TITLE 173 CONTROL OF COMMUNICABLE DISEASE

CHAPTER 7 SCHOOL HEALTH SCREENING, PHYSICAL EXAMINATION, AND VISUAL EVALUATION

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ATTACHMENT 1: DHHS Minimum Required School Health Screenings
ATTACHMENTS: Competencies for Required School Health Screenings
2A: Hearing Screening
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7-001 Scope and Authority

7-001.01 Statutory Authority. This chapter is adopted pursuant to Neb. Rev. Stat. §§ 79-214, and 79-220, and 79-248 to 79-253.

7-001.02 Scope. These regulations apply to every public school district in Nebraska and students under their jurisdiction. This includes children aged 3-5 years enrolled in early childhood education or early childhood special education programs as defined in Title 92 Nebraska Administrative Code, Chapters 11 and Chapter 51 respectively. These regulations become operative July 1, 2014.

7-001.03 Role of School Boards. Neb. Rev. Stat. §79-251 states the boards of education and school boards of the school districts of the state shall enforce the provisions of Neb. Rev. Stat. §§79-248 to 79-253.

Neb. Rev. Stat. § 79-252 states that school district boards of education or school boards may employ licensed physicians to conduct screening in lieu of conducting screening.

Neb. Rev. Stat. § 79-214 states that the school board of any school district shall require evidence of a physical examination and visual evaluation for those students in applicable grades.

7-001.04 Role of the Department of Health and Human Services (DHHS)

7-001.04A Neb. Rev. Stat. § 79-248 identifies the prescriptive role of the Department of Health and Human Services in identifying conditions for which to screen the school-aged population. Neb. Rev. Stat. § 79-249 provides the statutory authority to the Department of Health and Human Services to promulgate these rules and regulations. DHHS is to prescribe the schedule for minimum required school health screenings, which shall be based on current medical and public health practice, and to define the qualifications of the person or persons authorized to conduct required screenings.

7-001.04B Pursuant to Neb. Rev. Stat. § 79-249, the School Health Program in the DHHS Division of Public Health provides the School Health Guidelines for Nebraska Schools; makes available useful materials to assist schools to implement school health screening programs; and makes available methods for gathering, analyzing, and utilizing data obtained that do not violate any privacy laws.

7-001.05 Purpose of Screening: The purpose of screening is to identify those students needing further evaluation or assistance in the areas screened. A health screening or health inspection is not diagnostic.

7-001.06 Role of Schools: The role of the school in these regulations is to make available required health screening services and carry out compliance activities as described. It is not the role of the school to be a medical provider. Parents/guardians are to be notified of the screening result if the student is found to need further evaluation, as determined by a qualified screener and comparison of individual data with an objective standard. The cost of such evaluation shall be borne by the parent or guardian of the student.

7-002 Definitions

Health Inspection: Neb. Rev. Stat. §§ 79-248 through 79-253 refer to health inspections conducted at school. For the purposes of these regulations, the term "health screening" shall be used synonymously and interchangeably with the phrase "health inspection."

Health Screening: Collection of individual-level basic subjective and objective data from observations and interviews. The task includes the recording and reporting of the collected data.

Health screening *does* include: inspection, accurate measurement, and comparison of individual measurement with an objective standard in order to identify the individual student whose parent is to be notified of the need for further evaluation.

Health screening does *not* include: assessment, judgment based on the knowledge base of a regulated health profession, diagnosis, evaluation, examination, investigation, interpretation, treatment, or management of any health condition.

Health screening is not a regulated act reserved for the licensed health professions.

7-003 Who must be screened

7-003.01 Minimum Required School Health Screening Schedule. The Department prescribes a schedule for screenings based on current medical and public health practice. The schedule is incorporated in these regulations by this reference, as Attachment 1.

7-003.02 Parent refusal. A child is not required to submit to school health screening if his or her parent or guardian provides school authorities with a statement signed by a physician, physician assistant, or an advanced practice registered nurse – nurse practitioner practicing under and in accordance with his or her respective credentialing act or other qualified provider as identified by DHHS in rules and regulations adopted pursuant to Neb. Rev. Stat. § 79-249, and found in § 7-005.01C2 of these regulations, stating that such child has undergone such required screening within the last six months preceding the school's scheduled health screening. A child must submit to any required screening at school for which such a statement is not received.

7-003.03 Children with Special Health Care Needs. The student with special health care needs who cannot be screened by usual methods at school must not be excluded or overlooked by the school health screening program.

7-004 Screenings to be performed

Students in Nebraska schools must be screened periodically for vision, hearing, and dental health. In addition, the Department of Health and Human Services prescribes height and weight measurement, with calculation of body mass index (BMI), for the purpose of monitoring weight/height status at intervals for all students. The DHHS Minimum Required Health Screening schedule is shown in Attachment 1. Attachments 2A through 2E, incorporated herein by reference, contain the Competencies for each required screening. Additional resources on school health screening topics are available from the DHHS School Health Program.

Distance vision screening shall be accomplished by measuring a child's vision in each eye separately, using a chart viewed at 20 ft., or equivalent. Near vision screening shall be accomplished by using a chart viewed at 20 ft., both eyes together, using 2+ diopter lenses, or equivalent.

Hearing screening shall be accomplished by measuring a child's response to audible tones delivered at 20 decibels, to each ear separately, at 1000 Hz, 2000 Hz, and 4000 Hz.

Dental screening shall be accomplished by inspecting the inner and outer visible surfaces of the teeth for unexplained absence of teeth, erosion or deterioration, or severe discoloration, of the surfaces of the teeth.

Weight/Height Status screening shall be accomplished by the measurement of height and weight, calculation of body mass index (BMI), and assignment of percentile ranking utilizing age- and gender-specific charts.

7-005 Qualifications of persons authorized to screen

7-005.01 The qualified screener is carrying out the required screening activity, the qualified screener is a person who follows the competencies for accurate, reliable measurement as described in 7-004 and found in Attachments 2A through 2E, **and** who meets **one** of the following descriptions (7-005.02 through 7-005.04):

7-005.01A The screener has been determined competent to perform the screening method by a licensed health care professional within the previous three years. Documentation in writing of such competency determination shall include:

7-005.01A1 The name of the individual who successfully completed the competency determination and the date the determination was conducted;

7-005.01A2 The type of screening with type(s) of equipment used in the competency determination for the respective screenings; and

7-005.01A3 The name and license number of the licensed health professional conducting the competency assessment; OR

7-005.01B The screener will receive direct supervision from a licensed health care professional while screening; OR

7-005.01C Screening is conducted by a licensed health care professional, as follows:

7.005.01C1 A Nebraska-credentialed health care professional registered nurse, licensed practical nurse, advanced practice registered nurse-nurse practitioner, physician assistant, or physician, are authorized to perform health screening at school.

7.005.01C2 Other licensed health professionals authorized to conduct specific screenings in addition to health professionals identified in 7-005.01 are:

Hearing: Audiologists and speech language pathologists.

Vision: Optometrists.

Dental Health: Dentists and dental hygienists.

7-005.02 Record of persons qualified to screen
The school must keep on file for a minimum of three (3) years the name, profession, license number, or written verification of competency in the screening method, for each screener permitted by the school to perform health screening.

7-006 Notification of parents/guardians of screening results.

Parents/guardians are to be notified in writing of findings in the school health screening indicating a need for further evaluation, and necessity of professional attendance for the child, in accordance with Neb. Rev. Stat. § 79-248.

7-007 Time table for performing screening.

7007.01 Annual screening. During each school year the school district must provide a health screening program for children in attendance as outlined in Attachment 1.

7007.02 Screening for new enrollees. As children enter school during the year, health screening must be confirmed upon their entrance to school. If prior screening results corresponding to the schedule in Attachment 1 are not available, the student must be screened as identified in the minimum required schedule.

7-008 Enforcement/penalties

7-008.01 The boards of education and school boards of the school districts of the state are responsible under Neb. Rev. Stat. § 79-248 for enforcement of the provisions of the school health screening statutes and these regulations.

