

VISION SCREENING: DISTANT VISION

QUALIFICATIONS OF THE PERSON AUTHORIZED TO SCREEN

7-005.01 For the purposes of the school officials verifying that a qualified screener is carrying out the required screening activity, the qualified screener is a person who follows the competencies for accurate, reliable measurement as described in 7-004 and found in Attachment 2 (and incorporated in these guidelines), **and** who meets **one** of the following descriptions (7-005.02 through 7-005.04):

7-005.02 The screener has been determined competent to perform the screening method by a licensed health care professional within the previous three years. Documentation in writing of such competency determination shall include:

7-005.02A The name of the individual who successfully completed the competency determination and the date the determination was conducted;

7-005.02B The type of screening with type(s) of equipment used in the competency determination for the respective screenings; and

7-005.02C The name and license number of the licensed health professional conducting the competency assessment; OR

7-005.03 The screener will receive direct supervision from a licensed health care professional while screening; OR

7-005.04 Screening is conducted by a licensed health care professional, as follows:

7.005.04A A Nebraska-credentialed health care professional registered nurse, licensed practical nurse, advanced practice registered nurse-nurse practitioner, physician assistant, or physician, are authorized to perform health screening at school.

7.005.04B Other licensed health professionals authorized to conduct specific screenings in addition to health professionals identified in 7-005.01 are:

Hearing: Audiologists and speech language pathologists.

Vision: Optometrists.

Dental Health: Dentists and dental hygienists.

7-005.05 Record of persons qualified to screen

The school must keep on file for a minimum of three (3) years the name, profession, license number, or written verification of competency in the screening method, for each screener permitted by the school to perform health screening.

COMPETENCIES: Essential Steps for Accurate Measurement

**VISION SCREENING COMPETENCIES: DISTANT VISION
Essential Steps for Accurate Measurement**

COMPETENCY	KEY POINTS AND PRECAUTIONS
<p>1. Assemble required equipment and supplies. Prepare screening environment.</p> <p>Measure a distance of 20 ft. or 10 ft. from the chart to the location where students will stand for screening. (The correct distance is determined from information on the screening chart.) Mark the distance clearly.</p> <p>The screening area should be quiet and free from distraction. The chart should be fully illuminated, either with backlighting or in a fully lit room. No glare should fall on the chart.</p> <p>If the wall used the hang the chart is crowded with stimuli, create white space around the chart (flip chart paper) to reduce visual distraction..</p>	<p><i>Chart should be placed at height so passing line is at child's line of sight.</i></p> <p><i>For younger children, it may be helpful to have a second screener next to the child, in order to better observe and to hear the child's spoken identification of the symbol.</i></p> <p><i>For all children, screeners must be positioned in such a way as to view the child's face throughout the screening in order to detect unusual positioning or squinting, or attempts to use both eyes to see.</i></p> <p><i>If using Titmus, Optec, or Keystone telebinocular or other technologies: obtain equivalent screening results, expressed in acuity measure at 20 ft. for each eye separately. <u>Note: Some types of screening equipment may not be recommended for all ages.</u> Follow manufacturer directions closely for accurate measurements.</i></p>
<p>2. Students place their heels on the mark.</p>	<p><u><i>Students who have been prescribed glasses or contacts should wear them during screening.</i></u> <i>A notation that corrective lenses were worn should be included in documentation of the screening result.</i></p> <p><i>Glasses should be inspected and cleaned if necessary prior to the screening.</i></p> <p><i>Notification of parent of need for further evaluation is indicated if the fit of the glasses is inadequate or they are in need of repair.</i></p>
<p>3. Prescreen: before screening,</p>	<p><i>The older child very familiar with screening</i></p>

