

**Welcome and Thank You for your commitment to the
LEHP Children's Vision Screening Program.**

This course is designed for Lions and Partners who wish to participate in children's vision screenings sessions conducted by Lions Clubs.



The content is designed to fulfil most of the requirements of the Unit of competency: LEHP001 - Manage and Conduct a Vision Screening Session and covers the content of the Children's Vision Screening Screener Manual.

At the end of each of the 4 parts are 'Self Check Questions'. If you are not sure of the answers, go back and read the page again. Submit your answers and a message box will tell you if your answers are correct.

Once you have successfully answered these questions you will be able to progress to the next part of the course.

Any course items selected using a [Download](#) link will appear in your computer's downloads directory.

If you are not able to complete all parts of this course in one sitting, search your browser history to come back to where you finished. Otherwise you will have to start from the beginning.

Important Notice

The LEHP children's vision screening program is for screening purposes only. It is critical that persons undergoing screening and/or their parents or guardians understand that this is NOT a substitute for a comprehensive eye examination. It aims to identify 'common vision problems' and make a referral to an Optometrist or Ophthalmologist when required.

Vision screening and the Spot Vision Screening camera is designed to screen or evaluate individuals for potential refractive errors associated with poor vision.

Part 1 - Children's Eye Screening Program Need and Purpose

The Lions Eye Health Program

Historically LEHP has concentrated on the following vision issues;



- Diabetic Retinopathy
- Macular Degeneration
- Glaucoma

Now we are adding a new dimension, looking at how vision problems affect a child's performance at school, in sport and everyday life.

The importance of eye testing Children

Along with allergies and asthma, eye disorders are one of the most common long-term health conditions suffered by children.

1 in 5 Australian children have an undetected vision problem or an eye anomaly which may affect their learning.

According to educational experts, as much as 80% of learning comes from the eyes.

If a child can't see clearly it can have a profound effect on their social and educational development.

Most children will accept vision problems and adapt to their poor sight. They rarely complain as they believe everyone sees the world like they do.

Identifying and correcting issues early in life is paramount to a child's ongoing development. Some common conditions can also become more difficult to treat as the child gets older.



Common Vision Problems in Children

The most common vision problems experienced by school-aged children are those to do with the size and shape of the eyes that then affects the ability to see clearly and sharply. These problems include:

- Near sightedness (where things far away become blurred)
- Far sightedness (difficulty focusing on things close up)
- Astigmatism (a distortion of vision).



Behaviours that may indicate a vision issue include; an eye not fully open, frequent blinking, sensitivity to light, squinting, constant turning and tilting of the head, holding a book close to read it, rubbing of the eyes, confusing of colours, blurred or double vision, burning or itching eyes or if there is unequal colour or brightness in the child's eyes. Once recognised, these conditions are usually very easy to correct. Trying to read the teachers whiteboard or complete a mathematical challenge with any of these conditions uncorrected can make learning very difficult. So much so that children can often disconnect and withdraw from classroom activity. They may also have difficulty playing sport and performing daily tasks. To ensure the best possible start for our kids, early detection of these conditions is the key.

When to get tested

The Australia age-by-age recommendations for eye testing are as follows:

- **Newborns:** An eye examination is essential to detect any abnormality.
- **6-8 weeks:** Infants should be fixing and following their parents' faces as a guide, and eye movements should be normal. Turned or crossed eyes require immediate examination by your GP, paediatrician, optometrist or ophthalmologist.
- **Preschool-aged children:** Eye screening or examination is critical for this age group for the detection of lazy eye or other causes of poor vision. Without testing these conditions are often undetected as there are few outward signs or symptoms.
Optometry Australia recommends that children should have a full eye examination before starting school and regularly as they progress through primary and secondary school.
- **School-aged children:** In particular if a child has ongoing problems with reading, concentrating on near tasks, complains of difficulty seeing the board or watching TV, headaches or sore or tired eyes - an examination by an optometrist is required.
- Medicare rebates cover part or the entire fee for regular eye examinations for Australians of all ages.

