

Assisting the Blind and Visually Impaired: Guidelines for Eye Health Workers and Other Helpers

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Introduction

As eye health workers, we give much attention to learning and teaching the importance of health education and the prevention and treatment of eye disease. Despite our gained knowledge, sadly, our efforts are not always successful and we are presented with the responsibility and challenge of caring for people who have to cope with visual impairment, perhaps for the rest of their lives. We have to understand their difficulties, recognise their abilities and learn how to cooperate and communicate with them in a social as well as hospital environment. It is often within the eye hospital itself that the lack in education of health workers and their understanding of the assistance needs of blind and visually impaired patients is all too evident.

Visually impaired and blind people come from all kinds of backgrounds. Many are elderly, some are young. They may be sportsmen and women, gardeners, farmers, chess players, teachers, typists, musicians, lawyers, housewives, computer programmers, physiotherapists, social workers, telephonists, parents.....

Such people have many abilities and can achieve many things despite visual impairment or blindness, but there are times when they will appreciate and welcome practical assistance.

Meeting and Greeting (Fig. 1)

There are some general points to remember, which are really common sense and a matter of courtesy:

- Always ask first before offering any help and do not be offended if it is refused. Some people have had very bad experiences of what a sighted person thinks is being helpful!
- Be precise if giving instructions – giving



Fig. 1

- directions by pointing and saying, 'it is down there on the right', is not much help and very thoughtless
- The use of a white cane does not necessarily mean that a person is totally blind
 - In some countries a person is accompanied by a guide dog but the animal must never be distracted. Often it is the animal who receives attention and the owner ignored! Together they usually make a good working team and rarely need extra help
 - Once into a conversation, never leave without saying you are doing so. Do not allow the blind person the embarrassment of talking into the air!

Approach and Attitude

- Always treat a blind person normally; speak first and introduce yourself
- Shake hands but only if a hand is offered
- It is also politeness to look at him/her during conversation and adopt the same level of position, e.g., sit or stand
- Do not be afraid of using normal language and include words like 'look', 'see', 'read', remembering that blind and visually impaired people have exactly the same vocabulary as sighted people
- Explain noises and silences and do not shout
- Do not expect or invite others to speak for blind people. Do not be afraid to 'touch' but be sensitive to cultural differences.

Guiding (Fig. 2)

- Always consider a person's age and any other disabilities
- Never presume where the person wants



Trying to be helpful – but the patient would have felt more supported if the helper had walked alongside him

Photo: Sue Stevens

to go. Ask for details of where and how he/she would like to be guided. It is not uncommon to see a person being propelled or steered, and at great speed! Go at their pace and, if there is space, walk side by side and always 'hand to arm'

- If there is a guide dog, but extra help is needed, approach and walk on the other side. The animal has been trained to understand that he is still in charge and responsible!
- Give adequate room around obstacles and hazards and plenty of time for response if you need to say, "bend your head low to avoid this tree branch!"
- Describe any sudden changes in the environment. It is also very important to explain changes in ground surfaces and especially when moving into wide open spaces, e.g., fields.



Fig. 2

Assisting the Blind

Walking in Single File or in Narrow Spaces (e.g., in shops, offices and busy crowded areas) (Fig. 3)

- Tell your partner of the change in surroundings and then move your own guiding arm towards the middle of your own back



Fig. 3

- Your partner should automatically step in behind you, still holding your arm, and together you will be able to negotiate a narrow space.

Doorways (Fig. 4)

- It is important to take this manoeuvre (movement) very slowly; it is not an easy one to master
- Tell your partner if the door opens towards you or away from you
- Go through the door with your partner on the hinge side



Fig. 4

- Open the door with your guiding arm; your partner should place his/her hand against the door to feel the handle
- He/she should then follow you through and close the door behind both of you.

Steps, Stairs and Slopes (Fig. 5)

- Tell your partner whether the steps, stairs or slope go up or down. Going down is more difficult.
- Allow your partner plenty of time to hold the handrail securely and judge the first step carefully



Fig. 5

- Go one step ahead and take a slightly longer stride on the last step to allow your partner space.

Kerbs and Roads (Fig. 6)

- Never take risks!
- Tell your partner if you are approaching a 'kerb up' or 'kerb down' (the step onto or off a pavement/sidewalk) and pause slightly before taking the step



Fig. 6

- Make sure you approach the kerb together – both facing, and at an equal distance from the kerb – taking extra care with rounded kerbs
- Cross the road using the shortest distance and go straight across
- Tell your partner if you are parting company after crossing the road and ensure they know which way they are facing.

Seating (Fig. 7)

- Never propel or steer a blind or visually impaired person backwards into a seat!



Fig. 7

- Guide your partner to the seat and explain what type it is – e.g., upright chair, low sofa, armchair, stool
- Ask them to let go of your arm and place their hand on the back or the seat of the chair
- This is sufficient help as your partner will now be able to judge the height of the seat and will be able to sit safely and at his/her own pace.

