



VA

U.S. Department
of Veterans Affairs
Veterans Health
Administration
Phoenix VA
Health Care System

Advanced Low Vision Clinic Handbook



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Phoenix Advanced Low Vision Clinic (ALVC) Handbook

Vision

To become a model Advanced Low Vision Clinic within the VA Continuum of Care and first choice low vision provider for our Veterans.

Welcome and Mission

Welcome to the Phoenix Advanced Low Vision Clinic (ALVC). The ALVC is committed to supporting the Phoenix VA Health Care System's mission of honoring America's Veterans who are blind or visually impaired by providing exceptional low vision care and interventions that improve personal safety, independence, emotional adjustment, and quality of life. Moreover, the ALVC Team is dedicated to upholding VA ICARE values. We aim to provide high quality low vision services in a timely and appropriate manner that foster blind or low vision skills to improve Activities of Daily Living (ADL), where patient-centered outcomes lead to improved patient satisfaction, desired access, and quality low vision services.



Program Location

The Phoenix VA Advanced Low Vision Clinic is located at 650 East Indian School Road, Phoenix, AZ 85012. Northwest Corner of Building 8 (Ambulatory Care Clinics), 2nd floor inside of Eye Clinic, Rooms A2107.

Parking

Parking is available and marked for patients and visitors. The VA offers a parking garage that is located West of Building 8 and Valet located North of Building 8. Tips are prohibited for Valet. The VA is not responsible for any theft or damage to vehicles parked on VA premises.

ALVC Hours of Operation

Monday through Friday excluding national holidays from 8:00 a.m. to 4:00 p.m. Walk-in Clinic Hours Tuesday 9:00am to 12:00 p.m. and Thursday 12:00 to 3:00 p.m. For scheduling assistance, call our Program Support Assistant at (602) 277-5551, ext. 5561.

ALVC Eligibility

DOD active duty military and Veterans that are unable to benefit from standard optometric refraction and present with a best-corrected visual acuity between 20/70 to 20/200 in the better eye, has a restricted visual field or case-by-case Traumatic Brain Injury (TBI) , Cerebrovascular Accident (CVA) related eye condition. The most common eye conditions treated are Age Related Macular Degeneration (ARMD), diabetic Retinopathy (DR), and Glaucoma (GLC). Patients whose visual acuities progress to legal blindness (20/200 OU) or worse will be referred to Visual Impairment Service Team/ Blind Rehabilitation Outpatient Specialist (VIST/BROS) for continued care and case management.

Fees and Co-Payments

The Advanced Low Vision Clinic is a non co-pay clinic. Optical devices and other special equipment recommended by the low vision team are provided at no cost to Veteran.

Referrals to Low Vision Clinic

Referrals to the Low Vision Clinic are through consults, community referrals and self-referrals. Once documentation (consult and/or ocular exam) is received, BRS Staff will perform a clinical screening of all referred Veterans to determine the appropriate care (i.e. ALVC services or SWBRC inpatient services). After screening is complete, the Veteran will be contacted by the PSA to schedule their low vision appointments.



HOPTEL

The Phoenix ALVC HOPTEL Program provides temporary lodging for eligible Veterans and their families who are geographically located 50 miles away or travel two hours or more from this facility and who have appointments either in early morning or late afternoon (special circumstances notwithstanding) as space and funding allows. Patient must not be able to independently pay to stay at a local hotel. The Medical Center Director or designee may make an exception to distance or time provisions based on exceptional circumstances,

such as inclement weather, road conditions, or the mode of transportation used by the Veteran. Patients can be lodged at a local hotel either the evening prior to/following to the appointment. HOPTEL rooms are for use by Veterans only. Family/caregivers can accompany a Veteran during their stay, but cannot utilize a room without the Veteran present.

Blind/Low Vision Support Group

All low vision team members assist the Veteran and family in adjustment to changing vision and the life changes that accompany this process. Adjustment counseling such as family counseling and/or supportive group counseling and discussion when required are offered. The VIST Coordinator, low vision eye care specialist and therapists, who are educated in the psycho-social dynamics of low vision and blindness, will integrate appropriate adjustment strategies into their examination and therapeutic approaches and they will support counseling if the Veteran is referred to counseling professionals.

- Veterans are encouraged to participate in the PVAHCS Blind & Low Vision Support Group that meets the second and fourth Tuesday of every month from 10:00 a.m. to 11:00 a.m.
- Family and Caregivers are encouraged to participate in the PVAHCS Blind & Low Vision Support Group for Family and Caregivers that meets the second Tuesday of every month from 10:00 a.m. to 11:00 a.m.
- Blind Women Support Group (Also known as the Ladies of the Red, White and Blue) is available every quarter of the year from 11:00am-2:00pm.

ALVC Staff

Low Vision Optometrist (OD)

A Low Vision OD is specially trained in assisting those with low vision by assessing their visual needs and making recommendations for glasses, magnifying lenses and optical aids. Low Vision Optometrists are licensed Doctors of Optometry, who are skilled in the low vision examination and management of patients with eye conditions that are not treatable or correctable by medicine, surgery or with glasses. Their role is to help you function at your best with your vision loss.

