SESLHD PROCEDURE COVER SHEET



NAME OF DOCUMENT	Statewide Eyesight Preschool Screening Program (StEPS) for visual acuity using the HOTV logMAR Chart
TYPE OF DOCUMENT	Procedure
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LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards: Standard 1 - Clinical Governance
REVIEW DATE	June 2028
FORMER REFERENCE(S)	GL 008
	Statewide Eyesight Preschool Screening Program (StEPS) for visual acuity using the HOTV logMAR or Sheridan Gardiner Linear Chart (SGLC)
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Clinical Stream Director, Women's and Children's Health
AUTHOR	Linden Chen, StEPS Area Coordinator
	Linden.Chen@health.nsw.gov.au
POSITION RESPONSIBLE FOR THE DOCUMENT	Linden Chen, StEPS Area Coordinator Linden.Chen@health.nsw.gov.au
FUNCTIONAL GROUP(S)	Child and Adolescent Health
KEY TERMS	Vision surveillance and screening; HOTV; StEPS
SUMMARY	To provide staff with the knowledge and skills to engage parents and pre-school children in vision surveillance and screening.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY This Procedure is intellectual property of South Eastern Sydney Local Health District. Procedure content cannot be duplicated.



Statewide Eyesight Preschool Screening Program (StEPS) for visual acuity using the HOTV logMAR Chart

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1. POLICY STATEMENT

This policy is to communicate to Child and Family nursing staff a safe and appropriate approach to carry out the Vision screening for the StEPS program

This work practice involves:

- Child and Family Health Nurses (CFHN)
- Child and Family Clinical Nurse Specialist (CFCNS)
- Child and Family Clinical Nurse Consultants (CFCNC)
- Child and Family Nurse Unit Managers (CFNUM)

2. BACKGROUND

The Statewide Eyesight Preschooler Screening (StEPS) program is an initiative of the NSW Ministry of Health and offers all four year old children a free vision screening assessment (NSW Health PD2018_015 Statewide Eyesight Preschooler Screening (StEPS) Program). It is highly recommended all four year old children participate in the vision screening program as many vision problems remain undetected unless a child's vision is screened by a trained vision screener.

All parents/carers of children who have their vision screened through the StEPS program will be informed of the results of their child's vision screening assessment.

Should a vision problem be detected parents/carers will receive a referral letter asking them to have their child's vision fully tested by an eye health professional.

3. **RESPONSIBILITIES**

3.1 Employees (CFHN):

- Are responsible for carrying out the procedure correctly as part of the four year Personal Health Record Book (PHR) check, regardless if the child attends preschool.
- StEPS training manual and modules in HETI to be adhered to and completed. Reference material to be used as needed.
- Complete four hours training with StEPS Coordinator or Orthoptist.
- Undergo three month competency check and yearly competency check thereafter.

3.2 Line Managers:

• Are responsible for supporting staff in the implementation of Vision surveillance and screening by ensuring equipment is available to carry out the procedure.

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4. PROCEDURE

- Obtain parent consent and record accordingly in mandatory fields in 'StEPS Ax' form.
- Wash your hands.
- Set up chart at a comfortable height for the examiner.
- Keep the chart covered prior to testing so that child cannot memorise letters.
- Measure accurate test distance from chart to child's eyes (back of chair).
- Measure a 6m or 3m distance using your length of string provided/tape measure.
- Ensure the correct chart is used based on the testing distance selected.
- Have the child seated as it maintains an accurate distance and limits movement.
- Practice letter matching with child to make sure they understand the test.
- Test one eye at a time beginning with the RIGHT eye and cover the LEFT eye.
- Cover chart between testing the first and second eye so that child cannot memorise letters.
- Place a tissue under the eye patch to eliminate 'peeking' and for hygiene.
- Watch for 'peeking', moving the chair forward or looking side-ways.
- Start at the top of the HOTV Chart pointing to the letter from below (from underneath).
- Select one letter from each line until you reach the 6/9 or 3/4.5 line.
- Avoid letters on the end of the line or isolating letters as they are easier to see.
- Point to every letter on the 6/9 or 3/4.5 line in random order. <u>This is the line required for a</u> <u>four-year-old child to pass the StEPS screen.</u>
- Record vision immediately to avoid confusing results between both eyes. Results are to be recorded in the child's blue book as well as on the 'StEPS Ax' form in the child's online medical record file.
- Vision is recorded as a ratio Test distance / Letter size
- Once right eye result is recorded, change the patch to cover the right eye and then test the left eye.
- After completing the test, discard the tissue under the patch.
- Wipe down equipment and occlusion glasses for infection control.
- Wash hands again for infection control.
- Complete record documenting the result of screen in medical records and triaging referrals.