7-008.02 Any person violating any of the provisions of Neb. Rev. Stat. §§ 79-248 to 79-252 is guilty of a Class V misdemeanor, as provided in Neb. Rev. Stat. § 79-253.

7-009 Physical examination and visual evaluation requirements for school entry
In accordance with Neb. Rev. Stat. § 79-214, the school board of any school district, before admitting a child, shall require evidence of the following:

7-009.01 Physical examination required
Physical examination by a physician, physician assistant, or advanced practice registered nurse – nurse practitioner within the six months prior to the entrance of a child into the beginner grade and the seventh grade, or in the case of a transfer from out of state, to any other grade of the local school, is required. Either a completed, signed, and dated physical exam report, or a printed or typewritten form signed by a qualified examiner indicating that a physical examination was administered on a specific date within the previous six-month period on a specifically named individual, provided to the school by the parent/guardian, constitutes sufficient evidence of compliance.

7-009.02 Visual evaluation required
Visual evaluation by a physician, a physician assistant, an advanced practice registered nurse – nurse practitioner, or an optometrist within six months prior to the entrance of a child into the beginner grade or, in the case of transfer from out of state, to any other grade of the local school, is required. The visual evaluation must consist of testing for amblyopia, strabismus, and internal and external eye health, with testing sufficient to determine visual acuity. The visual evaluation report inclusive at a minimum of the specific tests named above, signed and dated by the qualified examiner, provided to the school by the parent/guardian constitutes sufficient evidence of compliance.

7-009.03 Notification of right to refuse physical examination or visual evaluation by written statement of objection
At the time a parent/guardian is notified of the requirements for physical examination and visual evaluation for school entry, that parent/guardian must also be notified of his or her right to submit a written statement refusing such examination or evaluation.

7-009.04 Parent/guardian objection to physical examination or visual evaluation.
No such physical examination or visual evaluation as described in 7-009.01 and 7-009.02 is required of the student whose parent/guardian submits a written statement of objection to the school.

ATTACHMENT 1: DHHS MINIMUM REQUIRED ANNUAL SCHOOL HEALTH SCREENINGS

SCREENING by Grade or Age Level *For procedural guidelines and competencies for each screening, see DHHS School Health Guidelines for Nebraska Schools.*	**Age 3-5 yrs**	**K**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
HEARING: pure tone audiometry	**annually**	**X**	**X**	**X**	**X**	**X**			**X**			**X**		
VISION: distance	**annually**	**X**	**X**	**X**	**X**	**X**			**X**			**X**		
VISION: hyperopia (near vision)			**X**		**X**									
DENTAL: inspection of teeth	**annually**	**X**	**X**	**X**	**X**	**X**			**X**			**X**		
WEIGHT/HEIGHT STATUS: body mass index percentile	**annually**	**X**	**X**	**X**	**X**	**X**			**X**			**X**		
Physical Examination *By physician, physician assistant, or advanced practice registered nurse*		**X**							**X**					
Visual Evaluation *By physician, physician assistant, advanced practice registered nurse, or optometrist.*		**X**												

Additional Indications for Screening:

1. New to district at any time, with no previous screening results available.
2. Student enters the Student Assistance Process, with no recent or current screening results available.
3. Periodic screenings as specified by the student's Individualized Education Plan (IEP)
4. Nurse concern, i.e. sudden wt. loss/gain, change in stature or appearance; parent or teacher concern; audiologist referral.
5. Unremediated concerns from previous year.

Notes:

1. The student with known hearing or vision deficits may not need periodic screenings for these conditions. This will be determined on an individual basis by the child's Individualized Education Plan (IEP) and/or school personnel following the student.
2. Screening results may be taken from physical examination, visual evaluation, or dental examination reports if equivalent screening results are available and documented.
3. If parent/guardian wishes to refuse school health screening, parents/guardian must submit written statement(s) from a qualified examiner that the child has received the minimum required screenings within the previous six months, or the child will be screened at school.
4. Parents/guardians may waive physical examination and visual evaluation requirements by submission of written statement of objection to the school.

