Format updated 5-2021

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| **Blindness** **Prevention** **Services** **(BPS)**  **Organization will establish a self-study committee to assess and rate the organization on the following:**  Note: Items with an asterisk (\*) indicate Absolute Standards. The other items are Critical Standards. See Accreditation Handbook for Organizations, page 5 of 17: “All absolute standards must be fully met to receive accreditation. Critical standards must be at least partially met to receive accreditation.” | Supporting Documentation  Indicate name of file or cite page in documents you provide to show compliance. | Review Committee Decision | | |
| Fully Met | Partially Met | Not Met |
| 1. \*The organization’s mission statement allows for prevention of blindness services and vision loss components. |  |  |  |  |
| 2. There are written statements from the organization’s board and administration establishing governance and procedural processes for planning development and implementation of prevention services. |  |  |  |  |
| 3. There is a written plan that identifies a population for which the organization provides services and describes the range of activities implemented that are directed toward prevention of blindness and vision loss. |  |  |  |  |
| 4. Blindness prevention services are based upon long- and short-range plans and reflect input from a variety of sources, including consumers, professional staff, community organizations and health financial services. |  |  |  |  |
| 5. Blindness prevention services are planned and organized in response to information collected that identifies the needs of individuals being served. |  |  |  |  |
| 6. Planning is broadly based with provision for appropriate participation by members of the governing, advisory body, administrators, the designated staff member responsible, other staff, volunteers, persons served, consumers and consumer groups, specialized consultants, personnel of related organizations, community planning and funding bodies, and appropriate local, state, regional, and national groups. |  |  |  |  |
| 7. Activities are carried out in close collaboration with other key stakeholders, including eye-care practitioners, health service providers, consumers, government organizations, other rehabilitation agencies, and third-party payers. |  |  |  |  |
| 8. Activities include direct service provision and active advocacy for blindness prevention services provided. |  |  |  |  |
| 9. There is consistent participation in the planning of activities from all administrative and staff levels as well as related service providers and consumers. |  |  |  |  |
| 10. Services are clearly identified within the organization as a separate program with specific allocation of resources and personnel who are accountable for implementation of services. |  |  |  |  |
| 11. An identified coordinator is responsible for ensuring that standard operational procedures are followed, is involved in budget preparation, and is accountable for program implementation and the efficiency and effectiveness of service delivery. |  |  |  |  |
| 12. Advocacy for eye care is evident through documented activities with other organizations and public statements of need and services to encourage screening and appropriate eye care. |  |  |  |  |
| 13. The organization cooperates with other organizations and services in the community that advocate for safety, care, and treatments that prevent blindness and vision loss. |  |  |  |  |
| 14. Regular and documented contacts are made with schools, health departments, physicians, and human service organizations to coordinate resources and facilitate prevention of blindness services to the public. |  |  |  |  |
| 15. The organization is an aggressive advocate for the provision of comprehensive eye-care services such as refraction, and therapeutic and surgical services that are affordable, universally accessible, and of high quality. |  |  |  |  |
| 16. Calendars, schedules, and records of activities demonstrate frequency of regular planning for blindness prevention activities. |  |  |  |  |
| 17. Personnel involved in this program maintain open channels of communication through conferences and exchange of written messages to facilitate day-to-day planning, problem solving, and coordination with other services provided by the organization. |  |  |  |  |
| 18. All individuals involved with blindness prevention services are licensed or certificated as required by law or regulation. |  |  |  |  |
| 19. An adequate number of personnel is assigned enough working time to implement the program efficiently. |  |  |  |  |
| 20. Volunteers are recruited, screened, and selected, oriented, trained, placed, supervised, evaluated, and given recognition in accordance with Personnel Administration and Volunteer Services. |  |  |  |  |
| 21. Employees, consultants, and volunteers possess specific education, training, and experience that are appropriate to their assignments. |  |  |  |  |
| 22. Provision is made in the organization’s staff development plan for an ongoing program of in-service training for all personnel, including volunteers. |  |  |  |  |
| 23. The coordinator of this program is involved in the planning and the provision of the program of in-service training. |  |  |  |  |
| 24. In-service training encompasses timely topics, including applicable safety and emergency procedures as appropriate for each category of participating personnel. |  |  |  |  |
| 25. Personnel receive annual competency-based training to ensure that their requisite knowledge and skills are consistent with contemporary standards. |  |  |  |  |
| 26. Additional staff members, who are appropriately qualified by training and experience to carry out blindness prevention activities effectively, are employed or made available as needed. |  |  |  |  |
| 27. Screening services are conducted by qualified and trained personnel using correct procedures with equipment and materials that are properly maintained and adhere to current best practice. |  |  |  |  |
| 28. Vision screening programs conduct specific activities to locate and identify people who are most at risk of vision loss. |  |  |  |  |
| 29. Individuals are invited to screening programs via public education about the causes of blindness as well as ways to prevent blindness and visual loss through a variety of ongoing activities and communication media. |  |  |  |  |
| 30. The personnel who provide these services demonstrate knowledge of the causes and risk factors for blindness and vision loss. |  |  |  |  |
| 31. The screening service being provided adheres to best practice protocols that address appearance of the eye, behavior or the individual and appropriate measurement instruments. |  |  |  |  |
| 32. Screening equipment is maintained in good working order and provisions are made for ongoing maintenance, repair, and re-calibrations of instruments and equipment as needed. |  |  |  |  |
| 33. Specific, observable symptoms that indicate risk factors for current vision loss and significant potential for future vision loss are identified and screeners are trained to observe and test for these symptoms. |  |  |  |  |
| 34. Screening protocols are recognized by eye care professionals to be valid and effective for their intended purpose. |  |  |  |  |
| 35. Screening protocols and test materials are recognized to be appropriate for the population being evaluated (age, education, language). |  |  |  |  |
| 36. When screening demonstrates vision loss or risk of potential vision loss, individuals are referred with appropriate documentation to eye doctors for evaluation. |  |  |  |  |
| 37. A feedback system is in place to ensure that follow-up care takes place. |  |  |  |  |
| 38. Facilities are compliant with local requirements for accessibility and have appropriate lighting and other visual adaptations for screening and other blindness prevention activities. |  |  |  |  |
| 39. The facilities and physical space used for all activities are accessible and are appropriate for activities being conducted. |  |  |  |  |
| 40. All facilities comply with accessibility regulations and provide contrast for distinguishing walls, doors, and furniture that creates a better visual environment. |  |  |  |  |

