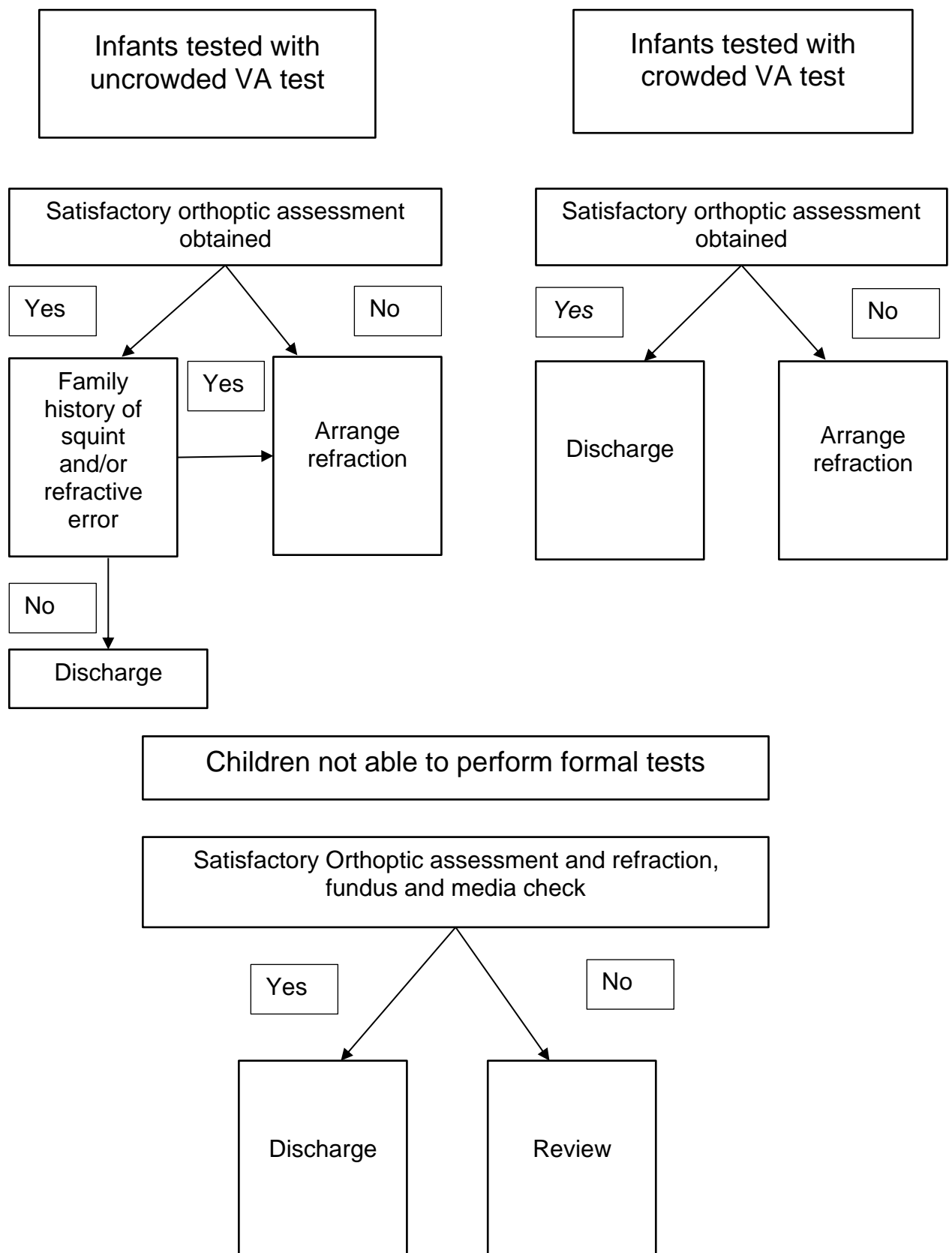


Assessing and Managing Infants Attending the Orthoptic department Found to have No Apparent Defect Clinical Guideline

V3.0

July 2022

Summary



1. Aim/Purpose of this Guideline

1.1. This guideline is for all Orthoptists employed by Royal Cornwall Hospital NHS Trust when assessing and managing infants and children, under the age of 7 years, referred to the Orthoptic Department who are found to have no apparent defect.

1.2. This version supersedes any previous versions of this document.

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. For Children tested with uncrowded VA test.

2.1.1. When a satisfactory Orthoptic examination, as detailed below, has been achieved, there is no parental concern, and normal refraction, fundus and media check (if the infant is under 6 months the refraction will be deferred until they are 6 months or older), the infant can be discharged from the Orthoptic Department.