Low Vision Therapist (LVT)

The LVT uses functional vision evaluation instruments to assess visual acuity, visual fields, contrast sensitivity function, color vision, stereopsis, visual perceptual and visual motor functioning, literacy skills in reading and writing, etc. as they relate to vision impairment and disability. The LVT also evaluates work history, educational performance, ADL and IADL performance, use of technology, quality of life and aspects of psychosocial and cognitive function.

Orientation and Mobility (O&M) Specialist

Orientation and Mobility instruction is a sequential process in which visually impaired individuals are taught to utilize their remaining senses to determine their position within their environment and to negotiate safe movement from one place to another.

Vision Rehabilitation Therapist (VRT)

The Vision Rehabilitation Therapist instructs persons with vision impairments in the use of compensatory skills and assistive technology that will enable them to live safe, productive, and independent lives. Vision rehabilitation therapists work in areas that enhance vocational opportunities, independent living, and the educational development of persons with vision loss.

Program Support Assistant (PSA)

The PSA schedules all appointments for the ALVC staff. The PSA performs administrative functions directly with visually impaired Veterans and their families. In such capacity, the PSA provides amenities that are common for visually impaired Veterans such as human guide techniques, assuring that they

are able to read and appropriately respond to written documents by providing them in alternative format and orienting the Veteran to the clinic environment.

ALVC Appointments and Treatment Goals

During appointments, therapists complete initial intake interviews and assessments to collect functional vision baseline information. This identifies a Veterans' treatment goals. Initial assessment includes but not limited to near/distant acuities, color discrimination, lighting evaluation, hand writing, visual clutter assessment, reading evaluation, mobility assessment, ADL's, Access Technology and a tint assessment to reduce effects of glare and light sensitivity. The Low Vision Optometrist will complete a comprehensive low vision exam. The Low Vision Optometrist may prescribe near/distance eyeglasses and other optical devices to achieve the Veteran's low vision goals. The ALVC staff will conduct an eight-week post-assessment follow-up to evaluate the Veteran's progress. If during this follow-up patient goals aren't met, SMART goals will be established for further training. If the patient has met appropriate functional needs, patient will return to clinic as needed.

Prosthetics

ALVC helps Veterans adjust to sight loss by providing rehabilitation. Staff may evaluate and provide training for Veterans on the use of optical or adaptive devices. If the rehabilitation team feels the Veteran is able to successfully use or operate the devices, these items will be issued to Veterans. Devices are issued to you by the VA Prosthetics Department without cost to you. It is important to take good care of this equipment. Equipment may be returned to the clinic if they are no longer useful.

Prosthetic Replacement Eligibility

● **Eyeglasses**

One replacement may be provided within 12 month period if:

- Change in prescription
- Wear and tear
- Loss or breakage not due to negligence

● **Blind Aids & Low Vision Devices**

Any blind aid or low vision device (prosthetics) that is lost or broken within the 12 month period of issuance is eligible for one replacement per device.

Exceptions to this policy are significant loss of visual acuity and/or patient safety concerns. If vision loss is sudden and significant, an ocular health eye exam to triage must be completed before a follow-up low vision eye exam is scheduled.

Note: Before replacing lost/stolen optical aids (valued at \$300 or more) reported lost or stolen, a Veteran must file a police report with their local authority. A Veteran will need to provide a copy of the police report and/or report number to ALVC before item is replaced. Items reported defective will need to be replaced under manufacturer's warranty. Items no longer under warranty and/or reported damaged or broken need to be turned into ALVC.

If you have questions or problems with any device or equipment issued by the VA ALVC, please to contact clinic for further assistance.

Contact us

Phoenix VIST Coordinator	(602) 277-5551 ext. 7236
Low Vision Therapist/ Orientation & Mobility	(602) 277-5551 ext. 7591
Vision Rehabilitation Therapist	(602) 277-5551 ext. 7991
Program Support Assistant	(602) 277-5551 ext. 5561

Code of Conduct: Physical aggressiveness towards oneself, other patients or staff will not be tolerated. Deliberate and continued verbal abuse of other patients or staff will not be allowed and will result in reprimand and dismissal. Patients shall maintain an acceptable standard of social behavior. Rowdiness, aggressiveness or intoxication to the point that it comes to the attention of others, or affects the performance in rehab can result in reprimand or dismissal from training.

Informed Consent

Participation in the ALVC program is patient-centered, strictly voluntary and is based on informed consent regarding program goals, benefits, risks, and potential outcomes of participation. Patients always have the opportunity to decline service, recommendations, and prosthetic devices. Verbal informed consent is obtained from each ALVC Veteran participant for the services offered. This includes limits of confidentiality, brief overview of treatment options, anticipated risks and benefits of treatment, and alternative options for care.

Privacy Act (HIPAA)

HIPAA is the Health Insurance Portability and Accountability Act of 1996 more commonly known as the Privacy Act that spells out the rules of privacy that health care organizations must follow.

Patients' Rights and Responsibilities

As a Veteran participating in the Advanced Low Vision and Blind Rehabilitation Services programs, you have the following rights:

- To be treated as an individual, with dignity and compassion, and the right to reasonable privacy and protection from harm.
- To receive understandable information about your visual impairment, treatment plan, treatment alternatives and to include your family in these discussions.

