Lions Child Sight UK Training Manual

Issue 2.1 – February 2025

LIONS CHILD SIGHT UK TRAINING MANUAL

CHAPTER ONE:

LIONS CHILD SIGHT UK MISSION STATEMENT

Lions Child Sight UK aims to ensure that children across the UK have access to **early vision screenings**, especially in schools. By **working directly with schools**, the programme aims to **detect potential vision problems at a young age**, allowing children to receive the necessary care for **optimal development**. This initiative seeks to make screenings **accessible and routine**, helping prevent **undiagnosed vision issues** from impacting children's **learning, confidence, and future success**.
With this mission, **Lions Child Sight UK** hopes to create a **healthier, brighter future** for the next generation.

OVERVIEW OF WHY VISION SCREENING IS IMPORTANT

According to educational and vision experts, 80% of learning is visual. So, if a child can't see well, they can't learn well. It is estimated that more than 40% of the brain is devoted to visual function.

Eye tests and glasses are free for children whilst in full-time education, however, many parents do not take their children for screening. As adults we notice when our sight changes, but for a child who has always had vision, they may not realise that they have an issue.

Lions Child Sight UK suggests Lions perform vision screening with a concentration on Early Years (EY) (Reception, Year1 and Year 2) due to the need for early identification of risk factors for amblyopia, but screening through to year 6 is recommended.

Approximately 5% of all children in the this age group will have amblyopia, a treatable disorder that can result in permanently reduced vision when not addressed at an early age. The screening devices detect risk factors for amblyopia, such as strabismus (eyes that cross or wander out), refractive errors (the need for eyeglasses) and unequal vision between the two eyes, and potentially even more serious issues such as cataracts and eye cancer.

It is very important to understand that the "Gold Standard" for eye care is a comprehensive eye examination by an optometrist or ophthalmologist. Vision screening is a simple and test designed to identify those children with risk factors which need to be examined by a professional. It is an attempt to get as many children in need of professional care as quickly as possible into the eye care system.

WE DO NOT SCREEN ADULTS. The screening devices do not test for all adult eye disease such as glaucoma, diabetic retinopathy, macular degeneration, or any of the many conditions for which adults are at risk.

CHAPTER TWO: SETTING UP A SCREENING PROGRAMME

BASIC UNDERSTANDING OF ANY PRIVACY AND DATA PROTECTION CONCERNS

Lions, in doing vision screening**, are not** conducting medical examinations resulting in a diagnosis; we are doing ***screening*** resulting in a referral when necessary. However, we still need to be fully aware of our responsibility to protect privacy, including data protection.

- Parents/guardians **MUST** sign permission forms allowing their child to be screened.
- Lions will have access to identifiable data only for the duration of the screening, including the consent form, but will **NOT** store or record any children, or family names or addresses in any of their records. All identifiable data will be given back to the school on the day of the screening.
- **NO** data, other than the name of the school, date of the screening, number screened, and number of referrals made shall be kept.

USE OF PARENTAL PERMISSION FORMS

As indicated above a parent/guardian **MUST** sign a consent form allowing their child to be screened. This form is the official Lions Child Sight UK permission letter (see APPENDIX 2). This letter clearly indicates the following:

- A statement that the procedure is non-invasive (doesn't touch the child).
- A statement that the screening is not a substitute for a comprehensive eye examination by an optician.

*If parent/guardian permission is **not** obtained the child **will not** be screened.*

VULNERABLE PERSONS REQUIREMENTS

ALL Lions participating in the Lions Child Sight UK **MUST** hold a current and valid Enhanced DBS certificate. These will be shared with the schools as required.

All schools have a safeguarding or child protection policy and designated safeguarding Leads. Please ask to read the policy before a screening session is booked. We as Lions are visitors in the school and must abide by their rules of signing in and signing out, wearing identification badges, and providing photographic identification as required. You will probably be escorted to the room used for screening sessions.

REMEMBER: You will be in a Team and will never be left alone with the Children. A teacher or a teaching assistant should also be present with the children. If we issue stickers or badges to the children after the screening, PLEASE give them to the CHILD – DO NOT PIN or stick. To make this easier, let the accompanying adult give them to the children as they leave the room.

HOW TO INTERACT WITH CHILDREN SAFELY AND EFFECTIVELY

- Make it "**FUN**".
- **Never** be alone in a room or confined space with a child.
- Have a teacher, school nurse, or teacher's assistant help line the children up and keep them occupied until it is their turn to be screened.
- Try not to have the waiting children interact with the child being tested. Don't have too many lined up at one time.
- Smile at the children all the time.
- Do not show frustration if a child is not cooperating. Retest on another day if necessary. Always tell the children they "did a great job". Whilst it should only take 30 seconds to screen a child, there have been occasions where it has taken 20 minutes. Stay patient it might be vital to that child's quality of life.
- **Do not touch children**. If they need direction in standing/sitting in the proper location by touching their shoulder have the school personnel do this. Do not do this yourself.
- Give clear instructions as to where the child should look. Again, make it a game.

HOW TO REACH OUT TO SCHOOLS TO OFFER OUR SCREENING SERVICE

Whilst it is a statutory requirement that all Early Years children have a health screening (height, weight, and vision) when they start school, this currently only happens in about 55% of schools.

To ensure that Lions are working with the correct agencies and in partnership with those already established, it is recommended that the following procedure is used.

Find a local infant or primary school (junior schools do not have an EY class). As Lions it is highly likely that a member of your club has a relationship with a school, and ask the following question:

"How does your school fulfil the statutory requirements for Early Years health checks? In particular the Vision element."

They are likely to say:

They are done by the local health authority.
They are done by the local education authority.
They are done by an external agency.
We do not do EY Health Screening

If their answer is one of the first 3 then ask if they have a contact name and details for the organisation. You should then approach that contact, introduce Lions to them and explain how the Lions Child Sight UK project can help them with these Health checks. Where there is already a screening programme it is very important to work with them and not in competition.

If the response is the fourth answer, then explain who Lions are and what the screening programme can offer, and that it is free.

CHAPTER THREE: PERFORMING A SCREENING SESSION

UNDERSTANDING OF THE PROPER ENVIRONMENT FOR ACCURATE SCREENING

The vision screening should be done in a room or location with controllable light (to adjust the brightness) and without direct light shining into the screening device. **DO NOT** screen children in a small dark room. **ALWAYS** have a member of the school's staff present during the entire screening process.

NUMBER OF LIONS REQUIRED

One camera session	One Lion to operate the screener. One Lion to record the results. One Lion to prepare the parent letters.
Two camera session	Two Lions to operate the screener. Two Lions to record the results. One Lion to prepare the parent letters.
As a rule of thumb, you should plan for 2 Lions for each camera plus 1 Lion. It is always best to be able to rotate the tasks between the Lions.	

BE COMPLETELY KNOWLEDGEABLE ABOUT THE INSTRUMENT OPERATION

The vision screening cameras will produce excellent, scientifically validated results. You should completely familiarise yourself with how *your* machine should be used so you will always perform accurate screenings. Our corporate partner, PlusoptiX, has produced training materials and a user manual. Please study this information and practice with your camera so you will be totally proficient on "screening day." You will also be offered training by Lions in your District and be there to support your screening sessions.

This modern screening device works by projecting harmless, low energy infra-red light into the eye and measure the light reflected back out into the device.

Children are referred based on an age-related threshold. This means that the reading at which the child is referred or passed will vary with the child's age group.

Typical referral rates are 10% of children screened, however if you are screening children with special educational needs, it is possible for this data to be dramatically different. Referral rates can be up to 15%-20%, or higher.

PROBLEM SOLVING THE SCREENING PROCESS WHEN THE RESULTS ARE NOT WHAT YOU EXPECT

- Be sure the child's pupils are at least 4mm but not more than 8mm. The device will indicate if the pupil is too large or too small. If necessary, adjust the light brighter to achieve smaller pupils or darker to achieve larger pupils.
- If a child looks at the device and wiggles his/her toes the pupil may enlarge enough to obtain a good reading.

- Consider using a black umbrella or even sunglasses on those children with small pupils when you cannot dim the lights.
- Be sure there are no direct lights shining on the front of the camera.
- Be sure the camera is level and squarely pointed at the child's eyes at the same height of the 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 the front of the camera is 1 meter (3.3 feet) from the child's eyes when conducting the screening. If the distance changes due to movement slowly rock forward or backward to achieve the correct distance. It sometimes helps to place paper "footprints or paw prints" on the floor where you want the child to stand. Or the child may sit in a chair. Remember you must hold the camera at the height of the child's eyes – do not point it down to them.

