HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA	
GUIDELINES FOR OUTREACH ACTIVITIES/SERVICES IN OPTOMETRY **PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS**	
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A guideline for the provision of optometric services through outreach programs/projects and events.

Definitions

For the purpose of this guideline, the terms below shall have the following attached definitions:

Underserved area	means a geographic area or location where eye care services are limited, not easy to access, or not readily available.
Underserved community	means a community or population group that does not have access to established health care services.
Philanthropic activity	an activity of a generous and benevolent nature while promoting the welfare of others. Services provided are not paid for by patients/recipients of the service.
Outreach activity	A clinical activity conducted outside of an established health care facility that brings health care services directly to a community/population group. Includes outreach programmes and events.
Clinical outreach/ Community health care project	"Clinical outreach is defined as the coordination and provision of clinical services in an outreach environment. It aims to bring primary health care directly to communities/population groups that may otherwise face barriers in seeking and accessing care at established health centers."[3]
Outreach programme	An outreach activity that is conducted at regular intervals
Outreach event	A once-off outreach activity that may be conducted in lieu of a healthcare observance or other occasion.
Outreach service provider	The organization/entity/collective that organises or coordinates the outreach activity.
Patient	A person receiving a healthcare or medical service. health care
Clinician	A health care practitioner directly involved with administering medical/health care to a patient.
Rural area	"Generally regarded as areas outside cities and towns, where economic activity is most often intrinsically linked to natural resource use and/or beneficiation, and consists of agriculture, fishing, forestry, nature conservation, eco-tourism and mining. Rural areas may be sparsely or densely populated, but without the distinct and diverse nodal areas of dense economic activity in the secondary and the tertiary sectors, or the amenities typically associated with urban areas.''[4]
Urban area	Typically refers to 'a city.' Urban areas are characterised by large communities living in high density residential areas, offering a large

	variety of employment opportunities, and high-intensity business and commercial activities. The 'urban-rural distinction' between cities and towns varies from country to country and is most often based on a combination of factors related to population size, level of economic output and development density. Generally, large towns are considered 'urban', whereas small towns are often regarded as 'rural'. 'Urban regions' in the context of the NSDF refer to large and growing, functionally integrated, built-up regions, that are characterised by areas of high residential density and economic intensity where the population exceeds more than two million inhabitants.[3]
Outreach participants	All participants in the outreach service inclusive of organisers, healthcare professionals, community members, patients, etc.
Health establishments	Hospitals, clinics or similar healthcare facilities
Public health establishment	National, Provincial, Municipal or any other government-funded health care facilities
Mobile Practice	Non-philanthropic service, provided at a non-permanent location that offers the same/equivalent optometric services as offered at a fixed practice. Services are rendered at a location/s where the patient is located - other than the practitioner's fixed place of practice.

ABBREVIATIONS

NGO	Non-governmental organisation
FBO	Faith-based organisation
PBODO	Professional Board for Optometry and Dispensing Opticians
NPO	Non-profit organisation

BACKGROUND & INTRODUCTION

In South Africa, the public health system provides access to healthcare for approximately 83% of the population while the remaining 17 % are served by the private health system of which approximately 16.3% have medical insurance.[10] Optometry and dispensing opticianry services have historically occupied a greater presence in the private health sector than in the public sector. While optometric services in the public sector have increased in the past 20 years, it still does not adequately cater for the majority of the population, who depend on it for these services.[11]

Many communities remain underserved in remote, rural and semi-rural areas. Underserved communities in urban areas also encounter challenges in accessing eye care. Among the financial barriers to seeking health care are direct costs such as consultation fees, treatments costs and the cost of corrective devices such as spectacles.[3] In addition, the unavailability of health care facilities and/or services and poor health human resources, compound the barriers to eye care utilisation.[3]

Several health care delivery models such as mobile clinics, outreach programmes and outreach events endeavour to deliver eye care services to vulnerable and underserved communities to whom both public and private eyecare services remain inaccessible. Such services are sometimes temporary and infrequent in nature, provide varying levels of services to communities and offer varying standards of care. Outreach services may therefore inadvertently pose more risks to patient services based at established health facilities. Outreach activities may also increase safety risks to both patients and health care workers.

The PBODO, by virtue of its mandate to protect the public and guide the professions, has developed guidelines for outreach service providers to help address some of the risks associated with outreach activities.

Philanthropic outreach services are offered by a variety of organizations such as non-governmental organizations (NGOs), non-profit organisations (NPOs) and faith-based organisations (FBOs), higher education institutions (HEI), and in some cases private individuals outside of an organisation.
A clear distinction must be made between philanthropic outreach services and services that are paid for by patients and are profit/cost driven. Remunerated services are not considered philanthropic and will be considered as mobile practices for the purpose of these guidelines.

Various models of service delivery are used and organisations may work in partnership with each other, with government, corporate or business entities, etc. These guidelines will not address the business models utilized by outreach service providers.

This guideline must be read in conjunction with the existing health regulations as well as the following HPCSA Guidelines and: (add links or annexures)

- All Ethical booklets of the HPCSA….

- Standard of care: All the PBODO Clinical Guidelines
- Non-clinical guidelines on mobile practices etc.
- Telehealth Guidelines of PBODO

1. Community engagement

When planning for a community engagement exercise, the following considerations should be made:

i. The outreach activity should be sensitive to cultural practices or influences of the community concerned. Consideration of cultural concerns will improve community participation and contribute to the safety of the outreach participants;

ii. Credible stakeholders within the local community should be consulted such as community leaders, health care officials/leaders and workers, and councillors should be consulted and/or involved in planning/developing the outreach activity;

iii. The outreach service provider must establish a link with an appropriately equipped healthcare establishment/facility to enable patients to receive further necessary care timeously when indicated; and

iv. When referring patients for further care, consideration must be made concerning transport of patients to a health care establishment.

