Illness During Mission Protocol
September 2026

Faith In Practice
Life Changing Medical Mission

Purpose and Scope

While treating illnesses is part of the work we do in Guatemala, there may be instances when Faith In Practice staff, US volunteers, and Guatemalan Volunteers fall ill during a medical mission. The purpose of this document is to outline expectations and steps to be taken when a communicable illness may be present among the FIP staff, US volunteers, or Guatemalan volunteers during a medical mission. An illness referenced herein includes, but is not limited to, any communicable disease such as traveler's diarrhea, respiratory illness including the flu and COVID-19, conjunctivitis, skin infections, and throat infections.

Faith In Practice utilizes guidelines provided by the United States Center for Disease Control (CDC) for communicable diseases which can be reviewed by visiting www.cdc.gov. Faith In Practice will also utilize the guidance provided by the Guatemalan US Embassy, https://gt.usembassy.gov, and the Ministerio de Salud Pública y Asistencia Social (MSPAS) at https://www.mspas.gob.gt. In addition, there may be hospital or clinic-based protocols that we are required to follow. Communicable illness symptoms include, but are not limited to, fever, chills and sweats, change in cough or a new cough, sore throat or new mouth sore, shortness of breath, nasal congestion, stiff neck, runny nose, itchy eyes, eye discharge, red and/or itchy skin, diarrhea, vomiting, and stomach or abdominal pain.

Key Takeaways:

1. All participants have a personal responsibility to ensure they are healthy before and during the Mission trip. If you feel ill or unwell in any way during the Mission, contact the Team Doctor for an evaluation as soon as any symptoms begin.

2. All participants have a responsibility to take care of one another. If you see someone who is ill or struggling, ask the individual if they've seen the Team Doctor or ask the Team Doctor to check on them.

3. The Team Doctor is responsible for implementing the appropriate illness treatment protocol. The Team Doctor will hold all patient information confidential and will not disclose patient information to team or staff members unless special circumstances warrant doing so.

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Pre-Mission Expectations

All Mission participants have a responsibility to ensure they are healthy before they begin their Mission week. If a communicable illness spreads throughout the team and your team is unable to work, the Mission may not be successful as patient encounters will be cancelled. As a result, we expect that all FIP staff and volunteers will take responsibility for their health and the overall health of their team.

Faith In Practice Staff Expectations:

1. If you have any communicable illness symptoms one or two days before a Mission begins, notify your supervisor, and seek guidance on any additional testing that may need to occur.

2. If you test positive for a communicable disease, you will not be able to participate in the Mission unless you are past the contagious period of the illness. Your doctor should be able to provide you with guidance on the contagious period of your illness.

US Volunteer Expectations:

1. If you test positive for a communicable disease, you will not be able to participate in the Mission unless you are past the contagious period of the identified illness. Your doctor should be able to provide you with guidance on the contagious period of your illness.

2. Faith In Practice reserves the right to refuse participation on a medical mission at any time.

Guatemalan Volunteer Expectations:

1. If you have any communicable illness symptoms one or two days before a Mission begins, notify the volunteer leader and seek guidance on any additional testing that may need to occur.

2. If you test positive for a communicable disease, you will not be able to participate in the Mission unless you are past the contagious period of the illness. Your doctor should be able to provide you with guidance on the contagious period of your illness.

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During Mission Expectations

During the Mission, there are opportunities for us to engage in illness monitoring activities to help with early identification and proactive treatment measures. Be aware of your own body and the health of your other Faith in Practice volunteers. The morning devotional is a time to center yourself and also notice your team members. As a preventive practice for communicable illness, Faith in Practice encourages you to wear a face mask in all clinic areas and use hand sanitizer between patients, and before meals.

1. If a team member has a communicable illness during the Mission, the following steps will be taken:

   a) Team Doctor (or designee) assesses the team member and issues protocol to be followed.
   b) Team Doctor prescribes medications (if applicable) for treatment.
   c) Team Doctor determines if isolation will be needed in accordance with current guidelines.
   d) Team Doctor determines if additional volunteers need to be notified of exposure. If yes, Team Doctor works with Team Leader and FIP Staff Leader to determine the best method for and scope of notification.
   e) Team Doctor works with Team Leader and FIP Staff Leader to determine if the team member's roommate(s) needs to be tested or relocated to a different hotel room.
   f) Team Doctor will monitor team member's progress. Team Doctor will notify Team Leader of progress as appropriate. If the team member's condition deteriorates, the Team Doctor will work with FIP Staff Leader to transfer the team member to a hospital in Guatemala City for a higher level of care.

2. If alternative steps need to be taken for unforeseeable reasons in either scenario, the Team Doctor (or the Team Leader in their absence) will assess the situation and alert the Faith In Practice Staff Leader immediately.

3. The Team Doctor, or designee, will record illness symptoms and surveillance measures during the mission and forward them to the FIP Quality Committee for review by completing an unusual occurrence form.

