

South East Ontario Vision Rehabilitation Service (SOVRS) Overview

What is SOVRS?

The South East Ontario Vision Rehabilitation Service (SOVRS) is a person-centred, integrated system of care for individuals with vision loss. SOVRS is a collaboration between the Vision Rehabilitation Clinic at Kingston Health Sciences Centre (KHSC) and Vision Loss Rehabilitation Ontario (VLRO), a division of the Canadian National Institute for the Blind. SOVRS is supported by the South East Local Health Integration Network (LHIN).

How is SOVRS changing vision rehabilitation?

Interprofessional Team and Coordinated Service Provision

SOVRS brings together an interprofessional team from KHSC and VLRO, and includes an Assistive Technology Specialist, Early Intervention Specialist, Independent Living Specialists, Low Vision Ophthalmologist, Low Vision Specialists, Occupational Therapist, Ophthalmic Technicians, and Orientation & Mobility Specialists.

Centralized Intake

All referrals will be directed to a centralized intake where additional information will be collected and the individuals will be triaged based on identified risks and acuteness of vision loss.

Comprehensive Vision Assessments and Individualized Rehabilitation Plans

All individuals referred to SOVRS will participate in a comprehensive vision assessment and an intake interview to determine their specific needs. The low vision assessment will be completed in the Kingston or Belleville clinics or in their own community, and will include measurement of distance and near visual acuity; reading acuity; contrast sensitivity; lighting preferences; and when required, microperimetry to map the central visual field and a refraction. Results provide both the team and the individual insight into remaining vision and visual function. Based on this assessment and the individual's goals identified during intake, an individualized rehabilitation plan will be created. The plan could be as simple as introduction to basic visual aids and referral to a vision loss support group, or as comprehensive as participation in a full rehabilitation program including further specialized assessment, specific core skills training, and use of adaptive technologies.

System Navigation

Existing vision assessment and rehabilitation services will be integrated into a singular entity coordinated by a systems navigator, serving as a key point of contact. Many individuals with vision loss are also unaware of relevant programs and services and how they can access these. SOVRS intends to assist individuals in accessing additional healthcare and community services through information sharing and referrals.

Rehabilitation

SOVRS' focus is to enable individuals to develop or restore daily living skills, helping enhance independence, safety, and mobility. Certified vision rehabilitation specialists will provide one-on-one instruction, training, and support to help individuals:

- Understand and adjust to their vision loss and use techniques to make use of their remaining vision,
- Employ new adaptive techniques for everyday activities at home and in the community (e.g., identifying money, meal preparation, navigating safely in the community, completing hobbies), and
- Use (and access any available funding for) various visual aids and technologies (e.g., magnifiers, accessible audio book players, video magnifiers; computers, tablets, and mobile devices, etc.).

Partnerships and Collaboration

Vision rehabilitation services will be provided by the core interprofessional team at KHSC and VLRO. However, individuals' needs are best met by coordination and integration of services across the healthcare continuum.

Contact us to discuss opportunities for satellite assessment sites, consultation, and resource development.

South East Ontario Vision Rehabilitation Service (SOVRS)

The Problem

Target Population

- Increased risk of falls, hip fractures, depression
- Early admission to long-term care facilities
- Multiple comorbidities
- Geographically isolated