- To participate in all aspects of your rehabilitation and treatment plan and to make decisions about the kinds of rehabilitation you want or do not want.
- To be told if any portion of your treatment is experimental or part of a research study and to refuse participation in any such research or survey.
- To complain if you feel your rights have been denied or to discontinue rehabilitation at any time that you wish.

As a Veteran participating in Advanced Low Vision and Blind Rehabilitation Services programs, you have the responsibility to:

- Treat all members of the treatment team with courtesy and respect.
- Inform the treatment team when you are unable to keep appointments, including home care appointments, so that the time may be used for another Veteran.
- Ask questions about any part of your care, especially that which you may not understand.
- Tell the treatment team about changes in your eye condition or medical condition that may affect your rehabilitation.
- Follow the instructions of the treatment team regarding personal safety and use and care of prosthetic equipment we issue to you.
- Let the treatment team know if you are having difficulties following instructions or in using adapted devices.

Your Privacy Rights

You have the right to:

- Review your health information;
- Obtain a copy of your information;
- Request your health information be amended or corrected;
- Request that we not use or disclose your health information;
- Request that we provide your health information to you in an alternative format in a confidential manner;
- An accounting or list of disclosures of your health information; and
- Receive our VA Notice of the Privacy Practices upon request.

A large print version of the Department of Veterans Affairs Notice of Privacy Practices is available upon request.

Request for Release of Medical Information

Please contact the PVAHCS Release of Information office to request information from your medical record. It is located in Room 104E on the first floor of Building 1 at the medical center, near the Emergency Room. If you need to get information from your medical records, please call the medical center at 602-277-5551 (toll-free 1-800-554-7174), then dial ext. 2619. For more information, view our Release of Information brochure. Medical record information is also available at all clinic kiosks and via the Blue Button feature in My HealtheVet.

Reasonable accommodations

Reasonable accommodations will be afforded in accordance with federal law, VA directives, and this hospital's policies. The ALVC staff is committed to providing reasonable accommodation for those with physical, sensory, and mental disabilities. Veterans are encouraged to speak with the ALVC staff regarding their individual needs and/or special dietary requirements.

Patient Safety

Your safety is important to us and we need your help to keep you safe. If you feel anything is unsafe, please let a staff person know right away. If there is an emergency, our trained staff will help you stay safe.

Smoking Policy: The VA medical center is a smoke-free environment. Smoking is allowed only in designated outdoor areas. Smoking anywhere indoors is prohibited by law. Persons found smoking indoors are subject to fines and reprimands. Outside the contracted HOPTEL vendor, smoking is prohibited by law within 25 feet of all external doorways.

Controlled Substances: Liquor, beer and non-prescribed drugs are prohibited in any medical center building and on the medical center grounds. The VA medical center and the ALVC strictly enforce this policy.

Weapons: The VA medical center policy states the use, or possession of firearms, weapons or ammunition is prohibited at this medical center. Veterans will be instructed by staff to surrender these items to the VA Police. The VA Police will return the property to the owner upon exiting the medical center.

Mental Health

Emergency Mental Health Services are offered 24 hours a day in the main hospital:

- The Customer Service Triage Assessment Team (CSTAT) is available for walk-in mental health crisis appointments Monday through Friday from 8 a.m. to 4 p.m. It is located in the Jade-Opal Clinic on the first floor in the main hospital.
- The Phoenix VA Health Care System Emergency Department provides urgent care from 4 p.m. to 8 a.m. weekdays and all day on weekends.

Veterans, family member or significant other in *Mental Health Crisis* who are unable to present in person for assessment are encouraged to call any of the following:

- 911
- National Crisis Hotline: 1-800-273-TALK (8255), press 1

Suicide Prevention

The Veterans Crisis Line connects Veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can call 1-800-273-8255 and Press 1, chat online, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a

week, 365 days a year. Support for deaf and hard of hearing individuals is available. •Contact the Phoenix VA's Suicide Prevention Program Coordinator at 602-277-5551, ext. 5582.

VA Help Line

- Please contact our VA Help Line if you need medical advice, have a question about your medication, or need to schedule a non-urgent appointment. Your location determines which number to use.
- Within Phoenix metro area: 602-222-6550
- Toll-free in Arizona: 1-888-214-7264
- If you are sick and wish to speak to a nurse, press 3.

My HealtheVet - Local Help / Authentication

View information about My HealtheVet account creation and In-Person Authentication at our facility. If you receive care at our facility and are having difficulty creating or registering a My HealtheVet account, one-on-one assistance is available in room 1109. Please contact My HealtheVet coordinator between 8 a.m. and 4 p.m., Monday through Friday (excluding federal holidays). Outside of regular hours, call 602-277-5551, ext. 3934 and leave a message giving your name and phone number and we will contact you the next business day.

Customer Satisfaction

Our treatment team strives to provide you with the highest quality of services. We are always interested in knowing how we are doing. Compliments or complaints about our care may be addressed to one of the following individuals:

- Communicate directly with ALVC staff and/or supervisor as part of your care and treatment planning.
- Complete a confidential satisfaction survey.
- Write a letter to VA management.
- Communicate directly with VA management.

