School Vision Screening Policy

V2.0

05 April 2016
Summary.

Vision screening test in school

- **PASS**
  - Visual acuity LogMAR
  - 0.2 both eyes
  - Kays
  - 0.1 both eyes
  - Outcome letter sent home
  - Test result information put on RIO database
  - Data entered onto excel spreadsheets — all terms outcomes and referral monitoring

- **REFER**
  - Visual acuity LogMAR
  - Worse than 0.2 in one or both eyes
  - Kays
  - Worse than 0.1 in one or both eyes
  - No co-operation
  - Outcome letter sent home advising an appointment with the Orthoptist at the hospital will be made
  - Child retested at hospital appointment
  - If retest shows no problem with visual acuity or ocular motility, then child discharged
  - If retest shows problem with visual acuity or ocular motility, an appointment with the hospital optometrist and/or Consultant Ophthalmologist will be made as appropriate

- **Refer**
  - Absent on day of screening
  - Letter sent home advising parent to contact the Orthoptic Department at RCH for appointment at drop in clinic

- **Pass**
  - Visual acuity LogMAR
  - 0.2 both eyes
  - Kays
  - 0.1 both eyes
  - Outcome given to parent verbally

- **Pass**
  - No letter sent home

- **Pass**
  - Already receiving treatment

- **Pass**
  - No letter sent home

- **Pass**
  - Letter to GP, copy sent to Orthoptic Lead for school vision screening to complete the referral monitoring excel spreadsheet
# Table of Contents

Summary. ...................................................................................................................... ... 2
1. Introduction................................................................................................................... 4
2. Purpose of this Policy/Procedure............................................................................. 4
3. Scope ......................................................................................................................... .. 4
4. Definitions / Glossary ............................................................................................... 5
5. Ownership and Responsibilities................................................................................ 5
   5.1. Duties within the organisation............................................................... 5
   5.2. Duties External to the Organisation .................................................. 7
6. Standards and Practice ........................................................................................... 7
   6.1. Recommended procedures for school vision screening ............................. 7
   6.2. Training .............................................................................................................. 9
7. Dissemination and Implementation ....................................................................... 9
8. Monitoring compliance and effectiveness ............................................................. 9
9. Updating and Review ............................................................................................. 9
10. Equality and Diversity .......................................................................................... 10
    10.2 Equality Impact Assessment ........................................................................... 10
Appendix 1. Governance Information ......................................................................... 11
Appendix 2. Initial Equality Impact Assessment Form ............................................... 13
1. Introduction
1.1. This policy provides guidance for the procedure of the school vision screening service carried out on children between the ages of 4-5 years old. This screening service is used to detect visual defects that have the potential to impact on a child’s educational performance.

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

2. Purpose of this Policy/Procedure
2.1. The purpose of this document is to enable all staff to ensure that the school vision screening procedures undertaken are managed to minimise the risk to patients and to improve patient outcome and quality of care.

2.2. This document will:

- set out the mechanisms that are in place to monitor that the population eligible for the school vision screening service are identified and offered the screen.

- include the school vision screening pathway and how this is audited.

- identify the healthcare staff with the authority to authorise/proceed with the screening procedure; including an approved programme of training, assessment of skills and update training.

- set out the systems which are in place to ensure that the tests results gained from the school vision screening are correctly recorded to comply with the agreed protocols/standing operating procedures (SOPs).

- identify the systems that are in place to ensure that the school vision screening results are received within agreed timeframes by the appropriate individual/electronic system.

- include the process for the dissemination of the school vision screening results.

- set out the process for how all parents/guardians of children who undergo a school vision screening tests are informed of their child’s results.

- identify the process for those children who ‘fail’ the school vision screening test, and how they access the Hospital Eye Service.

- set out how the outcomes are recorded, including any follow up and the audit trail to ensure all data recorded is complete.

