WASHINGTON STATE BOARD OF HEALTH

Working for a safer and healthier Washington since 1889

Washington State Vision Screening Rule Frequently Asked Questions

Screening Practices, Tools, and Results

General Screening Questions

Link to the rule: Chapter 246-760 WAC

1. ***What is an Optotype?***
   An Optotype is the name of the letter, symbol, or number on an eye chart or software program the student is asked to identify when measuring visual acuity.

2. ***What is the difference between an "expert" and a "layperson?"***
   Examples of **"experts"** include school nurses, school principals, licensed ophthalmologists, licensed optometrists, or an individual trained by – and conducting vision screening on behalf of a nationally recognized service organization – that utilizes a test-retest protocol for vision screening (i.e., Lions Clubs). Examples of a **"layperson"** include trained parents, students, retired nurses, nursing students, community volunteers, and school staff.

3. ***Can a "layperson" who conducts an initial screening with a permitted instrument-based vision screening device conduct a rescreen and/or refer a student for a comprehensive exam?***
   No. A "layperson" is not permitted to refer students for comprehensive eye exams or conduct a rescreening.

   If a **"layperson"** conducted the initial screening with an instrument-based vision screening device, the school nurse, the school principal, or his or her designee must rescreen the student before referring him or her for a comprehensive eye exam. The school nurse, principal, or his or her designee can rescreen the student using either an optotype-based tool or an instrument-based vision screening device. However, if the instrument-based vision screening device does not generate a result for the student, they must rescreen the student using a permitted optotype-based tool. ***(Layperson screening guidance demonstrated in infographic)*.**

   If an **"expert"** conducted the initial screening with an instrument-based vision screening device, and the results indicated that the student should be referred, the expert will not need to rescreen the student before referring. At the discretion of the school nurse, the school principal, or his or her designee, the "expert" can either refer the student for a comprehensive eye exam based on the initial screening, or conduct a second screening before referring the student for a comprehensive eye exam. ***(Expert screening guidance demonstrated in infographic)*.**

Tip: Rescreening is dependent upon the credentials of the screener, not the tools utilized for screening.

Note: Schools using an instrument-based vision screening device will need to purchase or borrow permitted optotype-based tools. If the instrument-based vision screening device does not generate a result for any student or generates an error, such as "pupils too small," the school must be able to screen the student with a permitted optotype-based tool.

4. ***Can a "layperson" who conducts an initial screening with a permitted optotype-based tool conduct a rescreen and/or refer a student for a comprehensive eye exam?***

No. A **"layperson"** is not permitted to refer students for comprehensive eye exams or to conduct a rescreening. The school nurse, or the school principal or his or her designee is required to perform the rescreening before referring the student for a comprehensive exam. ***(Layperson screening guidance demonstrated in infographic).***

Tip: Rescreening is dependent upon the credentials of the screener, not the tools utilized for screening.

Note: If an **"expert"** performed the initial screen with a permitted optotype-based tool, and the results indicate the student needs to be referred, the expert is not required to rescreen before the school refers student. *(Expert screening guidance demonstrated in infographic)*

5. ***What are some examples of permitted optotype-based tools that meet the state criteria for near and distance screenings?***

The permitted optotype charts are outlined in the table below. For examples of allowable tools see the guidance: *Required and Alternative Vision Screening Tools for Washington State Schools*, created by the Washington State School Nurse Corps.

Purpose of Screening	Grade	Screening Tools	Rescreening and Referral Criteria
Distance Vision	Kindergarten	• LEA vision test: Single LEA SYMBOLS® (at 5 feet); or • HOTV letter	Visual acuity worse than **20/40** in either eye
Distance Vision	Grade one	• LEA vision test: Single LEA SYMBOLS® (at 5 feet); or • HOTV letter	Visual acuity worse than **20/32** in either eye
Distance Vision	Grades two and above	• LEA vision test: LEA SYMBOLS®; or • LEA vision test: LEA NUMBERS®; or • HOTV letters; or • Sloan Letters	Visual acuity worse than **20/32** in either eye
Near Vision Acuity	Kindergarten	• LEA vision test: LEA SYMBOLS® near vision; or • HOTV letters; or • Sloan Letters**	Visual acuity worse than **20/40** in either eye*
Near Vision Acuity	Grade one and above	• LEA vision test: LEA SYMBOLS® near vision; or • HOTV letters; or • Sloan Letters	Visual acuity worse than **20/32** in either eye*

*See *Q14: Should near vision screening be done monocularly (one eye at a time) or binocularly (with both eyes uncovered)?*

**See *Q13: Can LEA SYMBOLS® for near vision be used to screen all ages of students?*

6. ***Can instrument-based refractive error results be converted to visual acuity values?***

   No. Instrument-based screenings and optotype-based screenings measure different aspects of vision. A student could require a referral with an instrument, but could pass vision screening if the estimated refractive error were converted to a visual acuity value, and the student would miss an opportunity for a comprehensive eye exam.