Existing Services

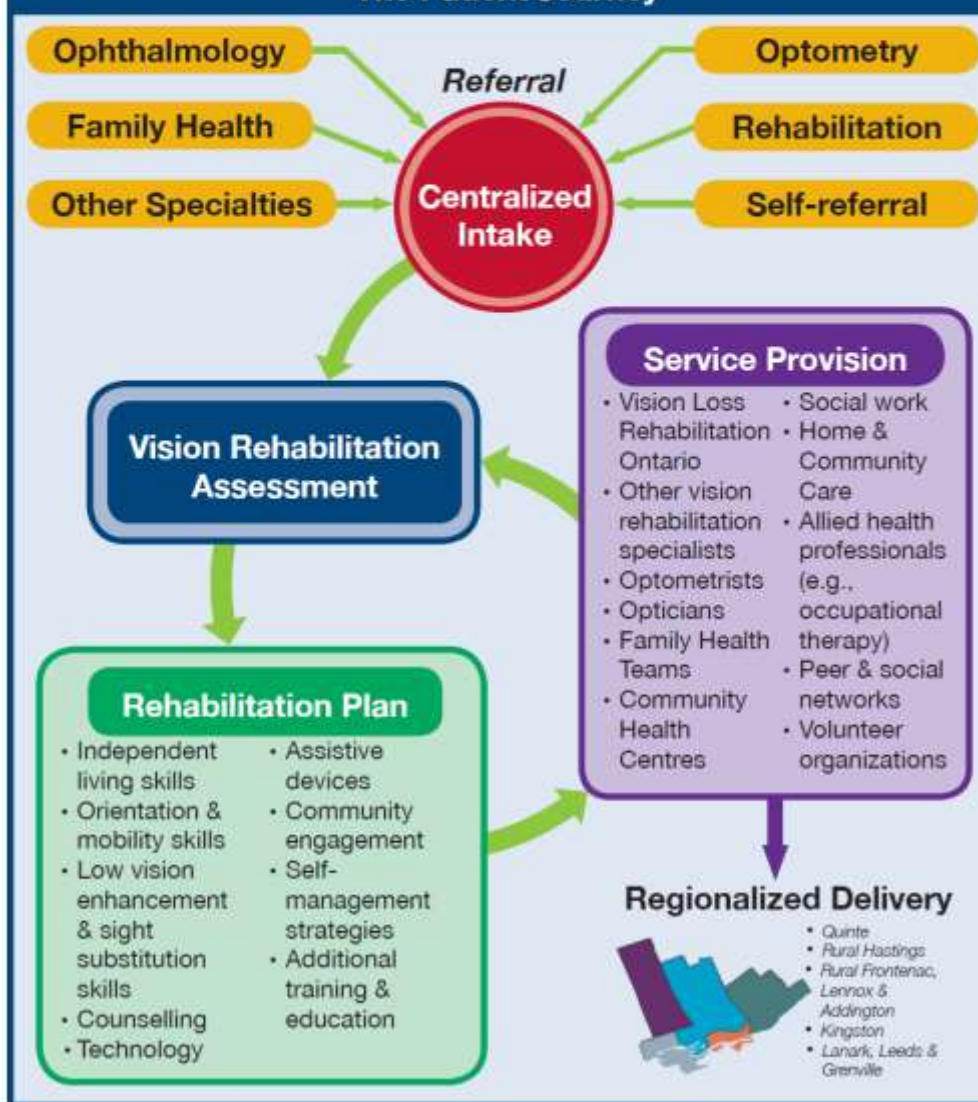
- Limited awareness of resources
- Inadequate access to care
- Sub-optimal wait times
- Siloism of services
- Convolved patient journey

The Solution: SOVRS



Right care. Right time. Right place

The Patient Journey



Research

- Validation of service delivery model:
 - Access
 - Wait times
 - Effectiveness
 - Budget impact analysis
- Assessment and validation of low vision tools, technologies, and therapies

Mission

Create a service that provides effective and coordinated vision rehabilitation care to anyone with vision loss in South East Ontario



A SOVRS patient attends a workshop about built-in accessibility features and low vision apps on the iPad to aid in reading.

South East Ontario Vision Rehabilitation Service



Referral Form

Please fax to
(1)-613-542-8639

Patient Information or Label

Name: _____

Street Address: _____

Health Card #: _____

DOB: _____

City: _____

Phone: _____

Postal Code: _____

☐ Alternative contact (name, relationship, phone #): _____

☐ Patient or substitute decision maker consents to release of vision information to SOVRS

Diagnosis **OD:** ☐ AMD ☐ Diabetes ☐ Glaucoma ☐ Other: _____

OS: ☐ AMD ☐ Diabetes ☐ Glaucoma ☐ Other: _____

Best Corrected Visual Acuity: OD: 6/ OS: 6/ OU: 6/

Visual Field: ☐ Normal ☐ Abnormal; field loss type: _____ Field loss (degrees): _____

*** please attach visual field reports if available ***

Additional comments (or attach additional documentation):

Date of last eye exam: _____

Reason for referral:

Referral Source: ☐ Ophth. ☐ OD ☐ Other healthcare professional: _____

Name: _____ License to practice # (as applicable): _____

Contact (e.g., phone #, clinic address, email): _____

Signature: _____

Family MD / NP (if not referral source): _____ Phone #: _____

Eye doctor name (if not referral source): _____ Phone #: _____

Eye doctor's signature (if available): _____

When to refer to SOVRS?

