



SCHOOL HEALTH PROGRAM
DIVISION OF PUBLIC HEALTH – LIFESPAN HEALTH SERVICES
www.dhhs.ne.gov/SchoolHealth

School Health Screening Rules and Regulations: Project Update for Stakeholders #4

January 3, 2011

In November and December, the steering committee conducted a Stakeholders' Comment Period on draft rules and regulations. Feedback ranged from questions for clarification to recommendations for changes. All comments were reviewed by the committee members. All comments, reactions, and suggestions from stakeholders were valued for the scope, interest, expertise, and experience they contained.

Alternate Screening Schedules

The committee received a number of suggestions for alternate schedules for screening. The committee has proposed annual screening preschool through 4th grade, plus 7th and 10th grades, plus additional indications when screening might be indicated at any grade for any student. Committee members debated several alternate schedules, yet none seemed “ideal” while still meeting the following criteria:

- Equal intervals between the fourth, seventh, and tenth grade years;
- One screening grade at the middle level and one screening grade at the high school level
- Correspondence between the 7th grade physical exam and the seventh-grade screening in order to “share the burden” of screening between the school and medical providers
- Consistent minimum practices statewide.

Ultimately, the committee affirmed that schools may select additional grades to screen as desired, but the minimum required schedule will remain as drafted, with the addition of near vision screening for two grades (see next paragraph).

Near Vision Screening

The committee gave careful consideration to vision screening issues raised by stakeholders. Some stakeholders advocated for very thorough screening practices for every grade in school. Stakeholders made a strong case for the relationship between vision and learning. The committee decided to add near vision screening for the 1st and 3rd grades only, based on the relationship between near vision and successful mastery of reading.

Qualified Screeners and Competency Criteria

We received much interest in the competency criteria to be developed in DHHS school health guidelines, but only one comment was directed specifically to the “qualified screener” definitions, and the competency framework to permit unlicensed health professional to screen. There is a national certification program for vision screening available, sponsored by Prevent Blindness America. While PBA is widely acknowledged as a great resource, the committee continues to focus specifically for qualified screener titles on health professionals with scope of practice regulated by the State of Nebraska. PBA-certified screeners will be able to screen in schools with the assistance of an optometrist, physician, physician assistant or nurse to verify the competencies for Nebraska school screening; such a competency assessment could possibly be incorporated into PBA training events (as well as other activities where screeners are trained) in Nebraska.

“Scope” of Screening, of Physical Exam and Visual Eval

Due to stakeholder comments, the committee examined in more detail the “scope” of the draft regulations. Section 7-009 refers to the physical examination and visual evaluation requirements for Nebraska schools found in Neb. Rev. Stat. 79-214 and 79-220. While stakeholders accept that the legal interpretation of the scope of the screening statutes encompasses public schools only, stakeholders sought clarification that the scope of the physical exam and visual eval requirements has historically been extended to “all schools,”

inclusive of private, public, and parochial. After researching the matter thoroughly, the scope of the physical exam and visual eval requirements is determined to be the same as the scope of the screening requirements: public schools only. The reference statute for definition and interpretation of schools and school boards is Neb. Rev. Stat. 79-101.

Proposed Rules and Regs Submitted

Upon making changes and clarifications as discussed above, the proposed rules and regulations were submitted by the DHHS School and Child Health Program into the policy making process. At this point, a six to eight week internal policy review process is conducted, the desired outcome of which is approval to go to public hearing on the proposed rules and regulations. All stakeholders are encouraged to follow these events and in particular to note upcoming opportunities to once again make comment on the proposed regulations. Future “Stakeholder Updates” will be sent to keep you informed of progress.

Guidelines and Competencies Being Developed

Concerning the competencies for screening, and the methodological guidelines published by the department for school health practices in Nebraska: expert committees are convening to address these competencies. Our tentative timelines have competencies available for stakeholder review and comment in February of 2011.

Implementation Date

Finally, concerning the implementation date for updated school health screening practices as a result of these proposed rules and regulation, the DHHS School and Child Health Program has suggested an effective date of July 2012, allowing a full school year to pass between adoption (April 2011??) and implementation.

For more information:

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