VOSH SUGGESTIONS AND GUIDELINES FOR A VOSH CLINIC

This information and guidelines have been prepared to help answer questions raised by the clinic leader, volunteers and/or local clinic host which might arise as you plan the upcoming VOSH eye care clinic. With proper preparation, the mission will run smoothly, and patients will be served most efficiently. However, because every clinic setting and population is different, everyone involved is encouraged to be flexible and able to make prudent decisions based on your particular circumstances.

The mission of VOSH/International is to provide vision care to individuals worldwide that can neither afford nor obtain such care. VOSH/International is a nonsectarian organization, having no political or religious agenda. Yet, we work with tolerant religious organizations, governmental agencies and service organizations within the host country.
VOSH teams do not charge for any of their services. VOSH encourages participation in the clinic by the local eye care providers and do not want to undermine the practices of any local eye care provider.

DETERMINING A CLINIC SITE

For clinics within and outside the USA boundaries, we need to have the following:

- Lack of accessible vision care
- Large population of people who cannot afford vision care
- Safe environment for the team
- A host organization willing to organize and support the clinic by doing the following:
    - Arrangement for housing, transportation of the team, and meals (expenses are often paid by the VOSH team or shared with the host)
    - Provide for safety of the team
    - Provide space for the clinic (see "Clinic:" below)
    - Notify the population of the upcoming eye care mission

For clinics outside the USA boundaries, also:

- Acquire a letter of invitation from the Minister of Health of the host country, the local mayor or village leader, and from local health officials and vision care providers if possible. (This action will alleviate misunderstandings with local providers and allow them to volunteer their services during or after the mission.)
- Acquire agreement from the government to approve shipment/receipt of glasses, equipment and supplies duty free
  -If there is to be a charge to get through customs, confirm the host will be responsible for paying that fee or advising the VOSH trip coordinator, prior to the clinic dates, the anticipated cost
- Provide a representative with authority to coordinate passage through customs of the host country
- Provide an adequate number of interpreters as well as support staff for crowd control. Suggested guidelines for a team of 20-25 (one interpreter per doctor, 2-3 in dispensary area, 1-2 in the screening area)

CHOOSING A TEAM

Team size varies from small (5-10) to large (20-30). Often this is driven by the size of the community you are serving, what the host can accommodate, the availability of transportation and accommodations and your own comfort level as a clinic leader, among other factors.

The majority of your volunteers should be ODs and opticians, and supplemented with lay volunteers, as needed. You can advertise your trip on the VOSH website by contacting vosh@vosh.org

Once you choose your team, communicate with each team member to determine who can do what at the clinic. Team members should be flexible and able to endure "rustic" conditions.

Research the country to which you are traveling so you are aware of local customs, etiquette and other nuances which you need to know to be a conscientious, respectful visitor. Learn to say a minimum of "thank you" and "please" in the local language.

Determine the costs of your flights, ground transportation, food, trip insurance, purchase of frames, drops, readers, other clinic needs, etc. Team members should arrive and depart from the airport in which the clinic is located, if possible. Going through customs as a team is often helpful.

Collect a "Clinic Fee" from each team member. Chapters do this differently. Some ask for one sum and make all the arrangements. Others ask for a nonrefundable "clinic fee" only and ask the members to make their own arrangements as dictated by the team leader. In addition to the actual costs of the clinic trip (air, hotel, transport, food, etc, build into the mission fee an amount per person (for example: $100/clinic participant) to cover repairs of equipment, other team expenses. Each team member should be required to be a "member" of your VOSH Chapter before they are allowed to join the trip.

Each team member should sign the waiver "Release and Waiver For Volunteers (USA & Intl)" https://vosh.org/wp-content/uploads/2018/11/VOSH-Release-and-Waiver-Volunteers-062520-1.pdf, on the www.VOSH.org website.

If a child is under legal age and going on the mission with only one parent, get a signed and notarized statement from the second parent granting permission for that parent to take the child outside the US borders and into the county (countries) of the mission. Some countries will make this an issue.

Research and recommend vaccines to team members

Confirm all members have updated passport cannot expire within three-six months of trip dates (check requirements of your country) The clinic leader should carry a copy of each participant's passport in case someone loses a passport. Stress that the passport should be on their person at all times when traveling.

Check to see if the country requires special visas and assist team members in obtaining those visas.

Check directly with your airline to determine limits on checked and carry one luggage. Typically, every volunteer must check one equipment bag as their luggage. Carry scopes, handles, trial lenses aboard with you if at all possible—be aware you can have only ONE carry-on per person—2 check-ins, one of which will be VOSH equipment or glasses.

Pick a color and ask all members to tie a ribbon or yarn on each bag of that color easily recognizable coming off the plane and during the trip. Number the bags so each team member knows which bag they are responsible for.

Set aside money for exit visa from the county. Sometimes it is built into your airline ticket and sometimes each person must pay it individually upon exiting the country

Obtain Trip Insurance.