We provide service to individuals with eye or neurological conditions that impact visual acuity, visual fields, or other areas of visual functioning (e.g., decreased contrast sensitivity).

Vision loss results in a loss of independence or function in an individual's daily life, school or work and/or an increased injury risk.



Discuss referral with the patient

Provide your patient with a brief overview of the service to ensure they consent to the referral.

Let your patients know there are ways to improve their function and independence with the support of rehabilitation professionals.



Complete the referral form and fax to 1-613-542-8639

The referral should include the reason for referral, eye reports, consultations, or additional information that may facilitate the triaging process.



SOVRS Central Intake and Assessment

We will contact clients and schedule an appointment.

Clients will be seen at one of three locations: KHSC & VLRO in Kingston or at a clinic near their home community.



Consultation Report Provided

We will send you a Consultation Report with diagnostic test results and recommendations based on the assessment and the client's concerns and goals.

Customized Programing for Your Team

Regional Assessments

We will be creating satellite clinics across the LHIN. If you have the available space within one of your sites, one of our team members can travel to you to complete assessments for individuals on your roster or in the geographical region you serve.

Joint Visits and Consultations

Some individuals with vision loss have more complex needs and require collaboration and coordination of training, therapy, or other interventions. We are open to different levels of involvement, including, but not limited to:

- Consultation with the healthcare provider,
- Participation in a team meeting, or
- Joint assessment or intervention including a member of your team and a SOVRS team member.

Depending on scheduling, events (e.g., local assessment), and the location of our team members, consultation and joint visits may be in person or remotely, via the Ontario Telemedicine Network (OTN) or telephone.

While there may be many different reasons for collaboration, some examples may include the following:

- Individuals with reduced mobility who require both mobility aids (i.e., walkers, wheelchairs), as well as vision rehabilitation for orientation and mobility,
- Individuals who require a kitchen assessment or skills training on food preparation who have both vision loss and cognitive impacts, and
- Individuals who have anxiety and have withdrawn from activity, but benefit from support and structured risk taking in vision rehabilitation skills while being supported for their mental health needs.

Groups and Program Development

Depending on the structure of your team and the focus of your programming, we are available to support the development or enhancement of group programming in order to meet the needs of your population. This may include development of specialized groups focused on vision loss and vision rehabilitation (e.g., self-management, driving cessation, etc.), enhancement or integration of vision loss and vision rehabilitation information into broader topics for groups (e.g., falls prevention), or provision of consultation on how to make a general group more accessible for those with vision loss (e.g., approach to resource development, teaching methods, etc.).

Other Innovations in Care!

Whether consultation, capacity building, creative design of student internships, or other innovations, we are excited to hear your ideas for how we can best work with you in supporting your population.

Appendix

Please see attached the following resources for your team:

- **Your Referral to the South East Ontario Vision Rehabilitation Service:** A handout for your team to provide to individuals (or their families) when making a referral. This document details what they can expect from the referral. Please contact us for an electronic copy, which will allow you the flexibility of printing based on the individual's preference (e.g., font size, style, spacing, etc.). Otherwise, please ensure that the individual has a way of reviewing the information provided (e.g., through a sighted family member).
- **When can I refer to SOVRS? – Decision Making Algorithm:** A reference document for your team to help you decide when to refer an individual to SOVRS.
- **SOVRS Rehabilitation Journey:** A reference document for your team that broadly outlines an individual's journey through SOVRS.
- **SOVRS' Network of Providers:** A reference document for your team that outlines the professionals and specialists on the SOVRS team and the extended network of healthcare professionals and formal supports that work with individuals with vision loss.
- **Tips for Working with Individuals with Vision Loss:** A reference document for your team that provides strategies and tips for increasing the accessibility of handouts and in-person visits for individuals with vision loss.

Your Referral to the South East Ontario Vision Rehabilitation Service

Your doctor or healthcare provider is referring you to the South East Ontario Vision Rehabilitation Service (SOVRS).

