



Administrative Procedure HEA-P120 HEALTH ASSESSMENT AND OTHER SCREENING

Responsible: Department of Student Health Services

PURPOSE

This administrative procedure describes the process for facilitating health assessments and other health screening for students in the Washoe County School District ("District").

PROCEDURE

1. In order to promote the academic achievement of all students enrolled in the District and identify students in need of further evaluation by a health professional, school nurses are responsible for planning, conducting, supervising, and documenting health screening of students enrolled in their assigned schools. School nurses shall work with parents/guardians and families to facilitate a low-cost or no-cost professional evaluation, if appropriate, for students who do not have adequate medical or financial resources.
2. Health screening of students includes but is not limited to: vision, auditory, scoliosis, dental, height, and weight.
3. Parent/Guardian Notification
 - a. The school administrator, in collaboration with the school nurse, is responsible for notifying parents/guardians, using the Student Health Services Department's "Vision, Hearing, Scoliosis Notification" form, prior to the student's participation in school-wide vision, hearing or scoliosis screening, including the date and type of screening to be conducted.
 - b. A parent/guardian of a student may opt out of having the student participate in some or all of the screenings by sending a written notice to the school health office at the beginning of the school year or least three (3) school days prior to the date of the screening.
 - i. In cases where the student's parent/guardian opts out of having the student screened, the school nurse will enter code, "112-screening opt out" in Infinite Campus (IC) under "Health Conditions," and flag the condition so that it is visible to all staff who view the student's general information in IC.
 - c. The school nurse may, in collaboration with the student's parent/guardian, waive screening for a student who, because of a disability, cannot participate in the screening, even with adaptations or who is currently under the care of a specialist for vision, hearing or orthopedic deficits.

- d. In accordance with state law, the school nurse will provide written notification to the student's parent/guardian using the appropriate referral form if the student being screened is observed or believed to have scoliosis, an auditory or vision deficit, or any type of physical or medical condition.
 - i. The written notification must include a list of low-cost or no cost resources available to provide further professional evaluation and follow-up. A list of available resources shall be maintained by the Department of Student Health Services and distributed to the school health offices.
4. School Nurse Responsibilities
- a. In carrying out their responsibilities for screening students, school nurses will comply with the provisions of NRS 392.420, "Health and Safety," NRS and NAC 632, the Nevada Nurse Practice Act, and the Nevada School Nurse Regulation and Advisory Opinion ("SNRAO").
 - i. Although the SNRAO allows delegation by the school nurse of routine, screening of student height, weight, auditory and distance vision; more specialized screening, and/or 1:1, or individual screening of students who are referred by a parent, teacher or other school staff for suspected deficits cannot be delegated to Unlicensed Assistive Personnel ("UAP").
 - 1) Unlicensed Assistive Personnel is an employee of the District who is trained and deemed competent by the school nurse to perform specific nursing services in accordance with the provisions of the Nevada Nurse Practice Act (NRS/NAC Chapter 632).
 - b. Clinical Procedure Nurses ("CPN") may be assigned by the Student Health Services Department to participate in mass screening, including scoliosis screening, but must refer to the school nurse, any student who fails a screening to the school nurse.
 - c. The school nurse will rescreen any student who fails screening conducted by Unlicensed Assistive Personnel or a Clinical Procedure Nurse.
 - d. Visual, auditory, medical, and dental referrals, interpretation of screening results, and health recommendations on behalf of the student are solely within the purview of the school nurse.
 - e. The school nurse may delegate to the Clinical Aide the documentation of normal screening results into the District's electronic student records database (Infinite Campus or IC).
 - f. In addition to completing an appropriate referral form for students who fail vision, auditory or scoliosis screening, the school nurse will enter the

- d. If time permits, a school nurse who has received department training in saccadic tracking vision screening may opt to include a one-time saccadic tracking screening of any student referred for health assessment or who is suspected of having difficulty with reading.
 - i. When referring students who have failed the color vision screening, school nurses will complete HEA-F102, "Notification of Color Vision Form" or HEA-F102-SP, "Notification of Color Vision Form, Spanish."
 - ii. When referring students who have failed any other area of vision screening, the school nurse will complete form HEA-F103 "Vision Referral Form" or HEA-F103-SP "Vision Referral Form, Spanish."

8. Auditory (Hearing) Screening

- a. First, fourth, seventh, and tenth grade students, those who are new-to-the-district in the current year, and students who were missed in prior years, will be screened for hearing deficits.
 - i. Auditory screening should be carried out at 1000, 2000 and 4000 Hz and 25 DB HL.
 - ii. Tones may be presented more than once but no more than four times if the student fails to respond.
 - iii. Lack of response at any frequency in either ear constitutes a failure.
- b. Students who have not passed a recent hearing screening and who are referred to the school nurse by the student IAT, teacher, or parent/guardian for possible hearing deficits, will be individually screened/re-screened by the school nurse.
- c. The school nurse will carry out an individual hearing re-screening, including an otoscopic exam, approximately two weeks later for students who fail an initial hearing screening; if the student does not pass the individual hearing screening, the school nurse will carry out a "hearing threshold" test and graph the results on form HEA-F101 "Hearing Referral Form" or HEA-F101Sp "Hearing Referral Form, Spanish."

