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**HEALTH  
SCREENING  
PROGRAMS**

To address the educational and health needs of students, it is necessary to first assess their physical health and well-being. Health screening techniques allow for early identification of suspected abnormalities. Subsequently, parents and educators can utilize all available health information to plan educational programs and related activities best suited to each student's needs and abilities.

Vision, hearing, scoliosis and growth and development screenings are conducted in accordance with section 381.0056, Florida Statutes. Vision and hearing impairment directly interfere with the learning process and are often detected during school screenings. A plan for follow-up is an essential component of the screening program.

**Parents may opt-out of any or all screenings** by writing **DO NOT SCREEN** in the box provided on the "Emergency Contact and Authorization for Release" form which is completed annually. The opt-out is good for that school year. It should be noted in the health folder of the students' cumulative record and FOCUS that the parent opted-out of the screening(s).

The grade levels for mandated screenings are specified in Florida Administrative Code Rule 64F-6.003 and deadlines for screening performance levels are established by the School Health Program's Schedule C Scope of Work.

- Hearing screening shall be provided, at a minimum, to students in grades kindergarten (KG), 1 and 6; to students entering Florida schools for the first time in grades KG through 5; and optionally to students in grade 3.
- Vision screening shall be provided, at a minimum, to students in grades K, 1, 3, 6 and students entering Florida schools for the first time in grades KG through 5.
- Growth and development screening with BMI shall be provided, at a minimum, to students in grades 1, 3 and 6, and optionally to students in grade 9.
- Scoliosis screening shall be provided, at a minimum, to students in grade 6.

Note: Vision and hearing screening may be done for teacher/parent referral of a suspected problem and for students being evaluated for Exceptional Student Education placement.

## VISION SCREENING

### Overview

Vision Screening and eye examinations are essential for detecting possible visual impairment. Conditions that lead to visual abnormalities may lead to inadequate school performance and prevent students from obtaining maximum benefits from their educational experience. Undetected impairments of the visual process can lead to potential problems with learning and difficulty in adjusting to the school environment.

### **SPOT Vision Screening Procedures:**

1. To schedule mass vision screenings, call the School Health Screening Services Office at 904-858-1946.

2. Students in grades KG, 1, 3 and 6 will be screened for vision. Students in other grades will be screened as needed, based on teacher or school counselor referral.
3. For mass vision screenings, the Vision Screening Team will use a Welch-Allyn SPOT Vision Screening device, a handheld vision screening camera that can quickly detect six common vision issues:
  - Myopia/Nearsightedness (difficulty seeing objects that are far away)
  - Hyperopia/Farsightedness (difficulty seeing close objects)
  - Astigmatism (blurred vision)
  - Anisometropia (unequal refractive power)
  - Strabismus (eye misalignment)
  - Anisocoria (unequal pupil size)
4. If a student does not pass the screening, they are referred for follow-up.
5. Students, who normally wear corrective lenses, but do not have them at screening, will be screened without them.
6. The screening contact person at each school should remind students prior to screening to remember to bring glasses to school on vision screening day.
7. Upon completion of the screening, school counselors will receive a list of all students who have been referred for follow-up.
8. A vision referral letter will be provided to the parent/guardian of each student that fails a vision screening.
9. With signed consent from the parent/guardian, any family who cannot afford care may be referred to the appropriate community agency for assistance.
10. At the end of the screening, all of the results are to be entered in the health record of the students' cumulative folder and/or into the electronic student record.
11. Data should be kept on students who are referred for follow-up and are evaluated by a medical provider. The Screening Services Office will enter the data into the student's electronic record.

**Potential Vision Problems Identified by the SPOT Vision Screener:**

**Vision Screening- Procedures for students younger than age six:**

1. Students younger than age six will use the LEA symbols (house, apple, square and circle). Screeners/teachers should review the symbols with the students prior to screening. Screening is done at 10 feet for LEA symbols.
2. If the student is wearing his/her glasses, screen with them on.
3. Test the right eye first – cover the left eye with an occluder. Ask the student to keep both eyes open.