Check with host about availability of ATMs. If need to bring cash, split up the cash among several team members

Recommend your team look into their phone carrier's rules in the county. Have at least one emergency number to give to families at home. Look into WhatsApp https://www.whatsapp.com, a free app that allows you send and receive text messages for free from anywhere in the world via WIFI.

HOST RESPONSIBILITIES

Hosts should provide the following support to the visiting VOSH team:

- Meet VOSH team at airport
- Pre-arrange for lodging, food and ground transport for the VOSH team
- Pre-arrange location for the VOSH team to work based on regional needs and outreach history
- Make arrangements with local authorities for team's clinic facility
- Arrange for patient volume each day of clinic operation based on team's capacity.
- Provide one local ophthalmologist or optometrist at the clinic site each day if available.
- Provide translators
- Arrange transport of surgical patients to main clinic for surgery day, if applicable
- Other needs the team may have can be discussed with Host Clinic outreach director
- Provide follow up care after VOSH team has left. Whenever possible a host representative should be appointed to follow up with selected patients, including those with high refractive error who received glasses, those with ocular pathologies that were treated with topical or oral medications for acute or chronic conditions, to assess outcomes. There should also be a source for this designee to report to if outcomes are not as projected and to replace lost or damaged eyeglasses.

TEAM ACCOMMODATIONS

The team will need modest, but safe, accommodations. Breakfast should be available usually between 6 AM and 7 AM. Lunch may be provided on site or at a nearby facility—to be determined by the host and the clinic director. Time lost via travel during clinic hours is discouraged. Bottled water or safe soft drinks provided by the host would be appreciated during clinic hours. Evening meals are often at the recommendation of the host group, usually at the expense of the volunteer. Some teams prefer staying together in one location; others like staying in homes of the host group if that is an option—this should be determined initially between the host group and the VOSH team coordinator. Usually there is a team dinner at the end of the trip.

IN-COUNTRY TRANSPORTATION

Transportation will be required for the team, their equipment, supplies and glasses. Be aware there are usually two pieces of luggage per team member (one of which is usually clinic supplies or glasses). In-country transportation is typically provided by the host.

CLINIC

VOSH teams intend to provide the best quality care to all patients at their temporary clinic sites. Teams will provide a standard of care commensurate with field work to include at least:

- Basic refractive care
- Dilation of all diabetics
- IOP's on all adults
- Medications for acute care needs or solicit local sources
- Referral to local Eye Clinics those patients who cannot be cared for (such as chronic conditions, atypical refractive error that needs new eyeglasses that VOSH is not able to supply on site and need for surgical care).
- Entering and exit visual acuities to determine if visual chief complaints have been addressed.

Each team will have their own procedures in handling the clinic but in general these are the 5 areas:
1. PATIENT REGISTRATION: Local individuals usually do this or team members who speak the local language. The patient is asked a series of questions and the responses are recorded on a form that the patient carries with him/her through the clinic. A table and chairs will be needed for the volunteers working at the registration station.

2. VISUAL ACUITY TESTING

3. REFRACTION SCREENING: State of the art equipment provides an approximate measurement within seconds.

4. EYE HEALTH, PRESCRIPTION, and REFERRAL DETERMINATION:
This station may be subdivided—depending on the design by the clinic director. Some clinics have an initial triage station. Others don't do this.
a. Eye Health:
i. Eye health is evaluated.
b. Prescription Determination:
i. The doctor determines the final prescription. If acceptable with the local eye care providers and/or optometry rules and regulations of the area, medications may be dispensed to treat minor eye infections.
c. Referrals:
i. Cataracts, glaucoma and other eye problems may be referred from this station to local eye care providers or a clinic team surgeon.

5. DISPENSARY: Individuals needing glasses are fitted with recycled (or new if available) eyeglasses that match their prescription as close as possible.

<u>OTHER SUGGESTIONS REGARDING THE CLINIC</u>

The management of the clinic routine varies tremendously from team to team. It is essential the host country communicates with the clinic leader to establish the number of hours/day they will work, the number of clinic days, the number of patients anticipated to be served per day, which patients (age group) should have priority and the specific needs of the team.

To control patient flow, it is recommended that tickets or numbers be distributed in advance of the mission. Often a different colored card or ticket is used for each day. This will help to control the number of patients per day, save many patients from needlessly standing in a long line, and reduce the risk of crowd uprising. If the numbering system is strictly adhered to, it will prevent individuals from crowding into the line ahead of others that have waited to be served. Often the number of patients evaluated is less during the first day and more later in the work week as the patient flow becomes more efficient. It cannot be stressed enough that good communication between the hosts and the clinic leaders must be established prior to the clinic and be on-going during the clinic week.

