

## Statewide Eyesight Preschooler Screening (StEPS) Program

**Summary** Detailed requirements for the consistent management and implementation of the StEPS program in LHDs. The policy contains procedures associated with the roles and responsibilities of StEPS personnel including training requirements, identifying four year old children for vision screening, vision screening protocols, referral pathways and reporting requirements.

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### Secretary, NSW Health

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.

## STATEWIDE EYESIGHT PRESCHOOLER SCREENING (StEPS) PROGRAM

### PURPOSE

The purpose of this policy directive is to guide StEPS coordinators in the consistent implementation and management of the Statewide Eyesight Preschooler Screening (StEPS) program at the Local Health District (LHD) level.

This policy directive describes the roles and responsibilities of StEPS personnel and training requirements, identifying four year old children for vision screening, vision screening protocols, referral processes and reporting requirements so that childhood vision problems can be detected early and treatment outcomes maximised.

### MANDATORY REQUIREMENTS

LHDs must ensure compliance with the requirements set out in this policy directive as the basis for administering the StEPS program in LHDs. Mandatory requirements for the StEPS program are:

- Vision screening protocols relating to consent, vision screening, assessment, referrals, referral follow up, and reporting and data management (Section 2).
- All four year old children in LHDs, including disadvantaged groups and children with special needs, should be offered the StEPS program, to meet StEPS performance benchmarks (Section 3).
- StEPS vision screening staff must be suitably trained and provided with the necessary equipment and resources to conduct vision screening (Sections 4 and 5).
- All standardised templates attached to this policy are used by LHDs when administering the StEPS program (Section 7).
- LHDs must develop operating processes consistent with this policy directive, to maximise screening and meet local needs in each LHD.

### IMPLEMENTATION

The Ministry of Health provides funding to assist LHDs in the implementation of the StEPS program in NSW. This policy directive applies to all staff and relevant managers involved in delivering the StEPS program in LHDs across NSW.

#### Roles and Responsibilities

##### *Ministry:*

- Provide mandatory requirements and guidelines for the implementation and management of the StEPS program.

- Evaluate the overall efficiency and performance management of the StEPS program in LHDs across NSW.
- Meet regularly with all LHDs through the StEPS Coordinators Meetings to review overall progress and implementation of the StEPS program in LHDs.
- Ensure the content of this StEPS policy directive is effectively communicated to all staff involved in coordinating the StEPS program in NSW.

*LHDs:*

- Actively identify all four year old children in their LHDs to offer them a free StEPS vision screen.
- Assign responsibility and personnel to implement the StEPS program in line with this policy directive.
- Ensure appropriate vision screening staff are employed, that vision screening staff are trained to undertake the StEPS vision screen, and staff are provided with appropriate equipment and resources to carry out the functions of the StEPS program.
- Ensure compliance and full implementation of this policy directive in their LHD.
- Ensure that the budget provided for the StEPS program is expended on implementing the StEPS program.
- Provide all required reports to the Ministry of Health relating to screening activity, referrals, assessments, follow ups, monitoring and reporting.
- ensure that StEPS performance benchmarks are achieved and maintained (Section 3.3)
- Ensure the content of this StEPS policy directive is effectively communicated to all staff involved in implementing the StEPS program in the LHD.

## REVISION HISTORY

Version	Approved by	Amendment notes
May 2018 (PD2018_015)	Deputy Secretary, Strategy and Resources	Revision and update of StEPS policy directive, including updates to procedures, privacy information and correspondence to parents
January 2012 (PD2012_001)	Deputy Director- General Population Health	New document outlining the policy directive for the StEPS program

## ATTACHMENTS

1. Statewide Eyesight Preschooler Screening (StEPS) Program: Procedures.

**Statewide Eyesight Preschooler Screening (StEPS)  
Program**



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**Issue date:** May-2018

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## CONTENTS

<b>1</b>	<b>BACKGROUND</b> .....	<b>1</b>
<b>2</b>	<b>VISION SCREENING PROTOCOLS</b> .....	<b>2</b>
2.1	StEPS Referral Pathway Flowchart.....	2
2.2	Pathway for screening, referral, assessment and follow up .....	3
2.3	Consent.....	3
2.4	Vision Screening .....	4
2.5	Documenting Results of the Vision Screening.....	5
2.5.1	Consent and Results Form .....	5
2.5.2	Notification of StEPS Vision Screening Results Letter .....	5
2.5.3	Inclusion of forms and letters in the electronic medical record .....	5
2.5.4	Confidentiality.....	5
2.5.5	StEPS Referral Letter .....	6
2.6	Referral Criteria.....	6
2.7	Follow-up of referrals .....	7
2.8	Mandatory Reporting for the StEPS program .....	7
2.9	Data Management .....	8
2.9.1	Retention and Disposal of StEPS patient/client records .....	8
<b>3</b>	<b>IDENTIFYING FOUR YEAR OLD CHILDREN</b> .....	<b>9</b>
3.1	Identifying Four Year Old Children .....	9
3.2	Disadvantaged groups of children and children with special needs .....	9
3.3	Service Level Agreement .....	10
<b>4</b>	<b>StEPS PERSONNEL</b> .....	<b>10</b>
4.1	Vision Screening Staff .....	10
4.2	StEPS Coordinator .....	11
4.3	StEPS Administration Officer.....	12
4.4	Orthoptist.....	12
4.5	StEPS Outpatient Clinics .....	12
<b>5</b>	<b>TRAINING</b> .....	<b>13</b>
5.1	StEPS Training Package .....	13
5.2	Supervision and Professional Development .....	13
<b>6</b>	<b>GLOSSARY OF TERMS</b> .....	<b>14</b>
<b>7</b>	<b>LIST OF ATTACHMENTS</b> .....	<b>15</b>
7.1	Attachment 1: Implementation checklist.....	16
7.2	Attachment 2.....	17
7.3	Attachment 3.....	18
7.4	Attachment 4.....	20
7.5	Attachment 5.....	21
7.6	Attachment 6: Referral Protocols for Paediatric Ophthalmology Outpatient Clinics .....	22

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7.7 Attachment 7.....	25
7.8 Attachment 8.....	26
7.9 Attachment 9: StEPS Screening Activity Quarterly Report.....	29

## **1 BACKGROUND**

The Statewide Eyesight Preschooler Screening (StEPS) program is a universal, evidence based, free vision screening program for all four year old children in NSW.

The program actively identifies all four year old children in NSW to offer them a free StEPS vision screen and is designed to identify childhood vision problems early, prior to school entry, so that treatment outcomes can be maximised.

The StEPS program is an important component of the NSW Child Health Screening and Surveillance Program, as documented in the NSW Personal Health Record (PHR), the 'Blue Book'. The NSW PHR recommends a vision examination at the newborn health check, vision surveillance at the 1-4 week, 6-8 week, 6 month, 12 month, 18 month, 2 year and 3 year child health checks, and a monocular visual acuity screen at the 4 year child health check.