Screenings performed by LEHP

1. **Visual Acuity** - using a Lea 3m - 15 line Symbol Vision Chart
2. **Colour Vision** - using a Quick 6 - Basic Colour Screening Book
3. **Depth Perception** - using a Stereo Fly Screening Tool
4. **Spot Vision Screener** - designed to screen for the following common vision problems:
 - Myopia (near sightedness)
 - Hyperopia (far sightedness)
 - Astigmatism (blurred vision)
 - Anisometropia (unequal refractive power)
 - Strabismus or Gaze (eye misalignment)
 - Anisocoria (unequal pupil size)



Screening is not a diagnosis but an indication that one of these conditions may be present and if so a complete eye examination by an eye health professional is strongly recommended.

Purpose of the Screening

The vision screening activities are designed to answer these questions:

- **Are the eyes in focus when they are relaxed?**

A child may pass the simple vision chart test but it may take some effort of focussing or squeezing the eye lids to make focus better.
Far sightedness or near sightedness and astigmatism depend on the size and shape of the eyes.
Anisometropia tests for the amount of error in each eye. (aniso - unequal metropia - measurement)
- **Are the eyes Straight?**

Misalignment can cause strain to maintain single vision, resulting in double vision. The spot screener is very good at detecting this.
A child may not want to look at near or distance tasks because of the effort required to look at an object. They may read or write very close. The eyes have a focus/converging relationship and the two may coincide at a point very close to the eyes instead of what we regard as a 'good reading distance'.
One eye may be closed to avoid any doubling or one turns more to allow suppression of one eye. This may not be noticeable to parents or teachers but may be a very small turn that can only be seen through a full eye exam.
- **Are the pupils of equal size?**

Unequal pupil size (Anisocoria) has no significance or rarely causes problems. However it could have neurological implications behind the eyes.
A child may have a problem with glare if a pupil remains wide open, although it may not affect clarity of vision.
A Spot Screener camera is very good at also detecting this condition.
- **Is colour perception within normal range?**

1 in 10 boys and 1 in 100 girls will have an abnormal colour perception.
It may have little effect on the eyes but may govern future employment opportunities and tasks such as colour matching.
A Red loss can be quite dangerous as red lights are very dull and it may also be embarrassing when trying to select a ripe apple.
- **Is 'stereo' perception within normal range?**

This helps discern if the eyes are working together and co-ordination for close-up work is up to standard.

Now you understand the need to establish this program and why it exists today.

Part 2 - Organising a Screening Session

Before the Screening Session

Some of the following information is also contained in the document - Guide to Conducting a LEHP Screening. This is an Australian Lions program created by Lions in consultation with its' technical partner, the Centre for Eye Health in Sydney.

It can be conducted by Lions, Lion's Partners, Leos and Non-Lion volunteers, who undertake the required training, use the materials provided and follow the processes and methods approved by LEHP, through their Lions Club.

- **Organise a presentation about the Children's Vision Screening Program to be made to your club**
This can be either by a LEHP representative, or from materials supplied by LEHP.
- **Survey schools or other facilities within your local area**
Although some State Governments and other organisations conduct vision screening for children, some of these programs only target particular age groups or may not be as comprehensive as the LEHP screening.
- **Adopt the screening program as a club project**
After ascertaining the desirability of the program being introduced, a Lions Club should adopt the screening program as a club project. In order to conduct screenings and access the Lions Eye Health Program screening equipment, documentation and training a Lions Club must be a LEHP Participating Club. This involves contributing a minimum amount of \$4.00 per member per annum, from the club activities account, to LEHP. A Lions Club that wishes to conduct screening activities, using the LEHP model and resources, needs to contact the LEHP National Program Manager: Leah Evans, PO Box 433, Wahroonga NSW 2076 or email enquiries@lehp.org.au or phone 1800 010 234.
- **Become a LEHP Qualified Vision Screener**
This involves completing this online training program and registration, attending a face to face practical workshop conducted by a LEHP Instructor and attending a screening session.
- **Build a team of Screeners led by an Screening Facilitator**
Once a team of participants have completed the training program, additional specialist training can be provided to any Lion, Lion's Partner or Leo who is interested and feels capable of organising and conducting screenings, so they can become a LEHP Vision Screening Facilitator. This training ensures Facilitators are fully apprised of what is required to operate in this role.
It is understood that some clubs, particularly smaller or isolated clubs, may not have enough club members available to conduct screenings. This is an opportunity to recruit new volunteers from their community, for whom this may be their only Lions project activity. All screening volunteers must complete the LEHP Vision Screening Training and meet WHS and 'Working with Children' requirements, before they can be involved. Health professionals and other observers are not permitted to conduct any screening activities unless they meet the above requirements and, unless they are school staff, must not interact with the students or impede their movement.
- **Ensure all participants have 'Working With Children' clearance**
Individuals who wish to be involved in vision screening need to abide by the Lions Australia Child Safe Policy and have a current 'Working with Children' check or similar clearance, applicable to the State in which the project is taking place.
- **Obtain advance documentation from LEHP**
A vision screening session can be organized by a LEHP Accredited Facilitator, following the process outlined in the online training course and LEHP Children's Vision Screening Manuals. Screenings must not be arranged until an Accredited Facilitator and an adequate number of Qualified Screeners are available to manage and conduct the activity. Only equipment and documentation provided and endorsed by LEHP must be utilised and circulated. Initial paperwork, to provide to possible venues, can be requested from LEHP in writable or standard PDF form.
- **Make contact with a venue and request permission to conduct screenings**
A Facilitator can make contact with local Preschools, Kindergartens, Schools and local sporting or community group organisers and establish if they currently have a children's vision screening program in place. A letter of introduction for the host administrator is available (a sample is in the Facilitator Manual). Explain why we feel testing is necessary and the benefits to their community. If conducting a screening within a school facility a Memorandum of Understanding (MoU) is to be signed by a member of your Lions Club and the administrator of the organisation for whom you are providing the service (a sample is also in the Facilitator Manual).