Hospital Director
Phoenix VA Health Care System
650 East Indian School Road
Phoenix, AZ 85012
(602)277-5551

Patient Advocate at Phoenix VA Health Care System:
650 East Indian School Road
Phoenix, AZ 85012
(602) 277-5551 ext. 7394

Complaints / Grievance Process / Patient Advocate

If you have a problem or complaint, please seek help from Phoenix VA Blind Rehabilitation Services staff first. If you are not satisfied with the outcome, the next step is to talk to the VA medical center Patient Advocates who can be reached at 602-222-2774. Complaints will be investigated and responded to within 24 hours.

To contact Joint Commission regarding unresolved patient safety or Quality of care issues:

Phone (800) 994-6610 or e-mail:

www.jointcommission/GeneralPublic/Complaint

Acronyms

ADL- Activities of Daily Living

ALVC- Advanced Low Vision Clinic

ALVC OD- Advanced Low Vision Optometrist

BROS- Blind Rehabilitation Outpatient Specialist

BRS- Blind Rehabilitation Services

IADL- Instrumental Activities of Daily Living

LVT- Low Vision Therapist

O&M- Orientation and Mobility

PSA- Program Support Assistant

PVAHCS- Phoenix VA Health Care System

SMART- Specific, Measurable, Attainable, Relevant and Timely

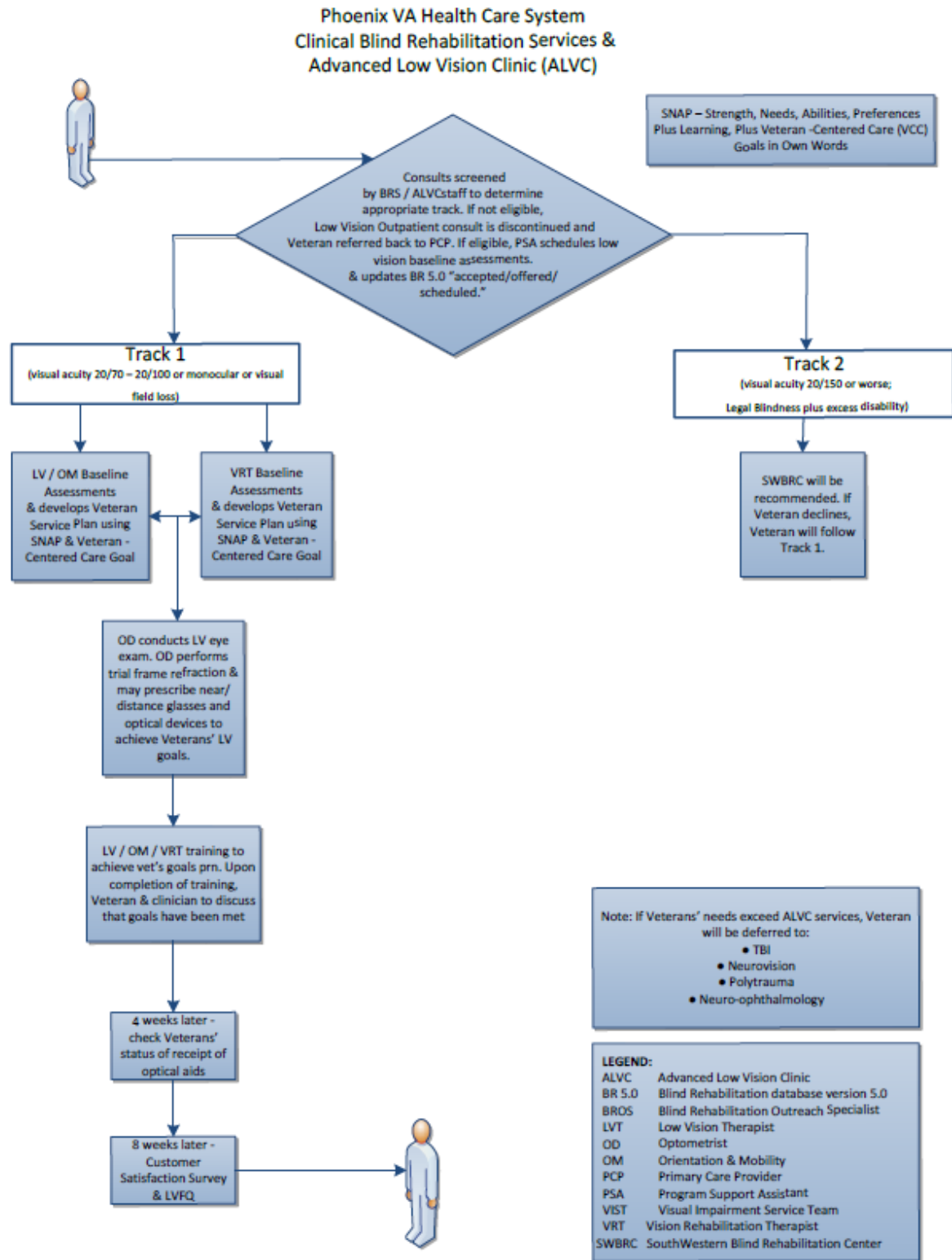
SWBRC- Southwestern Blind Rehabilitation Center

VIST- Visual Impairment Service Team

VRT- Vision Rehabilitation Therapist

APPENDIX

Flow Chart



Smart Goals Template

Today's Date: _____ Target Date: _____

Start Date: _____

Date achieved: _____

Staff: _____ Patient: _____

Goal: _____

Specific: What exactly is being accomplished?

