone, local cell phones, GPS; ensure chargers are packed. • Establish communication protocol with the Team Leader (FMC) and brief the full team.	
10. Water, Sanitation & Hygiene (WASH) Plan	
• Identify primary & secondary water sources. • Test water and label potable vs. non-potable containers. • Set up potable water filters and handwashing stations at kitchen, lodging, clinic, and toilets.	
DURING EVENT (Daily Operations)	
11. Daily Lodging Safety & Support	
• Lock up lodging nightly, ensure adequate lighting and equipment storage. • Confirm power sources (primary/backup) are operational. • Brief team on egress plan and route to embassy.	
12. Daily Transportation Management	
• Coordinate all vehicle movements with vetted drivers. • Ensure fuel, communication, and safety plans are in place for each vehicle. • Manage transport for any patient referrals.	
13. Food & Nutrition Coordination	
• Coordinate meal provision (local church or purchased). • Ensure basic food safety standards are communicated and met during prep (at clinic or lodging).	
14. Daily Clinic Setup & Support	
• Security/Safety: Verify exit strategies, distribute/charge radios. • Intake Area: Set up banner, handwashing/drinking stations, benches, tables, trash receptacles. • Triage: Set up table, chairs, trash, sanitizer, gloves, signage. • Provider/Consultation: Set up tables, chairs, med baskets, sanitizer, gloves, trash, signage. • Examination Room: Set up privacy dividers, exam table, trash, sanitizer, gloves. • Lab: Set up table, trash, sharps container, sanitizer, gloves, PPE, signage. • Pharmacy: Set up medications, baskets, trash, sanitizer, gloves, water bottles for ORS, signage. • Isolation Area: Set up benches and signage. • Other: Set up waste disposal area, patient & volunteer toilets with handwashing stations.	
15. Daily Clinic Takedown	

• Secure all chairs, tables, medications, PPE, supplies, and water filters.	
• Empty trash and ensure safe, proper disposal of all sharps and medical waste.	
• Leave the site clean and orderly.	

POST-EVENT

16. Final Financial Reconciliation	
• Balance the budget (reimburse local churches, pay hired staff, etc.).	
• Collect all receipts and complete final expense report.	
17. Inventory & Equipment Pack-out	
• Cross-check final inventory against master equipment list.	
• Assign bags to team members for return travel; ensure all bags are properly labeled.	
18. Donation & Handover	
• Formalize handover of any remaining usable non-medical supplies to the local church partner.	
• Prepare and submit a final report to the OSM Director.	

APPENDIX 6: CHECKLIST_FIELD GOSPEL MINISTRY LEADER

Operational Support		✓
PRE-EVENT & PLANNING		
1. Protocol & Spiritual Preparation		
• Review Section 5.2.A (Evangelism, Prayer & Worship Ministry) with the GMD.		
• Pray for the outreach and prepare a brief personal testimony.		
2. Resource & Space Coordination		
• Coordinate with the FMC and LCL to secure and set up:		
1. Primary Prayer & Counseling Station (adjacent to clinic exit).		
2. Separate Worship Area (at a respectful distance from clinic to avoid noise disruption).		
• Prepare and pack: Bibles, evangelism tools, prayer cards, and any approved musical instruments (e.g., guitar, tambourine).		
3. Team Briefing		
• Identify and brief volunteers for the ministry team.		
• Ensure all understand the Integrated Ministry Care & Disposition card and the patient flow from clinical care to spiritual care.		
DURING EVENT		
4. Morning Spiritual Alignment		
• Attend the unified team devotional led by the Field Ministry Coordinator.		
• Brief huddle with your Gospel Ministry volunteers to pray and set the day's spiritual focus.		
5. Ministry Station Operation		
• At Prayer & Counseling Station:		
- Offer compassionate, personal prayer for each patient.		
- Share the Gospel clearly and sensitively.		
- Provide spiritual counseling and encouragement.		
- Accurately complete the Integrated Ministry Care section of each patient record.		
• At Separate Worship Area:		
- Lead scheduled, brief sessions of corporate praise and worship.		

- Invite waiting patients/families and team members to participate as led.	
- Ensure volume and timing do not disrupt clinic consultations.	
6. Continuous Team Support & Training	
• Rotate volunteers between stations to prevent fatigue.	
• Model sensitive evangelism and active listening for new volunteers.	
• Debrief with volunteers after complex spiritual conversations to offer support.	
7. Integration with Overall Mission	
• Report significant spiritual decisions or needs to the FMC in real-time.	
• Coordinate with the Children/Youth Ministry lead to invite families to worship sessions.	
• Be available to the Medical Team to pray for complex cases or urgent situations.	
8. Documentation	
• Ensure every spiritual encounter is documented on the patient's record before they leave.	
• Tally decisions for Christ and notable prayer topics for the daily report.	

POST-EVENT

9. Site Breakdown & Inventory	
• Pack all ministry materials and instruments securely.	
• Return any borrowed items (e.g., chairs, sound equipment) to the local church.	
10. Handover & Reporting	
• Compile all Integrated Ministry Care data and provide a summary to the FMC for the final debrief.	
• Submit a brief spiritual outcomes report to the GMD .	

APPENDIX 7: CHECKLIST_FIELD CHILDREN & YOUTH MINISTRY LEAD

Operational Support		✓
PRE-EVENT & PLANNING		
1. Protocol Review & Resource Preparation		
- Review Section 5.2.B with the Children & Youth Ministry Director (CYMD). - Prepare two distinct sets of materials: Children (4-12): Simple Bible story visuals, coloring pages, crafts, hygiene supplies (soap for handwashing songs). Youth (13-18): Discussion guides, question cards, basic skills workshop materials (e.g., paper for resume drafting).		
2. Volunteer Coordination & Safety		
- Work with the LCL to recruit and vet local volunteers for both programs. - Ensure a minimum two-adult policy is in place for each area. Confirm all volunteers understand child protection guidelines.		
3. Logistical Coordination		
- Confirm with the FMC the setup of two separate areas: one for Children, one for Youth. - Ensure areas are shaded, have seating, positioned safely away from clinic but within view.		
DURING EVENT		
4. Morning Team Briefing		
- Attend the unified team devotional. - Brief all Children/Youth volunteers on the day's schedule, safety rules, and emergency procedures. Assign specific volunteers to each age group.		
5. Program Execution & Adaptation		
Oversee the Children's Program (Ages 4-12): - Lead interactive Bible stories and simple songs. - Supervise play and craft activities. - Integrate simple health messages (e.g., "handwashing song"). Oversee the Youth Program (Ages 13-18): - Facilitate small group discussions on relevant topics (identity, faith, community).		

