

STATEMENT OF PURPOSE

Student health issues that may be barriers to learning will be identified and addressed through a collaboration between the school nurse, the family and the medical home.

AUTHORIZATION - LEGAL REFERENCES

16 V.S.A §1422 Testing Sight and Hearing: <http://legislature.vermont.gov/statutes/chapter/16/031>

Vermont Agency of Education <https://education.vermont.gov/documents/educator-quality-licensing-rules#page34>. Rules Governing the Licensing of Educators and the Preparation of Educational Professionals– School Nurse/Associate School Nurse Endorsement: *5440-65 School Nurse (Revised March 2017) (page 171); 5440-65A Associate School Nurse (Reviewed June 2017) (page 175)*

DEFINITION

Screening – Screening is a brief or limited evaluation of a group of individuals to detect those who have a problem or have a probability of developing a disease or health problem. See <http://www.asha.org/public/hearing/Hearing-Screening-and-Hearing-Evaluation/> for the American Speech-Language-Hearing Association definition of screening vs. evaluation.

REQUIRED SCREENING BY GRADE

Key: RQ= Recommended NR = Not-recommended for population-based screening

Screening	Grade													
	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
Hearing	RQ ^a	RQ	RQ	NR	RQ	NR	RQ	NR	RQ	NR	RQ	NR	NR	RQ
Visual Acuity	RQ	RQ	RQ	NR	RQ	NR	RQ	NR	RQ	NR	RQ	NR	NR	RQ
Height ^c	NR													
Weight ^c	NR													
Blood Pressure	NR													
Scoliosis	NR ^b													

^aPer AAP Guidelines 4th Ed. https://www.aap.org/en-us/Documents/periodicity_schedule.pdf (schedule -2019)

A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds

^bThe USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for adolescent idiopathic scoliosis in children and adolescents ages 10 to 18 years.

<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryDraft/adolescent-idiopathic-scoliosis-screening1>

^cStatewide and community specific data about *Body Mass Index (BMI)* is available to all districts through the Youth Risk Behavior Survey conducted in Vermont schools. Schools are encouraged to use these data to support state and federal grant writing and for a Whole School, Whole Community, Whole Child team needs assessment.

The [*American Academy of Pediatrics, Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents \(4th ed.\)*](#) recommends age appropriate screenings for children and youth that align with the grades seen in the chart above. No other population-based screenings are required.

Students with identified risk factors need to be monitored more closely. These factors include, but are not limited to, students on a 504 plan or an Individual Education Plan (IEP), or who have other chronic health conditions. These students may need to be screened more often than is recommended for population-based

screening due to underlying health conditions. Results of additional screenings should be communicated to the family, medical providers, and the student's educational team to facilitate any necessary follow up. School nurses need a current list of students on IEP or 504 plans to assess the need for the appropriate monitoring and screenings.

REQUIRED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES

1. Obtain knowledge of the requirements and recommendations for scheduled screening.
2. Ensure that students are screened annually by grade as defined in chart (see page 3).
3. It is recommended (AOE Memo, November 2017: see Resources below) that students who are on 504 and/or IEPs should be screened more frequently to identify any hearing/vision issues, that could impact their educational performance, as soon as possible and make appropriate referrals to the medical home/specialists. Those finding should then be reported to parent/caregiver and the 504 or IEP team or director of student services responsible to those specific students. This team work would be significantly enhanced by providing to the school nurse a list of students on 504 or IEPs to ensure an opportunity for the school nurse to include appropriate screenings and notifications of findings, in his/her annual student health appraisals.
4. Every attempt should be made to complete all screenings by December 31.
5. Obtain and maintain appropriate hearing and vision screening equipment.
6. Vision Screening **K-12 (age 5 and up)**:
 - Perform distance and near visual acuity screening
 - Repeat vision screening within a month if a child fails the initial screening.
 - **Pass:** 20/30
 - **Refer:** 20/40 or greater, either eye
 1. Fewer than 4 of 6 symbols correct on 15-ft line with either eye tested at 10 ft. monocularly (i.e., less than 10/15 or 20/30)
 - OR**
 - 2. Two-line difference between eyes, even within the passing range (i.e., 10/10 and 10/15 or 20/20 and 20/30)
7. Vision Screening **prekindergarten** ((American Academy of Pediatrics: Committee on Practice and Ambulatory Medicine on Ophthalmology, 2003, pg. 903):
 - Perform distance and near visual acuity screening
 - Repeat vision screening within a month if a child fails the initial screening.
 - Tests are listed in decreasing order of cognitive difficulty; the highest test that the child is capable of performing should be used; in general, the tumbling E or the HOTV test should be used for children 3–5 years of age and Snellen letters or numbers for children 6 years and older.
 - Testing distance of 10 ft. is recommended for all visual acuity tests. A line of figures is preferred over single figures [be sure the tool/chart in use is made for testing at 10 ft.].
 - The non-tested eye should be covered by an occluder held by the examiner or by an adhesive occluder patch applied to eye; the examiner must ensure that it is not possible to peek with the non-tested eye.
 - **Pass:** 20/40
 - **Refer:** *greater* than 20/40, either eye

