

# SCREENING PROJECT PLANNER

Vision and Hearing

## **Abstract**

This planner is intended to provide recommendations and should not be considered legal advice or best practices. Each screening project is unique and the activities in this planner should be amended accordingly. Please consult a local professional to ensure compliance with all laws and regulations, safety guidelines and best practices.

# The Goal

Provide health assessments for learners to identify those who have conditions which may affect their ability to develop and study properly.

# Start Planning Your Event

Stations setup duration: \_\_\_\_\_

Fill in the blank fields in the form below to determine the details of your event.

| Audience to be served:  Children ages: Youth Adult All                   | Location Educational facility address: |                   | Performed assessments:  Vision screening Vision examination Hearing screening Development screening Dental screening |
|--|--|-------------------|--|
| Project may take a single-day, s   | everal consecuti                       | ve days, or sprea | ad out on several time periods:  |
| Average assessment durat   | tion per learner:                      |                   |  |
| # of team members:<br>(health professionals and technicians)             |  |                   |  |
| # of patients estimated to be assessed per day:                          |  |                   |  |
| Estimated number of learners:  |  |                   |  |
| Total Number of days:  |  |                   |  |
| Start Date, End Dat  | re                                     |                   |  |
| Facility Requirements For smooth operations it is imported the facility: | ortant to commu                        | inicate the setup | o requirements in advance with   |
| Total number of stations: (based on number of field personnel)           |  |                   |  |
| Number of stations require no direct sunlight / darkened room:           |  |                   |  |
| Number of stations require reduced noise / noise isolation:              |  |                   |  |

#### **Assessment Results**

- Learners will receive assessment results via email
- Educational Facility will receive access to view the assessment results
- Educational Facility will receive limited access to view the assessment final observation

Results will be provided within \_\_\_\_ days of assessment completion.

#### Determine a referral flow

Comprehensive examination should be performed for learners which have been flagged during the screening exams:

Examination will provided by the team during the health assessment Follow-up will be provided by referral services (see below)
Educational facility will be responsible to ensure proper follow-ups Flagged learners will be responsible to attend proper follow-ups

#### Referral Services

| List health professionals or agencies to provide surroundings: | follow-up services in the educational facility |
|--|--|
| 1  | -  |
| 2  | -  |
| 3  | -  |
| 4  | _  |

# Organize your project into achievable steps

The following tasks are a basic recommendation and should be adjusted per project requirements.

#### Project lead

Project lead should be familiar with basic knowledge of working with the various medical devices, handling appropriate age groups, high communication skills to work with educational facilities administration, customer facing approach, ability to work under pressure, and organization skills to manage event logistics.

| Lead name: |  |  |  |
|------------|--|--|--|
|            |  |  |  |
|            |  |  |  |

## **Preparing Marketing Requirements**

- Create promotion plan
- Create relevant flyers, digital materials, etc.
- Create educational materials\*

(\*) Educational materials should be pre-approved by a local healthcare professional.

## Preparing your Equipment

| Assessment Type | Device brand /<br>Assessment method | Device serial number<br>(if applicable) | Next service /<br>calibration date (if<br>applicable) |
|-----------------|-------------------------------------|---|---|
|                 |                                     |   |   |
|                 |                                     |   |   |
|                 |                                     |   |   |

Ensure the method of assessment and equipment comply with local municipality or governmental regulations. Adhere to approved active school screening programs already in place, if any.

## Preparing your Field Team

| Position / Role | Name | Last device theoretical training date (if applicable) | Last device hands-on<br>training date<br>(if applicable) |
|-----------------|------|---|--|
|                 |      |   |  |
|                 |      |   |  |
|                 |      |   |  |

Initial training and periodic refreshments are required to ensure staff are in-line with device guidelines. Correct handling and service of the device will ensure durability and accurate medical results. It is recommended training to be performed by the device manufacturer or by a designated representative of the company which has undergone training by the manufacturer.

## Preparing your Support Team

| Position / Role | Name | #of required support days | Start-End Dates |
|-----------------|------|---------------------------|-----------------|
|                 |      |                           |                 |
|                 |      |                           |                 |
|                 |      |                           |                 |

In addition to the field operators, your support team should include administration and billing, marketing, communication with the school, etc.

It is important to note their availability on the relevant dates to ensure the various steps required prior and post assessment will be delivered on time.

If assessments need to be signed by medical professionals, it is recommended they will be available during the assessment to expedite results and assessment timely completion.

# Engage with the educational facility

Be sure to engage the school nurse, school staff liaison, administrator, or representative to build a community of support for the prevention program.

Communication with the school:

Assessment dates and hours

Educational materials for learners and their quardians (if applicable).

Facility/Stations requirements and setup duration.

Number of learners which will be assessed per day (\*\*).

Expected date for receiving the results, and communication method.

Communication channel for the school

Communication channel for learners questions (prior and post assessment)

(\*) Recommended to ensure the school will communicate with the school staff and be responsive during the relevant days

# **Preparing Equipment List**

List all the equipment the field team should take with them to the event location (medical devices, extra batteries and chargers, mobile wifi unit, cables, tables, laptops, tablets, etc.)

| Equipment | # of units | Responsible Person |
|-----------|------------|--------------------|
|           |            |                    |
|           |            |                    |
|           |            |                    |
|           |            |                    |
|           |            |                    |
|           |            |                    |
|           |            |                    |

## Finalize event logistics

- Before your event, make sure you contact any service providers or collaborators to make sure they are prepared to fill their roles in the event.
- Ensure proper layout of equipment and required equipment
- The day before the event, test medical devices and make sure they are fully charged.

# The success of your project

#### Document

<u>During the event</u> and until its closing, project lead should document any challenges experienced by you or any of the team members, and anything you feel is slowing down the operation during the health assessment.

Document <u>all the questions and issues</u> rising by the outside stakeholders - school, learners, and quardians.

## Proper completion of the project

- All records are up to date and all signed up learners were evaluated
- All records have been signed
- All results communicated and received by the relevant parties

# Measure the success of your project

## Reflect on your project

Schedule a post-event meeting to celebrate project completion, discuss deviations from the plan, and opportunities for improvement.

#### Exemplary reflection questions

- 1. What is the expected number of learners vs the actual number signed up?
- 2. Were you able to provide assessments to all signed-up learners?
- 3. Were you able to provide the service in the designated time frame?
- 4. Do you feel the educational facility was satisfied with your performance?
- 5. Do you feel that the learners and guardians were satisfied with the health assessment?
- 6. Do you feel there is a need for improvement with any of the following:
  - a. communication with the school
  - b. learners onboarding or billing
  - c. assessments process
  - d. finalizing assessment results and timely sharing
  - e. understanding assessment results by learners or guardians

#### Strive to improve

Share your reflection conclusion with the Tealio team and we will be happy to improve wherever we can.