

Multiple District 2-S3 Charities, KidSight Program



Welch Allyn Certification & Vision Screening Training

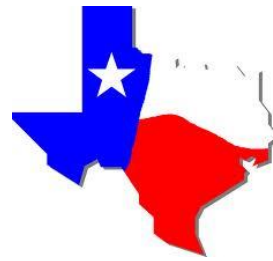


Mission Statement

Consistent with the goal of KidSight USA the KidSight Program's primary focus is safeguarding the vision of children, especially those of 6 months to 6 years. In particular detection of risk factors for amblyopia, a treatable disorder if diagnosed at an early age.



We Serve



Welch Allyn - Spot VS100 Certification Program



Why screen children's vision?

- Vision problems are the leading handicap of childhood
- 80% of what a child learns is visual
- Vision problems can lead to loss of sight, learning difficulties, and delayed development
- Children are not always aware of problem

Screening vs. Examination

Screening

- Identifies need for eye exam
- Identifies problems early
- Provides eye health information
- Results in referral to eye care professional

Examination

- Examines subject for eye disorders and disease
- Diagnoses problems
- Prescribes treatment

Common Vision Issues

Spot screens for these common vision issues:

refractive errors

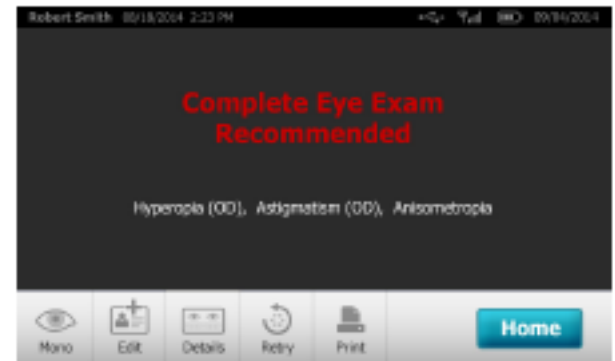
- Myopia (near-sightedness)
- Hyperopia (far-sightedness)
- Astigmatism (blurred vision)

amblyopic precursors

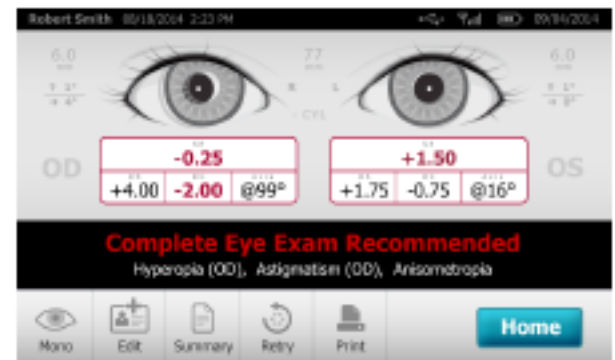
- Anisometropia (unequal refractive power)
- Strabismus (eye misalignment)

pupil abnormalities

- Anisocoria (pupil size deviations)



Results Selection: "Measurements - Hide"

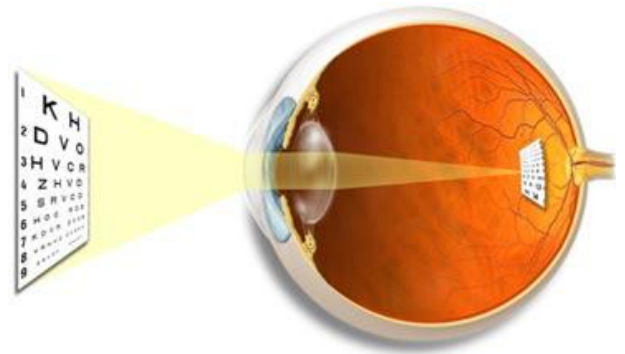


Results Selection: "Measurements - Show"

Common Eye Problems: ***Refractive Error***

Defect in optics of the eye resulting in lack of precise focus of light rays on retina causing a blurred image

- **Nearsightedness (Myopia)**
 - Nearsightedness is when light entering the eye is focused incorrectly, making distant objects appear blurred
- **Farsightedness (Hyperopia)**
 - Farsightedness is greater difficulty seeing near objects than distant objects
- **Astigmatism**
 - Astigmatism causes blurred vision from any distance, by a misshaped cornea



Amblyopia

(Lazy Eye)



Reduced vision in an eye that has not received adequate use during early childhood

- Affects 2-3% of population
- Results in permanent vision loss, if not treated early
- Caused by unequal refractive error, strabismus or other factors
- Early intervention is extremely important with amblyopia
 - If identified before 5 years old it can typically be corrected with a simple eye patch or special glasses
 - Between the ages of 6-8 years old amblyopia treatment will typically require surgery
 - If the issue is identified after 8 years old the damage may be untreatable

Strabismus

(Gaze deviation)

Eyes that are misaligned or not straight

- Affects one or both eyes
- Constant, intermittent, or alternates eyes
- Affects about 2% of population
- Results in permanent vision loss, if left untreated

Lingo Alert! You may hear strabismus referred to as “walled eye” (eye(s) turning out), or “crosseyed” (eye(s) turning in)