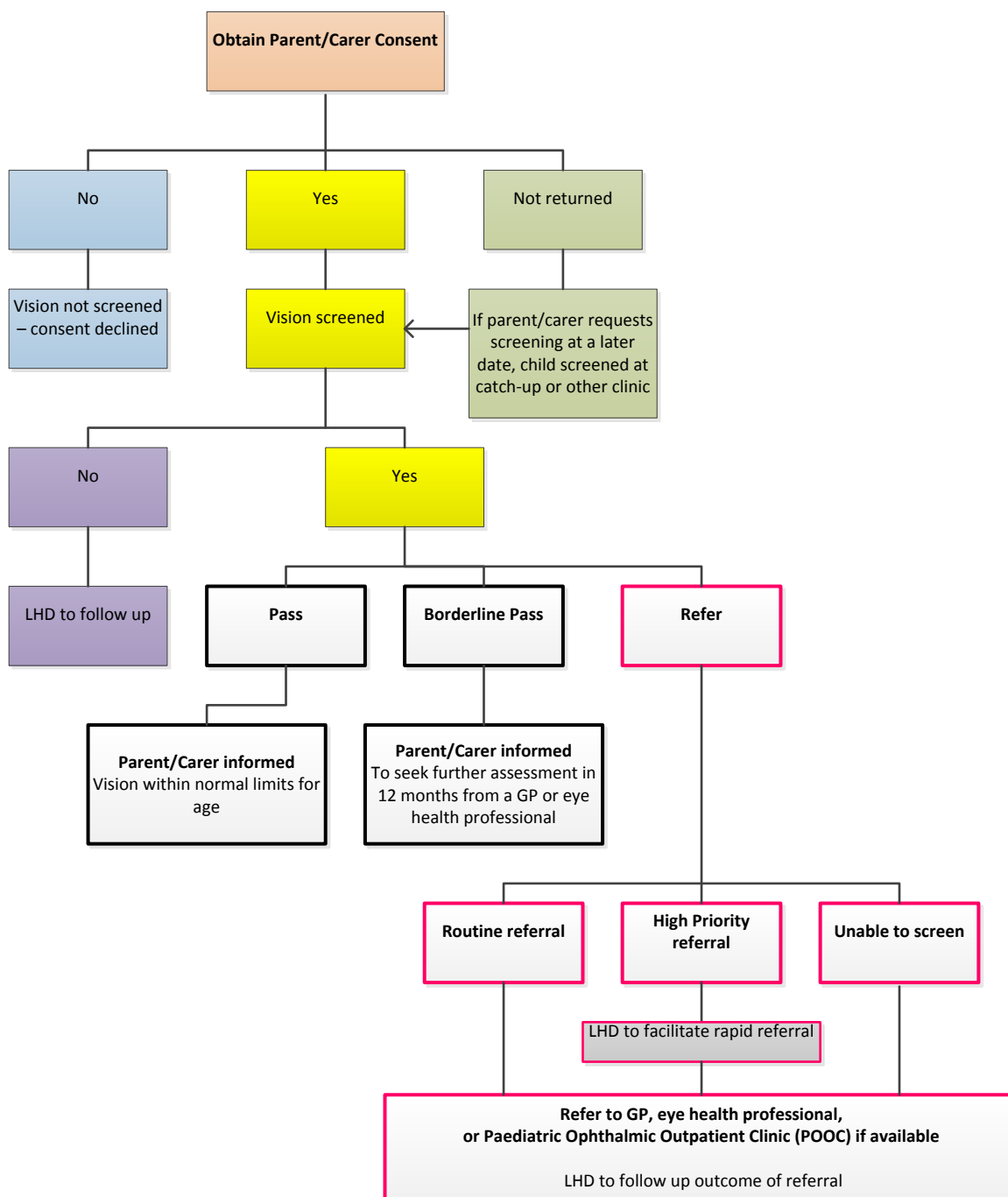
Vision develops from birth to approximately eight years of age, and is fully mature by the mid-teenage years. Early identification and treatment of eye and vision problems aims to optimise vision prior to starting school and reduces the likelihood of permanent vision loss. The StEPS program targets children at four years of age, the first opportunity for a child's visual acuity to be reliably screened at a population level.

While eye health surveillance can monitor a child for outward signs of eye or vision problems, the two most common childhood vision problems, amblyopia and refractive error, cannot be detected by family history, vision surveillance or observing a child's behaviour or appearance. These vision disorders can only be detected if a monocular visual acuity screen is conducted by a trained vision screener.

## 2 VISION SCREENING PROTOCOLS

### 2.1 StEPS Referral Pathway Flowchart

The figure below outlines the StEPS Referral Pathway:





## 2.2 Pathway for screening, referral, assessment and follow up

LHDs must have clearly documented protocols, consistent with this StEPS Policy Directive for approaching services to offer the StEPS vision screening program, offering parents/carers the StEPS vision screen for their child, the provision of the vision screening service, documenting the outcome of the vision screen, informing parent/carers of the outcome of the vision screen, and for referral and follow up of referrals.

Standardised templates attached to this policy (Section 7) must be used to implement and administer the StEPS program in NSW.

## 2.3 Consent

Consent from parent/carer for child to participate in the StEPS program at a preschool, child care centre or other service must be obtained prior to undertaking the StEPS vision screen. The following standardised information letter and consent forms are to be used to obtain signed consent:

- *StEPS Important Notice for all Parents/Carers (Attachment 2).*
- *StEPS Consent and Results Form (Attachment 3).*

Consent forms, information letters and flyers about the StEPS program and LHD privacy information should be provided to the preschool/child care centre where the screening will occur at least two weeks prior to the screening date. Completed and signed consent forms must be collected prior to the screening date or on the day of screening. Consent may be accepted by the StEPS vision screener up to and including the day of screening. If verbal consent is provided, this must be documented on the consent form by the vision screener.

If a consent form is returned and the parent/carer has consented to screening, but the child is absent on the day of screening, a follow-up screening offer should be made. At least two vision screening follow up offers should be made (and documented) where consent is obtained but screening is not conducted.

If the consent form is not returned, LHDs should have screening options available for parents/carers who request screening for their child at a later date, such as catch-up and other clinics.

If consent is not provided, that is, the consent form is returned but consent is declined, this must be recorded appropriately.

To monitor and assist in accurately recording the number of StEPS vision screenings offered, it is recommended that LHDs enquire about the number of children at each centre who:

- Are four years of age, or who will be turning four years of age.
- Are eligible to attend school in the following calendar year.

The target group of children for StEPS screening are those aged four years who are starting school the following year. Children who are five years of age and have not previously received a StEPS vision screen are also eligible to be offered the StEPS program. Three year old children who are eligible to start school the following year may be screened at the StEPS coordinator's discretion.

## **2.4 Vision Screening**

LHDs must coordinate and organise the StEPS vision screening with relevant parties at a suitable screening location. Consideration should be given to preschools/childcare centres with specific attendance patterns such as split week attendance to ensure a high uptake of screening and the number of screening days required to screen all children appropriately. StEPS vision screening staff should arrange an appropriate area to conduct the StEPS vision screening in consultation with the preschool/child care centre.

Wherever possible, StEPS vision screening staff must conduct a monocular visual acuity screening test using the approved 6 metre HOTV logMAR chart or Sheridan Gardiner Linear Chart. If the screening location does not have the required space available for the 6 metre chart, the approved 3 metre HOTV logMAR or Sheridan Gardiner Linear Chart can be used. The matching board corresponding to the chart used is to be provided to all children to enable children to match the letter indicated to by the vision screener with the letter on the matching board.