- Lead basic skills workshops (e.g., "writing a personal introduction"). - Create space for questions and peer interaction in a guided setting.	
6. Safety, Wellness & Integration	
• Maintain a clean, safe environment. Manage sign-in/out if parents leave the area. • Monitor energy levels; provide water and rest as needed. • Coordinate with the FGM team to invite willing youth/children to worship sessions.	
7. Communication & Documentation	
• Inform the Field Ministry Coordinator of any concerns or notable interactions. • Keep a daily log of participant numbers and general engagement levels for each age group.	
POST-EVENT	
8. Site Breakdown & Inventory	
• Supervise cleanup of both areas, leaving them tidy. • Inventory and pack all remaining materials. Designate reusable items for donation to the local church.	
9. Debrief & Handover	
• Final team debrief, providing a summary of the children/youth program outcomes. • Share meaningful connections or expressed needs with the LCL to facilitate potential long-term discipleship.	
10. Final Reporting	
• Submit a brief report to the CYMD, including insights, challenges, and recommendations for future outreaches.	

APPENDIX 8: CHECKLIST_PRISON MINISTRY LEAD

Operational Support	✓
---------------------	---

PRE-EVENT & PLANNING

1. Protocol Review & Spiritual Preparation	
• Review Section 5.2.C (Prison Ministry Protocol) with the Prison Ministry Director .	
• Pray specifically for the facility, staff, and inmates you will encounter.	
2. Access & Logistics Coordination	
• Work exclusively through the Local Church Liaison to secure official permissions, visitation schedules, and understand all facility rules.	
• Confirm the approved list of participants, materials, and any items you may bring in (e.g., Bibles, notebooks).	
• Plan the session structure (e.g., 45-min worship/teaching, 45-min small group/practical skills).	
3. Resource Preparation	
• Prepare a simple, clear Gospel lesson or testimony.	
• Prepare a practical life skills segment (e.g., "Clear Communication in Legal Settings").	
• Pack sufficient Prison Ministry Encounter Forms and pens.	

DURING EVENT

4. Entry & Facility Protocol	
• Arrive early with the LCL . Follow all security procedures without exception.	
• Demonstrate utmost respect and gratitude to facility staff.	
5. Conducting the Integrated Session	
• Spiritual Ministry Segment: - Lead worship and praise appropriate to the setting. - Share the Gospel message clearly and offer hope in Christ. - Invite prayer requests and pray with participants.	
• Practical Skills Segment: - Teach the prepared life skills topic (e.g., active listening, non-confrontational communication). - Facilitate a brief, respectful discussion or Q&A.	
6. Relationship & Documentation	

• Engage in compassionate, one-on-one conversations as permitted by the setting and rules. • Discreetly and respectfully document key points, decisions for Christ, or specific prayer needs on the Prison Ministry Encounter Form after the session—never during, unless in a private counseling setting approved by authorities.	
7. Debrief with Local Partners	
• Immediately after the session, debrief with the LCL and any local church volunteers. • Discuss follow-up needs and any individuals requiring specific pastoral care.	
POST-EVENT	
8. Confidential Handover & Follow-up Planning	
• Transfer completed Prison Ministry Encounter Forms and verbal insights directly to the LCL for secure, ongoing discipleship and legal follow-up.	
• Discuss with the Liaison any formal or informal channels for continued correspondence or visitation.	
9. Reporting	
• Provide a confidential summary report to the FMC and PMD, focusing on general outcomes, challenges, and God's work, while protecting individual identities.	
10. Team Debrief	
• Share general, appropriate insights (maintaining confidentiality) during the overall team debrief to help the team pray and understand this ministry arm.	

APPENDIX 9: CHECKLIST_MEDICAL MINISTRY LEADER

Operational Support		✓
PRE-EVENT & PLANNING		
1. Documentation & Protocol Preparation		
• OSM Manual (this document)		
• Needs Assessment Form		
• Team Capability & Composition Form		
• In-Country Resources Form		
• Budget and Spending Form		
• Clinical Forms:		
- Daily Patient Registration (70+ copies)		
- Individual Patient Record (~1000 record supply)		
- Consent for Medical Treatment/Procedures (5 copies)		
- Referral & Transfer Form (10 copies)		
- Referral & Transport Supply Checklist (10 copies)		
- Daily Medication Log, country-specific (10 copies)		
• Reporting Forms:		
- EMT MDS Daily Reporting Form (if required by host nation)		
- EMT MDS checklist (20 copies)		
• Printed <i>MSF Clinical Guidelines & Essential Drugs</i> (5 copies each) MSF medical guidelines website		
• Print medication labels (Avery) & baggie labels		
2. Coordination with Host Nation		
• Work with LCL to submit Team Capability Form to local Health Authority.		
• Obtain permissions/approvals to operate.		
• Confirm local disease burden & national treatment protocols.		
• Identify referral facilities and pathways.		
• Inquire about local parasite treatment (e.g., Albendazole) protocol.		
3. Medical Supply & Inventory		
• Finalize medication & supply inventory against formulary.		
• Verify all medications are within expiry, properly packed, and labeled.		

• Procure any necessary medications locally upon arrival (via Logistics).	
• Prepare transport medical kit and emergency bag.	

