



**SCHOOL HEALTH PROGRAM**  
DIVISION OF PUBLIC HEALTH – LIFESPAN HEALTH SERVICES  
[www.dhhs.ne.gov/SchoolHealth](http://www.dhhs.ne.gov/SchoolHealth)

**School Health Screening Rules and Regulations: Project Update for Stakeholders #3**  
**October 12, 2010**

The Steering Committee for school health screening rules and regulations met on Sept. 23 and Oct. 7, 2010.

In these meetings, the steering committee has focused on three major areas: the scope of the regulations, the role of the school and school board, and the qualified screener. In the course of these discussions, the committee has also looked closely at several health screenings from the stand point of frequency, grade levels, and even whether the screening should be required or recommended.

The steering committee is in consensus that the regulations are in effect for students enrolled in public schools, early childhood programs serving children aged 3 – 5 years, Kindergarten, and grades 1 – 12.

The role of the school is to assure qualified screeners conduct screening services in compliance with statutes and regulations, and to make students available for screening.

As drafted, the qualified screener is a health professional:

*DRAFT LANGUAGE:*

*7-006.01 The qualified screener is a registered nurse, licensed practical nurse, advanced practice registered nurse, physician assistant, or physician, who is familiar with procedural guidelines for screening methodology available on request from the Department of Health and Human Services, Division of Public Health, School and Child Health Program.*

*7-006.02 Other licensed health professionals qualified to conduct specific screenings are:*

*7-006.02A Hearing: In addition to health professionals identified in 7-005.01, audiologists and speech language pathologists.*

*7-006.02B Vision: In addition to health professionals identified in 7-005.01, optometrists are qualified screeners of vision.*

*7-006.02C Dental/Oral Health: In addition to health professionals as noted in 7-005.01, dentists and dental hygienists.*

Others who may screen are those who do not fall into the description of the qualified screener but who are deemed competent to screen by a qualified screener. The school may assess competency more frequently, but the screener must be determined competent to screen not less than every three years.

All screeners are expected to know and follow competencies for each screening area, located in guidelines published by and available from the School and Child Health Program, DHHS Division of Public Health.

The steering committee continues to exam the questions of who must be screened for what conditions, and when. The steering committee has previously come to consensus on focusing on early identification and early intervention and also the expectation that not every grade will be screened every year. The role of the regulations is to establish the MINIMUM REQUIRED screenings for Nebraska schools. Nothing in these regulations prevents schools from developing local school policy to conduct more screenings than the required minimum.

The steering committee is in consensus that the statutes do not give regulatory authority in the area of record-keeping or record retention of screening results. In general we acknowledge that local schools know and follow requirements, both local and state, for record retention. Health records obtained by the school are generally acknowledged to become part of the students individual educational record.

The committee has begun discussing the availability of expert teams to assist in the development of guidelines to support school screening with detailed methodology including referral criteria and interpreting data from screening. These groups are important stakeholders who will assist with developing information to support final regulations. Kathy Karsting is coordinating these expert teams as a function of the DHHS School and Child Health Program, preparing for guidelines review and revision as soon as regulations are finalized.