



School Health Screening Update

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12:30 – 2:00 pm
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*Springing Up with Quality Practices
in School and Community Nursing*



Objectives

- Describe the current status of school health screening statutes, regulations, and guidelines in Nebraska
- Demonstrate school health screening competencies for vision, hearing, dental, and BMI screening
- Identify three strategies for the school nurse to make screening data useful and meaningful
- Describe best practices in planning and implementing school health screening programs



Project title: Improve the Quality of School-based Child Health Screening in Nebraska. April 2007 to present

- **Goal 1:** Promulgate rules and regulations for school health screening pursuant to Neb. Rev. Stat. 79-249.
- **Goal 2:** Make available to schools methods for the gathering, analysis, and sharing of school health data that do not violate any privacy laws, in order to:
 - improve the quality and usefulness of child health data
 - understand and improve the relationship between health and performance and attendance
 - understand health disparities affecting school-aged children
 - Support effective wellness promotion and interventions at the local level.
- **Goal 3:** Provide the resources and materials to make implementation of the rules and regulations and use of the data methods efficient and useful to the maximum number of stakeholder groups.



Project title: Improve the Quality of School-based Child Health Screening in Nebraska. April 2007 to present

- Project Accomplishments:
 - Statutes changed
 - Regulations drafted and cleared legal review
 - Stakeholder development and engagement
 - Data projects: minimum data set, BMI project, Dental project.
 - Competencies for Screening
 - Guidelines development
 - Steering Committee and Expert Committees



Nebraska School Health Screening Statutes

- Topics new in 2010
 - Rephrasing opening sentence to permit episodic screening
 - Address parental refusal
 - Include data methods
 - Rephrased screening for transfer students
- Energized interest in regulations – regulatory authority not new



School Health Screening Rules and Regulations

- Steering Committee
- Expert Committees
- The Rulemaking Process
- The Current Draft
- The Next Steps

School Health Screening Rules and Regulations

- Reflect best practice and evidence
- Achievable for schools
- Introduce Competencies
- Identify qualifications of persons authorized to screen
- Preserve the role of the health care professional
 - May screen without verification other than license
 - May direct or supervise screening by others
 - Perform competency determination of unlicensed persons who will screen

School Health Screening “Referrals?”

- The school is responsible for parental notification of need for further evaluation.
- **NO:** “referral,” “recommendation,” or “interpretation.”
- Parent is entirely at liberty to make decisions and take action re: followup.

School Health Screening Guidelines

- Published by the DHHS School Health Program as best practice recommendations and resources for quality practice in school nursing
 - A long recognized history in NE
 - Are available as a state-specific standard of care for school health settings
- Written for the professional nurse, and include additional practice topics
- Recommend rescreening

The Role of Local School Policy

- May screen in excess of minimum requirements
- In the current climate without regulations, schools are expected to make a best effort to interpret and follow statutes
- With regulations, schools will be expected to meet requirements for the qualified screener, adopt competencies, and fulfill minimum requirements.

The Skill Set Required for School Health Screening

- Adequate preparation
- Perform Accurate measurement
- Accurate and consistent use of equipment
- Control of the screening environment
- Accurate documentation practices
- Constant visual awareness and inspection
- Observe Confidentiality protections FERPA

Screening versus Assessment

- Screening is NOT assessment
- Screening is very LIMITED in scope
- Screening is a process of obtaining an accurate, verifiable measurement to compare to an objective standard
- Not a delegated function. May be performed by the unlicensed person with minimal training, and once deemed competent, minimal to no supervision.
- The screener makes no judgment, no interpretation, no recommendations. These are regulated practices of health professionals. *Notification* only.

The Role of the School Nurse in Competency Determination

- Observe Demonstration
- Observe reliability in sequential measurements
- Observe verification of calibration
- Observe results recorded accurately
- Verify understanding through testing?
- Convey the limited nature of the screener's role
- NOT Delegation: does not oblige the nurse to be responsible for future supervision

Vision Screening: Quality Improvement

- Accurate measurement of distance
- Observation of the child while screening to assure eye remains occluded, catch squinting, head tilt, etc.
- Heels on the line
- Minimize distraction
- Screen with corrective lenses in place if available
- Rescreening strongly recommended
- Near vision grades 1-3 only

Hearing Screening: Quality Improvement

- Control the screening environment
- Offer each sound, two seconds in duration (say, "hearing test"), at least three times. Child passes on two out of three.
- Which hand goes up is irrelevant to the procedure.
- Threshold audiometry (increasing decibels until child does acknowledge hearing) is *not* recommended.
- Visual reinforcement audiometry is a skilled procedure not recommended for the unlicensed person.
- Rescreening strongly recommended.

Dental Screening: Quality Improvement

- Limited to visual inspection of the surfaces of the teeth.
- Gloved, lighted exam, with tongue blade to inspect all surfaces of teeth.
- Looking at the shape and color of the teeth.
- Observations of the oral mucosa are considered incidental to the screening competencies.
- Orthodontic issues are not of concern to this screening unless there is apparent malformation of the palate (assessed by nurse or dental professional).

BMI Screening: Quality Improvement

- Shoes must be off.
- Height must be measured accurately for accurate BMI calculation. "*Measure twice!*"
- Calibrate measurements and check units.
- Provide privacy.
- Guidelines do *not* recommend notification of parent based on individual BMI alone.
- Recommend using aggregate BMI data to evaluate school food and activity environments, contribute to community wellness efforts.

Screening Stations - Objectives

- Discussion with peers on screening practices
- Identify questions, comments, recommendations
- Model competency determination
- Demonstrate proper use of screening equipment and screening environment
- Self-identify level of learning

What's not on the screening schedule

- Scoliosis
- Tuberculosis
- Blood Pressure
- Tympanometry
- Fitness testing

Screening Data: Use and Meaning

- Make available to schools methods for the gathering, analysis, and sharing of school health data that do not violate any privacy laws, in order to:
 - improve the quality and usefulness of child health data
 - Understand and improve the relationship between health and performance and attendance
 - Understand health disparities affecting school-aged children
 - Support effective wellness promotion and interventions at the local level.

Best Practices in School Screening Programs

- See School Health Screening Guidelines
- Your recommendations?

What's Next?

- The **rule making** process: hearings should be held during the school year; at least one year before effective date
- **Guidelines** and competencies: proceed with updates to match statutes, incorporate substance of draft regs, open public comment on drafts May through June, 2012.
<http://dhhs.ne.gov/publichealth/Pages/schoolhealth.aspx>
- Notify **screening stakeholders and schools** of guidelines changes and recommend local screening program updates.

Thank you!

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