DURING EVENT (Daily Operations)

4. Clinical Oversight & Quality Assurance	
• Ensure all clinicians work within their scope of practice.	
• Oversee triage system and patient flow.	
• Be available for clinical consultations and complex case reviews.	
• Enforce infection prevention & control protocols (IPC).	
• Monitor for and immediately isolate any suspected notifiable diseases.	
5. Pharmacy & Logistics Management	
• Supervise pharmacy setup, dispensing accuracy, and inventory control.	
• Approve restocking of medications from central supply (using Daily Medication Log).	
• Ensure secure storage of medications and supplies overnight.	
6. Referral & Emergency Coordination	
• Authorize all referrals using the Referral & Transfer Form.	
• Coordinate with Team Leader and Local Church Liaison for urgent patient transport.	
• Manage any medical emergencies within the team or patient population.	
7. Reporting & Documentation	
• Ensure completion of Daily Patient Registration and Individual Patient Records.	
• Collate data and complete required daily report for local Health Authority (if applicable).	
• Track and report notifiable diseases immediately to authorities.	

POST-EVENT

8. Clinic Breakdown & Donation	
• Oversee safe breakdown of clinic, including proper disposal of medical waste.	
• Inventory remaining medications/supplies.	
• Formalize donation of usable surplus to local church partner or health authority, following national guidelines under the leadership of the MMD and OSM Director.	
9. Debrief & Reporting	
• Participate in final team and partner debrief.	
• Complete Clinical Summary of Medical Camp form for OSM records and host authority.	
• Provide clinical feedback to the permanent MMD for continuous improvement.	
11. Post-Trip Follow-up	
• Ensure all patient records are securely handed to local partner for continuity of care or confidentially archived.	
• Submit final inventory and financial reports as required.	

APPENDIX 10: CHECKLIST_EDUCATION TEAM LEADER

Task	✓
PRE-TRIP & PLANNING	
- Inspect the education bag and replace all consumable supplies as needed. - Pack lesson outlines and posters together in a flat, protected place to prevent wrinkling during transport. - Pack all liquids in a separate, sealed bag. 1-2 months in advance: Send the "Pre-tip General Questions" and a list of local items needed to the local outreach contact. - Send the "Pre-trip Medical Questions" to the local medical doctor. - Share the answers from both sets of questions with all team members via. - Review all lesson outlines; make necessary additions or changes to address local health conditions and concerns.	
SETTING UP	
- Obtain all local items required for the education outreach. - Accompany team leaders on site assessments to determine optimal locations for large-group and small-group education sessions. - Oversee chair setup: a general seating area for those waiting, and a small-group seating area with one table for patient-specific education. - Assemble and set up education demonstrations on the table: plates of healthy vs. unhealthy foods, water bottles for hydration demo, and balloon for GERD demo. - Provide doctors with post-it notes to prescribe specific education topics for patients. - Instruct the intake volunteer: direct patients to general seating unless they present an education slip from the doctor.	
DURING EVENT	
- Provide healthy living education (handwashing, hydration, body mechanics, GERD) to large groups. - Facilitate the transition to a Gospel presentation led by a local pastor following the education session. - Provide diagnosis-specific education to patients in small groups or individually. - Pray with people as personally prompted.	

COMPLETION OF MISSION

• Give any leftover demonstration food to the local pastor or missionary.	
• Dispose of used water bottles and the GERD balloon.	
• Repack the education bag: secure outlines and posters flat to avoid wrinkles; place all liquids in a sealed bag for spill protection and easy inspection during travel.	

APPENDIX 11: CHECKLIST_TEAM VOLUNTEER

Purpose: This list ensures every team-member—especially international volunteers—arrives prepared, safe, and culturally respectful, enabling full focus on serving the mission. It reflects OSM's standards of professionalism, stewardship, and cultural sensitivity.

Items/Notes	✓
-------------	---

A. ESSENTIAL DOCUMENTS & TRAVEL

• Enroll in Smart Traveler Enrollment Program – step.state.gov (US Citizens)	
• Passport (with at least 6 months validity) + Visa	
• Paper copy (laminated/waterproof) + electronic copy	
<i>Vaccination Record & Required Medications.</i> wwwnc.cdc.gov/travel (External Link)	
• Proof of Yellow Fever, COVID-19, etc.	
• Malaria Prophylaxis as prescribed	
• Personal prescriptions (adequate supply)	
<i>Travel & Medical Insurance Proof.</i> MissionTripInsurance.com (External Link)	
• Comprehensive travel/medical evacuation insurance required.	
• Professional liability (malpractice) insurance for medical volunteers.	
<i>OSM-Specific Documents</i>	
• Printed OSM Team Manual	
• Trip Support Document	
• OSM ID Card (may be received in-country)	
<i>Emergency Information</i>	
• Copies of emergency contacts (leave copy with kin)	
• Full travel itinerary (paper + electronic)	

B. PRE-DEPARTURE ACTIONS

• Enroll in Traveler Program (e.g., STEP for U.S. Citizens)	
<i>Research Destination Country</i>	
• Culture, security, religion, history.	
<i>Notify Bank & Obtain Funds</i>	
• Notify bank of international travel.	
• Carry credit/ATM cards + some cash in new, large bills.	

C. HEALTH & SAFETY KIT

Personal First Aid & Medications

- | | |
|--|--|
| • Antimalarial, sleep aids, anti-diarrheal, anti-nausea, pain relief. (if advised) | |
| • Hand Sanitizer (personal pump bottle) | |
| • Insect Repellent (with DEET) | |
| • Sunscreen | |
| • Reusable Water Bottle or LifeStraw | |

4. PERSONAL GEAR & CLOTHING

(See OSM Attire Policy: Modest, culturally appropriate, no camouflage)

- | | |
|---|--|
| • Day Pack / Backpack (For daily use in field.) | |
|---|--|

- | | |
|---|--|
| • Luggage with TSA-Approved Locks (Take photos of all bags for recovery.) | |
|---|--|

Work Attire (Modest & Practical)

- | | |
|--|--|
| • Closed-toe shoes/hiking boots (1 pair) | |
| • Work pants/scrubs (2+ sets) | |
| • OSM team shirt(s) | |
| • Socks & underwear | |

"Nice" Attire for Church/Meetings

- | | |
|---------------------------------|--|
| • Collared shirts (men) | |
| • Modest dresses/skirts (women) | |

Layering & Protection (Optional)

