**05-071 DEPARTMENT OF EDUCATION**

**Chapter 45: RULE FOR VISION AND HEARING SCREENING IN MAINE PUBLIC SCHOOLS**

**SUMMARY:** This rule outlines the standards and processes for the implementation of the 20-A M.R.S. §6451 to §6453 that requires periodic health screenings to identify students that may have a vision or hearing defect.

**1. Definitions**

**Critical Line Screening:** The “critical line” is an age-dependent line on which a child should correctly identify 3 or more optotypes according to that child’s age. Critical line screening uses only the age-dependent line.

**Distance Vision:** Distance vision means the ability to adequately see objects at a distance. Screening for distance vision is intended to identify students with myopia, a refractive error in which light rays converge before they reach the retina.

**Eye Specialist:** An eye specialist is a health care provider specializing in diagnosing and treating vision problems and/or diseases of the eye. Eye specialists include optometrists, ophthalmologists, pediatric optometrists, and pediatric ophthalmologists.

**Full Threshold Screening:** Full threshold screening begins by asking the child to identify the first optotype at the top of the chart and the first optotype on each line until an optotype is misidentified. The screener moves up a line and asks the child to identify each optotype on that line and continues down the chart using each optotype on each line until a child misses 3 or more optotypes. The last line the child correctly identified 3 or more optotypes is the visual acuity value for that eye. Full threshold screening permits the screener to identify a minimum 2 -line difference between the eyes.

**Health Care Provider:** A health care provider is a medical/health practitioner who has a current license in the State of Maine with a scope of practice that includes assessment, diagnosis and treatment of health disorders. Health care providers include physicians, physician’s assistants and advance nurse practitioners. For the purposes of vision screening, health care provider may also include optometrists and ophthalmologists. For the purposes of hearing screening, health care provider may also include an audiologist.

**Instrument-Based Screening:** Using evidence-based instruments to screen for amblyopia risk factors and reduced vision risk factors and provide estimates of refractive error and estimates of eye misalignment; or screen for direct detection of strabismus and amblyopia Instrument-based screening does not measure visual acuity and instrument-based screening results may not be converted to visual acuity values.

**Near Vision:** Near vision means the ability to adequately see objects near, such as when reading. Screening for near vision is intended to identify students with hyperopia, a refractive error in which light rays have not converged before reaching the retina.

**Occluder:** Used to cover the eye during distance and near visual acuity screening. Occluders for children ages 3 to 10 years may be adhesive eye patches, 2-inch wide hypoallergenic surgical tape, or occluder glasses. Occluders for children ages 10 years and older can be adhesive eye patches, 2-inch wide hypoallergenic surgical tape, or paddles to cover one eye at a time or a mask that covers one eye with an open hole for the other eye. Hands, tissues, paper paddles, or paper and plastic cups are not permitted.

**Optotypes:** An optotype is the name for the symbol, letter, or number on an eye chart or computer program the student is to identify.

**Optotype-Based Screening:** Using evidence-based eye charts or computer software programs to screen for visual acuity using full threshold or critical line formats.

**Parent:** Parent means a natural or adoptive parent, a guardian, or a person acting as a parent of a child with legal responsibility for the child’s welfare.

**Preschool screening:** A health screening that occurs within the first 30 days of the start of school that includes hearing screening and vision screening.,

**Puretone Audiometer:** A puretone audiometer is a machine designed to screen for hearing loss. A variety of frequencies, measured in Hertz (Hz) audible to the human ear are played in each ear at a defined decibel (dB).

**Referral:** Referral means the submission of a written form from school directing the parent to bring their child to a health care provider (which includes ophthalmologists, optometrists, and audiologists for this rule) for an evaluation of the potential health problem.

**School Nurse:** School nurse means a registered professional nurse with Maine Department of Education certification for school nursing.

**Screening:** Screening means a process of identifying students with a possible health problem in order to facilitate early intervention or treatment.

**2. School Nurse Responsibility**

A. The school nurse will provide direction and oversight for the health screening program in the school.

B. The school nurse will report annually to the Department to include the number of students screened by type of health screening, the number of students referred, and the number of referred findings that were confirmed.

C. The school nurse will follow up with those referred for further evaluation and potential treatment.

D. The school nurse will follow up with the parents of students referred to determine the outcome of the referral.

**3. General Guidelines**

A.A student whose parent objects in writing to screening on religious grounds shall not be screened unless a sight or hearing defect is reasonably apparent.

B. It is recommended that health screening occur early in the school year. Preschool screening must be completed within thirty (30) days of the start of school.

