



# How to make an eye unit child friendly



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Children are not simply small adults – they have very different needs! Children are more easily frightened than adults, they get restless and irritable more quickly than adults, and they have a need to play and explore their environment.

Parents and carers also need support in the eye care environment. Mothers of young babies need to have space and privacy for breastfeeding, for example. Parents also need to know what is happening to their child and what is required of them.

Meeting the needs of children and their parents in an eye unit, whether at primary, district, or tertiary level, has a significant impact on the eye team’s ability to provide good quality eye care.

At the most basic level, a friendly atmosphere and thoughtful treatment of children and parents will:

- Reduce fear of hospitals and doctors among both children and parents, which encourages parents to bring their children back for necessary and important referral or follow-up visits.
- Reduce children’s distress, which will allow doctors to examine them better.

The authors have been involved in setting up sophisticated child eye units in India and Bangladesh. These eye units are designed to meet the specific needs of children but are very expensive, costing between US \$15,000 and US \$20,000 each. In this article, the authors hope to share the key principles of making an eye unit child friendly. Even on a very small budget, there is much that can be done to improve the eye care experiences of children.

## Space to play

Children should be able to spend waiting time doing enjoyable things such as playing with toys, looking at pictures, or reading stories (some of which may include a health education component). Children who enjoy their visit will be more willing to come back for follow-up!

You can produce your own simple toys, such as dolls made from cloth (beware of buttons as they can be a choking hazard), or wooden blocks painted with non-toxic paints. Ask for donations of books and toys from local well-wishers, the community, or places of worship. Provide a play area that is safe from sharp corners and has soft, comfortable flooring where children can sit down and play (Figure 1). This needn’t be expensive – even a blanket will be better than a hard, cold floor!

Encourage local artists to draw colourful pictures, cartoons, or slogans on the walls. All images and text should be appropriate for children and sensitive to the local culture, perhaps using popular fictional or real-world figures. Figure 2 shows an example from Africa and Figure 3 one from India.



Figure 2. Drawings of animals and objects, Tanzania.



Figure 3. Popular cartoon figures in a child eye unit in Assam, India

## Shorter waiting times

A child-friendly eye clinic should be sensitive to the need for timely care. Long waiting times may contribute to children’s boredom and/or distress.

Ideally, services for children should all be provided in one place. For example, registration of children can be in the children’s unit rather than in the main registration area. Medical records can also be kept in the children’s unit and children’s spectacles could be available on site.

In a general eye unit, make time to see children first! Provide a separate queuing area for mothers and children and ensure that people know that children will be seen first – this may encourage parents to bring their children.

It is helpful to test children’s visual acuity (VA) in a separate area, away from adults, as it is less distracting for them. Testing VA in children is also more time-consuming. If possible, one member of the team should be trained in testing VA in children and assigned to do this.

## Child-friendly facilities

Ideally, the eye unit should be safe, clean, spacious, colourful, attractive and enjoyable, with child-sized furniture and bathrooms.

To achieve this on a small budget:

- Paint different-sized crates or wooden boxes in bright, contrasting colours (using lead-free paint) or cover them in strong fabric to create child-sized tables and seats. Ensure that all sharp edges and nails are removed first!



Figure 1. Provide a play area that is safe and comfortable



## CPD: Test yourself

- Provide a small step or sturdy box (approximately 15–20 cm high) to help children use an adult toilet and wash basin. The box can also help children 'reach' the slit lamp. Remind parents that these should be used under the supervision of an adult.

### Parent-friendly facilities

Depending on the cultural context, there could be a separate, quiet room with comfortable seating for breastfeeding mothers. A low-cost alternative is to hang a curtain across a corner or section of the waiting room to create a private space.

Parents will also appreciate a sturdy table or enough floor space for changing nappies – this can be in the bathroom nearest the waiting area. Provide a basin for hand washing.

### Equipment and technology

The outpatient department and the operating theatre should be fully equipped so that children can be adequately examined and assessed, and undergo high-quality surgery.

The IAPB Standard List, 2009 edition, has separate sections for the equipment and consumables needed in a child eye care centre (see Useful Resources on page 11).

The examination room(s) should have a table or patient chair that can be raised and lowered as required and can also be used for supine examination of infants.

