# \_\_\_\_\_\_\_\_\_ (SVOSH NAME) FOREIGN TRIP MANUAL

# Foreign Missions – Before the Trip

**Team Leader:**

The team leader of a foreign mission must be extremely organized in order to ensure that patients receive proper care and participants have a positive experience. Good leadership and organization must be there from the very beginning. The team leader should be determined as soon as possible as a trip begins to take shape. Planning well in advance will result in more confidence in the team leader, greater commitment from group participants, and enhance your reputation with the foreign clinic contact.

Team leaders should not take on this role unless they are fully prepared to carry through with the significant responsibilities. There are many resources that need to be organized in order to conduct a successful trip. The leader can and should delegate specific tasks to appropriate individuals who have the necessary skill set for the task. However, ultimately the leader is responsible for every aspect of a trip. The team leader must be the one who invests the most time and energy in the trip.

Communication is one the most critical aspects of good leadership on a foreign mission. Start a group e-mail for the trip and update all members on a regular basis. Encourage others to provide input and empower them to get involved and help where they feel that they can be of most value. READ the entire Trip Manual prior to starting the process so you know what is expected.

The following schedule is provided to help guide you through the planning process of a mission. **Do not procrastinate!!!**

## 9 MONTHS TO 1 YEAR PRIOR TO DEPARTURE:

Make contact and decide on feasibility of upcoming trips. Consider the following when choosing a site:

* Population demographics
* Organization ability of host
* Stability/safety of country and the specific region of proposed travel: Check for State Dept. Travel Warnings/Alerts at: [www.state.gov/](http://www.state.gov/)
* Note: University Policy specifically prohibits travel to any country with a current Travel Warning. Travel Alerts must be taken very seriously and will need University approval for us to travel to that country. (see details under affiliations/obligations section above)
* Cost of travel
* Other travel logistics
* Adequate clinic facility: electricity, water, accessibility, size and layout requirements

- Determine what means there are to refer patients for additional care for conditions that we cannot treat in an ophthalmic triage setting (cataracts, retinal conditions, diabetes and other systemic conditions)

- Determine how your mission will fulfill the public health goals of the host country or develop some sustainable element of eye care for the target population:

• Is there already a government or non-governmental health organization plan for serving eye care needs of the population?

• Can our services integrate with the established goals and health care

infrastructure of the host country?

• Is there an opportunity to provide education on visual health, procedures or

other practical aspects of visual care?

• Can you train local health care workers to provide vision screening, dispense readers, etc?

• Is there an optometry school, medical school or private eye care

practitioners in the area that may want to team up with us?

• Can glasses (or lenses) be obtained locally for a reasonable cost?

A New Trip Assessment Form is available to guide you in the Trip Forms Folder.

**Traditional contacts include:**

Lions clubs

Sites we have previously served.

D.I.F. (Desarollo para la Integracion de la Familia, in Mexico)

Northwest Medical Teams

VOSH

I Care International

Rotary Clubs International (and other social service clubs)

**\_\_\_\_\_\_\_\_\_ (SVOSH name) Board Approval:**

All trips must be approved through the \_\_\_\_\_\_\_\_\_ (SVOSH name) Board at the spring or fall board meeting. Typically, we will discuss and provide guidance for potential trips for the upcoming year at the spring board meeting. Final decisions should be made at the board meeting in late September of each year. This gives enough time for planning and execution of trips at the Winter/Spring breaks.

Once trips are officially approved, the \_\_\_\_\_\_\_\_\_ (SVOSH name) President should publicize the upcoming missions in the \_\_\_\_\_\_\_\_\_ (SVOSH NAME) newsletter, which will be sent to all \_\_\_\_\_\_\_\_\_ (SVOSH NAME) alumni, College of Optometry Faculty and Administration.

## 6 MONTHS PRIOR TO DEPARTURE:

1) Make sure you have an adequate glasses supply for an upcoming trip. Our primary source for glasses is the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (glasses source). The Eyeglass Coordinator should be monitoring the lens libraries and stock of glasses and coordinating with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (glasses source) to obtain enough glasses on a yearly basis. The best time to obtain glasses from the Lions Recycling Program is usually early summer. Contact phone number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone #).

Readers can also be ordered from:

* + Restoringvision.org [<http://Restoringvision.org>](http://Restoringvision.org)
  + Reading glasses are available for $0.25 and sunglasses are available for $0.50 per pair.

                          i.     Reading glasses are available in packages of 300  
                         ii.     Sunglasses are available in packages of 25

* + The website for shopping is <http://www.restoringvision.org/shopping_cart.htm>

The other primary source of glasses is the \_\_\_\_\_\_\_\_\_\_ (SVOSH name) members themselves. This is a primary means of gaining points toward the trips for first year students.

**All members are required to verify 25 pairs of glasses. Students should be required to clean, verify, bag, and label at least some of the glasses for every trip. All glasses verified by \_\_\_\_\_\_\_\_\_ (SVOSH name) members should be plus only because we always have a surplus of minus coming from the Lions Recycling Program. If we have a trip to east Asia and need more minus, we can always obtain minus glasses easily.**

2) Decide if you have enough interest in the trip to make a firm commitment to your foreign contact.

YOU MUST HAVE DOCTORS CONFIRMED BY 3 MONTHS PRIOR TO THE TRIP, SO GET THIS SET NOW!!

3) Reserve vehicles from University Facilities Dept. for your departure from and return to the airport. Reserve the vehicles as early as possible if you will be traveling during Spring Break. Their availability is limited during that week.

4) If not going directly through one of the airlines, then contact a travel agent to obtain an approximate cost of the trip. Find out when reservations can be made and get a deadline for when they have to be made.

5. Reassess the safety and travel concerns on a regular basis. Stay in contact with the host. Also find out if there are any new travel advisories for the country of destination and the specific area that you are traveling to. Conditions can change rapidly in less stable countries and it is up to the trip leader to check the US Dept. of State web site weekly. (See Travel Warning and Travel Alert information in the obligations section of the manual.) Relative risk can vary significantly in different areas of any country. For a second opinion, contact the American embassy in that country and request information on the situation. If there are significant concerns about the safety of a particular trip proposed, the Board must be consulted before agreeing to move forward, and, in the case of a new Travel Warning or Alert, the University Office of International Programs will have to approve the travel.