Measurable: How is the goal measured?

Achievable: Is goal realistic? Are resources available?

Relevant: How is goal significant in life?

Timely: When will this goal be accomplished?

Interaction and Etiquette

Retrieved from <https://www.dhs.wisconsin.gov/blind/adjustment/dos-donts.htm>

When speaking with a person who is Blind:

DO identify yourself, especially when entering a room. Don't say, "Do you know who this is?"

DO speak directly to the individual. Do not speak through a companion. Unless they are hard of hearing, they can speak for themselves.

DO give specific directions like, "The desk is five feet to your right," as opposed to saying, "The desk is over there."

DO give a clear word picture when describing things to an individual with vision loss. Include details such as color, texture, shape and landmarks.

DO touch them on the arm or use their name when addressing them. This lets them know you are speaking to them, and not someone else in the room.

DON'T shout when you speak. They can't see but often have fine hearing.

DON'T be afraid to use words like "blind" or "see." Their eyes may not work, but it is still, "Nice to see you."

If you see a Blind person who seems to be in need of assistance:

DO introduce yourself and ask the person if he needs assistance.

DO provide assistance if it is requested.

DO respect the wishes of the person who is blind.

DON'T insist upon trying to help if your offer of assistance is declined.

If a Blind person asks you for directions:

DO use words such as "straight ahead," "turn left," "on your right."

DON'T point and say, "Go that way," or, "It's over there."

If you are asked to guide a Blind person:

DO allow the person you are guiding to hold your arm and follow as you walk.

DO move your guiding arm behind your back when approaching a narrow space so the person you are guiding can step behind you and follow single-file.

DO hesitate briefly at a curb or at the beginning of a flight of stairs.

DO tell the person you are guiding whether the steps go up or down.

DO allow the person you are guiding to find the handrail and locate the edge of the first step before proceeding.

DON'T grab the person you are guiding by the hand, arm, or shoulder and try to steer him.

DON'T grab the person's cane or the handle of a dog guide's harness.

DO refer to Sighted Guide Techniques for more information.

General guidelines:

DON'T pet, feed, or distract a guide dog. They are not pets; they are working companions on whom a Blind person depends.

DO treat Blind people as individuals. People with visual disabilities come in all shapes, sizes, and colors. They each have their own strengths and weaknesses, just like everyone else.

Useful Home Adaptations for The Blind and Visually Impaired

Useful Home Adaptations for The Blind & Visually Impaired

Decreased visual acuity does not have to lead to the loss of independence. Often simple changes in the home combined with the use of low vision aids and proper organization can allow the person with visual impairment to live as they had been used to living. The following information is presented to serve as a helpful guide and does not address all tasks or difficult situations. If your vision prevents you from performing a certain task, do not assume that it cannot be done. All of the home adaptations should be used in conjunction with the use of low vision glasses, low vision aids and training in the use of the low vision aids. A low vision eye examination performed by an eye doctor who specializes in vision rehabilitation will address all daily tasks that you are having difficulty performing. The doctor will then prescribe low vision aids or products that will help you perform the desired task. The doctor may also prescribe the services of an occupational therapist or vision rehabilitation specialist who can work with you in the home so that you become proficient using low vision aids and glasses and learn to perform all daily tasks. The goal of low vision rehabilitation is to help the client remain independent while performing their desired daily living tasks and hobbies.

There are four factors that should be considered when a decrease in vision poses a problem:

1. Increase task illumination. Use gooseneck lamps, illuminated magnifiers and flashlights. An elderly person requires nearly three times as much light as a 20-year-old. A person who is visually impaired may need even more lighting.
2. Decrease glare from lighting, windows and sun as glare can further reduce vision and cause fatigue.
3. Modify the size of the object with either large print versions of the product or with special low vision magnification products and glasses. An eye doctor who specializes in low vision rehabilitation will be able to prescribe the needed glasses or magnifiers that are necessary to perform a certain task. Eye glasses and magnifiers can be made up to 20X power. Electronic low vision aids can provide up to 60X power.
4. Enhance contrast between the object and its surroundings.

In the Kitchen:

- ❖ Attach lights to the underside of cabinets to increase task light in work area. Incandescent light is usually better than fluorescent light. Do not create glare.