7. ***Do instrument-based vision screening devices screen for visual acuity?***

   Instrument-based vision screening devices do not screen for visual acuity. Most instruments identify risk factors for amblyopia or reduced vision, including estimates of hyperopia (farsightedness), estimates of myopia (nearsightedness), estimates of astigmatism, estimates of anisometropia (difference of refraction between the eyes), eye misalignment, and anisocoria (unequal pupil size).

   Tip: Instrument-based vision screening devices must be capable of identifying risk factors for reduced vision, including hyperopia (farsightedness) and myopia (nearsightedness) to comply with the rule.

8. ***Are there specific requirements for recording and reporting acuity?*** No. The rule does not specify how a school must record screening results. A school can choose to record the visual acuity value (i.e., 20/40 right eye, 20/50 left eye) when conducting threshold screening, or simply record "pass" or "refer" in the student's health record. If instrument-based vision screening devices are used, "pass" or "refer" would be recorded in the student's health record. If critical line optotype-based screening is used, "pass" or "refer" would be recorded in the student's health record. See next question regarding critical line vs. threshold screening differences. The school must retain individual screening results, and referrals, in each student's health record.

9. ***What are the differences between "threshold screening" and "critical line screening"?***

   Threshold screening is when you begin at the top of a chart and move downward until you get to a line where the child misses the majority of the optotypes with each eye individually. Critical line screening is when you use only the line the student would need to be able to identify based on the student's age/grade level. A threshold screening would result in a 20/XX number for each eye individually. A critical line screening would result in a "pass" or "refer." To pass, the child must correctly identify the majority of optotypes on the age line with each eye individually.

   Note: For example, for a first grade student you would use a distance vision critical line of 20/32 and if the student did not pass that line with each eye individually, you would refer the student without recording a 20/XX number.

10. Are training webinars or videos available for school nurses?

The Washington State School Nurse Corps Administrators are participating in a National Prevent Blindness train-the-trainer certification course, which will allow them to provide trainings in their regions. For additional information on training in your region, contact your Nurse Administrator: http://www.k12.wa.us/HealthServices/SchoolNurse.aspx

11. Do vision screenings need to be performed annually?

Yes. A school must conduct vision screening annually for students in kindergarten and grades one, two, three, five, and seven.

Tip: A school must also screen any student showing symptoms of any possible loss of visual acuity or any student referred for a school screening by a parent, guardian, school staff member, or via self-report.

12. Can we utilize Lions Club mobile vision screening services?

An individual trained by and conducting vision screening on behalf of a nationally recognized service organization that utilizes a test-retest protocol for vision screening, such as the Lions Clubs, and using the screening tools permitted under the rule (charts or instrument-based tools) is permitted to perform school-based vision screenings.

Tip: If an outside organization, such as a Lions Club, conducts the vision screening, the school remains responsible for referral.

13. Can LEA SYMBOLS® for near vision be used to screen all ages of students?

The rule allows LEA SYMBOLS® to be used to screen students of all ages for near vision; however, it is best practice to use LEA SYMBOLS® for students who do **not** know their letters and to use Sloan Letters for students who do know their letters.

Tip: Typically, utilization of Sloan Letters would begin at age 7 years.