Vision Loss and Vision Rehabilitation

Low vision is vision loss that significantly impacts a person's everyday activities and that cannot be corrected or restored by medicine, surgery, or standard eyeglasses. Your primary ophthalmologist is the doctor who explores any treatment options that restore vision or prevent further vision loss. However, some vision loss can't be restored. That's where vision rehabilitation comes in! There are many different adaptive aids, techniques, and services that allow people with vision loss to do many of the activities that are important to them.

What is SOVRS?

SOVRS is a team of vision rehabilitation professionals working together to meet the needs of individuals with vision loss. Vision loss affects everyone differently. It may impact how well you see or how much you see or how you use what vision you have. We will work with you to find out what is most important to you. From there, we will determine what techniques, equipment, or services can help you increase your independence, improve your safety, and meet your goals.

What Services does SOVRS provide?

SOVRS provides a number of different types of services. This includes assessments completed in clinic and training delivered in the rehabilitation clinic or in your home and the community. Together these services focus on:

- **Assessing and understanding your vision loss:** We complete in depth testing of your vision as part of a formal low vision assessment. This helps us provide you with more information on your vision loss and how to best use your remaining vision.
- **Developing a personalized plan:** Every individual is unique, with different interests, needs, and preferences. We work with you to create a plan focused on activities and goals that are important to you, whether it's managing at home, getting around safely in the community, or completing activities for work, school, or volunteering.
- **Learning new ways of doing important activities:** Learning new skills and using new equipment takes time and practice. We provide education and training to help you learn new strategies and different ways of doing the activities you care about.
- **Modifying your environment:** Many people with vision loss start noticing they are missing certain details in their homes and the community. Adjusting lighting, improving contrast, and changing the environment in other ways can help you see more of these details.

- **Trying out new devices to support reading and other daily activities:** In addition to adaptive strategies, we can introduce you to low-tech and high-tech devices and technologies. We can also help you connect with available funding or further training to learn how to use these devices.
- **Connecting with services closer to home:** We will help you navigate the system and understand what resources and services are available to you in the community, as close to home as possible.
- **Communicating with your healthcare team:** We can provide updates to any doctors, healthcare professionals, or services that are supporting you. This helps to keep everyone up to date and in the loop.