- | | |
|------------------------------------|--|
| • Water-resistant jacket (1) | |
| • Hat, bandana | |
| • Safety goggles, Sunglasses, etc. | |

Footwear

- | | |
|----------------------------------|--|
| • Flip-flops for shower (1 pair) | |
| • Hiking shoes for mud (1 pair) | |

E. OPTIONAL BUT RECOMMENDED

Sleep System (Optional)

- | | |
|---|--|
| • Sleeping bag (if advised) | |
| • Insecticide-treated mosquito net (if advised) | |
| • Earplugs & sleep mask | |

Comfort & Utilities (Optional)

- | | |
|-------------------|--|
| • Quick-dry towel | |
|-------------------|--|

• Headlamp/flashlight (1)	
• Electrical adapters (country-specific)	
• Portable power bank	
Field Supplies (Optional)	
• Protein bars. Sometimes meals are scarce or may delay.	
• Ziploc bags, duct tape, reusable shopping bags (for team use)	
• Tissue packs (as toilet paper)	
• Wet wipes for personal hygiene	
Documents & Money Security (Optional)	
• Neck wallet / money belt (1)	
• 2 Passport photos (if requested)	

F. ROLE-SPECIFIC EQUIPMENT

For All Volunteers	
• 10 blue pens, 3 black Sharpies	
• Clipboard (1)	
• 1 box surgical masks + 10 N-95 masks (to share)	
• Exam gloves in your size (1 box to share)	
For Medical Personnel (As Required)	
• Stethoscope, BP cuff, thermometer, pulse oximeter	
• Medical reference (e.g., MSF Guide) MSF medical guidelines website (External Link)	
• Diagnostic tools (otoscope/ophthalmoscope)	
For Ministry & Support Roles (As Required)	
• Notebook, Bible	
• Simple instruments for worship (if approved)	

G. TECHNOLOGY & COMMUNICATION (Optional)

• Mobile Phone (unlocked for local SIM)	
• Ensure international roaming capability or plan to buy local SIM.	

G. FINAL PRE-DEPARTURE REVIEW

• Read & commit to OSM's <i>Christian Standards & Cultural Awareness Covenant</i>	
• Confirm all assigned role responsibilities with Team Leader	
• Pack group-donation items if requested (e.g., tarps, Clorox wipes)	Optional
• Pray for the team, community, and your own readiness to serve.	

**APPENDIX 12: OPEN SPACE MISSIONS - INDIVIDUAL PATIENT RECORD &
TREATMENT FORM**

OPEN SPACE MISSIONS - INDIVIDUAL PATIENT RECORD & TREATMENT FORM

Date: ____/____/____		Pt #: ____	Triage: ☐ Red ☐ Yellow ☐ Green	Allergies:
Name:		☐ M ☐ F Wt: ____ kg	Age/DOB: ____ ☐ Yrs ☐ Mos	
Village/Contact:				
Vitals: T: ____°C HR: ____ RR: ____ BP: ____/____ mmHg SpO ₂ : ____% MUAC: ____ cm (if ≤5yrs)				
Relevant Hx: ☐ Pregnant ☐ HTN ☐ DM ☐ Cardiac ☐ HIV ☐ TB ☐ Asthma ☐ On Meds _____				
Chief Complaint & Hx:				
Exam Findings:				
Labs: ☐ Malaria RDT: ____ ☐ HCG: ____ ☐ Glucose: ____ mmol/L ☐ HIV RDT: ____ ____ (Counseled: ☐ Y) ☐ Hemoglobin: ____ g/dL ☐ UA: ____			Diagnosis: 1. _____ 2. _____	
Ministry Care: ☐ Prayer ☐ Counsel ☐ Gospel ☐ Decision for Christ			Needs Education on:	
ADULT FORMULARY (✓ prescribed) (Some for ped as well)				
Analgesics/Antipyretics ☐ Paracetamol 500mg #20 ☐ Ibuprofen 400mg #15 ☐ Diclofenac 50mg #10 Antibiotics ☐ Amoxicillin 500mg #28 (QIDx7d) ☐ Cotrimoxazole DS #14 (BIDx7d) ☐ Metronidazole 400mg #21 (TIDx7d) ☐ Ciprofloxacin 500mg #14 (BIDx7d) ☐ Azithromycin 500mg #3 (QDx3d) ☐ Doxycycline 100mg #14 (BIDx7d) ☐ Cephalexin 500mg #28 (QIDx7d) ☐ Cefixime 400mg #7 (QDx7d) Antimalarials/Antiparasitics		☐ AL (Artemether-Lum 20/120mg) #____ ☐ Albendazole 400mg #1____ ☐ Mebendazole 100mg #1 ☐ Ivermectin 6mg _ (____ mg) Other Adult Meds Respiratory & Allergies: ☐ Salbutamol Inhaler #1 ☐ Diphenhydramide 25mg#15 ☐ Cetirizine 10mg #10 ☐ Prednisolone 5mg(asthma) 40# x5d GI: ☐ ORS Sachets #3 ☐ Calcium Carbonate 20mg #15 ☐ Omeprazole 20mg #15		
		Topicals: ☐ Clotrimazole Cream #1 ☐ Hydrocortisone 1% #1 ☐ Gentamicin Eye Drops # 1 ☐ Dexamethasone Eye Drops#1 Chronic Disease* ☐ Amlodipine 10mg#30 ☐ Atenolol 50mg #30 ☐ HCTZ 12.5mg #30 ☐ Losartan 50mg #30 ☐ Metformin 500mg #60 Vitamins & Minerals ☐ Multivitamins tab. QD #14 ☐ Vitamin Prenatal QD #30 ☐ Ferrous 325mg BID #30 ☐ Zinc gluconate 20 mg/day #10		
PEDIATRIC FORMULARY (✓ prescribed)				
Analgesics/Antipyretics ☐ Paracetamol Susp. (120mg/5mL) #1 ☐ Ibuprofen Susp. (100mg/5mL) #1 Antiparasitics ☐ Albendazole 200mg #1 (6mo-2y) ☐ Albendazole 400mg #1 (>2y) ☐ Mebendazole 100mg #1 (>1y) Antibiotics (Suspensions) ☐ Amoxicillin (250mg/5mL) #1		☐ Azithromycin (200mg/5mL) #1 ☐ Cephalexin (125mg/5mL) #11 Antimalarials ☐ AL (Artemether-Lumefantrine) - Weight-based dosing: 5-14kg: #12 (1tab BIDx3d); 15-24kg: #18 (2tab BIDx3d) 25-34kg: 24 (3tab BIDx3d) Cough syrups ☐ Diphenhydramine (12.5mg/5ml) #1 ☐ Prednisolone (asthma):1 mg/kg/day x 3, 5d (Max:60mg/d)		
Procedures & Other Treatments:				
Education Provided: ☐ Med Use ☐ Hygiene/Sanitation ☐ Nutrition ☐ Disease Prevention ☐ Other: _				
Disposition & Follow-up: ☐ Discharge with instructions ☐ Referral to: _____				
Provider Signature: _____ Ministry Worker: _____				