3. Scope
3.1. This policy applies to all those involved in the school vision screening service.

3.2. The policy will be implemented and monitored by the Head Orthoptist, RCH.
4. Definitions / Glossary

NICE  National Institute for Health & Clinical Excellence
NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

NSC  National Screening Committee
The UK National Screening Committee (UK NSC) is chaired by the Chief Medical Officer for Scotland, advises Ministers and the NHS in the four UK countries about all aspects of screening and supports implementation of screening programmes. Using research evidence, pilot programmes and economic evaluation, it assesses the evidence for programmes against a set of internationally recognised criteria covering the condition, the test, the treatment options and the effectiveness and acceptability of the screening programme. Assessing programmes in this way is intended to ensure that they do more good than harm at a reasonable cost. The UK NSC also sets up practical mechanisms to oversee the introduction of new programmes in the English NHS and monitors effectiveness and quality of these programmes.

Screening  Screening
Is a process of identifying apparently healthy people who may be at increased risk of a disease or condition.

SOP’s  Standard Operating Procedures
A clear, step-by-step instruction of how to carry out agreed actions that promote uniformity to help clarify and augment processes. SOPs document the way activities are to be performed to facilitate consistent conformance to requirements and to support data quality. SOPs provide individuals with the information needed to perform a job properly and consistently.

Visual Acuity  Visual Acuity (VA)
Measurement of acuteness or clearness of vision.

LogMAR
The unit used to measure visual acuity.

5. Ownership and Responsibilities
This section gives a detailed overview of the strategic and operational roles responsible for the development, management and implementation of the policy.

5.1. Duties within the organisation
The duties of the directors, committees, clinicians, healthcare and administrative staff with responsibility for managing the processes surrounding screening procedures are outlined below:
- **Chief Executive**

The Chief Executive has ultimate responsibility for ensuring that suitable structures, resources and monitoring arrangements are in place to ensure that screening procedures are carried out in a safe and effective way.

- **Trust Boards**

The Trust Board must seek assurance that screening procedures are carried out in a safe and effective way.

- **Divisional Quality Group**

The Divisional Quality Group (DQG) will receive a quarterly summary of all adverse incident reports related to screening procedures and analyse the annual audit tool kit returns. This group is responsible for the overview of screening procedures within the Trust and adherence to organisational and local standards.

- **Trust Screening Lead**

The Trust Screening Lead will liaise with screening staff to produce the annual tool kit return, and with the Quality and Safety Team to produce quarterly adverse incident reports for submission to the Divisional Quality Group.

- **Lead Clinician – Head Orthoptist**

The Head Orthoptist plays a lead role in the development of organization-wide and local procedural documents to manage the risks associated with screening procedures. This includes ensuring that all tests and procedures are undertaken by authorised staff following training where necessary; developing standing operating procedures or equivalent protocols to an agreed organisational or national standard.

- **Screening Staff**

The screening pathway begins when an individual is identified as meeting the criteria to be offered the opportunity of screening for a particular condition. Should the offer of screening be taken up, the relevant protocol will be followed. Accurate records will be kept in the event that screening is declined. Responsibilities include adherence to standard operating procedures or equivalent protocols; undertaking training as required and agreed.

The screening staff have an important role in ensuring that, for paper based and electronic systems, all records are kept up to date and that administrative protocols are followed.

All staff members are responsible for:

- Being aware of this policy and any other documents referred to within it pertaining to their part in the screening pathway.
• Adhering to any requirements described within this policy and documents described in the standards and practice section pertaining to their role in the screening pathway.

All procedures relating to the school vision screening service can be found on the Trust’s shared drive S:\Orthoptic Share\School vision screening documents.

5.2. Duties External to the Organisation
External bodies have a role in providing external quality assurance and protocol guidance and where relevant programme management of the screening service provided. Such bodies include:

- National Screening Committee/NHS Screening Program Committees
- External Quality Assessment/Assurance schemes (Regional or National)
- Cornwall County Council

6. Standards and Practice

6.1. Recommended procedures for school vision screening
This document describes the practices, systems and processes that staff are expected to follow.