9. Scoliosis (Spinal Curvature) Screening

- a. Seventh grade students, eighth-graders who are new-to-the-district in the current year or who were missed in the prior year, will be screened for signs of spinal curvature/scoliosis.
- b. Prior to referral of a student for professional evaluation of suspected scoliosis, the school nurse will use a scoliometer to measure and document the student's degree of spinal curvature on form HEA-F123 "Scoliosis Referral Form" or HEA-F123Sp "Scoliosis Referral Form, Spanish."

10. Height and Weight Measurements

- a. It is within the school nurse's scope of responsibility to assess and refer students for possible risk factors such as poor nutrition, Type 2 diabetes, and hypertension that are associated with underweight, overweight/obesity, and growth rate/percentile, and to refer students as appropriate to a licensed health care provider as appropriate.
- b. It is recommended that, as part of the student's special education health assessment, the school nurse measures and documents the student's height, weight and then calculates the student's "Stature-for-age", "Weight-for-age," and Body Mass Index (BMI), using the Center for Disease Control's (CDC) standard percentiles.

11. Dental Screening

- a. Dental screening may only be carried out by a school nurse.
- b. Dental screening will be conducted by the school nurse for students who are referred by the parent/guardian, teacher, or self-referral.
- c. The school nurse may opt to include dental screening at the elementary school level, in conjunction with routine vision and hearing screening.
- d. When referring students for further dental evaluation by a dental professional, the school nurse will complete form HEA-F108 "Dental Referral Form" or HEA-F108Sp "Dental Referral Form, Spanish."

DEFINITIONS

1. Hearing Threshold Test – An extended hearing test using an audiometer to identify the lowest decibel level a student can hear at each frequency (Hz).

IMPLEMENTATION GUIDELINES & ASSOCIATED DOCUMENTS

1. This Administrative Procedure reflects the goals of the District's Strategic Plan and aligns with the governing documents of the District, to include:
 - a. Board Policy 5038, Student Health, Welfare and Rights
 - b. HEA-F101 - Hearing Referral Form or HEA-F101SP - Hearing Referral Form, Spanish
 - c. HEA-F102 - Notification of Color Vision Form or HEA-F102SP - Notification of Color Vision Form, Spanish
 - d. HEA-F108 - Dental Referral Form or HEA-F108SP - Dental Referral Form, Spanish
 - e. HEA-F123 - Scoliosis Referral Form or HEA-F123SP - Scoliosis Referral Form, Spanish

2. This Administrative Procedure complies with Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC), to include:
 - a. Chapter 392, Pupils, and specifically:
 - i. NRS 392.420, Physical examinations of pupils; qualifications of persons to conduct examinations; notice to parent of certain medical conditions; notice to parent of examination and opportunity for exemption; report of results to Chief Medical Officer.
 - b. Chapter 632, Nursing
3. This Administrative Procedure complies with the Nevada School Nurse Regulation and Advisory Opinion (SNRAO).
4. This Administrative Procedure aligns with federal recommendations as documented through the resources listed below:
 - a. Boys 2 to 20 Years: Stature-for-age and Weight-for-age Percentiles
<http://www.cdc.gov/growthcharts/data/set1clinical/cj41c021.pdf>
 - b. Boys 2 to 20 Years: Body Mass Index-for-age Percentiles
<http://www.cdc.gov/growthcharts/data/set1clinical/cj41c023.pdf>
 - c. Girls 2 to 20 Years: Stature-for-age and Weight-for-age Percentiles
<http://www.cdc.gov/growthcharts/data/set1clinical/cj41c022.pdf>
 - d. Girls 2 to 20 Years: Body Mass Index-for Age Percentiles
<http://www.cdc.gov/growthcharts/data/set2clinical/cj41c074.pdf>

REVIEW AND REPORTING

1. This procedure and any accompanying documents will be reviewed bi-annually in even-numbered years.

REVISION HISTORY

Date	Revision	Modification
7/09/2013	A	Adopted as CSI Procedure HEA-P120
7/14/2014	B	Revisions to CSI Procedure
8/5/2016	1.0	Revisions: converted to Administrative Procedure format; Revisions to several sections related to suspected vision deficits, possible risk factors such as poor nutrition, Type 2 diabetes, and hypertension that are associated with underweight, overweight/obesity, and growth rate/percentile