Vision screeners should also review the consent form carefully noting any parental/carer concerns, perform a visual inspection of the eyes and observe the child carefully (for example, does the child constantly close one eye in sunlight, do both eyes move together equally in all direction of gaze, does the child consistently tilt their head or turn their face to one side) to determine if any abnormalities may be present which could affect either the vision or the child's general eye comfort. If there are concerns following visual inspection of the eyes, for example, red eyes, red lid margins, or excessive watering, the child should be referred to their General Practitioner. Vision screeners should carefully observe and refer any possible eye or vision abnormalities even if the visual acuity result is within normal range.

To conduct a monocular visual acuity test, the screener must occlude the left eye first using the recommended occlusion glasses. A folded tissue is placed between the occluded eye and the glasses. If the child already wears glasses, use a single-use eye patch with a tissue between their glasses and the eye patch. LHD infection control procedures must be followed.

The test results for each eye must be accurately recorded by the vision screener on the *StEPS Consent and Results Form* (Attachment 3) and *Notification of StEPS Vision Screening Results Letter* (Attachment 4) as appropriate.

## **2.5 Documenting Results of the Vision Screening**

### **2.5.1 Consent and Results Form**

The vision screener must complete the results section of the *StEPS Consent and Results Form* (Attachment 3) to document the vision screening results.

All sections of the *StEPS Consent and Results Form* must be completed, signed and dated. Relevant actions relating to completing a *StEPS Results Notification Letter* and *StEPS Referral Letter* must be identified on the form. All *StEPS Consent and Results Forms* must be promptly forwarded to the StEPS Coordinator as per LHD procedures.

### **2.5.2 Notification of StEPS Vision Screening Results Letter**

The *Notification of StEPS Vision Screening Results Letter* (Attachment 4) is used to inform parents of the outcome of vision screening and must be completed and forwarded to all parents/carers of children who participated in the StEPS program.

Notification of the vision screening result should be provided as soon as practical, preferably on the day of the screening.

If the parent/carer has indicated on the *StEPS Consent and Results Form* (Attachment 3) that the child is under the care of an eye health professional, the vision screener must advise on the *Notification of StEPS Vision Screening Results Letter* (Attachment 4) for parent/carer to continue care. If there are any concerns about the child's current treatment, vision screeners must discuss this with their StEPS Coordinator. LHDs should encourage parents/carers to add the *Notification of StEPS Vision Screening Results Letter* to their child's Personal Health Record.

All parents are encouraged to ensure their child attends a Before School Health Assessment at 4 years of age, as per the NSW Personal Health Record (Blue Book).

### **2.5.3 Inclusion of forms and letters in the electronic medical record**

If the child's electronic medical record is available, the *StEPS Consent and Results Form* (Attachment 3) is scanned and forms part of the child's electronic medical record. The *StEPS Referral Letter* (Attachment 5) may be scanned and included as correspondence accompanying the child's medical record.

### **2.5.4 Confidentiality**

All information collected and results are confidential and must not be provided to or discussed with others, including staff at the preschool or child care centre, without parent/carer consent. To ensure privacy, all *Notification of StEPS Vision*

*Screening Results* letters (Attachment 4) are to be placed in a sealed envelope with the child's name on the outside of the envelope. Vision screeners must liaise with relevant parties (e.g. preschool/child care director) at the screening location to determine the most appropriate mechanism for providing the results of the StEPS vision screen to parents/carers.

### 2.5.5 StEPS Referral Letter

All parents/carers of children who require a referral must be provided with a *StEPS Referral Letter* (Attachment 5). The referral letter may be completed by the vision screener, StEPS Coordinator or Administration Officer as per LHD procedures.

## 2.6 Referral Criteria

The StEPS program uses pass/refer criteria that correlate to specific, evidence-based visual acuity results. Following the StEPS vision screen, the criteria for making a referral based on the vision screening result are as follows:

### a) Pass - visual acuity of 6/9 (3/4.5) or above

- A child with visual acuity of 6/9 (3/4.5) or above in both eyes is considered to have passed the StEPS visual acuity screen.
- Referral is not required.

### b) Borderline Pass - visual acuity of 6/9-1 (3/4.5-1) or 6/9-2 (3/4.5-2)

- A child with visual acuity of 6/9-1 (3/4.5-1) or 6/9-2 (3/4.5-2) in one or both eyes is considered a borderline pass.
- Parents/carers are advised to re-test in 12 months by an Eye Health Professional.

### c) Refer - visual acuity of less than 6/9-2 (3/4.5-2) in one or both eyes

- A child with visual acuity of less than 6/9-2 (3/4.5-2) in one or both eyes is considered to have not passed the StEPS visual acuity screen.
- Parents/carers are advised to have their child's eyes tested by a General Practitioner or Eye Health Professional.

### d) Refer - obvious pathology

- A child with obvious pathology on observation of external eye and adnexa that is currently untreated should be referred for review.
- Parents/carers are advised to have their child's eyes reviewed by a General Practitioner.

### e) High Priority Referral - visual acuity of 6/18 (3/9) or less in one or both eyes

- A child with visual acuity of 6/18 (3/9) or less in one or both eyes is considered a high priority referral.

- Parents/carers are advised to have their child's eyes tested by a General Practitioner or Eye Health Professional as a matter of urgency.
- Referral may be made to Paediatric Ophthalmic Outpatient Clinics (POOCs) according to *StEPS Referral Protocols for POOCs* (Attachment 6).

**f) Refer - unable to be screened**

- A child who has a valid consent but is unable to be screened, for example if they are uncooperative or unable to perform the test, should be referred.
- Parents/carers are advised to follow up with an Eye Health Professional.

## **2.7 Follow-up of referrals**

All referrals from the StEPS Program must be actively followed up by the StEPS Coordinator as per this Policy Directive and LHD procedures. Wherever possible, StEPS Coordinators should ensure that High Priority Referrals receive a diagnostic vision assessment within one month, and other referrals receive an assessment within six months.

StEPS Coordinators are to offer assistance to families to ensure the child receives a diagnostic eye assessment within the appropriate timeframe. This may include, but is not limited to, offering secondary screening Orthoptic services and/or referral to the StEPS Paediatric Ophthalmic Outpatient Clinics (POOCs). StEPS Coordinators should consider any barriers to receiving a diagnostic assessment and subsequent treatment and assist families wherever possible to access appropriate services.

StEPS Coordinators must monitor all follow up referrals and report on the outcomes. If no eye health professional report is received and the outcome is unknown, the parent/carer must be contacted to determine the outcome and the result recorded. If possible, the name of the eye health professional who provided the assessment/treatment should be sought from the parents and the eye health professional then contacted to confirm the outcome.

The *StEPS Referral Outcomes Report* (Attachment 10) must be completed to record the outcome of the referral as a result of the StEPS vision screening. These reports can be used to demonstrate the accuracy of vision screening undertaken and the effectiveness of the StEPS program.