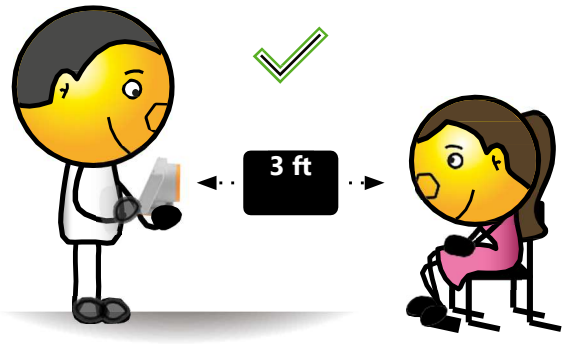
Important: Children may be uncooperative, and the device may indicate that a reading cannot be obtained. If this is the case, Lions should consider this an automatic referral.

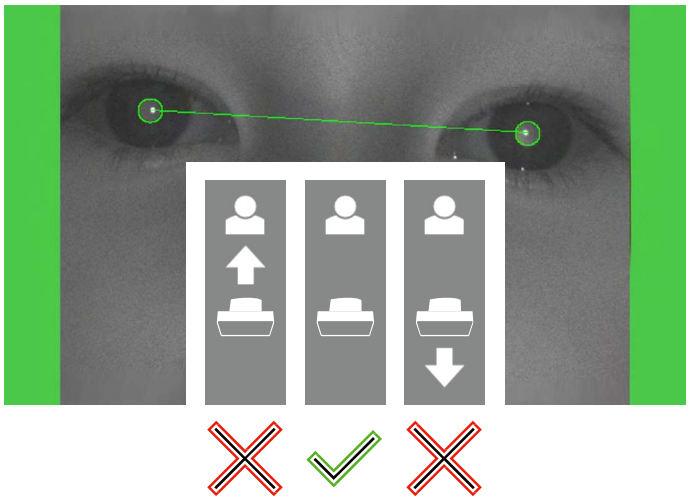
3.1

Instrument based vision screening.

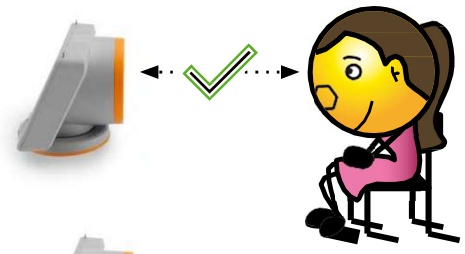
User tips

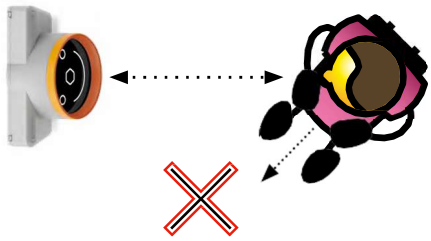
Adjust measurement distance.

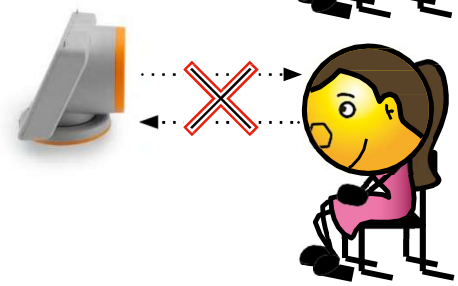




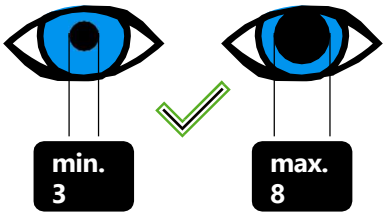
Align camera.

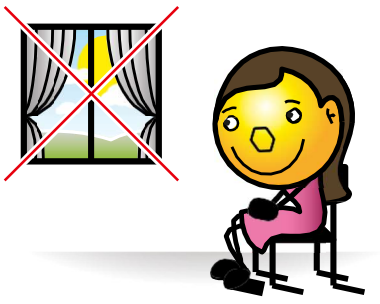






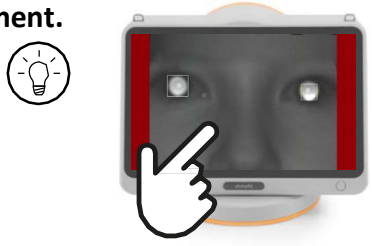
Monitor pupil size.





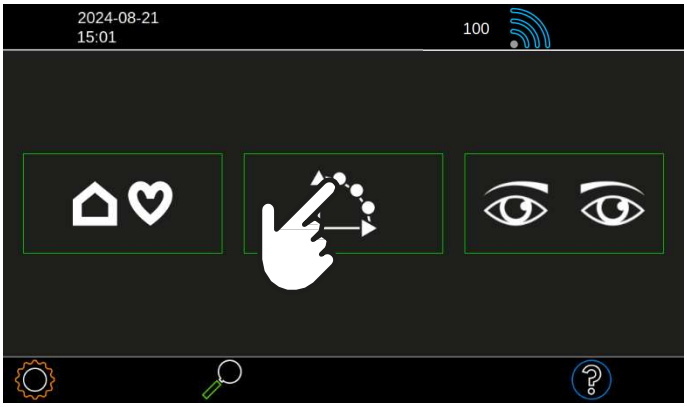
Play sound.

Cancel measurement.

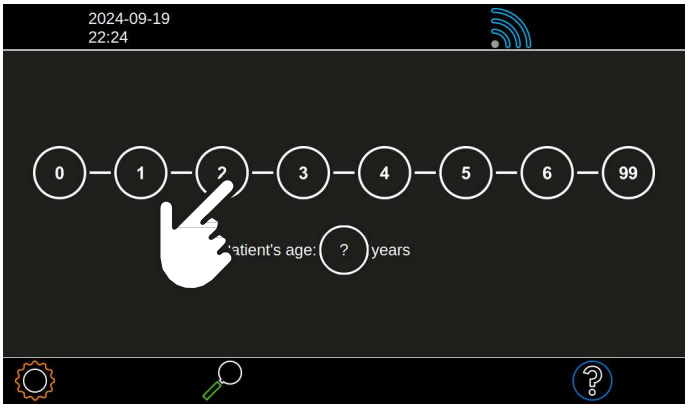


3.2

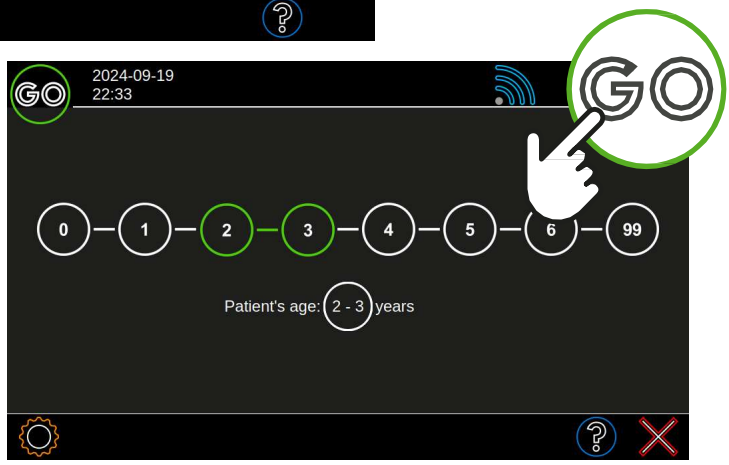
Perform measurement.



Select patient ‘s age.

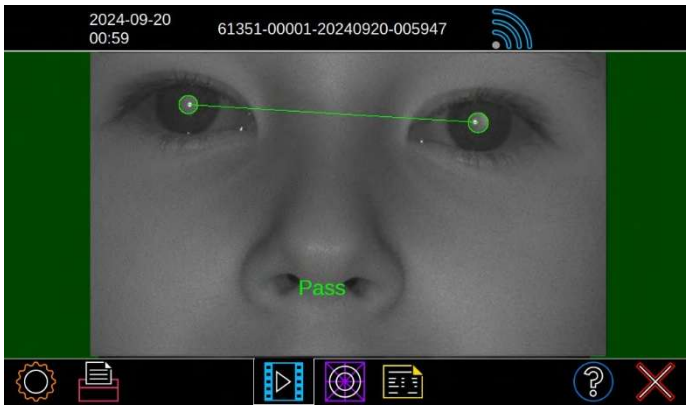


Start measurement.



