

# **SEE THE 21<sup>ST</sup> CENTURY<sup>®</sup> Screening Unit**

## **Screening Manual**



North Carolina Lions Inc.  
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Sherrills Ford NC 28673  
[www.nclionsinc.org](http://www.nclionsinc.org)

**(FOR USE BY THE LIONS OF NORTH CAROLINA)**

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# INTRODUCTION

Sight conservation efforts have always been important to the Lions of North Carolina. Now that you have received this “Screening Guidelines” manual means your club has stepped forward to undertake one of the newest of the Lions’ sight conservation projects:

## **The “SEE THE 21<sup>ST</sup> CENTURY® Mobile Screening Unit”**

This project offers a unique opportunity to provide a valuable service to your community:

### **THE EARLY DETECTION OF POSSIBLE EYE PROBLEMS**

By scheduling the screening unit, your club is taking a major step in detecting eye problems and preventing more serious ones. In addition to the detection of eye problems, the MSU also serves as an educational tool as we are able to inform participants of the need for them to have regular exams. Many people do not have regular eye exams and therefore are not aware that regular exams are critical to the overall health of their eyes. Many people feel that the only reason to go to an eye doctor is because they may need glasses.

The visibility of this project can also provide many worthwhile benefits to your club. By creating greater awareness of your club in your community, you will now be able to recruit new members for your club and receive greater support in fund raising activities.

Your club has placed great faith in you by selecting you as the **Project Coordinator** for this screening. You in turn must emphasize to them the importance of their support in order for this screening to be **successful**. There are many details that must be handled prior to the date of the screening. The NCLI salutes you and your club for your interest in the Mobile Screening Unit and your willingness to schedule it.

The information contained in this manual is designed to assist you as you go about your duties as Project Coordinator. As State Coordinator of the Mobile Screening Unit, it is my job to help and assist you in every way to make this event a success for your club.

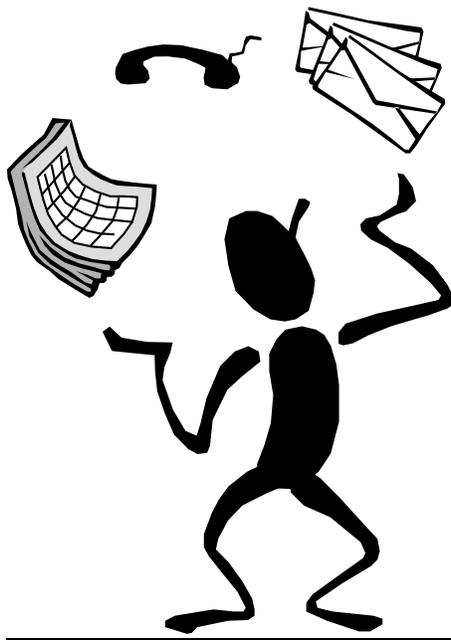
Bryan Hoover  
State Coordinator  
SEE THE 21<sup>ST</sup> CENTURY® Screening Unit

**THE TIME TO BEGIN IS NOW!**

**ARE YOU READY?**

## THE PROJECT COORDINATOR

As your club's Project Coordinator for the Mobile Screening Unit, you will have many details and tasks to handle and complete prior to the screening. The information in this manual will aid you in carrying those out. Other requirements are listed below:



**As Project Coordinator, you need to:**

- \*Be a Lion in good standing\***
- \*Coordinate all aspects of the screening\***
- \*Be primary contact between your club & the State Coordinator\***
- \*Keep club members informed regarding the project's status\***
- \*If a 3<sup>rd</sup> party is involved, keep them in the loop\***
- \*Assign responsibilities to other club members\***
- \*Be present during the screening\***

# The Mobile Screening Unit

+ IS A 60-FOOT CUSTOMIZED TRUCK & TRAILER

+ HAS TWO POWER SOURCES FOR SCREENINGS:

- (1) Electrical power  
(Requires 50 amps of 240-volt power, single phase. The power cord is 50 feet long.)
- (2) On Board Diesel generator (Onan 12000 Quiet Diesel)  
(This is the power source that is normally used at a screening)

+ HAS TWO ENTRY & EXIT DOORS (BOTH ON RT SIDE)

+ IS HANDICAPPED ACCESSIBLE (Ramp)

+ CLIMATE CONTROLLED (heat & a/c)

+ HAS A 18-FOOT PULL-DOWN AWNING

+ EQUIPPED WITH ALL INSIDE SEATING

+ EQUIPPED WITH REGISTRATION TABLE

+ CARRIES ALL NECESSARY SCREENING ITEMS

+ REQUIRES AMPLE ROOM FOR MANEUVERING

**YOUR CLUB MUST PROVIDE THE OUTSIDE SEATING [AT LEAST 8 CHAIRS]**

# THE SCREENING PURPOSE

## “THE EARLY DETECTION OF POSSIBLE EYE PROBLEMS”

With this purpose in mind the next thing to remember is ***this is a screening only, and should not be confused with a complete eye examination.*** No diagnoses are made on the MSU. Based on the individual’s screening results, a recommendation will be made to that individual as to when he or she should have a complete eye examination. (Each individual may choose the health care professional of his/her choice for any medical care, further advice, and/or verification of the screening results).

Current screening guidelines are:

**“All individuals who participate in the screening must be at least 6 years of age and all participants under 18 years of age must have a parent or guardian sign his/her Registration Form. Participants should also either speak English or an interpreter be available to assist the participants.”**



Screenings include a visual acuity test (both far and near vision), a field vision test (how well a person can see motion in their field of vision while looking at a fixed object). When an eye doctor is available we can also do a pressure check (for the possibility of glaucoma). If an eye doctor is available other eye problems may also be discovered. We also have the ability to screen for hearing problems.

## Ways to Enhance the Screening

A Mobile Screening Unit screening offers the opportunity to provide other services to your community. Some of these are:

### Blood Sugar Screenings

Diabetes is the most common cause of blindness in the U.S. although most of this loss can be avoided with better control and through early detection of eye damage. Many people find out they have diabetes after a high blood sugar is found during a routine health exam. Early diagnosis and treatment are facilitated by having an annual physical exam that includes a blood sugar test. Because diagnosis is commonly delayed, serious complications may already be in progress at the time the disease is discovered. Therefore, a complete checkup for complications and associated diseases should be done as soon as diabetes is discovered. A blood sugar screening is a helpful indicator. This screening should not be considered a diagnosis or a replacement for medical care supervised by your private medical provider.

We encourage you to contact your local health agencies and have trained professionals come to the screening and provide blood sugar testing.

### Organ and Tissue Donation

The Lions of North Carolina are dedicated to the prevention of blindness and the restoration of sight. Since the 1950's the Lions have been instrumental in educating the public of the need for donation. The Lions played an important role in the early development and growth of the North Carolina Eye Bank, by providing financial support and securing eye wills. Over the years our role has changed.

On November 14, 1999 the NCLI Board of Directors adopted the following position statement. "The North Carolina Lions Incorporated shall be the education arm for the humanitarian acts of organ donation, procurement and transplantation of eye tissue."

This position statement recognizes the need not only to promote the donation of eye tissue but to also promote the donation of other organs.

For Brochures or information on how to add this promotion to your screening please contact the NCLI office.

## **\*LOCATION - LOCATION - LOCATION\***

### **Your location is very important**

#### **MUST BE VISIBLE & EASILY ACCESSIBLE TO THE PUBLIC**

Often your location will be determined because of the event

At other times you will select the location

If you are selecting your location, some factors to consider:

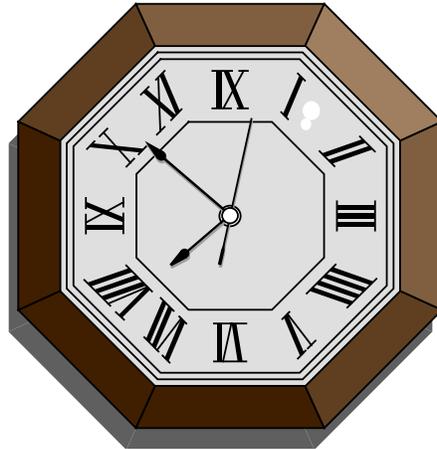
- \* The Screening Unit is a large unit (60-feet in length and 11' tall)
- \* Both doors are on the trailer's passenger side
- \* The area should be level with adequate room for the unit to maneuver
- \* The area should be paved (not absolutely necessary, but recommended)
- \* Consideration should be given to traffic flow & participant safety
- \* Shelter should be available in case of inclement weather
- \* Outside seating is always needed (especially for the elderly & handicapped)
- \*The location should be near restroom facilities
- \* If electrical power must be used, the location MUST BE within 50' of a 240v 50amp outlet

(See "The Screening Unit" page regarding the available power sources)

**IF YOU ARE UNDECIDED ABOUT YOUR LOCATION, EXPERIENCE HAS SHOWN THAT THE BEST LOCATION IS THE PARKING LOT OF A MALL, A SHOPPING CENTER OR A WAL-MART / K-MART TYPE STORE.**

Once you have decided on your location, you should obtain permission from the property owner to use the site. If written permission is required, a form is provided by the NCLI (the form is in this manual). It is also possible that in your community a permit may be required for parking the vehicle.

## THE SCREENING HOURS



The hours and the times of operation are at the discretion of your club.

**(The NCLI recommends a 5 to 6-hour screening)**

Of course, you know best what overall factors enter into your final decision. The screening should last long enough so that all potential participants can be screened. Approximately 15 individuals can be screened each hour.

Once you have established your times, start working on your shifts. Screenings go smoother if volunteers can work at least 3 hours.

**TOO MANY SHIFT CHANGES  
CAN  
CREATE CONFUSION!**

# **VOLUNTEER STAFFING**

**(SEE EYE CARE PROFESSIONALS PAGE FOR THEIR STAFFING)**

**Volunteers** are required in order for the screening to be conducted properly

**At least 4 volunteers must be Lions in good standing**

The remaining volunteers may come from various sources

**(The more club members that participate - the better for your club)**

**Here is the recommended volunteer staffing per shift:**

**These people we must have to do a screening:**

**2 people to administer visual acuity test**

**2 people to administer field vision test**

**Others that are present at the screening will be used for the following:**

**2 People at the registration table**

**1 Person for collection of the forms**

**1 Person for conducting hearing screening**

It is possible to conduct the screening with fewer than 8 volunteers per shift,  
But the screening does not run as smoothly as when we are fully staffed.

**ALL volunteers will require training  
& should arrive 45 minutes  
Before the start of their shift!**

# THE EYE CARE PROFESSIONALS

Your club needs to obtain the help of eye care professionals to conduct the screening.

**(While it is preferable to have a doctor, a screening can be conducted without eye care professionals. The screening becomes more educational when this occurs, but we can still provide a valuable service to those being screened. Contact me if you need additional clarification.)**

When contacting the doctor, first make the doctor aware of the van's mission:

## THE EARLY DETECTION OF POSSIBLE EYE PROBLEMS

Explain to the doctor that we fully understand that this is a **screening only** and that it does not take the place of a complete eye examination. The screening also serves as an educational tool because we are able to tell people about the need for regular eye exams.

Let the doctor know the screening will consist of testing visual acuity (both far and near), testing field vision on adults and checking eye pressures. The doctor may check the front & back of the individual's eyes (if he or she so chooses). Inform the doctor that each person will have a Registration Form on which the screening results will be indicated.

(A copy of the form is included in this manual)

When a person's screening has been completed, the doctor will review the results and make a recommendation to each individual as to when he or she should have a complete eye examination. Tell the doctor that he or she may hand out business cards, if he or she would like to do so.