## **2.8 Mandatory Reporting for the StEPS program**

StEPS Coordinators must complete and submit StEPS Screening Activity and StEPS Referral Outcomes reports for the StEPS program to the Ministry. Where an electronic medical record system is available in the LHD, electronic reporting and data extraction files should be submitted as reports to the Ministry. If

electronic medical records are not available, these may be submitted as manual reports using the following templates:

- Quarterly *StEPS Screening Activity Report* (Attachment 9)
- Quarterly *StEPS Referral Outcomes Report* (Attachment 10)

## **2.9 Data Management**

LHDs are responsible for developing and maintaining a database to record all children who have participated in the StEPS program. This will enable ease of scheduling, screening, tracking referrals, follow up referrals, reporting on referral outcomes and responding to enquires from parents/carers on vision screening.

All children who have participated in the StEPS program must be recorded on a database developed and maintained by LHDs. This database must include client/patient identifying details and parents contact details in accordance with PD2007\_094 Client Registration Policy', as well as screening location, date of screening, result of screening, follow up of referrals, and the outcome and diagnosis following referral where applicable. It is recommended that terminology used to record the outcomes of referrals is consistent with language used in the referral outcomes report.

Where an electronic medical record system is available in the LHD, the appropriate electronic documentation for StEPS should be completed and data extraction files submitted as reports to the Ministry of Health.

### **2.9.1 Retention and Disposal of StEPS patient/client records**

For all children who receive a StEPS vision screen, the *StEPS Consent and Results Form* (Attachment 3) must be incorporated into the main Community Health client record system and retained until the child attains or would have attained the age of 25 years. This applies to children who are found to have no abnormality on screening, as well as those children who receive a borderline pass or are referred for any reason.

Where the StEPS Consent and Result Form is in paper format and is not imaged or scanned, the original paper form must be retained for 25 years. It can then be disposed of according to LHD procedures.

Where the StEPS Consent and Result Form is imaged or scanned, the original Form should be retained until it has been verified that the scanned copy clearly displays all elements of the original record, as per NSW State Records 'General Retention and Disposal Authority – Public Health Services: Patient/Client Records' (GDA 17). Once verified, the paper Form can then be disposed of according to LHD procedures. The imaged Form must be retained for 25 years.

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## **3 IDENTIFYING FOUR YEAR OLD CHILDREN**

### **3.1 Identifying Four Year Old Children**

All four year old children in NSW are to be actively identified to be offered a free StEPS monocular visual acuity screen by StEPS Coordinators within their designated LHDs. Strategies to identify four year old children may include, but are not limited to, contacting the following services to offer the StEPS program:

- preschools
- child care centres
- family day care services
- early intervention services
- refugee services
- Child and Family Health Services
- playgroups
- immunisation clinics
- Department of Education and Communities, Schools for Specific Purposes
- Community vision screening days
- School Orientation programs (this strategy should only be used where the eligible child was not able to be identified through alternative strategies).

### **3.2 Disadvantaged groups of children and children with special needs**

Disadvantaged groups of children and children with special needs are to be actively identified to ensure they are offered StEPS screening. For the purposes of the StEPS program, the following groups of children are classified as 'disadvantaged groups':

- Aboriginal and Torres Strait Islander children.
- Children attending 'Early Intervention Services'.
- Children attending 'Schools as Community Centres (SACCs) Playgroups'.
- Children whose parents attend Mental Health Services.
- Children in 'Out of Home Care'.
- Refugee children.
- Socioeconomically disadvantaged children.

Children with special needs are children who have been identified with developmental delay and/or neurological deficits.

StEPS Coordinators are to develop local strategies that meet the needs of their LHD in order to ensure maximum vision screening and equity of access to the StEPS program for all four year old children.

### **3.3 Service Level Agreement**

The Service Level Agreement of the StEPS program is:

- A minimum of 80% of eligible four year old children have screening conducted

Wherever a parent/carer completes a StEPS consent form and agrees to their child participating in the StEPS program the LHD must make every effort to ensure that the child's vision is screened according to StEPS protocols.

LHDs are to ensure that the StEPS Service Level Agreement is maintained according to the estimated target population numbers of four year olds in their LHD provided by the Ministry of Health.

## **4 STEPS PERSONNEL**

### **4.1 Vision Screening Staff**

StEPS vision screening staff are employed by LHDs, under the supervision of LHD StEPS Coordinators to conduct monocular visual acuity screening assessments for four year old children.

StEPS vision screening must be conducted by suitably trained staff competent in using the StEPS vision screening equipment to undertake vision screening for four year old children. Screening assessments are undertaken in locations deemed appropriate by LHDs and can include settings such as preschools, child care centres, community settings and Child and Family Health Services.

StEPS vision screening staff are responsible for:

- liaising effectively with preschool and child care centre staff, parents, team members and other health care professionals in a professional and caring manner
- conducting vision screening according to vision screening protocols consistent with this StEPS policy directive relating to obtaining consent, referral processes, appropriate testing set up, vision screening equipment gathering and utilising information as required for effective vision screening
- ensuring the vision screening process creates minimal disruption to the location where screening is undertaken



- ensuring the confidentiality and privacy of the child is maintained at all times and all relevant information about the screening process and vision screening results is provided to parents/carers
- ensuring all mandatory requirements and reporting mechanisms relating to vision screening, consent, referrals processes, notification of results and LHD protocols are undertaken
- adhering to all LHD Work Health and Safety and Infection Control protocols
- maintaining vision screening equipment and reporting malfunctioning equipment to the StEPS Coordinator
- advising the StEPS Coordinator of any issues, incidents, problems or concerns that arise during a vision screening session.

## **4.2 StEPS Coordinator**

StEPS Coordinators are employed by LHDs to implement, coordinate and manage the day to day operations of the StEPS program.

StEPS Coordinators develop and maintain strong links with all relevant stakeholders in their LHD, such as child health services, parents and carers, early childhood education and care providers, eye health professionals, general practitioners, medical specialists, Aboriginal Community Controlled Health Services, early intervention and coordination programs and other government and non-government agencies, to promote the StEPS program and to ensure the StEPS program is delivered effectively in their respective LHDs.

StEPS Coordinators are responsible for:

- ensuring all four year old children in their LHD are actively identified and offered a StEPS vision screen, including providing screening services as required
- recruiting vision screening staff as required, training and/or arranging the training to be provided to StEPS vision screeners by a suitably qualified health professional
- supervision and professional development of StEPS vision screeners to ensure that competency in vision screening is achieved and maintained, and that all applicable LHD protocols are followed
- ensuring transportation is available for StEPS vision screeners to travel to screening locations, according to resources available in the LHD. This may include access to a motor vehicle or approval to use private vehicles with the provision of a mileage allowance according to LHD protocols
- ensuring all appropriate supplies and maintenance of equipment, relevant forms and promotional material is available to conduct StEPS vision screening

- maintaining the confidentiality and privacy of the children screened and providing support to parents as appropriate in the period between vision screening and diagnostic assessment
- developing vision screening protocols for screening, referral, assessment and follow up consistent with the StEPS Policy Directive
- developing local processes to ensure disadvantaged groups of children and children with special needs are actively identified for the StEPS program
- data management and monitoring of key performance indicators, vision screening referral rates, referral outcomes, follow up referrals and submitting relevant reports to the NSW Ministry of Health as required.
- setting up and maintaining a database to record information on all four year old children who participated in the StEPS program for quality management
- effectively managing the LHD StEPS budget to ensure the program is implemented efficiently in the LHD including all printing costs relating to information flyers, brochures, letters and forms on the StEPS program
- attending NSW Ministry of Health StEPS Coordinators meetings as required and being the main point of contact for the StEPS program in their LHDs

#### **4.3 StEPS Administration Officer**

StEPS Administration Officers are employed by LHDs to provide administrative duties as deemed appropriate by the StEPS Co-ordinator. Duties may include, but are not limited to, arranging and confirming vision screening bookings, organising consent form packages, StEPS data entry and general office tasks.