<p>confirm the child can reliably identify symbols presented.</p> <p>The primary screener stands at the chart and begins prescreening by pointing to the largest symbols at the top of the chart and asking the child to identify each.</p> <p>.</p>	<p><i>practices may need little preparation for screening.</i></p> <p><i>Prescreen with both eyes uncovered</i></p> <p><i>A student's confidence may be encouraged by interacting with and receiving praise from the screener.</i></p> <p><i>The student can use any name for a symbol as long as it's used consistently.</i></p> <p><i>Very young children: screen in a setting with minimum distractions. Use handheld response cards if available to allow the child to point to the matching symbol.</i></p>
<p>4. For screening, have the student cover the left eye first. Repeat with the right eye covered.</p>	<p><i>Suggestion for occluders: child's hand, palm cupped over eye (avoid pressure on eye).</i></p> <p><i>Consistency in this technique helps assure accuracy in recording right eye results first, followed by left eye results.</i></p> <p><i>Varying the order of letter or symbol presentation may help identify the child who has memorized (but may not actually see) a line.</i></p>
<p>5. Start the screening.</p> <p>For the young child, start the screening at the 20/80 line or above, pointing directly under the symbol, using a vertical pointer, without obstructing the symbol. Proceed pointing to symbols randomly as you work down the chart until reaching the passing line (one symbol per line). (i.e. 20/30 for ages 6+).</p> <p>For the older student, who needs little preparation for screening, consider starting at three lines</p>	<p><i>For a young child, starting at the top of the chart and moving down may help the child accommodate and focus their vision for screening.</i></p> <p><i>Observe the eye is covered. Observe and note whether the child is squinting.</i></p> <p><i>To pass a line, the child must correctly identify at least one more than half the symbols on that line.</i></p> <p><i>If the child struggles or hesitates, go to a larger line. If the child passes the larger line, offer the next smaller line again.</i></p>

<p>above passing for age (20/60).</p>	<p><i>Move steadily at the child's pace. For some children, vision screening is a challenging exercise of manual dexterity and/or letter comprehension. Offer encouragement and praise as the screening progresses.</i></p> <p><i>Proceed with screening to the smallest line the child can pass (referred to as screening to threshold).</i></p>
<p>6. Record results</p>	<p><i>Results are expressed as a fraction, with the numerator representing the distance of screening (20 ft., or 10 ft. expressed as 20 ft. equivalents using the measures found on the chart). The denominator is the smallest-sized line the student successfully passed by correctly reading one more than half of the symbols for that line.</i></p> <p><i>Notations should be made if the student is screened wearing glasses or contact lenses.</i></p> <p><i>Parents should be notified of need for further evaluation if screener observes behaviors or signs indicating vision concern, for example persistent squinting; head-tilt or other positioning trying to see the vision chart; unusual appearance of the eyes.</i></p>
<p>7. Carry out rescreen and notification procedures per local school practice/policy.</p>	<p><i>Students who do not pass the initial screening should be rescreened within 2-4 weeks to verify results.</i></p> <p><i>Parents of students aged 3-5 years and in kindergarten are notified of need for further evaluation when screening result in either eye is 20/50 or worse.</i></p> <p><i>Parents of students in all other grades are notified of need for further evaluation when screening result in either eye is 20/40 or worse.</i></p> <p><i>Parents of students in all grades are notified of need for further evaluation when screening results show a two line difference between the passing acuity of each eye.</i></p>

WHO MUST BE SCREENED

Screening for distant vision is to be conducted annually for students aged 3-5 years and Kindergarten, and grades 1- 4, 7th and 10th grade.

Additional indications for screening:

1. New to district at any time, with no previous screening results available.
2. Student enters the Student Assistance Process, with no recent or current screening results available.
3. Periodic screenings as specified by the student's Individualized Education Plan (IEP)
4. Nurse concern, parent or teacher concern.
5. Unremediated concerns from previous year.

RESCREENING AND SPECIAL CONSIDERATIONS

Rescreening procedures are important to the screening process in order to verify the result and possibly identify children who may have been unfamiliar with screening procedures or distracted by commotion of peers in the screening setting. Rescreening will improve the accuracy of notifications to parents of need for further evaluation.

Some children are a challenge to screen, due to age, language, development, ability, or disposition. If a child does not perform well on the initial screen, repeat the attempt to screen the child in a different setting on a different day. If after two attempts, screening has not been successful, notify parent of need for further evaluation by an eye care professional.

The young child, aged three, is eligible to participate in the See To Learn program. The child will receive an age-appropriate vision assessment by an eye care professional at no cost. See Resources section.

Non-English speaking students: The use of an interpreter is strongly encouraged to support screening efforts. The interpreter will assist in making sure not only that the child understands screening, but also in making notifications to parents of need for further evaluation. The interpreter should be familiar with the competencies of the screening method. LEA symbol charts are recommended for screening students with language barriers. Response cards that the child may hold up as a "match" rather than making a verbal response, may increase the child's confidence and help verify response.