ATTACHMENT 2A: HEARING SCREENING COMPETENCIES

HEARING SCREENING (PURETONE AUDIOMETRY) COMPETENCIES
Essential Steps for Accurate Measurement

COMPETENCY	KEY POINTS
1. Assess environment for ambient background noise that will disrupt screening.	*Conduct screening in an environment with minimal visual and auditory distractions. Ambient noise levels must be sufficiently low to allow for accurate screening.* *For screening environments, ambient noise levels should not exceed 49.5 dB at 1000 Hz, 54.5 dB at 2000 Hz, and 62 dB at 4000 Hz when measured using a sound level meter with octave-band filters centered on the screening frequencies. These levels are derived from consideration of ANSI (1991) standards for pure-tone threshold testing, and are adjusted for the 20 dB screening level.*
2. Assemble equipment in desired location.	*The audiometer should be on for five minutes (minimum) prior to use. A table and two chairs are required. The student should be positioned to face away from the machine, within view of the screener. The student should not be able to see the examiner's hands or movements.*
3. Check the audiometer: ✓ Check cords, cushions, and headbands for excessive wearing or cracking. ✓ Check dials and switches for alignment and ease of movement. ✓ Listen for the tone through each earphone. ✓ With the audiometer set for continuous tone, slide the entire length of the cords between the thumb and index finger noting any change in output signal. ✓ Gently shake the cords. There should be no static, hum, or interruption of the signal. ✓ Make sure when tone is directed to one earphone, no sound is heard from the other earphone. ✓ Make sure a steady tone is present at all frequencies. With the tone switch in "normal-off" position, press the interrupter switch several times to make sure the tone is present each time. ✓ Listen to the frequencies at 20 dB to make sure the tones are audible to the screener with normal hearing.	*The audiometer should always be stored with the cords loosely bundled into the box. Wrapping the cords around the head phones damages the wires and will affect the instrument.* *The audiometer should be professionally serviced and calibrated on an annual basis (minimum).*
4. Give simple but complete instructions to the student: "Listen very carefully. You will hear one tone at a time, sometimes very soft and sometimes louder. When you hear a sound, raise your hand so I can see you have heard that sound, then put your head down and wait for the next sound."	*While many students are "trained" to do so, it is not necessary (or significant) for the validity of the screening that the student raises only the hand on the side he or she hears the sound. For the purposes of screening, the student and the screener agree on the reliable signal the student will make indicating he or she has heard a sound.*
4. Place earphones comfortably and securely on the student's head: red earphone on the right, blue on the left. The center of the ear	*Push hair behind ears. Make sure headbands or other hair decorations, eyeglasses, and/or earrings are not interfering with the correct placement of the earphones.*

pad should be centered over the opening of the ear.	***Head Lice Precautions*** *Use of the audiometer for one student after another may provide a mechanism for physical transport of head lice between students. In school settings where head lice are known to be a concern, the school nurse may consider conducting school wide head checks prior to the screening activity, conducting head checks concurrently with the screening, using a shower cap barrier for each child, and/or having supplies to physically clean (with damp cloth and disinfectant) head phones between children*.
5. Offer a test sound of 40 dB at 4000 Hz to confirm the student demonstrates understanding of the instructions.	*Set the tone switch in the "normal-off" position so the tone will sound only when the screener presses the interrupter switch.*
6. Proceed with offering screening tones as follows each delivered separately to the right and left, all at 20 dB, for 2 seconds' duration (say, "hearing test" to yourself). Vary time intervals and sequence between tones. Each tone may be offered up to three times to determine response. Testing frequencies are: 1000 Hz, 2000Hz, 4000 Hz. Pass if the child's responses are judged to be clinically reliable at least 2 out of 3 times at the criterion decibel level at each frequency in each ear.	*Work quickly, offer praise. Children with hearing problems may "Pass" due to anticipating patterning by the screener.* *It is not necessary to continue screening in order to determine the decibel level at which the student does indicate hearing the sound ("threshold screening".)* *It is sufficient for the purposes of screening to identify whether the student does or does not indicate hearing at desired frequencies at 20 dB.*
7. Record results.	*The screening procedure identifies the child apparently not hearing the given frequencies at 20 decibels*. *Record results by identifying for the Right and Left sides the results for each frequency at 20dB: P (pass) or NP (not passed).* *For example:* *R: 1000/P L: 1000/P* *R: 2000/P L: 2000/NP* *R: 4000/NP L: 4000/P*
8. Identify the student who should be rescreened, if available, and/or parent notified.	*The student who misses any of the frequency tones at 20dB should be rescreened and, if missed tone or tones persist, referred for further evaluation by physician or audiologist.* *Rescreening should be performed 2-4 weeks following the initial screen. The rescreening validates the initial finding and also allows resolution of transient congestion or inflammation which might temporarily affect hearing – while not allowing excessive delay before further evaluation if indicated.* *Referrals may be made either to a community medical provider or community audiologist of the parent/guardian's preference, or to the district audiologist. Post treatment screening is indicated to obtain the final outcome of the screening process.*