APPENDIX 13: DAILY PATIENT REGISTRATION

OSM DAILY PATIENT REGISTRATION

Clinic Location: _____

Team Lead: _____

Date: _____

#	First Name	Age	M/F	Complaint	Treatment / Medication / Referral	Prayer	Educ.	FU
	Last Name			Diagnosis/Assessment				
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								

APPENDIX 14: DAILY MEDICATION LOG

Date: _____

[illegible]

APPENDIX 15: CLINICAL SUMMARY OF THE MEDICAL CAMP

Dates in Host Nation:

Communities Served:

Number of Patients Treated:

Number of Patients Transferred:

Number of Cases:

_____ Acute Watery Diarrhea	_____ Suspected Malaria
_____ Bloody Diarrhea	_____ Suspected Meningitis
_____ Other Diarrhea	_____ Malnutrition
_____ Acute Respiratory Infections	_____ Suspected Hemorrhagic Fever
_____ Acute Flaccid Paralysis	_____ Unexplained Fever > 38.5 C
_____ Suspected Measles	_____ Unexplained Cluster of Health Events
_____ Acute Jaundice Syndrome	

Number of Births: _____ Number of Deaths: _____

Medications/Supplies Dispensed (type and amount):

[illegible]

APPENDIX 16: EMT MDS DAILY REPORTING FORM (SAMPLE)

Insert logo of Ministry of Health

EMT-MDS Daily Reporting Form



Ver 2019 WHO

Team Information	a	Organization name:					
	b	Team name:					
	c	Type 1 mobile	Type 1 fixed	Type 2	Type 3	Specialized cell	
	d	Contact Person(s) name(s):					
	e	Phone No.:					
	f	Email:					
	g	Estimated date of departure (dd/mm/yyyy):					
	h	Date of activity (dd/mm/yyyy):					
	i	Time of reporting (dd/mm/yyyy/hh:mm(24h)):					
Location †							
j	State etc. (admin1)						
k	City etc. (admin2)						
l	Village etc. (admin3)						
m	Facility name:						
n	Geo-tag (lat) (long)						

† Submit one form per one activity day and location. For Admin 1 = e.g. State, Province, Governorate; Admin 2 = e.g. County, District, City, Municipality; Admin 3 = e.g. Sub-district, Village, Payam.

Daily Summary	Number of patient / Bed Count						
	o	Total Number of new consultation †		36	Discharge without medical follow-up	44	Directly related to event
	p	New admission (=MDS40)		37	Discharge with medical follow-up	45	Indirectly related to event
	q	Live Birth		38	Discharge against medical advice	46	Not related to event
	r	Total bed capacity		39	Referral	47	Vulnerable child *
	s	Empty inpatient bed (Non-ICU)		41	Dead on arrival	48	Vulnerable adult *
	t	Empty Intensive Care Unit Bed (ICU)		42	Death within facility *	49	Sexual Gender Based Violence (SGBV) *
	u			43	Requiring long term rehabilitation *	50	Violence (non-SGBV) *
	MDS statistics +			Outcome	Protection		

† Consider 24 hours period from midnight or other agreed cut off time for reporting. MDS statistics report outpatient consultations, inpatient admissions, as well as preformed procedures (MDS No.30-35), outcomes (MDS 36-43) and contextual issues (MDS No.44-50) newly counted during the reported period. MDS No.43 is a subset of MDS No.37-38. MDS No.47-50 are a subset of MDS No.53.

Demographic	MDS statistics	No	Age Categories	<1	1-4	5-17	18-64	65-	Total
		1	Male						
		2	Female non-preg.						
		3	Female pregnant						

Health Events and Procedure	MDS statistics	No	Health Events	<5	>=5	Total	
		4	Major head / spine injury				
		5	Major torso injury				
		6	Major extremity injury				
		7	Moderate injury				
		8	Minor injury				
		9	Acute respiratory infection				
		10	Acute watery diarrhea				
		11	Acute bloody diarrhea				
		12	Acute jaundice syndrome				
		13	Suspected measles				
		14	Suspected meningitis				
		15	Suspected tetanus				
		16	Acute flaccid paralysis				
		17	Acute haemorrhagic fever				
		18	Fever of unknown origin				
		19					
		20					
		21					
		22					
		23	Surgical emergency (Non-trauma)				
		24	Medical emergency (Non-infectious)				
		25	Skin disease				
		26	Acute mental health problem				
		27	Obstetric complications				
		28	Severe Acute Malnutrition (SAM) *				
		29	Other diagnosis, not specified above				
		Procedure			<5	>=5	Total
		30	Major procedure (excluding MDS31)				
		31	Limb amputation excluding digits *				
		32	Minor surgical procedure				
		33	Normal Vaginal Delivery (NVD)				
		34	Caesarean section				
		35	Obstetrics others				

Needs and Risks		
Free text reporting to EMTCC / MOH on the following issues.		
51	Unexpected death *	☐
52	Notifiable disease *	☐
53	Protection issues #	☐
54	Critical incident to EMT and/or community	☐
55	Any other issue requiring immediate reporting	☐
56	WASH	☐
57	Community / suspected over infectious disease	☐
58	Environmental risk / exposure	☐
59	Shelter / Non food items	☐
60	Food insecurity	☐
61	Logistics / operational support	☐
62	Supply	☐
63	Human resources	☐
64	Finance	☐
65	Others	☐
Detailed comment for (No.)		
Detailed comment for (No.)		
Detailed comment for (No.)		
Detailed comment for (No.)		