6) Group Size and Composition: It is important to consider how many students, doctors and additional personnel to bring on a trip. The two greatest factors for determining optimal group size are the number of patients/day expected to be seen and the limitations due to accommodations and transportation. The host should be consulted very early on to determine what the accommodation and transportation issues are so that you are not in a position to have to alter your trip number at the last minute due to things like bus size or limited accommodations in the village where you are staying. The ideal size for a group is between 10-14. Larger groups present more problems, but they are possible. Less than 8 will be difficult unless you are seeing a very small number of patients (100) per day. Working with less is not so bad, but you need the greater numbers in order to transport all of the equipment without incurring large excess baggage charges. In general, we usually see 200-400 patients per day on trips. An overall group size of 8 - 12 students with 2-4 doctors works well (depending upon experience of the group members.) The ideal composition for a typical trip is (1-2) 1st yr students, (2-4) 2nd yr students, (3-4) 3rd yr students and (1-2) 4th yr students and (2-3) doctors. You should have about a 4:1 student/doctor ratio.

Establishing the Group:

The first priority for any trip is to determine the optimal groups size and composition as described above. Selections of students are now made based on available spots for each level of experience (1st year, 2nd yr, 3rd yr, and 4th yr). Within each year, the spots open are filled based on desire to go on the trip and, ultimately, the points that students have accrued in \_\_\_\_\_\_\_\_\_ (SVOSH NAME) Activities.

It is critical to actively seek commitments from those students and doctors that are going on a trip. At the trip selection meetings, students selected are required to go on the trip and meet the financial obligations of the trip. They cannot change their mind later due to cost or other reasons. It is critical that the trip leader has compiled all information about the trip, including any specific safety concerns, and all potential trip members have been provided with this information. No student or doctor should be in a position to make a decision to go on a trip without having the benefit of ALL the information that the leader has available.

In addition, it is possible for ancillary personnel to go on a trip as long as they serve some purpose (have specific skills or value that may be useful) and they do not take the position of a student or doc. When a request is made to bring ancillary personnel, start by assessing if the group size limitations can accommodate them w/o sacrificing skilled positions.

Trip Fundraising: Begin writing hometown social service clubs, generous relatives, community doctors, etc. for financial assistance. The group policy is if a student took the initiative to contact their local hometown clubs then they would receive 100% of the funds, which come in from those clubs or any donor up to the amount necessary to cover fixed travel expenses.

Donors may request that their donation be directed to a specific team member, and \_\_\_\_\_\_\_\_\_ (SVOSH NAME) will make every attempt to honor that request; however, this informal arrangement does not constitute a legally binding contractual agreement.

Donations may still be made under a contractual agreement to use the funds to benefit a specific team member; however, those donations are not tax deductible for the donor, and \_\_\_\_\_\_\_\_\_ (SVOSH name) cannot provide the donor with a tax deduction letter.

Fixed expenses include, but are not limited to: Airfare, shuttle to and from airport, in country transportation to/from clinic sites, hotel costs for the nights surrounding clinic, and food during clinic and pre-approved travel days. All fixed expenses must be determined prior to the trip and approved by the \_\_\_\_\_\_\_\_\_ (SVOSH name) President and Treasurer. Fixed expenses on this list can be denied by the \_\_\_\_\_\_\_\_\_ (SVOSH name) President and Treasurer if they do not fit into the mission of \_\_\_\_\_\_\_\_\_ (SVOSH name).

Hotel, food and other expenses for fun days and experiences are NOT to be considered “fixed” expenses as these are often only estimated prior to the trip and do not have any bearing in assisting the local population with eye care benefits. If a student plans to go on more than one trip over a 2 year period, any donations acquired above and beyond what meets the fixed travel expenses for a trip may be applied toward the following year’s trip. If the student does not end up going on the second trip, the funds stay in the \_\_\_\_\_\_\_\_\_ (SVOSH name) general fund. It is critical that tax deductible receipts are written for donors. The \_\_\_\_\_\_\_\_\_ (SVOSH name) treasurer will provide a receipt but it is up to the individual student who obtained the donation to send a thank you note to all donors with tax deductible receipts. Students are welcomed and encouraged to use the \_\_\_\_\_\_\_\_\_ (SVOSH NAME) promotional materials, (including videos, slides, letterhead, web site, etc.) to enhance their chances of receiving support. However, each student should use their own media to make copies of the \_\_\_\_\_\_\_\_\_ (SVOSH NAME)' promotional materials that will be stored on the \_\_\_\_\_\_\_\_\_ (SVOSH name) Hard Drive.

Fundraising efforts can continue after the trip but funds raised for a particular trip will only be applied to an individual’s expenses if received by \_\_\_\_\_\_\_\_\_ (SVOSH name) by 1 week prior to trip departure. See Fundraising documents in the appendix of this manual for more details.

\_\_\_\_\_\_\_\_\_ (SVOSH NAME) TRIPS SHOULD BE SCHEDULED DURING COLLEGE OF OPTOMETRY BREAKS. It is the responsibility of each student going on trip to make sure that they are not violating the policies of the College of Optometry or individual instructors regarding class, lab, or clinic attendance. The general policy of the College of Optometry is that students are required to attend all scheduled classes, labs and clinics at their assigned time. **It is \_\_\_\_\_\_\_\_\_ (SVOSH NAME) POLICY that trips will be held during College breaks only.** Occasionally, it is difficult to travel within the dates of breaks due to much higher airfare, or very long travel times. This has been especially true for spring break when we have occasionally found it necessary to leave on a Friday prior to break or return on a Monday after. **In this case, students must get consent from individual instructors whose courses/labs they will miss to arrange to make up for the absence PRIOR to purchasing airfare for the trip. See Instructor Consent Form in the appendix of this manual.**

7) Check with the \_\_\_\_\_\_\_\_ (local county) Health Dept. for any required immunizations as soon as the group has been selected. **Certain areas of the world require special vaccinations so check the CDC website (**[**www.cdc.org**](http://www.cdc.org)**) for necessary vaccines.**

## 4 Months Prior to Departure

1) Look at library to see where holes are and verify or collect lenses as needed

2) Stay in close contact with airline officials or your travel agent

3) Remain in close contact with foreign contact

4) Begin process of getting passports and identification together

\* **Required Identification**

All trip members must have an up to date passport. In addition to a passport, it is good to have an additional form of identification with you in case you lose your passport. All foreign students should check with their embassy in the United States to see what type of identification will be required for them to enter and leave your country of destination. DO NOT DELAY IN BEGINNING THIS PROCESS.

