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| 1. Supervision checklist for TT screening (at outreach) | | |
| ****Key: S= Satisfactory U = Unsatisfactory****  **Tick (✔︎) boxes as appropriate** | | |
| Selection of Patient for TT surgery | **S** | **U** |
| One or more central eye lash rubbing on the eyeball |  |  |
| One or more peripheral eye lash rubbing on the cornea |  |  |
| TT patient requesting for surgery |  |  |
| Evidence of corneal damage from trichiasis |  |  |
| History and/or evidence of previous trichiasis surgery |  |  |
| Severe discomfort from trichiasis |  |  |
| Have the following been ruled out before TT surgery? | **S** | **U** |
| Defective eye lid closure |  |  |
| Age – Children will require GA, hence in hospital |  |  |
| Poor general health – Hypertension, uncontrolled DM |  |  |
| Lower lid – To be done by highly skilled TT surgeon |  |  |
| Those allergic to local anaesthesia, history of bleeding disorders should be referred to hospitals |  |  |
| Those with severe lid infections to be treated first before surgery |  |  |
| Lack of cooperation by patient |  |  |
| Those with previous trichiasis surgery are reviewed by the most qualified professional immediately or referred to be reviewed by the professional after having been offered epilation along with a pair of epilation forceps. |  |  |
| Proper management of bilateral TT cases (that show up alone for surgery) | **S** | **U** |
| Proper recording of demographic data |  |  |
| Proper taking of past medical history and history of allergies |  |  |
| Proper documentation of physical examination including blood pressure |  |  |

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| 1. Supervision checklist for TT counselling (at outreach) | | |
| ****Key: S= Satisfactory U = Unsatisfactory****  **Tick (✔︎) boxes as appropriate** | | |
| Proper information provided to TT cases before surgery | **S** | **U** |
| Patients are received and offered services with respect and dignity without discrimination |  |  |
| Patient explained what trichiasis is and its danger |  |  |
| Patient explained the procedure (an eyelid procedure not eyeball, patient will not be put to sleep, short duration: 15-30min) |  |  |
| Patient will go home same day |  |  |
| Patient needs to provide informed consent |  |  |
| The communication process includes: time for questions, need to lay flat, return to work, communicate with caretaker too |  |  |
| Epilation is offered to TT patients that refuse to consent for surgery |  |  |
| Patients who refuse surgery are provided a pair of epilation forceps and taught how to use them |  |  |
| Proper information provided to TT cases after surgery | **S** | **U** |
| Patient explained duration of eye patch |  |  |
| Patient explained when to return for routine check-up |  |  |
| Patient explained possible post-op complications and when and where to go |  |  |
| Patient explained post-op care of the eye |  |  |
| Patient will be shown how to apply the drugs and told about frequency |  |  |
| Patient will be told when they can resume work |  |  |

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| 1. Supervision checklist for TT surgery | | |
| ****Key: S= Satisfactory U = Unsatisfactory****  **Tick (✔︎) boxes as appropriate** | | |
| Proper pre-operative procedures | **S** | **U** |
| Is there proper examination of the eyes (visual acuity, presence of co-morbidities, etc.) |  |  |
| Was consent signed |  |  |
| Are the eyes labelled preoperatively |  |  |
| Are needed instruments sterilised in an appropriate manner |  |  |
| Is sterility maintained in theatre environment |  |  |
| Is the surgeon making sure all consumables and equipment are available before surgery (Needs a check list of the consumables and instruments) |  |  |
| Proper intra-operative procedures | **S** | **U** |
| Staff compliance to safety and protection policy is high and  routinely monitored e.g. Prevention of exposure to HIV and Hepatitis during surgery |  |  |
| Is there proper scrubbing by the surgeon/assistants (using head covering, masks, washing, gowning, gloves |  |  |
| Is there correct positioning of the patient (table height, head position) and of the surgeon (chair position) |  |  |
| Is there a sterile surgery field with instrument sets/trolleys |  |  |
| Is there proper lighting |  |  |
| Is there proper magnification (use of loupes) |  |  |
| Is there proper cleaning and draping of the patient |  |  |
| Is the anaesthetic injection given in the right manner |  |  |
| Did the surgeon give topical anaesthesia |  |  |
| Is the clamp applied in the right manner |  |  |
| Proper intra-operative procedures (continued) | **S** | **U** |
| Is the incision made in the right manner |  |  |
| Is the suturing done in the right manner |  |  |
| Does the surgeon cross check if the correction is adequate |  |  |
| Is patching being done |  |  |
| Is the patient guided out of operation room |  |  |
| Are post-operative tetracycline and analgesics given |  |  |
| If available in-country, is post-operative oral Azithromycin given immediately after surgery |  |  |
| Are post-operative instructions given |  |  |
| Is proper documentation done |  |  |
| Proper post-operative procedures (first post op day) | **S** | **U** |
| Are the patients reviewed in the first post-operative day |  |  |
| Are the eyes cleaned after opening the patch |  |  |
| Does the surgeon look for complications (infection, over-correction, under-correction, lid margin deformity) |  |  |
| Are proper follow up instructions given |  |  |

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| 1. Supervision check list for camp organisation | | |
| ****Key: S= Satisfactory U = Unsatisfactory****  **Tick (✔︎) boxes as appropriate** | | |
| Proper organisation of manpower during outreach (people doing their job effectively in a team fashion) | **S** | **U** |
| Is registration being done correctly |  |  |
| Is screening effective and efficient (see screening checklist) |  |  |
| Is the counselling done properly (see counselling checklist) |  |  |
| Is the operating room organised appropriately (see surgery checklist) |  |  |
| Are there two or more surgical assistants per surgeon |  |  |
| Are the surgeons and surgical assistants working effectively |  |  |
| Is someone in charge of overall organisation of the outreach |  |  |
| Proper equipment and consumables during outreach | **S** | **U** |
| Are all supplies for vision testing and screening available |  |  |
| Are all supplies for registration and clinical forms available |  |  |
| Are all of the surgical supplies, stool, table, medicines, instruments, sterilisation equipment, consumables available (see instrument and supply checklist) |  |  |
| Proper sterilisation | **S** | **U** |
| Has there been proper washing of instruments |  |  |
| Has disinfection been done properly |  |  |
| Has there been proper rinsing |  |  |
| Has there been proper drying |  |  |
| Has proper sterilisation procedure been followed |  |  |
| Has sterilisation tape been used properly |  |  |
| Proper organisation of space for the outreach | **S** | **U** |
| Is the outreach location accessible to most of the potential patients |  |  |
| Is the overall flow of patients effective and efficient |  |  |
| Is there registration done in the right place |  |  |
| Is screening done in the right place |  |  |
| Is counselling done in the right place |  |  |
| Is the surgery done in the right place |  |  |
| Is the place secure |  |  |
| Are accommodation and meals organised |  |  |
| Are other eye conditions managed |  |  |
| Proper organisation for COVID-19 prevention and control | **S** | **U** |
| Are there proper hand washing facilities for staff and patients at the entry of outreach site, near toilets and in the operation room? |  |  |
| Are there sufficiently aerated designated spaces for triage, registration, counselling, surgery and recovery? |  |  |
| Is there a designated person responsible for cleaning the operating table in-between patients? |  |  |
| Are instructions on hand hygiene, cough etiquette and physical distancing clearly written and displayed at strategic places at the outreach site? |  |  |
| Are the outreach staff wearing protective equipment satisfactorily? i.e. medical masks, face shields or goggles? |  |  |
| Are the confirmed TT patients wearing a face mask? |  |  |

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| 1. Supervision check list for instruments, consumables and equipment | | |
| ****Key: S= Satisfactory U = Unsatisfactory****  **Tick (✔︎) boxes as appropriate** | | |
| Proper instruments on outreach | **S** | **U** |
| Are there three or more complete surgical TT sets per surgeon |  |  |
| Are there sufficient quality of each component in each set |  |  |
| Is the arrangement of instruments on a trolley correctly done |  |  |
| Is storage of instruments done properly |  |  |
| Proper supplies of consumables | **S** | **U** |
| Are there sufficient gloves, gown, masks, caps |  |  |
| Are there sufficient syringes and needles |  |  |
| Is there sufficient suture materials |  |  |
| Are surgical blades sufficient |  |  |
| Is there sufficient amount of gauze, local anaesthetic, alcohol 70% |  |  |
| Is there proper amounts of antibiotics (Zithromax and TEO) and analgesics |  |  |
| Is there appropriate sanitary and waste disposal facilities for staff, patients and carers |  |  |
| Proper equipment for outreach | **S** | **U** |
| Are magnifying loupes available and being used |  |  |
| Are there torches with batteries and being used |  |  |
| Is there a portable Autoclave |  |  |
| Are power sources available (e.g. generator, extension cables, fuel – petrol and lubricants) |  |  |

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| 1. Supervision check list for record keeping | | |
| ****Key: S= Satisfactory U = Unsatisfactory****  **Tick (✔︎) boxes as appropriate** | | |
| Proper record keeping at the community level (TT case finding) | **S** | **U** |
| Are details recorded correctly in the log book (name of the patient, father, husband, grandfather, phone number, age, sex, village name, village leader, number of households visited, patients referred) |  |  |
| Are details of confirmed TT cases updated in the log book |  |  |
| Proper record keeping for outreach | **S** | **U** |
| Are there records of surgical schedules (who did it, when was it done) |  |  |
| Were records kept of all people managed (e.g., epilation included) |  |  |
| Time of arrival at surgical site/time of departure |  |  |
| Proper record keeping of TT surgeries (and outcomes) |  |  |
| Are the records completely completed (including age, sex, refused, epilation, follow up, outcome details, who did the surgeries, post op TT, granuloma, notching, etc.) |  |  |
| Are consent forms completed |  |  |
| Are all sections of the pre-operative, intra-operative, and post-op assessment form completed |  |  |