- ❖ Gooseneck lamps can be used to see food that is being prepared or cooked. To avoid glare place lamp below eye level.
- ❖ Use special aids for the kitchen:
 - ❖ Large Print Kitchen timer.
 - ❖ Cutting board with a black side and a white side to enhance contrast while cutting.
 - ❖ Special measuring cups that enhance contrast or have large print markings.
 - ❖ Use a knife with adjustable slicing guide to make easy and safe cuts.
 - ❖ Use an audible liquid level guide when pouring liquids.
- ❖ Label grocery products as soon as they are brought home from the grocery store. Products can be labeled with large white address labels using black marker. Braille labels can be made or a personal code can be created using various numbers of rubber bands around the products.
- ❖ Organize shelves systematically and place products in alphabetical order.
- ❖ Organize kitchen drawers.
- ❖ Put pots, ice cube trays or containers that contain liquids on a rimmed cookie sheet to avoid spills when moving these pots or containers.
- ❖ To judge liquid levels, use pots or containers with a white interior to see dark colored liquids or pots and containers with a dark interior to see light colored liquids.
- ❖ Have a storage system for location of food in pantry or refrigerator.
- ❖ To identify the markings of the microwave, stove, refrigerator or thermostat:
 - ❖ Mark the dials with raised orange or clear stick-on dots.
 - ❖ Use additional lighting in the form of a lamp or flashlight.
 - ❖ Use a lighted hand magnifier or a stick on magnifier over these dials.
 - ❖ Learn to listen or feel for the "clicks" of various settings.
- ❖ Use an audible meat thermometer or use a thermometer with raised marks to test if meat is done. Time your cooking with a large print Kitchen timer.
- ❖ To avoid getting burned, get in the habit of shutting the burner off before removing food. Hold hand well above a burner to check if the burner is warm. Know the off position of the stove knobs.
- ❖ Do not wear loose clothes with long sleeves that could catch on fire.
- ❖ Turn pan handles inward from the stove or counter edge.
- ❖ Use Corel or plastic dishes if you are concerned about broken glass.
- ❖ Set a timer or turn on a light as a reminder that the stove or oven is on.
- ❖ Use oven mitts that cover the arm up to the elbow when removing food from the oven.

Eating

- ❖ Use dishes that have a dark side and a light side to provide contrast to your food.
- ❖ Set plates on a contrasting table cloth or placemat.
- ❖ Do not use heavily decorated plates as food becomes difficult to identify.
- ❖ Do not use clear glasses or dishes as they are invisible. Enhance contrast between the food and the dish or cup. For example, use a white cup when

pouring coffee. Place the white cup on a dark mat rather than on a white or light colored counter or table.

- ❖ Place a gooseneck lamp over your plate. Use portable lighting in restaurants. Increased overhead lighting may cause glare.
- ❖ Have a system for placing the food on the plate, for example, meat at 6:00 o'clock, potatoes at 9:00 o'clock and vegetables at 3:00 o'clock.
- ❖ Use plates that have a rim to avoid spilling food on the table.
- ❖ Use a pusher, such as a piece of bread, to place food on spoon or fork.
- ❖ Eat food inward from the edge of the plate to avoid pushing food on the table.

In the Living Room

- ❖ Area rugs can be used to define areas for people with poor vision. Be sure to tack down edges to avoid tripping.
- ❖ Replace square or rectangle coffee tables with round tables to eliminate hitting a sharp corner in the event of a fall.
- ❖ Drape tables with a cloth in a contrasting color to increase visibility.
- ❖ Use drapes, couches and chairs in bright or contrasting colors.
- ❖ Use additional lighting to increase over all illumination and goose neck lamps near your favorite chair.
- ❖ Open or close drapes, curtains and blinds to increase illumination in the room or decrease glare whenever needed.

Stairs and Steps

- ❖ Most falls occur on the top step so visual control of this step is necessary.
- ❖ The top and bottom steps should be well illuminated.
- ❖ Paint the top and bottom step in a contrasting color if possible or use contrasting tape that will not catch the shoe. If using tape, make the tape wider on the bottom and top steps.
- ❖ Use localized lighting on each step as is used in theaters.
- ❖ Make sure the handrail is visible and in a contrasting color from the wall. It should extend past the top and bottom steps for easy grasping.

In the Hallway

- ❖ Use track lighting to increase illumination in a long hallway.
- ❖ Install a runner in a contrasting color down the center of the hallway to serve as a visual guide. Be sure to tack down the edges to avoid tripping.
- ❖ Put a rail along the length of the hall to act as a guide.
- ❖ Use different wall textures in halls and adjacent rooms to provide a tactile cue. Wallpapers and paints come in many textures.
- ❖ Paint door frames in a contrasting color to the walls to provide greater visibility.

In the bedroom

- ❖ Wear good slippers with backs and wear slippers only when going to bed. Wear shoes at all other times. Put shoes or slippers away as soon as they are removed to avoid tripping.
- ❖ Do not walk around in socks.

- ❖ Put furniture along walls unless it is needed for support or balance.
- ❖ Remove the footboard of the bed or put a blanket over the corners as this can pose a hazard in the event of a fall.
- ❖ If you have a difficult time seeing after lights are turned on, replace all wall switches with dimmer switches.
- ❖ Keep a night light on all night. Place one in both the bedroom and bathroom and all hallways.
- ❖ Install lighting in closets but remember to avoid glare.
- ❖ Be organized; put everything in its own place. Put dividers in drawers to separate items.
- ❖ Learn to hang outfits that go together on the same hanger or place hangers together with rubber bands.
- ❖ Use sock sorters to keep matching socks together in the wash and in your drawers.
- ❖ Attach an organizer caddy to the side of the bed or use a tray or box on the nightstand to organize tissues, eyeglasses etc. This will also prevent their falling off the night table.