**Passport**

If you do not already have a passport, apply for one immediately. Applications for a U.S. Passport are available at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (local passport agency).

You can also download an application, or a renewal application, via the world wide web at: http://travel.state.gov. For more information contact the International Programs Office.

If you already have a passport, **please check that it has not expired and that it will be valid for at least six months beyond your planned return to the United States.** If you applied for a passport when you were 18 years old or older, it should be good for 10 years.

**Keep a Xerox copy of the first two pages of your passport in a separate location from the passport itself. You should also leave a copy with your a friend/family member here , and the School or College office. This will help if your passport is lost or stolen.**

Take the completed Passport Application, two passport-size photos, 2 proofs of identity to your Passport Application Center. This can be a federal building or a post office. **YOU MUST DO THIS IN PERSON.** Please contact the Post Office for cost. It should take about 6 weeks to receive your passport.

**Other Useful Information**:The Passport Agency normally takes from ***six to eight weeks*** to process your passport. If you are under a time constraint, there is an available ***Expedited Service*** that can process your passport in three working days upon receipt at the Passport Agency. Contact the passport Agency for cost of expedited service. You may also be asked to provide additional documentation proving your identity. In case this occurs, you should ***locate*** other acceptable documents in order to save time. Suggested documents include high school and college transcripts, tax records, marriage certificates, and enlistment papers for the U.S. military service.

# B. Visa

A visa, usually a stamp on a page of your passport, is the official permission to visit or study in a country granted by that government. There are different types of visas; the most common are study, work, and tourist. Generally, if you are going abroad as a U.S. college student on a service-learning project, the correct visa type is a **tourist** visa. Make sure you check to see how long you can be in the country with a tourist visa. This varies from country to country but we have never had any problem with our trips because of the short duration (2 weeks or less). We do not need to acquire any paperwork prior to the trip for a tourist visa. Airlines provide forms for tourists on the plane that we fill out to declare the purpose of our trip to customs (**write in tourist and/or humanitarian eye care**) and value of goods we are bringing with us (**zero**). Many countries require an “exit” fee or documentation as well as entry information.

## 3 Months Prior to Departure

1) TRIP MEETING(S): It is very important to have at least one trip meeting to cover everything that is expected of trip members. The trip leader should prepare a written document that covers all trip information including:

travel itinerary, host contact information, lists trip members and responsibilities, travel concerns/information including immunization recommendations, personal items/equipment that should be brought, baggage/carry-on restrictions, clinic overview, etc.

This is also a good time to do any training that may be necessary (how to run the Retinomax, Tonopen, etc., how to dispense glasses and readers (see appendix document DispReaders.doc). The students have generally responded very favorably to these extra training sessions. Schedule them for the beginning of nights when you will be cataloguing. All board members can be called upon to help with training.

All reservations (travel) and payments/deposits should be made by this point. Even if airfare has not been booked, deposits should be collected based on travel cost estimate.

2) **Each Team member must read the \_\_\_\_\_\_\_\_\_\_\_\_\_ (applicable affiliated school/university international travel documentation) and complete all the required forms prior to travel.** The Handbook and all forms can be found at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (URL).

Each student should register with the University Insurance Program for Emergency Assistance (if applicable to your affiliated school/university).

The leader is responsible to make sure that copies of these forms, along with a copy of current passports and trip itinerary (with host contact information) is given to the College Administration and the \_\_\_\_\_\_\_\_\_ (SVOSH name) Faculty Liaison.

The trip leader should keep a copy of all of these documents with them at all times on the trip.

The personal medical information may be vital should a trip member become ill or injured. However, in order to protect the privacy of individuals, these forms will be kept by the individual in their luggage or on their persons at all times during the trip. **The personal medical information will not be copied and distributed to any other persons unless the individual consents to this.**

3) Each Team member should be given a copy of the **Executive Assistance Services Overview** that summarizes what emergency services (covered by \_\_\_\_\_\_\_\_\_ (affiliated school/university) Policy) are available to teams should they arise.

4) Try to obtain some low vision devices. We have a stock currently (2008) but more may need to be ordered in the future.

5) This is a good time to determine how best to work with the customs dept. of the country you are visiting. \_\_\_\_\_\_\_\_\_ (SVOSH name) often has difficulty getting equipment and people through customs at the host country. Have the foreign organizers contact customs officials in their country. There is often a specific paper that need to be filed before you arrive and carried with you. Sometimes, it’s just a matter of the host pulling a few strings and being there to meet you. Find out exactly what is necessary and take care of it NOW. Even with all the right paperwork in place and connections made, it may come down to a certain customs individual being in a bad (or good) mood. Do not attempt to bribe customs officials.

**The trip leader should be prepared to handle these issues and bring specific documentation about the \_\_\_\_\_\_\_\_\_ (SVOSH name), the trip and clinic: \_\_\_\_\_\_\_\_\_ (SVOSH NAME) Articles of Incorporation and non-profit tax ID number, host agency (try to list a ranking government official), the people being served (where, how many), specific itinerary, trip manifest (list of exactly what is in each container, see trip manifest examples in the appendix), any specific paperwork required by that customs agency. A specific letter from a high-ranking government official is the often the best piece of paperwork you can have.**

## 2 Months Prior to Departure

1. Get library set up and ready to go. Make sure we have all the glasses we need. Verify more plus or minus as needed. Check plastic containers and box inserts to make sure we have enough.

In preparing the lens library, it is critical to consider the refractive characteristics of the people you will serve. A smaller, carefully tailored lens library may be more effective than a non-specific large library. A good general rule of thumb for a tailored library is to bring 3X more prescription glasses than the patient total PLUS a few hundred pairs of readers. Each plastic container that we use holds two boxes of 100 glasses (packed tight). So figure that each container will hold about 200 pairs.

