NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

REVISED NORMS OF SERVICE DELIEVERY IN EYE CAMPS

November 2010

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(REVISED IN NOVEMBER 2010)

1. GUIDELINES TO ORGANIZE EYE CAMPS :

1.1. The District Programme Committee (Blindness) (called hereafter DBCS) shall plan and coordinate eye care services including eye camps to ensure quality and mobilize resources for all activities. DBCS shall exercise technical supervision of all eye camps held in districts.

1.2. Dy. CM&HO/Block CM&HO/MO should inspect the camp at least once during operative session.

1.3. Chief Medical & Health Officer or his nominee shall exercise power to grant permission for holding eye camps in districts. Permission should be sought by the organizers on prescribed proforma (Appendix I).

2. ORGANIZATION OF CAMPS :

2.1. **No Camp should be held without the permission of CM&HO.**

2.2. The CM&HO shall ensure that the voluntary organization and the team of eye surgeons planning to organize the camp have the requisite experience for conducting such eye camps. However Surgeon with experience of less than 2 years should organize the camps with the help of some other experienced surgeon.

2.3. ***The voluntary organization should have at least 3 yrs. experience in eye care services.***

2.4. The organizer should give a written undertaking and consent to abide by these rules and conditions.

2.5. ***If the voluntary organization is fresh in the field of eye care services they should tie-up with registered organization. In such case the responsibility should be beared by NGO/ Organization registered with DBCS.***

2.6. The State Programme Committee (Blindness) and the Central Programme Division will periodically review

various issues brought up with regard to the organization of eye camp for critical evaluation and further recommendations.

2.7. Eye Camp Organizing Unit may be -

a) Government Sector

- Medical College/District Hospital/ General Hospital/ Eye Static Center/ Satellite Hospital etc.
- State / Divisional /District Mobile Units

b) Voluntary Organization

- Registered with DBCS
- Unregistered with DBCS but having tie-up with registered NGO.

c) Private Sector

- Charitable Hospitals
- Nursing Homes

3. Registration of Eye Camp Organizing Units

3.1. No organization shall hold camps in the community unless it has been duly registered with the DBCS.

3.2. The Voluntary Organization who wishes to register should have its own/attached hospital with a manpower consisting minimum of one Ophthalmic Surgeon, one Ophthalmic Assistant and three Nursing personnel.

3.3. The Voluntary Organization who wishes to register should be equipped with an operating microscope, A-scan, slit lamp, keratometer and autoclave unit and should have separate changing room, sterilization room.

3.4. Eye camp organizing units shall apply with full particulars for registration to the DBCS, giving details of their experience, infrastructure, financial status and manpower resources.

3.5. The Voluntary Organization should be capable of bearing all expenses incurred during & after camp,

such as advertisement, transportation, medicine, food, shelter and any kind of **complication** if any occurs during camp.

3.6. One who is registered in any DBCS will be assumed to have registered in all DBCS of the state as well as SBCS.

3.7. The registered organization will always quote registration no. while making communication. The registered voluntary organization would inform to CM&HO about any changes in address and personnel (Doctors & Nursing Staff) etc.

3.8. The accounts of registered voluntary organization will be open and available for inspection by DBCS and other higher authorities. He will be liable to deliver information as desired time to time.

3.9. In event of mishap the voluntary organization will bear cost of treatment.

3.10. The registration can be withdrawn, if the standards are not adhered to by the organization.

3.11. NGO who have operated more then 2000 cataract operation in previous five years will also be treated as registered NGO. These NGOs can organise camps in private and Govt. Static Center.
CM&HO will ensure that Static Center are doing proper sterilization and following all norms issues by SPC/DPC (Blindness).

4. PROCEDURES FOR PERMISSION TO HOLD EYE CAMPS:

4.1. The registered NGO does not require repeated permission for holding eye camp in the district of registration but he has to inform concern CM&HO in writing.

4.2. NGO registered in one districts can organize camp in other districts with the permission of concern CM&HO.

4.3. Fresh/unregistered organizers shall submit application for holding eye camp with signature of at least three Office Bearers to the Chief Medical & Health Officer of District in prescribed format (Annexure-II). He should also enclose **consent of attached registered hospital / Organization** for conducting eye surgeries of eye camp.