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5. DOCUMENTATION

- Vision results to be documented on the 'StEPS Ax' form in the child's Electronic Medical Records (EMR).
- Vision results are to be documented in the child's Personal Health Record Book (PHR).
- Referrals Parents/carers are to receive an LHD StEPS referral letter if applicable and an 'order' created in EMR flagging this child to the LHD StEPS Coordinator for follow up.

6. StEPS Department SESLHD/ISLHD contact details

StEPS Department Level 1 (behind emergency wing, next to X-ray) Sydney Children's Hospital, High St RANDWICK, NSW 2031 Phone: 02 9382 0277 FAX: 02 9382 0279 StEPS email: <u>SCHN-SCH-STEPS@health.nsw.gov.au</u> SCHN (SESLHD and ISLHD) StEPS Coordinator: Linden Chen 0427 203 717 Email: <u>Linden.Chen@health.nsw.gov.au</u>

7. APPENDICES

- A. StEPS consent & result form
- B. StEPS referral letter for parent
- C. Nurse guide to completing online 'StEPS Ax' forms
- D. Nurse guide to creating an 'order' sending a referral to the StEPS Coordinator

8. AUDIT

Annual file audit

9. **REFERENCES**

- French, A. N., Murphy, E., Martin, F., de Mello, N., & Rose, K. A. (2022). Vision Screening in Children: The New South Wales Statewide Eyesight Preschooler Screening Program. The Asia-Pacific Journal of Ophthalmology, 11(5), 425-433.
- Rose.K., Younan, C., Morgan, I. & Mitchell, P. (2003). Prevalence of undetected ocular conditions in a plot sample of school children. Clinical & Experimental Ophthalmology, 31 (3), 237-240. StEPS Vision
- NSW Ministry of Health PD2018 015 Statewide Eyesight Preschooler Screening (StEPS)
 Program

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- StEPS Vision training video 'Setting up and conducting vision screening in StEPS' & 'Using the HOTV logmar vision screening chart'
- StEPS Program training manual

10. VERSION AND APPROVAL HISTORY

Date	Version	Author and Approval
June 2009	Draft	StEPS Coordinator. CNC in Child & Family Health SHN
February 2010	0	E.Cooper CNC in Child & Family Health SHN
December 2012	1	Michael Cosstick, Orthoptist, SESLHD, Emer Cooper, CNC, ISLHD
August 2018	2	Nadya Shulgin, Orthoptist & StEPS Coordinator SESLHD/ISLHD
August 2018	2	Endorsed by Executive Sponsor
16 June 2023	2.1	Minor review by Linden Chen, Orthoptist & StEPS Coordinator SESLHD/ISLHD: Sheriden Gardiner Linea Chart removed (obsolete). Additional steps added to procedure. References updated. Endorsed by Executive Sponsor.



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APPENDIX A: StEPS CONSENT & RESULT FORM

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	CONSIGNATION Health	D.O.B// M.O.	LI MALE LI FEMALE
		ADDRESS	<u></u>
			·
-	StEPS CONSENT AND RESULT	LOCATION / WARD	
		COMPLETE ALL DETAILS OR AFF	IX PATIENT LABEL HERE
4	A PARENT / GUARDIAN TO COMPLETE (please	use black or blue pen)	
8	Parent / Guardian (relationship to child) Name:		
e la	Mobile:		10000
S			
	Address:		
		Pos	stcode:
	Email:		
		OR VISION SCREENING	
	I understand that the Statewide Eyesight Preschooler So tests, checks and examinations can never be 100% accu		
	problem. Occasionally a new problem may occur after yo	our child has had a screening test. For this	s reason, if you have
5.1	concerns about your child's eyes now or at any time in th	he future, please see an eye health profes	slonal.
	Yes, I consent to have my child's vision screened	Signed:	Date / /
0 12	No, I decline to have my child's vision screened bec	ause (please tick below)	100 A
ITIN	already received a screen	other Signed:	Date / /
28.1 WR			
S28 NO	Verbal consent: Yes No		
	Nama	Diama d	Date / /
ğΖ	NameDesignation	Signed	Date / /
RGIN	Reason for verbal consent	Signed	1411
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		FAMILY NAME			MRN			
Health		GIVEN NAME				VLE D	FEMALE	
		D.O,B/	/	M.O.				
		ADORESS						
StEPS CONSENT AND RESU	ILT	LOCATION / WARD						
		COMPLETE AL	L DETAILS	OR AFFI	X PATIEN	T LABEL	HERE	
VISION SCREENER TO COMPLETE								
Location of Screening:								
Vision screening chart used: HOTV		Sheric	an Gardin	ar,				
Vision screening distance: 6 metres		3 met	65					
Vision was tested: Without glass	ses 🗔	With g	lasses					
Visual acuity result: RVA	LVA							
	_ LVA							
COMMENTS / OBSERVATIONS		· · ·						
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	and a short record							Holes Punched as par AS2828.1: 2012 BINDING MARGIN - NO WRITING
RESULT								828. WF
Pass (vision within normal limits for age)								112
Borderline Pass (follow-up by parent/guardi	an in on	ie year)						NG 12
	atemais a	and not other referral ty	es listed be	(wole				
				,				
Referred – High priority referral				-				~
Referred due to unable to screen/incomplet	e screer	n						
Referred vision within normal limits but re	quires re	eferral for other finding	1					
Absent on the day of screening								
Currently under care for vision								
-								
NOTIFICATION FORM COMPLETED? Yes	No	REFERRA	LETTER	COMPL	ETED?	Yes 🗌	No 🗌	<u>ده</u>
Screener's Name: Sign	ature:		Dat	e:				MR
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Consent and Result F	orm to		SIEPS CO	orumate				04 4
FOLLOW-UP BY LHD WITHIN 1 MONTH? Ye	s 🗌	No Date o	f contact	/	/			
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Page 2 of 2	N	O WRITING						



Statewide Eyesight Preschool Screening Program (StEPS) for visual acuity using the HOTV logMAR Chart

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APPENDIX B: StEPS REFERRAL LETTER

StEPS Referral Letter

	DOB:	MRN:	M / F
commendation as soon a	s possible.		
HOTV		Sheridan Gardiner	
6 metres		3 metres	
Without glasses		With glasses	
Right Eye		Left Eye	
	y an eye health professio eye muscle imbalance. commendation as soon a HOTV 6 metres Without glasses	ng of your son or daughter by the StEP ny an eye health professional as your of eye muscle imbalance. commendation as soon as possible. HOTV	ng of your son or daughter by the StEPS program, it is recomm y an eye health professional as your child may require glasses eye muscle imbalance. commendation as soon as possible. HOTV

Further information may be obtained by telephoning or writing to the address below.

Medicare rebates are available for children's vision assessments; however, costs may vary between eye health professionals and eye health services. Your eye health professional or eye health service will be able to provide further information on the costs of their service.

Please take this letter with you when you have your child's eyes fully tested.

A report from your eye health professional would be greatly appreciated, sent to the address below. Alternatively, please ask your eye health professional to complete the attached tear off slip and forward it to the address below.

------**Results Notification** ___Date of birth: ____ MRN (if applicable): Child's Name: _____

____Date of assessment: _____Clinic/Provider: Preschool:

Outcome: Please select all relevant categories:

Refractive error	Anisometropia		Emmetropia	
Amblyopia	Strabismus		Other (please specify)	
Monitor/review	Discharge			
	(no treatment or rev	/iew required)		

Diagnosis and treatment plan:

Send to: StEPS Coordinator StEPS Department Sydney Children's Hospital High St, RANDWICK, NSW, 2031

Email: SCHN-SCH-STEPS@health.nsw.gov.au FAX: (02) 9382 0279 PH: (02) 9382 0277

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APPENDIX C: GUIDE TO COMPLETING 'StEPS Ax' FORM IN EMR

eMR Screener Guide

Logging On

- 1. Turn on laptop and enter username and password.
- 2. Open citix icon and click on PowerChart icon
- 3. Accept the NSW Health conditions of access and enter eMR username and password again.
- 4. The Community Client List will appear with all children registered for screening.
- 5. Search for child's surname in the 'search by name' search box.

Community Asternet States		
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Location/Service Unit	Stream	Associated Group
Location Selection	All	Select Group(s)
	Search by Mame	Search by MRN

6. Click on the child's name to open their medical record.

Name MRN/Gender/DOB	7 Age	Location/ Stream
		STEPS CH SCH
() ()		Child Youth and
	-	Family



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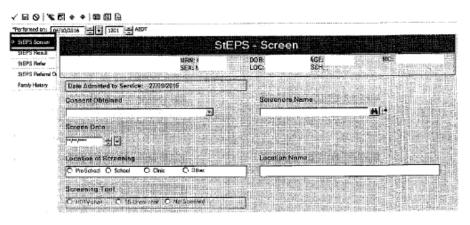
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Completing the StEPS Assessment

7 To commence the StEPS screen, click on "StEPS Ax" in the Document Launcher.

Child, Youth and Femily, $$	
⊿ General Forms	
Admin Note	CP Counselling Services
Community Health Referral	Contact Attempts
CYF Intake	Discharge Referral
Domestic Violence Screen	Home Visit Risk Ax
⊿ Assessment	
Aboriginal Health Ax	Child & Family Infant Ax
Child & Family Maternal Ax	Community Adolescent Ax
Community Paed Ax	DASS 21
Developmental Skills	Edinburgh Depression Scale
Estimating EN Requirement	Medications Form
Obstetric Hx	Orthoptic Ax
OT School/Preschool Env. Ax	OT Handwriting Ax
Paed Nutrition Ax	Paed OT Ax
Paed Physiotherapy Ax	Paed Speech Path Ax
Spasticity Ax	Splinting
StEPS AX 🔺	SWISH Screen
Talipes Ax	Torticollis & Cranial Asym. Ax
OOHC HPP Comp Ax (28)	OOHC HPP Primary Hith Ax (2A)

- 8 The "StEPS Screen" page automaticall opens. Record as required
 - Tip: Yellow fields are mandatory.





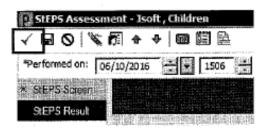
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9 After completing the childs screen and recording any observations in the "comments" box on the page, proceed to the "StEPS result" tab in the left hand corner to record the screening results.

StEPS Assessme	nt - Isoft , Children	的。在1997年,1997年,1997年 ,1997年
V III O I 🗞 🖻	i + + © ∅ ∰ ∰	
"Performed on: 06/	10/2016 AEDT	and the second sec
StEPS Screen		EPS - Result
StEPS Result		
StEPS Rafer	i Indicates Reference Text exists for this field. To	access, right click in the field and sel
StEPS Referral O		
Family History	Results - Screened	Results - Not Screened
	Pass (vision within normal limits for age) Bardenine Pass (follow-up by parent/guardian required in one year) Beferred - for further assessment to an eye health professional Beferred - high priority referral Referred - due to unable to screen/incomplete screen Referred - vision within normal limits but requires referral for other findin	Absent on day of screening Aleady received Vision Screen Too young on day of screening Non compliant Other Reasons g
and the second se	Under care of an eye health professional?	
	O Yes O No	
	Notification letter completed	Referral letter completed
	O Yes O No	O Yes O No
· 11		

10 Sign the StEPS Assessment form by clicking on the green tick located in the top left corner of the screen and enter your password.



Statewide Eyesight Preschool Screening Program (StEPS) for visual acuity using the HOTV logMAR Chart

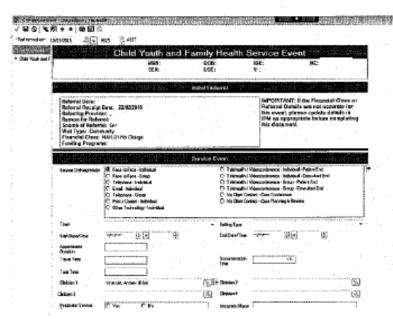
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Once the form is signed, a CYF Service event form will immediately open 11



IF a Service event is not required, cancel out of the form using O. Otherwise complete the service event as per usual.

12 Follow the "Adding orders" guide if you wish to send a referral to StEPS for follow up.

13 Contact the StEPS Coordinator if you have any questions/issues on 0422 009 619.



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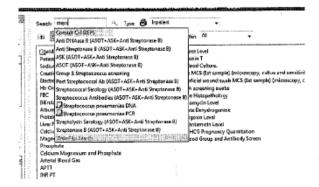
APPENDIX D: GUIDE TO CREATING AN 'ORDER'/SENDING REFERRAL

Health PowerChart South Eastern Sydney Local Health District eMR Quick Reference Guide Adding an Order – Sending a referral

directly to StEPS via EMR

To place an order for a patient:

- Open patient chart and from MPage click the blue cross to launch the order catalogue.
 New order Entry
- 2. Or click on the orders tab in the menu and click 📫 Add
- Search for "Steps" using the find function, and select "Consult CH StEPS". Left-click on order required to select



- 4. Complete the mandatory Current Clinical History, and click OK.
- It is optional to enter General Clinical History and this will provide further relevant information for the department processing the request. It will also appear for anyone else ordering on the patient until it is removed.

P	
You MUST enter a relevant clinical history for the service dept to process the uniter	
Correct Clinical History (Heodatary)	
	10
General Clinical History (Optionel)	1.1
High DP (b)s is the Gaussial Optianal clint horeexeccers	
	311
INTERNET INCOME.	<u>811</u>

5. Click Done to complete your order selection. The order is now in the Order Scratch Pad.