**Approved OSAC and AERAC 1-23-2025**

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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. \* Prevention services provided are within the scope of the mission of the organization. Please indicate whether the services are vision screenings, community education, both, or something else. |  |  |  |  |
| 2.\* There is a written plan from management that describes the range of prevention services provided by the organization and the target population served. |  |  |  |  |
| 3\* Prevention services are provided by qualified employees or volunteers.   * 1. Providers have background clearances in relation to the population served as appropriate.   2. Providers are certified or have licensure as appropriate. |  |  |  |  |
| 4. Training for employees and volunteers is provided annually to ensure that knowledge, skills and the service provided are consistent with contemporary standards as validated by eye care professionals. |  |  |  |  |
| 1. Employees and volunteers demonstrate knowledge of and are able to identify the common causes and risk factors for blindness and vision loss. |  |  |  |  |
| 6. \*The organization is a pro-active advocate for the provision of comprehensive eye care services such as refraction, and therapeutic and surgical care that are affordable, universally accessible and of high quality. |  |  |  |  |
| 7. Procedures for providing prevention services are documented, are clearly written, easily accessible and reviewed by management periodically. |  |  |  |  |
| 8. Written documentation/case notes of each service provided is comprehensive capturing consent, screening results, the educational topic provided, number of people served, and other important data consistent with the scope of the service. |  |  |  |  |
| 9. Prevention services provide specific activities to locate, identify and educate people who are at most risk of vision loss. |  |  |  |  |
| 10. Screening protocols and test materials are recognized to be appropriate for the population being evaluated (age, education, language). |  |  |  |  |
| 11. Screening equipment is maintained in good working order, repaired and recalibrated as needed. |  |  |  |  |
| 12. When vision screening results demonstrate vision loss or risk of potential vision loss, individuals are referred with appropriate documentation to eye doctors for a full eye examination. |  |  |  |  |
| 13. A system is in place that allows the consumer to provide feedback on the quality of service received and the overall effectiveness of the prevention program. |  |  |  |  |
| 1. A collection of current reference materials and general information on traditional eye care, low vision care and rehabilitation is available to staff, consumers and the general public for educational purposes. |  |  |  |  |
| Total Standards | /14 | /14 | /14 | /14 |

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: