

GUIDELINES FOR SCREENING CAMPS TO BE HELD IN THE DISTRICTS:

A. OBJECTIVES OF THE CAMPS:

During each camp, it should be our aim to:

- Identify all persons with ear diseases that are or can be the cause of hearing loss (or any other complication) in the affected person, such as:
 - i. Wax
 - ii. Secretory Otitis media
 - iii. Suppurative Otitis media
 - iv. Otomycosis/otitis externa
 - v. Exposure to Noise
 - vi. Presbycusis
- Treat or initiate treatment wherever possible, ie for:
 - i. Wax: removal by probing/syringing etc to be done, if possible.
Wherever this is not possible, suitable treatment for wax softening and removal must be initiated.
 - ii. Initiate medical treatment for Secretory Otitis media
 - iii. Initiate medical treatment for Suppurative Otitis media
 - iv. Initiate medical treatment for Otomycosis/otitis externa
- Refer for further management wherever this is indicated. This may be:
 - i Follow up for the medical treatment advised.
 - ii Surgical treatment
 - iii Audiological assessment or work up
 - iv Specialised diagnostic work up (x-rays, CT scan etc)
- Provide suitable guidance and advice to the patient and/or the family members regarding:
 - i Prevention of hearing loss
 - ii Need for surgical treatment
 - iii Need for rehabilitation therapy
 - iv Proper use of hearing aids.

B. PREPARATION FOR THE CAMP:

- The camps must be carried out in different parts of the district every month.
- An NGO be identified as per the guidelines provided for identification of the NGO.
- A suitable day of the month may be fixed for the purpose of carrying out the camps in consultation with the Programme assistant, the NGO and the technical resource persons eg: First Saturday or first Sunday of every month. This day should be on the weekend, in order to facilitate the attendance by working persons and school going children.
- For the initial part of the programme, the camps should be held in the Community Health Centres. Following this, when all the CHCs have been covered, the camps may subsequently be held in the PHCs or a suitable venue near a PHC.
- Each camp must be preceded by creation of awareness in the given area regarding the camp. Notices regarding the camp must be pasted at the CHC, PHCs, subcentres, Anganwadis as well as the Panchayat and any other common area of the village.
- The IEC material regarding Deafness prevention (as made available under the programme) should preferably be displayed alongside the notice in order to facilitate the awareness creation. (However, if the same is not available, the camp must not be held up due to its non-availability).
- Suitability of the venue must be ensured prior to the camp. If the Centre is not suitable, any other venue in the vicinity, such as a field, panchayat house or school hall/ground etc be identified, depending on the weather and the availability.

C. INFRASTRUCTURE AND MANPOWER REQUIREMENT FOR THE CAMP:

- For the camp, the following persons must be available:
 - 2 Doctors: At least one of them must be an ENT surgeon (District level ENT doctor or from Medical College in the vicinity). The other doctor may be an ENT surgeon, if feasible or else may be an MBBS doctor who has undergone training under the programme.
 - **At least one** and preferably two Audiologists or Audiological assistants should be there to facilitate the camp process. One of them ought to be the Programme assistant at the district level. However, till such a time as the Programme assistant post is not filled at the District hospital, any other person trained as an Audiologist or Audiological assistant may be recruited for the camp.
 - 2 Camp organizers or one organizer and one assistant, for the camp who should be from the identified NGO.
 - Equipment required:
 - 1 Head light (available at the PHCs)
 - 2 Oscopes (1 is available at the PHC/CHC. The other may be brought along by the ENT doctor.)
 - Tuning forks (available at the PHC/CHC)
 - 2 or more aural probes (for wax removal)
 - Syringe, cannula, saline etc for wax removal by syringing.

D. FUNCTIONING OF THE CAMP:

At the time of the camp, it is proposed that the following may be the methodology: The patient/s who arrives at the camp will be reporting to the camp organizer / assistant first. The camp organizer will record the name of the patient and on the referral slip (as provided under the programme). The patient will then carry the slip to the doctor. The doctor will assess the patient and provide suitable treatment,

guidance, and referral. Wherever, assessment of hearing is required, he/she can refer the patient to the audiologist/audiological assistant who will perform the informal hearing tests (voice tests) or tuning fork tests on the patient and send back to doctor or, wherever possible, take the necessary action on his/her own.

On the referral slip the diagnosis and advice would be noted. On the way out, the patient must show the slip to the camp assistant who will make the necessary entry in the register regarding the patient's diagnosis and action taken so that a suitable record be maintained. The format for this record is:

S.No.	Patient's name	Age /Sex	Diagnosis (including normal)	Action taken	Whether referred. If yes, place of referral (District/Medical College)
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Once the camp has been completed, the camp organizer (NGO representative) will ensure that the data pertaining to the number of persons visiting the camps etc are compiled as per the format given below and the necessary information is sent (in the proforma provided) to the District nodal officer as well as to the Programme assistant at the District hospital.

**NATIONAL PROGRAMME FOR PREVENTION &
CONTROL OF
DEAFNESS**

DISTRICT LEVEL PROFORMA

Report to be submitted for the month of _____ 2007/2008

SCREENING CAMPS

Number of screening camps organized:

Number of patients screened in the camps:

Morbidities:

Morbidities	0-5years	5-14years	>14-50 years	>50 years
Hearing Loss				
Mild				
Moderate				
Severe				
Profound				

Morbidities	0-5years	>14years
CSOM		
ASOM		
Secretory OM		
Wax		
Ear Trauma		
Speech Problems		
Any other		