QUESTIONS AND ANSWERS FROM THE 2/5/15 Seeing Eye to Eye with New Vision Screening Requirements Webinar hosted by School Health Corporation for California School Nurses. If you do not see your specific question, similar questions were grouped and answered as one question.

Q: Is grade 10 no longer required?

A: California Educational Code (CEC) 49455 has specified that vision screening take place through the 8th grade and has never required vision screening at the 10th grade level. Hearing screening is required by CEC through 10th grade; many school nurses likely made the assumption that vision screening was also required through 10th grade. While a district may certainly choose to continue vision screening through the 10th grade, the CEC mandates that it take place only through the 8th grade.

Q: Dr Kay do you recommend the stereo fly?

A: The National Expert Panel to the National Center for Children's Vision and Eye Health at Prevent Blindness recommends the PASS Test™ 2 (Preschool Assessment of Stereopsis with a Smile 2) when stereoacuity testing is required or desired. This is for children ages 3 to 6 years, but this test can be used with older children.

Q: Thank You Kay, we do follow the new guidelines of not using the E chart. The reason I asked is because Dr. Block's presentation included the "E" chart as a method to screen illiterate students. Could we use it after age 10 then? if we run out of options? or just remove it from screenings altogether.

A: Dr. Block included the Tumbling E only because the 2005 Guidelines included the Tumbling E. You should remove the Tumbling E from your vision screening protocol, unless your new Guidelines mandate that you use Tumbling E.

Q: Please give us a step by step guideline on how to test Near Vision and the tools needed. I'm still confused as to how to do near vision testing. Please advise with specificity. Thank you.

A: If you use an eye chart, use one with a 16-inch cord to ensure the testing distance is maintained because children will attempt to move closer to the chart. Use the chart as you would a distance chart. Occlude the left eye. Begin at the top line and ask the child to identify the first optotype on each line until the child misidentifies the optotype. Move to the higher line and ask the child to identify each optotype on each line until the child misses three. The last line where the child correctly identified the majority of optotypes is the visual acuity measurement for that eye. Repeat the process with the right eye occluded and the right side of the chart, moving from right to left to prevent memorization. Unless

you have a way to hold the chart, such as a music stand, you may need to hold the chart and the cord at the child's temple. You can check with Dave Cranny of School Health for a list of tools.

Q: Do you think these new screenings will be better than a more comprehensive eye exam performed by an eye Dr.?

A: There are many kinds of vision screening done by nurses, lay screeners, and doctors. If the doctor was following the original vision screening recommendations that were made years ago in which the screening included visual acuity, cover test, retinoscopy, internal and external exams, to name a few of the tests - this is almost as comprehensive as a full eye exam – then that would be better. It is however, very costly in both time and money to be able to do that on all children. Just to be clear, a vision screening is designed to identify children who are at risk for a vision problem and does not replace a comprehensive eye exam.

Q: If visual acuity is required, how does the Spot and PlusOptix qualify as valid screeners?

A: Your law that went into effect 1/1/15 states that you can use an eye chart OR a scientifically validated photoscreening test. The National Expert Panel to the National Center for Children's Vision and Eye Health at Prevent Blindness recognizes Plutoptix and Spot as acceptable devices for instrument-based screening children ages 3 to 6 years. Remember, though, instruments do not measure visual acuity; they provide information about amblyopia risk factors, such as refractive error, eye misalignment, and media opacity.

Q: What are the mandated screenings for K students besides Far VA and Near VA?

A: California Education Codes mandate that Kindergarten students are screened for vision, hearing, and oral health. Please know that the Oral Health Mandate is a Tier 3 program, which leaves districts flexibility in implementation.

Q: What method has been recommended to test near and far vision for Special Ed students who are difficult to test.

A: Your 2005 Guidelines suggest doing functional vision testing for children who are difficult to test. The National Expert Panel to the National Center for Children's Vision and Eye Health at Prevent Blindness recommends that some children ages 3 to 6 years, such as those you describe, bypass vision screening and be referred for a comprehensive eye examination.
http://visionsystems.preventblindness.org/screening/children-that-should-by-pass-vision-screening.html

Q: The bill states something like, continuous regular vision/eye health of children. Is there guidelines for teachers to refer to school nurses those students they have concerns about? School nurses cannot continually observe etc. This is quite open ended and broad!

A: The California Department of Education has not released any guidelines that direct teachers to communicate with school nurses regarding concerns with a student's vision. In practice, we know that the teachers regularly do approach school nurses with such concerns and as nurses we can and should encourage this type of communication in order to reach the students that need help.

Q: If a student is tested with the SureSight/PlusOptix/Spot, do you still need to screen near/far visual acuity utilizing a eye chart according to the new Ed Code?

A: California Education Code 49455 does not indicate that both a photoscreening device and an eye chart need to be used when screening vision. If you use an instrument, and you cannot capture a measurement with the instrument, you will want to do a separate screening for visual acuity in order to satisfy the requirements of CED 49455.