2. The Outreach Team

The Outreach Team may likely consist of several different role players including clinicians/health care professionals. These clinicians/health care providers should consider the following before the commencement of any activity:

i. All health care providers participating in the outreach activity must be registered and in good standing with the HPCSA or relevant regulatory body;

ii. Health care practitioners must provide care within the scope of practice in their respective professions;

iii. They enter into a memorandum of understanding (MoU) with clinicians/health care practitioners that form part of the outreach team; (protecting autonomy to make clinical decisions in the best interest of the patient);

iv. Guidelines for volunteers are appropriately referenced; and

v. Student clinicians must work under the supervision of suitably qualified health care practitioners.

3. Outreach locality

i. The outreach activity must be centrally located and easily accessible to the target community/population;

ii. The site must be safe, secure and large enough to accommodate all participants;

iii. There should be adequate ablution facilities available;

iv. The outreach site must be suited to the health care service/s being provided. The site must be enabling to permit privacy and patient confidentiality; and
v. The site must be accessible to patients with disabilities and older patients.

4. Safety

The following general safety precautions should be considered:

i. Security and other risk assessments must be carried out in planning the outreach activity;
ii. When necessary, local security/police/authorities may be engaged;
iii. Procedures for emergency events must be in place;
iv. There is a suitable health facility nearby for referral in case of emergency;
v. A printed copy of the safety protocol must be available and kept with a designated member of the outreach team (designated safety officer);
vi. A telephone network must be accessible;
vii. Participants must be advised of safety protocols; and
viii. A member/s of staff should be designated as a safety officer to ensure occupational health & safety (OHS) risks are identified and appropriate mitigating measures are taken. Where necessary training must be provided for staff, volunteers etc. This must include emergency procedures & measures.

4.1 Participant Safety

i. Adequate personal protective equipment (PPE) must be available.
ii. Infection prevention protocols must be in place.
iii. Infectious disease safety precautions must be taken & a guide should be available to participants.
iv. When indicated, adequate accommodation and food arrangements should be made for participants.
v. Safety arrangements/protocols must be in place for people with disabilities and age-related health issues.
vi. There must be protocols for managing complications, adverse reactions, injuries etc.
vii. Arrangements must be made for patients who need to be referred to a health facility for higher-level care and for those who may be required to remain at the outreach site for observation during the outreach activity.

5. Equipment Reliability & Safety

i. Ensure safe transportation and storage of perishable consumables, medications e.g., medicines that have to be in a cold chain, for example) and delicate equipment (calibration & reliability of equipment).
ii. Protocols must be in place for hygiene, cleanliness and sterilisation of equipment.
iii. Waste disposal arrangements must be made to ensure that waste is disposed of in a safe & environmentally sound manner.

6. Clinical Care

i. Patient's rights must be respected at all times.
ii. Patients must be made aware of their freedom of choice and their right of refusal of health care services provided at/during the outreach activity.
iii. Outreach providers should obtain informed consent and indemnity.
iv. Patient confidentiality & right to privacy must be respected.
v. Vision Screening
Must be conducted as outlined in the PBODO Guidelines for Vision screening– see guidelines Professional Boards - HPCSA
vi. Comprehensive eye examinations and the provision of spectacles must be provided as outlined in the PBODO Guideline for General eye examinations and Dispensing– must meet the standard of care – see guidelines Professional Boards - HPCSA

7. Dispensing of eye care devices

i. Made-to-order optical appliances/devices should be dispensed at the original site of the outreach programme/event by a registered practitioner. Alternate sites for dispensing must be easily accessible to the community served and not impose additional transportation costs to the relevant patient/s.
ii. Dispensing details must be provided to the patient in a language that the patient is able to understand and where possible in writing.
iii. Community representatives and patients must be provided with contact details of the outreach organisation/organisers and must be informed of how complaints, repairs to spectacles etc will be handled.
iv. Follow-up services must be provided within reasonable time frames.

8. Continuity of care

i. Outreach programmes that provide services on a recurrent basis must inform participants of the scheduled service dates. As far as possible the same venue should be used for the activity.
ii. When necessary, the outreach service provider must arrange for the provision of additional care at an appropriately equipped healthcare facility, within a reasonable time frame.
iii. Patients residing in very remote areas must be advised where the closest appropriate health care establishment is located.
iv. Patients requiring additional or higher-level care must be referred to health care training institutions or health establishments where suitable care is available.
v. If telehealth is used for additional or follow-up care the provisions within the Telehealth Guidelines of the PBOBO must be adhered to.
vi. Referral letters must contain as much information as possible to facilitate speedy and appropriate higher-level care for patients.

9. Record Keeping

i. A record must be kept of the health care providers participating in the outreach activity.
ii. Patient records must remain confidential & must be retained for the minimum period specified by the HPCSA.

10. Health Promotion

i. The outreach activity must have a health promotion/health education component.
ii. Information provided must be culturally sensitive and in a language that the patient understands.

11. Other considerations:

i. If any part of the outreach activity/service cannot be completed as planned patients must be informed thereof and the appropriate actions taken to ensure the completion of the service within a reasonable time frame.
ii. Outreach providers should consider including a social services & social support component to the outreach activity.

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