4. Begin screening with the passing line of 20/40
5. To pass a line, the student must correctly respond to a majority or one more than half, of the symbols on the line.
6. Each eye must see *at least* the 20/40 line.
7. A passing score is obtained when the student can read the majority of the shapes presented on the 20/40 line with each eye.
8. Referral is made when the majority of shapes presented on the 20/40 line cannot be read with one or both eyes.
9. Referral is also made when there is a two-line or greater difference between the acuities of the two eyes, except when the poorer eye is 20/30 or better.
10. If the student fails to correctly identify the minimum number of symbols or letters on the 20/40 line, slide the mask up to the next line and screen the student again. Keep sliding the mask until the student is able to successfully identify the majority of the shapes on the line. The student's visual acuity is the line successfully completed, - never the line missed. Record the acuity of each eye (i.e. 20/25, 20/30, etc.).
11. Make sure to check either the Yes or No box for "screened with glasses" under initial and rescreening.

**Vision Screening – Procedures for students age six or older:**

1. Students older than age six will use the Sloan letter cards. Screening is done at 20 feet.
2. If the student is wearing his/her glasses, screen with them on.
3. Test the right eye first – cover the left eye with an occluder. Ask the student to keep both eyes open.
4. Begin screening with the passing line of 20/30.
5. To pass a line, the student must correctly respond to a majority or one more than half, of the letters on the line.
6. Each eye must see *at least* the 20/30 line.
7. A passing score is obtained when the student can read the majority of the letters presented on the 20/30 line.
8. Referral is made when the majority of letters presented on the 20/30 line cannot be read with one or both eyes.
9. Referral is also made when there is at two-line or greater difference between the acuities of the two eyes, except when the poorer eye is 20/30 or better.
10. If the student fails to correctly identify the minimum number of letters on the 20/30 line, slide the mask up to the next line and screen the student again. Keep sliding the mask until the student is able to successfully identify the majority of the letters on the line.
11. The student's visual acuity is the lowest line successfully completed, - never the line missed. Record the visual acuity of each eye (i.e. 20/25, 20/30, etc.).
12. Make sure to check the yes or no box for "screened with glasses" under initial and rescreening.

## HEARING SCREENING

### Overview

The purpose of school hearing screening is to identify students with a possible hearing loss that may affect their intellectual, emotional, social, speech, and/or language development. A subtle hearing loss may be overlooked resulting in developmental or academic delays. Even mild hearing losses may be educationally and medically significant.

### Hearing Screening Procedures:

- Screenings are scheduled and conducted by the school or the screening team. Call the School Health Screening Services office at 904-858-1946 to notify them of the dates(s) for hearing screening at the school. The School Health Screening Services staff will assist you with any questions.
- Audiometers must be reserved and checked out from the Audiology Department. Call 904-348-7809 to reserve audiometer(s) no more than two weeks before the date scheduled to conduct hearing screenings.
- Hearing screenings are conducted by trained volunteers, teacher assistants, and/or other school staff.
- Students in KG, 1<sup>st</sup>, and 6<sup>th</sup> grade will be screened for hearing. Students in other grade levels will be screened as needed, based on teacher or school counselor referral.
- For elementary students, each ear is screened at 25 decibels on 3 frequencies (1000, 2000, and 4000 Hz).
- For sixth grade students, each ear is screened at 25 decibels on 4 frequencies (1000, 2000, 4000, and 8000 Hz).
- . Re-screen students who fail to hear at one or more of the indicated frequencies in either ear.
- Students should be rescreened at the same level as the initial screening.
- Failure on the second screening requires referral to an audiologist or health care provider.
- It is recommended to rescreen students who fail approximately two weeks after the initial screening.
- The school screening coordinator should keep a copy of all the completed Hearing Screening Class Lists. The originals should be sent to the Screening Services office via fax (904-858-1945) or school mail per the instructions on the form. Screening results will be entered into the students' electronic record by the Screening Services office.
- From the findings on the Hearing Screening Class List, the Hearing Screening Referral List should be completed indicating all students who failed the rescreening. Copies of this list should be made and given to the School Counselor and School Nurse. The original should be sent to the Screening Services office per the instructions on the form.
- Department of Health (DOH) school nurses will send the Hearing Referral Letter to the parent/guardian of students who fail the rescreening.
- With authorization from the parent/guardian, any family who cannot afford care may be referred to the appropriate community agency for assistance.
- Data should be kept on students who are referred for follow-up and are evaluated by a medical provider. The Department of Health Nurses will assist with follow-up services. Once follow-up is completed, results will be sent to the Screening Services office for data entry into the student's electronic record.

## SCOLIOSIS SCREENING PROGRAM

### Overview

The Florida Department of Health and Duval County Public Schools will carry out a scoliosis screening program for all Duval County Public Schools in grade six (6). Scoliosis is an abnormal curvature of the spine usually developing in pre-adolescents and adolescents during rapid growth spurts. Early detection can prevent scoliosis from progressing and can identify those in need of treatment.