Another strategy is to bring some new frames if there are resources for filling prescriptions locally. On all trips we encounter a few patients for which we don’t have appropriate glasses due to frame or prescription or both. On trips where we see a lot of children, we are not as likely to dispense as many glasses but, those we do, tend to be for the farther ends of Ametropia. Those are the children whose lives we can impact the most with a proper prescription and frame. In fact, we have dispensed two pair to patients whose RE exceeds –3 or +3, realizing how critical it is to have an extra pair when one inevitably breaks. Therefore, since we always lack enough small children’s glasses, it seems prudent to bring extra children’s frames (if available) in various sizes so that we can either:

1. dispense frames only along with a prescription to fill
2. have the prescription finished locally
3. Bring it back and have it done here and ship it down after

We have pursued all of these options in the past but it seems the most prudent route for many reasons is to have it filled locally. Even if \_\_\_\_\_\_\_\_\_ (SVOSH name) provides the frame and pays for the initial prescription, this strategy connects the person to the local resources that they will need to access for the future.

**It is immensely important that each participant understand that everyone must help build the lens library. It is not fun work but it is the most important part of our preparation.**

4) Get your immunizations.

5) If necessary, contact the foreign consulate of the country you will be visiting informing them of your trip and purpose, Seek their assistance in order to pass through customs easily.

## 6 Weeks Prior to Departure

1) Recheck the status of everyone's identification papers

2) Now that your airline tickets are booked (they better be at this point), it is important to determine the size and weight restrictions for bags (checked and carry-on) for ALL flights. It is also CRITICAL to determine the maximum number of bags you can bring based on your group size. Typically, each ticketed passenger is allowed two checked bags. We use the our containers of glasses and equipment as trip members checked bags and they must carry-on all their personal belongings. It is important for everyone to know this and plan to pack light. This especially important for connector flights on smaller planes within a host country. Extra baggage or overweight fees can add up to a significant additional cost for the group. Everyone in the group needs to be aware of the restrictions for carry-on items, bag size and weight.

If you have a smaller group, you may have more containers to check than are allowed on a per person basis. Determine how many bags can be checked based on the group total. Work through your travel agent or contact the airline directly to see if they are willing to waive extra baggage/overweight fees for your humanitarian group. If one official agrees GET THIS IN WRITING so you can prove it to the airlines officials when you get there.

For the lens library and other clinic containers, weight may be the big issue. Be careful not to exceed the allowed weight by the airlines when packing.

There are a number of good web sites that list baggage limitations for airlines as well as items prohibited in carry-on.

<http://www.thetravelinsider.info/travelaccessories/airlinecarryonluggageallowances.htm>

The best strategy is to look at the specific airline web sites.

3) Find drivers to take you to and from the airport.

4) Confirm your reservation of the university vans (if needed).

5) Continue verifying and monitor everyone's progress (Have you started yet?)

## 1 Month Prior to Departure

1) Finish Lens library: cataloguing

2) Training sessions as needed

3) Get immunizations unless previous report indicated sooner.

## 2 Weeks - 1 Week Prior to Departure

1) Make sure all travel forms are collected.

2) Verify your drivers for the airport

3) Post \_\_\_\_\_\_\_\_\_ (SVOSH name) ID and flight information on every container to go with the group. Make sure none are over the weight limit imposed by the airline.

4) COLLECT AND CHECK ALL EQUIPMENT FOR THE TRIP. (See equipment checklist)

**Prepare Trip Manifest for customs.**

5) Recheck the status of everyone's identification papers

## 1 Week Prior to Departure

## 1) The following documentation must be copied and left with College Administrative staff and/or the faculty liaison:

## -List of trip members with emergency contact information (parents/spouses)

## -Trip itinerary and host contact information

## -Photocopy everyone’s passport and informed consent forms (Also, take one copy with you.)

2) **Make sure EACH TRIP MEMBER registered with Emergency Medical Assistance Program** (if applicable to your affiliated school/university) **that will allow people to get emergency medical care if needed.**

3) Acquire Trip Emergency Fund ($300 cash per trip) to be used only if needed at the sole discretion of the trip leader. Sometimes situations arise that require a significant amount of cash. This should not be looked at as funds to be used for additional leisure and incidental expenses. It is only to be used for true emergencies that might arise that would affect the ability of the entire group to carry out its primary mission of humanitarian eye care or to “rescue” an individual from harm. Ex. Group ground transport “breaks down”. Group needs to hire an additional bus to get to a remote clinic site (that day).

Bear in mind that \_\_\_\_\_\_\_\_\_ (SVOSH name) can always reimburse trip members for unforseen additional travel costs should they become a significant burden for group members. We encourage trip leaders to use credit cards for additional expenses when possible and save the Emergency Fund Cash for the potential emergency expense that would require cash only. Use of the Emergency Fund will require a report from the trip leader upon return to justify the expense. Otherwise, it is expected that the $200 will be returned to the treasurer.

4) Recheck everyone's identification status

5) Bring \_\_\_\_\_\_\_\_\_ (SVOSH NAME) Certificates of Recognition for hosts and other major helpers who organize clinic and other activities in country. The trip leader can have some of these printed up prior to the trip (knowing specific names of hosts) but 10 additional blank certificates should be brought with the group to distribute to deserving individuals as deemed appropriate.

6) Trip leader needs to make sure they have all documentation for customs.

In final packing, be careful not to exceed the allowed weight by the airlines.

∆ *Refer to "foreign mission", "during trip" for schedule the day of departure*

## EQUIPMENT CHECK LIST

(6)  large rolls of packaging tape

(1) roll of masking tape

(2)  rolls of scotch tape

(2)  rolls of surgical tape

(2) syringes

(2) pkgs of cotton swabs

(1) box of latex gloves

(1)  patient instructions (Spanish if necessary)

(1) bottle hydrogen peroxide

(1) foreign body removal kit (jeweler’s forceps, spud, Alger brush)

(5) surgical masks

(4) eye pads

(4) boxes alcohol prep pads

(3) boxes Kim-wipes tissues or regular tissues

(1) box paper clips

(1) tape measure

(2) red markers

(2) blue markers

(7) yellow post-it pads

(1) stapler

(1) box of staples

(6) clip boards

(2) personal lamps

(4) extension cords

(5) power strips

(8) AA batteries

(12) C cell batteries (for ophthalmoscope handles)

(3) surge protectors

(8) 3-to-2 prong adaptors

(800-2,000)  Exam forms for expected patient count

(1) Container handi-wipes

(4) Hand Sanitizer Bottles (e.g., Purell)

(2) boxes of plastic garbage bags

(1) set of dispensing tools and salt pan

(1) bag salt

(1) spoon

(2) drying cloths

(1) bottle Windex

(20) writing pens

(1) sphygmometer

(1) stethoscope

(1) Screwdriver set

(4) Snellen acuity charts

(6) occluders

(1) illiterate "E" charts

(3) sets of lens racks and working distance glasses

(2) Lea Symbols Distance and Near charts

(6-8) near reading cards (in Spanish if appropriate)

(4) Near VA Cards

(1) Trial lens kit

(1) Stereo test (Lang)

(1) Lensometer

(1) Tonopen and 50 tip covers or Perkins (handheld Goldman) tonometer

-proparacaine and Fl strips

(1) BIO and lenses

(1) Retinomax with 4 batteries (check charge on batteries 2 weeks prior to trip, purchase new batteries if needed)

NOTE: The Retinomax should be hand-carried with the team at all times, including on airplanes.