14. Should near vision screening be done monocularly (one eye at a time) or binocularly (with both eyes uncovered)?

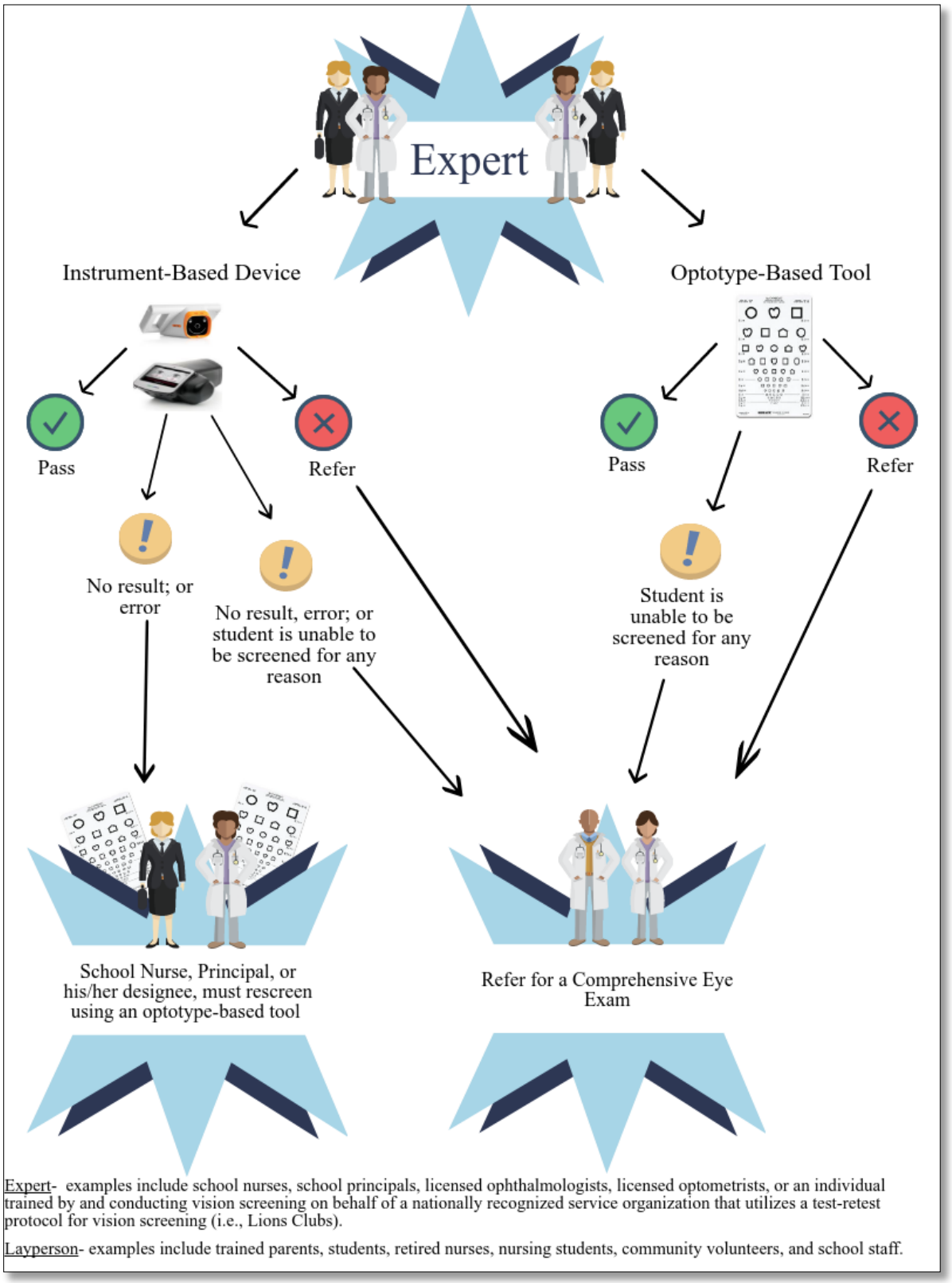
The rule requires a school to conduct the screening according to the tool's instructions and screening protocol consistent with guidance from the American Association for Pediatric Ophthalmology and Strabismus *(*AAPOS) and the National Association of School Nurses. As of June 2017 neither organization has issued guidance around near visual acuity screening. Therefore, the rule allows near vision screening to be done monocularly or binocularly. National experts associated with the National Center for Children's Vision and Eye Health at Prevent Blindness (NCCVEH) have indicated that screening near vision using the critical line to match the child's age can be done either monocularly (one eye at a time) or binocularly (with both eyes uncovered).

Note: Guidance from AAPOS and NCCVEH recommend that distance vision screening be done monocularly (one eye at a time), so distance vision should be screened in each eye with the second eye covered.

15. ***Can an iPad be used in place of an instrument-based vision screening device or an optotype-based tool?***

Some iPad applications may meet the requirements of the rule. Please direct iPad usage and compliance questions to the Washington State Board of Health at WSBOH@sboh.wa.gov.