* Line list (including detailed information) should be submitted with this MDS form to relevant authorities. # Additional are used for context specific reporting items indicated by the relevant authorities e.g. Malaria / Dengue / TB / Leptospirosis / Rabies / Hazmat etc. # Protection issues to be reported confidentially to appropriate authority or protection cluster in locally agreed manner.

APPENDIX 17: IN COUNTRY RESOURCES

MINISTRY OF HEALTH

MOH	LOCATION	CONTACT	CAPABILITIES	ADDITIONAL NOTES

LOCAL MEDICAL CAPABILITIES – HOSPITALS

HOSPITAL	LOCATION	CONTACT	CAPABILITIES	ADDITIONAL NOTES

LOCAL MEDICAL CAPABILITIES – CLINICS

CLINIC	LOCATION	CONTACT	CAPABILITIES	ADDITIONAL NOTES

LOCAL MEDICAL CAPABILITIES - PRE-HOSPITAL TRANSPORTATION

PREHOSP TRANS	LOCATION	CONTACT	CAPABILITIES	ADDITIONAL NOTES

IN-COUNTRY PHARMACIES

PHARMACY	LOCATION	CONTACT	CAPABILITIES	ADDITIONAL NOTES

IN-COUNTRY MEDICAL RESOURCES EMT TYPE 2

NGO/COUNTRY/TEAM	LOCATION	CONTACT	CAPABILITIES	ADD. NOTES

IN-COUNTRY MEDICAL RESOURCES EMT TYPE 3

NGO/COUNTRY/TEAM	LOCATION	CONTACT	CAPABILITIES	ADD. NOTES

IN-COUNTRY MEDICAL RESOURCES EMT SPECIALIZED CELLS

NGO/COUNTRY/TEAM	LOCATION	CONTACT	CAPABILITIES	ADD. NOTES

OTHER NOTES AND COMMENTS ON IN-COUNTRY RESOURCES:

APPENDIX 18: CONSENT FOR MEDICAL TREATMENT/PROCEDURES

Name: _____

DOB/Age: _____ Years

Sex:

M

F

I, _____ hereby give my consent for **Open Space Missions** Team to provide myself/child/other _____ (name) with medical care including diagnostic tests, physical exams, minor surgical procedures, medications, emergency medical care, and transportation to medical facilities not managed by Open Space Missions. (Open Space Missions Team Representative name) _____ has explained to me the risks and benefits of the care provided.

INTERPRETER UTILIZED?

YES / NO Name of Interpreter: _____ Date: _____

I understand that I have the right to rescind this consent at any time.

Patient Signature : _____ Date : _____

OSM Signature : _____ Date : _____

Area for description or drawing of procedure(s)

APPENDIX 19: OSM MEDICAL OUTREACH – REFERRAL & CONSENT FOR TRANSPORT/TRANSFER

Complete in duplicate: 1 with patient, 1 for OSM records

1. Patient Details	Name: _____ Age: _____ Sex: M / F Date/Time of Referral: _____
2. Basis for Transfer	☐ Medical condition exceeds OSM scope of care. ☐ Benefits of transfer outweigh risks. ☐ Patient/guardian informed of risks (worsening en route, accident). Additional Risks: _____ Additional Benefits: _____
3. Receiving Facility	Name: _____ Contact/Address: _____ Contact Attempted: ☐ Yes ☐ No <i>If No, reason:</i> _____
4. Patient Status at Transfer	Time: ____ Temp: ____ Pulse: ____ Resp: ____ B/P: ____/____ mmHg SpO₂: ____ Allergies: _____ IV Access: ☐ Yes ☐ No <i>Details:</i> _____ Meds Given Prior: _____
5. Provider Authorization	I confirm transfer is medically indicated and necessary. Name: _____ Signature: _____ Date/Time: _____
6. Transfer Consent	I have been advised of the risks/benefits by: _____ I consent to transfer to: _____ Name of Patient/Delegate: _____ Relationship to Patient: _____ Signature: _____ Date/Time: _____ Witness (OSM): _____ Date/Time: _____
7. Belongings & Contacts	Belongings Sent: ☐ Yes ☐ No <i>List:</i> _____ Sent With: _____ Family Contact Info: _____

APPENDIX 20: BIRTH RECORD

DATE:	TIME:
BIRTH LOCATION:	

NEWBORN & MOTHER'S INFORMATION

NAME (name of the mother started by "Newborn"):
MOTHER:
ADDRESS/LOCATION:
CITY:
REGION:
FAMILY CONTACT INFORMATION:
BRIEF HISTORY OF BIRTH:
ADDITIONAL NOTES:
BRACELET APPLIED TO NEWBORN:

PROVIDER NAME: _____

PROVIDER SIGNATURE: _____

APPENDIX 21: DEATH - STANDARD OPERATING GUIDELINE RESIDENT/CLINIC DEATH

GUIDELINES:

Proper protocol for dealing with a death while on an international medical mission, operations can vary depending on the country. It is important for the Team Leader and Lead Physician to inquire about proper protocol when the team arrives in country. Some countries require that a local doctor do a pronouncement of death at a hospital. If culturally appropriate, provide the family with a body bag (white body bags will be provided to the team that are appropriate for Muslim burials).

LEADERSHIP ACTIONS:

- In such an event, The Team Leader and Local Church Liaison will coordinate with the local health authorities to clarify local laws and regulations.
- If a death occurs while providing medical care, OSM staff should assess the situation and provide appropriate care of patient and family members.
- Complete the OSM **Death Record** form found in Appendix.
- Please refer to the **Individual Patient Record** to cross check if the death is suspicious for one of the diseases listed on the form and needs emergent/urgent reporting to the Ministry of Health/WHO/Health Cluster.
- If possible, notify the family of the deceased.