- Fewer than 4 of 6 [of the symbols] correct on the 20-ft line with either eye tested at 10 ft. monocularly (i.e., less than 10/20 or 20/40)
 - **OR**
 - Two-line difference between, eyes, even within the passing range (i.e., 10/12.5 and 10/20 or 20/25 and 20/40)
8. Vision Screening with a spot vision machine (see pg. 3 and Vision References pg.5 below – updated June 15, 2016)
- Perform visual screening per product instructions.
 - Findings are pass or refer; there is not an acuity reading.
9. Hearing Screening:
- Perform hearing screening at frequencies of 1000, 2000, and 4000 Hz.
 - **For Adolescent Hearing Screening, include frequencies of 6000 and 8000 Hz.**
 - Repositioning earphones or re-instructing the child, if failure to respond at 20 decibels. Attempt to conduct screenings in the quietest environment possible. Hearing screening is to be presented at 20dB at all frequencies. The children either hear it/respond or don't.
 - **Pass** - 20 decibels at all 3 frequencies in **both** ears.
 - **Refer** - no response at one or more frequencies
 - Repeat hearing screening within a month, not sooner than 2 weeks if a child fails the initial screening.
10. Referrals for student who fail vision or hearing screenings:
- Recommend further evaluation at the medical home.
 - The school nurse will want to collaborate with medical home providers to determine their preferred process for referrals. The medical home *may* prefer that students are referred to an optometrist or ophthalmologist, or audiologist and/or otolaryngologist first.
 - Referral letter might include information about the Vermont Health Connect website (see Resources below) and provider recommendations.
 - Screening results can be sent directly to the medical provider with permission from the parent/guardian (See Annual Health Appraisal Form- Health Appraisal section of the Manual)
11. Follow up with parent/guardian if the screening results form is not returned within a month. Assist with any barriers to receiving care (list of providers, phone numbers etc.). If student receives Special Education or 504 accommodations the nurse may want to collaborate with that team to develop plans.
12. Report results of the screening exam to appropriate school personnel with recommendations for accommodations.
13. Notify, in writing, the parents/caregivers of a student who is unable to perform the screening and include a recommendation for a professional examination.
14. Document all screening results in the student's permanent health record or electronic health record) including notations of referral, referral results and/or follow -up.
13. Maintenance and annual calibration of school owned health equipment used to screen or monitor health and vital signs

- Ensure that the audiometer is calibrated annually and according to current national standards, as described in Guidelines for Audiologic Screening: ANSI/ASA Specifications for Audiometers; and ANSI Specifications for Instruments to Measure Aural Acoustic Impedance and Admittance.
- Blood pressure cuffs/sphygmomanometers
- Scales for weight and or height measure
- Oxygen saturation monitors
- Vision machines if used

Recommended Screening tools**Vision**

K- 12: Sloan letter charts present letters in a standardized fashion and should be used for acuity testing if they are available (Donahue et al., 2016).

3 – 5 years old: tumbling E or the HOTV test

1--6 years old [12-72 months (Bregman & Donahue, 2016)]: may use a photo or spot vision screening machine if available.