ATTACHMENT 2B: DISTANT VISION SCREENING COMPETENCIES

VISION SCREENING COMPETENCIES: DISTANT VISION
Essential Steps for Accurate Measurement

COMPETENCY	KEY POINTS AND PRECAUTIONS
1. Assemble required equipment and supplies. Prepare screening environment. Measure a distance of 20 ft. or 10 ft. from the chart to the location where students will stand for screening. (The correct distance is determined from information on the screening chart.) Mark the distance clearly. The screening area should be quiet and free from distraction. The chart should be fully illuminated, either with backlighting or in a fully lit room. No glare should fall on the chart. If the wall used the hang the chart is crowded with stimuli, create white space around the chart (flip chart paper) to reduce visual distraction.	*Chart should be placed at height so passing line is at child's line of sight.* *For younger children, it may be helpful to have a second screener next to the child, in order to better observe and to hear the child's spoken identification of the symbol.* *For all children, screeners must be positioned in such a way as to view the child's face throughout the screening in order to detect unusual positioning or squinting, or attempts to use both eyes to see.* *If using Titmus, Optec, or Keystone telebinocular or other technologies: obtain equivalent screening results, expressed in acuity measure at 20 ft. for each eye separately. Note: Some types of screening equipment may not be recommended for all ages. Follow manufacturer directions closely for accurate measurements.*
2. Students place their heels on the mark.	*Students who have been prescribed glasses or contacts should wear them during screening. A notation that corrective lenses were worn should be included in documentation of the screening result.* *Glasses should be inspected and cleaned if necessary prior to the screening. Notification of parent of need for further evaluation is indicated if the fit of the glasses is inadequate or they are in need of repair.*
3. Prescreen: before screening, confirm the child can reliably identify symbols presented. The primary screener stands at the chart and begins prescreening by pointing to the largest symbols at the top of the chart and asking the child to identify each. .	*The older child very familiar with screening practices may need little preparation for screening.* *Prescreen with both eyes uncovered* *A student's confidence may be encouraged by interacting with and receiving praise from the screener.* *The student can use any name for a symbol as long as it's used consistently.* *Very young children: screen in a setting with minimum distractions. Use handheld response cards if available to allow the child to point to the matching symbol.*
4. For screening, have the student cover the left eye first. Repeat with the right eye covered.	*Suggestion for occluders: child's hand, palm cupped over eye (avoid pressure on eye).* *Consistency in this technique helps assure accuracy in*