4.4. The permission to hold an eye camp shall be given by CM&HO as per annexure III.

5. RESPONSIBILITIES OF THE EYE SUREGEON-IN-CHARGE OF THE CAMPS:

5.1. It is the professional responsibility of the Eye surgeon and his team to plan implement and supervise the technical component of the eye camp organization. The eye surgeon should be given the task at least 15 days before intended date of camp.

5.2. **The technique, drugs and instruments routinely used by the surgeons at the base hospital should be used in the camp. (Drugs already used and clinically tested by him)**

Following instruction should be strictly followed during camp.

6. GENERAL INSTRUCTIONS:

6.1. Only CE/ISO certified IOL / Surgical Blades should be used during camp.

6.2. Only glass bottles of Ringar Lectate or Normal Saline should be used so that they can be autoclaved before surgery.

6.3. *One eyed patient should be operated by senior eye surgeon with extra care. These cases should be operated before routine operation.*

6.4. The number of sets of instruments for cataract surgery should be at least three times the number of operating tables.

6.5. First follow-up should be after 5 days and Final follow-up should be after 1 month, for eye examination, suture removal, refraction, distribution of glasses etc.

6.6. *Major systemic illness like Cardic illness, severe Hypertension, Diabetes, severe Asthma etc. should be controlled before operation.*

6.7. **One sample of each of the packed drugs used intra occularly during surgeries should be saved for lab examination if needed.**

6.8. Extra ocular surgery/infected surgery should be performed in the last.

6.9. The CM&HO and State Programme Officer should be immediately informed about any untoward happening in the camp and remedial measures taken by him.

6.10. **Drugs of GMP certified companies should be invariably used for indoor patients. These drugs should be purchased from company distributor or whole sale agent.**

7. TECHNICAL ASPECT :

7.1. *Selection of Camp Site*

CM&HO will indentify 3-4 or more Static Center in District. The operation theaters room of these Static Center will not be utilized for any other purpose.

The identified Static Center may be Medical Colleges (Govt./Private), Private/NGO Hospitals, District Hospital, General Hospital, Eye Care Center constructed by World Bank, Satelite Hospital, CHC.

In selection of Static Center preference should be given to the centers having eye surgeon.

Registered N.G.O., Mobile Units and MRS can organise camps on these identified Static Centers.

Unregistered NGO can tie up with registered NGO, Mobile Unit and MRS to organise camps. Such tie-up camp can be organised only after permission of concern CM&HO.

No Dharamshala /School /Community hall / Mandir would be permissible to hold eye O.T. at any condition.

7.2. *Duration of camp:*

The minimum duration of eye camp shall be 3 days out of which 2 days would be post operative and 1 day for pre-operative preparation and patient can be operated on same day after minimum two installations of 5% Betadine at a interval of 2 hours. Patient should be discharged only after 2 dressing at interval of 24 hours. If patient is not getting expected vision after surgery then such patient should be evaluated and should immediately be referred to the higher centers if needed.

7.3. No. of Operations:

One Ophthalmic Surgeon should not perform more than 50 operations per day and there should not be more than 100 operations in one O.T. per day even if more than two surgeons are operating in the same O.T.

8. STERILIZATION IN OPERATION THEATRE :

8.1. In new O.T. complex microbial study is must with permissible bacterial count.

8.2. Strict asepsis of hands and instruments must be adhered to.

8.3. Masks, OT slippers and caps must be worn by all the people permitted inside the OT and they should not be taken out of the O.T.

8.4. Excessive or unnecessary movement of personnel must be avoided in OT. Unauthorized persons should not be permitted in the theatre.

8.5. A proper fumigation record of O.T. should be maintained.

8.6. The responsibility of fumigation is of PMO / CHC incharge and incharge of O.T.

8.7. OT to be washed / scrubbed before use and surfaces carbolized.

8.8. O.T. should be fumigated twice in a week with the mixture of H_2O_2 and Silver Nitrate Solution of with an equivalent fumigating solution in proper proportion.

8.9. Fumigated Theatre should be closed for at least 12 hours before operation.

8.10. Fumigation should be done twice on two consecutive days before conducting camp surgery.

8.11. In high volume surgery the theater should be fumigated every day.

8.12. The fixed machine used in O.T. should be fumigated along with O.T.

8.13. All non cutting instruments should be autoclaved with standard procedure.

8.14. Cutting instruments should be kept in cidex or equivalent potent solution like karsolex etc. for at least 8 hours.

8.15. In between surgeries these instruments should be kept in cidex or karsolex etc. for 10 minute and should be thoroughly washed with distilled water before use.