Hearing

Contact vtehdi@vermont.gov or Stacy Jordan at stacy.jordan@vermont.gov for consultation on equipment and distributors.

Vermont Health Connect website <https://portal.healthconnect.vermont.gov/VTHBELand/welcome.action>

HEARING RESOURCES

- American Speech Language and Hearing Association - <http://www.asha.org/default.htm>
- American Academy of Pediatrics. (2009) Clinical Report – Hearing Assessment in Infants and Children: Recommendations Beyond Neonatal Screening. *Pediatrics*, 124, 1252-1263. (particularly pg. 1258) <http://pediatrics.aappublications.org/content/pediatrics/124/4/1252.full.pdf>
- Center for Disease Control and Prevention –American Academy of Audiology (2011) http://www.cdc.gov/ncbddd/hearingloss/documents/aaa_childhood-hearing-guidelines_2011.pdf
- Early Childhood Hearing Screening & Follow-up (see resources for *Hearing Screening in Schools*) <http://www.infanthearing.org/earlychildhood/learning-to-implement-pure-tone.php>
- Hoffman, J., Foust, T.E., (2015) *Introduction to Audiology and Hearing Loss for Non-Audiologists*. National Center for Hearing Assessment and Management http://www.infanthearing.org/flashplayer/hd_videos.htm?file=http://www.infanthearing.org/flashvideo/webinars/Intro_to_Audiology.mp4 [highly recommended to learn about hearing, audiology, and the whys/hows of hearing screening]
- Recommended Pure Tone Screening & Follow-up Protocol (Education Setting) [good visual] <http://www.infanthearing.org/earlychildhood/docs/Recommended-Pure-Tone-Protocol.pdf>
- Vermont Department of Health –
 - Division of Health Improvement: Health care for Children & Youth – Hearing Health and Communications Program <http://www.healthvermont.gov/family/health-care/hearing-health>

VISION RESOURCES

- American Academy of Pediatrics: COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE, SECTION ON OPHTHALMOLOGY, AMERICAN ASSOCIATION OF CERTIFIED ORTHOPTISTS, AMERICAN ASSOCIATION FOR PEDIATRIC OPHTHALMOLOGY AND STRABISMUS, AMERICAN ACADEMY OF OPHTHALMOLOGY [Procedures for the Evaluation of the Visual System by Pediatricians, \(2016\) Sean P. Donahue, Cynthia N Baker. Pediatrics, January 2016, VOLUME 137 / ISSUE 1. Clinical Report](#)
- American Association for Pediatric Ophthalmology and Strabismus: <https://aapos.org/search?executeSearch=true&SearchTerm=school+screening&l=1>
- American Academy of Ophthalmology - <http://www.aao.org/>
- *Before a visit to a pediatric ophthalmologist* (n.d.) <http://www.drilesburke.com/news/3-news/3-american-academy-of-ophthalmology-information-of-eye-diseases-and-conditions.html> retrieved on Jan. 26, 2016
- National Association of School Nurses – <https://www.nasn.org/nasn/nasn-resources/practice-topics/vision-health>

- [Singman EL](#)¹, [Matta NS](#)², [Tian J](#)³, [Silbert DI](#)². Comparing Visual Acuity Measured by Lea Symbols and Patti Pics. [Am Orthopt J](#). 2015;65:94-8. doi: 10.3368/aoj.65.1.94.
- Spot or Photo Vision Screening: Schwartz, R.H., Schuman, A.J., Wei, L.L. (2014) Instrument-based vision screening: Update and review (Feb 1, 2014) *Contemporary Pediatrics*
- Vermont Association for the Blind and Visually Impaired - <http://www.vabvi.org/>
- Vermont Department of Health –
 - Department of Disabilities, Aging and Independent Living
 - Vermont Division for the Blind and Visually Impaired - <http://dail.vermont.gov/>

Possible Equipment Calibration Vendors:

Technical Services Program
University of Vermont
280 East Ave
Burlington, VT 05401
Ph: 802-656-3255 ext. 0078
Fax: 802-656-8561
timothy.agan@its.uvm.edu