6.2. How the consent is obtained for the vision screening

6.3. Cornwall Council Education Department issues the following leaflet to all reception age children prior to them starting at school. This leaflet contains the consent form for vision screening. We operate on opt out consent and therefore all children will be screened unless the form is returned from the parents requesting to opt out of the screen.

6.4. “Your child’s health at school – Reception to year 6”

6.5. For private schools and home educated children we have a consent form specific to vision screening. This form is sent to the school secretary or parent at the time contact is made to book the date for the screening visit.

6.6. Booking the screening visit

Please use the following document for guidance:

RCH Shared Folder(S:)TR11\Orthoptic Share\School vision screening documents\Schools information\screening paperwork – guidelines\Clerical support – vision screening

6.7. Preparing for the visit

Please use the following document for guidance

RCH Shared Folder(S:)TR11\Orthoptic Share\School vision screening documents\Schools information\screening paperwork – guidelines
6.8. Screening

Please use the following document for guidance:

RCH Shared Folder(S:)TR11\Orthoptic Share\School vision screening documents\Schools information\screening paperwork – guidelines

6.9. Results

6.10. PASS – if the child passes the screening test, the parents of the child will receive a standard letter informing them of the results via the child’s satchel post. The letter is given to the school secretary for distribution on the day of the screening.

6.11. FAIL – if the child does not reach the pass requirement of the school vision screening test are given a standard letter to inform the parents of the result via the satchel post. The letter states that the child will be invited to attend an appointment with the Orthoptist at the hospital eye clinic.

6.12. CHILD ABSENT ON DAY OF SCREENING – those children whose parents had consented but they were absent on the day the screening took place are given a standard letter to inform the parents via the satchel post. The letter states that the parents can contact the Orthoptic department at Treliske Hospital and they can attend an additional clinic at the Hospital.

6.13. ALREADY RECEIVING TREATMENT/REFUSED SCREENING TEST – those children already receiving treatment for their eyes or whose parents requested that they are not screened are not tested and do not receive a letter.

6.14. All children will be screened unless the consent form has been returned by the parents requesting to opt out of the screen.

6.15. All results are entered on the RIO and the local audit record – all terms outcomes.

6.16. Referrals

6.17. Those children that are referred have a standard referral form completed.

6.18. For referrals to Royal Cornwall Hospital the form is emailed to the Orthoptic department email address where it is vetted by an Orthoptist for an appropriate appointment. The form is forwarded to the Head and Neck Booking Team at Royal Cornwall Hospital email account.

6.19. For referrals out of county (to North Devon Hospital and Plymouth Hospitals NHS Trust) the form is emailed to the Orthoptic department email address. It is then forwarded onto the Head Orthoptist at the appropriate hospital.

6.20. The appropriate appointment is booked within the timescale stated by the Orthoptist

6.21. The referral information is also recorded onto a local audit record – referral monitoring
6.22. Training

6.23. The school vision screening will be undertaken by screeners who are trained locally by the Orthoptic department. The training documents can be found on the shared drive:

RCH Shared Folder(S:)TR11\Orthoptic Share\Vision Screeners Training Pack

The training is updated on an annual basis. The school vision screeners are also expected to ensure their mandatory training is kept up to date.

7. Dissemination and Implementation

7.1. The document will be placed on the Cornwall & Isles of Scilly Health Community Documents Library.

7.2. The policy will be implemented through the initial training programme and update training that all screening staff are required to attend.

8. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Coverage of schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Head Orthoptist</td>
</tr>
<tr>
<td>Tool</td>
<td>RIO system</td>
</tr>
<tr>
<td></td>
<td>Local audit records – all terms outcomes and referral monitoring</td>
</tr>
<tr>
<td>Frequency</td>
<td>Weekly input of information on to local database forms</td>
</tr>
<tr>
<td></td>
<td>Termly check on local database forms against the list of schools</td>
</tr>
<tr>
<td></td>
<td>Annual report of coverage</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>Report yearly shared with RCHT Screening Lead and Public Health.</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>Screening lead to report to Head Orthoptist.</td>
</tr>
<tr>
<td></td>
<td>Head Orthoptist and/or Screening Lead will discuss recommendations and/or issues with the Vision Screeners.</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>All changes in practice will be discussed at the staff meeting. The Head Orthoptist will implement any changes as soon as is practical and will ensure access to any training required is made available.</td>
</tr>
</tbody>
</table>

9. Updating and Review

9.1. This policy will be reviewed every two years or sooner if circumstances suggest this may be necessary.
9.2. Where the revisions are significant and the overall policy is changed, the author will ensure the revised document is taken through the standard consultation, approval and dissemination processes.