#### **4.4 Orthoptist**

Orthoptists may be employed to provide comprehensive secondary vision screening for children referred via the StEPS program. Orthoptists may also provide vision screening services for children identified with 'special needs' and undertake additional vision screening tests considered appropriate to a child's individual developmental level. Orthoptists may also investigate and diagnose ocular motility disorders and assist in transitioning the family to timely diagnostic assessment services where appropriate.

Orthoptists may also assist in the training of vision screening staff.

#### **4.5 StEPS Outpatient Clinics**

Dedicated StEPS tertiary Paediatric Ophthalmic Outpatient Clinics (POOCs) have been established for children identified with potentially significant vision loss and referred as a 'High Priority Referral'. POOCs will ensure that such children receive a diagnostic vision assessment in a timely manner so that treatment outcomes can be maximised. Ongoing management and treatment of a child diagnosed with a vision

problem via POOCs should be at the discretion of the eye health professional in consultation with the parent/carer.

Referrals to POOCs are available from anywhere in NSW. Children can be referred according to *StEPS Referral Protocols for Paediatric Ophthalmology Outpatient Clinics (POOCs)* (Attachment 6). The *StEPS Referral Form for POOCs* is at Attachment 7.

## **5 TRAINING**

### **5.1 StEPS Training Package**

To be certified as competent, vision screening staff must:

- satisfactorily complete modules one and two of the *StEPS Training Package* through the NSW Health Education and Training Institute (HETI).
- complete a minimum of four hours practical experience at a screening location (with the StEPS Coordinator or an Orthoptist if possible).
- be assessed as competent after three months of screening using the *StEPS Competency Checklist for Vision Screeners* (Attachment 8) and annually thereafter.

### **5.2 Supervision and Professional Development**

Following completion of modules one and two, in addition to supervised practical experience, ongoing professional development and mentoring opportunities for vision screeners should be locally arranged by LHDs as appropriate. This may involve opportunities to work with an experienced vision screener for the first three months of vision screening wherever possible; participation in Orthoptic clinics; and/or other professional development opportunities identified by the LHD.

It is the responsibility of the StEPS Coordinator to ensure that all dedicated StEPS vision screening staff, and all LHD staff who undertake StEPS vision screening, are proficient in undertaking a StEPS vision screen prior to being deemed qualified to undertake a StEPS vision screen unsupervised.

Ongoing supervision and performance management of vision screening staff, and other health staff who provide StEPS vision screening, is to be undertaken by LHDs according to LHD protocols. This should include performance reviews of vision screening staff referral rates and where appropriate, actions undertaken to address performance factors and skill development.

## 6 GLOSSARY OF TERMS

### **Adnexa**

For the purposes of this document, adnexa refers to the appendages of the eye. These include but are not limited to the eyelids, conjunctiva, lacrimal apparatus and orbit.

### **Amblyopia**

Amblyopia is reduced or 'dim' vision in an eye which appears to be normal. It is sometimes called 'Lazy Eye'. This is a serious eye defect which often goes undetected in childhood. If amblyopia is not diagnosed and treated early, the vision in the affected eye may be permanent and cannot be corrected with glasses or surgery.

### **Eye Health Professional**

For the purposes of this document, an *Eye Health Professional* refers to registered ophthalmologists, orthoptists and optometrists.

### **Refractive Error**

A refractive error occurs when the shape of an eye is abnormal or does not bend (or refract) light properly, which results in blurred vision. The three most common refractive errors are myopia (short sightedness), hyperopia (long-sightedness) and astigmatism.

### **HOTV logMAR chart**

A visual acuity screening chart used in the StEPS program. LogMAR charts feature the same number of letters on each line, which progressively reduce in size according to a geometrical progression.

### **Sheridan Gardiner Linear Chart**

A visual acuity screening chart used in the StEPS program. Linear charts feature an increasing number of letters on each line, which linearly reduce in size.

### **Visual Acuity**

Visual acuity refers to the measurement of the eye's capacity to see an object, for example a letter on a vision chart, at a certain distance. This measurement is taken one eye at a time with the child wearing their correcting glasses or contact lenses (when needed). It is usually recorded in a format that compares the child's vision results to a certain standard.

### **Visual Acuity Screening**

Also referred to as vision screening, this is the testing of visual acuity using pass/fail criteria to a specific standard correlated to an age appropriate level of acceptable vision.

### **Vision Surveillance**

Vision surveillance is defined as the monitoring of vision development for signs of eye or vision problems and includes observation, family history, reported visual behaviours and some vision tests, e.g. corneal reflections, ocular movements and response to occlusion.

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## **7 LIST OF ATTACHMENTS**

1. Implementation Checklist
2. StEPS Important Notice for all Parents/Carers
3. StEPS Consent and Results Form
4. Notification of StEPS Vision Screening Results letter
5. StEPS Referral Letter
6. StEPS Referral Protocols for Paediatric Ophthalmology Outpatient Clinics
7. StEPS Referral Form for Paediatric Ophthalmology Outpatient Clinics
8. Competency Checklist for Vision Screeners
9. StEPS Screening Activity report
10. StEPS Referral Outcomes report

### 7.1 Attachment 1: Implementation checklist

<b>LHD/Facility:</b>				
<b>Assessed by:</b>		<b>Date of Assessment:</b>		
<b>IMPLEMENTATION REQUIREMENTS</b>	<b>Not commenced</b>	<b>Partial compliance</b>	<b>Full compliance</b>	
1. All StEPS, Child and Family Health, and other relevant NSW Health staff are informed about this policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Notes:</u>			
2. LHDs develop and implement local policies, guidelines and procedures to support this policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Notes:</u>			
3. LHDs ensure that vision screeners working within StEPS services and any other services delivering StEPS screening have completed the StEPS HETI eLearning Modules and other StEPS training requirements, as outlined in this policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Notes:</u>			

## 7.2 Attachment 2

### StEPS Important Notice for all Parents/Carers<sup>1</sup>

Title of Service Provider  
Within Local Health District

Local Health  
District Logo

#### **IMPORTANT NOTICE FOR ALL PARENTS/CARERS OF 4 YEAR OLD CHILDREN**

Dear Parent/Carer,

**RE: STATEWIDE EYESIGHT PRESCHOOLER SCREENING (StEPS)**

The Statewide Eyesight Preschooler Screening (StEPS) program is an initiative of the NSW Ministry of Health and offers all 4 year old children a free vision screening assessment.

