



WASHINGTON STATE  
**Board of Health**

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**NOTICE OF ADOPTION OF AN INTERPRETIVE STATEMENT  
OR POLICY STATEMENT**

**Title of Interpretive or Policy Statement:** Permissibility of screening school children for vision acuity using procedures in addition to the Snellen eye chart test for distance acuity

**Issuing Entity:** Washington State Board of Health

**Subject Matter:** Vision Screening

**Effective Date:** September 1, 2011

**Contact Person:** Craig McLaughlin, Executive Director, Washington State Board of Health

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
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**WSR 11-18-002**

**State Board of Health  
Interpretive Statement**

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<b>Title:</b>	Permissibility of screening school children for vision acuity using procedures in addition to the Snellen eye chart test for distance acuity	<b>Number:</b> SBOH11-01
<b>Reference:</b>	RCW 28A.210.020; Chapter 246-760 WAC	
<b>Contact:</b>	Tara Wolff	
<b>Effective Date:</b>	September 1, 2011	
<b>Supersedes:</b>	N/A	
<b>Approved:</b>	Craig McLaughlin, Executive Director Washington State Board of Health	

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**Description of the Issue**

The Washington State Board of Health has been asked if school districts may offer vision screening in addition to distance central vision acuity screening as required by chapter 246-760 WAC.

**Summary of Critical Findings**

1. No screening tools other than the Snellen test chart may be used to screen for distance central vision acuity without first seeking Board approval.
2. The statute (RCW 28A.210.020) and implementing Board rules do not prohibit schools from offering, at their sole discretion, voluntary screening for vision problems other than distance central vision acuity if those problems might negatively affect student learning, provided appropriate screening tools and techniques are used and requirements related to recordkeeping, screener qualifications, and referrals are met.
3. The Board emphatically recommends that if schools are contemplating offering additional voluntary screening, they consider only the evidence-based tools and techniques listed in the recommendations in *Visual Screening of Children in Public Schools — Final Report* (available on line at: <http://www.sboh.wa.gov/Rules/docs/SHB1951-VisualScreeningReport-2005.pdf> )
4. Current Board rules only address mandatory screening and are necessarily silent on issues such as liability and informed consent when applied to additional voluntary screening. Schools also need to consider training, scheduling, logistics and their

ability to provide appropriate referrals and follow up. Schools should consider such issues carefully before approving proposals to offer additional screenings.

The conclusion section of this document provides additional information about findings and recommendations.

### **Background and Analysis**

RCW 28A.210.020 states, "Every board of school directors shall have the power, and it shall be its duty to provide for and require screening for the visual and auditory acuity of all children attending schools in their districts to ascertain which if any of such children have defects sufficient to retard them in their studies. Auditory and visual screening shall be made in accordance with procedures and standards adopted by rule or regulation of the state board of health." The statute also allows eye health professionals who donate their time to conduct school vision screening and provides protections against subsequent self-referrals.

The State Board of Health has adopted rules for visual and auditory screening as chapter 246-760 WAC. This chapter requires school districts to screen for distance central vision acuity and specifies the frequency of screening, type of equipment that must be used, screening procedures, referral process for failed screenings, and qualifications for visual screening personnel carrying out the screening.

WAC 246-760-070 states, "Personnel conducting the screening must use a Snellen test chart for screening for distance central vision acuity. Either the Snellen E chart or the standard Snellen distance acuity chart may be used as appropriate to the child's age and abilities. The test chart must be properly illuminated and glare free." The section allows for the use of other screening procedures "equivalent to" the Snellen test if the procedures are approved by the State Board of Health. The Board has not been asked to approve, nor has it approved, additional procedures.

In 2005, the legislature recognized the importance of vision screening to detect disorders that may significantly impact a child's life skills, including the ability to learn, and enacted Substitute House Bill 1951. This legislation required the Department of Health to convene a workgroup charged with reevaluating visual screening of school children and issuing a report. The Board participated on the workgroup, and in 2007 it accepted the workgroup's report and endorsed its recommendations.