8.16. Ringar Lactate, Normal Saline, Inj. Methyl Cellulose, Inj. Adrenaline, Inj. Pilocarpine etc. should be auto claved duly stripped by auto clave stripes before use.

9. STADARIZATION OF OPERATION THEATRE :

9.1. Eye O.T. should have three level barriers.

9.2. Eye Operation Theatre should be located away from OPD and it should be Air Tight preferably with A.C. Use of exhaust fan is not permissible

9.3. Eye Operation Theatre should be separate from general O.T. If it is not then eye surgery should be performed on first day after O.T. fumigation.

9.4. *Eye Operation Theatre should have separate changing room, sterilization room and there must be a gap of six feet between two sets of O.T. Tables.*

9.5. **Table-wise and Doctor-wise operation record should be maintained.**

9.6. Cleaning and bleaching of overhead water tank should be done regularly.

9.7. Frequent changes of gloves and use of germicidal solution for hand wash should be done.

10. EMERGENCY SUPPORT :

10.1. The Operation Theatre should be equipped with life saving drugs like Inj. Sodabicarb, Inj. Adrenaline, Inj. Dexamethasone, Inj. Atropine, Inj. Aminophylline, Inj. Hydrocortisone, Inj. Dopamine, Inj. Noradrenaline, Inj. Avil, Inj. Diazepam etc. and equipments e.g. Oxygen Cylinder and Ambu bag.

10.2. Qualified physician or anesthetist should be available in the campus during surgery.

11. STANDARDS FOR IN-PATIENT WARD :

11.1. Separate Wards are to be provided for male and female patients.

11.2. Clean sheets should be provided for each bed.

12. PRE-OPERATIVE INVESTIGATION/ PREPARATIONS:

12.1. On admission for surgery, the following evaluation should be performed –

a) Check up for systemic illness like Diabetes, COPD, Hypertension & Cardio Vascular Condition, etc.

b) Ocular Examination - Visual Acuity (both eyes), Complete Ophthalmoscopic Examination, Intra-

ocular Pressure recording if needed, Lid and Sac related condition.

Required investigation should be done before surgery.

12.2. *Antibiotic drops should be instilled hourly in both eyes.*

12.3. Patient should wash his face with mild soap.

12.4. *Minimum two installation of dilute Betadine solution 5% should be done at a interval of 2 hours before operation.*

12.5. *Surgery can take place on the same day of admission and pre operative vision of patient should be recorded on CSR as well as on discharge ticket.*

13. POST-OPERATIVE CARE :

13.1. Sub-conjunctival Inj. of Antibiotics and steroids in proper dose should be given at the end of surgery.

13.2. The dressing should be done either by operating surgeon or Doctor incharge of surgical team.

13.3. Systemic antibiotics should be given for at least three post operative days.

13.4. Topical antibiotics and anti-inflammatory-steroidal / non steroidal agents to be given post-operatively for at least one month.

13.5. Personal hygiene to be emphasized and patient should be instructed to avoid Dust and Smoke.

14. DISCHARGE FROM CAMP :

14.1. Vision at discharge should be taken and recorded on CSR and discharge ticket. If the patient is/are not having expected vision than he/they should be thoroughly examined, investigated and treated. The eye surgeon will be responsible for treatment of such patients.

14.2. Dark glasses to be dispensed at the time of discharge.

14.3. Names and address of operating surgeon with contact no. should be printed on discharge ticket.

14.4. The discharge sheet should include the follow-up date & messages in form of do's and don'ts and post-operative instruction in Hindi language on standardized format. (Annexer-IV)

14.5. A group photograph of the operated patients should be taken before discharge and should be submitted to DBCS.

15. *FOLLOW-UP EYE CAMP :*

Follow up can be done by any of the operating surgeon on base hospital or OPD place for Visual accuty assessment, prescription of glasses and further advice. Visual status should be recorded on CSR and discharge ticket. Information of date and place of follow up should be clearly mentioned on discharge ticket.

16. DOCUMENTATION :

16.1. Essential documentation - name of the patients, age, sex and caste, BPL should be entered in a register with father's/husband's name, full address, diagnosis, treatment given and visual result.

16.2. Operative and post-operative complications if found, any re-operation done should be noted on CSR/Discharge ticket.

16.3. Brief report of each eye camp should be prepared by the ophthalmic surgeon-in-charge of the eye camp and submitted to the DBCS. Payment should be allowed only after ratification.