



OHIO LIONS

Pre-School

Vision Screening Manual

Fighting Preventable Blindness

One Child at a Time

Ohio Lions Vision Screening Mission Statement

THE MISSION OF THE OHIO LIONS VISION
SCREENING PROGRAM IS TO AID IN THE
FIGHT TO PREVENT BLINDNESS.
THROUGH EARLY DETECTION AND TREATMENT
MOST COMMON DISORDERS THAT CAN LEAD
TO BLINDNESS CAN BE CORRECTED

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Chapter 1

The Screening Process

HELP SAVE THE SIGHT OF A CHILD

Can your child see? Are you sure!

The first three years of life are critical in the development of good vision. Undetected and untreated problems during this early period can prevent proper development of the brain's binocular function, resulting in amblyopia or lazy eye. In fact, amblyopia is the leading cause of monocular blindness.

Most children between the ages of twelve and 72 months either never have their vision checked, or they are tested with a method that often fails to detect serious eye problems. Most children do not have their eyes tested until they enter school and are old enough to read an eye chart. By then, it may be too late for the most effective treatment.

A clinic without walls is coming to your area to do vision screening. Utilizing instant photographs and/or an auto-refraction of your child's eyes, the screening may determine the presence of eye disorders including far and nearsightedness, astigmatism, strabismus (crossed or misaligned eyes), anisometropia (unequal refractive power), and media opacities (i.e. cataracts). No physical contact is made with your child and eye drops are not necessary. This screening is approximately 85-90 % effective in detecting problems that can cause decreases in vision. You will receive your child's results from the Local Lions Club with either a pass or refer recommendation.

For more information contact your local Lions Club.

This Program is sponsored by the Lions Clubs International Foundation, Ohio Lions Inc, Ohio Department of Health, Prevent Blindness Ohio and your local Lions Club.

VISION SCREENING EVENT SCHEDULED FOR:

To: Parents

From: _____
(Nurse/Administrator)

Vision screening will be administered on _____
(Date)
at _____
(Location)

Why is it important to have your child's vision screened?

To identify if your child has, or might be at risk for, vision problems.

Vision screening will consist of any of the following:

1. Observation: Any appearance, frequent behavior, or complaints by the child that is heard or observed by the staff.
2. The screening with an auto refractor (the Welch Allyn SureSight) measures the refractive status of each eye.
3. Stereopsis test: A screening test to help determine how well a child's eyes are working together. It is often used to detect amblyopia (lazy eye).

If your child passes the vision screening, you may not be contacted by the school nurse. A vision screening provides only records how your child performs on the day the test was given. It is not a substitute for a complete eye exam by an optometrist or ophthalmologist.

If your child fails the screening, you will be informed of test results.

Please direct any questions to _____ at the following
Phone number _____

Thank You.

VISION SCREENING CONSENT FORM

On _____, the local Lions Clubs in your community will offer a free vision screening to your child. Utilizing an auto-refraction of your child's eyes, the screening may determine the presence of eye disorders including far and nearsightedness, astigmatism, strabismus (crossed or misaligned eyes), anisometropia (unequal refractive power), and media opacities (i.e. cataracts). No physical contact is made with your child and eye drops are not necessary.

I, the undersigned, hereby give permission for my child, _____, to participate in the screening event. I understand the following regarding this program:

- 1. The information obtained from this vision screening is preliminary only, and does not constitute a complete exam or diagnosis of vision problems. It should be used only as part of a comprehensive eye care program which includes periodic optometric or ophthalmological exams.**
- 2. There is no charge to participate in the vision screening process.**
- 3. I understand that I am responsible for arranging for a complete eye exam if my child has been referred as a result of the screening test. I also agree to provide the required follow-up information if further evaluation is required.**
- 4. All information collected by the Ohio Lions will be held in strictest confidence and stored in accordance with the Ohio Department of Health medical requirements and will not be released to any private person or medical care provider without a properly executed HIPPA medical release document.**
- 5. I will not hold the Lions Club organizations, the Ohio Lions Pre-School Vision Screening Program, or the Ohio Lions accountable for any errors of commission, omission or misdiagnosis.**

Signature of Parent or Guardian

Date

Please Print or Type

Child's Name: _____ (_____) Male: _____ Female: _____
First Middle Last Initials

Child's Date of Birth: _____ Child's Age: (12 months-60 months.) _____

Parent or Guardian: _____

Address: _____

City and zip: _____

Home Phone: (_____) _____ / Work/Cell _____

e-mail: _____

Is your child currently under the care of an eye doctor? YES _____ NO _____

Name of Eye Doctor: _____ Phone: _____

PRE-SCREENING
2-4 Weeks Prior to Screening

A. Establish Location

1. ORGANIZED SITES: The Ohio Lions Pre-School Screening Program is most easily accomplished at organized sites. If you wish to screen a site that lacks the organization of a daycare or preschool, you must have this pre-approved by your Regional Coordinator. They will determine if it will be possible for the intended site.
2. AGE RANGE: The screening site should have children over the age of twelve (12) months and under the age of seventy two (72) months. The screening program is limited to only screening children Kindergarten age and younger.
3. SCREENING TIME: The screening program averages forty five (45) children per hour with the *WASS and PASS 2. (Assuming you use one screener with the WASS and one with the PASS 2) Using that rate as an estimate, inform the childcare center staff of the approximate time it will take to screen the number of children at their center. Children are usually easier to screen in the morning hours.
4. SCREENING ROOM: The site would ideally have a quiet room with controllable lighting (shades or blinds on the windows) approximately 12 feet by 12 feet where the screening can take place. Often the perfect room is not available. Personally visiting the site prior to the screening will help the screener decide what extra tools may be necessary to facilitate the screening. For example, black plastic bags may help cover windows in rooms. The site should provide two identical chairs and a table for the screening room.
5. MANAGING THE CHILDREN: The site staff should be willing to help organize the children into manageable groups (4 to 5 children) the day of the screening.

* WASS refers to the Welch Allyn SureSight™

B. Contact Regional Coordinator

1. The Lions Club should contact their Regional Coordinator with the date, time, and location of the screening. The Coordinator will schedule the use of the Welch Allyn SureSight and Pass 2 for the region.

1-2 Weeks Prior to Screening

A. Consent Forms

1. Provide a copy of the information sheet and the Consent/Results form for each child at the site for distribution.
2. Remind the parents to return the consent forms.
3. Emphasize to the staff at the screening location that all consent forms need to be completed and returned to the site prior to the day of the screening.

24 Hours Prior to Screening

A. Check the SureSight

1. Turn the WASS on to make sure it is operational
2. Charge the camera for 14-16 hours

Screening

A. Equipment

Bring the following items to the vision screening:

1. The PASS 2/ WASS
2. Permanent markers, pens, tape, stapler Alcohol wipes and necessary forms
3. Trash bags for waste
4. If necessary, bring covering for windows
5. Stickers for children screened
6. Extension Cords

B. Setup of Room

1. Place a chair approximately 2 feet from a wall where you are going to use the WASS. The children should be instructed to stand in front of you with their back against the wall. (This helps to keep them from moving)
2. The room should be dimly lit. The children's pupils should be a minimum 4mm in size. Most will become this size after 30-60 seconds in dim light.
3. Set up a table with a small lamp so that the recorder has a place to complete the necessary forms.

C. Roles of Volunteers

A. The SCREENER Operator

- a. Must be trained in the use of the WASS and PASS 2
- b. Be sure WASS readings are completed and reliability factors are 6 or better

2. The Escort

- a. Make sure the consent form is completed for each child
- b. Help organize small groups of 4 to 5 children.

3. The Recorder

- a. Complete the parents to do form for each child referred.
- b. Attach WASS printouts to the appropriate Results Form.
- c. Label all screening results with the children's initials and date of birth
All printouts must be labeled.
- d. Attach WASS printouts to the appropriate Results Form.
- e. Label all screening results with the children's initials and date of birth
All printouts must be labeled.

D. At the End of the Day:

- a. Complete the Cover Sheet (Provided in the Appendix).
- b. Mail the completed forms (Cover Sheet, Consent, and Results) to Regional Coordinator

Answers to Commonly Asked Questions

1. How can you tell if my child has an eye problem simply by the WASS screening?

With the Welch Allyn, a numerical value is printed out for each child. With using the PASS 2 testing also, established values for children are used to determine pass/refer. Both techniques have been scientifically tested and have been shown to be highly accurate.

2. What if I don't take my child to an eye doctor after he is referred?

If a child is referred, the problem may cause permanent vision loss in your child. These problems are often easily corrected **if caught at an early age**, but if left untreated they become both more serious and much more difficult to treat. **The earlier the better!**

3. How much will this cost me?

The screening is free. If you are unable to pay, for an appointment, contact your local Lions Club representative. Your local Lions Club may be able to help you if you meet household income criteria or may be able to direct you to agencies that can help. Also, note that if these vision problems are left untreated now, they may be much more expensive to treat in the future.

4. What do the Lions stand to gain from this / What's in this for Lions?

The only thing that we stand to gain from this is the satisfaction of seeing your child get any help needed. We are not making money from this in any way.

5. Will the evaluation form or results be shared with insurance companies?

No. All results collected are kept strictly confidential.

NOTICE

If a child's eye, or eyes, is red, puffy or with a droopy eyelid, a white pupil or anything that looks out of line the child must be referred immediately. Do not do anything else; do not touch the child anywhere. Do not do any of the testing if the eye is red. Just get the child away from the other children. The vision can be screened later when the infection is resolved. Some red eye conditions are highly contagious, so certainly be considerate and reassure the child that it is going to be okay, he/she did nothing wrong and recommend prompt treatment. If you should happen to come in contact with a very red "bloodshot" eye case, stop and immediately wash your hands thoroughly. It is not known if "hand sanitizers" alone can kill the adenovirus which causes what is called "pink eye" so it is best to wash hands to make sure. This eye infection is quite contagious and anything the child touches may have the virus on them and can pass it on to you. This eye disorder is not dangerous in terms of permanent vision loss but can be quite bothersome to get rid of.

Definitions

The Welch Allyn SureSight Vision Screener detects various eye problems that can cause poor vision and amblyopia.

Amblyopia (lazy eye): From the Greek words amblyos (dull) and opia (vision). Amblyopia develops because the brain is getting one "good" image and one "bad" image from the eyes. The brain shuts off the bad eye and slows its development in relation to the good eye. This is the main problem that we are trying to prevent. The following conditions are considered "amblyogenic factors," meaning that they can lead to amblyopia. Amblyopia, if left untreated, can cause a permanent decrease in vision that cannot be corrected with glasses.

Amblyogenic Factors: Eye problems that can cause amblyopia

1) **Strabismus:** Strabismus is when the eyes are not directed to an object simultaneously. Sometimes the eyes deviate inward, and other times the eyes deviate outward. Vertical deviations can also occur, but are quite rare.

2) **Anisometropia** (an-i'-so-me-tro'-pe-a): This is a difference in the need for glasses between the two eyes. As a result, the brain receives a clear image from one eye and a blurred image from the other, so it shuts off the 'bad' eye and amblyopia develops.

3) **Hyperopia:** "Far-sightedness." Small levels of far-sightedness are normal for young children, but high levels can cause problems. Left untreated, hyperopia can contribute to crossing of the eyes or poor vision in each eye. This condition can be corrected with glasses.

4) **Myopia:** Myopia is commonly known as "near-sightedness." It can be treated with glasses, and typically is not amblyogenic as long as both eyes have similar degrees of myopia.

5) **Astigmatism:** This disorder results from unequal focusing of light rays as they enter the eye, causing a blurring of objects. Typically, an eye with astigmatism is not perfectly round but is slightly oblong, creating astigmatism. Astigmatism is often treated with glasses in older children; treatment may not be necessary for younger children. Astigmatism is not amblyogenic unless it is asymmetric or of a large degree.

6) **Media opacity:** An object that prevents light from entering the back of the eye. An example is a cataract.

Please Remember!

These definitions are provided to give you a general knowledge of the terms you may be asked to discuss by childcare center staff or parents. Keep your discussions in general terms. Do not attempt to provide any sort of medical guidance.

OBSERVATION FOR EYE CONDITIONS



Observation is not a test. However, all children should be observed for signs of a problem during the screening session or at any other time.

The signs and symptoms of appearance to note include but are not limited to the chart on the right. Referrals should be made when any of these signs are noted by an observer during screening or at any other time.

Note Any of the Following Eye Conditions

- ☐ Ocular asymmetry, including eye size
- ☐ Abnormal color of iris, shape of pupils, etc.
- ☐ Red, swollen eyelids
- ☐ Drooping eyelid(s)
- ☐ Growth on lid or eye
- ☐ Crusty eyelashes
- ☐ Unequal pupil size
- ☐ Cloudiness or haziness of cornea
- ☐ Red and watering eyes
- ☐ Misaligned eyes (ocular muscle imbalance)
- ☐ Eyes in constant motion, i.e., nystagmus
- ☐ Poorly fitting frames or scratched corrective lenses

Note the Following Behaviors

(Referrals may also result if behaviors have been observed by a teacher, parent or nurse, frequently)

- ☐ Holding working material excessively close or far from the eyes
- ☐ Squinting
- ☐ Frequent rubbing or blinking of eyes
- ☐ Frowning when reading
- ☐ Thrusting head forward
- ☐ Constant head tilt or face turn; any unusual head position
- ☐ Covering an eye while reading
- ☐ Closing one eye in sunlight

Note the Following Complaints

(Sometimes, even with very young children, parents or caregivers may hear complaints made by the child.)

- ☐ Eye pain
- ☐ Itching and/or burning sensation
- ☐ Double vision
- ☐ Blurry vision
- ☐ Frequent headaches when reading
- ☐ Light sensitivity
- ☐ Spots floating across field of vision

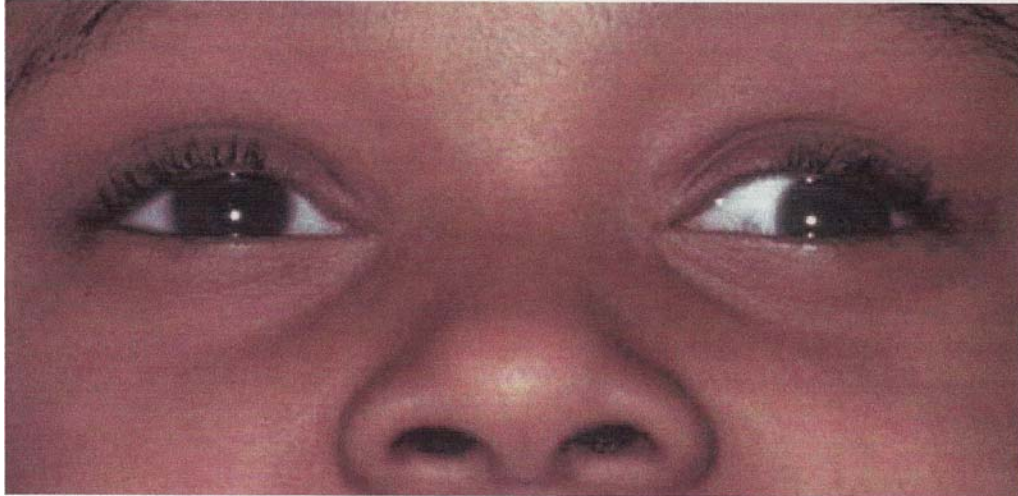
Esotropia versus pseudoesotropia



***Pseudoesotropia as a result of a broad bridge of the nose.
This is not a real eye crossing.***



Exotropia

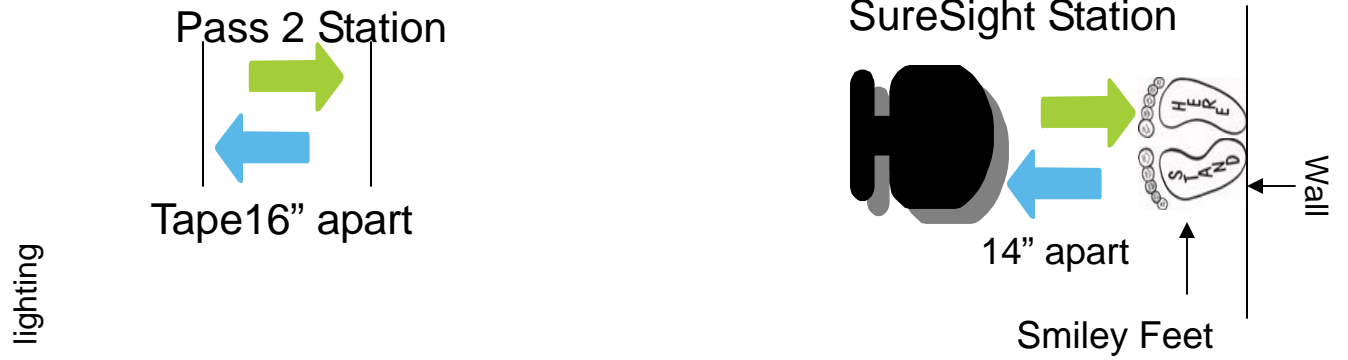


Resources for pictures:

Esotropia- http://www.pedseye.com/strabismus_esotropia.htm

Exotropia- http://www.pedseye.com/strabismus_exotropia.htm

lighting



Registration Table



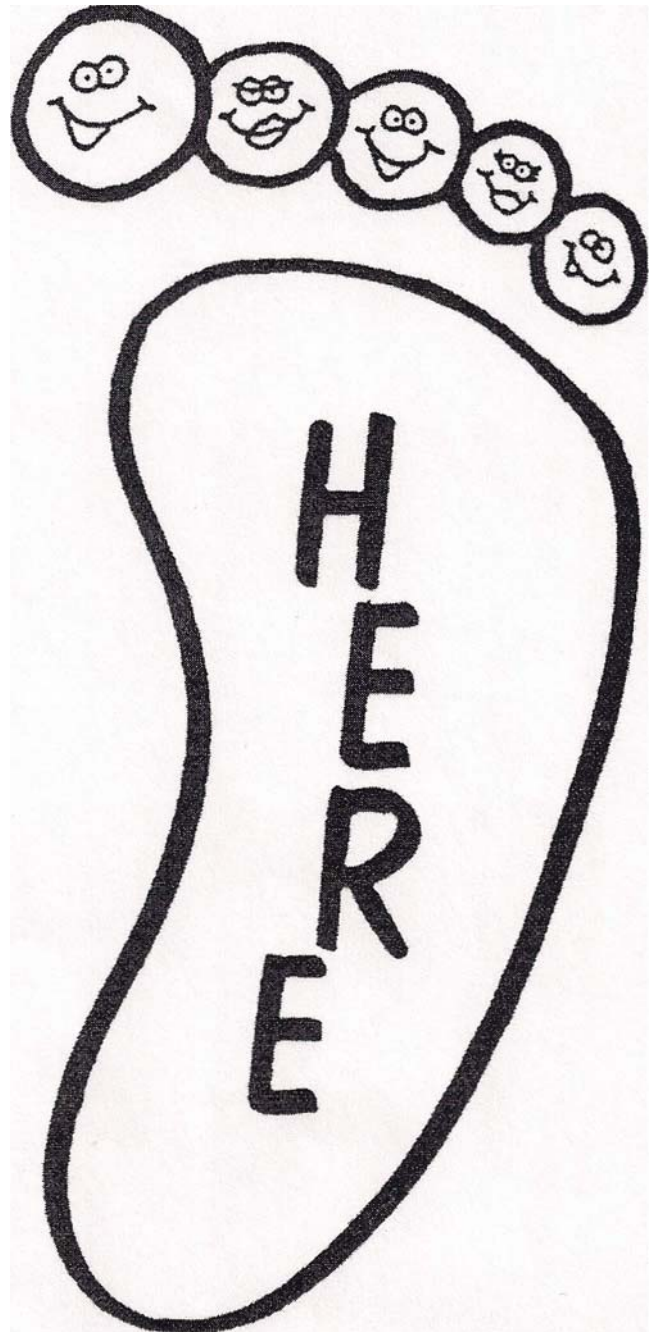
Note: This is just a suggested set up.

Door Way

Small chairs holding area in separate room if possible.



"Happy" Feet Pattern



Stereopsis Visual Testing SMILE (PASS 2)



EQUIPMENT

- o Card A -Demonstration card
- o Card B - 480 seconds of arc for testing three, four and five year old children
- o Card C - 240 seconds of arc for testing five year old children
- o Blank card
- o Pair of small pediatric polarized glasses

SETTING UP

- o Have the child sit or stand to take the test in a well-lit, glare free area
- o Arrange the child so that the cards are 16 inches from the child's eyes
- o Make sure the cards are at the child's eye level
- o Ensure it is 16 inches from the child's eyes to the cards

CONDUCTING THE TEST

The back of each card is labeled. Begin with card A (demonstration card). This card has a two dimensional smile face, and is used for training purposes.

□ STEP 1

Put the polarized glasses on the child. If a child wears glasses, place the polarized glasses over the glasses. Ask the child to point to or identify the smile face on card A. Tell the child the figure is "popping" off the card and ask the child to point to it. This allows you to be certain the child can identify the figure.

□ STEP 2

Next allow the child to look at card B and the blank card side by side at 16 inches, in front of the child at a 10 degree angle (top of card tilted back towards the screener.) Tell the child to point to the card with the smile face. If the child cannot successfully identify card B, stop testing.

□ STEP 3

Shuffle the cards behind your back to change the position of the smile face. Present the cards to the child side by side. Repeat a maximum of five times.

□ STEP 4

The child is successful if the child is able to identify the card with the smile face 4 of 4 or 4 of 5 presentations. The child is unsuccessful if he/she answers incorrectly one or more times.

□ STEP 5

For five year old children only: If a five year old successfully identifies 2 or more presentations of card B, replace card B with card C and repeat the same procedure again with card C and the blank card.

□ STEP 6

The child is successful if the child is able to identify the card with the smile face 4 of 4 or 4 of 5 presentations. The child is unsuccessful if he/she answers incorrectly one or more times.

REFERRAL CRITERIA

If a three or four year old child does not correctly identify card B on 4 out of 5 presentations.

If a five year old child does not correctly identify card C on 4 out of 5 presentations, and/or does not correctly identify card B on 4 out of 5 presentations.

SureSight Vision Screener



What Are You Testing?

The Welch Allyn SureSight is a screening autorefractor that identifies nearsightedness, farsightedness, astigmatism and mean spherical difference for anisometropia.

What You Need to Do the Test:

1. Welch Allyn SureSight Vision Screener.
2. Printer for SureSight.
3. Paper for printer.
4. Double A (M) batteries for printer.
5. Ale adaptor.
6. Tape for attaching printout to data form.
7. A dimly lit room without sunlight.

Remember: Be sure there are fresh batteries in the printer. If they are not fresh, plug the printer into the AC power.

How You Do The Test:

1. If the child is wearing glasses, **do not** remove them prior to testing.
2. Turn the instrument on by pushing any button.
3. Have the child stand with his/her back against a wall.
4. Assure that the SureSight instrument is set on "Child" mode. When set correctly, a picture of a small child will be displayed on the screen (in bottom left). If it set on "Adult" mode, press the child/adult picture button.
5. Position yourself at eye level to the child, facing the child straight on.
6. Push the "go" button. Direct the child's attention to the flashing green lights/red central light by saying "I am going to take a movie of your eyes." "Look at the red light in the camera."
7. Position the Sure Sight instrument at approximately 14 inches from the child.
 - If you are positioned too far away, you will hear slow low-pitched noises. Slowly move the instrument closer to the child.
 - When you are at the correct distance you will hear a steady low tone. If you don't also hear chirps, swirl the instrument slightly within the pupil area.
 - If you are too close to child, you will hear a quick high-pitched beep.
8. When the distance is correct, look through the peephole and aim the cross target on the center of the pupil (black area of the eye) of the right eye. While the measurements are being collected, the instrument will make a high-pitched noise (chirping). A low steady tone occurs when measurements are completed.
9. When testing of the right eye is complete, you will hear a sound of "tah-dah".
10. Keep the same working distance. Turn yourself and the Sure Sight toward the left eye. Double-check and make sure the L light is flashing. Align the cross target over the left pupil. Your working distance should be approximately 14 inches.
11. A "tah-dah" sound will appear when testing of the left eye is complete.
12. Aim the instrument at the printer and push the print button. If the printout shows black boxes instead of values, you are too close to the printer. The instrument should be aimed a distance of at least 3 feet from the printer.
13. DO NOT TEAR THE PRINTOUT OFF OF THE PRINTER UNTIL TESTING IS COMPLETED. Advance the paper in the printer by pressing the feed button to provide a margin for taping.

14. To retest one eye, press the **R/L** button (softly). When the **R** is flashing, retest the right eye. When the **L** is flashing, retest the left eye. To start the retest, press the **Go** button.
15. To retest both eyes, press the **Go** button.
16. Print after the first test and after each retest, but do not tear off printer tape until all measurements for that child have been printed. Then tear off the printer tape and attach the printout to the data collection sheet.
17. NOTE: Attach printout by taping only at the top and bottom edges. Do not tape over any results.

What You Tell The Child:

1. Tell the child to sit very still.
2. Tell the child to look at the red light inside the green lights.
Tell the child to open his/her eyes wide "like you are surprised" and keep them open.

What You Write Down:

1. The unit automatically records and prints the measurements for you. Tape the printout to the data form **before** the child leaves the station.

Remember!

1. Set the SureSight on "child" mode.
2. Position the unit straight ahead and level with the child.
3. Rotate the unit to the left eye after right eye measurement.
4. Remind the child to look at the red light.
5. If there are no numerals on the display for any of the measurement attempts, "incomplete" should be marked for that eye. In addition, "instrument failure" should be written on the form.

Calibration:

1. If the instrument requires calibration, a circle with the "cal" will appear on the bottom of the display screen. If this occurs, do NOT continue using the instrument. Contact School Health.

Controls

The buttons on the back of the instrument function as follows

Clear and Child/Adult Calibration

- Clears readings
- Changes child/adult (hold down)

Left/Right Toggle & Print

- Selects single eye to re-test or switches back to regular test.
- Prints results (hold button down while aiming patient side of SureSight at printer until you hear "tah-dah")



"GO" Button

- **Unit on:** starts test
- **Unit off:** recalls old readings

The instrument will turn off when unused for 1 minute. Any button pressed on the SureSight will bring up results.

Pre-test Set-up:

- Push any button to turn the unit on.
- Position the patient so that the test can be conducted level with, and square to, patient's eyes.
- Choose the appropriate calibration using the child/adult button (child mode for 6 yr. and under). Hold button until you hear a double beep and see the desired icon on the LCD.
- Explain the test procedure to the patient:
 - "Now I will check your eyes. You will see a red light in the middle of the blinking green lights"
- Position yourself at eye-level and square with the face of the patient.

QUICK REFERENCE

Pre-test Set-up:

- Push any button to turn the unit on.
- Position the patient so that the test can be conducted level with, and square to, patient's eyes.
- Choose the appropriate mode using the child/adult button (child mode for 6 yr. and under). Hold button until you hear a double beep and see the desired icon on the LCD.
- Explain the test procedure to the patient:
- "Now I will check your eyes. You will see a red light in the middle of the blinking green lights."
- Position yourself at eye-level and square with the face of the patient.

Test Procedure:

- Push the "GO" button on the unit
- Check that the patient is fixated correctly throughout the test.
- Position the unit at the correct distance from the patient:
- When the unit is too far away, you will hear slow, low-pitched beeps.
- Slowly move closer. At the correct distance (14"), you will hear a steady, low tone. ———
- When the unit is too close, you will hear quick, high-pitched beeps.
- The crosshair will flash in synch with the tones.
- Look through the peephole and align the crosshair on the pupil of the patient's right eye. While the unit is acquiring data, you will hear a very high-pitched chirping sound over the steady low tone.
- If you are not acquiring data (steady tone without acquiring data chirps):
- Scan around the pupil in an outward-moving spiral until chirps begin, then hold this location.
- Ask the patient if they can see the red light.
- When the test of the right eye is complete, you will hear the "tah-dah" sound. (Testing resumes after 1 second, so you do not need to press any buttons for the left eye test.)
- Without changing position, rotate the unit to the left eye and align the crosshair over the pupil. Repeat test.
- At the end of the test, you will hear the "tah-dah" sound again.
- If the unit has not gathered enough good readings from either eye, you will hear 5 tones when the test stops. - - - - - You must re-test that eye.
- To stop a test at any time, hold any button until 5 tones sound.

Hints To Insure Good Results & Rapid Test:

- Ambient lighting:
- Don't perform by uncovered windows
- Dimmed light can help for those with small pupils
- Too dim is difficult for those with dark irises
- Entry angle - straight and eye level
- Rotate unit to test left eye
- Fixation: "Look at the red light"
- Remind and monitor
- Match patient age and mode
- These are noted on the print out
- Correct distance/Not taking readings (steady tone without chirps):
- Ensure you are level and square with the patient
- Scan the crosshair around the eye in an outward moving spiral until chirps begin, hold this location
- Ask patient if they can see the red light
- Aim high if testing through glasses
- Make sure the patient's eyelids are not occluding the pupil

Results

Reliability Number indicates the number of good readings obtained and their consistency, based on a 1 to 9 scale (higher numbers are better).

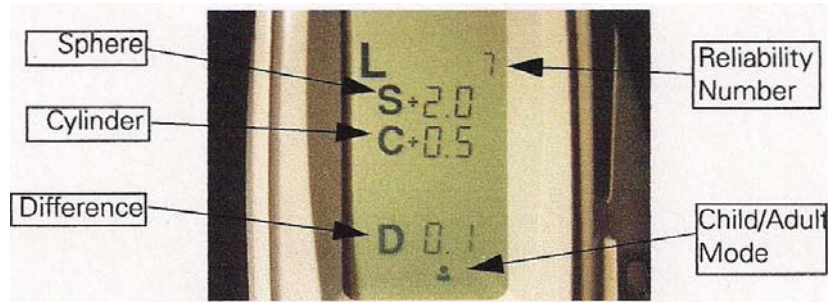
- =/ > 6 is typically acceptable #
- < 5 is poor / repetition of the test is necessary

If after several attempts you are not able to get better than a 5 reliability factor for either one or both eyes, print the "5" readings, clear the SureSight and take a second set of readings. Print and attach both readings to the Result Form.

If after several attempts you are not able to get good reliability factors (less than 5), print what you get, clear the SureSight and take a second AND a third set of readings. Print all three and attach to the Results Form.

An asterisk * by an S, C, and/or D in either eye on a reading in child mode indicates the child may be "At Risk" (not necessarily a referral). Print results, clear readings on the WASS and take a second set of reliable readings. Attach both readings to Results Form.

If you are able to get a reading in one eye but not both, print what you get, attach the printout to the Result Form and document on the Form "unable to get reading in right/left eye. If you are unable to get a reading in both eyes, document on Result Form "unable to get readings, both eyes". Be sure to check your technique as the inability to get good, and/or reliable readings are often associated with too much angle in the instrument (not at eye level) or too much glare in child's eyes or lens of the instrument.



Results

Reliability Number indicates the number of good readings obtained and their consistency, based on a 1 to 9 scale (higher numbers are better).

- ≥ 6 is typically acceptable #
- 5 is marginal/repeat the test if possible
- ≤ 4 is poor / repetition of the test is necessary

If the patient did not appear to fixate on the unit during data acquisition, repeat the test.

S is the **sphere**, or power of the eye measured in diopters. Negative numbers indicate myopia (near-sightedness). positive numbers indicate hyperopia (far-

C is the **cylinder**, a measure of astigmatism, or irregular focus of the eye .

D is the **difference** in the mean spherical power between the two eyes (displayed in child mode only).

* An asterisk on a reading in child mode indicates it is in AAP pre-school referral range.

A +9.99 or -9.99 indicates a reading outside the unit's measurement range.

Vision Screening Cover Sheet

Vision Screening Sight Information

Date _____
Screening Site _____
Address _____
City and Zip Code _____
Contact person _____

Preliminary Screening results

Number of Children _____
Number referred _____
Length of screening _____
Instrument serial number _____

Lions Club Information

Lions Club _____
Contact _____
Address _____
City and Zip Code _____
Telephone number _____
Screeners _____

Please send this form to your regional coordinator

The Parent's to Do List

Our tests indicate that your child, _____, may have a vision problem which requires action on your part. By following these steps, you can greatly reduce the chance that this problem will permanently affect your child. Some insurance companies require that you contact your primary care physician before seeing a specialist.

Make an appointment for your child with an optometrist or ophthalmologist.

Take your child to the appointment. Please remember to bring this form with you.

If your child is already under the care of an eye doctor, make an appointment.

Finding an Eye Doctor

If you do not already have a family eye care professional, you can find one in your area by contacting the following state associations

Ohio Ophthalmological	614-527-6799	www.ohioeye.org
Ohio Optometric Association	800-999-4939	www.ooa.org

Resources for professional eye care and eye glasses: If you already receive **Medicaid**, your child is eligible for an eye examination and a pair of glasses (if prescribed) annually. Find out more at www.jfs.ohio.gov.

Ohio Department of Health Medical Specialty Clinics for Vision

A child under the age of 21 can be referred to a vision clinic for an eye exam if they meet the following criteria: an eye turn or pathology; a failed vision screening or parent or teacher concern. Glasses are not provided at the clinics, but referral programs are available. For more information go to Ohio Department of Health web site: <http://www.odh.ohio.gov/odhPrograms/cfhs/medspec/medspec1.aspx>

Healthy Start and Healthy Families is a free health coverage program for children from birth to age 19 who qualify based on family income. The Healthy Start and Healthy Families program covers vision services. For more information call 1-800-324-8680 to request an application for enrollment, or download an application at www.jfs.ohio.gov/OHP/consumer.stm

If you cannot afford to take your child to an eye doctor for an eye examination, you should contact your child's school nurse, the local health department or your child's primary health care provider for more information about the **Sight For Students** program which provides eye exams and eye glasses, if prescribed, to qualifying children.

OR YOU MAY CONTACT

Prevent Blindness Ohio	800-301-2020	www.pbohio.org
Ohio Lions	614-539-5060	

Screening provided by OHIO LIONS - District 13 - _____ Lions Club

Vision screening training provided by Prevent Blindness Ohio "Our Vision is Vision", and Ohio Department of Health, Bureau of Child and Family Health Services, Save Our Sight Program

Appendix

Forms to copy if needed

- **Help save the sight of a child.**
- **To Parents Notification of Vision Screening.**
- **Vision Screening Consent Form.**
- **The Parents to do list.**
- **Pre-screening sheet.**
- **Screening Equipment Loan Form**
- **Vision Screening Cover Sheet**
- **Thank you letter to facility**

HELP SAVE THE SIGHT OF A CHILD

Can your child see? Are you sure!

The first three years of life are critical in the development of good vision. Undetected and untreated problems during this early period can prevent proper development of the brain's binocular function, resulting in amblyopia or lazy eye. In fact, amblyopia is the leading cause of monocular blindness.

Most children between the ages of twelve and 72 months either never have their vision checked, or they are tested with a method that often fails to detect serious eye problems. Most children do not have their eyes tested until they enter school and are old enough to read an eye chart. By then, it may be too late for the most effective treatment.

A clinic without walls is coming to your area to do vision screening. Utilizing an auto-refraction of your child's eyes, the screening may determine the presence of eye disorders including far and nearsightedness, astigmatism, strabismus (crossed or misaligned eyes), anisometropia (unequal refractive power), and media opacities (i.e. cataracts). No physical contact is made with your child and eye drops are not necessary. This screening is approximately 85-90 % effective in detecting problems that can cause decreases in vision. You will receive your child's results from the Local Lions Club with either a pass or refer recommendation.

For more information contact your local Lions Club.

This Program is sponsored by the Lions Clubs International Foundation, Ohio Lions Inc, Ohio Department of Health, Prevent Blindness Ohio and your local Lions Club.

VISION SCREENING EVENT SCHEDULED FOR:

To: Parents

From: _____
(Nurse/Administrator)

Vision screening will be administered on _____
at _____
(Date)
(Location)

Why is it important to have your child's vision screened?

To identify if your child has, or might be at risk for, vision problems.

Vision screening will consist of any of the following:

1. Observation: Any appearance, frequent behavior, or complaints by the child that is heard or observed by the staff.
2. The screening with an auto refractor (the Welch Allyn SureSight) measures the refractive status of each eye.
3. Stereopsis test: A screening test to help determine how well a child's eyes are working together. It is often used to detect amblyopia (lazy eye).

If your child passes the vision screening, you may not be contacted by the school nurse. A vision screening provides only records how your child performs on the day the test was given. It is not a substitute for a complete eye exam by an optometrist or ophthalmologist.

If your child fails the screening, you will be informed of test results.

Please direct any questions to _____ at the following
Phone number _____

Thank You.

VISION SCREENING CONSENT FORM

On _____, the local Lions Clubs in your community will offer a free vision screening to your child. Utilizing an auto-refraction of your child's eyes, the screening may determine the presence of eye disorders including far and nearsightedness, astigmatism, strabismus (crossed or misaligned eyes), anisometropia (unequal refractive power), and media opacities (i.e. cataracts). No physical contact is made with your child and eye drops are not necessary.

I, the undersigned, hereby give permission for my child, _____, to participate in the screening event. I understand the following regarding this program:

- 1. The information obtained from this vision screening is preliminary only, and does not constitute a complete exam or diagnosis of vision problems. It should be used only as part of a comprehensive eye care program which includes periodic optometric or ophthalmological exams.**
- 2. There is no charge to participate in the vision screening process.**
- 3. I understand that I am responsible for arranging for a complete eye exam if my child has been referred as a result of the screening test. I also agree to provide the required follow-up information if further evaluation is required.**
- 4. All information collected by the Ohio Lions will be held in strictest confidence and stored in accordance with the Ohio Department of Health medical requirements and will not be released to any private person or medical care provider without a properly executed HIPPA medical release document.**
- 5. I will not hold the Lions Club organizations, the Ohio Lions Pre-School Vision Screening Program, or the Ohio Lions accountable for any errors of commission, omission or misdiagnosis.**

Signature of Parent or Guardian

Date

Please Print or Type

Child's Name: _____ (_____) Male: _____ Female: _____
First Middle Last Initials

Child's Date of Birth: _____ Child's Age: (12 months-60 months.) _____

Parent or Guardian: _____

Address: _____

City and zip: _____

Home Phone: (_____) _____ / Work/Cell _____

e-mail: _____

Is your child currently under the care of an eye doctor? YES _____ NO _____

Name of Eye Doctor: _____ Phone: _____

The Parent's to Do List

Our tests indicate that your child, _____ may have a vision problem which requires action on your part. By following these steps, you can greatly reduce the chance that this problem will permanently affect your child. Some insurance companies require that you contact your primary care physician before seeing a specialist.

Make an appointment for your child with an optometrist or ophthalmologist.

Take your child to the appointment. Please do not forget to take this form with you.

If your child is currently under care of an eye doctor you do not need to make an immediate appointment.

Finding an eye doctor

If you do not already have a family eye care professional, you can find one in your area by contacting the following state associations

Ohio Ophthalmologists Society 614-527-6799 www.ohioeye.org

Ohio Optometric Association 800-999-4939 www.oaa.org.

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OR CONTACT

Prevent Blindness Ohio 800-301-2020 or www.pb ohio.org

Ohio Lions 614-539-5060

Screening provided by **OHIO LIONS - District 13 - _____ Lions Club**

Vision screening training provided by Prevent Blindness Ohio "Our Vision is Vision", and Ohio Department of Health, Bureau of Child and Family Health Services, Save Our Sight Program

Pre-screening sheet

Club contact_____ Phone number_____

Address_____ City_____ ZIP_____

Club_____ Coordinator_____

Name of site_____

Date of screening_____ Time_____

Screeners_____

Approximate number of children_____

Name of eye care professionals who currently work with club or place of screening

Name_____ Address_____

Name_____ Address_____

Name_____ Address_____

Send to regional coordinator

Equipment-Temporary Loan Form

District 13_____

The following equipment has been loaned to: Club_____

Name_____

Address_____

Phone-Home_____

Cell_____

Email_____

☐ Instrument Welch Allyn SureSight (WASS)

☐ PASS 2

Date Loaned_____

Date returned_____

Received by_____

Received by_____

Vision Screening Cover Sheet

Vision Screening Sight Information

Date _____
Screening Site _____
Address _____
City and Zip Code _____
Contact person _____

Preliminary Screening results

Number of Children _____
Number referred _____
Length of screening _____
Instrument serial number _____

Lions Club Information

Lions Club _____
Contact _____
Address _____
City and Zip Code _____
Telephone number _____
Screeners _____

Please send this form to your regional coordinator

Letter to the staff of the screening site (sample below).

Ms: Ellen Smith
Our Lady Elementary 000
South Main Street
Columbus, OH 77777

Dear Ms. Smith:

On behalf of the Hometown Lions Club and the Ohio Lions Pre-School Vision Screening Program, I would like to thank you for your support of the vision screening program. I realize that you took valuable time from your day to help us conduct the vision screening.

Following are the results of the screening. Of the thirty-three children that were screened; three are being referred, and one we were unable to screen. For the child we were unable to screen I have contacted the Lion Member in your area who will call to schedule a retake screening. If you have any questions, please feel free to call me at (419 229-lion)

It is hoped that the Ohio Lions Pre-School Vision Screening Program will continue growing as a statewide program that offers all children access to quality eye care. With help from people like you, we can identify and treat children with vision problems before it's too late. Thank you once again for your time and support.

Sincerely,

Sample of Letter Returning Screening Results to Daycare or other screening facility contact

Acknowledgements

Dr. Michael Earley O.D. - OSU School of Optometry.
Dr. Marjean Kulp O.D. - OSU School of Optometry.
Dr. Robert Goulding O.D., F.A.A.O.
Dr. Richard Lehrer M.D. - District 13D Lions Eye Care Foundation.
Stephen Dorman - Ohio Optometric Association.
Lynval A. Williams, MS, MPH.- Ohio Department of Health.
Lion Ray Dellmore MD13 Sight and Hearing Chairman.
Compiled and revised PDG Larry Swords and DG Bill Keller .

Resources

Ohio Dept of Health - <http://www.odh.ohio.gov/>
OSU School of Optometry - <http://optometry.osu.edu/>
Ohio Optometric Association - <http://ohio.aoa.org/>
Prevent Blindness Ohio (PBO) - <http://ohio.preventblindness.org/>
Pediatric Ophthalmic Consultants - <http://www.pedseye.com/>
Louisiana Lions Cubsight Program - <http://lioneeyes.org/programs/cubsight/>