- **Contact local optometrists**

Inform local optometrists of your intended activity and its proposed date. Advise that their business may be contacted by referrals from the screening and explain how these have been determined.

- **Book screening equipment**

Contact the National Program Manager to obtain a vision screening equipment request form (a sample is provided in Facilitator Manual). Complete and forward this to confirm availability for the date(s) requested. A minimum of one month's notice is often required.

Alternatively you may have access to the necessary Screening Kit equipment through a local Club or your Lions District.

- **Parent Permission**

Once a screening day has been confirmed, a consent form must be sent home and completed by the child's legal guardian (a sample is in the Facilitator Manual).

Ensure these notes are sent out and returned well ahead of the organised screening day.

There is also an opportunity to accompany this form with the LEHP children's eye health brochure.

It is recommended that people already under regular care of an optometrist or ophthalmologist DO NOT undergo vision screening.

All students to be screened must have a completed permission/disclaimer form. No permission, no screening.

- **Community Facility**

When screening in a community environment a disclaimer needs to be signed by the child's legal guardian prior to participation (a sample is in the Facilitator Manual).

- **Prepare your Screening Team**

The Screening Facilitator should confirm availability of the screeners and check that they are knowledgeable about the equipment and screening processes. Read and gain an understanding of all screening equipment and the LEHP Children's Vision Screening manuals.

All screening equipment will produce scientifically validated results. You should completely familiarise yourself with how to conduct the screenings and how to operate the spot vision screening machine. Practice screening family and friends at home with a focus on people in the same age bracket as the targeted group.

In regards to the spot vision screener (camera), ensure you practice using the instrument in different lighting conditions to assess under what situations the instrument is likely to have limitations.

- **Environment considerations**

When booking a room in which to conduct the screenings, ensure the location has controllable light (ability to adjust the brightness) and without direct light shining into the screening device (camera).

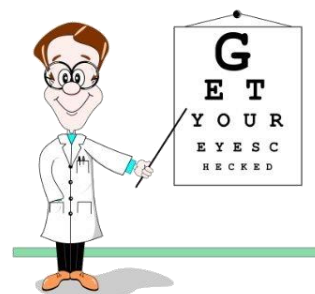
- **Allocating Tasks**

Screening Tasks such as; recording participant details, conducting the four different activities, recording results, compiling the group data sheet, producing the individual results letters, managing the participants access to screening and Workplace Health and Safety requirements, need to be allocated to suitably trained volunteers by the Screening Facilitator.

- **Conduct the screening**

Carry out the screening following the processes outlined in the next section of this course, Part 3 - Screening Activities.

Screening sessions must be treated as Lions project activities, using attendance sign-on sheets as supplied by LEHP and observing the usual risk management procedures.



After the Screening Session

Letters are to be prepared and forwarded to parents of all participants, with particular details of where any referral was recommended.