(?)   Certificates of recognition for the trip host and translators

Diagnostic pharmaceuticals:

Tropicamide (2-3 bottles)

Phenylephrine (1 bottle)

Cyclopentolate (1)

Proparacaine  (2)

Flourescien strips and Rose Bengal

Therapeutic Pharmaceuticals:

Antibiotics, steroid, anti-allergy, glaucoma, dry eye, and other as stock allows

**Personal Clinic Items**: All group members should bring their own diagnostic kit (with C-cell adapter) packed in their personal carry-on bag.

# Foreign Missions – During the Trip

## THE DEPARTURE

Most airlines will request that the group arrive at least two hours prior to departure in order to facilitate the timely check-in of all equipment that the group will be taking. Give yourself a large buffer (3 hours) to allow for any unexpected events and individual circumstances. The following checklist is recommended for a “stress-free” departure:

• Do you have the keys to the vehicles you will be using? Are they functional, gassed-up, tires full, etc.? The vehicles should have already been picked-up at the physical plant. If you forgot this “minor” detail, call security. They should be able to help you. Know when your keys must be picked up.

• Have the drivers that will be driving the vehicles back to Pacific been

informed of the proper procedure for returning the vehicles and have they

been told of the time that they need to meet at the school?

• Does everyone have their ticket and passport (including you)? Do those not meeting at the school know what time they should arrive at the airport?

• Do you have all of the necessary documentation for customs, airline officials, names of foreign contacts, copies of participant’s passports, emergency contacts, and special health considerations etc.?

• Our current plastic containers usually pose no problem for the airline weight limit when loaded with glasses but In order to avoid any initial hassles, it is best that the first boxes presented be clearly underweight.

**THE RETINOMAX SHOULD BE HAND CARRIED ON TO THE PLANE. NEVER CHECK IT AS BAGGAGE. ONE PERSON SHOULD BE ASSIGNED TO KEEP IT AS THEIR CARRY-ON AND SHOULD BE RESPONSIBLE FOR IT AT ALL TIMES**. The retinomax replacement costs are nearly $15,000 so be careful with this piece of equipment. It will always generate some interest at the security check-point. It may be best to have a licensed doctor (with current license of optometry to show) carry it through security.

Diagnostic Kits carried on to the plane will always cause security to check the bag. So be prepared to spend some additional time at the security check point if you hand-carry any instruments.

## ON THE PLANE

• Fill out the tourist information sheet and customs declaration for the country that you will be entering. These will be passed out by the flight attendants an hour or so before your arrival. **Fill-in student for occupation and tourist (and humanitarian trip if desired) for reason of travel to that country.** \_\_\_\_\_\_\_\_\_ (SVOSH name) does not qualify for work or educational Visas when traveling abroad. We are traveling under the official category of **tourist.** The duration of time for our trips (usually less than 2 weeks) is allowed for all countries with have visited under a tourist visa. Under the section asking the value of merchandise you are bringing into the country, everyone should write zero. The tourist information sheet is a requirement in most countries (especially Mexico). Remind everyone how important it is to not lose this slip of paper. It can be a problem to replace if it is lost.

• Make sure that all hand-held equipment that was carried onto the plane is taken with the group when departing from the plane.

## ARRIVAL

After arriving, the group will pass through the immigration line where officials will review identification papers and stamp the tourist information sheet. Following this, each person should fold up this sheet and place it inside his/her passport for safe-keeping until departure. These little slips are easily lost and can be a pain to replace so a friendly reminder at this juncture is appropriate.

Collect the boxes from baggage claim (count them carefully) and then pass as a group through customs. Each person must give the team leader their claim checks for the boxes checked-in under their name. Supporting documentation for customs should be easily accessible. If possible, a member from the group you will be working with should try and assist the group through customs. Hopefully, they will have already alerted the customs officials of your impending arrival.

Some countries will have a “traffic light” system in which each person is required to push a button activating a traffic light. If it comes up green, the person can pass through customs without having to open their boxes. If it comes up red, then a customs official will open their boxes. Try to negotiate with a senior customs official to pass through as a group. This is easier than if each person must pass through individually.

We carry glasses and medications (DO NOT USE THE WORD DRUGS) for humanitarian eye care only. Remember: Nothing has any commercial value.

As you pass through customs, check the boxes for any damage that may have occurred during transport. Extra taping may be required to secure the boxes for the remainder of the journey.

Be aware of the time factor if a connecting flight is to be taken. Many airlines may stipulate that you arrive at their counter at least 2 hours prior to your scheduled departure. If you’re not there by that time, they can give your seats away. This has happened to us before on Mexicana Airlines. It is recommended that one member of the group take all of the airline tickets and proceed to the ticketing counter to check-in the group while the others work to get everything through customs. If you are changing planes at this time, it will be necessary to transport the boxes to the appropriate counter. Skycaps may be necessary to transport them without breaking your back. An appropriate tip should be provided.

If you were unable to work with the airline ahead of time and you have extra bags, now is the time to do some pleading hoping to find a particular agent who will be sympathetic to your cause and waive extra baggage fees. Don't count on this though.