Children with Special Health Care Needs: The child with medical or communication issues that prevent screening by the usual means at school

should nevertheless not be forgotten in the school health screening program. If a child cannot be screened at school, discuss with parent the appropriateness of contacting an eye care professional or medical home for referral to an eye care professional for vision evaluation suitable for the child's special needs.

NOTIFICATION OF NEED FOR FURTHER EVALUATION

Age	Passing Line is:	Parent is notified of need for further evaluation when result is:
Age three through K	20/40	<ul style="list-style-type: none"> • Above (worse than) passing line for grade; • Two-line difference between passing acuity of each eye.
Grades 1 through 12	20/30 or 20/32	<ul style="list-style-type: none"> • Above (worse than) passing line for grade; • Two line difference between passing acuity of each eye.
Students at any grade	Undetermined.	<ul style="list-style-type: none"> • "Unable to determine accurate screening results" • The student is unable to provide a meaningful screening result after two screening attempts on different days in different settings.

DATA

Data Goals of Screening are:

- a) Identify baseline measures (proportion of children screened who do not pass) and monitor trends over time.
- b) Understand health disparities affecting Nebraska's school aged children (compare results by group).
- c) Use screening data as an indicator of the quality of the screening practice (e.g. if passing rate is lower than expected compared to peers or previous screenings, consider reviewing screening process or environment).
- d) Compare measures across time and location.

- e) Explore the relationship between the condition, academic performance, and absenteeism (compare absenteeism and performance for those who do not pass with those that do pass the screening).
- f) Understand the need for vision services for children in Nebraska; begin to identify barriers to care and systemic approaches to improving access to vision care.

BACKGROUND INFORMATION

Neb. Rev. Stat. 79-214 and 79-220 require that children entering the beginner grade (typically, kindergarten or first grade) and students transferring into a Nebraska school at any grade from out-of-state, must first receive a visual evaluation by a medical provider (physician, physician assistant, or advance practice registered nurse) or eye care professional (optometrist, ophthalmologist). Children who have successfully submitted a visual evaluation report upon kindergarten entry pursuant to NRS 79-214 need not be screened, as acuity results are included.

Note when a child enters a public school setting from a home school setting at any grade, the vision evaluation requirement applies.

School health screening provides the opportunity to review compliance with the visual evaluation requirement. The school nurse should review visual evaluation reports to assure reports are complete with the five parameters required by statute: amblyopia, strabismus, internal and external eye health, and testing sufficient to determine visual acuity. The report should be reviewed to determine if follow-up is indicated. Similarly, students verified as having vision screened during the seventh-grade physical examination need not be rescreened at school.

In addition to acuity, vision evaluation by an eye care professional may include tests and examination for accommodation, eye coordination, general eye health, and examination of the retina and other eye structures. A child who passes distant vision screening yet persistently demonstrates behaviors indicative of poor vision (squinting, consistent errors in letter identification, pulling a book very close to read, turning as though to read from one eye, etc.) may warrant further evaluation by an eye care professional. School nurses are encouraged to feel comfortable in identifying the limitations of school vision screening and urge evaluation by an eye care professional if there are persistent concerns involving vision and learning, even if screening results are normal.

RESOURCES

More information about equivalent screening methods and technologies :
PBA website Chart of alternative screening instruments with equivalent results?

See to Learn website

Staff/parent education and information: observational checklist

NASN/VSP program

American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine, Section on Ophthalmology. 1996. Eye examination and vision screening in infants, children, and young adults. *Pediatrics*. 98(1):153 – 157.

The Center for Health and Health Care in Schools. Childhood Vision: What the Research tells us. Available at:

<http://www.healthinschools.org/News+Room/FactSheets/ChildhoodVision.aspx>

National Association of School Nurses. Issue Brief: 2006. School Vision Screening.

Nebraska Foundation for Children's Vision www.NEchildrensvision.org.

Nebraska Optometric Association

Prevent Blindness Nebraska provides resources and curricula for teachers: www.preventblindness.org/ne.

Proctor, SE. To See or Not to See: Screening the Vision of Children in School. National Association of School Nurses. Castle Rock, CO. 2005.

FORMS

Sample notification letter

Competency assessment documentation

Quick reference version of competencies and key points.