- It is **highly recommended** all 4 year old children participate in screening as vision problems may not be detected unless a child's vision is screened by a trained vision screener.
- Your child's vision will be screened one eye at a time and **no drops** will be used.
- 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.
- If a possible vision problem is found, parents/carers will receive a letter asking them to have their child's vision fully tested by an eye health professional.
- Please complete and sign the attached consent form and return it to (*name of centre*) as soon as possible so that a trained vision screener can test your child's eyes.
- If your child has already had a StEPS screen, there is no requirement for a second screening.

The StEPS program is for screening purposes only. Screening tests may not always be accurate and sometimes a screening may cause a false alarm or miss a problem. Occasionally a new problem may occur after a child has had their vision screened. For this reason, if you have concerns about your child's eyes, either now or at any time in the future, please have your child's eyes fully tested by an eye health professional.

Any personal health information collected as part of the StEPS program will only be used in accordance with privacy law. If you have any questions regarding the StEPS program, please contact (*contact person*) on (*telephone number*).

Thank you for participating in the StEPS program.


**Important:** As well as a StEPS vision screen, all children should have a general health check before they start school. Please make an appointment with your local child and family health nurse or GP. Take your child's NSW Personal Health Record (Blue Book), if they have one, to your health check appointment.

<sup>1</sup> Suggested wording only. LHDs should maintain basic content but may modify according to local needs.





Attachment 3 (Continued)

	OFFICE USE ONLY	
	FAMILY NAME	MRN
	GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	D.O.B. ____/____/____	M.O.
	ADDRESS	
<b>StEPS CONSENT AND RESULT</b>	LOCATION / WARD	
	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	
<b>VISION SCREENER TO COMPLETE</b>		
<b>Location of Screening:</b>		
Vision screening chart used:	HOTV <input type="checkbox"/>	Sheridan Gardiner <input type="checkbox"/>
Vision screening distance:	6 metres <input type="checkbox"/>	3 metres <input type="checkbox"/>
Vision was tested:	Without glasses <input type="checkbox"/>	With glasses <input type="checkbox"/>
<b>Visual acuity result:</b>	RVA _____	LVA _____
<b>COMMENTS / OBSERVATIONS</b>		
<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); opacity: 0.3; font-size: 48px; pointer-events: none;">             DO NOT PRINT           </div>		
<b>RESULT</b>		
<input type="checkbox"/> .....Pass (vision within normal limits for age)		
<input type="checkbox"/> .....Borderline Pass (follow-up by parent/guardian in one year)		
<input type="checkbox"/> .....Referred for further assessment (for general referrals and not other referral types listed below)		
<input type="checkbox"/> .....Referred – High priority referral		
<input type="checkbox"/> .....Referred due to unable to screen/incomplete screen		
<input type="checkbox"/> .....Referred – vision within normal limits but requires referral for other finding		
<input type="checkbox"/> .....Absent on the day of screening		
<input type="checkbox"/> .....Currently under care for vision		
<b>NOTIFICATION FORM COMPLETED?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>REFERRAL LETTER COMPLETED?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Screener's Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Consent and Result Form to be forwarded to the StEPS Co-ordinator</b>		
<b>FOLLOW-UP BY LHD WITHIN 1 MONTH?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of contact    /    /		
<b>FOLLOW-UP BY LHD WITHIN 3 MONTHS?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Date of contact    /    /		
<b>OUTCOME:</b>		
<b>StEPS Co-ordinator:</b>	<b>Signature:</b>	

## 7.4 Attachment 4

### Notification of StEPS Vision Screening Results

**Important:** All children should have a health check before they start school with their local child and family health nurse or doctor. Please keep this letter in your child's NSW Personal Health Record (Blue Book) and take it to your health check appointment.

Your child \_\_\_\_\_, DOB \_\_\_\_\_ had his/her vision screened using a vision chart approved in the StEPS program to conduct visual acuity screening in children. The result of screening is below:

- Pass – vision is within normal limits for age**  
If you have any concerns about your child's eyes at a later date please have their eyes fully tested by an eye health professional
- Vision is borderline upon screening**  
Please ensure your child has his/her eyes retested by an eye health professional in one year. Vision in children continues to develop as the child grows. Younger children may have their vision within normal limits for their age however require additional testing in one year to ensure their vision fully develops to the normal adult level
- Vision requires further assessment.** You will be contacted by letter or telephone
- Your child is under the care of an eye health professional** and this *Local Health District* advises you to continue this care
- Your child's vision was unable to be screened** due to illness or distraction on the day. Please have your child's vision fully assessed by an eye health professional
- Your child was absent on the day of screening.** Please contact \_\_\_\_\_ on \_\_\_\_\_ to arrange a time for your child to have their eyesight screened.

Comments:	
If you wish to discuss the above results further, please contact:	
Name:	Telephone number:
Vision Screener:	Signature:

*NOTE: The Statewide Eyesight Preschooler Screening (StEPS) program is for screening purposes only. Screening tests, checks and examinations can never be 100% accurate. Sometimes a screening may cause a false alarm or miss a problem. Occasionally a new problem may occur after a child has had their vision screened. For this reason, if you have concerns about your child's eyes, either now or at any time in the future, please have your child's eyes fully tested by an eye health professional.*

## 7.5 Attachment 5

### StEPS Referral Letter

Date:

Dear

**Re:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **MRN:** \_\_\_\_\_ **M / F**

**Centre:**

Following the recent vision screening of your son or daughter by the StEPS program, it is recommended that you have his/her eyes fully tested by an eye health professional as your child may require glasses and/or treatment for reduced vision or an eye muscle imbalance.

You are advised to carry out this recommendation as soon as possible.

Vision screening chart used:	HOTV	<input type="checkbox"/>	Sheridan Gardiner	<input type="checkbox"/>
Vision screening distance:	6 metres	<input type="checkbox"/>	3 metres	<input type="checkbox"/>
Vision was tested:	Without glasses	<input type="checkbox"/>	With glasses	<input type="checkbox"/>

**Vision screening result:** Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

Comment:

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**

Child’s Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ MRN (if applicable): \_\_\_\_\_

Preschool: \_\_\_\_\_ Date of assessment: \_\_\_\_\_ Clinic/Provider: \_\_\_\_\_

**Outcome:** Please select **all** relevant categories:

Refractive error	<input type="checkbox"/>	Anisometropia	<input type="checkbox"/>	Emmetropia	<input type="checkbox"/>
Amblyopia	<input type="checkbox"/>	Strabismus	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Monitor/review	<input type="checkbox"/>	Discharge (no treatment or review required)	<input type="checkbox"/>		