## FLOW OF THE CLINIC

Upon arrival, the team leader in consultation with the other group members, needs to scout out the clinic site to determine the best game plan for operating the clinic. When deciding the best arrangement for the clinic, a few important concepts need to be remembered:

The clinic is most efficient when patients are examined using a station to station (in-series screening) format rather than having one doctor/student complete all aspects of the exam on each patient. Experience indicates that the most successful strategy for efficient patient flow is the following station order:

1) Case History

2) Visual Acuities

3) Autorefraction/Retinoscopy

4) Ophthalmoscopy

5) Special Testing

6) Dispensing

Some prefer to position ophthalmoscopy before AR, the rational is that cataracts and other media opacities that would preclude AR can be screened out prior to attempting AR (which wastes time). In our experience, Autorefraction can be placed before ophthalmoscopy if there is a doctor or someone experienced enough at the AR to make quick judgment calls when the AR is unable to get a reading (often cataracts). A doctor should be stationed at the autorefractor or in ophthalmoscopy to perform retinoscopy if necessary to write appropriate prescriptions for the patient if the autorefractor does not yield enough information.

### CASE HISTORY STATION

• This is often best done outdoors. There will be a large and somewhat chaotic mass of people lined up prior to this station. The Case History station should be placed very near the entrance of the clinic in order to regulate patient flow.

• A shaded area is much preferred for both workers and patients. A canvas or tent may need to be strung up over the courtyard or alongside it in order to provide partial shade. Keep this in mind when selecting a location for Case History.

• Case history taking necessitates the use of 2 large tables. These tables have a secondary purpose in that they can impede the unorganized passage of patients beyond this point.

• Generally, the local organizers provide people who can take the case histories. It is not necessary that they speak English although it is helpful. It makes interpreting the case history much easier for those working in the rest of the clinic.

### VISUAL ACUITIES

• This is often done outdoors in a courtyard adjacent to the clinic rooms. Although the courtyards are frequently protected from the sun, remember to remain conscientious about your patients' welfare.

• At least 20 ft. of space is required in front of each V.A. chart. Good lighting is critical (but not full sunlight on the charts.)

. • At least one tumbling E chart should be posted for use with children and illiterate adults. A hand-held "E" may be used to facilitate greater patient reliability. A total of 4 or 5 sets of V.A. charts should be posted and tape laid down at 20ft.

• Near VA’s should be taken (OU) using charts with widely spaced numbers to facilitate pointing to individual characters (A low vision near card works well or Dr. Lowery’s Near Number Card, see forms and testing charts)

• Each VA lane will require two people, a tester and a pointer. The pointer should move down the side of the chart quickly to reach threshold, then move across lines to see what the patient is capable of at threshold.

• Patients often need to be encouraged a bit to guess.

• Local people, Lions Club members and other lay people can be trained to do VA’s but always have at least two students at the station. Locals can especially be used as pointers.

### AUTOREFRACTION

• This must be located next to a power source.

• A darker room or area yields better results as pupil size is slightly larger

The Retinomax will not yield accurate results if the ambient lighting is too bright. In our experience, outdoors, even in the shade, does not work.

• A small-medium sized, yet sturdy table is required. It should be large enough to allow the doctor ample space for writing prescriptions when sitting next to the autorefractor.

• Print out the best readings from the AR and staple it to the chart or record the findings on the chart if printing is not possible.

• The person running the AR should record any difficulties, suspected conditions, etc. on the chart so the doctor at ophthalmoscopy can be alerted to these concerns. It is good to keep an ophthalmoscope handy at this station to do a quick screening.

• Depending upon the experience of the group in the dispensary, it may be necessary to post a doctor at the AR in order to write prescriptions. We find that the AR results are used in the vast majority of cases and decisions regarding what lenses to choose can be made by those in the dispensary (if they have enough experience). If Lions or other lay people are dispensing, then best prescriptions will need to be written by a doctor prior to the dispensary (or at the dispensary).

Note: Autorefraction is not accurate or reliable on children. There is a strong instrument myopia effect with the Retinomax. Sphere readings can be off by up to –6 to –8 D. It should only be used after cycloplegic for the spherical component of the refractive error. It is useful for determining cylinder component (whether cyclopleged or not).

### RETINOSCOPY

• There will always be some patients (all children and some adults with unique conditions) who require retinoscopy. Teams should always be prepared for the possibility of losing the AR due to power loss or a malfunction. A station should be set up just for retinoscopy in the ophthalmoscopy area. Sphere-sphere retinoscopy using retinoscopy racks and working distance lenses works well. Children with significant hyperopia, anisometropia or eso posture should be cyclopleged.

### OPHTHALMOSCOPY

• Ophthalmoscopy needs to be located in a fairly dark room. The darker it is the better. Ideally, there should be just enough light in the room to facilitate writing without too much eye strain. A darker room saves battery power and it eases the procedure because the patients' pupils are significantly more dilated. A dark room also facilitates pupil testing.

• People should be able to find their way with ease between the V.A.s and ophthalmoscopy. There should be enough space for 15 (about 10 feet by 15 feet) people to stand comfortably. This allows ample space for “scoping” and for the people standing in line.

• There should always be at least one doctor in this station.

• Should further testing be required this doctor should be consulted. This is done by recording describing the test that needs to be done and the reason for it.

• Ophthalmoscopy will be a popular station for the students. In order to ensure that everyone receives a fair share of repetitions through this station a rotation schedule has been devised and used successfully on previous missions.

• Remember to review the chart (history, acuities, AR/Ret), prior to beginning ophthalmoscopy. What you find on ophthalmoscopy should make sense in light of the other findings.

• First years should be allowed to scope if time allows. They should begin by scoping one eye and then have an upperclassman or doctor follow behind and scope the eye as well. This helps the patient learn by comparing their results with that of the more experienced clinician. Later in the week they can scope on their own.

### SPECIAL TESTING

• Special testing requires a space of about 20 feet by 15 feet. This room should be able to be nearly completely darkened.

• Consider that at the height of a busy day, you will have several people waiting to be dilated and in various stages of dilation/exam. There needs to be adequate seating in this area and just outside to keep track of patients.

• Power sources and table space is needed for meds, BIO, desk lamps, etc.

• A detailed referral list should be made describing the patients name address, condition and reason for referral. Limited funds may be available so only the most serious cases should be referred. This should be determined well in advance with your host organization.

### THE DISPENSARY

• Should be located in the largest room available

• Ideally it needs to be well lighted so that work can continue after sundown if necessary.

• A power outlet needs to be available for the salt pan etc.

• At least 10 chairs are required in this station. More will be required if there are greater than 10 students in the dispensary.

• Numerous tables are required here in order to get the eyeglasses off of the floor.