Anisocoria & Anisometropia

Anisocoria is a condition characterized by an unequal size of the pupils

- This has the potential be a precursor for a neurological issue

Anisometropia is the condition which the two eyes have unequal refractive power

- Example: one eye is slightly myopic while the other is severely myopic. (greater than a 1 diopter variance)
Note that a little variance is common

Special Notes

SPOT does not screen for Presbyopia

- Presbyopia is caused by an age-related process, beginning at around age 40, when people experience blurred near vision when reading, sewing or working at the computer. This differs from [astigmatism](#), nearsightedness and [farsightedness](#), which are related to the shape of the eyeball and are caused by genetic and environmental factors. Presbyopia generally is believed to stem from a gradual thickening and loss of flexibility of the natural lens inside your eye.
- You can't escape presbyopia, even if you've never had a vision problem before. Even people who are [nearsighted](#) will notice that their near vision blurs when they wear their usual [eyeglasses](#) or [contact lenses](#) to correct distance vision.
- **Presbyopia Symptoms and Signs**
 - When people develop presbyopia, they find they need to hold books, magazines, newspapers, menus and other reading materials at arm's length in order to focus properly. When they perform near work, such as embroidery or handwriting, they may develop headaches, eye strain or feel fatigued.

SPOT captures subjects 97% of the time

Pupil size must be 4mm

Getting Started

Charging Spot

Spot contains a rechargeable battery for mobile use. It is recommended that you allow the system to charge for a **minimum of 2 hours before first use**.

To charge the battery, first connect the provided AC power cord to the provided power supply/charger. Connect the low voltage barrel connector to Spot (refer to the Nomenclature for reference). Finally, plug the power cable into an available AC outlet.

You may leave the charger connected to Spot to run off the AC power source. This will help preserve the life of the battery.

Powering on Spot

To power on Spot, press and release the power button. The system will take approximately 30 seconds to complete its start-up process.

Powering off Spot

To power off Spot simply press and hold the power button until the screen turns black and then release immediately.

Optional Neck Strap

PediaVision offers an optional neck strap to compliment the wrist strap and to assist during extended usage.

The neck strap connects to the two tabs located below the display on Spot. Please contact PediaVision directly for further details.

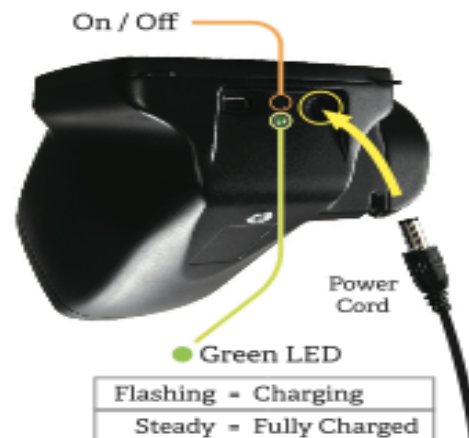


Figure 3

Main Menu-Home Screen

When Spot is powered on, the main menu or “Home Screen” will appear. If Spot is connected to a network, the network name and IP address will be visible in the upper left corner in the black bar.

3 Data Entry Options

1. Start: To begin the data entry and screening process, select the START button, this will allow you to:

- Enter subject information (ID, first and last name, gender, and age/DOB)
 - * Age or DOB is required to screen. Somewhat time consuming

2. Instant Screening: To begin instant screening, with no personal subject data, select an age range on the Home screen. You can enter data after screening if desired.

3. Select from Queue: Subject data can be preloaded prior to testing (USB).

3 Data Entry Option Screens



Select age range to init late screening



Subject data can be preloaded prior to testing

Enter Subject Data



Subject information can be added before or after test

Screening a Subject

Once all information is entered you need to get yourself in position approximately 1 meter from the subject, as shown below (Figure 18).



Figure 18


When in position, you begin the screening process by pressing on the **continue** icon . The subject capture screen will appear, as see in (Figure 19).



Figure 19

A blue screen indicates that you are either too close or too far from the subject. Depending on which it is, a message will be displayed on the screen. You will see "too close" on the screen if you are too close to the subject, and adversely you will see "too far" on the screen if you are too far from the subject. You can also turn the sound on and off by selecting the speaker icon in the bottom left corner of the screen.



Figure 20

Once you are within range, the screen will turn grey and the capture process will begin (Figure 20). All you have to do is hold Spot in this position until the capture completes, as indicated by a still picture and then a results screen.