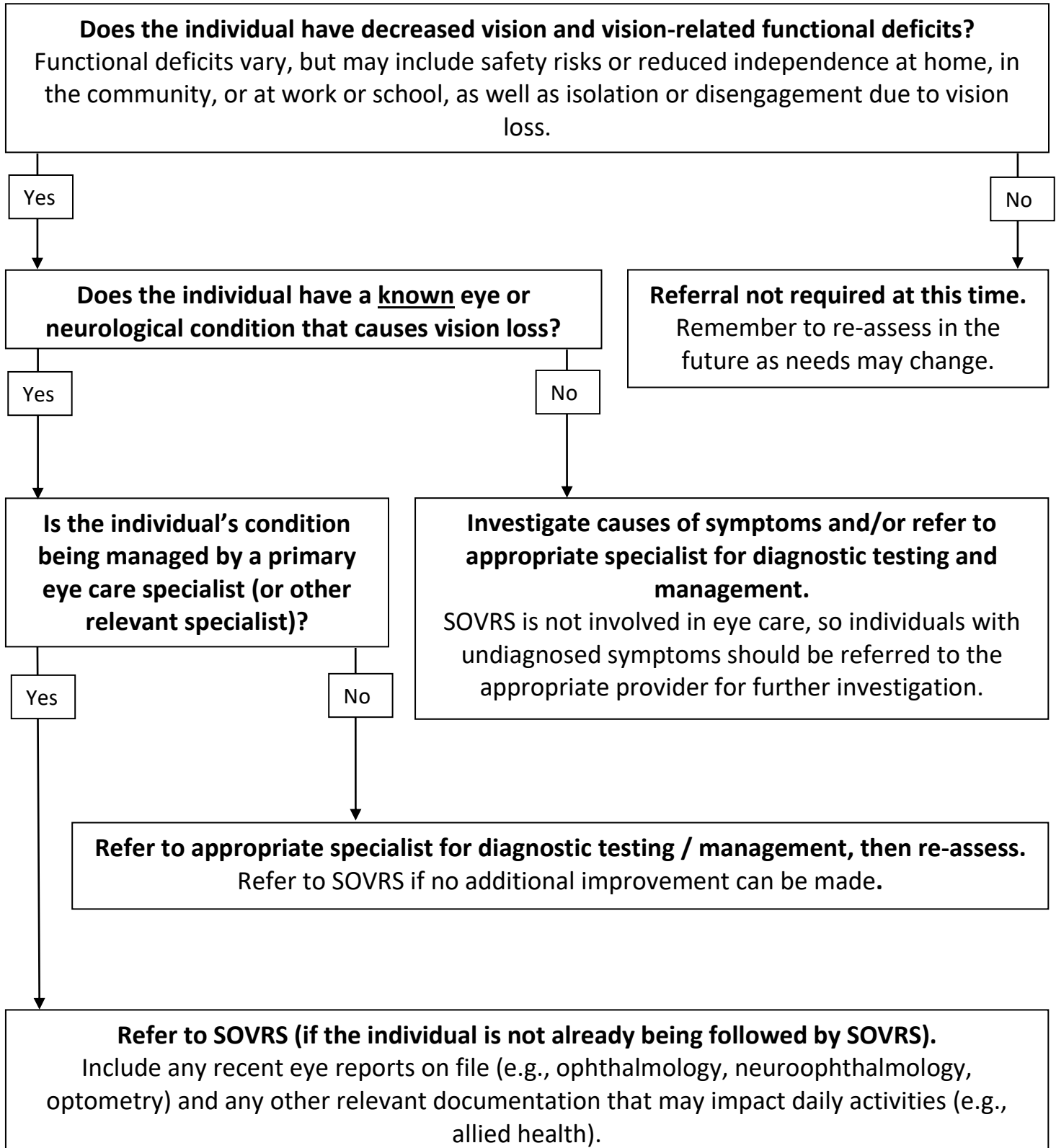
What to Expect

1. **First phone call.** After we receive the referral, we will contact you by phone. We will ask some questions to identify any safety concerns. If you do not hear from us, please check with your healthcare provider that the referral form was sent or give us a call at (1)-613-542-4975, extension 5081. Please also let us know if there are any accommodations for us to consider (e.g., hearing loss).
2. **Identifying your goals and creating a plan.** We will complete an initial interview to ask you about your vision and day to day activities. This will give us basic information about how your vision impacts your daily activities. We will also ask questions to understand what is important to you. Together, we will create a personalized plan for what services and possible solutions are right for you.
3. **Measuring your vision loss.** Everyone's vision is unique – even for two people who have the same condition. Because of this, most people start off with a detailed low vision assessment, which includes tests beyond what your regular eye doctor completes. This appointment typically lasts 1.5 hours – please let us know if you have any special considerations regarding timing (e.g., fatigue, time of day). We request that you bring your glasses, a list of your medications, any devices you use for reading, and a few items you are having difficulty reading or seeing (e.g., local newspaper, application forms, crosswords, bills, pill bottles, knitting work or patterns, small repair items, etc.). We will talk to you about your vision loss and how you can best use your remaining vision. Together, we will review your plan and what strategies and services are right for you.
4. **Services and follow-up.** As decided upon together, we will connect you with different vision rehabilitation professionals and/or services in the community that can review strategies, provide training, and help you meet your goals. We will also arrange follow-up visits to check your vision and adjust the plan to continue to meet your needs.

When can I refer to SOVRS?

Decision Making Algorithm

Please use the algorithm below to help guide your decision to refer.



SOVRS Rehabilitation Journey

Referral

- Referral source faxes the referral form to the SELHIN Centralized Intake at (1)-613-542-8639

Intake and Triage

- **Referral will be triaged** based on urgency (e.g., acute vision loss, risk of job loss, safety risks)
- **Intake interview** will be completed by the System Navigator to identify the impact of vision loss on daily activities and individual's goals
- **Preliminary rehabilitation plan** will be created by the System Navigator in collaboration with the individual (and in some cases, their family, caregivers, and other relevant supports)
- **Low vision assessment will be booked** for the individual at either the KHSC Vision Rehabilitation Clinic, a Vision Loss Rehabilitation Ontario location, or a community partner location (e.g., your site)
- **Confirmation will be provided to the individual** (i.e., appointment time, location, what to bring, who to contact with additional questions, etc.)