4. Causes, Prevention and Treatment of Traveler's Diarrhea

Traveler's diarrhea is a common risk for U.S. travelers to Guatemala, so we outline appropriate prevention and treatment here. Faith in Practice works hard to provide safe food and water for their volunteers, whether at the Obras or Hilario Galindo Hospitals or in village team locations, but for 10-30% of volunteers traveler's diarrhea occurs.

   a) **Causes of Traveler's Diarrhea** Traveler's diarrhea is caused primarily by enterotoxigenic E. coli, Salmonella, Shigella, Campylobacter, and other bacteria passed in contaminated food. About 10% of traveler's diarrhea cases are caused by Norovirus and about 4% are caused by parasites. Contaminated water, while a problem for the passage of viruses and parasites, is not the usual cause of traveler's diarrhea. Numerous studies of traveler's diarrhea have shown that avoiding

contaminated food and treating traveler's diarrhea with proper antibiotics can shorten the duration of symptoms.

b) **Prevention of Traveler's Diarrhea** involves eating foods that have a low risk of contamination. This includes avoiding foods that are uncooked, like fruits and vegetables that have been in contact with the soil and can't be peeled. Poorly cooked, prepared foods that are held at suboptimal temperatures, like foods from street vendors are also risky. Water and liquids that are not boiled or bottled can be a problem. A good rule is, "Boil it, Peel it, Cook it, or Forget it."

Good hygiene, using hand sanitizer, and keeping hydrated in hot weather or at altitude is also a great preventive strategy. Pepto-Bismol tablets 2 before meals and at bedtime (6-8 pills a day) can prevent up to a third of the traveler's diarrhea risk. While antibiotics have been used to prevent traveler's diarrhea they are not recommended due to the potential risk of encouraging bacterial resistance.

c) **Treatment of Traveler's Diarrhea** centers on maintaining hydration in the face of loose and watery stools and possible vomiting. The best fluids contain replacement salts and glucose – similar to half strength Gatorade. In the face of nausea and diarrhea, sipping a small amount of fluid every 5 minutes is one strategy to avoid upsetting your stomach. The goal is to replace the fluids that are lost by diarrhea and vomiting. IV fluids are seldom necessary.

If you have abdominal pain, nausea, vomiting and/or 2-3 episodes of diarrhea in less than 24 hours, contact your team doctor. Faith in Practice has appropriate antibiotics available to treat traveler's diarrhea so that you will be able to recover quickly within 24 hours compared to an illness of 4-5 days without treatment. Approved antibiotics include Levofloxacin 500 mg for one dose, Ciprofloxacin 500 mg twice daily for one day, and Azithromycin 500 mg twice a day for one day. Antibiotics can be continued for 3 days if the diarrhea is not stopped by one day dosing.

An antimotility agent like loperamide 2 mg (two pills initially and then one after every unformed stool up to 12 mg a day can decrease diarrhea and abdominal cramps, as long as you aren't experiencing fever over 102 degrees or blood in your stool. Ondansetron can be used for nausea and vomiting. The sooner you start treatment the faster you will recover.

5. Malaria and Mosquito Borne Illnesses (Dengue, Zika, Chikungunya)

a) **Prevention** – Mosquito-bourne Illnesses can be prevented by using topical repellents containing the following active ingredients (DEET or Picaridin). Typically the vector mosquitos for the above diseases bite in the night and evening or at dawn and dusk.

b) **Chemoprophylaxis and mosquito avoidance** for malaria is recommended in the departments of Escuintla, Alta and Baja Verapaz, Izabal, and the Peten. There is no malaria transmission in Antigua, Guatemala City or Lake Atitlan.

c) **Malaria Chemoprophylaxis medications**: Atovaquone-proguanil, chloroquine, doxycycline, mefloquine.

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6. **Influenza and Covid –** Influenza and Covid-19 present particular problems for Team Physicians. Both are highly communicable and present at times similar to Traveler's Diarrhea with fever and fatigue. Most hospitals require physicians to get a yearly flu vaccine if they care for patients and this is the standard for Faith in Practice. Home test kits for flu and Covid are reasonable to bring, especially if influenza or Covid are active in the community. There are limited supplies of Tamiflu in the STAT kit.

Post-Mission Expectations

Since there is an incubation period for many communicable illnesses, it is possible that a person may not experience symptoms until after their Mission week has concluded. In the event that a communicable illness is identified following a Mission, the following steps are recommended:

1. E-mail teams@faithinpractice.org with information about your mission (Team Number, Team Leader, Location, etc.) and the date that you received a positive test.
2. A member of the Faith in Practice Team will reach out to gather information and discuss next steps.
3. The Faith in Practice Quality Committee Chair, the Volunteer Medical Director, or someone designated by them, will determine if additional members of the Mission team need to be notified and they will determine the best method of notification.