SAMPLE FORMS

- **Mass Hearing Screening**
- **Mass Vision screening**
- **Sample Hearing Referral Letter to Parent/Caregiver**
- **Sample Vision Referral Letter to Parent/Caregiver**
- **Sample notice letter for 504/Special Education Case Manager**

CLASS: _____

STUDENT NAME	RIGHT					LEFT					COMMENTS
	1000 Hz	2000 Hz	4000 Hz	6000 Hz*	8000 Hz*	1000 Hz	2000 Hz	4000 Hz	6000 Hz*	8000 Hz*	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											

* Adolescents are also screened at 6000 and 8000 Hz

Mass screening – Vision

CLASS: _____

STUDENT NAME	Far		Near		COMMENTS
	Right	Left	Right	Left	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					

Screening
School Health Services - Hearing Screening - Sample Referral Letter to Parent/Caregiver

(Hearing) School Letterhead

(Date)
(Address)
(City, State, Zip)

Dear Parent of _____:

The School Health Services program routinely screens students for possible hearing problems in order to identify any barrier to learning that might be corrected. It is important to screen students to identify those with possible problems and to refer them to the appropriate healthcare provider for these reasons:

1. Temporary hearing loss causes students to miss crucial instructions in the classroom;
2. Parents may not be aware of a child's mild hearing loss in every day home situations;
3. Even mild losses may interfere with learning new vocabulary, which is critical for success in reading;
4. Hearing loss is invisible, and the child may be blamed for "not paying attention;"
5. Hearing loss may be a sign of ear disease; and
6. Children with very mild losses or loss only in one ear may be experiencing school failure.

Your child was unable to pass our hearing screening and rescreening process.
_____ 's results:

Right ear at	1000 Hz _____	Left ear at	1000 Hz _____
	2000 Hz _____		2000 Hz _____
	4000 Hz _____		4000 Hz _____
Adolescents	6000 Hz _____		6000 Hz _____
And	8000 Hz _____		8000 Hz _____

We feel it is important to your child's school success to have a professional evaluation for this. If a problem is found and corrected, it may help your student do better in his schoolwork. Please take this form to your doctor or medical provider. They may refer you to a specialist if a medical problem is suspected or an audiologist

It is important to us to know what is found on the professional examination, so we would appreciate your returning the form to us, with the results of the exam.

Sincerely,

School Nurse
(School)

Screening
School Health Services - Vision Screening - Sample Referral Letter to Parent/Caregiver

Section 26

August 1, 2019

Vision School Letterhead

Date: _____

At a recent screening of students in this school, your child, _____ was found to apparently need further evaluation for vision.

Our vision results:

Distance Acuity: Right 20/____ Left 20/____

Near Acuity: Right 20/____ Left 20/____

Photoscreening results are attached if performed.

___ A check here indicates that we are aware that your child refuses to wear his/her corrective lenses or that your child did not have their corrective lenses with them on two screening occasions.

The result of our vision screening does not mean that your child needs glasses. We are recommending that your child needs further testing by an eye care specialist. Our criteria for this referral have been approved by the Vermont Department of Health.

Please bring the attached form with you to your eye care specialist and have him/her complete it and return it to us.

Please contact me if you need help locating an eye care specialist or have questions about your child's vision screening. If your child is already receiving eye care from a professional, please call me or send a note to share their findings.

If your child does not have health insurance, please call **Vermont Health Connect** at toll free number: 855-899-9600 or www.vermonthealthconnect.gov; or contact the school nurse.

*Please sign and return to me indicating permission to share results with your child's medical provider.

Permission to release results to _____ (child's physician)

Parent/guardian signature date

School Nurse

Phone/FAX/Email

Date:

Student Name: _____

Date of Birth: _____

Dear 504/Special Education Case Manager,

Please note that at a recent screening of this student, the following results were obtained. The parent/care taker of this student was notified of these results by mail and was asked to ensure that appropriate follow up be made with a healthcare provider.

Visual Acuity Results: _____

These results are/are outside of normal limits

Hearing Results: _____

These results are/are outside of normal limits

Please ensure that accommodations are made accordingly for this student.

Contact the student's school nurse with any questions and/or to learn about ways to support this family in getting to the appropriate healthcare provider.

Thank you.

Sincerely,

School Nurse
Contact information