Diagnosis and treatment plan: \_\_\_\_\_

Send to: \_\_\_\_\_

## 7.6 Attachment 6: Referral Protocols for Paediatric Ophthalmology Outpatient Clinics

Referral Process	Contact
<b>Sydney Children's Hospital at Westmead (SCHW)</b>	
<ul style="list-style-type: none"> <li>• Only <i>High Priority</i> referrals accepted</li> <li>• Clinics are held at the SCHW</li> <li>• Satellite clinics are also held at Mt Druitt and Campbelltown</li> <li>• Parents/carers are to be advised to take a copy of their child's StEPS vision screening results with them when attending the clinic appointment</li> <li>• Parents/ carers are requested to obtain a referral from their GP also</li> <li>• Referral forms are to be completed and forwarded via email to both nominated contacts</li> <li>• SCHW will then contact the parent/guardian via post or phone with appointment details</li> </ul>	<p>Referrals for all clinics are to be forwarded to:</p> <p>Lindley Leonard, Senior Orthoptist <a href="mailto:lindley.leonard@health.nsw.gov.au">lindley.leonard@health.nsw.gov.au</a></p> <p><b>and</b></p> <p>Louise Brennan, Senior Orthoptist <a href="mailto:louise.brennan@health.nsw.gov.au">louise.brennan@health.nsw.gov.au</a></p> <p><b>Tel:</b> (02) 9845 2877</p>
<b>Mt Druitt Satellite Clinic</b>	
<ul style="list-style-type: none"> <li>• Only <i>High Priority</i> referrals accepted</li> <li>• Parents/carers are to be advised to take a copy of their child's StEPS vision screening results with them when attending the clinic appointment</li> <li>• Parents/ carers are requested to obtain a referral from their GP also</li> <li>• Referral forms are to be completed and forwarded via email to both nominated contacts</li> <li>• Mt Druitt Hospital will then contact the parent/guardian via post or phone with appointment details</li> </ul>	<p>Referrals for all appointments are to be forwarded to:</p> <p>Jacqueline Gow Administration Supervisor, Ambulatory Care Department <a href="mailto:jacqueline.gow@helath.nsw.gov.au">jacqueline.gow@helath.nsw.gov.au</a></p> <p><b>and</b></p> <p>Lisa Fuller, Administration Officer <a href="mailto:lisa.fuller@health.nsw.gov.au">lisa.fuller@health.nsw.gov.au</a></p> <p><b>Tel:</b> (02) 9881 1552</p>

## Statewide Eyesight Preschooler Screening (StEPS) Program



Campbelltown Satellite Clinic	
<ul style="list-style-type: none"> <li>• Only <i>High Priority</i> referrals accepted</li> <li>• Parents/carers are to be advised to take a copy of their child's StEPS vision screening results with them when attending the clinic appointment</li> <li>• Parents/ carers are requested to obtain a referral from their GP also</li> <li>• Referral forms are to be completed and forwarded via <b>fax to 46344600</b></li> <li>• Campbelltown Hospital will then contact the parent/guardian via post or phone with appointment details</li> </ul>	<p><b>Tel:</b> (02) 4634 4162</p>
St George Eye Clinic	
<ul style="list-style-type: none"> <li>• All children can be referred directly to StEPS Paediatric Ophthalmic Outpatient Clinics</li> <li>• Children who did not receive a secondary vision screen or are 'unable to be screened' are requested to book an '<i>Orthoptic Only</i>' appointment</li> <li>• All referrals require a referral form to be completed which is to be BOTH emailed and faxed to the nominated contact.</li> <li>• Forms are to be emailed and faxed in bulk once per week to assist staff to collate referrals.</li> <li>• Referral forms should note the type of service required e.g. <i>High Priority Referral, General Referral or Orthoptic Only</i></li> <li>• St George Eye Clinic will contact the child's parent/guardian to book an appointment</li> </ul>	<p>Kim Marchant, Orthoptist  <a href="mailto:Kim.Marchant@health.nsw.gov.au">Kim.Marchant@health.nsw.gov.au</a>            Tel: (02) 9113 2153            Fax: (02) 9113 2113</p>
Sydney / Sydney Eye Hospital	
<ul style="list-style-type: none"> <li>• All children can be referred directly to StEPS Paediatric Ophthalmic Outpatient Clinics</li> <li>• Children who did not receive a secondary vision screen or are 'unable to be screened' are advised to book an '<i>Orthoptic Only</i>' appointment</li> <li>• All referrals require a referral form to be completed and emailed to the nominated contact</li> <li>• Referral forms should note the type of service required e.g. <i>High Priority Referral, General Referral or Orthoptic Only</i></li> <li>• Referrals are requested via email once per week only</li> <li>• Sydney Eye Hospital will contact the child's parent/guardian via letter to book an appointment</li> </ul>	<p>Susan Downing, Orthoptist  <a href="mailto:Susan.downing@health.nsw.gov.au">Susan.downing@health.nsw.gov.au</a>            Tel: (02) 9382 7060            Fax: (02) 9382 7354</p>

## Statewide Eyesight Preschooler Screening (StEPS) Program



Sydney Children's Hospital Randwick	
<ul style="list-style-type: none"><li>• <u>All</u> children will be reviewed by an Orthoptist <u>and</u> an ophthalmologist or ophthalmic registrar for the first visit</li><li>• Follow up appointment is with an Orthoptist only</li><li>• Where possible refer children who have received a secondary vision screen unless a <i>High Priority</i> referral</li><li>• Referral forms are to be completed and forwarded via email to the nominated contact</li><li>• Sydney Children's Hospital Randwick will then contact the parent/guardian to book an appointment</li></ul>	Danielle Morgan Orthoptist, STEPS Danielle.morgan@health.nsw.gov.au 9382 0657
Bankstown Hospital	
<ul style="list-style-type: none"><li>• <u>All</u> children will be reviewed by an Orthoptist <u>and</u> an ophthalmologist or ophthalmic registrar</li><li>• All referrals require a referral form to be completed and emailed to the nominated contact</li><li>• Referral forms should note the type of service required i.e. <i>High Priority Referral, General Referral</i></li><li>• Bankstown Hospital will contact the child's parent/guardian to book an appointment</li></ul>	Karen Pedemont Area Director Orthoptics Service Manager Orthoptics Bankstown <a href="mailto:Karen.Pedemont@sswahs.nsw.gov.au">Karen.Pedemont@sswahs.nsw.gov.au</a> Tel: (02) 9722 7873

7.7 Attachment 7

## StEPS Referral Form to Dedicated Paediatric Ophthalmic Outpatient Clinics

To: \_\_\_\_\_ From: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

High Priority Eye Referral       General Eye Referral       Orthoptic Only

Screens conducted:

Primary screen – Date: \_\_\_\_\_       Secondary screen - Date: \_\_\_\_\_

Interpreter Required:  No       Yes      Language: \_\_\_\_\_

Child's first name: \_\_\_\_\_ Child's surname: \_\_\_\_\_

MRN: \_\_\_\_\_

Male  Female

Date of Birth: \_\_\_\_\_

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

Parent/Carer's Name: \_\_\_\_\_

Parent/Carer's Contact Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Please forward a report on the outcome of the referral to:

StEPS Coordinator

Address:

Email address:

## 7.8 Attachment 8

### Statewide Eyesight Preschooler Screening (StEPS) Program Competency Checklist for Vision Screeners

<b>Screener Name:</b>		
<b>Location:</b>		
<b>Assessor Name &amp; Position:</b>		
<b>Criteria</b>	<b>Outcome – please tick</b>	
Liases effectively with service providers in a professional manner	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Liases with parents/carers in an appropriate manner	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Effectively communicates with children using age appropriate language and positive re-enforcement	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
<b>Equipment set up:</b>		
Understands of use of 3m and 6m chart	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
6 metre test used if space permits	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Small chair for child	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Table for screeners equipment	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Adult size chair for screener	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Appropriately lit room with no glare on chart	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Accurate measurement of test distance marked out on the floor	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Adequate supply of consumables	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
<b>Consent and Explanation:</b>		
Ensures consent is gained and appropriately completed before screening each child	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Reviews all pre-screening questions on consent form	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Provides a clear explanation of the procedure to the child in a kind and friendly manner	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Confirms the child understands what is required and practices use of matching board	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
<b>Screening:</b>		
Screens visual acuity using the HOTV and/or Sheridan Gardiner Linear Chart (6m or 3m)	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Screens vision in the right eye by covering the left eye using the approved occlusion glasses with a fresh tissue folded appropriately beneath	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Records visual acuity for right eye correctly	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent



Screens vision in the left eye by covering the right using the approved occlusion glasses and a tissue	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Records visual acuity for the left eye correctly	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Starts pointing from the top of the chart and works down in a random fashion	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Allows the child enough time to respond	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Clearly points to individual letters from below	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Avoids isolating letters	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Ensures other children waiting to be screened cannot see the chart	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Performs a visual inspection of the eyes to rule out any other pathology	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Follows LHD infection control and hand hygiene protocols	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
<b>Documentation:</b>		
Ensures results of the vision testing and follow-up required are documented on: <ul style="list-style-type: none"> <li>• <i>StEPS Consent and Results Form</i></li> <li>• <i>Notification of StEPS Vision Screening Result letter</i></li> <li>• <i>StEPS Referral Letter</i> (as per LHD procedure)</li> </ul>	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
	<input type="checkbox"/> N/A	
Ensures <i>Notification of StEPS Vision Screening Results</i> letters are placed in a sealed envelope for parent/carer	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
<b>Follow-up:</b>		
Follows appropriate referral protocol as per LHD procedures	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
<b>Procedures &amp; Guidelines:</b>		
Demonstrates sound understanding of LHD StEPS Program protocols	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Displays knowledge of equipment care, maintenance and storage	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Demonstrates compliance with LHD infection control and Work Health and Safety procedures	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Ensures correct disposals of consumables	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
<b>Troubleshooting:</b>		
Appropriately manages and adapts to children with challenging behaviour	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Monitors referral rate whilst screening	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Rechecks screening distance for accuracy as required	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
<b>Data Collection:</b>		
Follows LHD protocols for data entry	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
Understands and uses StEPS electronic medical records	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent
	<input type="checkbox"/> N/A	
Ensures <i>StEPS Consent and Results Form</i> is sent to StEPS Co-ordinator	<input type="checkbox"/> Competent	<input type="checkbox"/> Not yet Competent

---

<b>Comments:</b>	
<b>Assessor Signature:</b>	<b>Date:</b>

## 7.9 Attachment 9: StEPS Screening Activity Quarterly Report



LHD:

Period:

	Data Item	Number	Comments (optional)
OFFERS	A No. of StEPS screens offered this period		
	B <i>Of the children offered StEPS screens this period, how many:</i>		
	C Accepted offer		
	D Declined offer due to vision screen previously conducted		
	E Declined offer due to other reasons		
	F No response (i.e., consent forms not received)		
	G Total	0	
	H VALIDATION CHECK: (G) MUST EQUAL (A)	OK	
ACCEPTED	I <i>Of the accepted offers <u>this period</u>, how many children were:</i>		
	J Screened (visual acuity tested)	0	
	K Not Screened - Absent on day of screening	0	
	L Not screened - Other reasons	0	
	M Total	0	
	N VALIDATION CHECK: (M) MUST EQUAL (C)	OK	
SCREENED	O Children screened this period where parental/carer consent to conduct screening was received in <u>previous period(s)</u>	0	
	P Children screened this period where parental/carer consent to conduct screening was received <u>this period</u>	0	
	Q Total StEPS screens conducted this period	0	
PATHWAYS	R <i>Of the children <u>screened this period</u>, how many:</i>		
	S Passed Visual Acuity Screen	0	
	T Borderline Pass (follow up in 1 year)	0	
	U Referred for further assessment (excludes High Priority referrals and children referred due to unable to screen/incomplete screen)	0	
	V Referred - High Priority Referral	0	
	W Referred due to unable to screen/incomplete screen	0	
	X Total	0	
	Y VALIDATION CHECK: (X) MUST EQUAL (Q)	OK	
ABORIGINALITY	Z <i>Of the children <u>screened this period</u>, how many were:</i>		
	AA Aboriginal	0	
	AB Torres Strait Islander	0	
	AC Aboriginal and Torres Strait Islander	0	
	AD Non-Aboriginal	0	
	AE Aboriginal status Not Stated	0	
	AF Total	0	
	AG VALIDATION CHECK: (AF) MUST EQUAL (Q)	OK	

### 7.10 Attachment 10: StEPS Referral Outcomes Quarterly Report

LHD	Year	Quarter
Please select LHD	2016	April-June



TABLE 1: OUTCOMES					
OUTCOMES		Referral Type	Number of High Priority Referrals	Number of Further Assessment Referrals	Number of 'Unable to be screened/ incomplete screen' referrals
	<b>A</b>	<b>Total referrals</b>			
	<b>B</b>	Ocular pathology or condition diagnosed			
	<b>C</b>	Monitor/Review			
	<b>D</b>	Currently under care for vision			
	<b>E</b>	Further investigation required			
	<b>F</b>	No abnormality detected			
	<b>G</b>	Referral not followed up by parent			
	<b>H</b>	Lost to follow up (unable to be contacted)			
	<b>I</b>	Total Outcomes	0	0	0
<b>J</b>	Validation A=I	ok	ok	ok	

TABLE 2: DIAGNOSIS

DIAGNOSIS		Referral Type	Number of High Priority Referrals	Number of Further Assessment Referrals	Number of 'Unable to be screened/ incomplete screen' referrals
K		Ocular pathology or condition	0	0	0
L		Refractive Error			
M		Emmetropia			
N		Anisometropia			
O		Amblyopia			
P		Strabismus			
Q		Mixed- Anisometropia & Amblyopia			
R		Mixed-Strabismus & Amblyopia			
S		Mixed- Refractive Error & Strabismus			
T		Mixed- Refractive error, Strabismus & Amblyopia			
U		Mixed- Refractive Error & amblyopia			
V		Mixed- anisometropia & strabismus			
W		Mixed- refractive error and anisometropia			
X		Other mixed condition			
Y		<i>Other mixed condition comment</i>			
AA		Cataract			
AB		Conjunctivitis			
AC		Chalazion			
AD		Optic Nerve disorder			
AE		Glaucoma			
AF		Ptosis			
AG		Binocular vision disorders (excluding strabismus)			
AH		Nystagmus			
AI		Corneal Pathology			
AJ		Colour vision deficiency			
AK		Miscellaneous			
AL		<i>Miscellaneous Comment</i>			
AM		Total Diagnosis	0	0	0
AN		Validation cell K=AM	ok	ok	ok