A Group Summary Data Sheet is to be forwarded to the host Lions Club, LEHP National Office and, where applicable, the school or host administrator.

Equipment is to be returned.

(More details about record keeping will be explained in Part 4 of this course.)



Now you understand what needs to be done in order to organise a Vision Screening Session.

Part 3 - Screening Activities

The Role of the Screener

The Screener is responsible for competently implementing the 4 screening stations and recording the children's results onto their individual results slip.

A general understanding of the processes and paperwork involved is also required.

Qualifications:

- Complete this online screening course
- Complete face-to-face practical training and observe at a vision screening session
- Obtain a 'Working with Children' clearance or equivalent

How to Interact with Screening Participants

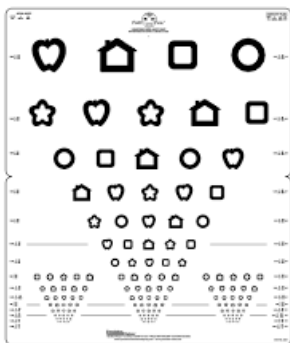
- Make it fun!
- Ensure the child being examined is aware it is not a 'test'. Perhaps by saying that we have some games for them to play.
- Never be alone in a room or confined space with a child.
- Have another Lion or administrator available to assist with managing participants waiting in line.
- Don't have too many lined up at one time.
- Smile at the participant and make them feel comfortable.
- Do not show frustration if a participant is not cooperating. If a screening is not able to be performed suggest a referral to an optometrist.
- Always tell the participant they "did a great job".
- Do not touch the participant.
- Give clear instructions as to what the test is doing (e.g. it works a bit like a camera to see if your eyes are working well, it is quick, it doesn't hurt and you can't get anything wrong).
- If it seems that instructions are not being understood, try explaining them in another or different way.
- If you give out stickers to a child you should hand it to them so the child can place it on themselves.



Visual Acuity (Lea Chart) Screening Instructions

Purpose

How sharp is the vision at longer distances? This is called distance visual acuity.



Set Up

Find a space on a wall, door or white board to hang the Lea Chart.

Place a mark on floor 3 metres from the chart. The centre of the chart is to be at head height for the average child being examined. Requires good room lighting but watch for glare on the chart.

May be used in presence of other children if absolutely necessary.

If a child is easily distracted and to avoid children memorising or copying answers, it is best to perform the screening without other children nearby, perhaps more than 3 metres away.

The screening can be done with just two adults in the room.

Method

With two eyes open, start with the largest symbols to give the child some confidence and to determine what the child calls each symbol (e.g. heart or apple.)

Test the top two lines in this way. Your pointer should not cover symbols but be clear which symbol is pointed to. Perhaps hold the pointer, a dark thick pen for example, directly above or below the symbol.

Cover one eye, the child may hold hand over eye but look for peeking through fingers. It is preferred to hold an occluder over the child's eye.

From the third line test two symbols on each line for the next four lines then check 5 symbols for the next two lines ending on the 6/12 line which is 10mm high.

Cover the second eye and repeat as above.

There is no need to go to smaller symbols.

Tips

A child may call a shape by a different name, i.e. servo instead of circle. As long as they consistently identify the shape, whatever the name they use, this is acceptable.

If children don't know the names of shapes, get them to select the same shape from the small separate shapes that come with the kit or point to it on the card that has the set of shapes.

Refer if the child misses 1 of the 10mm (6/12) symbols with either eye.

Explanation of Failed Screening Result - Visual Acuity

"When the letters become small you seem to have a little difficulty seeing them. I suggest you have a further eye test".

The reason may be optical, e.g. Myopia or it may be a more serious fault in the eyes, e.g. Lazy Eye or opacity of the lens in the eye.

Colour Vision Screening Instructions

Purpose

Does the child perceive colour as most people do?

Set Up

Find somewhere to sit or stand where you and the child will be comfortable and the lighting is good.

The test plates can be affected by finger oils / grease etc. so it is recommended that the child does not touch the plates.

Method

May be conducted in the same room as the other tests.

Examiner is to be seated or standing 1 metre in front of the child

Requires good room lighting but watch for glare on the plates.

May be used in presence of other children but if child wishes or is distracted, do the test without other children present.