C. Health screening of students outside the grade level required for screening should occur upon referral from teachers or with presentation of signs or symptoms of a problem.

D. Students transferring to the school without record of previous screening should be screened.

E. When a trained, unlicensed individual conducts the initial screening, rescreening of failures must be conducted by the school nurse before a referral is made.

**4. Vision Screening**

A. A school shall screen using evidence-based, optotype-based screening, or evidence- based, instrument-based screening.

B. Certain children should bypass vision screening and be referred directly to an eye specialist for a comprehensive examination because these children have a higher rate of vision problems. The school nurse may determine which children should be referred directly. Some reasons for bypass may include:

i. readily recognized eye abnormalities such as, but not limited to, strabismus or ptosis;

ii. a known diagnosis of a neurodevelopmental disorder such as hearing impairment, cerebral palsy, autism spectrum disorders, or speech delay;

iii. systemic diseases known to have associated eye disorders such as diabetes and juvenile rheumatoid arthritis.

C. Children who received a comprehensive eye examination from an eye care provider within the previous 12 months do not need to have a school vision screening.

D. **Distance vision acuity**

i. Shall be screened in preschool, kindergarten and grades, 1, 3, 5, 7, and 9.

ii. The screening tools recommended for preschool, kindergarten, and grade 1 unless students know their letters are:

1. HOTV chart (illuminated preferred, critical line screening is permissible;

2. LEA SYMBOLS® chart (illuminated preferred, critical line screening permissible);

3. Computer-based screening programs.

iii. Screening tools recommended for students in grades 3 and above are:

1. Sloan letter chart (illuminated preferred, charts exceeding 9x14 is permissible);

2. Computer-based screening programs.

iv. Screening distance between the chart and the child’s eyes should be at the appropriate distance for the chart or tool used.

v. **Referral guidelines**

1. Age 3, unable to correctly identify at least 3 of 5 optotypes on 20/50 line;

2. Age 4-5, unable to correctly identify 3 of 5 optotypes on the 20/40 line;

3 Age 6 and older, unable to correctly identify at least 3 of 5 optotypes on the 20/32 line;

4 If using a full threshold screening method, children who have a 2-line difference between the eyes, even in the passing lines, are to be referred for an eye exam.

E. **Near vision acuity**

i. shall be screened in grade 1 and 3. It is recommended that public preschool and kindergarten students and students in grade 5 also be screened.

ii. Screening tools recommended depending on when the child knows their letters are.

1. Near vision acuity card with 16-inch cord to maintain screening distance using: HOTV chart, LEA SYMBOLS® chart, Sloan Letters chart.

iii. **Referral guidelines**: The same criteria used for distance vision, will be used to determine for near vision acuity cards.

F. Instrument-based screening may be used in place of visual acuity screenings with children ages 3, 4, and 5 years and children of any age when these children cannot participate in optotype-based vision screening. Using instrument-based screening with older students will be permissible as additional published research in this age group emerges.

G. For those students with prescription glasses, screening should occur with student wearing glasses.

H. Students who fail the vision screening will be referred to their parents and provided with a referral form to bring to their health care provider or eye specialist.

**5. Hearing Screening**

A. Hearing screening will be conducted in preschool, kindergarten and grades 1, 3, and 5.

B. A pure tone audiometer will be used to screen hearing.

C. The pure tone audiometer must meet or exceed specifications for type 4 audiometers as defined by the American National Standards Institute (ANSI) S3.6- 996 (revision of S2.6-1989). Each audiometer shall be calibrated annually and tested prior to use to determine if it is working properly.

D. Students will be screened in both ears at 25dB with a sweep check at 1000 Hz, 2000 Hz, and 4000 Hz. Screening at 500 Hz is recommended, but not required.

E. Screening should be performed in a quiet environment because ambient noise can affect test performance significantly.

F. If the child does not pass the screening, earphones should be removed and instructions carefully repeated to the child to ensure proper understanding and attention to the test and then rescreened with earphones repositioned. It is recommended that a hearing rescreen occur in 2 – 4 weeks for students who fail.

G. A student will be considered to fail and will need to be referred for further evaluation by a health care provider when the student is unable to hear any of the frequencies in either earat 25dB.

H. Students who fail the hearing screening will be referred to their parents and provided with a referral form to bring to their health care provider.

STATUTORY AUTHORITY: 20-A M.R.S. §6451

EFFECTIVE DATE:

April 1, 2006 – filing 2006-136

AMENDED:

December 13, 2015 – filing 2015-243

April 10, 2018 – filing 2018-054