The report recommends that screening in schools extend beyond distance central acuity testing. It specifically encourages stereo vision testing in first grade and Red-Green Color Deficiency screening for males in first or second grade. It also recommends that screening programs be allowed to adopt other evidence-based screening tools and techniques "as described in professional practice patterns." Tools and techniques specifically mentioned in the report include near vision testing, autorefraction, photoscreening, use of computerized testing tools, and a parental checklist for vision screening.

The report has not led to revisions of the Board rules because of limited resources at the Department of Health and the Office of Superintendent of Public Instruction to support Board rule making and because of the current limited moratorium on rule making.

Also, the ability to provide additional screening in schools has been constrained until recently by the reliance on school nurses, other school personnel, and parent volunteers. Eye health professionals were prohibited in Board rule from providing school screenings because of concerns about self-referrals. Substitute Senate Bill 5889 (2009), however, explicitly allows volunteer eye health professionals to conduct school screenings and provides protections against self-referrals. The Board amended chapter 246-760 WAC accordingly.

In a letter to the Board dated March 10, 2011, the Optometric Physicians of Washington note that some school districts are rejecting offers by eye health professionals to provide additional screenings because they believe the tools and techniques are not permitted in rule or approved by the Board. It has asked the Board to address the following question:

*“When a school district has the resources and expertise to conduct visual screenings that are beyond the minimum testing established in Chapter 246-760 WAC, and such screenings are conducted according to professional preferred practice standards, and all other requirements set forth in Chapter 246-760 WAC are met, is the school district in compliance with RCW 28A.210.020?”*

WAC 246-760-070, narrowly read, establishes a mandate that school districts offer and require screenings for distance central vision acuity, and authorizes them to do so using only a Snellen test chart or other Board-approved method. The language does not allow latitude for screening for distance central vision acuity using other tools and techniques. It is silent, however, on testing for vision problems other than distance central vision acuity or the use of equipment that would not be reasonably “equivalent to” the Snellen test chart—in other words, equipment used for screening for problems other than distance central vision acuity.

Nowhere else does the rule or statute explicitly prohibit school districts from providing *voluntary* testing for other vision concerns. WAC 246-760-020 requires screening in grades one, two, three, five, and seven and permits screening in other grades if schools have adequate resources. WAC 246-760-080 establishes screening procedures and records policies, and WAC 246-760-090 provides for retesting and referral of students with visual acuity of 20/40 or less. WAC 246-760-100 establishes qualifications for screeners. These sections are general enough in nature that they would apply to any school-based screenings.

### **Conclusion**

It is the Board’s position that the current rule requires school districts to screen for distance central vision acuity, and only the Snellen eye chart may be used for such screening. RCW 28A.210.020 and chapter 246-760 WAC are silent on whether school districts may offer vision screening in addition to distance central acuity testing. Schools districts may, therefore, at their sole discretion, allow additional age-appropriate screenings consistent with the purpose stated in WAC 246-760-001— “to determine if any

children have defects sufficient to retard them in their studies.” Since the rule language is specific to the use of the Snellen test chart for distance central vision acuity, and only another screening tool intended to gauge distance central vision acuity would be considered equivalent, the rule does not prohibit the use of other tools and techniques to screen for other vision problems that might impede learning.

In addition, the Board finds:

- School districts may not require students to undergo screening for other than distance central vision acuity, since additional screenings are not required by the Board under the rule making authority granted by RCW 28A.210.020.
- For any and all screenings conducted, the districts must comply with the referral practices established in RCW 28A.210.020 and WAC 246-760-080.
- For any and all screenings conducted, the districts must comply with the record keeping requirements of WAC 246-760-080.
- For any and all screenings conducted, the screeners must meet all qualifications for visual screening personnel established in WAC 246-760-100.

The Board strongly urges school districts considering additional screening to consult *Visual Screening of Children in Public Schools — Final Report* and follow the report’s recommendations concerning the types of screening to offer, frequency of testing, and equipment recommendations. The report is available on line at:  
<http://www.sboh.wa.gov/Rules/docs/SHB1951-VisualScreeningReport-2005.pdf>

Parents and guardians must be notified in advance about the nature and purpose of additional screenings and be informed that the student’s participation is optional. School districts should determine the appropriate level of consent and may want to do this in consultation with the eye care professionals involved in the screenings. Schools may wish to consult with their legal counsel regarding any potential liability associated with conducting additional voluntary screening.