PROCEDURE	
Distance vision - Snellen	
Scope (Staff):	Community health staff
Scope (Area):	CAHS-CH, WACHS

Child Safe Organisation Statement of Commitment

The Child and Adolescent Health Service (CAHS) commits to being a child safe organisation by meeting the National Child Safe Principles and National Child Safe Standards. This is a commitment to a strong culture supported by robust policy documents to ensure the safety and wellbeing of children at CAHS.

This document should be read in conjunction with this DISCLAIMER

Aim

To assess and record the visual acuity of older children who are literate in English.

Risk

Undetected or unmanaged vision impairment can have a significant effect on a child/young person's social and psychological development, educational progress, and long term social and vocational outcomes.

Background

Targeted assessment of distance vision in children from 7 years of age[1] in the community health setting can be conducted using the Snellen (6 metre) chart.

For further information on vision refer to the Clinical Nursing Manual:

- *Vision and eye health* guideline - includes information on development of vision, normal vision behaviours, common vision concerns including strabismus and amblyopia, and the rationale for vision screening.

The Snellen chart may be used to assess the visual acuity of an older child where there are vision concerns or difficulties in the classroom; however, it is also recommended that the child be referred to a medical practitioner or optometrist for further evaluation. Children from 7 years of age (or adults) may be assessed with either the Lea symbols chart or the Snellen (6m) chart depending on their level of literacy in English.

Key Points

- Vision screening should only be performed by community health staff who have undertaken appropriate CAHS-CH or WACHS training and been deemed competent in these procedures
    - After receiving training and prior to achieving competency, staff must work under the guidance of a clinician deemed competent.

- For cultural considerations when caring for Aboriginal* children and families, refer to Related resources to assist service provision to Aboriginal clients.
- The individual must be familiar with the (English) alphabet or be able to "draw" letters in the air.
- Prior to performing the test, it is important to obtain a history about the client's vision. This may be from the client, parent or school staff and include factors such as a history of headaches or blurred vision.
- The Cover Test (CT) and Corneal Light Reflex (CLR) should be performed in addition to the Snellen vision testing to contribute to an overall assessment of the eye.
- A normal Snellen result does not necessarily exclude the presence of other treatable eye conditions
    - Any client with a vision concern, despite a normal visual acuity screening result should be referred to their medical practitioner or an optometrist (if client aged over 8 years of age) for a more comprehensive assessment or referral.
- The Snellen chart should be checked prior to use to make sure it is not discoloured or damaged in any way. It should be stored with a plain sheet of paper in between to prevent the letters being blurred.
- The test type consists of black letters on a white background, and contains seven or eight rows of letters, each line diminishing in size and labelled 60, 36, 24, 18, 12, 9 and 6. There are 2 rows of size 6 letters.
- Community health nurses (nurses) must follow the organisation's overarching Infection Control Policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.

Equipment

- Snellen Alphabetical Chart (6m)
    - Note: Old charts are one sided and have two 6/6 lines. New charts have a different chart on either side with one 6/6 line and one 6/5 line per chart
- Pointer (preferably telescopic)
- Tape measure and marker (or tape for marking distance)
- Two pairs of occlusion glasses (right and left)
- Tripod or easel (recommended).

* OD 0435/13 - Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

Process

Steps	Additional Information
1. Engagement and consent • Ensure either written or verbal consent from the parent/caregiver or client (if deemed a mature minor) has been obtained prior to proceeding with assessment. • Explain the procedure to the client. Allow sufficient time for discussion of concerns.	• If obtaining verbal consent, discuss with the parent/caregiver/mature minor whether they consent to sharing of information with relevant school staff. • Section 337(1) of the Health (Miscellaneous Provisions) Act 1911 authorises nurses specified in the schedule to examine a child without parent consent if required.
2. Preparation • Secure a well-lit room with adequate space. • Measure 6 metres from the Snellen chart to the position where the client will sit/stand. • Stand or sit the client. • Observe the client's eyes, head posture and alignment while client is in a relaxed state.	• Light should be dispersed evenly throughout the area of testing. • Accurate measurement will ensure validity of testing. • The Snellen chart should be vertical and at the client's eye level • The chart should be mounted on the wall or an easel.
3. Vision procedure • Test each eye separately. • Occlude the eye with occluder glasses or other occluder ○ if one eye is suspected to be weaker than the other, test that eye first.[2] • Stand next to the chart and start testing from the top. Test one letter from each line to 6/12 line and then test all letters on the 6/9 line. **Testing the 6/6 line** • The method for testing the 6/6 line is dependent on the Snellen chart available. • Choose method 4a, if the chart has two 6/6 lines, and 4b, if the chart has one	• Testing the weaker eye first may lessen the feeling of failure, clinical judgement should be used. • If necessary, it is acceptable to briefly point to a letter using a pointer • Do not leave the pointer close to the letter because it makes fixation easier, especially in the case of amblyopia. • Do not isolate letters • Using a second Snellen chart will reduce the chances of the client memorising. • The bottom line on the new chart is 6/5 and not tested.