Printed Results



- Demographic Information
- Analysis of Test
- Results for Each Eye
- Binocular Results
- Severity Index
- Call to Action
- Printing Options:
 - > Print to a Network Printer
 - > Save Data and Print later

Helpful Hints

- **How to get best results from screenings:**
 - **Distance to shoot from** –
 - 1 meter (a little over one yard from patients eyes, **3.3 feet**).
 - The child may sit in the parents lap if they are more comfortable doing so.
 - **Lighting; Dim is best** –
 - It is very important to have minimal to no direct bright lights, this includes sunlight and fluorescent lights.
 - Try using sunglasses when pupils are too small. First try screening through them, if that doesn't work remove the glasses and try again without them
 - The pupils need to be between 4-9mm to capture a screening. If the pupils are too small you will need to reduce the light in the room, if they are too large you can introduce light for the opposite effect
 - **Technician stance when screening** –
 - Keep handheld **device at “eye” level with the patients eye’ s** – not above or below so as to get the most accurate reading
 - The ideal screening position is **standing up with one foot slightly ahead of the other**. This will also the screener to gently move in or out to reach the correct screening distance.
 - **Distractions to a minimum** –
 - Minimize all external distractions so that the child will watch the handheld device and their eyes will be focused straight ahead.
 - Create a “quite zone”.
 - **Patients/Childs head angle** –
 - it is best to have the child’ s head squarely faced toward the handheld device and not angled.

Interpreting Results

Screening Complete (All measurements in range)

- All readings are below criteria thresholds and the child does not require follow-up care

Complete Eye Exam Recommended

- One or more readings are above criteria thresholds and should therefore be referred for follow-up care by an eye care specialist

Lions should not diagnose a patient when a “Complete Eye Exam Recommended” occurs:

- Only the doctor should interpret the results if they feel comfortable doing so – this is a screening tool only and the vision diagnosis should be left up to the eye specialist.

Support

Welch Allyn is dedicated to providing the necessary support to ensure a successful vision screening program.

If you are experiencing problems with the Spot Unit during a screening, you may contact the Welch Allyn Technical Support Center at 800-535-6663. Their office is open Monday through Friday 7 AM to 7PM.

If Welch Allyn is unable to correct the problem with your Spot over the phone, please contact Maureen Kinald at 512-868-8021 or garyfuchs53@yahoo.com. She will make arrangements to have your unit returned for repair and send you the shipping paperwork you need. When it is repaired, it will be returned directly to the Custodian of that unit. Please do not try to return the unit yourself, as these units must be returned under the warrantee the District holds with Welch Allyn.

KidSight Program Rules

- Proper parental permission forms should be provided during vision-screening events. Downloadable permission forms for public vision-screenings can be found on our website – lionsdistrict2s3kidsight.org



We Serve

KidSight Program Rules

- Only Lions that are Welch Allyn certified vision-screeners are allowed to operate the Spot Unit. Without certification a vision-screening volunteer is not authorized to vision-screen, handle or demonstrate the Spot unit.
- You can however ask other volunteers to help with distributing consent forms, lining up the children, giving out stickers, etc.



KidSight Program Rules

- Our web site has all of the forms and instructions you need to have a screening.
- Go to the “Screening Resources” page and use the Screening Documents pull down. You will find forms and screening information on the left side, and the Screening Results section on the right. All of your screenings should be reported on this page.

KidSight Program Rules


- Our insurance policy covers fire and theft.
- If a Spot unit is damaged, and if repairable, the cost to the club that caused the damage (custodial or borrowing) is the \$500.00 deductible associated with the warrantee.
- If the Spot unit is not repairable the club that caused the damage is responsible for the full replacement cost of the Spot unit.



SUBMIT YOUR SCREENING RESULTS ON THE WEBSITE AT SCREENING RESOURCES/SCREENING DOCUMENTS

https://www.lionsdistrict2s3kidsight.org/screening-reports

This site was designed with the **WIX**.com website builder. Create your website today. [Start Now](#)



Vision Screening Parental Permission - English
[PDF Download](#)

Vision Screening Parental Permission - Spanish
[PDF Download](#)

Kidsight Vision Screening Name Sheets - English
[PDF Download](#)

Kidsight Vision Screening Name Sheets - Spanish
[PDF Download](#)

Kidsight Screening Request for Reimbursement
[PDF Download](#)

Lions International District 2-S3 Charities, Inc SPOT Unit Lending Agreement
[PDF Download](#)

Lions International District 2-S3 Charities, Inc. KidSight Program Custodial Duties
[PDF Download](#)

Guidelines for Setting Up a KidSight Vision Screening
[PDF Download](#)

Screening Referral Sheet
[PDF Download](#)

KidSight Pamphlet
[PDF Download](#)

How to Interact with Children Safely and


Name *

First Last

Phone

Email *

Screening Date *

MM / DD / YYYY 

Name of Screening Event *

Screening Lions Club *

Custodial Lions Club *

Number Screened *

Number Recommended for Exam *

Additional Comments

Submit

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 aide help line the children up and keep them occupied until it’s their turn.
- Try not to have the waiting children interact with the child being screened.
- Don’t have too many children 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 that they did a “Great Job”.
- Do not touch children. If they need direction in standing/sitting in the proper location or prompts such as a touch on the shoulder, have the school personnel do this. Do not do it yourself.
- Give clear instructions as to where the child should look. Again, make it a game. When the screening results are obtained, tell the child “You win”.
- If you give the children stickers after the screenings, you should hand it to them so the child can place it on himself or herself. You may hand the stickers to the school personnel for placement, but do not place it on the child yourself.
- Be mindful of what you say during a screening. Remember that you represent the Lions and children will repeat what they hear to their parents and teach