The screening will work best if there are **two eye care professionals on board the van at all times** during the screening. **One should be an eye doctor.** The doctor can either be an optometrist or an ophthalmologist. **The second eye care professional should be a technician. It does need to be someone trained in the use of a tono-pen.** So that the doctor may be better prepared, here is a list of the medical equipment that is on the van:

- 2 Visual Acuity Machines
- 2 FDT Field Vision Machines
- 1 Tono-Pen (I-Care)
- 3 Ophthalmoscopes
- 1 90 Degree Lenses
- 6 Rechargeable Handles
- 1 Haag-Streit 900 BM Slit Lamp
- 1 Haag-Streit R900 Tonometer w/2 Prisms
- 1 Macro Tilt Chair

## **PUBLICIZING THE EVENT**

Good participation in your screening will only take place if you

### **“SPREAD THE MESSAGE”**

to your community. That “message” is:

**“FREE VISION SCREENING”** or **“FREE VISION SCREENING”**

(Whether it’s done **“PLAIN”** or **“FANCY”**, it must be done)

**Here are some of the how’s, when’s, & where’s:**

- ❖ **How do we start?** Begin by determining the date, time, and place.
- ❖ **When do we start?** **NOW** if you have not already started.
- ❖ **Where do we start?** By telling everyone.
- ❖ **How do we tell them?**
  - (1) Newspapers
  - (2) Radio-TV
  - (3) Church bulletins
  - (4) Retirement home invitations
  - (5) Posters
  - (6) Proclamations
  - (7) Inserts in mailers
  - (8) Word of Mouth
  - (9) Handbills on day of screening

This manual contains information and an order form for Publicity Posters you may purchase to help “Publicize the Screening”.

**THE PUBLICITY ALONE WILL BE A BIG PLUS FOR YOUR CLUB!**

## **GENERAL INFORMATION**

(Following is a list of general items and last-minute reminders.)

- \*PRESENT A GOOD IMAGE OF LIONISM**
- \*EACH MEMBER IS REPRESENTING THE LIONS ORGANIZATION**
- \*NEAT & ORDERLY CLOTHING WILL CREATE A GOOD IMPRESSION**
- \*THE MOBILE SCREENING UNIT'S VISIT IS A HIGHLY VISIBLE EVENT**
- \*BE COURTEOUS & HELPFUL TO ALL THOSE WHO COME**
- \*YOUR CLUB WILL NEED TO PROVIDE THE OUTSIDE CHAIRS**
  - \*YOUR CLUB MAY WANT TO PROVIDE AND/OR SELL REFRESHMENTS**  
**(AT A MINIMUM WATER SHOULD BE AVAILABLE)**
- \*YOUR CLUB CAN USE THE SCREENING TO SELL BROOMS, RAFFLE TICKETS OR OTHER ITEMS YOU NORMALLY SELL.**
- \*YOU SHOULD CONSIDER MEALS FOR THOSE WORKING ALL DAY**
- \*THE STATE COORDINATOR WILL OVERSEE THE SCREENING & HELP TRAIN THE VOLUNTEERS, ETC**
- \*FINALIZE PLANS & VERIFY THAT ALL IS READY**
- \*HAVE A SUCCESSFUL SCREENING**

***REMEMBER THE 5 P's***

***PROPER PLANNING  
PREVENTS  
POOR PERFORMANCE***

# SCREENING UNIT CHECKLIST

## (THINGS TO START WORK ON NOW)

- Secure a location for the screening
- Secure written permission from property owner
- Submit Reservation Form & Screening Fee to NCLI
- Establish the hours that the Screening Unit will be open
- Secure the Health Care Professionals
- Secure the volunteers for the screening

## (10 TO 14 DAYS BEFORE SCREENING)

- Publicize the event

## (AFTER THE SCREENING)

- Send Thank You Letters

# Sample Registration Form



## SEE THE 21<sup>ST</sup> CENTURY<sup>®</sup> SCREENING REGISTRATION FORM

(PLEASE PRINT)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**DO YOU WEAR ANY KIND of GLASSES/CONTACTS?** (circle answer) **YES NO**