After deciding how the clinic will flow, unpack the boxes. If possible, set-up the clinic on the same day that you arrive. If you wait until the morning of the first day of clinic, complications can arise that will delay or slow down the progress of the clinic that day. e.g. you may have to find a 3-prong to 2-prong adapter for the autorefractor. The first day of clinic is always the slowest of the clinic days without any added complications. Often, host organizations will place the most visually impaired individuals at the beginning of the clinic which, of course, is challenging for the inexperienced clinicians. Anything the group can do to avoid potential delays would be highly beneficial.

• If boxes are being placed on tables in the middle of the dispensing room, set every other table enough apart so that people can pass through easily without having to go all the way to the end of the row of tables in order to pass to the other side.

• Place signs on the wall (or use the bins) indicating where the beginning of each category is located e.g. Mens (+) SV, 1/2 eyes etc.

• Place one of the small lid tops under the dispensing table and use it as a receptacle for bags whose eyeglasses have been dispensed. Also find something that can be used as a trash can and put it underneath the dispensing table.

• A small container that will hold broken frames, eyeglasses with scratched lenses, and other discovered rejects needs to be placed on top of the dispensing table. These frames are an excellent source of frame parts e.g. screws, temples etc.

### RUNNING THE DISPENSARY

This is the most important part of the clinic and the main reason the patients

come to the clinic.

Once a patient has finally reached the dispensary it is important to remember that they have probably been waiting for several hours for the chance to receive a pair of glasses. Thinking of this may help to overcome some of the frustration you feel when your patient is not happy with the frame that you have selected for them. No patients should be allowed into the dispensary unless a team member is assisting them. The line of patients should form at the entryway. When a student has finished with their patient, they should take the next person in line. This method prevents overcrowding of the dispensary and it is the easiest way to know which patient is the next in line to be helped. Remember to SMILE.

### Procedure for Eyeglass Selection:

Seat patient and look at their exam form. Specifically note their chief complaint, V.A.’s, AR/Ret measures, results of ophthalmoscopy, and age. Do their V.A.'s match the recommended Rx from the AR (or the doctor)? Does their chief complaint match their V.A.'s? Is there something about their ocular health that precludes you from correcting both eyes? You may only need to correct them in one eye. This will significantly affect the way that you will search for their eyeglasses. Should this person have a bifocal prescription? Presbyopia onset is usually earlier in Latin American countries. Anyone over 30 years of age is a candidate for a near add. Use Near VA and distance refractive measures to make the call. Middle-aged low hyperopes will often benefit from a near RX only (see dispensing readers below). Question your patients about their near vision if you have any doubts. If it is a particularly challenging case, pass it off to a more experienced clinician.

Age is also important because younger patients, are generally much more discriminating about the style of the frame. This can be frustrating because good looking frames can be difficult to locate. However, it is important to remember that what we are attempting to do is improve the patients vision. Giving them an ugly frame that they will never use is not accomplishing this goal. Do your best to find a pair of eyeglasses that is acceptable to you and the patient. You may decide to give this type of patient a good frame (that they can use to buy lenses for at the local optical) in addition to the eyeglasses which best correct their vision.

Cataract patients present an interesting dilemma. They will suffer from complaints of bad vision near and far, poor night vision and problems with glare. Often the cataracts are so dense that little acuity improvement is possible. If this is the case, attempt to improve their near acuity. It is often possible to provide reasonable near vision with a high add. This requires a lot of subjective feedback. The patient must tell you which lenses work best for them at near. You may be giving them high (+) SV lenses to provide them with as much magnification as possible. Don't assume that the patient will always benefit from high plus. It depends on what their refractive error is underneath the cataract, which of course may be completely unknown. Remember too, that the cataract density may be causing a myopic shift.

Once you have taken this all into consideration, begin looking for the Rx. Ideas for finding the difficult to find Rx:

1) Consider using the equivalent sphere (1/2 cyl. power + power of the sphere) for one or both eyes.

2) If a bifocal, give them two pairs of eyeglasses, one for near and one for f ar.

3) If a woman, look in the men’s section. Usually neutral sex frames will be placed into the men’s section. One of these may work for your patient.

4) If person needs a bifocal and has good distance V.A.'s, give them a 1/2 eye.

5) Look in the children's section. Sometimes an adult frame is placed into this section. It just may be the one you're looking for. Vice-versa, a child’s frame may have been mistakenly place into the adult section.

6) Consider undercorrecting them equivalently in both eyes. It is better to do this than to correct one eye fully and the other not at all.

7) You may only be able to give them a prescription which improves their near vision.

8) Sometimes the only thing you can do is to give a nice looking frame to the patient for them to take to their local optical to purchase lenses.

### Dispensing Readers

Many patients that we see will need glasses only for near. These are prescribed by a sphere power only, the same for both eyes.

The doctor will write this in the prescription section of the form and indicate readers like this:

Rx: +1.75 Readers

Auto Results: --------------------

Find the appropriate power in a frame that appears to fit and place it on the patient. Tell them they only need glasses for near work/reading.

The prescription will be set for approximately a 14 “ working distance but sometimes patients need a slightly different power.

Give the patient some reading material (Near Point Number Card or Near Reading card in Spanish, see appendix) and have them hold it at their normal reading/working distance.

If it is blurry, move the card out or in slightly to find where it is clear.

If it is clearer outside their habitual working distance then try a stronger power reader.

Eg. Rx = +1.75 D

Patient sees it clearly at 20 “ but reads at 14” (and its blurry at 14”)

Select a +2.25 D reader to try at 14”.

If the print is clearer inside the patient’s normal working distance, then try a weaker power.

Eg. Rx= +2.50

Patient sees it clearly at 12” but normally holds material at 16”.

Select a +2.00 reader to try at 16”.

General Rules:

Older patients require stronger readers

Stronger (higher +) readers provide clearer vision at a distance closer to the eye.

## OTHER IMPORTANT CLINICAL CONSIDERATIONS:

Consider giving sunglasses to cataract patients, patients with severe pterygia, those with complaints of light sensitivity and/or dry eye, and younger patients.

For those who complain of dry eye or who have pterygia artificial tears may be given along with explanation of warm compress, lid scrubs tx to help provide a more stable tear layer. Long-term tx options need to be considered. Mineral oil (aceite mineràl) is inexpensive and functions as an excellent viscous eye lubricant. Patients can purchase it as their local pharmacy.