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| 41. A collection of current reference materials and general information on vision rehabilitation and low vision care is available to staff, consumers, and the general public for educational purposes. |  |  |  |
| Total Standards | /41 | /41 | /41 |

Required Documents

Please prepare a folder in Dropbox (or use other means of sharing as mutually agreed with AER) for your organization’s Blind Prevention Services Self-Study, with sub-folders labeled for each of the following documents:

* Self-Study (above)
* Policy and Procedures for Blind Prevention Services
* Description of Services including Scope, Goals and Objectives
* Annual Blind Services Prevention Plan that includes Strategy, Activities and those who Contributed to Developing the Plan
* List of Service Delivery Collaboration Partners and Descriptions of Each Service Provided and or Supported
* Blind Prevention Services Budget
* Examples of Related Advocacy and Materials
* Name, Resume and Job Description for Program Coordinator
* Calendars and Schedule of Blindness Prevention Activities for the Past 12 Months
* Verification of Credentials for Personnel, Consultants, Volunteers and Others Providing Services as Required
* Examples of Personnel Training Workshops, Modules and or Curricula
* Copies of Personnel Evaluations
* Screening Guidelines and Protocols
* List of Screening Equipment and Applicable Maintenance Records
* Referral Process and Guidelines
* List of Collaboration Partners, Cooperating Agencies and Eye Care Specialists
* Description of Follow-up Care Process and Examples
* Facility Accessibility Checklist
* Sample of Blind Prevention Reference and Promotional Materials and Resources
* Annual Service Audit Report
* See Section I. (G) Program Evaluation and Improvement Required Documents and Submit Each Item for Blind Prevention Services and Label “I. (G) Blind Prevention Services.”
* Narrative to explain any standards you rated as partially met or not met.
* Any other Narrative Remarks

List of Members of Self-Study Committee:

Date Self-Study Completed:

Date of Board Meeting approving Self-Study: