

Children's Vision Screening Program



Lions Eye Health Program
Australia



Screenener Manual

LEHP - Australia

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Centre for Eye Health

Last Updated: 10/23

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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 screener is indicated for use by LEHP accredited screeners, healthcare professionals or under the guidance of a healthcare professional to screen or evaluate individuals for potential refractive errors associated with poor vision.

This is an Australian Lions program created by Lions in consultation with its' technical partner, the Centre for Eye Health in Sydney.

Lion members and screening volunteers must adhere to all policies and procedures set out by LEHP - Australia in this manual.

The Importance of Eye Screening

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.

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 is paramount to a child's ongoing development. Some common conditions can also become more difficult to treat as the child gets older.

When to get Screened?

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 a 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 years.

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.

What screenings are performed by LEHP?

1. **Visual Acuity** - Lea 3m - 15 line Symbol Chart
2. **Colour Vision** - Quick 6 - Basic Colour Screening Book
3. **Depth Perception** - 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)
 - Binocular Vision - 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.

Note: Some State Governments and other organisations also conduct vision screening for children, although many of these programs only target particular age groups and use particular screening methods. No other program is as inclusive or as comprehensive as the LEHP Children's Vision Screening program.

The Role of the Screener

The LEHP Vision Screener is responsible for competently setting up and operating 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. Screening volunteers working on the Reception Desk require complete understanding of screening and administration procedures and processing of the associated paperwork.



Qualifications

- Completed online screening course and 'hands on' workshop
- Observed at a 'practical' screening session (under the guidance of a LEHP Instructor)
- Hold a 'valid working with children' certificate/card or equivalent

Responsibilities

- To work with a team of screeners
- To manage children on the day of screening and conduct screening stations tasks
- To record results of screening activities on individual result slips
- To act in an appropriate manner and adhere to all Work, Health & Safety as well as Policy requirements set out by the host Facility
- To advise the Facilitator of inability to attend a screening session

Technical Skills

- Competency in using all vision screening equipment
- Accuracy in record keeping and ability to follow protocols and procedures
- Ability to adhere to OHS/compliance/infection control guidelines
- Understanding and practice participant confidentiality
- Awareness of the cultural natures within the community that vision screening will be conducted

What to Wear and Bring Along

- Club or Lions shirt with name tag and Screener ID Badge
- Proof of 'working with children check/card or equivalent
- Valid photo identification card (e.g. driver's license) to positively confirm identity of person - where photo is not displayed on holder's working with children card

Interacting with Screening Participants

- Make it fun! Smile at the child to make them feel comfortable
- Ensure the child being examined is aware it is not a test, instead inform them that you are looking at how healthy their eyes are today
- Tell the child that there are no wrong answers. Always tell the child they 'did a great job'
- Never touch the child or be alone with a child in a room or location that is isolated from view of the other vision screeners
- Don't have too many children lined up at one time
- Have a Lion or administrator available to assist with managing participants waiting in line
- Do not show frustration if a child is not cooperating. Pass them onto the next station and get them to come back later or try an alternate screener
- Give clear instructions as to what the screening 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 the instructions are not being understood, try explaining them in a different way
- When a result is not possible, identify on the Individual Results Letter to parent/guardian that a visit to the Optometrist is recommended
- If you give out stickers to a child, hand it to them so they can place it on them-self
- Ensure the children do not exchange their individual Result Slips with others



Reception Desk

Important Points and Tips



Instructional Video

Purpose:

To ensure the flow of children runs smoothly and administer paperwork.

Set Up

Pens, pencils, scissors, stapler, hand sanitiser or anti-bacterial wipes.

Other items to assist with screening station setup and/or operation:

- cotton bud applicators, tape measure, roll of tape to mark floor position, blue tack, screening material if required to subdue light level in vicinity of spot vision camera operation.

Reception tasks include; managing the participants access to screening activities, recording participant details, numbering Parent Letters and Individual Results Slips or obtaining details on a Group Disclaimer Form (if in community setting), recording results, collating vision screening data onto Group Data Sheet, producing the Individual Result Letters to parent/guardians.

Supplies of LEHP activity sheets for use by children waiting and stickers and bookmarks to take home can also be available. These can all be provided by the LEHP National Office or downloaded on the LEHP website:

<https://lehp.org.au/order-resources/>



Method

- Obtain completed Parent/Guardian Consent Forms from the Facility.
- Add an ID number to each of the returned consent forms.
- Manage children waiting to be screened.
- Have no more than 5 or 6 children enter at a time.
- Greet each child upon arrival.
- Double check there is a returned and signed consent form for each child presenting for screening.
- Provide the child with Individual Results Slip with ID number from their Parent/Guardian Consent Form and first name / initials added.
- Provide administration assistance wherever required.
- Ensure each child hands in their Individual Result Slip after having completed all 4 screening stations before they leave the room.

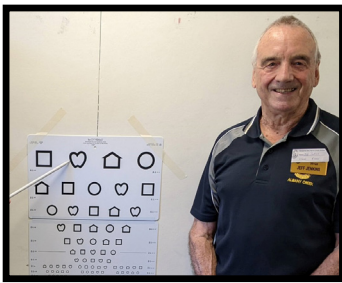
Tips

The students to be screened must have completed a parent/guardian permission/disclaimer form. **No Consent Given = No Screening.**

No list of students to be screened should be created or kept by the screening team (other than any that may be provided by the school or facility, to ensure all children nominated for screening are processed).

Ideally a member of staff from the host facility will be in attendance at all times to identify children and manage any issues that may arise with their participation.





Visual Acuity Screening Instructions



Instructional Video

Purpose: To determine how sharp vision is at longer distances. This is called distance visual acuity.

Set Up

- 2 volunteers are recommended per Lea Chart station.
- Find a space on a wall, door or white board to hang the Lea Chart.
- Place a mark on the floor 3 metres from the chart.
- The centre of the chart is to be at eye height for the average child being screened.
- The room requires good lighting, however watch for reflections on the chart.
- 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.

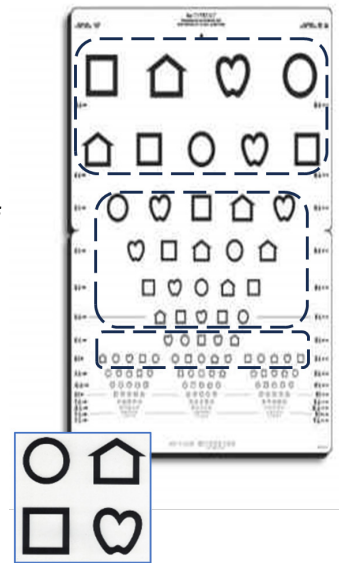
Method

Step 1: With both eyes open: confirm what the child calls each shape and build confidence.

- On top rows 1 and 2 of Lea Chart - point to each shape and ask child to name it (also consider use of Shape Chart if needed to aid with child's identification of shapes).

Step 2: Cover one eye: either ask child to hold their hand over eye to be covered (be aware of child peeking through fingers); or alternatively hold eye occluder, or similar, over child's eye to be covered.

- From row 3 to 6 - test two different shapes on each row
- On row 7 - test all 5 shapes
- On row 8 - test any 5 of the 15 shapes. Don't test below this row of 10mm (6/12) symbols.



Step 3: Swap cover to child's other eye and repeat step 2 above.

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

Tips

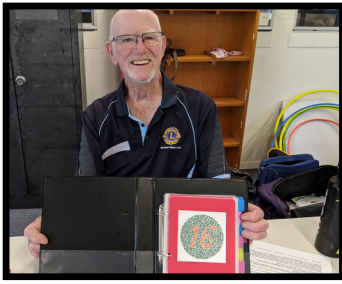
- For younger children especially, one volunteer should point at the chart and one should stand with the child to assess their answers.
- A child may call a shape by a different name, i.e. servo instead of circle. As long as they consistently identify the shape, whatever name is used, is acceptable.
- Avoid using fingers to point at the symbols on the chart, instead hold a pointing device, large knitting needle or a dark thick pen.
- Use the pointing device directly above or below the symbols. Your pointer should not cover the symbols but be clear which symbol is being pointed to.
- The kit provides two Lea charts, both of which can be run at two separate stations for occasions when screening large groups or to clear a backlog waiting to complete the Lea Chart screening. However, it will be necessary to have an additional two volunteers available to run the station.



Explanation of Result when a Referral is Recommended

“When the symbols become smaller as you progress down the chart you seem to have a little difficulty seeing them. It's important to find out why. I will suggest to your parents that you visit an optometrist. They are experts at finding out why and also finding ways to help, if its needed.”





Colour Vision Screening Instructions



Instructional Video

Purpose: To determine if the child sees colours as most people do.

Set Up

- Cotton bud applicators to be supplied for use by those participants needing to trace the number on the card.
- One volunteer is sufficient to manage this station.
- Screener to be seated 1 metre in front of or alongside of child.
- The room requires good lighting, however watch for glare on the cards.
- Colour screening can be conducted in the same room as the other screening stations. However to avoid children memorising or copying answers, it is best to perform the screening without other children nearby.

Method

- Explain this activity by saying “we are looking to identify the hidden numbers on these cards”.
- The cards are to be individually shown in order starting with **Demo** and then from **1 to 7**.
- With child having both eyes open, show each card in turn and ask what number can be seen.
- If a child is not confident with their numbers, each digit can be read singularly (i.e. ‘1’ and ‘6’ rather than 16), or if necessary, each number can be traced using a cotton bud applicator.
- **DO NOT** allow the use of a finger, pen or a stick to trace numbers as this can damage the cards.
- Expected answers of the cards when shown in the correct order are: **16, 2, 42, 74, 15, 5, 7 & 35**.
- If a child reads a number incorrectly, or cannot trace it, place that card aside and continue showing each of the remaining cards before returning and reshowing any card/s where the number could not be correctly identified or traced on the first attempt.
- Mark child’s Individual Results Slip with the agreed symbol to signify the test result as being either ‘completed successfully’ or ‘referral recommended’.

Refer if a child answers 2 or more cards incorrectly

Note: Card 8 - basic colour chart, is not required. This card tests for a blue yellow loss, which is rare in the absence of eye disease.

Tips

- 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.
- If there is no response to the first/demo card plate the answer can be shown, to give the child an idea of what is required.
- The plates can be hole-punched and contained in an A5 ring binder to make it easier to flip them in order and keep them clean.
- Cleaning cards with a light cloth will stop film forming on them from being handled.
- Avoid using the term ‘colour blind’. Colour blindness is a bad expression. Everyone sees colours, some just see colours differently.

Explanation of Result when a Referral is Recommended

“You seem to perceive colours differently to most people.”

Note: The colour gene is carried in the ‘X’ chromosome. Boys have a one in ten chance of colour vision disorder, whilst girls have a one in a hundred chance. Boys have one ‘X’ chromosome whilst girls have two. For girls to experience colour vision deficiency, both ‘X’ chromosomes need to be affected.

The charts give an indication if the colour vision deficiency is more likely to affect red colours. This can be more significant as it may be difficult to see what apples a ripe, stop lights and brake lights can be difficult to see and coloured electrical wiring could be confusing.





Depth Perception Screening Instructions



Purpose: To assess binocular function of eyes at near tasks.
This is called stereo acuity.

Instructional Video

Set Up

- One volunteer is sufficient to manage this station.
- Screener to be seated 1 metre in front or alongside of child.
- The room requires good lighting, however watch for glare on the book.
- Depth Perception can be conducted in the same room as the other screenings.
- Place closed Stereo Fly Test book on table.

Method

- Screening is conducted with both eyes open.
- Open Stereo Fly Test book and ask child to look at the fly for a few moments.
- Close the book and ask the child to put on the 3D glasses.

1. Fly

- Reopen book and ask child “does the fly look the same, or if not, what is different now that you are wearing the special glasses?”. There may also be visual cues from their facial expression.
- It maybe necessary to re-frame question to suit the age or understanding of child. Recognising that the fly now looks different may be observed through visual cues in the students facial expression or use of fingers in attempt to pick up the fly wings. Avoid using leading questions e.g. “can you see the wings of the fly standing up from the page”.

2. Animals in a Row

- With child still wearing 3D glasses, explain the next activity by saying “we are looking for animals which jump out of the page”
- Ask child to identify which animal, in each of the three rows, is jumping out of its box, or standing out like the fly on the other page.
- The response can be either verbal, by pointing, trying to pick up the animal or pushing it back into the box.
- Mark child’s Individual Results Slip with the agreed symbol to signify the test result as being either ‘completed successfully’ or ‘referral recommended’.

Refer if the fly is not seen as standing out or if any of the required animals are missed on the three rows

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

Note: The circle chart is used to define the extent of any stereo anomaly but is not required for our purposes.

Tips

- Avoid other nearby children observing the screening being conducted as they may be learning clues as to what is expected of them when it comes their turn.
- Some children are quite vocal about the difference they see while others may be shy or quiet.
- Allowing the child to hold the book and manipulate its angle, should help to get the best result.
- Ensure 3D glasses are wiped between each child and the lenses cleaned regularly.
- It is recommended that the 3D glasses are stored in a suitable case to protect them from damage during transit. The book must be stored in a cool location, sun/heat can damage the quality of the pictures and affect screening results.

Explanation of Result when a Referral is Recommended

“Good clarity of vision and good eye coordination are required to perceive the stereo effect. Your eyes do not seem to be working perfectly together today”.

Note: 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 on repeat the child may have “normal” stereo vision at another time and with other types of activities. It is also important to ensure that the child clearly understands the instructions being given.





Spot Vision Camera

Screening Instructions

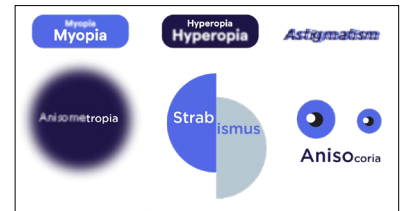


Instructional Video

Purpose: To screen for abnormalities with the child's eyes. In particular; Myopia (near sightedness), Hyperopia (far sightedness), Astigmatism (blurred vision), Anisometropia (unequal refractive power), Binocular Vision (eye misalignment) and Anisocoria (unequal pupil size).

Set Up

- Ensure Spot Vision camera is fully charged prior to screening session.
- One volunteer is sufficient to manage this station.
- Find somewhere to sit or stand where the lighting is subdued – too much light makes the pupils too small to screen. Having the subject positioned so they are looking into the dark may assist. Reposition and/or use temporary screens if necessary. Remember to recheck during day if affected by changes in sun direction.
- Do a 'test run' with a trial participant to ensure that room lighting and distance from the camera are correct for a successful reading.
- Place paper footprints or a mark, using tape, 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.
- While a location with subdued lighting is required to conduct this screening ensure that other vision screening volunteers have unrestricted view of it. Do not set up or use the camera in a secluded location or area away from other volunteers.



[Hillrom.com/en/products/spot-vision-screener/](https://hillrom.com/en/products/spot-vision-screener/)

Method

- Turn on camera, select Home screen and select appropriate Age Range and slowly raise camera upward to meet both of child's eyes with front of camera approx. 1 metre away.
- Ensure there is no direct light shining on front of camera when conducting screening.
- Ask child to look at flashing lights in camera lens and to avoid blinking or moving.
- Take stance with one foot slightly forward of other, rock forward or back as required to achieve required focal distance between camera lens and child's eyes. The camera will indicate if you are 'too close' or 'too far'.
- With camera level and squarely pointed at child's eyes, ensure both eyes are clearly displayed on screen. Difficult to obtain successful reading if camera is tilted up or down, twisted right to left, too close or too far.
- "Screening wheel" flashes on screen when reading commenced once camera has identified both eyes at correct focal length. Screener and child must remain still until successful completed.
- The camera has a pupil size detector and will display when there is an issue with pupil size (e.g 'Pupils too small'). If this occurs, ask child to close their eyes and count to 15 before re-opening them and/or make location darker to achieve larger pupils.
- 'Screening Complete' (all test results taken are within range) or "Complete Eye Examination Recommended" (referral is required) appears on screen when test successfully completed. Once this has occurred, save test results on camera: press Home button; to save Test Results press YES in response to "Save Subject "Would you like to save additional data about current subject ?"; use only letter, number, space and dash characters to enter child's ID number and first name or initials from Individual Results Slip; press OK to save details.
- Mark child's Individual Result Slip with agreed symbol to signify 'completed successfully', requires a referral' or as 'NR' where unable to successfully complete screening.

Screening wheel momentarily appears to signify screening process has commenced



Refer if valid measurement cannot be acquired or one is prompted by the camera.

All Measurements in Range



No referral required

Screening Abnormality Detected



Referral for full eye examination recommended

Tips

- Children should be kept in a darkened area prior to screening by the camera to ensure their pupils are suitably dilated.
- Small children or babies can be held by a suitable adult to get the best position for screening.
- For further information on the use of Spot Vision Camera, refer:

Quick Reference Guide

www.hillrom.com/content/dam/hillrom-aem/us/en/sap-documents/LIT/80024/80024004LITPDF.pdf

User Manual

www.hillrom.com/content/dam/hillrom-aem/us/en/sap-documents/LIT/80024/80024081LITPDF.pdf

How to videos

Screen a Subject:

assets.hillrom.com/is/content/hillrom/MC16213-EN-R1_Spot-Vision-Screener-Screen-a-Subject_Video-HR-2

Export Results to Computer:

assets.hillrom.com/is/content/hillrom/MC16213-EN-R1_Spot-Vision-Screener-Export-Screening-Results-to-a-Computer_Video-HR

Explanation of Result when Referral is Recommended

Myopia (Short sighted)

“You have no problem seeing close things, but your long distance vision could be improved. Sometimes it might be hard to read a teaching board when sitting at the back of a class”.

Hyperopia (Long sighted)

“You see clearly but your eyes have to focus harder to see. The extra focusing can put strain on your eyes, especially at near distance, for example, when you are reading a book. So if one eye is a little short you have to ‘zoom’ in to see.

Astigmatism

“Your eyes are a little out of shape, this may require correcting so a further test by an optometrist is recommended. Sometimes things may appear blurry, not clear and sharp”.

Anisometropia

“One eye is a little different to the other, so a further test is recommended. One eye may be perfectly in focus but the other might need correcting.

Binocular Vision (Gaze) e.g. Strabismus

“Your eyes are not quite parallel so a further examination by an optometrist 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 to create a misalignment”.

Anisocoria

“Your pupils, the holes letting light into your eyes, seem to be different sizes. There can be many reasons for this and it could be just the special way you were born. A further examination by an optometrist is recommended.”



Recording of Results

For privacy reasons, the ID field on the Individual Results Slip should only contain a first name or initials and allocated ID number. All slips are to be provided by the Lions Vision Screening Facilitator.

It is important to ensure that children do not exchange Individual Result Slips during the screening activities.

As a child completes the requirements of each dedicated screening station, the Vision screener marks their Individual Results Slips using agreed symbols to signify the screening result as being either “completed successfully” or ‘referral recommended’.

Rather than using a ‘tick’ to indicate pass or ‘cross’ for fail (which could cause upset for a participant), agreed and well defined positive symbols to be used must be decided, clearly understood and consistently used by all vision screeners e.g. asterisk, circle, smiley face, star, square, triangle, hyphen, diagonal slash etc.

Upon completion Individual Results Slips are to be returned to the CVSP Reception. Results are then transcribed onto the corresponding Individual Results Letter to the Parent/Guardian and Group Data Sheet.

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 screening or provided to the school administration for distribution in accordance with privacy legislation).

Where the parent/guardian 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.

1. Individual Result Slip

ID	Chart	Colour	3D Fly	Camera

2. Individual Results Letter


These are to be completed per child, and sealed in an envelope or given to the facility for distribution to parents/guardians. Information for this form is gathered from the Individual Result Slip along with the child’s pdf file downloaded from the Spot Vision Camera (if applicable).

3. Group Data Results

CVSP Facilitator to oversee the completion of this from Individual Result Slips and send to LEHP National Program Manager. If applicable a copy of this summary should be given to the school or community administrator. A copy should also be kept by the Lions Club conducting the screening.

Individual Results

Date: _____



Lions Eye Health Program
Australia

Vision Screening Report

To the parents / guardians of _____

Your child underwent vision screening today at _____
The screening evaluates vision clarity and eye co-ordination. It is however a screening and not a complete eye examination. Comprehensive eye checks are advised at least every 2 years throughout your child’s school life.

Results

On the basis of your child’s vision screening, the current results have been categorised as:

Passed - The vision screening did not detect any problems in the areas that were assessed.

Further Assessment Required - On the basis of the results today we recommend that you arrange for your child to have a comprehensive vision examination with an optometrist. Results that were found to be outside normal limits were:

Visual Acuity - The sharpness of vision or ability of the eyes to distinguish the details and shapes of objects.

Colour Vision - Ability to identify a range of colours on differing backgrounds.

Depth Perception - Ability to determine distances between objects and see the world in three dimensions.

Spot Vision Screener (a print out from the machine is provided - if available)

Myopia (near sightedness)

Hyperopia (far sightedness)

Astigmatism (blurred vision)

Anisometropia (unequal refractive power)

Binocular Vision (gaze) - (eye misalignment)

Anisocoria (unequal pupil size)

Other

Unreadable Result - Spot Vision Screener unable to make a satisfactory reading


No Result Recorded - noted child may already be under the care of an optometrist.

Thank you for your participation in the LEHP-Australia Children’s Vision Screening Program.

Group Data Results

Date: _____

Location: _____ Pre-school / Primary _____



Lions Eye Health Program
Australia

Facilitator: _____

Lions Club: _____ District: _____

Summary of Results

Total Number Screened _____ Total Number Referred _____

All measurements in range		Total
Complete Eye Examination Recommended	Visual Acuity	Total
	Colour Vision	Total
	Stereo Depth Perception	Total
	Spot Vision Screening	
	Myopia (near sightedness)	Total
	Hyperopia (far sightedness)	Total
	Astigmatism (blurred vision)	Total
	Anisometropia (unequal refractive power)	Total
	Binocular Vision (gaze) - (eye misalignment)	Total
	Anisocoria (unequal pupil size)	Total

Answering Questions

Questions from the participant or parent/guardian regarding the screening results should be answered properly without diagnosing.

- If asked why a child needs to be referred we cannot diagnose as we are not registered health practitioners. The only thing we may say is that based on the guidelines provided with each screening station it is recommended that the child visit an optometrist for a complete eye examination.
- Do not enter into a debate on the merits of screening or the equipment used. If questioned, make it clear that it is used for vision screening purposes only and is not a comprehensive eye examination.
- Without indicating why a particular child did not pass the screening you may discuss the various conditions the screening detects and why they are important. Again we CAN NOT indicate why a child needs a referral. This is diagnosing and is beyond the scope of the vision screening conducted by the accredited Lions volunteers in accordance with the policies and procedures set out by Lions Eye Health Program Australia.
- Any advice should be limited to recommending follow up action and the explanations of particular conditions that may be discovered during the screening activities. Refer to screening station instructions - 'Explanation of when a Referral is Recommended'.
- As the scope of the LEHP children's vision screening program is purely screening, the answer that Lions should give to any technical question raised at the screening or later is "you should ask an optometrist, medical practitioner or health care professional".
- If a qualified optometrist is in attendance at a screening they may choose to answer other questions from their own knowledge or experience.
- The LEHP Children's Vision Screening brochure can be given to parents/guardians, if not already distributed. Copies of the brochure need to be ordered from LEHP head office prior to each screening.

Photograph/Video Policy

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

Please check with your Lions Vision Screening Facilitator before taking any photographs or video.

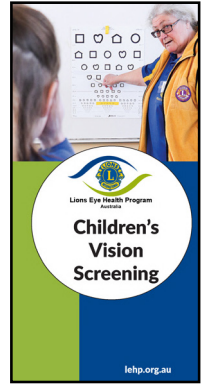
After the Screening

At the conclusion of a screening session Screener's may be required to:

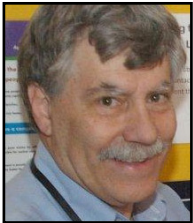
- Make certain all items from the screening kit and used at the reception desk are collected.
- Return CVSP ID Badges.
- Tidy the screening room and restore it to its original configuration.
- Confirm that their details are recorded correctly and clearly on the Sign-on Sheet.
- Dispose of any rubbish and used disposable screening items.
- Check for any 'lost property' items left by participants or screeners.
- Assist with preparation of the Individual Result Letters.
- Attend a meeting to; debrief, discuss the screening results, obtain feedback regarding any issues or processes and celebrate the conclusion of the screening session.
- Copies of all photographs need to be saved and sent to the LEHP Program Manager.
- Copies of disclaimers /documents needs to be collated and returned to the Facility for their record keeping management.

Further and Contact Information

- LEHP - Australia Website - lehp.org.au
- CVSP Brochure
<https://lehp.org.au/wp-content/uploads/2023/04/CVSP-Brochure-2023-website.pdf>



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