3.3

Instrument based vision screening result.



3.3.1

Pass

No referral to an eye care professional required. Repeat screening in one year.

3.3.2

Refer

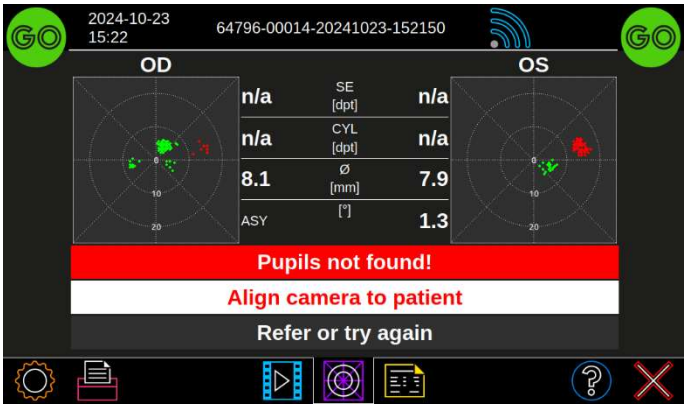
Refer to an eye care professional.

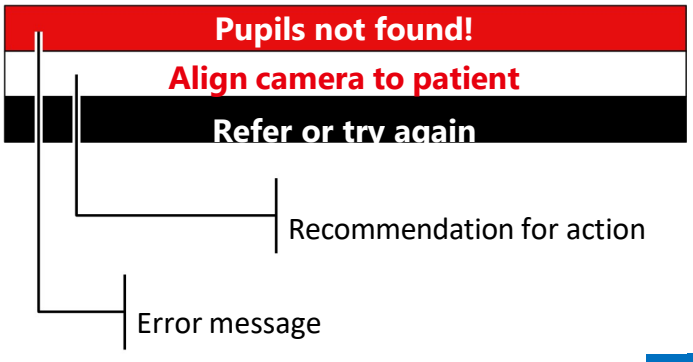
3.3.3

Refer or try again.

3.3.4

Try again.



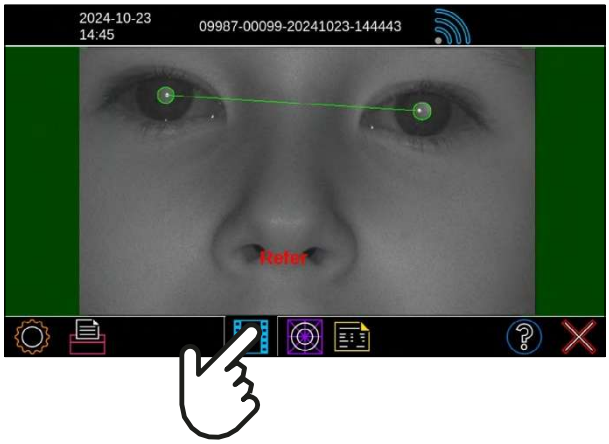


3.4

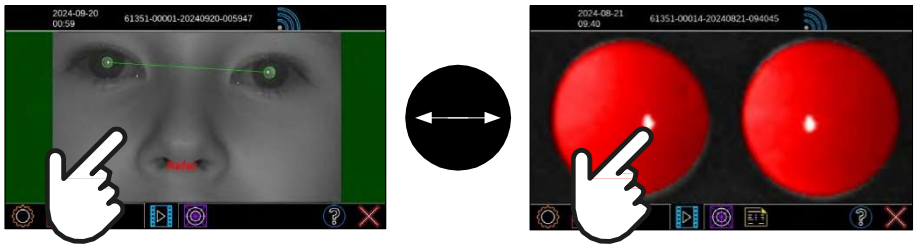
Measurement results

3.4.1

Results page: Camera image



Zoom-in view.



PROPERLY ANSWER QUESTIONS FROM PARENTS, TEACHERS, ETC. ABOUT THE SCREENING RESULTS WITHOUT DIAGNOSING

If you are asked why a child needs to be referred, you cannot diagnose as you are not a trained optician. The **only thing** you may say is that based on the national standards built into the machine it is recommended that the child needs to see an optician for a complete evaluation. **Do not** enter into a debate on the merits of the screening. Without indicating why, a particular child failed the screening you may discuss the various conditions the camera detects and why they are important – Again **DO NOT** indicate why a child needs referral. This is diagnosing.

CHAPTER FOUR: TESTING FOLLOW-UP

FOLLOW-UP AFTER A SCREENING PROGRAMME

It is important that you work with the health screening agency, or school, to provide the feedback to the child's parents/guardians. As Lions we do not store any result data, other than as detailed in Chapter Five: Data Management. Every child is provided with a letter, referred to as the **Green and Red** letters. This prevents child bullying when some have letters and others do not. Both letters explain that the child has had a vision screening test. The **Green** letter reminds the parents that they should get their child's sight regularly checked. The **Red** letter recommends that the child should get a full vision test by an optician. Copies of the letters can be found in Appendix Two: Sample Letters. You should also include the Lion tri-fold leaflet and other sight leaflets.

CHAPTER FIVE: DATA MANAGEMENT

MAINTAIN ACCURATE DATA ON THE SCREENINGS YOU DO

The club should record only the following data:

- The school and it's address.
- The Date of the screening session.
- The number of children screened.
- The number of children referred.
- Names of screeners.

Please use the official form to record this data. This should then be passed on to your District Vision Screening officer and/or your District Vision Screening Lead. This will allow Lions Child Sight UK to record a national total of children screened and an overall referral rate.

Personal identifying information is not collected by Lions Child Sight UK at any time. The data referred to above is aggregate information only.

PUBLIC RELATIONS

By visiting schools and performing a Vision Screening session you will have a great opportunity to develop a relationship with the school allowing you to introduce the range of Youth projects that Lions offer. This includes the Peace Poster, Wild Tribes books, ROAR, and Young Leaders in Service. This is also an opportunity to tell all the parents/guardians and teachers who Lions are and what we do, leading potentially to new members and new clubs being formed.

APPENDIX ONE: SETTING UP A SCREENING PROGRAMME

The Vision Screening District Lead with the District Team Leaders are responsible for ensuring Lions Club members are trained in each phase of the Vision Screening Process. **Certification by Lions Child Sight UK (only obtainable from Multiple District trainers) is a requirement prior to being part of the screening team**.

TEAMS

1. Administration
    a. Stores Cameras.
    b. Maintains Master Calendar.
    c. Maintains Check-out logs.
    d. Verifies that batteries are charged.
    e. Provides Training to all Lion Volunteers in the proper maintenance and use of equipment.
2. Advance Team
    a. Contacts school/agency to plan screening.
    b. Notifies Screening team.
    c. Reserves Screening Cameras for specific date
    d. Provides Permission Slips to school/ agency.
3. Screening Team
    a. Verifies team members who are available to assist.
    b. Set up screening on day of event.
    c. Performs vision screening.
    d. Complete Green and Red letters and provide them to the school.
    e. Clean up and Return the Cameras

TRAINING MODULE

Prior to scheduling any Children's Eye Screening, Lions must have been trained on how to take proper care and use of the Vision Screening unit.

The Vision Screening Lead Teams are responsible for ensuring Lions Club members are trained in each phase of the Vision Screening Process.

Certification by Lions Child Sight UK is a requirement prior to being part of the screening team.

SETTING A DATE AND PREPARING FOR THE SCREENING:

1. Contact the school or agency to select a date for the screening session. Remember to allow sufficient time for the parental consent forms to be returned.
2. Contact your District Vision Screening Lead or member of their team and ask to schedule the required number of cameras for the date/dates you have chosen.
3. Confirm the date(s) and time(s) of the event with the school or agency. You will also need the approximate number of children who will be screened.
4. Provide the school with the consent form for parental permission (this can be done by email).

In this instance it is better to be over-prepared for the screening – it is recommended you have more than enough copies of all letters, forms, a supply of plain paper and the Lion tri-fold leaflets. You should also take with you sufficient supply of pens, paperclips, staplers, tape, etc., without depending on the school for the supplies you need.

