



Public Comments and
State Board of Health Staff Recommendations

Vision Screening – Chapter 246-760 WAC

WSR 16-20-043

November 9, 2016

Proposed Rule	
Public Comment	Board of Health Staff Recommendation
As a pediatric ophthalmologist involved with vision screening for 40 years, I concur with the changes proposed to the vision screening rules.	Adopt as proposed: No amendments requested.
As a neuro-ophthalmologist involved with vision screening in the Seattle School District, I concur with the changes proposed to the vision screening rules.	Adopt as proposed: No amendments requested.
As a principal of a large high school, I am concerned about the additional time out of the instructional calendar that would be required to test our 550+ 10th graders (550 students x 5 min = 46 hours).	Adopt as proposed: The proposed rule does not require vision screening in 10th grade. The rule does allow schools to conduct vision screening in grades other than kindergarten and grades one, two, three, five, and seven as resources allow.
The new rules will adversely impact student educational time. The new rules will have adverse financial impact on school districts for equipment, staffing, and workloads. It could be hoped that a “phase in” period of time, perhaps 3 years?, could be allowed to mitigate these impacts.	Adopt as proposed: The RCW does not provide a provision for phasing-in near vision screening. To our knowledge there were no discussions of phasing-in near vision screening requirements during legislative hearings. Phasing-in the use of evidence-based vision screening tools in place of the currently required Snellen charts would further delay the use of the best-practice tools and allow for the continued use of an outdated tool.
246-760-010 The definitions for distance and near vision are not very similar. I wonder if there could be more consistency between the definitions.	Adopt as proposed: These definitions have been reviewed and refined by vision care experts.
HOTV letters - It doesn't flow very well. ...HOTV calibrated "of" a certain size...	Adopt as proposed: This definition has been reviewed and refined by vision care experts.
246-760-020 2. It just seems redundant. I'm not sure what c adds to the understanding. If there are resources, you can do other grades (a) or do other screenings at other grades (b) or do other grades and other screenings. I am missing something here.	Adopt as proposed: This language specificity is required in order to make it clear that a school can screen in other grades, conduct other vision screenings, or do both. The alternative would be to use "and/or" which is not preferred rule language.
246-760-070 3) There is no other way to opt out of screening? Only by verification of exam within the past year? So kids who are blind and don't go to the doctor annually because they are blind have to get a note saying that they couldn't be screened (rubbing the family's face in the blindness - again).	Amend proposed rule: Staff recommend adding language allowing a school to waive a vision screening for any student who the school district has reported as having a visual impairment as required under RCW 72.40.060 - State Schools for Blind, Deaf, Sensory Handicapped, Duty of School Districts.