In the Bathroom

- ❖ The bathroom can be a dangerous place as there is a combination of slipperiness, hard floors and glare from reflective surfaces.
- ❖ Try not to spill liquids or soap.
- ❖ Use a contrasting colored bathroom floor rug with a non-skid backing.
- ❖ Use a bath mat with non-skid backing and a textured surface. Use in a contrasting color to the tub or shower so that the inside of the tub or shower is visible.
- ❖ Install grab bars, towel bars or a tub/shower seat in a contrasting color to provide safety and visibility of these objects.
- ❖ Put contrasting tape around the edge of the tub to provide increased visibility.
- ❖ Place a contrasting hand towel over the edge of the tub to provide increased visibility.
- ❖ Use a bar of soap in a contrasting color to the bathmat so that it is more visible when dropped.
- ❖ To see the water level in the tub or a sink, place a brightly colored object or sponge in the tub that will float as the water rises. Put a contrasting tape at desired water level.
- ❖ To avoid getting burned by water, learn the correct rotation of the faucets for the desired temperature. Always turn off hot water first and then cold water.
- ❖ Use towels in contrasting color to the bathroom walls and sink.
- ❖ Install a wall mounted liquid soap and shampoo dispenser or use soap on a rope.
- ❖ To find out your weight use a talking scale or a scale with a waist or eye level dial. Put bright adhesive tape at your desired weight. Use a scale with moveable weights as you can feel the clicks as the weights are moved and can feel when the moving arm is balance.
- ❖ Using the toilet:

- ❖ Replace the toilet seat with a seat in contrasting color to the floor and walls.
- ❖ Use toilet tissue in a contrasting color.
- ❖ Use a frame with an arm which fits over the toilet seat and can be easily grasped.
- ❖ Brushing Teeth:
 - ❖ Switch to a contrasting color tooth brush so that it will show up in the medicine cabinet or on the sink.
 - ❖ Squeeze the tooth past onto your palm, finger, teeth or tongue and then wipe it up with the toothbrush.
 - ❖ Buy special low vision tooth brushes with black bristles.
- ❖ Organize medicine cabinets and place medicines in alphabetical order.
- ❖ Toss out medication that is no longer used to avoid confusion.
- ❖ Identifying medicine:
 - ❖ Attach a white label with large black print to the bottle.
 - ❖ Place your pills on a contrasting mat so that they will be visible. White pills on a light colored counter top are difficult to see.
 - ❖ Use a hand magnifier to see the print. Magnifiers are made specifically for medicine bottles.
 - ❖ Use a recorder that is made for medicine bottles. Your pharmacist or doctor can record the medicine name and dosage. To identify the medicine in the bottle, simply push the button for the voice recording.
 - ❖ Use a medicine organizer. They are available in regular and large print versions.
 - ❖ To see or use syringes ask your doctor what will work best for you. Stand magnifiers, syringe magnifiers or strong low vision glasses (not drug store glasses) can help you see the markings on a syringe. Syringes are also available in pre-measured dosages or in syringes that make clicking sounds as you measure your insulin.
- ❖ Always close the door of the medicine cabinet to avoid hitting your head or switch to a medicine cabinet with sliding doors.
- ❖ Use a wall-mounted mirror with an extension arm or a magnifying mirror with or without illumination to help with grooming. Magnification mirrors are made up to 10X power.

Using electrical outlets

- ❖ Color the outlet plate a dark color so that the light colored outlet is more visible.
- ❖ Tack a short extension cord to the wall at a convenient height or use a surge protector in a convenient place making the outlet more accessible.

Lighting and adjusting to differing illumination levels

- ❖ If you have a difficult time seeing after lights are turned on, replace all wall switches with dimmer switches.
- ❖ If you have difficulty seeing when entering a room from outside, wear Sunglasses outdoors and remove as soon as you enter the room.

- ❖ Stay stationary while your eyes adjust to differing illumination levels.
- ❖ Keep a nightlight on at all times in all rooms.
- ❖ If a room is too dark, change curtains or blinds to let in more daylight. Paint the walls a light color.
- ❖ Put contrasting tape around a light switch or use a switch plate in contrasting color to increase visibility of the light switch.
- ❖ Increase the wattage of bulbs so that light is adequate. Do not create glare. Fluorescent bulbs that screw into regular lamp sockets provide more light than incandescent bulbs and may be helpful for overall room illumination. Keep in mind; this may not be the best light source for reading.
- ❖ Use task oriented incandescent lighting to supplement general room lighting. A gooseneck lamp with a 60 – 75 watt incandescent bulb placed one-foot from your reading material may be the best type of light for reading. Talk to your low vision eye doctor regarding the appropriate light for your tasks.
- ❖ During the day, light from a window may be good for reading.
- ❖ Use amber tints, such as Corning Glare Control lenses, to decrease glare in the home. These tints come in many colors and will not make the inside of the home too dark while controlling glare.
- ❖ If a work surface produces glare, change the surface to a matte or dull top. A table cloth may be helpful in controlling glare.

Avoid walking into doors

- ❖ Many visually impaired people walk while looking down and may walk into a door. Remove doors in rooms where privacy is not an issue.
- ❖ Use sliding or pocket doors.
- ❖ Use magnetic door stops to keep doors open.
- ❖ Close cabinet or closet drawers as soon as you are finished using them.

Floor Coverings

- ❖ Floor Coverings may be a cause of accidents.
- ❖ Rug corners or edges should be tacked down to avoid tripping.
- ❖ Worn and torn carpet or linoleum should be replaced.
- ❖ Plain floor covering rather than patterned floor covering is helpful.
- ❖ Thresholds should not be more than ¼ inch high and should be in a contrasting color.