Assessment

- **Screening tools** will be used to evaluate visual function, health-related quality of life, and risk of depression
- **Functional vision assessment** (e.g., measurement of visual acuity, contrast sensitivity, reading acuity; lighting assessment; detailed assessment of central visual field, and refraction only available onsite at the KHSC Vision Rehabilitation Clinic)
- **History and interview** will be completed by a low vision ophthalmologist, certified low vision specialist, or occupational therapist on the team
- **Safety risks and person-centred goals** will be revisited

Rehabilitation Plan

- **Safety risks and person-centered goals** will be re-visited and integrated into the rehabilitation plan
- **Potential solutions will be explored** based on the individual's needs, preferences, and functioning in relation to their goals and identified safety risks. This may include any or all of the following:
 - Discussion of strategies, techniques, or resources
 - Trials of different devices and technologies
 - Referral for additional vision rehabilitation skills training and support adjusting to vision loss
 - Referral to other healthcare or community services
- **Rehabilitation plan will be created in collaboration with the individual**

Service Delivery and Next Steps

- **Referrals and further service provision** will be organized as indicated. Service will be delivered to individuals locally (e.g., in home, within their community), remotely, or at local clinic and community sites, depending on the nature of the service
- **Communication and collaboration** with external providers will be completed as indicated. A summary report will be copied to the referral source and other relevant service providers identified by the individual.
- **Follow-up assessments** will be booked at approximately 6 to 12 months, depending on need.

SOVRS' Network of Providers

Your Core Vision Rehabilitation Team

Assistive Technology Specialists assess and determines the configuration of hardware and software that best matches an individual's functional vision, lifestyle, environment, and access needs. Assistive Technology Specialists also inform individuals of available funding and resources, and authorize and/or support applications to relevant funding (e.g. Ontario's Assistive Devices Program).

Certified Low Vision Therapists (CLVT; also known as Low Vision Specialists [LVS]) use functional vision evaluation instruments to assess visual acuity, visual fields, contrast sensitivity function, other components of functional vision as required (e.g., color vision, stereopsis, visual-perceptual and visual-motor function), and reading and writing skills as they relate to vision impairment and disability. CLVTs educate individuals about their eye condition and vision health, which enhances motivation for change. CLVTs consider physical, psychosocial, and environmental factors to help engage individuals in skills training and ultimately, more positive outcomes. The overall goal is to promote optimal use of the individual's functional vision, to determine the optical vision aids and techniques that best match the individual's identified goals and sight enhancement needs. CLVTs also provide assistance with accessing any available funding for required devices.

Certified Orientation and Mobility Specialists (COMS or O&M) provide instruction to help develop or relearn the skills and concepts to travel safely and independently within the home and in the community. O&M Specialists provide services across the life span, teaching infants and children in pre-school and school programs, as well as adults in a variety of community-based and rehabilitation settings.

Certified Vision Rehabilitation Therapists (CVRTs; also known as Independent Living Skills Specialists [ILS]), provide instruction in the essentials skills for daily living and support in adjustment to vision loss, with an emphasis on maintaining independence and autonomy while being supported throughout the vision loss process. Training covers a range of skills – from safe and effective methods of cooking to adapted techniques for doing household tasks like laundry, banking and personal care. CVRTs teach individuals to use accessible technology (e.g., screen magnification or screen reading software, smartphones and mobile devices) to read and write, access library services, and complete other tasks (e.g., identifying items). They also teach individuals to read and write Braille, when identified as necessary by the Specialist.

Early Intervention Specialists provide family-centred support for families of children with visual impairment, birth to school age, and other team members. Early Intervention Specialists provide opportunities for learning by promoting optimal use of a child's functional vision and other senses in a variety of activities and settings, and ensuring the environment, materials and adult interactions are accessible.