Steps	Additional Information
6/6 line per side. *4a. Old chart with two 6/6 lines* • Test first 6/6 line for right eye and then second 6/6 line for left eye. *4b. New chart with one 6/6 line per side* • Use one side of the chart to test the right/first eye to the 6/6 line then flip the chart over and test the other eye to the 6/6 line.	
4. Results • If the client makes one or less errors on the 6/6 line for either eye then the visual acuity is recorded as 6/6. ○ No action is required if the client's visual acuity is 6/6 in both eyes • If the client makes 2 or more errors on the 6/6 line for either eye then the result is recorded as 6/9.	• The smallest line that the client can read (VA) is expressed as a fraction (e.g. 6/6). • The upper number refers to the distance the chart is from the client and the lower number refers to the distance in metres at which a person with no impairment can see the chart.[2]
6. Communicate results with parent/caregiver • Explain results to parent/caregiver, including concerns if present. • If parent/caregiver not present; ○ Contact to discuss if there are any concerns and need for referral as appropriate. ○ Provide results in writing using CHS142 Referral to Community Health Nurse. • Provide a copy of the results to the school on completion of the health assessment.	• Refer to *Language Services* policy for information on accessing interpreters. • It is recommended that staff use the correct terminology when discussing any vision results with the parent or caregiver. The use of the term 'lazy eye' can be misleading as it can relate to several different eye conditions. • If a vision concern is detected, inform the classroom teacher. This may include recommendations on seating or other strategies to support the client in the classroom whilst awaiting referral follow-up. • If unable to contact parent/caregiver to discuss a concern, follow CAHS-CH or WACHS processes to provide effective communication with the family.

Steps	Additional Information
7. Referral and follow up • Any errors on the 6/9 line or above require a referral. • Discuss and obtain consent for referral from parent/caregiver/mature minor. • Where results and clinical judgement indicate, provide a referral to an optometrist and/or medical practitioner. • Include Snellen vision results in referral along with information about other assessments (e.g. Corneal Light Reflection, Cover test). • For clients at risk, follow up must occur with parents/caregivers to determine if the referral has been actioned. This includes clients of concern, children in care, or those with urgent vision concerns ○ For other clients, use clinical judgment to determine if referral has been actioned.	• Where there are any vision concerns, and/or any anomalies are observed during the assessment, such as turning of the head during testing, reluctance to cover one eye, or ptosis of eye, nurses should use their clinical judgement and refer the client. • Adherence to CAHS-CH and WACHS clinical handover processes is required when handing over, or referring a client within, or outside of, the health service.

Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CAHS-CH and WACHS processes.

References

1. Optometry Australia. Clinical Practice Guide - Paediatric Eye Health and Vision Care. Melbourne: Optometry Australia; 2016.
2. Stevens S. Test distance vision using a Snellen chart. Community Eye Health; 2007.

Related policies, procedures and guidelines

The following documents can be accessed in the **Clinical Nursing Manual** via the HealthPoint link, Internet link or for WACHS staff in the WACHS Policy link

Aboriginal child health
Clinical Handover - Nursing
Corneal light reflex test (Hirschberg Test)

Cover test
Distance Vision Testing (Lea Symbols Chart)
School-aged health services - primary
School-aged health services - secondary
Vision and Eye Health
Vulnerable Populations
The following documents can be accessed in the CAHS-CH Operational Manual
Client Identification
Consent for Services
Infection Control manual
Language Services
The following documents can be accessed in the CAHS Policy Manual
Fitness for Work
Occupational Safety and Health
The following documents can be accessed in WACHS Policy
Enhanced Child Health Schedule
The following documents can be accessed in the Department of Health Policy Frameworks
Clinical Governance, Safety and Quality (Policy Framework)
Clinical Handover Policy (MP0095)
Clinical Incident Management Policy (MP 0122/19)

Related CAHS-CH forms
The following forms can be accessed from the CAHS-Community Health Forms page on HealthPoint
Clinical Handover/Referral Form (CHS663)
Clinical Handover/Referral Form – Electronic (CHS663E)
Referral to Community Health Nurse (CHS142)

Related resources to assist service provision to Aboriginal clients
CAHS-CH staff
The following resources can be accessed from the CAHS-Aboriginal Health page on HealthPoint
Patient Care and Cultural Learning Guidelines
Aboriginal Health and Wellbeing
The following resources can be accessed from the CAHS-CH Aboriginal Health Team page on HealthPoint
Cultural Information Directory
WACHS staff
WACHS Strategic Plan 2019-2024 - online version
WACHS Aboriginal Health Strategy 2019-2024

This document can be made available in alternative formats on request for a person with a disability.

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