The person in dispensing is the last person who will see the patient in the clinic. They should review the patient's entire record to make sure that everything has been completed and that they may be dismissed. Ask the patient if they have any questions. Explain to them when and how they are to use their eyeglasses. Many patients do not understand that they are to wear the eyeglasses all the time. Many do not understand that they will have to use them permanently. It is important that the patient understand their treatments and that they know how to use their eyeglasses. Make sure that if the patient needs a consultation or follow-up care that their name has been entered on a list.

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# BEYOND CLINIC

Some of the most valuable experiences on \_\_\_\_\_\_\_\_\_ (SVOSH name) trips occur during down times, leisure days or after clinic hours. We work very hard on \_\_\_\_\_\_\_\_\_ (SVOSH name) trips and some time to do sightseeing or shopping is often built into the trip. Our hosts will often set up these opportunities for us to engage the local culture and learn about the country. It is vital that all members of the group keep in mind that we are a professional group representing \_\_\_\_\_\_\_\_\_ (affiliated school/university), the Profession of Optometry and the United States. Professional conduct and cultural sensitivity in keeping with our Code of Ethics is expected at all times.

Each member also has responsibility for the health and safety of everyone else on the trip. Therefore, if one person decides to put themselves at risk, they are placing EVERYONE at risk.

All trip members must stay together in groups of no less than 4 at all times. Females should always be accompanied by males, especially at night.

Pay attention to and abide by travel and safety tips from hosts.

There are often decisions that must be made regarding travel plans or other issues during the trips. These unforeseen issues are best resolved by consensus but, ultimately, the trip leader must make the final decision.

# Foreign Missions – After the Trip

CONGRATULATIONS, YOU HAD A SUCCESSFUL TRIP AND YOU MADE IT BACK IN ONE PIECE!!

Although the stress of leading the mission has passed there are a few details to attend to before your job as trip leader is complete. These items must be complete or the future trips will be jeopardized.

1. The Retinomax autorefractor should be returned to the \_\_\_\_\_\_\_\_\_ (SVOSH name) Equipment Locker as soon as returning from the trip. Expensive equipment should not be left out in the hallway.
2. Return any other equipment to the \_\_\_\_\_\_\_\_\_ (SVOSH name) Equipment Locker, which was borrowed from the school. If items were borrowed from a supplier, send them back the next business day after arriving. Items that need to be put back in the appropriate place in the \_\_\_\_\_\_\_\_\_ (SVOSH NAME) room include (see equipment list for further details):

* tonometers
* BIO's
* lens kits
* retinoscopy racks
* battery handles

NOTE:MAKE SURE THE EQUIPMENT MANAGER KNOWS OF ANY EQUIPMENT PROBLEMS YOU ENCOUNTERED DURING THE TRIP OTHERWISE MALFUNCTIONING EQUIPMENT WILL GO ON THE NEXT TRIP.

1. Send out thank you letters to all who contributed to the missions' success. These should be in the mail within one week of your return. The list of whom to thank would include:

* airlines
* foreign hosts
* team doctors
* sunglass supplier
* low vision supplier
* drug companies
* largest eyeglass suppliers
* other equipment suppliers
* specific financial backers for the trip
* Bausch and Lomb (even if new boxes were not used this mission)

1. The \_\_\_\_\_\_\_\_\_ (SVOSH NAME) room needs to be organized one or two weekends following your return, and should be coordinated between the two leaders if two trips occurred during the same time. Students signed-up for their preferred date and time before you left the country. (Sign up sheets for clean-up were a part of the pre-trip preparations.) Students are to understand that cleaning the room is expected by all who participated. It may need to be spread out over more than one day. Greatest efficiency is attained when a maximum of six people are working simultaneously. Larger numbers than this lead to an over-crowded room, and people are less productive. The trip leader or one of the eyeglasses co-coordinators should be there to supervise all activities. Each participant is expected to work for at least two hours.
2. If shipment of equipment was delayed on your flight home, diligently pursue its prompt return. If another \_\_\_\_\_\_\_\_\_ (SVOSH NAME) mission does not loom on the horizon it can be easy to procrastinate. **Address issues immediately to increase the chances of recovering equipment.**
3. Certificates of Appreciation will be provided to the foreign hosts and other clinic assistants during the trip. Make and send certificates of appreciation to \_\_\_\_\_\_\_\_\_ (SVOSH NAME) students and doctor participants. Actual certificates or special paper can be purchased at a good office supply store. Completion of this task should be by at least the third week after returning.
4. Plan a reunion party to review photographs, pass out CD/DVD copies of trip photos, and reminisce. (Best if about 3-4 weeks post-trip). The trip’s historian or the \_\_\_\_\_\_\_\_\_ (SVOSH name) Historian should be involved in this process.
5. A TRIP REPORT must be completed by the trip leader with input from other trip members. This should be given to the PRESIDENT, EQUIPMENT MANAGER AND HISTORIAN for permanent storage on the \_\_\_\_\_\_\_\_\_ (SVOSH name) Hard Drive (Mission Reports File) and updates should be reflected on the \_\_\_\_\_\_\_\_\_ (SVOSH name) Web site.
6. Continue fundraising activities up to two months after returning home from the trip. Have donors write checks to “\_\_\_\_\_\_\_\_\_ (SVOSH name)”. Work closely with the \_\_\_\_\_\_\_\_\_ (SVOSH name) Treasurer to get reimbursements for the fundraising and

Post Trip Time Line and Checklist

* Day 1 post trip
  + Return Retinomax to \_\_\_\_\_\_\_\_\_ (SVOSH name) room
  + Return Borrowed Equipment to \_\_\_\_\_\_\_\_\_ (SVOSH name) room and suppliers
* FILL OUT AND SEND FOREIGN MISSION REPORT FORM to President, historian and equipment manager
* Days 8-15 post trip
  + Send thank you letters
  + Organize \_\_\_\_\_\_\_\_\_ (SVOSH name) room
  + Call airline to arrange for return of lost items
* Days 16-21 post trip
  + Print and mail Certificates of Appreciation
* Days 22-28 post trip
  + Reunion party
  + Complete trip surveys
* Days 29-60 post trip
  + Provide fundraised money to \_\_\_\_\_\_\_\_\_ (SVOSH name) Treasurer