(Low Vision) Ophthalmologists are doctors of medicine who specializes in the diagnosis and treatment (both medical and surgical) of eye disorders, as well as diagnosing systemic diseases that manifest in eye. Ophthalmologists sub-specializing in low vision rehabilitation perform low vision assessments to characterize individuals' remaining vision and visual function and develop rehabilitation plans based on identified safety risks and individuals' goals.

Occupational Therapists (OTs) enable participation and engagement in meaningful occupations. Depending on the area of practice, OTs use various assessment (e.g., performance measures, task analysis, etc.) and intervention approaches (e.g., self-management, problem solving, assistive devices, environmental modification, coaching, etc.). Vision rehabilitation is an emerging area of practice for OTs in most provinces.

Our OT collaborates with individuals at intake to identify performance issues and develop a preliminary rehabilitation plan that guides them to the most appropriate services at the right time and place. This may include facilitating collaboration between SOVRS and other key members within the circle of care (e.g., Care Coordinators). As SOVRS evolves, the resources and programming to support system navigation will continue to grow to meet the unique needs of individuals across the SE LHIN.

Our Extended Network

Professionals and service providers outside of vision rehabilitation are also an integral part of supporting our population. This may include those working with individuals **in areas related to vision and vision loss**:

- **Ophthalmologists** with general practices or those specializing in areas other than vision rehabilitation. Our population often still requires medical and surgical management of their eye conditions.
- **Optometrists** who provide eye care for purposes of prevention, detection/diagnosis, and management of diseases and disorders of the eye and visual system. Our population often consults with optometrists for regular eye health exams and prescription. Some optometrists specialize in low vision.
- **Opticians** who are trained to manufacture, fit and adapt eyeglasses and contact lenses. Opticians support our population in acquiring specific visual aids.
- **Vision Resource Teachers / Vision Itinerant Teachers** who support students with visual impairment in accessing the curriculum. Most K-12 students we work with are supported by a Vision Itinerant Teacher directly in their school board or through consultation services from W. Ross MacDonald School.

To address our population's more complex or changing needs, we also look to collaborate with an extended team, including, but not limited to:

- **Family doctors, nurse practitioners, and other medical specialists** (e.g., gerontologists),
- **Care coordinators and case managers** facilitating our populations' access to services and supports,
- **Mental health services** (e.g., social workers, psychiatrists, psychologists, mental health workers, etc.) to provide support for the emotional and psychiatric needs of our population through medical management, psychotherapy, and other mental health approaches,
- **Allied health professionals**, especially in areas related to independence, home safety, community access, and mobility aid use,
- **Nurses and specialized educators** in various fields (e.g., Diabetic Educators),
- **A growing number of service providers** within healthcare, and
- **Organizations and services outside of healthcare** (e.g., client-based groups like the CNIB Foundation, accessibility services in post-secondary education, etc.) across the South East LHIN.

We are enthusiastic about supporting professionals and service providers across practice areas in understanding and learning how to best support our population, and look forward to collaborating with you.

Tips for Working with Individuals with Vision Loss

The following tips are for healthcare providers who are interacting with individuals with vision loss. Each profession and area of practice differs, as do individuals' needs, so the recommendations below are just a starting point and may need to be added to or adapted based on the individual, provider, and context.

Handout Tips

- **Offer regular print and large print versions** – where a printer is available, print the handout according to individual's request. **Font size, line spacing, and boldness can impact readability**, and bigger isn't always better.
- Use a **sans-serif font style** like Arial or Verdana.
- Use fonts and backgrounds that **provide good contrast**.
- **Limit patterns and complexity**, and avoid placing words on top of pictures – visual clutter makes reading difficult.
- **Avoid using only colour / highlighting to indicate importance** – some individuals have reduced colour vision (e.g., add an asterisk or arrow beside important information).
- **Provide printed recommendations (instead of handwritten recommendations)** where possible; handwriting is hard to read and cannot be picked up by assistive technologies that can scan paper documents and convert them to speech. If possible, set-up a system to print custom recommendations at a printer in the clinic, bring a printed handout for the next visit, or offer to send electronically.
- Offer the **option for electronic handouts** instead of only offering paper. Ideally, use Word format, so each individual / family could modify the size, spacing, etc., on their own.