General guidelines would be:
1. 3-5 days of work
2. Working hours vary from 7 AM to dark but often would be 8AM to 5PM or less per day
3. Most adults over age 30+ usually need glasses at least for close work. Patients of all ages will be seen but it is very helpful if children can be prescreened so only those having complaints or eye problems would be coming to the clinic.
4. The number of patients anticipated varies immensely due to team size, age of patients, clinic organization,

etc.
a. An average team of 20-25 will see 1500 –3000 patients during a mission.
5. It is helpful to have a brief team meeting at the end of every clinic day to discuss what worked and what didn't work, to help improve the clinic experience the next day.

SEATING FOR PATIENTS AT THE CLINIC
1. Registration—usually the patients stand in line waiting to register.
2. Chairs should be available for registered patients waiting for visual acuity, refraction, eye health evaluation, and examination by the eye doctor. At most stations 10-15 chairs might be required. At each doctor's station, chairs for the doctor and patient will be needed as well as a small table (often shared by two doctors working side by side) for the doctor's trial lenses and hand equipment. This set up is helpful to pair an SVOSH member with an OD
NOTE: Clinic site layout:
1. The clinic needs to be secure so equipment, supplies, and glasses can be left overnight.
2. The examination and dispensary areas should each be in large enough rooms to accommodate a large number of individuals (anticipate 15-20+ seated patients plus staff and patient's families in each area). The two areas should be separate but nearby each other to better control patient flow. In the doctor's examination area where the prescription is being determined, the lighting needs to be dim.

POST-CLINIC

- Rest and Relaxation: If outside the USA boundaries, at the completion of the clinic week, the team often takes several days to see sites or relax somewhere. This is usually set up prior to the mission by the clinic leader/host country.
- From time to time, teams have been known to have issues getting their equipment out of the country at the end of the clinic trip. Ask you host to accompany you to the airport and stay until the entire team is checked in and luggage has been checked.

SUGGESTED LIST OF EQUIPMENT TO BRING ON A CLINIIC TRIP (Label all equipment)

ODs and SVOSH:
1. Retinoscope
2. Ophthalmoscope, there are inexpensive direct scopes that run off of AA batteries 3. Transilluminator
4. Extra batteries for handles, extra bulbs for ret, direct, transillum
5. Desk charger for handles or handles that can be charged directly from outlet
6. BIO and lens
7. Hand held trial lenses
8. Skiascopy / retinoscopy bars
9. Occluders (you may want to purchase disposable ones)
10. Power adapter for given country and a power inverter
11. 20D lens works when you don't have a slit lamp
12. NaFl strips, eye patches, medical tape, bandage contacts, diabetic needles make easy, disposable, hygienic foreign body removal
13. Hand-held slit lamp, when available.
14. Trial lens set and trial frames, when available.

Team Supplies:
1. Auto-refractor: If handheld, charge all batteries prior to trip; bring extra batteries and extra paper
2. tonometer: check batteries; if tonopen, remember covers; if iCare, remember tips
3. lensometer: check batteries
4. extension cords, with multiple outlets
5. large lamps with clamps to hold to table
6. occluders (4-5)
7. bed pan for "salt pan" for sterno stove
8. foldable sterno stove/sterno (check with airline about regulations)
9. retinoscopy bars: one set for each examination station (usually brought by Drs) 10. alcohol wipes for hands, tonopen tip
11. salt pans (get salt and/or baby powder on location) or hot air frame heating units
12. laser pointers for visual acuity charts
13. small bottles of eyeglass cleaner (2-3)
14. dispensary kits (2)—screwdrivers, pliers, files, etc.
15. bag of misc examination items rubber gloves, hand sanitizer
16. stapler, staples; rubber bands, paper clips; sticky notes
17. tools for any equipment like autorefractor, screwdriver etc.
18. Hand towels for staff and dispensary (do not use softener when washing them)
19. pens, pencils, highlighters, magic markers
20. 3 x 5 cards for registration or exam forms
21. duct tape, nylon tape, clear strapping tape string or thin rope, knife if possible
22. black plastic trash bags for trash and covering windows
23. different colored dots for coding registration cards for pathology, cataracts, glaucoma, other surgeries needed, etc.
24. eye charts: Distance 10-12, bring both tumbling "E" and Snellen, Enough for examination area, dispensary, vision screening) Reading cards with pictures and letters
25. foam "tumbling E's" to use for demonstration and for visual acuity screenings
26. utility knives (can't carry on board plane)
27. trial lenses/frames if room in suitcase, usually about 6 sets Consider strapping two together and take as a carry-on
28. Lights for eye charts; small flashlights for getting around and reading in dim light
29. Medications for team: pepto bismol, pain relievers, immodium, firstaid kit
30. Electrical converters and/or adapters (check for type used in that country)

Other Equipment:
1. Readers (in all ranges)
2. Glasses (usually 12-13 boxes=4800 to 5200 for 5-6 examining)
3. Sunglasses
4. Medications: mydriatic, cycloplegic, anesthetic Also medications donated from pharmaceutical companies for treatment
5. Artificial Tears: bring as much as you can

Misc.
1.shirts for volunteers
2.gifts for local volunteers and hosts
3.phoropter and portable stand
4.computer, printer, paper and notebook listing the eyeglass inventory