<p>Parents can't opt out because they don't want their kid to participate? I've had a few parents over the years request their child not participate for different reasons - mental health issues that made doing screening into a power struggle, known health conditions that make the kid feel bad for not being able to perform like everyone else (when there isn't the need for an annual doctor visit).</p>	<p>Adopt as proposed: RCW 28A.210.020 requires schools to conduct vision screening but does not make it mandatory for a student to be screened. Therefore parents and guardians can already opt their child out of the screening. Several school nurses have noted that they already have a process in place when a parent/guardian wants to opt their child out. Staff recommends keeping the rule silent on this issue as adding a provision to allow an opt-out for vision screening but not for auditory screening (since auditory screening is outside of the scope of this rulemaking) would likely lead to confusion.</p>
<p>2) I think that DOH has a responsibility to provide guidance about proper screening procedures. Telling nurses to get the information from books that are no longer published or have yet to be published doesn't make sense. If DOH wants us to use specific tools and procedures, I believe that DOH needs to provide guidance, not only about what tools to use, but how to use them. I have NEVER received and information about procedures when ordering new tools.</p>	<p>Adopt as proposed: This guidance is best provided outside of the rule language. Board staff are working with the Office of Superintendent of Public Instruction (OSPI), vision care professionals, and vendors of vision screening tools to make trainings and guidance documents available.</p>
<p>246-760-071 in section 2), the last sentence includes: "does not generate a "reading or vision screening"... Nowhere else in the document does it talk about reading or vision screening. It's not in the definitions. It seems like it should say "near or distance" vision screening.</p>	<p>Amend proposed rule: Staff recommend making a non-substantive language change to this provision to clarify the language.</p>
<p>246-760-080 It sounds like DOH has a very specific idea about the referral notice. It would be great to have a sample template available. Like the DOH immunization group has sample letters for out of compliance and exclusion available to all on the DOH website. Even better would be having them translated into languages other than English.</p>	<p>Adopt as proposed: RCW 28A.210.040 requires OSPI to provide appropriate school officials with access to the recommended records and forms to be used in making and reporting vision screening.</p>
<p>When I go to the AAPOS [American Association for Pediatric Ophthalmology and Strabismus] site, I do not find directions/procedures for vision screening. When I go to the Good Light website, I don't find directions. For example, What are the lighting recommendations of the room, the equipment? Is it okay to screen on an unlighted chart and refer to nurse if kids don't pass? It's a lot cheaper and less of a tangled mess to not have vision boxes at every station. How is 5/10 feet measured? Toes or heels to the line. Does identifying the majority of the symbols/letter/numbers on the line really pass? How should the eyes be occluded? piece of paper, cup (expensive), the hand (fingers/palm)... The occluders used at a doctor's office couldn't be properly cleaned between students. Does near vision need to be screened eyes separately or together? Are there any requirements for near vision screening? I've never seen anything. Like does the student need to be seated or can they stand? Near vision charts aren't illuminated. Does room lighting need to be of a certain level.</p>	<p>Adopt as proposed: The AAPOS and National Association of School Nurses (NASN) websites, as well as vendor websites, do provide guidance on how to conduct vision screening including information on how to occlude and if testing should be done monocularly or binocularly. However this information is not always easy to find. For this reason the Board is working with OSPI and vendors to develop Washington State vision screening kits that will contain an AAPOS and NASN developed DVD on screening procedures, and that training is available at the School Nurses of Washington (SNOW) conference and other school nurse meetings. OSPI is also considering developing an implementation guide or guidance.</p>

<p>I concur with the current proposed vision screening rules. There are countless different near vision functions that could potentially be screened, and for each function there are many different ways to perform the screening. There has to be a standard starting point, and near visual acuity, with defined tools and procedures, is a good minimum starting point. Quality research in the future may indicate other near vision functions that are important to screen for. The vision screening rules need to include language that does not limit a school from using other tools and tests that go beyond the minimum. These current proposed rules allow for this. We don't want a rule that is too restrictive so that it has to be rewritten every time scientific advances take place. There are noted concerns in other comments about educating nurses and others to properly perform the screenings. I agree that this is very important, not only for the minimum standards, but to keep everyone informed about research findings and best practices regarding the link between near vision and learning. However, I don't think the vision screening rules are the place where the how and what of such necessary education has to be defined. Concerning costs...undetected near vision issues are more costly to individual students and to our educational system in general which has been adequately demonstrated in the background public health analysis behind these proposed rules.</p>	<p>Adopt as proposed: No amendments requested.</p>
<p>Does the indication for monocular vision testing need to be specified at this level of the standard? No designation for this was noticed.</p>	<p>Adopt as proposed: The proposed rule includes a provision stating: "A school shall conduct vision screening according to the tool's instructions and screening protocol and consistent with AAPOS and National Association of School Nurses guidance." This guidance indicates that distance and near vision screening should be conducted monocularly.</p>