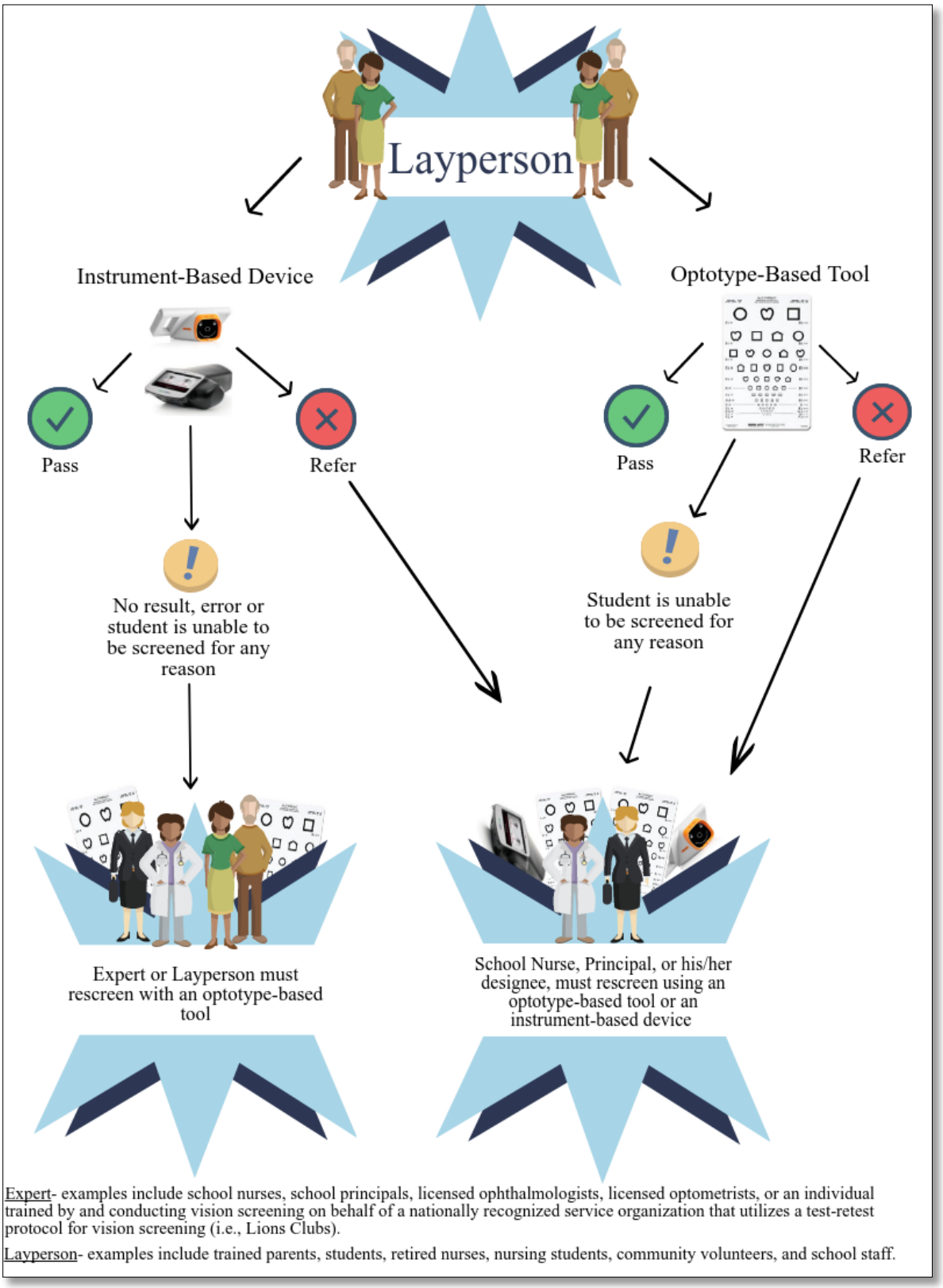
Washington State School Vision Screening Rescreening & Referral Procedures



Expert- examples include school nurses, school principals, licensed ophthalmologists, licensed optometrists, or an individual trained by and conducting vision screening on behalf of a nationally recognized service organization that utilizes a test-retest protocol for vision screening (i.e., Lions Clubs).

Layperson- examples include trained parents, students, retired nurses, nursing students, community volunteers, and school staff.

Washington State School Vision Screening Rescreening & Referral Procedures



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