2.1.2. Orthoptic Examination – Minimum requirements for discharge

- Binocular visual acuity with Cardiff Cards to a level appropriate for age and ability, see appendix 3
- Equal objection to occlusion of either eye
- No manifest deviation or significant heterophoria on cover test a near or distance
- Full ocular motility
- Normal motor fusional response with at least 15 dioptre base out prism

- Positive response to age-appropriate stereo test

2.2. For children with crowded VA test

2.2.1. When a satisfactory Orthoptic examination, as detailed below, has been achieved and there is no parental concern children can be discharged from the Orthoptic Department.

2.2.2. Orthoptic Examination – Minimum requirements for discharge

- Unocular visual acuity using a LogMAR test to a level appropriate for age and ability (0.1 using LogMAR Kays and 0.2 using LogMAR Keeler)
- No manifest deviation or significant heterophoria on cover test for near or distance
- Full ocular motility
- Normal motor fusion
- Positive response to age-appropriate stereo test

2.3. For those infants and children that do not have the ability to perform formal tests

2.3.1. When a satisfactory Orthoptic examination, as detailed below, has been achieved, there is no significant family history, no parental concern and normal refraction, fundus and media check infants/children can be discharged from the Orthoptic Department.

2.3.2. Ensure visually aware and satisfactory visual responses according to cognitive ability:

- No manifest deviation or significant heterophoria on cover test for near and/or distance fixation where practical
- No significant ocular motility disorder
- Demonstrable binocular functions where practical

2.4. It should be made clear to the parent/guardian that the child will undergo a screening check during their reception year at school.

2.5. A discharge letter will be sent to the referrer and copied to the GP.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	A re referral of an infant for the same condition may indicate that we discharged too soon, therefore any referral that has been previously seen and discharged as having no apparent defect will be investigated
Lead	Faye Gibson
Tool	It would be a review of the hospital case note records, performed on an individual basis
Frequency	It would be performed on an ad hoc basis when a case appears in the system
Reporting arrangements	Orthoptic Team via the Orthoptic Staff Meeting
Acting on recommendations and Lead(s)	Any findings will be discussed at the Orthoptic Department Staff Meeting and would be reviewed against the current policy. Any recommendations/changes to the policy would be agreed by all Orthoptic Staff employed by RCHT. Any changes to the policy would be made by the Head Orthoptist.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 2 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the Orthoptists

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Assessing and Managing Infants Attending the Orthoptic Department Found to have No Apparent Defect Clinical Guideline V3.0
This document replaces (exact title of previous version):	Assessing and Managing Infants Attending the Orthoptic Department Found to have No Apparent Defect Clinical Guideline V2.0
Date Issued/Approved:	July 2022
Date Valid From:	July 2022
Date Valid To:	July 2025
Directorate / Department responsible (author/owner):	Faye Gibson, Head Orthoptist
Contact details:	01872 253287
Brief summary of contents:	This guideline is for all Orthoptists employed by Royal Cornwall Hospital NHS Trust when assessing and managing infants and children, under the age of 7 years, referred to the Orthoptic Department who are found to have no apparent defect.
Suggested Keywords:	Diseases - Eye diseases - Strabismus - Medicine - Medical specialties - Ophthalmology - Orthoptics - Properties - Physical properties - Wave properties and phenomena – Refraction
Target Audience:	RCHT: Yes CFT: No KCCG: No
Executive Director responsible for Policy:	Medical Director
Approval route for consultation and ratification:	Orthoptic Staff meeting Care Group Governance meeting
General Manager confirming approval processes:	Roz Davies
Name of Governance Lead confirming approval by specialty and care group management meetings:	Maria Lane

Information Category	Detailed Information
Links to key external standards:	None required
Related Documents:	None required
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet
Document Library Folder/Sub Folder:	Clinical /Ophthalmology

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
06/04/16	V1.0	Initial Issue	Faye Gibson Head Orthoptist
09/01/19	V2.0	Revision of document – no amendments made/required	Faye Gibson Head Orthoptist
30/06/22	V3.0	Revision of document – Grammar changes and addition of Cardiff visual progress chart	Faye Gibson Head Orthoptist

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity & Inclusion Team richt.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Assessing and Managing Infants Attending the Orthoptic Department Found to have No Apparent Defect Clinical Guideline V3.0
Directorate and service area:	Head and Neck, Orthoptic department
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Faye Gibson, Head Orthoptist
Contact details:	01872 523287