<p>Is the letter home to the parents advising the need for an exam in English? Will there be culturally appropriate letters for immigrant parents?</p>	<p>Adopt as proposed: Under state (<u>Chapter 28A.642 RCW; Chapter 392-190 WAC</u>) and federal law (<u>Title IV Regulations</u>), parents have the right to information about their child’s education in a language they can understand.</p>
<p>I assume the principal will get thorough training in vision screening as they seem to be equivalent to the school nurse in several roles described.</p>	<p>Adopt as proposed: The proposed rule states that the principal or his or her designee "must demonstrate his or her competence in vision screening through supervised training by a competent school or public health nurse or licensed vision care professional."</p>
<p>Why are opticians included as potential screeners? I do not think it is appropriate to have them as equivalent testers. Perhaps if they undergo the same training as the lay people, but otherwise their inclusion is not appropriate in my opinion.</p>	<p>Adopt as proposed: The proposed rule does classify opticians as lay persons. In addition RCW 28A.210.020 specifies that "persons performing visual screening may include, but are not limited to, ophthalmologists, optometrists, or opticians who donate their professional services to schools or school districts," therefore opticians must be included in the rule as potential screeners.</p>
<p>It is unfortunate that passing the near vision screening may give the impression that a child does not have an issue perceiving or processing near work. As we know, no pediatric eye practitioner would ever use near VA [visual acuity] to assess reading efficiency as it affects school learning. I wish we could somehow express the limitations of this approach, so as not to give the parent the impression that the addition of near vision testing in the schools would preclude a comprehensive eye exam for the child having problems with learning.</p>	<p>Adopt as proposed: The proposed rule requires referral letters to indicate that school-based vision screening is not a substitute for a comprehensive eye examination. While this message will not reach the parents or guardians of students who do not require a referral, this message should also be included in bulletins or notices sent to parents and guardians before vision screening occurs. However, this rule does not require a notice to be sent or stipulate the content of these notices and this is something that would be decided at the local level. The Board encourages schools to emphasize in pre-vision screening notices sent to parents/guardians that school-based vision screening is not a substitute for a comprehensive eye exam.</p>
<p>As the Lead Nurse for the small school district of Fife. I have been very interested in how this new legislation will affect us. We have a very limited amount of resources and any additional screening will challenge us further financially and staffing wise. So thank you for your input and the connection to the Lions club. This would be a wonderful resource for us. With space in our buildings at a premium having a mobile provider would be amazing.</p> <p>I see for us though, a major challenge: the re-screens that would have to be done if the Lions Club were not considered a vetted provider. The expense and time involved in having a Registered Nurse to do all of the follow up re-screens for both nearsightedness and farsightedness would be daunting.</p>	<p>Amend proposed rule: Lions Club screeners undergo the same training that the Board and OPSI are trying to make available to school nurses. In addition Lions Clubs use a test-retest protocol for any student who meets the referral criteria on the first screening which decreases the risk of over-referral. Staff recommend adding language to allow a school to refer a student who has been identified as needing a referral by a nationally recognized service organization that uses a test-retest protocol without rescreening that student. Staff recommend this broad language as opposed to calling out the Lions Club specifically in case another service organization offers these services or the Lions Club changes its name in the future. This recommended change would not preclude a school from rescreening a student before referring at the discretion of the school nurse, or the school principal or his or her designee.</p>

