

## H-6 VISION SCREENING POLICY AND PROCEDURE FOR HEAD START & EARLY HEAD START

**POLICY:** All children enrolled in Head Start and Early Head Start will be provided with a vision screening within 45 days of entry into the Head Start or Early Head Start Program. Vision screening is intended to identify those children who may have significant vision concerns needing further evaluation by a vision specialist.

### PREPARATION FOR SCREENING PROCEDURE:

Definitions for this procedure:

The term "Classroom Staff" includes: Child/Family Advocate (C/FA) and Teacher

The term "Family Advocate" includes: Family Advocates (FA)

Documentation and follow-up are the primary responsibility of Social Service Home Visitor

1. Parent consent for vision screening in the classroom is obtained during the enrollment process on the Parent Consent Form. If the family would like to participate in the ELKS/Casey Eye Institute Vision Screening project, the Consent /Release would also need to be signed.
2. Health Resource Specialist (HRS) coordinates dates for classroom vision screenings with the Classroom Staff and/or Family Advocate at least one week in advance of performing screenings. Notices are sent by Classroom Staff or Family Advocate to the parents/guardians regarding the date and time of the screens (except in FD/FY classrooms where the FA will be solely responsible). The Classroom Staff ensures that the child and family are familiarized with the screening process prior to administering screens. Parents/guardians are encouraged to participate in the screening process.
3. Information regarding parents' potential concerns about their child's vision will be collected during parent recruitment interview and by using the UMCHS Health and Developmental Histories . The HRS will determine if there are parent concerns by talking with Classroom Staff and/or FAs prior to screening and note any identified on the Vision Screening Record at the time of screening.  
For infants under 2 months of age, where ASQ is not available, staff will rely on direct observation and parent report to assist in the identification of potential vision problems. For immediate concerns see Internal Referral Policy for guidance.
4. The HRS sets up equipment prior to having children brought to screening site. Screening will take place in the area with the least amount of interruptions. HRS will take time to prepare children for screenings by introducing themselves and the process to the class prior to starting to screen.
5. Upon completion of the vision screenings, the HRS will complete the three part Vision Screening Record form. The Classroom Staff or Family Advocate will provide the parent a copy and inform them of the results of the screening. A copy is kept for the child's center file in the health section. The pink copy is forwarded to the Health Services Director for data entry into the Child Plus monitoring system and forwarded on the Casey Eye institute with parent consent. The HRS may make a photocopy of the record for tracking and follow-up purposes as necessary. The Classroom Staff or FA will chart the results of the screen on the Health Face Sheet. Explanation of any needed follow-up would be written in progress notes. Classroom Staff and/or FA will document any

discussion with the parent regarding the screening results obtained or follow-up plans identified by the parent in the child's file.

## **VISION SCREENING PROCEDURE:**

### **Vision screening process (Plusoptix S12); Birth to 5 years of age:**

- 1.) Prior to screening day, Health Staff will download child's demographics to excel spreadsheet and import into Plusoptix S12 Vision Screener.
- 2.) Health Resource Specialist will chose an environment where sunlight and incandescent lights are kept to a minimum.
- 3.) After Switching on the Plusoptix screener, HRS will upload the child's data who is going to be screened onto the screen.
- 4.) Hold device in 4 feet distance and at eye level of the patient. Measurement distance is 3.3 feet but it takes some training to estimate this distance in the open room. It is easier to start further away and to sweep toward the patient with the device running.
- 5.) Press the orange shutter to start the camera. A "warble" sound is played back. This "warble" sound attracts patient attention to the camera. A picture of the patient is displayed on screen. Align camera as to see both eyes of the patient on screen. Then sweep toward the patient. At first white squares are plotted around both pupils. These white squares turn into red circles and green circles as correct measurement distance of 3.3 feet approaches. As soon as both pupils are circled in green the plotted line in between both pupils turns green, too. The device is now located at 3.3 feet distance and the measurement starts automatically. Another "warble" sound is played. This second "warble" sound assures that patient keeps looking at the camera during measurement. Stop moving camera and wait for the completion of the measurement. A "ping" sound indicates completion of a measurement.
- 6.) If results are "pass" or "fail", record them on the vision screening record. For all results with a refer, a copy of the results will be printed for the parent to take to the child's eye care appointment.
- 7.) If result is "refer or try again". Follow directions on the screen to make adjustments to screening error. Operator may need to dim the light in the room or adjust measurement distance. If unable to get accurate reading. Complete alternate form of screening per Vision Screening Policy.