The Department of Health School Nurse will send any referral letters, follow up on referrals, and place a dated copy of the referral letter in the health record of the student's cumulative folder with all follow-up documentation.

### Scoliosis Screening Procedures:

- The school will send letters home to notify parents of the scoliosis screening date(s).
- If a parent wishes to opt-out of having their student screened for scoliosis, and they did not indicate this on the annual "**Emergency Contact and Authorization for Release**" form, the parents must submit written notification to the DOH school nurse in advance of the scoliosis screening date(s).
- The DOH school nurse will arrange for use of the facilities with the school administrator.
- Scoliosis screening is best done by RNs, but may be performed by trained qualified staff or volunteers.
- The DOH school nurse will confirm screening date(s) with school administration.
- There should be two adults present during screening.
- To respect the students' modesty, boys and girls should be screened separately.
- Prepare students for screening for the exam by explaining the procedure.
- Rescreen any student with questionable results and notify parents of any failures.
- Scoliosis screening can be done with students fully clothed, as long as clothing isn't bulky and does not prevent the screener from seeing the students back clearly.
- Signs indicating abnormal results include un-level shoulders or hips, visible curvature of the spine on forward bend test, uneven space between arms and waist when student is standing, prominent scapular process on one side, as well as any child with an obvious deformity.
- Scoliosis screening results will be recorded in the health record in the students' cumulative folder or entered into the students' electronic record.
- The Department of Health School Nurse will send any referral letters, follow up on referrals, and place a dated copy of the referral letter in the health record of the student's cumulative folder with all follow-up documentation.

**GROWTH AND DEVELOPMENT SCREENING**

**Overview**

Height and weight measurements provide a simple, effective method of identifying potential childhood health problems. These measurements can be used as an educational tool for parents, students, and school personnel.

The BMI-for-age percentile growth charts are the most commonly used indicator to measure the size and growth patterns of children and teens in the United States. BMI-for-age weight status categories and the corresponding percentiles were based on expert committee recommendations and are shown in the following table ([www.CDC.gov](http://www.CDC.gov)).

Weight Status Category	Percentile Range
Underweight	Less than the 5 <sup>th</sup> percentile
Normal or Healthy Weight	5 <sup>th</sup> percentile to less than the 85 <sup>th</sup> percentile
Overweight	85 <sup>th</sup> to less than the 95 <sup>th</sup> percentile
Obese	Equal to or greater than the 95 <sup>th</sup> percentile

**Height and Weight Screening Procedures:**

- These measurements can be taken and recorded by any member of the school staff, health services staff, or registered volunteer who has been appropriately trained.
- The measurements should be taken away from other students to ensure the privacy of the student being screened.
- Weight should be measured on a standard scale of known accuracy and recorded to the nearest ½ pound. Since students are routinely weighed clothed, screeners should be instructed to have the students remove any bulky jackets or sweaters, and shoes. **T**
- Standing height should be measured against a wall mounted measuring tape or board, or a rigid free standing device. Screeners should be instructed to have the students remove their shoes. The student should stand with the heels slightly apart and the back as straight as possible. Heels, buttocks, and shoulder blades should touch the wall or measuring surface. The student’s line of vision should be straight ahead, arms at sides, and shoulders relaxed. It is important to assure that the student’s knees are not bent and that heels are not lifted from the floor. Record height to the nearest ½ inch.
- BMI calculation can be performed using available BMI wheels, BMI calculators, on-line calculators (<https://www.cdc.gov/healthyweight/bmi/calculator.html>) and other software or accurate devices intended for this purpose.

- Students whose BMI calculation result is less than 5<sup>th</sup> percentile or greater than the 95<sup>th</sup> percentile value may be at greater risk of health related problems than the rest of the population.
- In special situations, consideration should be made for environmental and genetic influences in determining the average size of children in various populations.
- Growth and development screening results should be recorded in the health record in the students' cumulative folder or entered into the students' electronic record.
- Referral for further evaluation and/or treatment is at the discretion of the DOH school nurse.
- If referral was made for dietary or nutritional counseling, notation should be made in the student's cumulative health record and follow-up noted.
- Data should be kept on those who have followed up regarding failure notices, so outcomes can be entered in to the Florida Department of Health's Health Management System (HMS).