If **YES**, (circle the ONE that applies to you) **Distance Only – Reading Only – Both**

**MEDICAL HISTORY:** (circle below all that apply) - **Y** (you) – **F** (family history) – **N** (no one)

**Glaucoma: Y F N Diabetes: Y F N Hypertension/ High Blood Pressure: Y F N**

**HAVE YOU EVER HAD?** (Circle below all that apply to you)

**Other Eye Conditions Eye Injury Eye Surgery Cataracts / Cataract Surgery**

**When was your last complete eye examination by an eye doctor?** \_\_\_\_\_

I hereby waive and release any and all claims, and hold harmless any persons and organizations connected with these screenings. I, or anyone claiming by or through me, may not, now or hereafter, acquire for damages or injuries resulting from or arising out of my participation in the screenings, the results of the screenings or any services provided in connection with the screenings. I understand by voluntarily requesting and accepting the screenings, that the results of the screenings are for my information purposes only and do not constitute the diagnosis of any disease, or any other illness or health conditions, which can only be made by a qualified physician. I also understand that the responsibility for having an examination performed by my personal physician to confirm the results of the screenings and to obtain advice or treatment is mine alone and not that of any other person or organization associated with these screenings.

**Signature:** \_\_\_\_\_

(The signature on this line must be that of an individual 18 years of age or older)

### SCREENING RESULTS

**VISION:**     **RIGHT**     **LEFT**     **SCREENED**     **GLASSES**  
 FAR:     20/     20/     (With Correction  Without  )     (Does Wear  )

NEAR:     20/     20/     (With Correction  Without  )     (Does Wear  )

**FIELD VISION:**     Normal      Other      No Screening

**EYE PRESSURE: (R)** \_\_\_\_\_ **(L)** \_\_\_\_\_ (For Most People Normal Pressure Is Between 10 & 21)

**HEARING TEST:** (circle answer)     Yes     No

**Based On the Above Information & Screening Results You Should Have a Complete Eye Exam Within the NEXT** \_\_\_\_\_

**REASON:** \_\_\_\_\_

**SEE THE 21<sup>ST</sup> CENTURY®**  
**MOBILE SCREENING UNIT**  
**PUBLICITY POSTERS**

NCLI has an arrangement with a local printing company to make available to you very attractive **11" x 17" posters** to help publicize your screening. Each poster comes **in 4 colors** and shows the date, time, location and sponsoring club for your screening as well as a picture of the Vision Van.

**Minimum order is 20 posters**

**Your cost is \$45.00 per packet**

(Of course, you may order as many packets as you desire)

Please order from the enclosed **PUBLICITY POSTER ORDER FORM**

Submit it with payment at least **45 Days** prior to your screening date to:

**MOBILE SCREENING UNIT COORDINATOR**  
**NCLI**  
**P O BOX 39**  
**SHERRILLS FORD NC 28673**

Forty-Five days prior allows time to place the order, complete the printing and return the posters so you will have ample time to display the posters prior to the screening. Each location should let you leave the posters up until after the screening. (We suggest that you start putting the posters up approximately **10 to 14 days** prior to the screening date.)

May sure you have all details worked out regarding your date, times, and location before you submit your order as it will be hard to make changes after the order has been placed.

The posters can be a major marketing tool for your club. Not only will they help in publicizing the screening, they will also help promote your club to your community.

**“ADDITIONAL INFORMATION”, “SPECIAL ORDERS” & “LATE REQUEST” ARE  
ALL SUBJECT TO EXTRA CHARGES BY THE PRINTER**

North Carolina Lions Incorporated  
PO Box 39  
Sherrills Ford, NC 28673



**See the 21<sup>st</sup> Century® Vision Van**

Permission is hereby granted

To

\_\_\_\_\_ Lions Club

to park the See the 21<sup>st</sup> Century® Vision Van on these premises without obligation to the grantor. The Vision Van will be conducting free public vision screenings. The North Carolina Lions Inc. has insurance coverage for this event.

Date(s) \_\_\_\_\_

Location \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized by:

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_