Assessment and Therapy Tips

Prepare the Individual

- **Provide a reminder to bring their glasses and visual aids.** If you need the individual to read or see anything in detail before the assessment, remind the individual to bring their glasses, magnifiers, or anything else they use to read or see detail.
- **Ask for any considerations related to their vision.** It is always best to ask the individual what works for them in an appointment. Some individual may need you to verbalize everything visual, while others may require no adjustments.

Set Up Your Environment

- **Adjust lighting.** Set up the room to avoid direct and indirect sources of glare. Before the assessment, sit in the chair / space designated for the individual and consider the lighting – is light shining in your eyes from the ceiling lights or the window or a reflection of light? Where possible, ask the individual their preference is and show them the options (e.g., different lights on versus off, window open or closed, etc.).
- **Keep therapy spaces organized and remove sources of clutter.** Individuals with vision loss will be able to more easily identify objects in a clear, uncluttered environment.
- **Use contrast as an indicator.** Often individuals with vision loss have a reduced ability to see changes in contrast (e.g., edges of curbs, counters, and tables; light items on light tables or dark items on dark tables; identifying items in dimly lit areas). Consider ways that you can use contrast to identify objects or environmental information that is required for your treatment or therapy (e.g., black tape against a white surface; white / yellow tape against a dark surface to outline space or highlight salient features).

- **Position yourself relative to visual field.** Similar to how you might adjust to an individual having better hearing in one ear versus the other, make sure to position yourself in a way that maximizes the individual's ability to see and interact with you. If their vision loss is in the right visual field, position yourself more towards their left and vice versa. If you aren't sure, you can ask the individual what the best set-up is. If the individual also has hearing loss or blindness and comes with an intervener, set-up may be even more important because the individual may need to see items you present, as well as their intervener.
- **Learn more about setting up the environment!** For more tips on how to make your environment more accessible for individual with vision loss, refer to the [CNIB's Clearing Our Path website](http://www.clearingourpath.ca/0.1.0-about_e.php) (http://www.clearingourpath.ca/0.1.0-about_e.php).

Provide non-visual alternatives

- **Offer to read written materials** (e.g. consent form). For example, you might offer:
 - E.g., "This is our consent form for sharing your health information. I can read the form in full or provide you with an overview of what it says." OR
 - "[Provide overview of form to ensure informed consent]. Those are the main points on this form. Let me know if you want me to read the form in full."
- **Communicate your actions and required responses.** Assume that the individual might miss some of your gestures and movements if you are uncertain of the level or nature of their vision loss. Explain your actions just before you are doing them and/or come up with ways to casually indicate a response is required.
 - For example, if you are handing back a healthcard, you could say "I'm placing your healthcard back in your hand" or "here's your healthcard" and then place it in their outstretched hand or tap it lightly on the edge of their hand as a cue if they do not automatically reach for it.

Offer Support (with Consent)

- **Verify consent for any physical interaction or support.**
 - For example, an individual might need help moving their hand to the signature line. You could ask "What works best for you? Do you use a signature guide, [other accommodations you can offer] or would you like me to point or move your hand to the signature line?"
- **Provide sighted guide where required.** Not everyone will require sighted guide, so it is best to ask if you are unsure of the level of vision loss. For individuals whose their vision is unknown, one cue to offer sighted guide may be if the individual comes with a white cane. Never grab the individual's arm or hand. Offer the individual an arm ("would you like an arm or are you okay following me?"). The individual will typically walk slightly behind you holding on to your arm. However, it is important to note that different individuals might have different levels of familiarity with sighted guide or may use some sort of adapted form, so be aware and manage risks. Make sure to proceed at a speed where you can ensure safety and provide clear communication and transitions (e.g., "now we are turning left," "we are approaching a doorway with a small ramp on the floor"). You may need to pause at certain times (e.g., in doorways where you need to hold the door, you may pause, communicate what side the door is on, allow the individual a chance to switch sides, and proceed in a way that is safe). If you do not have experience in Sighted Guide, there are resources on the [CNIB website](http://www.cnib.ca/en/living/how-to-videos/Pages/The-Sighted-Guide-Technique.aspx) (<http://www.cnib.ca/en/living/how-to-videos/Pages/The-Sighted-Guide-Technique.aspx>) and training can be arranged with Vision Loss Rehabilitation Ontario.