### **If PlusOptix machine is inoperable or unable to provide adequate screening, the following screening will be completed** **Screening process for children 6 weeks to 5 months old (child lying face up and fully awake):**

Corneal Light Reflex (Strabismus) - Shine a light source, which is held 16 inches from the child's face, into the child's eyes. The light reflection should fall at the same position in each eye. Overhead light may need to be turned off since it will also be reflected in the eyes.

Tracking (Amblyopia) - Using a toy, move object horizontally (side to side). Observe for ability to track object. A child younger than 6 months may exhibit momentary misalignment of eyes (strabismus), which can be normal for this age.

### **Screening process for children 6 months to 36 months (child sitting on the**

### **lap of their parent or trusted adult):**

Corneal Light Reflex (Strabismus) - Shine a light source, which is held 16 inches from the child's face, into the child's eyes. The light reflection should fall at the same position in each eye. Overhead light may need to be turned off since it will also be reflected in the eyes.

Tracking (Amblyopia) - Using a bright colored toy, move object smoothly into various fields of vision (side to side, up and down, and diagonally). Eye movement should be smooth with minimal head movement.

### **Screening process for children 36 months to 5 or more years:**

#### Distance (Acuity):

1. Child will sit at the 10 foot mark facing the vision light box (LEA chart). If the child normally wears corrective lenses, screen with them on. If the child does not have the corrective lenses with them, reschedule their screen and note on their record.
2. **Pre-test:** The child will be using both eyes for this part of the screen. Begin with the top line on the chart and ask the child to identify or match every symbol or letter on the line from the left to the right. The top line on the chart will be 20/80.
3. **Screen distance vision one at a time:** To maintain consistency in recording results of the screen, always screen the right eye first. Cover the left eye with a paper square, placing the tape at an angle so one of the points touches the bridge of the nose. **Avoid pressing the tape down on the eyelashes and eyelid.**
4. **Repeat the pre-test using only the right eye.** Monitor the child's head position to further minimize the risk of the child peeking around the patch.
5. **Critical Line:** The line the child must read to successfully pass the distance screen is 20/40. This is referred to as the "critical line." The screeners can select one symbol or letter from each line of the chart on the way down to the critical line. This can give younger children more practice at identifying the symbols or letters and help the eye adjust to the font becoming smaller on the chart. To pass a line the child must correctly identify at least 4 out of 5 of the symbols or letters.
6. **Repeat the same process for the left eye.**  
*If a child identifies all the letters on the critical line correctly, it's tempting to find out how well they can see. **Remember, though that the goal is to screen every child for normal vision, not assess vision for each individual child***
7. **Recording Results-**if the child correctly identifies 4 out of 5 symbols for the critical line for each eye, the results would be passing for each eye. If the child does not pass the critical line appropriate for his/her age with either eye, the screener should record the results as a fail.

#### Critical Line:

**3-5 year old- 20/40**

### **Depth Perception Screen(Random Dot E Kits)**

1. Show the child the raised 3-D model of the "E" from the kit and explain that this is what he/she will be looking for in the stereogram. Ask the child to trace the shape with their finger.
2. Next, have the child put the 3-D glasses on and instruct to keep both eyes open. Children who wear glasses should gently place the 3-D glasses over their own glasses.
3. Present the two cards-one with the stereo "E" and one blank-to the child at the distance of 16 inches in various arrangements. For example, the

- blank card may be on the left and the stereo card on the right or vice versa, or the blank card may be positioned above or below the card with the stereo "E." Ask the child to look for the shape. Explain that only one card has a shape in it.
4. Use the "E" in the "raised" position so it will look like an "E" to the child viewing it.
  5. Avoid any glare on the cards.
  6. To pass the screen, the child must correctly identify the "E" on 4 out of 5 trials.

### **Rescreen:**

If a child is unable to pass any portion of the vision screening, the child should be rescreened within two to four weeks of initial screen.

HRS will coordinate a date to rescreen with the Classroom Staff or FA. Classroom Staff or FA will notify parents of screening date. The Vision Screening Record will be used for each subsequent rescreen.

### Interval:

EHS and HS children will be screened between 6 months prior to their enrollment up to 45 days after enrollment and then every year thereafter. Children who are identified as having potential vision deficit may be screened more frequently as requested by parent and/or as needed.

### Referral:

If child is unable to pass second screen, they should be referred to a vision care specialist. Parent is notified of vision screening results by Classroom Staff and/or FA via the Vision Screening Record. Classroom Staff or FA will follow-up with family to ensure that the referral is understood by the parent and that follow-up toward the completion of the referral services are received. Classroom Staff or FA will notify HSM when referral services have been received and note the results of the referral in the child's health record.

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