10. Equality and Diversity

10.1 This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

10.2 Equality Impact Assessment

10.3 The Initial Equality Impact Assessment Screening Form is at Appendix 2.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>School Vision Screening Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>29th April 2016</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>29th April 2016</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>29th April 2019</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Faye Gibson, Head Orthoptist</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 253287</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>This policy covers the management of the school vision screening procedures. It outlines the documented process for the screening service and managing the associated risks.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>School Vision Screening</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Date revised:</td>
<td>6th April 2016</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>School Vision Screening Policy v1.0</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Divisional Governance</td>
</tr>
</tbody>
</table>
| Divisional Manager confirming approval processes | Duncan Bliss  
Divisional General Manager  
Surgery, Trauma and Orthopaedics |
| Name and Post Title of additional signatories | Not Required |
| Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings | {Original Copy Signed}  
Name: |
| Signature of Executive Director giving approval | {Original Copy Signed} |
| Publication Location (refer to Policy on Policies – Approvals and Ratification): | Internet & Intranet ✅  
Intranet Only |
| Document Library Folder/Sub Folder | Clinical/Ophthalmology |
Links to key external standards | NHSLA Risk Management Standard 5.6
---|---
Related Documents: | • The 2011 NHSLA Risk Management Standards Handbook
 | • NHSLA Standards 2011-2012
Training Need Identified? | No

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 May 12</td>
<td>V1.0</td>
<td>Initial Issue</td>
<td>Faye Gibson Head Orthoptist</td>
</tr>
<tr>
<td>06 April 16</td>
<td>V2.0</td>
<td>Transferred onto new trust template</td>
<td>Faye Gibson Head Orthoptist</td>
</tr>
</tbody>
</table>

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 on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
## Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy) (Provide brief description): School Vision Screening Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate and service area: Head and Neck Directorate/Ophthalmology</td>
</tr>
<tr>
<td>Name of individual completing assessment: Faye Gibson</td>
</tr>
</tbody>
</table>

### 1. Policy Aim* 
Who is the strategy / policy / proposal / service function aimed at?

> To provide Vision Screening to all children in Cornwall between the ages of 4 –5 years old, and to refer as appropriate.

### 2. Policy Objectives* 
To detect visual defects which have the potential to impact on a child’s educational performance.

### 3. Policy – intended Outcomes* 
To enable timely intervention and/or treatment for children found to have vision defects.

### 4. How will you measure the outcome? 
Annual reporting of activity

### 5. Who is intended to benefit from the policy? 
All children age between 4-5 years old

### 6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy? 
No

### 7. The Impact 
Please complete the following table.

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Policy and Procedure Template

Page 13 of 14
<table>
<thead>
<tr>
<th>Category</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (male, female, transgender / gender reassignment)</td>
<td>x</td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td>x</td>
</tr>
<tr>
<td>Disability - Learning disability, physical disability, sensory impairment and mental health problems</td>
<td>x</td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td>x</td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>x</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>x</td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>x</td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. **or**
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. **Yes** **No** x

9. If you are not recommending a Full Impact assessment please explain why.

<table>
<thead>
<tr>
<th>Signature of policy developer / lead manager / director</th>
<th>Date of completion and submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faye Gibson</td>
<td>Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Names and signatures of members carrying out the Screening Assessment</th>
<th>1.</th>
<th>2.</th>
</tr>
</thead>
</table>

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed _______________

Date _______________