	recording right eye results first, followed by left eye results. *Varying the order of letter or symbol presentation may help identify the child who has memorized (but may not actually see) a line.*
5.Start the screening. For the young child, start the screening at the 20/80 line or above, pointing directly under the symbol, using a vertical pointer, without obstructing the symbol. Proceed pointing to symbols randomly as you work down the chart until reaching the passing line (one symbol per line). (i.e. 20/30 for ages 6+). For the older student, who needs little preparation for screening, consider starting at three lines above passing for age (20/60).	*For a young child, starting at the top of the chart and moving down may help the child accommodate and focus their vision for screening.* *Observe the eye is covered. Observe and note whether the child is squinting.* *To pass a line, the child must correctly identify at least one more than half the symbols on that line.* *If the child struggles or hesitates, go to a larger line. If the child passes the larger line, offer the next smaller line again.* *Move steadily at the child's pace. For some children, vision screening is a challenging exercise of manual dexterity and/or letter comprehension. Offer encouragement and praise as the screening progresses.* *Proceed with screening to the smallest line the child can pass (referred to as screening to threshold).*
6. Record results	*Results are expressed as a fraction, with the numerator representing the distance of screening (20 ft., or 10 ft. expressed as 20 ft. equivalents using the measures found on the chart). The denominator is the smallest-sized line the student successfully passed by correctly reading one more than half of the symbols for that line.* *Notations should be made if the student is screened wearing glasses or contact lenses.* *Parents should be notified of need for further evaluation if screener observes behaviors or signs indicating vision concern, for example persistent squinting; head-tilt or other positioning trying to see the vision chart; unusual appearance of the eyes.*
7. Carry out rescreen and notification procedures per local school practice/policy.	*Students who do not pass the initial screening should be rescreened within 2-4 weeks to verify results.* *Parents of students aged 3-5 years and in kindergarten are notified of need for further evaluation when screening result in either eye is 20/50 or worse.* *Parents of students in all other grades are notified of need for further evaluation when screening result in either eye is 20/40 or worse.* *Parents of students in all grades are notified of need for further evaluation when screening results show a two line difference between the passing acuity of each eye.*

ATTACHMENT 2C: NEAR VISION SCREENING COMPETENCIES

VISION SCREENING COMPETENCIES: NEAR VISION
Essential Steps for Accurate Measurement

COMPETENCY	KEY POINTS AND PRECAUTIONS
1. Assemble required equipment and supplies. In addition to eye chart and accurate floor distance measurement, as required for distant vision screening, this screening also requires the use of +2.50 diopter lenses, suitable for the student holding in front of their eyes to view the vision chart.	*Hyperopia screening can be conducted smoothly and efficiently as a final step in distant vision assessment, taking very little additional time and preparation.*
2. After the child completes distant vision screening, instruct him or her to remain in place, heels on the line of measurement from the chart, and briefly close and rest the eyes. The child is instructed (or provided demonstration) of holding up the diopter lenses in front of the eyes as one would hold opera glasses. Correct recognition of more than half the letters, pictures or symbols on the 20/30 line, viewed through the diopter lenses, constitutes a "**non-passing"** result.	*Screening under poor lighting will affect screening results.* *Monocular testing for distant vision may fatigue the eyes, so many students benefit from briefly closing both eyes.* *Some nurses find it helpful, on noticing that a child is struggling or straining to read letters on the chart, to simply ask the question: "Are the letters clear or are they blurry?" (Students who pass the test often comment that the letters are blurry.)* *If the student wears glasses, the glasses remain on for near vision screening and the diopter lenses are held in front of the student's own glasses.* *The inability to read the 20/30 line is considered **passing** and the child likely has no treatable hyperopia.*
3. Record results	*A child who can successfully read through the diopter lenses **does NOT pass** the screening.* *Rescreening should be conducted in 2-4 weeks to verify results prior to referral.*
4. Carry out rescreen and notification procedures per local school practice/policy	*Parents should be notified of need for further evaluation by a vision professional if rescreening results in non-passing outcome.*

