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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.

Screening is a traditional part of school health services. It centers on vision and hearing since impairment of these senses can interfere with learning, occurs with significant frequency in students, and can be detected with acceptable accuracy by good screening techniques. When referrals from such screening programs result in appropriate examinations and corrective measures (which may include classroom placement as well as medical/surgical measures), their value is undeniable. However, without well-organized plans for referral and follow-up, even the best screening activities fail to help those found to have impairments.

In accordance with the provisions of the School Health Services Act 381.0056 and the Duval County Public Schools Health Services Plan, vision, scoliosis, hearing, growth and development (height/weight) are screened. Additionally, tuberculosis screenings for identified contacts will be administered as appropriate by Florida Department of Health staff. The Department of Health Dental Van staff conducts dental screenings in the schools and communities. Referrals to public or provide dental services are an integral part of this activity.

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).

This type of screening is population based and done on all students designated to receive these screening services, unless parents opt out.

Populations targeted for mandated screenings are specified in Chapter 64F-6.003, Florida Administrative Code (F.A.C.).

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

Note: Vision and hearing screening should be done for teacher/parent referral of a suspected problem and for students being evaluated for special education placement.

VISION SCREENING

Overview

Vision Screening and eye examinations are essential for detecting 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.

Vision Screening Procedures:

1. To schedule mass vision screenings call the Screening Services Office at 904-858-1950. (Vision Screening Program)
2. Students in grades Title 1 Pre-K, K, 1, 3 and 6 will be screened for vision. Head Start Pre-K must be screened prior to the end of September. Students in other grades will be screened as needed based on teacher and School Counselor referrals.
3. Vision screeners use the LEA symbols chart for students in Head Start Pre-K through 1st grade. Vision screeners use the Sloan letter cards for students in grades 2 through 12.
4. If a student does not pass either the initial screening or the rescreening, 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 letter requesting an exam by an eye care specialist will be sent to the parents of those students who do not pass the screening. The eye specialist is asked to complete a section of the letter, and the parents are to return it to the school. A family who cannot afford care may be referred to the appropriate community agency for assistance.
9. 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.
10. 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.

Passing criteria for Vision Screening:

- Grades Pre-K: 20/40
- Grades 1-3: 20/30
- Grades 4-12: 20/25

Vision Screening- Elementary School

1. Pre-K – 1st grade will use the LEA symbols (house, apple, square and circle).
Screeners/teachers should review the symbols with the students prior to screening.
Students in all other grade levels will use the Sloan letter cards. Screening is done at 10 feet for LEA symbols and 20 feet for Sloan letter cards.
2. Test the right eye first – cover the left eye with an occluder, or “Pirates Patch.” Ask the student to keep both eyes open.
3. Hold the occluder by the bottom edge, diagonally across and resting on the nose. Never hold the occluder so that the screener’s fingers are across the students eyes.
4. Begin screening with the passing line. (See passing criteria above)
5. To pass a line, the student must correctly respond to a majority or one more than half, of the symbols on the line.

NOTE: MOVE THE SLIDING MASK UP OR DOWN DURING SCREENING.

6. If the student successfully completed the grade level passing line shown, record the results.
7. If the student fails to correctly identify the minimum number of symbols or letters on their grade level passing line, then raise the mask up to the next line and screen the student again. Keep raising the mask until the student is able to successfully identify the minimum number of symbols or letters (a majority or one more than half correct). Record acuity for the lowest completed line.
8. The students visual acuity is the line successfully completed, - never the line missed.
Record the acuity of each eye, i.e. 20/25, 20/30, etc.
9. Make sure to check either the Yes or No box for “screened with glasses” under initial and rescreening.

Vision Screening – Middle or Senior High Schools

1. Test the right eye first – cover the left eye with an occluder. Ask the student to keep both eyes open.
2. Hold the occluder by the bottom edge, diagonally across and resting on the nose. Never hold the occluder so that the screener’s fingers are across the student’s nose.
3. Begin screening with the referral line, the line above the passing line – 20/25
4. To pass a line, the student must correctly respond to a majority or one more than half, of the letters on the line.

NOTE: MOVE THE SLIDING MASK UP OR DOWN DURING SCREENING

5. If the student passes the first line shown, move to the next line.
6. If the student fails to correctly identify the number of symbols or letters on their grade level passing line, then raise the mask up to the next line and screen the student again. Keep raising the mask until the student is able to successfully identify the minimum number of letters (a majority or one more than half correct). Record the acuity for the lowest successfully completed line.

7. The students 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.).
8. 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 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 Screening Services office at 904-858-1950 to notify them of the dates(s) for hearing screening at the school. The 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 K, 1st, and 6th grade will be screened for hearing. Students in other grade levels will be screened on a case by case basis.
- Head Start Pre-k must be screened for hearing prior to the end of September.
- For elementary students, each ear is screened at 25 decibels on 3 frequencies (1000, 2000, and 4000).
- For sixth grade students, each ear is screened at 25 decibels on 4 frequencies (1000, 2000, 4000, and 8000).
- The student passes the screening if he/she **misses one or no presentations**.
- The student fails if he/she **misses two or more presentations**.
- 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 via school mail, fax, or scanned and emailed per the instructions on the form.
- School Counselors will send the **Parent Referral and Medical Follow Up** letter to the parents/guardians of students who fail the rescreening.
- With the authorization from the parent, 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 School Nurses will assist with follow-up services. Once follow-up is completed, results will be sent to the Screen 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 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.

For detailed information about the forward bending test, scoliometer use, and screening guidelines, refer to the National Association of School Nurses or the National Scoliosis Foundation.

An educational program on scoliosis may be given to students by the Coaches or School Nurse, prior to the first screening.

The 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 School Nurse in advance of the scoliosis screening date(s).
- The School Nurse will arrange for use of the facilities with the school administrator.
- The School Nurse will confirm screening date(s) with school administration.
- There should be two adults present during screening.
- 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.
- Scoliosis screening results will be recorded in the health record in the students' cumulative folder or entered into the students' electronic record.

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).

Weight Status Category	Percentile Range
Underweight	Less than the 5 th percentile
Normal or Healthy Weight	5 th percentile to less than the 85 th percentile
Overweight	85 th to less than the 95 th percentile
Obese	Equal to or greater than the 95 th 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. **The screener will subtract 1 pound to account for the student’s remaining clothing.**
- 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. If the student is screened wearing shoes, the screener will subtract ½ inch from the measurement.**
- BMI calculation can be performed using available BMI wheels, BMI calculators, Palm devices, on-line calculators (<http://nccd.cdc.gov/dnpabmi/Calculator.aspx>) and other software or accurate devices intended for this purpose.

- Students whose BMI calculation result is less than 5th percentile or greater than the 95th percentile value are 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 professional registered 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 HMS.