



VOSH/INTERNATIONAL CLINIC GUIDELINES

Approved by the Board of Directors July 7, 2020

I. Introduction

VOSH/International provides sustainable ophthalmic and vision care worldwide for people who can neither afford nor obtain such care. We increase our global impact whenever possible by supporting eye clinics, optometry schools and optometric educators in areas lacking sufficient eye and vision care.

Since its inception, VOSH/International has been mainly known for implementing eye clinics in resource poor settings. Traditionally, these clinics are for a short-term period of days or weeks, organized and paid for by a VOSH chapter. The clinics are aimed at providing primary eye care, and when needed a referral for continuing care to a local physician, surgeon, or other health care practitioner.

VOSH/International recognizes that ophthalmic and vision care is needed year-around. Our clinical efforts alone will not solve the challenges of providing primary eye health and vision care in the countries we visit. The world is changing rapidly. The COVID-19 pandemic is speeding up the review and evolution of our humanitarian clinics model, so we can continue providing services to those in need while maintaining safety for all.

VOSH/International recognizes that volunteerism has evolved and acknowledges the work and recommendations of the [Global Standard for Volunteering Development](#). Our volunteer workers deliver responsible and impactful volunteering and abide by the principles of no harm and inclusiveness of volunteers and patients alike.

II. The Planning Phase.

The VOSH chapter must identify and communicate with a community leader or group to assess the overall need for eye and vision care in the community. The scope and details of the clinic must be discussed and agreed upon, including:

1. Identifying a local host clinic coordinator who helps the chapter with all the required logistics. It is good practice to confirm the trip at least several months prior to the visit to enable host clinics to get the needed permits and organize other logistical needs. The discussion often is a year around endeavor.

2. The chapter must assess how the people and supplies will be transported to the clinic site with safety and security in mind. It is important that chapters acquaint themselves with current local legislation in relation to the import of medical devices and equipment, especially if used glasses are to be distributed. The latter are increasingly unacceptable by many countries and this position needs to be respected.

3. The VOSH chapter and host must agree upon a:

- a. Clinic location
- b. The expected number of patients to be seen per day
- c. How many days the clinic will be open
- d. Available space, rooms, and availability of electricity, running water
- e. Preparations for potable water and food
- f. Safe and reliable transportation
- g. Security, if necessary
- h. Translation services, if necessary
- i. Affordable, clean, and secure accommodations
- j. An evacuation plan in place in case of accident or illness
- k. Travel insurance along with, potentially, the utilization of a travel service
- l. What services will be provided (eyeglasses, readers, sunglasses, drops)
- m. Who will pay for all aspects of the clinic

4. In addition, VOSH/international:

a. Encourages all its US chapters to liaise/engage with our international chapters if they exist in the country visited. If your chapter is unsure about other VOSH chapters near your planned clinic, please contact us at vosh@vosh.org and we will advise and make introductions as needed.

b. Highly recommends including local optometrists, optometric educators, or optometry students (from the US and local) in the clinic. This enables learning by doing together and strengthens the networking and collaboration between optometrists in the mid-term. Any education and sharing that occurs, going both ways, can enhance best vision care practices and the sustainability of our efforts.

c. When working with established clinics/public hospitals, chapters may also want to consider engaging nurses and other allied health professionals.

d. When organizing humanitarian clinics for schools, we recommend checking the guidelines produced by IAPB' School Eye Health Working Group for reference. You can find the guidelines [here](#).

e. We recommend a Waiver and Release for Volunteers available [here](https://vosh.org/wp-content/uploads/2018/11/VOSH-Release-and-Waiver-Volunteers-062520-1.pdf).

f. Consider potential health-related issues including vaccinations, mosquito protection (when needed), and bringing commonly needed medications and first aid.

III. Special Considerations Regarding COVID-19 and Preventing Its Spread.

1. The COVID-19 pandemic is expected to have lasting effects in our work. As we prepare to continue with our clinics to provide free services to those who need them, we need to adapt our model to make it as safe as possible for chapter volunteers, local partners, and patients, As we understand the virus better, the following recommendations may change and thus they will be reviewed regularly.