Travelling (Fig. 8)

- Tell your partner if he/she is getting into the back or the front seat of a car and whether it is facing left or right
- Place your guiding hand on the door handle and allow him/her to slide his/her grip hand down your arm to the door handle



Fig. 8

- With his/her other hand, the car roof can be noted and your partner will lower his/her head appropriately
- At the end of the journey, get out of the car before your partner and help them out
- Tell them if there are wider than average gaps to cross – this is particularly important when travelling by train!
- Always lead your partner on and off public transport.
- In rural areas, extra help may be needed when you and your partner have to negotiate getting on and off unstable modes of transport, e.g., carts, boats, etc.

In the Eye Hospital

- The patient will expect eye health workers to know how to help them
- Always apply all the principles mentioned above; be extra gentle and take time
- Remember your patient is at the hospital because they cannot see well – sadly, an often seemingly forgotten point, even by the more senior or so-called experienced staff members!
- Never be afraid to ask the patient's opinion about a situation specific to them and how they would like to be assisted

- In the treatment room, always explain what you are going to do – and to which eye!
- When providing written information, make sure it is in a readable size and font and pass it to an attending sighted carer for future reference
- An unaccompanied patient who may be unable to hear, as well as having sight problems, may benefit from taped information to take away and share with family at home.



Fig. 9: 'Don't pull me!'

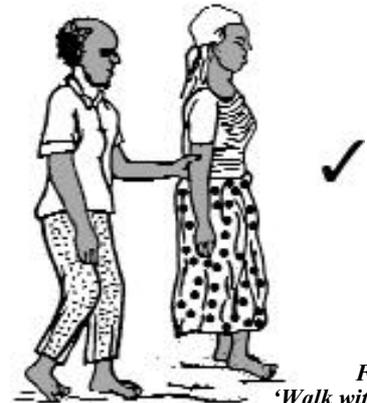


Fig. 10: 'Walk with me!'

Eye health workers have a responsibility, and an important position, for teaching others about assistance to the visually impaired. But we must be seen to be practising what we teach. A community-based rehabilitation project in Uganda, some years ago, used a very appropriate and challenging means of raising awareness.

They provided T shirts for the project team members with illustrations and slogans which read, 'Don't pull me' (front – see Fig. 9) and 'Walk with me' (back – see Fig. 10). Can you think of similar activities, perhaps?

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Technology for Vision 2020

Purchasing and Stock Control for Eye Care Units

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This article aims to provide guidelines in support of the Infrastructure and Technology component of VISION 2020.

Purchasing and stock control play an important part in effective project management and coordination. All efforts are wasted if necessary supplies are unavailable.

- Patients willingly travel to a hospital that is reliable and has a well-established reputation, but will not attend an eye unit that cannot dispense their medication on discharge or will cancel their operation because a replacement microscope bulb cannot be found
- Staff will soon become demoralised seeing 'out of stock' written in order books or on store shelves and, more importantly, patients will suffer
- The effect will not only be felt by the hospital staff and the individual patient but will have far-reaching consequences, outside of the hospital, for the community it is aiming to serve.

Deciding What is Needed

Each department needs to decide what supplies are required. The following list will help to identify which supplies are already held and which extra items may need to be ordered and kept available in the store.

- **Routine consumables:** e.g., syringes, needles, gloves, IOLs, eye drops, other medications
- **Specialist items:** e.g., vitrectomy tubing, paper for A-scan biometry, Schirmer's test strips, intra-vitreal antibiotics, sutures for plastic and retinal surgery, anti-fungal pellets, instruments for specific surgical training
- **Bulbs** for routine equipment: e.g., slit lamps, direct and indirect ophthalmoscopes, lasers, lensometers, operating lights
- **Spare parts** for routine equipment needing regular and frequent maintenance: e.g., fibre optic cables for microscopes, spare keys for lasers, foot pedals for microscopes, A-scan probes.

Needs should be discussed with staff members who know their department well and clear explanations given regarding what they hope to achieve through good stock control practice. When supply needs are decided the information can be collated and a stock control policy devised.

Establishing a Stock Control System

A person of integrity should be appointed as the store keeper. The system should be clearly explained and the importance and responsibility of their role emphasised. Supervised practice is necessary in the early days following the appointment.

Stock Cards

Each item in store, e.g., medical drug, spare part, stationery item, should be entered on a dedicated stock card. These cards:

- Can be either hand-written or be stored in a computer; the important factor is accuracy
- Show a running balance of the quantity of the specific item
- Can be maintained by the store keeper who is responsible for entering the quantity issued and the requesting department on the card
- Should be checked each month by someone in authority to ensure accuracy and also to enable monitoring of the general usage in each department.

Noting the monthly usage is useful when considering the annual budget and requirements for the year ahead. An end-of-year stocktaking exercise is required for correct auditing procedures.

Minimum Stock Levels

The heads of department will indicate the minimum stock levels required for each item based on the quantities required for