APPENDIX 22: DEATH RECORD

DATE:	TIME:
LOCATION OF DEATH:	TIME OF DEATH:

DECEASED INFORMATION

NAME:	DOB:
ADDRESS OF DECEASED:	
CITY:	
REGION:	
BRIEF HISTORY OF DEATH:	
PRESUMED CAUSE OF DEATH (COD):	
☐ UNKNOWN COD	
ADDITIONAL NOTES:	
☐ FAMILY NOTIFIED. NAME OF PERSON:	
☐ RELEVANT OFFICIAL NOTIFIED. NAME OF OFFICIAL:	

PROVIDER NAME:

PROVIDER SIGNATURE:

APPENDIX 23: PATIENT COMPLAINT PROCEDURE

OPEN SPACE MISSIONS values excellence and integrity in all our interactions. This procedure ensures patient and community concerns are heard, addressed respectfully, and used to improve our service.

Objectives:

- Provide a safe, retaliation-free mechanism for complaints.
- Inform patients of their right to voice concerns.
- Ensure a systematic, prompt, and fair response.
- Track complaints for continuous improvement.

Procedure:

1. **Initial Resolution:** Team members should encourage patients to express concerns on the spot. If possible, resolve the issue immediately with the involved staff or a supervisor.
2. **Escalation:** Unresolved complaints must be reported to the **Team Leader**.
3. **Formal Complaint:** If a patient wishes to file a formal complaint, provide them with the opportunity to speak with the Team Leader or Gospel Ministry Leader. A written account (using the form above) should be completed if possible.
4. **Investigation & Response:** The Team Leader will investigate, consulting with the Medical Ministry Leader (for clinical issues) or Gospel Ministry Leader (for interpersonal/cultural issues). A written response will be prepared, detailing the investigation and resolution.
5. **Reporting:** All complaints are documented. Serious complaints are shared with the local church partner and health authorities as appropriate.

Confidential – For Internal Use Only

Role: _____ **Location (Outreach Site):** _____

Witnesses: _____

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Additional Recommendations:

Date Finalized: _____

APPENDIX 24: OMS PRISON MINISTRY ENCOUNTER FORM

Section	Details
	Date: _____ Prison Ministry Leader/Trained Volunteer: _____ Location/Unit: _____
Ministry Care Provided	☐ Prayer offered/requested ☐ Spiritual counseling given ☐ Gospel shared ☐ Decision for Christ noted ☐ Local church follow-up arranged
Practical Guidance Provided	☐ Effective Communication Skills ☐ Courtroom/Legal Communication ☐ Social Conduct & Good Manners ☐ Other: _____
Notes / Conversation Summary	_____ _____ _____ _____
Disposition & Follow-up	Spiritual: ☐ Encouraged & prayed with ☐ Bible/material provided ☐ Added to discipleship list ☐ Prayer need recorded Referral Made? ☐ No. Ministry/counsel sufficient. ☐ YES - Internal to: _____ ☐ YES - External (upon release) to: _____
PML/Trained Volunteer Signature	_____

APPENDIX 25: OPEN SPACE MISSIONS MEDICAL PROVIDER STATEMENT ON VOLUNTEER HEALTH

To be completed by the volunteer's licensed medical provider

Volunteer Information Full Name: _____
Date of Birth: _____ Age: _____
Planned Outreach Dates/Country: _____
Provider Information Provider Name: _____
Medical Title/Credentials: _____
Clinic/Institution: _____
License #: _____ Phone: _____
Email: _____

Health Clearance Statement

I confirm that this volunteer is under my care and has been evaluated for participation in an international medical outreach trip, which may involve:

- Physical exertion & variable living conditions
- Potential infectious disease exposure
- Limited medical resources

Based on my knowledge of their medical history and current health, I certify that:

- ☐ The volunteer is in **GOOD PHYSICAL AND MENTAL HEALTH with no conditions posing significant risk to self or others.**
- ☐ The volunteer is cleared **WITHOUT RESTRICTIONS.**
- ☐ The volunteer is cleared **WITH THE FOLLOWING CONSIDERATIONS:**

Provider Attestation & Signature

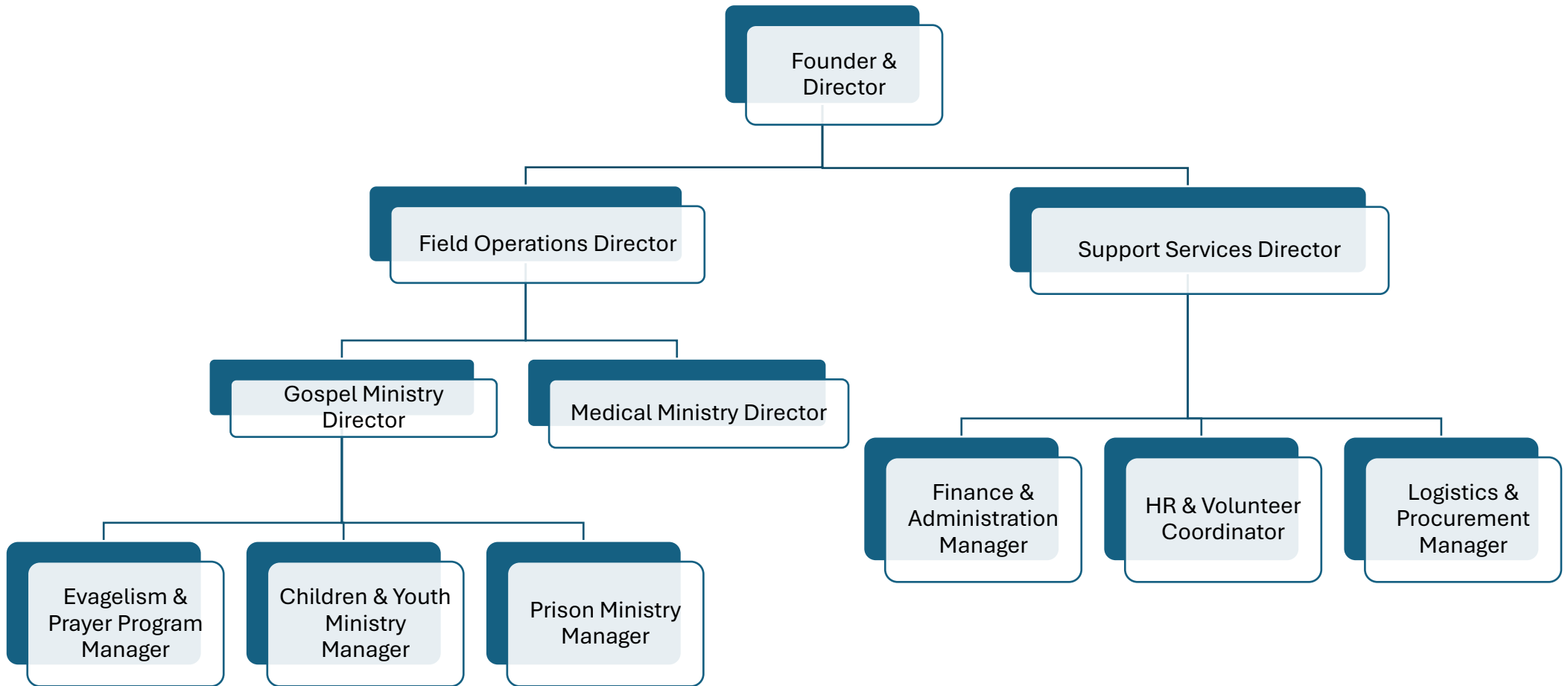
I affirm the above information is accurate and complete.