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Aimed at staff to ensure all infants attending the Orthoptic Department that are found to have no apparent defect are assessed and managed consistently throughout the department.
2. Policy Objectives	To ensure all infants attending the Orthoptic Department that are found to have no apparent defect are assessed and managed consistently throughout the department.
3. Policy Intended Outcomes	As above
4. How will you measure each outcome?	A re referral of an infant for the same condition may indicate that we discharged too soon, therefore any referral that has been previously seen and discharged as having no apparent defect will be investigated via a hospital case note review
5. Who is intended to benefit from the policy?	Patients

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> Workforce: Yes Patients/ visitors: No Local groups/ system partners: No External organisations: No Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Orthoptists at the staff meeting
6c. What was the outcome of the consultation?	Guideline agreed
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

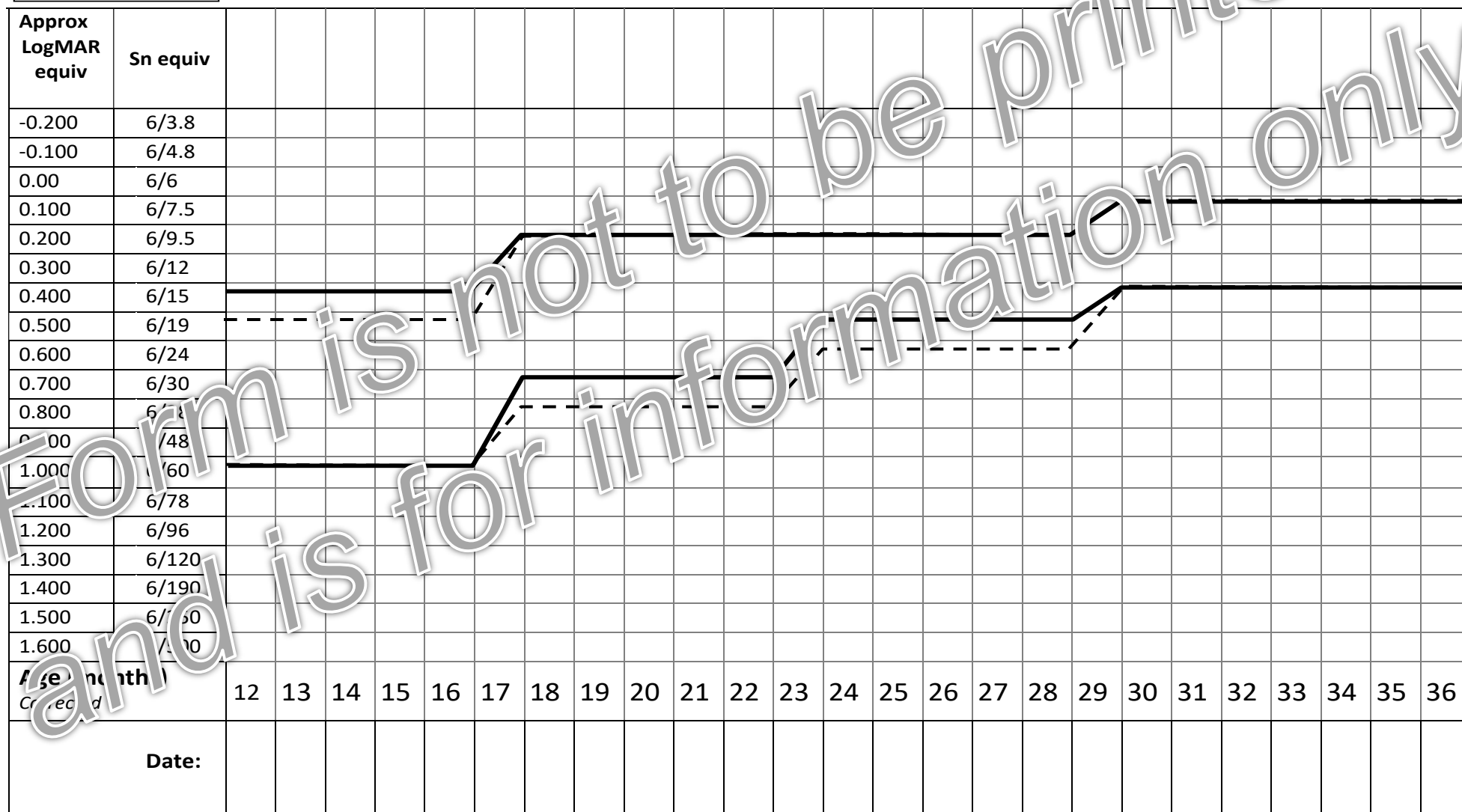
I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Faye Gibson, Head Orthoptist

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)

Affix
Patient Label
Here

CARDIFF CARDS VISUAL PROGRESS CHART



Key: Binocular acuity (upper and lower limits) ————— Monocular acuity (upper and lower limits) - - - - -