Consumables appropriate for children should be available, such as paediatric spectacle frames and small-diameter, high-power intraocular lenses. Many of these can be purchased through the ICEE Global Resource Centre in Durban, South Africa (see Useful Resources on page 11).

### Child- and parent-friendly staff

Identify, support, and reward staff who are good at dealing with children. Train all staff to be welcoming, caring, and supportive of children and their parents.

Encourage all staff to wear casual clothes instead of uniforms – preferably no hats or caps!

Encourage all staff to communicate with children and their parents. Children will respond if you are friendly, even if they can't understand what you say. If you are friendly with the parents, this will help to win the child's trust.

Most parents will need your help to understand what they have to do, whether it is to instil eye drops regularly, to take their child to a referral centre, or to bring the child back for follow-up.

It may be helpful to have written information available which explains the more common eye conditions of childhood. However, some parents may struggle to read for various reasons – it is never a good idea to rely on such materials alone. You still need to talk to the parents or carers yourself; the materials are merely there to support you and reinforce your message.

Continuing professional development (CPD) describes courses and activities which help professionals such as health care workers to broaden their knowledge and improve their skills so that they can provide a better service to their patients.

From this issue onwards, the *Community Eye Health Journal* will support **your** continued professional development by providing questions about the topics covered in each issue. We hope that you will use these questions to test your knowledge and understanding, and that you will also discuss them with your colleagues and other members of the eye care team. Sharing what we know with others can be a useful and enjoyable way to support each other's learning!

These questions have been developed by the International Council of Ophthalmology and are based on the style of the ICO Advanced Examination. For more information, visit [www.icoexams.org/exams/advanced](http://www.icoexams.org/exams/advanced)

<b>1. A mother brings her child, aged nine months, to you, an eye health worker, because she is concerned about her child's ability to see properly. Which of the following statements are true and which are false?</b>		<b>True</b>	<b>False</b>
a	The red reflex test can detect even small problems with the retina.	<input type="checkbox"/>	<input type="checkbox"/>
b	Parents often tell you things about their child's vision that are helpful for diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
c	An infant with strabismus ('squint' or 'cross-eyes') does not need referral.	<input type="checkbox"/>	<input type="checkbox"/>
d	If there is no treatment for a blinding condition, nothing can be done to help an infant.	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Think about making an eye department child friendly. Which of the following statements are true and which are false?</b>		<b>True</b>	<b>False</b>
a	Electronic toys are better for children than simple ones.	<input type="checkbox"/>	<input type="checkbox"/>
b	The more formal you are, the more a child will respect you.	<input type="checkbox"/>	<input type="checkbox"/>
c	Children prefer casually dressed staff to those in uniform.	<input type="checkbox"/>	<input type="checkbox"/>
d	It is always expensive to make an eye department child-friendly.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Think about the management of a young child in hospital. Which of the following statements are true and which are false?</b>		<b>True</b>	<b>False</b>
a	Young children do not mind about cleanliness so it should not be a priority on a ward.	<input type="checkbox"/>	<input type="checkbox"/>
b	Young children need to be involved in the consent process before a procedure.	<input type="checkbox"/>	<input type="checkbox"/>
c	If a child refuses to wear a hospital gown for surgery, the operation should be cancelled.	<input type="checkbox"/>	<input type="checkbox"/>
d	The parents need to know all the risks of surgery, including the possibility of death.	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Think about the use of eye drops in children and how to instil them. Which of the following statements are true and which are false?</b>		<b>True</b>	<b>False</b>
a	It is good practice for children to share bottles of antibiotic eye drops.	<input type="checkbox"/>	<input type="checkbox"/>
b	The bottle label should be checked after putting the drop in the eye.	<input type="checkbox"/>	<input type="checkbox"/>
c	Eye ointment has a longer lasting effect than eye drops.	<input type="checkbox"/>	<input type="checkbox"/>
d	If an eye drop stings, tell the child before putting the drop in.	<input type="checkbox"/>	<input type="checkbox"/>

### ANSWERS

1. a. False. Refer a child if you are unsure. b. True. c. False. d. True.  
 2. a. False. b. False. You may frighten the child – it is better to be friendly. c. True. d. False.  
 3. a. False. A clean ward is a safe ward! b. True. c. False. You can cover the child with a sterile sheet to keep the operating area sterile. d. True.  
 4. a. False. This can spread infection to other children. b. False. Check the label before putting in eye drops. c. True. d. True.