<p>In reading the “Amendatory Section” to WAC 246-760-202:</p> <p>In reading this section, I was hoping that the section above was giving permission for near and distance vision to be screened in Grades 1,2,3,5,& 7 (per (a)), <u>[for students] showing signs of possible loss in auditory or visual acuity and who are referred to the district by parents, guardians, school staff or student self report.</u></p> <p>In addition, “(d) Expand vision screening to other grades and conduct optional vision screenings....”</p> <p>So I read this as a major shift in the mass screenings of students and associated loss in educational time, with vision (and hearing screening) being reduced to students that are “identified” or requested to be included in the screenings. This might miss some early deficits, but my experience is that our educators are sharp eyed, and diligent in wanting the best for students. So it seemed a reasonable and prudent approach in an era of very tight resources.</p> <p>However in reading based on the Significant Legislativve Rule Analylsis, this does not seem to be the case.</p> <p>I read and reviewed as completely as I could. It seems we are back to imposing the additional workload requirements resulting from the near vision screening. In addition the better screening tools are to be more or less immediately impletmented as well.</p> <p>At a minimum, switching from formerly required Snellen vision testing charts will cost our district around \$3000.00. This does not account for the associated training with the new equipment.</p> <p>The time estimate of 5 minutes for near vision testing is surprising to me. This could be the case for upper grades, but my experience as a School Nruse (starting in the mid 1980’s) is that near vision screening is more time intensive, especially with younger children.</p> <p>If one does a quick cost benefit analysis, last year we had ~ 8057 students eligible for the current distance vision screening standards. Of those students 972 or ~12% were referred for outside vision follow-up. The referrals did not account for students who could not comply with the testing (too young to understand the testing protocol, foreign language issues, students who came to screening with know vision deficits that forgot/lost/etc. glasses).</p> <p>In my opinion, to be able to do vision screening based on known concerns would be more reasonable.</p>	<p>Adopt as proposed: RCW 28A.210.020 requires the Board to adopt rules for screening for the visual and auditory acuity of all children in schools. Vision testing only for some students based on risk-assessment would not comply with the intent of the RCW for all students to be screened. In addition this would not be consistent with good public health universal screening practices.</p>
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<p>If a gradual phase in of the new equipment and testing protocols could be considered, it would lessen the financial impact on school districts.</p> <p>This is my expanded comment on the new rules.</p> <p>The new rules will have adverse financial impact on school districts. They also will adversely impact student educational time. It could be hoped that a “phase in” period of time, perhaps 3 years?, could be allowed to mitigate these impacts.</p> <p>These latter comments will be what I post on the official site.</p>	
<p>Summary of multiple emails: Require all students who are assigned an Individualized Education Program to have a comprehensive eye exam. Ohio currently has this as a law: http://www.iepeyeexam.org/.</p>	<p>Adopt as proposed: Requiring a comprehensive eye examination for any subpopulation of students is outside of the scope of the rule.</p>

Significant Analysis

Public Comments	Board of Health Staff Recommendations
<p>My biggest concern with this change is the need for training of school nurses. As a newer school nurse, I received very little training and orientation from my school district. Thankfully I had hospital experience and knew how to screen for visual acuity. I still had to look online to find the proper procedure for doing mass screenings in order to properly train the parent volunteers. I am confident that I will not receive any new training for the new mandate of near vision testing. The assumption that school nurses will attend a SNOW conference, which is +\$200, not including the cost of travel, lodging and food for a weekend is presumptuous. The lower cost online or free OSPI online webinar is a good alternative, IF the nurse is able to do this. School districts provide the bare minimum amount of time for me to perform my duties as a nurse. This training will likely be done on my own time and will not be compensated. In my opinion, it is absolutely imperative that OSPI provide clear, concise procedures on how to perform a valid test as soon as possible! Otherwise my time, the student's time and the parent's time is wasted in improper referrals.</p>	<p>No change to Significant Analysis recommended: The Significant Analysis indicates that, “The assumption is that school nurses who were already planning on attending the SNOW conference would use this as an opportunity for training and those who weren’t attending could use OSPI-organized free on-line webinars.” The assumption is not that school nurse will attend the conference solely to receive training on vision screening protocols.</p> <p>In addition, the Board is working with OSPI and vendors to develop Washington State vision screening kits that will contain an AAPOS and NASN developed DVD on screening procedures, and to make training available at other school nurse meetings.</p>
<p>I concur with the current proposed vision screening rules. There are countless different near vision functions that could potentially be screened, and for each function there are many different ways to perform the screening. There has to be a standard starting point, and near visual acuity, with defined tools and procedures, is a good minimum starting point. Quality research in the future may indicate other near vision functions that are important to screen for. The vision screening rules need to include language that does not limit a school from using other tools and tests that go beyond the minimum. These current proposed rules allow for this. We don't want a rule that is too restrictive so that it has to be rewritten every time scientific advances take place. There are noted concerns in other comments about educating nurses and others to properly perform the screenings. I agree that this is very important, not only for the minimum standards, but to keep everyone informed about research findings and best practices regarding the link between near vision and learning. However, I don't think the vision screening rules are the place where the how and what of such necessary education has to be defined. Concerning costs...undetected near vision issues are more costly to individual students and to our educational system in general which has been adequately demonstrated in the background public health analysis behind these proposed rules.</p>	<p>No change to Significant Analysis recommended: No changes requested.</p>