ATTACHMENT 2D: DENTAL SCREENING COMPETENCIES

DENTAL SCREENING COMPETENCIES
Essential Steps for Accurate Measurement

COMPETENCY	KEY POINTS
1. Plan for a smooth flowing screening activity: Notify families of dental screening day. Plan logistics of student flow.	*Coordinate scheduling of dental screening with building administrators and teachers. If efficiently organized for traffic flow, each inspection will take one minute or less.* *If available, for infection control purposes, team each screener with a person to record results of inspection for each student.* *Try to avoid screening immediately after a meal or snack. If necessary offer sugar free gum to help remove food particles before screening.*
2. Assemble necessary supplies and equipment: • Good light source (flashlight or goose-necked lamp) • Gloves • Single-use disposable tongue blades (optional), • Trash can with liner, • Alcohol-based sanitizer. • Student roster, pen, and writing surface for each recorder at each station; or alternative method for recording results.	*A good light source is essential: An LED light source is preferred!* *Tongue blades are used to move tongue or cheek as needed to see teeth; discard after each student, and used at the discretion of the screener.*
3. Glove, or prepare for "no-touch" screening.	*Gloves are not required unless contact is to be made with student's skin, lips, teeth, or saliva. Most dental inspections will not necessitate physical contact.* *Change gloves as needed between students or after coming into contact with anything that has touched skin, lips, teeth, or saliva.* *Masks are optional at the discretion of the screener.* *Hand sanitizer or hand washing between students is strongly recommended if contact occurs, and/or between glove changes.* *Prepare for proper disposal of all contaminated materials.*
4. The examiner positions him or herself in a comfortable face-to-face position with the child. The child bares teeth for inspection of outer surfaces. Have the child open mouth as wide as possible for inspection of chewing and inner surfaces of teeth. Child lifts and moves tongue so screener can see inner, outer, and top surfaces of all teeth, or screener may use tongue blade to gently maneuver tongue.	*Look for gross, obvious problems in this brief visual inspection.* *See color plate examples of significant findings for comparison.*

Utilizing light source, observe teeth for irregularities: • areas where teeth are eroded or not the usual shape, • unusually-colored teeth: severe discoloration	
5. Record results. Assign student to one of the following categories: 0 = no obvious irregularities of the teeth 1 = observable irregularities with the teeth in one or two areas. Parents are notified of need for further dental care. 2 = observable irregularities with the teeth in three or more areas. Parents notified of need for further dental care.	*Indicate location of areas of concern by quadrant (upper right, lower right, upper left, lower left) – oriented to the student's right and left sides.* *Incidental observations about the gums or oral mucosa are noted and reported to the school nurse or communicated to parents at the screeners' discretion.* *Note date, and name of qualified screener.*
6. Carry out rescreen and notification procedures per local school practice/policy.	*Parents are notified of the need for further evaluation for "1" and "2" results.* *In the case of urgent notifications to parents (three or more areas of severe changes to the teeth, complaints of pain, swelling, drainage) parent should be notified on the day of screening or as soon as possible thereafter.*

ATTACHMENT 2E: WEIGHT/HEIGHT STATUS SCREENING COMPETENCIES

WEIGHT/HEIGHT STATUS SCREENING COMPETENCIES: Body Mass Index Essential Steps for accurate measurement.

COMPETENCY	KEY POINTS AND PRECAUTIONS
1. Assure students' privacy needs are met.	*A cubicle or stall-style approach to provide visual privacy is suggested. Making a line for students to stand behind while waiting helps reduce crowding and teasing around the scale Avoid statements about a student's weight that others will be able to hear.*
2. Assemble equipment and prepare environment for measurements.	
3. Assure scale balances correctly at "0" pounds, or scale shows "0" when empty.	
4. Stadiometer is correctly placed with "0" at floor level	
5. Students remove shoes and heavy outer clothing prior to measurement.	*Excessive shoes and excessive clothing will affect accuracy of measurement.* *When BMI is calculated, height is used in the denominator. Errors in measurement can have a larger effect on accuracy than expected.*
6. For weight measurement, student stands in center of weighing platform, bearing full weight equally on both feet, no shoes.	
7. Measure weight in pounds to nearest quarter pound (0.25).	
8. For height measurement, student stands straight and looking straight ahead with back touching stadiometer surface.	*Measurement surface touching student's head should be at least 3" wide. Press down sufficiently to flatten hair on top of head. Have student look straight ahead, ears in (horizontal) line with nose.*
9. Immediately recheck height. If second measure is not within ¼" (.25 ") of first measure, recheck a third time.	*Accurately measure height in inches to nearest ¼ (0.25)".*
10. Record results.	*BMI is calculated from height and weight measurements, gender, birth date and date of measurement.The CDC group BMI calculator is found at www.cdc.gov. Use the search field to locate "BMI group calculator".*
11. Carry out rescreen and notification procedures per local school practice/policy.	*See guidelines for more information. Aggregate information about weight/height status of students may be useful for evaluating School Wellness Policies, or contributing to community-level efforts to promote healthy living.*