Using the phone

- ❖ Use a large print phone in either black with white letters or white with black letters. Several varieties are available. These phones are also available for the visually impaired person who is also hearing impaired.
- ❖ Use a phone with buttons preset with most often dialed numbers.
- ❖ Use a phone or cell phone with voice activated dialing so that manual dialing is not necessary.
- ❖ Use free directory assistance that is available from most telephone companies. This is available to physically and visually impaired persons and a form must be signed by your doctor.

Washing Clothes

- ❖ Use a flashlight or illuminated hand magnifier to see the dials on the washing machine or dryer.
- ❖ Use stick-on bumps to mark the settings of the washer and dryer. The bumps provide both tactile and visual cues.
- ❖ Mark the dials with bright nail polish or black Sharpie felt marker.

Watching television

- ❖ Sit closer to the television. Even sitting one-foot in front of the television screen will not harm your eyes.
- ❖ Place your television directly to the side of your easy chair or buy a larger television if the television must be at a further distance from your chair. Keep in mind; a smaller television with greater resolution placed next to your chair may be more visible than a larger television with poorer resolution placed further away. A digital television has the most contrast and resolution and may be easier to see.
- ❖ Make sure room lighting or window lighting does not interfere with the images on the screen.
- ❖ Use spectacle-mounted telescopes to increase magnification of the television picture.
- ❖ Use a large print television remote control or mark your remote control for greater visibility.
- ❖ Use Descriptive Video Services, a service that narrates some movies and television programs.

Writing

- ❖ Write with a black felt marker or black gel pen.
- ❖ Use special heavy lined paper made specifically for people with visual impairment.
- ❖ Use large print checks with tactile lines that are available at all banks.
- ❖ Place light colored paper on a dark surface to define the edges of the paper.
- ❖ Use writing templates for envelopes, regular checks and writing paper.

Using the Computer

- ❖ Use a large print, high contrast keyboard.
- ❖ Use a clear font, such as Ariel or Tahoma, when writing. Make this the default font on your computer.
- ❖ Increase the size of your monitor.
- ❖ Set your incoming email to a font size that is visible to you.
- ❖ Use a keyboard or mouse with a built-in magnifier.
- ❖ Use the magnifier in the Accessories/Accessibility program in your computer.
- ❖ Use computer enlargement software. The enlargement software is available with and without speech capabilities.
- ❖ Use voice recognition software programs that will allow you to dictate letters to your computer.

- ❖ Get computer training from a person who knows how to use these computer programs.

In the home workshop

- ❖ Use good overall lighting.
- ❖ Use a swing-arm or goose neck lamp that can be moved over instruments and tools when they are being used.
- ❖ Organize tools and mark with large numbers or raised stick-on dots.
- ❖ Put contrasting tape on handles of tools to make them more visible.
- ❖ Use large print tape measures.
- ❖ Make measured marks with heavy black lines from a felt pen.
- ❖ Use magnifiers on a gooseneck stand to provide magnification.
- ❖ Use safety goggles.

Locating your apartment and mailbox

- ❖ If there are no clearly visible or tactile marks to identify the specific floor when you get off of the elevator, ask the building manager to provide a source of identification.
- ❖ Place a rubber band around your door knob to serve as identification to your apartment.
- ❖ Place a decal or other stick-on tactile cue on your apartment door.
- ❖ Place a decal or other stick-on tactile cue on your mailbox.
- ❖ Count how far your mail box is from the first or last mailbox.

Reading printed material away from home

- ❖ Carry a small illuminated hand magnifier. If you cannot read with your magnifier, ask your low vision eye doctor for the appropriate power. Strong magnifiers can only be found at a low vision resource center.
- ❖ Ask that your church make a large print version of the weekly bulletin. This bulletin is printed from a computer and is easily enlarged.
- ❖ If you live in an assistive living facility or senior residence ask that they offer large print versions of menus and activity schedules.

- ❖ Arizona Resource Directory For Persons Who Have Vision Loss, Are Deaf, Hard Of Hearing, or Who Have Combined Vision And Hearing Loss (Cvhl/Deaf-Blind)

<https://eyeknow.az.gov/>

❖ **EBENEFITS**

Retrieved from:

<https://www.benefits.va.gov/benefits/infographics/pdfs/eBenefits.pdf> (April 2019)

(www.ebenefits.va.gov) is an online tool giving servicemembers, Veterans, and their families instant access to DOD and VA benefits information. With Ebenefits you can:

- Apply For VA Benefits Online
- Check Post-9/11 Gi Bill Enrollment Status
- Generate A VA Home Loan Certificate Of Eligibility
- Check The Status Of Compensation And Pension Claims
- Transfer Education Benefits To A Dependent
- Update Direct Deposit And Contact Information
- View VA Payment History
- Check Health Benefits Eligibility And View Tricare Information
- Obtain Military Personnel Records (DD Form 214)

For a complete list of online tools available, visit www.ebenefits.va.gov today. Contact Veterans Benefits Administration at 1-800-827-1000 for all related benefit questions.

❖ **VETERANS RESOURCE CENTER**

The Veteran Resource Center (VRC) is an administrative one-stop shop that provides resources to Veterans and assistance with many administrative needs. Hours of operation are: 7 a.m.-5 p.m. They are located on the 1st floor of Main Hospital directly across from Starbucks.