2. The places where our clinics are organized face high health and social needs. Our patients may not only have eye health problems, but also present other health conditions, some of them contagious and potentially carry the SARS-CoV-2 virus.

3. It is probable that high-risk patients (over age 65 years, comorbid conditions) to the clinic. Our volunteers, local partners and patients could then face unintentional exposure and become infected. Therefore, it is important to take precautions to protect volunteers, partners and patients alike.

4. VOSH/International promotes the highest level of professionalism in our work and that of our chapters. The number of considerations and precaution that the COVID-19 pandemic imposes in the organization of our humanitarian clinics must have the no harm principle at its core.

5. The following recommendations are important:

a. Consider triage external to the clinic. VOSH/International recommends a preliminary screening station in front of the clinic to measure body temperature. Fever is 100.4 degrees F (38 degrees C) or higher. Ask about signs/symptoms such as cough, sore throat, body ache, chills, shortness of breath, or loss of taste or smell. Anyone having a fever or demonstrating signs/symptoms must go home to recover, preferably in quarantine away from family members and unfortunately cannot be seen in the clinic. In some moderately-severe to severe cases, a patient might need to seek medical care in a clinic or hospital. It will be useful for the chapter to know where such patients could be referred to.

b. Maintaining social distancing. Whenever possible, maintain a 6 foot (2 meter) distance from others or the distance that is advised by the local authorities.

c. Clinic volumes will most likely need to be adjusted downward to prevent overcrowding. This may include spacing out the chairs in the waiting and dispensing areas with the consequent increase of the space required for the clinics.

d. All patients must be asked to wear a face covering or if possible a mask, with the exception of patients 2 years or younger, who will not need to wear a mask.

e. All participants must wash hands frequently with soap and water or with alcohol-based hand sanitizer.

f. Wipe clinical equipment after every patient, as well as other surfaces that may have been touched, using a suitable disinfectant such as an alcohol wipe. All surfaces must be clean before they are disinfected.

g. When dispensing, sanitize frames before patients try them on and prevent people from trying on different pairs of glasses and risking contamination. You may consider letting patients pick from a selection by pointing to the one they would like.

h. When a safe and effective COVID-19 vaccine is available, we highly recommend that all volunteers and local partners in the clinic obtain the vaccine in advance.

IV. Examination Guidelines.

1. The VOSH chapter must provide the best possible quality care to all patients at their clinic sites. Teams will provide a standard of care commensurate with field work to include at least:

- a. A basic patient history and chief complaint
- b. Entering visual acuities (distance and near) usually with correction, if present
- c. Basic refractive care

- d. Best corrected visual acuities (distance)
- e. Check angles to determine risk for angle closure. Defer dilation for narrow angles
- f. Dilation of diabetics, including patient education on blood sugar control or diet, and other ophthalmic conditions, when indicated and safe to do so. When dilating pupils, it is important to be able to measure intraocular pressure.
- g. Check intraocular pressures, when indicated, especially when risk factors for glaucoma exist.
- h. Provide medications for acute care needs or solicit local sources
- i. Referral to local eye clinics or hospitals for those patients who need further care for chronic conditions or surgical care

2. VOSH/International recommends a daily post-clinic discussion and final evaluation to improve future clinics.

3. We recommend a commitment to a specific host/clinic site/region year after year, when possible, rather than a new clinic region/country every year or two.

V. Generating the evidence

1. The VOSH humanitarian clinics on their own will not generate the change needed to achieve sustainable eye health care in the countries and communities we visit. That change, however, can be supported by our data collection and evidence generation on the differentiated impact eye conditions have on communities and the important role optometry has addressing them.

2. We recommend the VOSH chapter consider using VOSH/International examination forms and after the clinic send them back to VOSH/International Data Committee to facilitate analysis of the impact of our work and potentially use it for influencing.

VI. Essential equipment

1. Please carefully consider what equipment will be needed based on experience and clinical guidelines.

2. https://vosh.org/wp-content/uploads/2019/01/SVOSH_suggestEquipment.pdf

3. IAPB has standard lists for some conditions. Please take a look here:

<https://iapb.standardlist.org/the-essential-lists/>