Screening to be conducted with both eyes open.

Ask for the child's response starting from the demo chart through to chart 7.

If the child reads a letter wrongly, the plate may be checked twice.

Refer if two plates are misinterpreted.



(Chart 8 - basic colour chart, is not required as it tests for a blue yellow loss, rare in the absence of eye disease.

Expected responses are written on the back of this chart. The basic colour chart could be used to check the amount of confusion a colour blind person experiences but is not for screening purposes).

Note: Avoid using the term 'colour blind'. Instead explain that a person perceives colour differently to other people.

Tips

You could explain the screening activity by saying that we are looking for hidden numbers.

If there is no response to the first/demo plate the answer can be shown, to give the child an idea of what is required.

If the child is not confident with numbers, they can be read singularly (i.e. '1' and '6' rather than '16').

The child could also use a cotton bud or similar to trace the number outline.

It is preferable to be seated away from other children, as well-meaning friends will sometimes call out a number if a child appears to be struggling.

Explanation of Failed Screening Result - Colour Vision

"You seem to perceive colours differently to most people. You may never have noticed this but it may be worthwhile talking to an eye care professional".

Colour blindness is a bad expression, subjects who do not see colours as others do still see colours but e.g. tan and green colours may be confused.

We will find one in ten boys with a colour vision perception different to most people.

Girls have a one in a hundred chance of colour vision loss as the colour gene is carried on the "X" chromosome.

Boys have one "X" chromosome, girls have two chromosomes so both need to be affected in females.

One of the charts will define if the loss is red based (protanomaly) or green based (deuteranomaly), the red based is more significant in that stop lights and brake lights can be difficult to see and it may be difficult to work out which apples are ripe etc.

Depth Perception (Fly Stereo) Screening Instructions

Purpose

An aid in assessing the binocular function of the eyes at near tasks. This is called stereo acuity.

Set Up

Find somewhere to sit or stand where you and the child will be comfortable and the lighting is good.



Method

Requires good room lighting but watch for glare on the chart.

May be used in presence of other children but if child wishes or is distracted, do the test away from other children.

The screening is conducted with both eyes open and with the polarising spectacles being worn.

Ask the child if they see the fly standing out from the page. Perhaps have the child try to pick up the wings.

Ask which animal stands out or is jumping out from its box in each row. This can be verbal but most children will try to pick up the animal or push it back into its box.

Refer if the fly is not seen as standing out in 3D or if the animal on the bottom line is missed or identified incorrectly (after slight encouragement).

Correct answers are - A: Cat B: Rabbit C: Monkey

The circle chart is used to better define the extent of any stereo anomaly but is not required for our purposes. Try testing yourself with one eye closed to see the effect of having loss of 3D vision!

Tips

Some children are quite vocal about the difference they see, others may be shy or quiet.

Try showing the fly without the glasses, close the book, get them to put the 3D glasses on, then open the book to reveal the fly again.

The child usually indicates there is a difference by their facial expression.

They can then be encouraged to try and pick up the fly.

Explanation of Failed Screening Result - Depth Perception

"Your eyes do not seem to be working perfectly together today."

Good clarity of vision and good eye coordination are required to perceive the stereo effect.

Some young people find stereo a difficult concept and may miss seeing the stereo even though they have good binocularity and clarity of vision.

That is why we say the word 'today' implying that the child may have 'normal' stereo vision at another time and with other types of tests.

Welsh Allyn Spot Vision Screener (Camera) Instructions

Purpose

Are there any abnormalities with the child's eyes?

Designed to screen for Myopia (near sightedness), Hyperopia (far sightedness), Astigmatism (blurred vision), Anisometropia (unequal refractive power), Binocular Vision (eye misalignment) and Anisocoria (unequal pupil size).

Set Up

Find somewhere to sit or stand where the lighting is more subdued - too much light makes the pupils smaller.

Method

Select the appropriate age range for the child being screened.

It sometimes helps to place paper foot prints or a mark on the floor where you want the participant to stand, or the participant may sit in a chair.

Using a camera tripod does not usually help. To allow for subtle adjustments it is easier to hold the camera.

Be sure there are no direct lights shining on the front of the camera.

The machine has a pupil size detector and will notify you when there is an issue with pupil size. If this occurs adjust the light brighter to achieve smaller pupils or darker to achieve larger pupils.



Be sure the front of the camera is 1 metre (3.3 feet) from the participant's eyes when conducting the screening. Ask the child to look at the flashing lights in the camera. Trigger the Start screening on the camera and slowly rotate the device upward to meet both of the subject's eyes. Adjust your distance from the subject until both eyes are clear on the screen. Be sure the camera is level and squarely pointed at the child's eyes at exactly the same height as their eyes. If the camera is tilted up or down, or twisted right to left it will be difficult to obtain a good reading. Be sure neither you nor the participant moves during the camera's reading process. The participant and you only need to be still for 1 second, but both of you must be still. If the distance changes due to movement slowly rock forward or backward to achieve the correct distance. Remember you must hold the camera at the height of the participant's eyes - do not point it down to them. A blue screen indicates you are too close or too far from the subject. Once the image has been taken, save it on the camera with the child's first name and number taken from their paper results slip. If a full eye examination is required, a copy is to be printed and provided to the facility for distribution with the parent letter. For other actions, consult the camera instructions.

Tips

If the results are not what you expect be sure the child's pupils are at least 4mm but not more than 8mm. Having the child close their eyes for a short time and then open them may improve the pupil size. Children could be asked to wait in a darkened location prior to screening with the camera and this may also help. A copy of the Camera Manual the Camera Quick Start Guide can be helpful.

The camera will display whether a participant is within normal range or needs to be referred. Refer to an optometrist if a valid measurement cannot be acquired or one is prompted by the results from the camera.

Explanation of Failed Screening Result - Spot Vision Screener (Camera)

Myopia (Near sighted)

"You have no problem seeing close things, but perhaps your long distance vision could be improved."
The myopic eye is a little too large for the optical surfaces of the cornea and lens behind the iris. A negative lens is required to push the focus back to the retina. When you read the nearness of the task pushes the focus back so writing is clear.

Hyperopia (Long sighted)

"You see clearly but your eyes have to focus harder to see."
The eye is a little short so the subject has to 'zoom' in forcibly to see. Because of the extra focussing effort, the subject has strain on the eyes especially at near distance. The extra need to focus can cause the eyes to converge, (see strabismus below).
For those over 45 years old, a related condition, (presbyopia,) means reading becomes difficult as the lens situated just behind the iris is losing its flexibility and the ring of muscles just behind the iris, which is involved in focussing, can't flex the lens to give the power needed for reading.

Astigmatism

"Your eyes are a little out of shape, this may require correcting with glasses so a further test is recommended."
The eye should be round like a soccer ball, the astigmatic eye is more like an Aussie Rules football. When looked side on, the football has more curve up and down than it has horizontally. Vertical lines may be clearer than horizontals for example.
The readout on 'Spot Vision Screener' may say e.g. 65 degrees, this means the more curved surface is aligned along the 65 degree axis.

Anisometropia

"One eye is a little different to the other, this may require correcting with glasses so a further test is recommended."
This can be a difference in myopia, hyperopia or astigmatism. One eye may be perfect in focus but the other needing glasses, a danger here is that one eye may become 'lazy'.

Binocular Vision (Gaze) e.g. Strabismus

"Your eyes are not quite parallel when relaxed so a further examination is recommended in order to see if this is significant."

Each eye has 6 muscles controlling alignment. Only one needs to be over or under-acting! More common is slight misalignment e.g. as mentioned in hyperopia above an over-convergence of the eyes is seen and the child may want to hold the reading task too close.

Anisocori

"Your pupils, the holes letting light into your eyes, seem to be different sizes. There can be many reasons for this and it is probably just the way you are. However a further examination is recommended."

Complete text books are written about the nerve innervation to the eyes, the size of pupils and the way they react to light is very important. The shape of the pupil is also significant.

These explanations of the conditions detected by the camera are also contained in the Children's Vision Screening Screener Manual.

Welsh Allyn Spot Vision Screener Screens

Home Screen

1. Age Range

To begin instant screening, with no personal subject data, select an age range of the subject from the Home screen. You will be able to enter subject data after the screening if desired.