Signature: _____

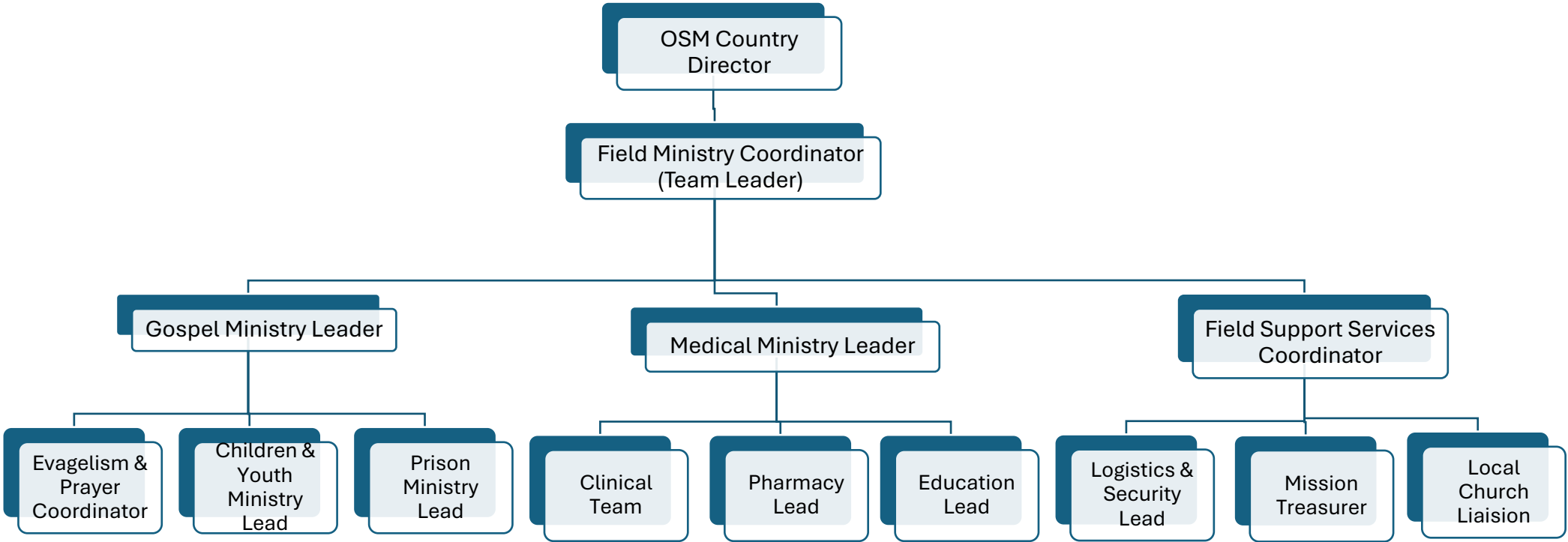
Date: _____, 20

Form must be submitted to OSM Medical Ministry Director prior to deployment

APPENDIX 26: OSM ORGANIGRAM



FIELD TEAM ORGANIZATIONAL CHART



ADDITIONAL INFORMATION

Tier 1: Executive Leadership	Tier 2: Department Directors	Tier 3: Ministry/Function Directors	Tier 4: Field Leadership (Deployed)	Tier 5: Specialized Field Roles
Founder & Director <i>Vision, Strategy, Partnerships</i>	Director of Field Operations <i>Mission Strategy & Execution</i>	Gospel Ministry Director (GMD) <i>All Spiritual and Special Ministries. The following report to him: Evangelism & Prayer Program Manager; Children & Youth Ministry Manager; Prison Ministry Manager)</i>	Field Gospel Ministry Leader (FGML) <i>On-site Ministry Head</i>	Evangelism & Prayer Lead <i>(Reports to FGML)</i>
				Field Children & Youth Lead (CYML) <i>(Reports to FGML)</i>
				Field Prison Ministry Lead (PML) <i>(Reports to FGML)</i>
		Medical Ministry Director (MMD) <i>Clinical Standards & Training</i>	Field Medical Ministry Leader (MML) <i>On-site Clinical Head</i>	<i>Clinical, Nursing, Pharmacy & Health Education Staff</i> <i>(Report to MML)</i>
	Director of Support Services <i>Manages Home Office, Finance, and Mission Support</i>	Logistics & Procurement Manager <i>Sourcing, supply chain, and field operational planning</i>	Field Logistics & Procurement	
		Finance & Admin Coordinator <i>Budgeting, accounting, reporting, and office systems</i>	Field Cash keeper <i>On-site cashier</i>	
		HR & Volunteer Coordinator <i>Staff compliance, volunteer recruitment, and onboarding</i>	Local Church Liaison	