DAY OF THE SCREENING SESSION

1. Arrive at least half an hour prior to the screening for staff introductions and to set up the screening area.
2. Wear Lions shirts and your official vision screening badge. Don't wear jackets and ties, these are young children you are screening.
3. Unlike other kinds of vision screening, having several children waiting to be screened improves their cooperation with the Eye Screening device. A member of staff may improve cooperation and comfort of the children and can hold very young children on their lap or hold them for an 'over the shoulder' scan.
4. Use child sized chairs where possible. Make children feel as comfortable as can be and have fun!

DOS AND DON'TS

NEVER use the words **Pass** or **Fail**. You have the assistant Lion to look over the screener's shoulder to record the result and use the terms **Red** and **Green**, if required.

- Be friendly, children love smiling, happy people.
- If you don't get a result straight away don't give up, try a second or third time. If you still have no result record as a referral. During the trials, screeners were known to spend 20 minutes on their hands and knees to get a result (and remember it changed that child's life).
- If children are nervous, then ask the teacher if they will have their eyes screened. If teacher will do it, then the children will always want to follow them.

- Only use the official approved letters. Please do not alter them as the wording has been approved by the NHS.
- Do not take any photographs at the school, unless you have written permission from the Headteacher.

APPENDIX TWO: SAMPLE LETTERS

The following are copies of the official Lions Child Sight UK letters that **must** be used for this project.

The letters are:

- Letter of Introduction for schools.
- Parental Permission request.
- Green letter, used for non-referral children.
- Red letter, used for referral children.
- Tri-fold leaflets.

Lions Clubs International

MD105 British Isles

257 Alcester Road South, Kings Heath
Birmingham, B14 6DT
T 0121 441 4544
W www.lionsclubs.co.uk

Dear (Head Teacher)

Lions Clubs International in the United Kingdom are working to reduce the number of children with undiagnosed eye disorders. The National Health Service currently believes some 13% of young people under the age of 11 years currently have an issue that no one is aware of.

As part of this project we are working in partnership with PlusOptix to provide a camera screening opportunity for as many young people as we possibly can.

The electronic screening looks at the mechanism of the eye as well as the sight of the child. There is no physical contact with any participant and no eye drops are used.

Each member of the Lions team who visit your school has undergone a Enhanced DBS Check and has been trained in how to use the vison screening camera.

Post screening each child will be given an individual letter. If there is a potential visual problem detected the red letter will direct the parent / carer to get the young person seen by an optician. If there is no vision problem detected then parents are advised to follow current NHS guidelines for eye care with a green letter.

We would ask that you send out the consent form created by Lions Clubs International UK and that these forms are stored at school after the screening in order for us to comply with GDPR. The only data Lions will take away is the number of children screened and the number of red and green advice letters issued.

We really hope that your school will be interested in this screening programme offer and if you would like to discuss it further please contact :- (Insert Lead)

Yours Sincerely

_____ Lions Club

#LionsGetInvolved

Lions Clubs International

MD105 British Isles

257 Alcester Road South, Kings Heath
Birmingham, B14 6DT T
0121 441 4544
W www.lionsclubs.co.uk

Dear Parent or Guardian,

On (Insert Date) free vision screening is being offered to your child whilst they are in school. The test consists of an instant screening of your child's eyes to determine the presence of eye disorders, this is done using a camera. No physical contact is made with your child, and there are no eye drops involved.

I, the undersigned hereby give permission for my child _____ to participate in the screening event.

I understand the following:

1) There is no charge to participate in the vision screening process.
2) I will be contacted with the result via a letter.
3) The information obtained from this vision screening is considered a preliminary procedure only and does not constitute a diagnosis of vision problems. It should be part of a comprehensive eye care programme that includes periodic eye examinations with an optician.
4) I understand that I am responsible for arranging for a full eye examination with an optician if my child is advised to do so as a result of the vision screening test.
5) I understand that the organisation conducting the screening will not be held accountable for any errors, omission or misdiagnosis.

Signature of Parent / Guardian _____

Print _____ Date _____

Childs Name _____ Age _____

LIONS USE ONLY	Date
Screening Completed By	
GREEN Letter Issued	
RED Letter Issued	

#LionsGetInvolved

Lions Clubs International

MD105 British Isles

257 Alcester Road South, Kings Heath
Birmingham, B14 6DT
T 0121 441 4544
W www.lionsclubs.co.uk

Dear Parent or Guardian,

Your Child _____ was screened today for possible vision problems by trained volunteers from Lions Clubs International.

No vision problems were detected, however it is important to realise this screening does not replace the need for eye examinations by an optician.

The NHS guidelines state that Children's vision will change overtime. If you are worried at anytime that your child is not seeing properly you should arrange to see an optician or your General Practitioner (GP).

The NHS offers free comprehensive eye tests for all young people under the age of sixteen. To find your local optician please visit the NHS website www.nhs.uk/service-search.

Lions Child Sight UK and the NHS Public Health bodies recommend vision screenings and professional eye examinations as part of regular health care examination for children.

If you have any questions about the screening please feel free to contact the Lions UK Screening coordinator via email Vision@lions.org.uk

Yours Sincerely

Volunteers from the _____ Lions Club

#LionsGetInvolved

Lions Clubs International

MD105 British Isles

257 Alcester Road South, Kings Heath
Birmingham, B14 6DT
T 0121 441 4544
W www.lionsclubs.co.uk

Dear Parent or Guardian,

Your Child _____ was screened today for possible vision problems by trained volunteers from Lions Clubs International.

While this screening is not diagnostic nor performed by Registered Health Professionals, it has suggested that your child **should be further assessed by an optician.**

The NHS offer free comprehensive eye tests for all young people under the age of sixteen. To find your local optician please visit the NHS website www.nhs.uk/service-search

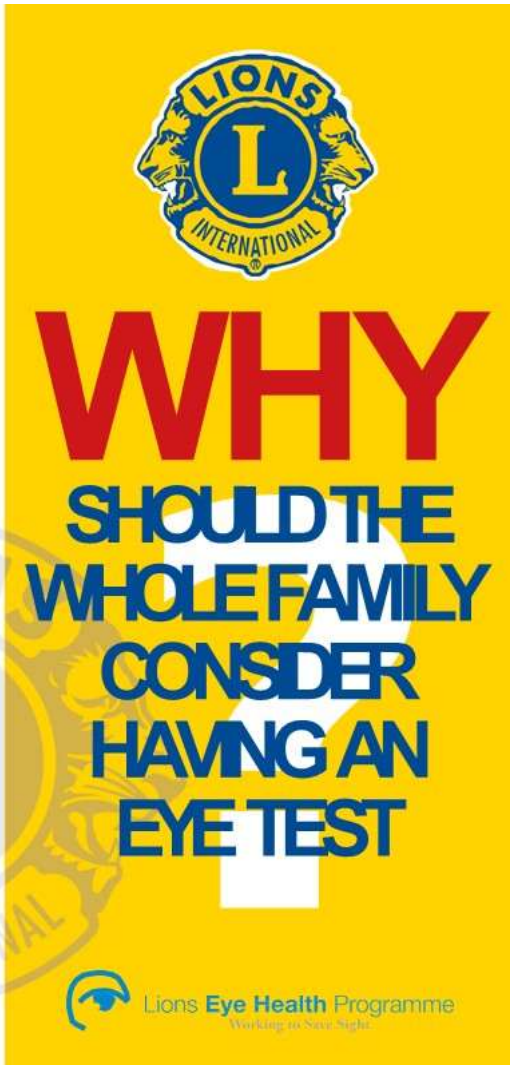
Lions Child Sight UK and the NHS Public Health bodies recommend vision screenings and professional eye examinations as part of regular health care examination for children.

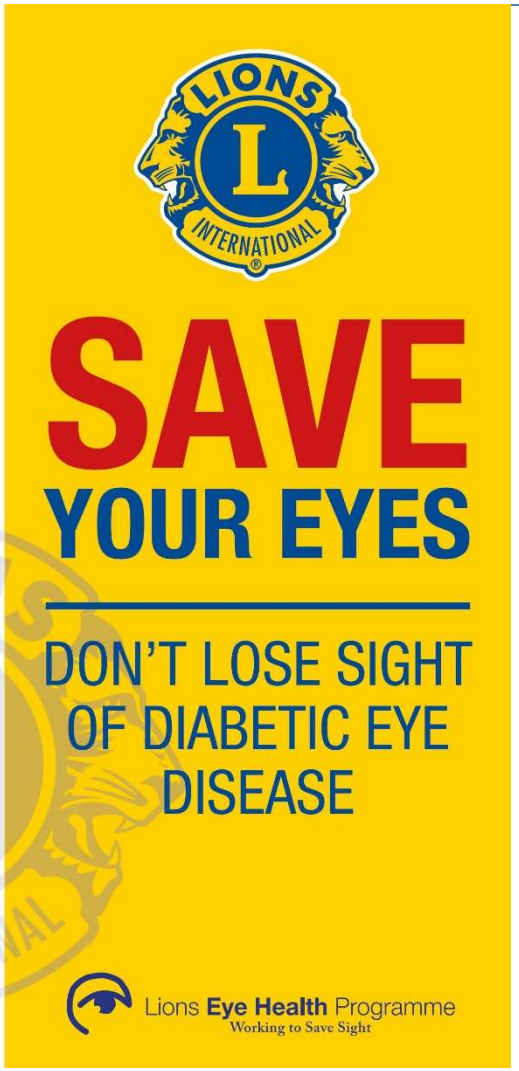
If you have any questions about the screening please feel free to contact the Lions UK Screening Co-ordinator via email Vision@lions.org.uk

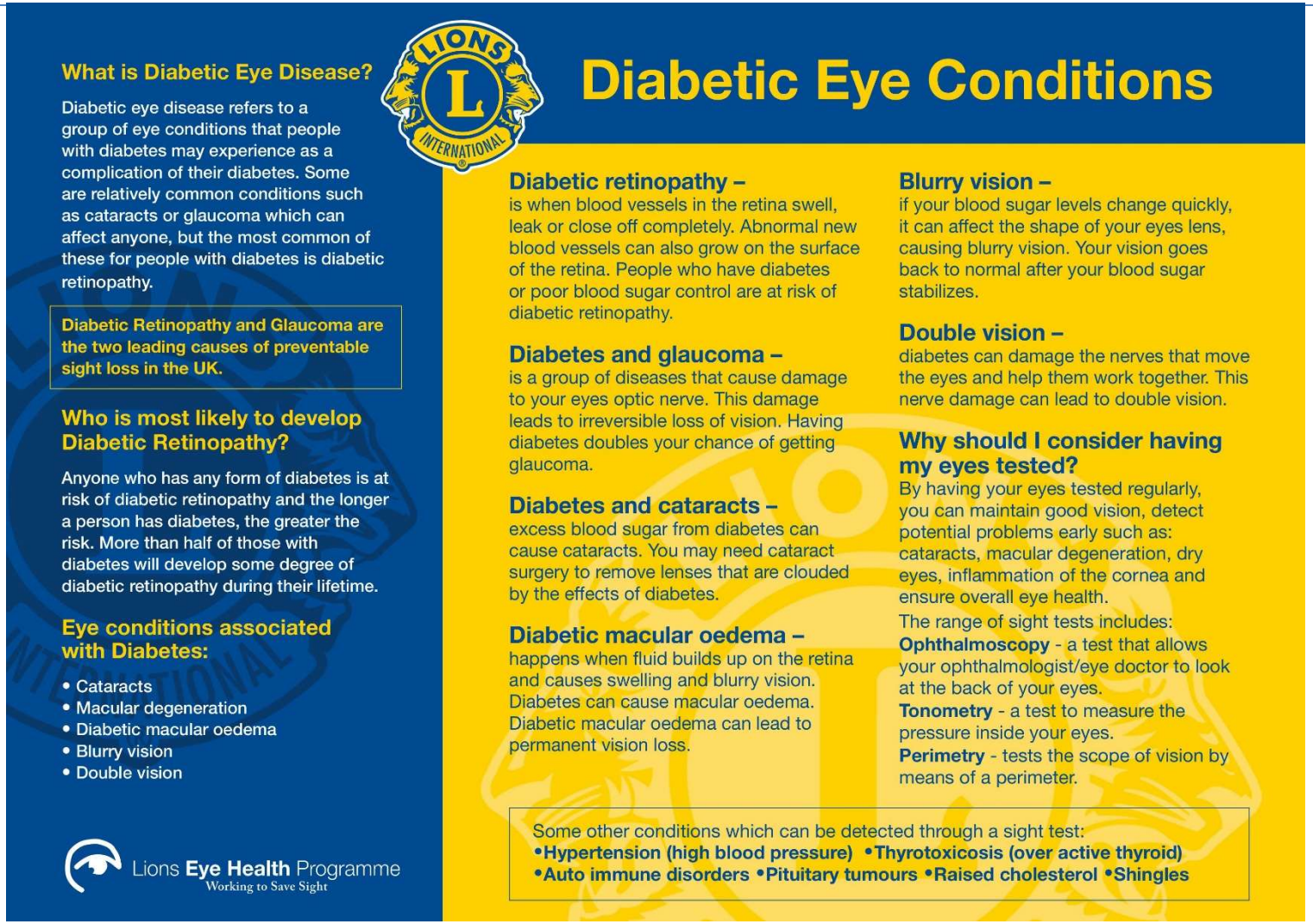
Yours Sincerely

Volunteers from the _____ Lions Club

#LionsGetInvolved







APPENDIX THREE: TERMS AND DEFINITIONS

ANISOMETROPIA (UNEQUAL FOCUS)

This term refers to a difference in focus between the two eyes. In children, this can cause the brain to learn to see with only the eye easier to use, thus permanently reducing vision in the ignored eye (*amblyopia* – see below).

ASTIGMATISM (CURVED FOCUS)

This type of focus describes a curved and blurry image at both near and far.

HYPEROPIA (FAR-SIGHTEDNESS)

This eye is in focus beyond the farthest distance, making near vision difficult and in some cases making the eyes cross. High Hyperopia may cause blurry vision at all distances.

MYOPIA (NEAR-SIGHTEDNESS)

This eye can see up close, but it sees blurry at a distance. It usually (but not always) comes on with body growth, e.g., in the teen years.

CORNEAL REFLEXES (ALIGNMENT OF THE TWO EYES)

This refers to the ***reflection*** of light that lets an examiner or device measure how straight the eyes are when comparing one to the other.

ANISOCORIA (UNEQUAL PUPIL SIZE)

Pupil sizes usually only change with light, but one being larger or smaller may rarely suggest a brain problem.

STRABISMUS (CROSSED OR WALL-EYES)

This word describes eyes that do not work together because they do not point the same direction all the time. In children, this can result in a 'lazy' eye that does not see well or interfere with depth perception (3-D vision). This term is used whether they turn in or out.

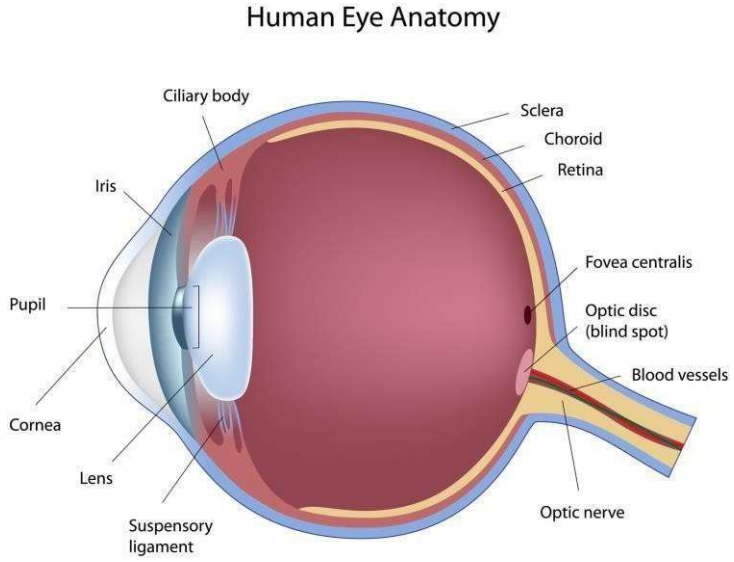
AMBLYOPIA (LAZY EYE)

When the brain is not able to learn to see with an eye for any reason (see several reasons above), it becomes "lazy" in that the brain ignores it. Learning to see stops in later childhood, so it is vitally important to find all possible problems at the earliest age possible. There is no child too young for an examination or corrective measures.

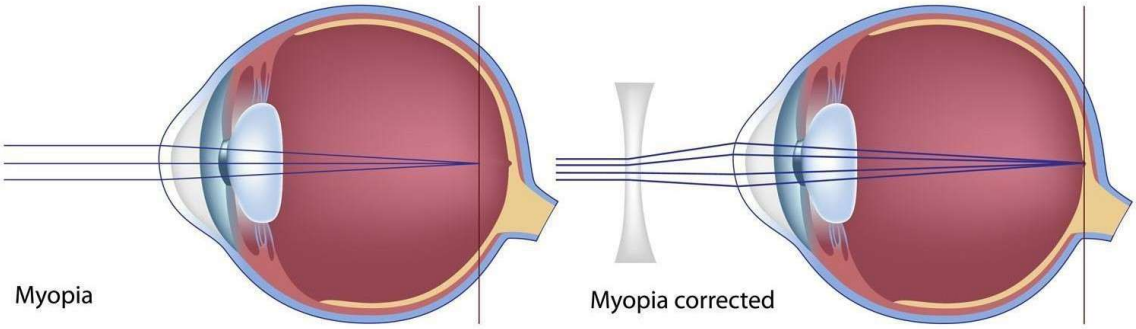
APPENDIX FOUR: SUPPLEMENTARY INFORMATION

BASIC DEFINITIONS OF MEDICAL TERMS ASSOCIATED WITH THE SCREENING RESULTS

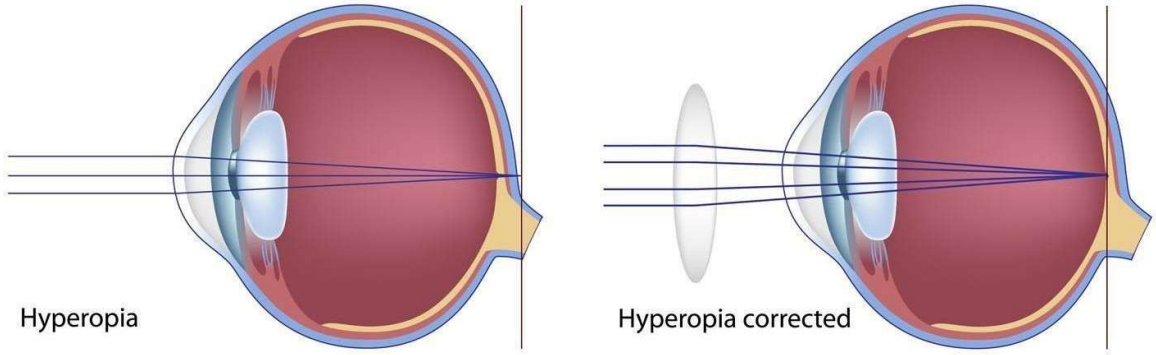
DIAGRAM OF HUMAN EYE



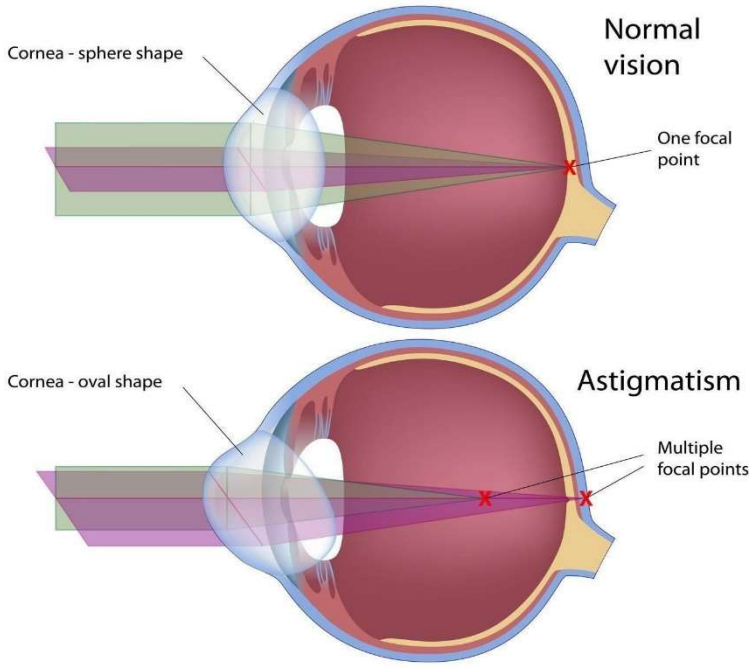
Myopia – [Near Sighted] The eye is too powerful for its length. Light is focused to a point in front of the retina. This creates symptom of seeing poorly at distance and more clearly at near. The higher the myopia the closer things need to be held to be seen clearly.



Hyperopia – [Far sighted] The eye is not powerful enough for its length. Light is focused to a point behind the retina. The child may be able to "refocus" the eye, adding power to the system, using the internal focusing muscle and lens to compensate for the hyperopia. However, this causes the symptom of having to work hard to see at any distance (but may still have good 20/20 vision at distance). If hyperopia is very high, it will be too hard for the child to overcome and cause blurry vision at all distances. In lower to moderate hyperopia the child may have the symptom of seeing fairly well at distance (but working hard at it) but being blurry at near. In hyperopia children will experience tired eyes and difficulty maintaining focus and concentration when doing detailed visual tasks. It may cause behaviour problems.



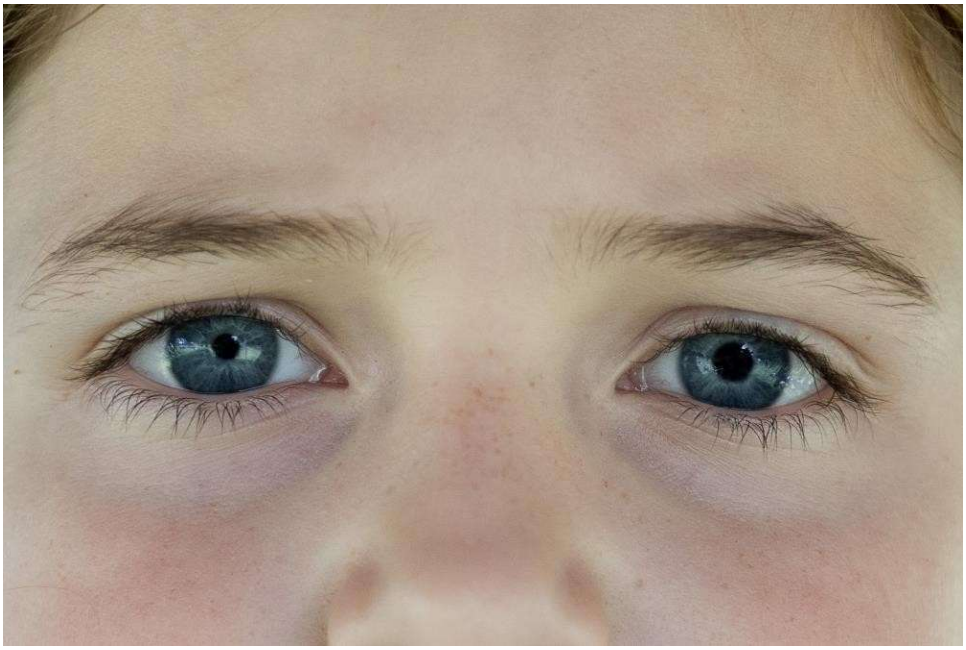
Astigmatism – The eye has two focus points rather than the usual one. Each point may be either myopic or hyperopic, so any combination of the two may be present. The amount of astigmatism is defined by the spread between the focus points. Since there is not a single point of light to be resolved on the retina, vision will not be perfectly clear at any distance. The child may attempt to achieve the best possible vision by "refocusing" the eye, adding power to the system, using the internal focusing muscle and lens to compensate for the astigmatism. Just like in hyperopia, children will experience tired eyes and difficulty maintaining focus and concentration when doing detailed tasks.



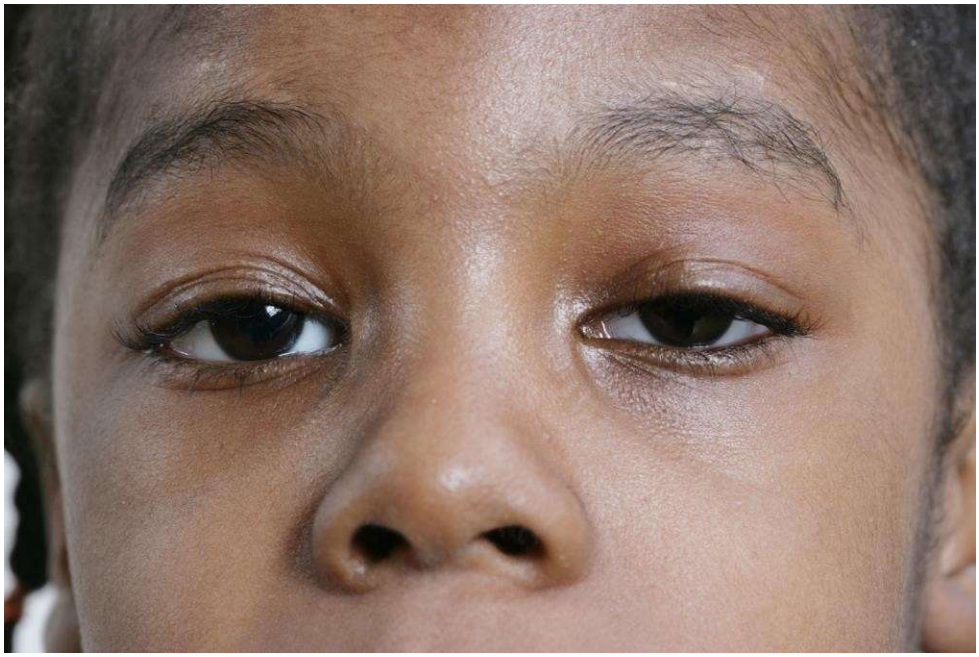
Anisometropia - A significant difference between the refractive power (eyeglasses prescription) between the eyes. This creates a situation where the brain will choose to see out of the eye with the least refractive error and ignore the other eye. If not treated early the eye that is ignored will not see well throughout life.

Strabismus – Misaligned eyes. One eye turns in, out, up, or down. The other eye points properly.

Anisocoria – Unequal pupil size more than 0.4 mm. About 20% of population has this, but it could mean serious neurologic problems – especially if it is 1 mm or more difference.



Ptosis – Lid droop. Usually, one lid significantly lower than the other. May indicate serious neurologic problems. May have significant systemic implications.



Cataract – When the lens in the eye is cloudy reducing the light entering the eye and distorting the image.

KNOW AND UNDERSTAND THE STATISTICS REGARDING AMBLYOPIA RISK FACTORS

Amblyopia, commonly known as "lazy eye," is a vision condition that typically develops in childhood. It occurs when one eye doesn't develop proper vision, often because the brain favours the other eye1. Here are some key points about amblyopia:

Causes

- Strabismic Amblyopia: Caused by a misalignment of the eyes, such as crossed eyes (strabismus).
- Refractive Amblyopia: Results from a significant difference in the refractive errors (like near sightedness, farsightedness, or astigmatism) between the two eyes.
- Deprivation Amblyopia: Occurs when something obstructs clear vision in one eye, such as a cataract or droopy eyelid.

Symptoms

- Decreased Vision: The affected eye has reduced vision.
- Eye Wandering: The weaker eye may wander inward or outward.
- Squinting or Shutting One Eye: To see better, children might squint or close one eye.
- Poor Depth Perception: Difficulty judging the distance between objects.
- Head Tilting: Tilting the head to see better.

Treatment

- Glasses: Corrective lenses to address refractive errors.
- Eye Patch: Wearing an eye patch over the stronger eye to force the use of the weaker eye.
- Eye Drops: Atropine drops to blur vision in the stronger eye, encouraging use of the weaker eye.
- Surgery: In cases where a cataract or droopy eyelid is causing the issue.

Importance of Early Detection

Early detection and treatment are crucial for successful outcomes. Treatment is most effective when started before the age of 7, as the brain is still developing and more adaptable. Beyond the age of 7 treatment success is limited but is usually attempted. SOME improvement in vision can be attained with amblyopia therapy initiated in younger teenagers (through age 14). However, better treatment success is achieved when treatment starts early.

APPENDIX FIVE: PLUSOPTIX S20 SUPPLEMENTARY INFORMATION

The following section details some of the PlusoptiX S20 Camera features.

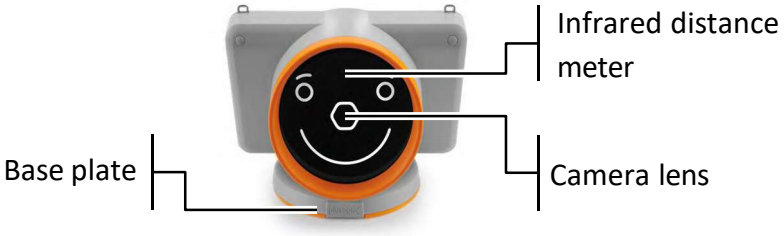
WHAT IS IN THE BOX.

Each camera consists of:

- A Battery (pre-fitted to the camera)
- A Power Supply and Mains Lead
- The Plusoptix S20 camera
- A Camera Stand
- A User Manual
- A Carry Bag.

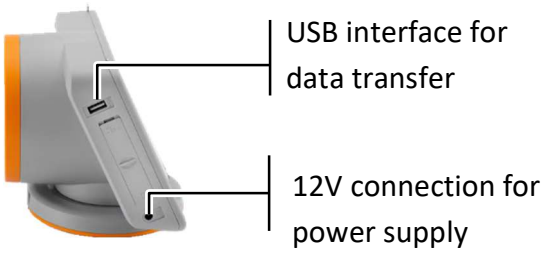
UNDERSTANDING THE CAMERA BASICS

FRONT VIEW

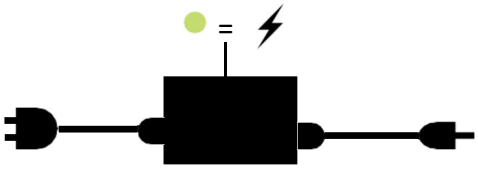


BACK VIEW

SIDE VIEW



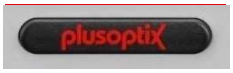
CHARGE BATTERY



= charging

The device may only be connected to the GSM36B12-P1J medical power supply provided by Plusoptix.

BATTERY STATUS



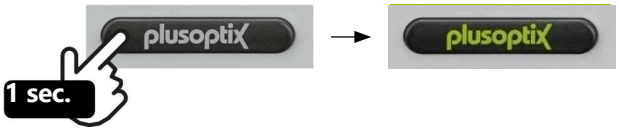
● = < 10 %

● = 11 - 25 %

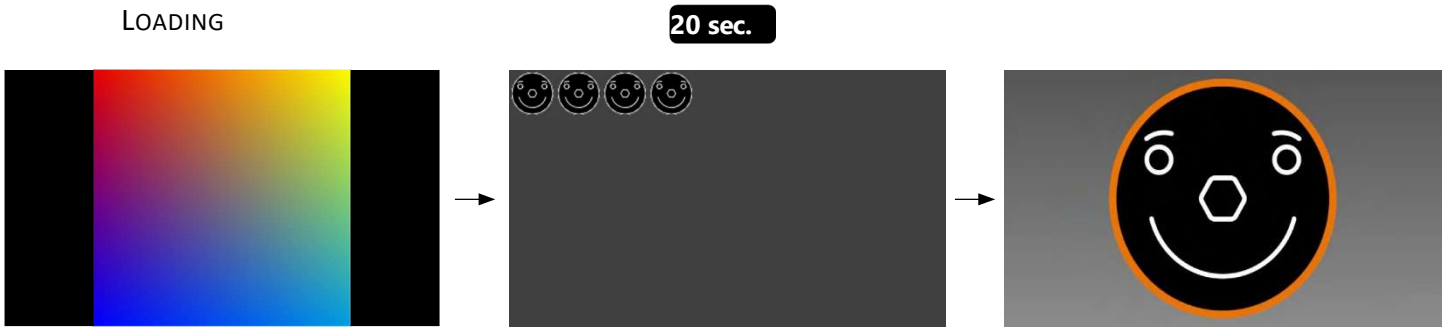
● = > 25 %

POWER ON AND OF

POWER ON

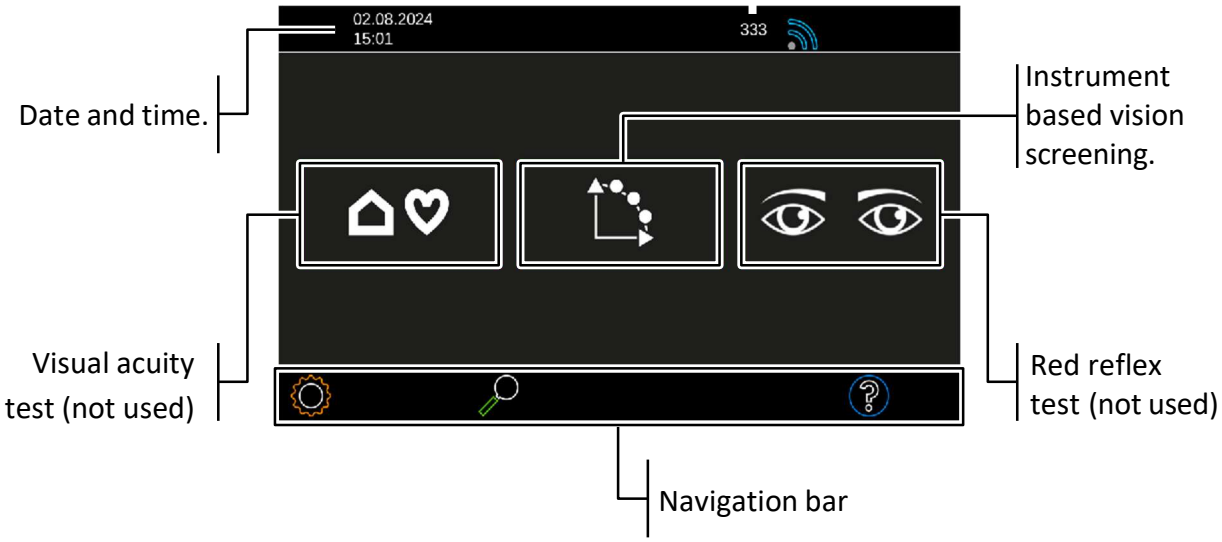


LOADING

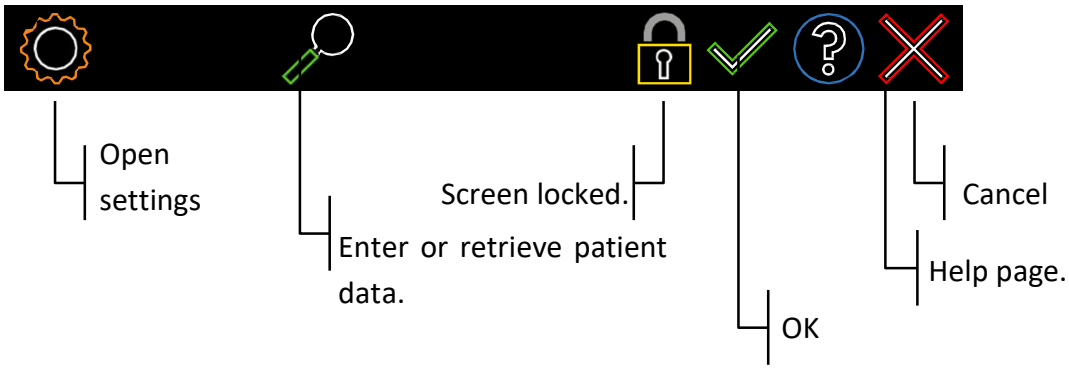


POWER OFF

HOME SCREEN

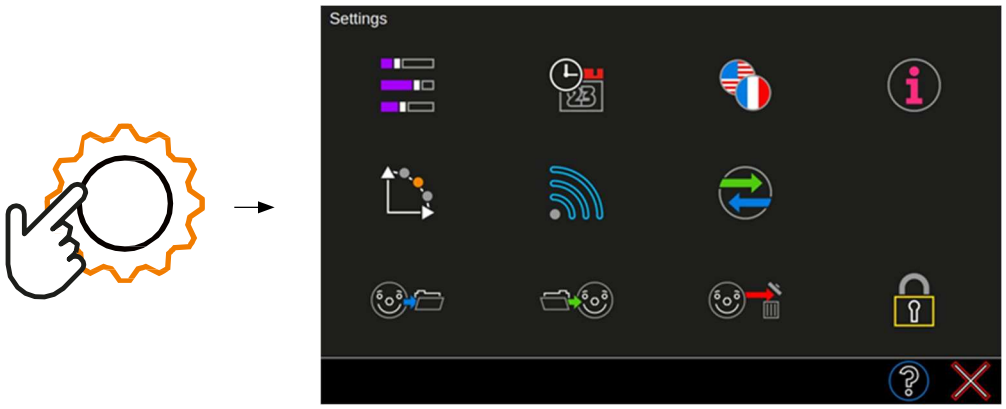


NAVIGATION

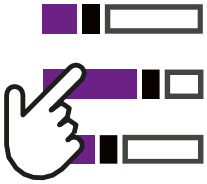


SETTINGS

OPEN SETTING

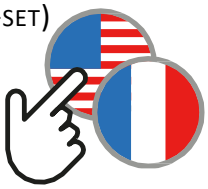


ADJUST BASIC SETTINGS.



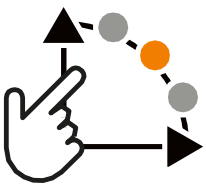
SET DATE & TIME.

SELECT LANGUAGE. (THIS HAS BEEN PRE-SET)



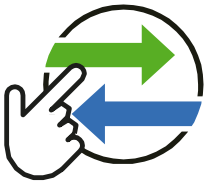
RETRIEVE SYSTEM INFORMATION. (DO NOT USE)

REFERRAL CRITERIA. (THIS IS PRE-SET TO #4 AND MUST NOT BE CHANGED)

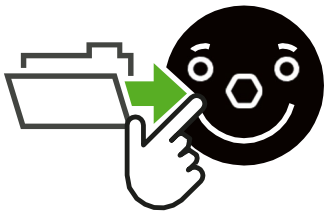


ACTIVATE/DEACTIVATE WI-FI. (DO NOT ADJUST)

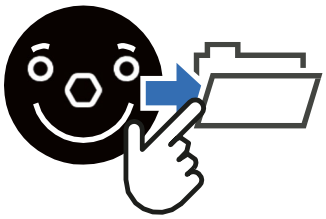
Configure interfaces. (Do Not Adjust)



IMPORT DATA. (DO NOT USE)



EXPORT DATA (DO NOT USE)

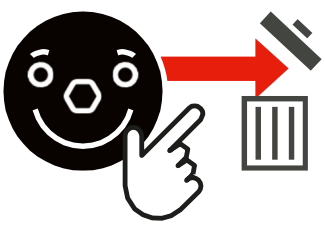


ACTIVATE/DEACTIVATE SCREEN LOCK.

UNDER NO CIRCUMSTANCES IS THIS FUNCTION TO BE USED.

DELETE DATABASE.

This function is to be only used by District Screening Leaders/Trainers.



VERSION CONTROL

0.2	Oct 2024	First Draft
0.3	Nov 2024	Additions to initial draft
0.4	Nov 2024	Additions to initial draft
1.0	Dec 2024	1st Release
2.0	Dec 2024	2nd Release.
2.1	Feb 2025	Addition of Appendix detailing Plusoptix S20 camera. Correct screening age range from year 1-7 to 1-6.

ACKNOWLEDGMENTS

Thank you for studying this manual. Lions Child Sight UK is proud that you have joined us in helping the children of our community.

Lions Child Sight UK would like to acknowledge the help and assistance of the following organisations and companies that have made this vision screening project a reality.

- **Lions Clubs International** and **Lions Clubs International Foundation** for their grant to purchase additional cameras.
- **Lions KidSight USA**, for the inspiration, initial training and providing their training manual for the base for this document.
- **PlusoptiX**, for the supply of cameras and additional training.
- And of course, the **Lions of MD105** (British Isles) for giving up their time to do the screening.

NOTE: Although the Lions who perform childhood vision screenings are thoroughly trained, they are *NOT* medical professionals, and the report generated is *NOT* a diagnosis. The Lions Child Sight UK vision screening referral suggests that a child *may* have a vision problem, and he/she should be taken to an optometrist or ophthalmologist for a complete examination.