2. Start Button

The Start button will allow you to:

- Enter subject information such as ID, First and Last Name, Gender and Date of Birth (DOB)/Age (Required)
- Find queued subjects (exact match on the ID screen)
- Begin the screening process (Binocular and Monocular available)
- Review and print screening results

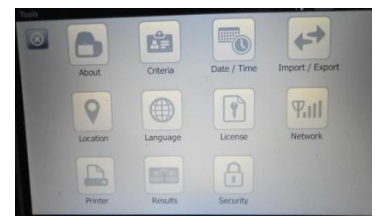
3. Icons on Bottom of Screen

- Queue (View, select or search for queued subjects from a list to begin the screening process)
- History (View completed records of already screened subjects)
- Tools (A variety of options to customize the vision screener)

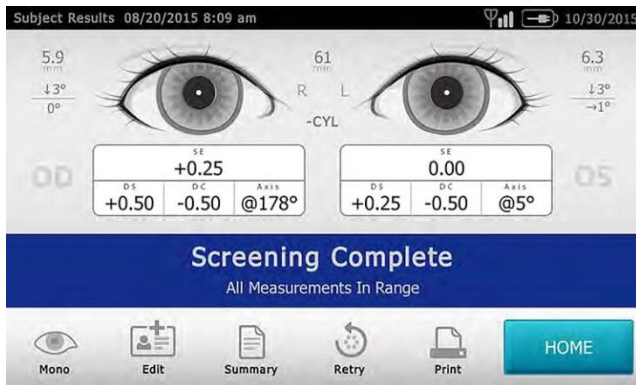


Tools Screen

- Display software application version and serial number and important vision screener features, including memory storage levels of the device.
- View the age-based criteria settings used for exam recommendations that are currently active on the vision screener.
- Set the current date and time for your vision screener.
- Import and export using an inserted USB storage device.
- Set a location for a screening and all subjects will be tied to that location.
- Connect the vision screener to a wireless network. From this page you can view and change your TCP/IP settings.
- Configure a network printer and print a test page. It also lets you view printer status.
- Configure how data is displayed on the 'Results' screen when a screening is complete.
- Set a security PIN for your device for added security. If enabled a PIN will be required whenever you start the device or upon waking it.
- Activate the license on the device.
- Allow you to select the language that will display on the vision screener.
- Change the parameters the unit uses for assessing normal results.

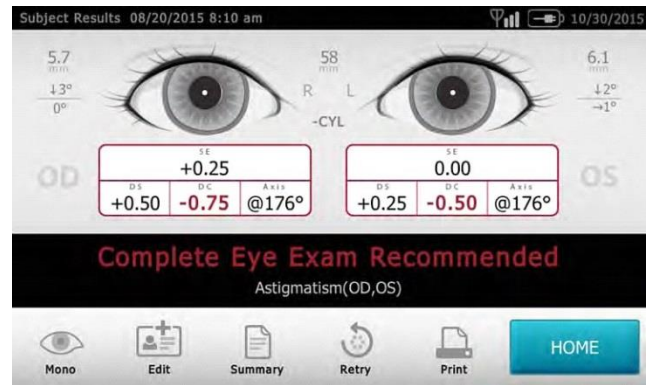


All Measurements in Range Screen



No Referral required.

Error Detected Screen



Referral for a Full Eye Examination recommended.



Returning the Equipment

After the screening ensure that the camera is packed in its protective case where possible and that other items are packed securely.

A special 'sensitive' courier service is required to return the screening equipment, unless it is being transported between locations by Lions.

Within one week of completion of the screening contact the National Program Manager, or District Co-ordinator, who will assist with arranging the safe return of the screening kit.

Now you know how to conduct screening activities.

Part 4 - Record Keeping

Screening Results Sheets

Each participant should be issued with a slip, where the results of the 4 different screening activities are recorded.

As a child completes the screening at a dedicated station their results need to be recorded.

For privacy reasons, their slip will have only their first name and allocated number.

These slips will be provided by the Lions Screening Facilitator.

Screeners should use positive symbols to mark this slip, rather than a tick and cross, so a participant does not get upset if they receive a cross (for referral).

Symbols like asterisk, circle, triangle, hyphen, star, smiley face etc. can be used.

Whatever the case please ensure all screeners agree to use the same symbols.

This slip will be returned by the participant to the screening reception at the end of their screenings and the results transcribed onto an Individual Results Letter for the Parent/Guardian.

If conducting a screening in a school facility the method of distributing the individual results needs to be established (i.e. handed to the individual child following the screening or provided to the school administration for distribution in accordance with privacy legislation).

Parent permission forms and Individual Results letters should be returned to the school.

Where the parent has indicated that they do not wish to share their child's results with the school, these letters should be sealed in an envelope addressed to the parent.



Distribution of Group Data Results Sheet

The Screening Facilitator will complete a Group Data Results sheet from the Individual Results Slips.

This will include information about those that were screened, including the number screened, number referred at each station and the age group of the participants. Names or any other personal information is not included with this information.

If applicable a copy of the Group Data Results sheet should be given to the school or community administrator. A copy should be kept by the Lions Club conducting the screening and a copy must be sent the LEHP National Program Manager at the Head Office in Sydney:

Leah Evans, PO Box 433, Wahroonga NSW 2076
Or enquiries@lehp.org.au

Addressing questions



Properly answer questions from the participant or parent regarding the screening results without diagnosing.

If asked why a child needs to be referred, explain that you are not a registered health practitioner and therefore are not able to diagnose specific conditions.

The only explanation you can provide is that " based on the guidelines provided or the standards built into the equipment, it is recommended that the child see an eye care professional for a complete evaluation".

Do not enter into a debate on the merits of screening or the equipment used. If questioned, make it clear that it is not a comprehensive eye examination.

Without indicating why a particular child failed the screening, you may discuss the various conditions the screening detects and why they are important.

Again we **DO NOT** indicate why a child needs a referral - this is diagnosing.

The LEHP Children's Eye Health brochure can be given to parents, if not already distributed.

Photograph/Video Policy

Permission needs to be provided by the school facility, parent/guardian or individual before any photographs or video are taken and especially published.

Please ensure the LEHP 'permission to use photograph / video' waiver is signed before any photos or video are taken.

The waiver is part of the Parent Permission form and can also be found as a separate form in Appendix 9 of the Facilitator Manual.

Copies of all photographs and signed disclaimers/documents also need to be collated and sent to the LEHP National Program Manager at the address above.

Please keep the LEHP office informed about your screening activities and forward stories and copies of photos so they can be used in future publicity.



Now you know how to keep and forward records of screening activities.

Register Your Course Completion



Congratulations

Lions Eye Health Program thanks you for completing this Online Vision Screening Training Course, providing you with information about the LEHP Children's Vision Screening Program.

Because of the nature and distance covered by the LEHP Vision Screening Program, to ensure its successful implementation and progress, all those involved need to follow the specified training and administrative procedures.

It is important that the program is managed carefully and that we don't have screening sessions being conducted by Screeners and Facilitators that are not fully prepared or not covered by Lions Insurances.

To participate in screening activities you must register your completion of this course.

Once you have registered and attended a 'hands on' training workshop, where the equipment used at the four 'screening stations' is demonstrated and have also been an observer at an actual vision screening session, you will be deemed a **LEHP Qualified Vision Screener**, will receive a certificate and will be able to participate in screening sessions.

You will be advised of when these training sessions and screenings are being conducted in your area.

If you feel interested and capable of organising and conducting screenings, please contact a LEHP Vision Screening Instructor or your LEHP State representative to arrange to undertake the specialist training now offered to LEHP Vision Screening Facilitators.

Online Screener Training Registration

To register your completion of the Online LEHP Screener Training Course, please complete the online form. Name and Email boxes cannot be left blank and any comments about the course or content can be entered into the 'Message' box.

The uniquely generated 'validation code' shown under the 'Message' box must be copied exactly into the box below it.

When complete click on the SEND button at the bottom of this page to forward your registration. Thank you.

Submitting this form confirms your agreement to abide by the processes required by the LEHP Children's Vision Screening Program and to use only the prescribed documentation as supplied.

You should receive an email acknowledging receipt of your registration with 48 hours. If not please contact: lehpscreening@gmail.com

It seems that a few people have had trouble processing the registration form due to security settings on their computer. If this is the case you should try using another device, such as tablet, phone or another computer that you may have access to through friends or family.

Thank You for your interest in making Children's Vision Screening one of your key Lions involvements and for your Support of LEHP.

*The LEHP Children's Vision Screening Program acknowledges financial assistance provided by
Lions Clubs International Foundation*



**Lions Clubs International
FOUNDATION**