Q: There was something mentioned about 5 feet when testing preschoolers, can you please clarify what that was referring to?

A: The National Expert Panel to the National Center for Children's Vision and Eye Health at Prevent Blindness recommends – for children ages 3 to 6 years – a single, crowded (with 4 bars) LEA Symbols or HOTV letters optotype at 5 feet as best practice for screening the vision of this targeted age group. Acceptable practice would be flipbooks with five LEA Symbols or HOTV letters surrounded by a crowding rectangle at 10 feet.

Q: Dr. Block what evidence is there to support that children need to be screened for near vision in school?

A: Currently, there is little evidence as to the benefits to near visual acuity screening. From my clinical perspective, there are many children with near vision problems that are missed when only distance vision is tested. I guess referral can be based on nurse or teacher concerns that there are vision problems but many are not comfortable making the referral on observation alone. In order to do an effective clinical trial would be costly and no one is ready to pay for the study. There are many non-scientific stories though.

Q: For Kay Nottingham, what are acceptable vision occluders? What occluder due you recommend for grade 2? What is the rationale for not using paper cups as occluders in the preschool population? No

cups for Kg.? No hyperopia glasses? Why are occluders (lollypop) not recommended for those under 10 years old? **Why can we not use hand to cover?**

A: No cups, hands, tissues, or lollypop occluders for Kg. No hyperopia glasses because hyperopia glasses are used with plus-lens testing, and this is not a near visual acuity test.

When given responsibility for their own occlusion (holding the occluder), young children will attempt to peek if you are covering their better seeing eye and forcing them to look at the world through a blurry eye. A child could see an entire chart though slits in fingers. A child can just barely move the lollypop or paddle, or cup, and see around the lollypop, paddle, or cup.

For hands and tissues, sometimes a child will cover the eye with the heel of the hand and the screening must wait until the child no longer has blurred vision or sees "stars". This would also apply to putting pressure on the eyeball with a tissue.

For children ages 3 to 6 years, best practice occluders are adhesive patches or 2-inch wide hypoallergenic surgical tape. Acceptable vision occluders for this targeted age group are specially made occluder glasses. This is according to the National Expert Panel to the National Center for Children's Vision and Eye Health at Prevent Blindness.

The American Academy of Pediatric Ophthalmology and Strabismus (AAPOS) recommends adhesive patches as best practice and occluder glasses as acceptable practice until a child reaches age 10. At that point, occluder flip paddles (Mardi Gras mask occluder) can be used. The AAPOS screening kits include occluder flip paddles, but do not speak to "lollypop" occluders.

The 2012 Preferred Practice Pattern® Guidelines from the American Academy of Ophthalmology Pediatric Ophthalmology/Strabismus Panel (http://one.aao.org/preferred-practice-pattern/pediatric-eye-evaluations-ppp--september-2012) recommend adhesive patches or tape as best practice.

Q: What about any iPad apps for acuity testing?

A: The iPad offers many wonderful things that we use in our day-to-day life. Visual acuity testing, however, does not fall into that category as yet. In order to be a good visual acuity test, there needs to be sufficient research that shows that the optotype is exactly what it is measured to be, that the testing of the optotype was done at a specific distance that is posted along with the test, that the individual optotypes follow recommendations including optotypes at a particular level blur equally when below the child's ability to see, and that they are not presented in isolation without appropriate crowding bars. I do like the fact that the contrast on the iPad allows for testing in rooms that are not always optimum. If you use an iPad app, ensure the iPad is arranged for a minimum amount of reflection off the screen.

Q: What is the best practice with regard to the time frame for re-testing?

A: The 2012 Preferred Practice Pattern® Guidelines from the American Academy of Ophthalmology Pediatric Ophthalmology/Strabismus Panel (http://one.aao.org/preferred-practice-pattern/pediatric-eye-evaluations-ppp--september-2012) and recommendations from the National Expert Panel to the National Center for Children's Vision and Eye Health at Prevent Blindness recommend rescreening within 6 months. The NEP also suggests attempting to rescreen the same day, if possible.

Q: What are the referral guidelines? We are using the handheld charts.

A: I am assuming that you are referring to near vision charts that are hand held. Currently, the CA recommendations do not use specific referral guidelines. As such, I would recommend sticking with the ones that are posted for distance charts. The reality is that in elementary school most of the printers use text size that are sufficiently larger than 20/20.

Q: Nurse practitioner is not allowed to do the vision screening?

A: If the parent chooses to have their child's vision tested outside of school, California Education Code 49455 states that a physician and surgeon, physician's assistant, or an optometrist may do the screening in order to fulfill the screening mandate.

Q: Waiver question was sort of answered. Some parents will refuse to turn in anything regardless of religious belief or physician. Just wanted guidance on how to cover our sites legally.

A. California Education Code (CEC) 49455 allows the screening mandate to be waived if a parent so desires by their presenting of a certificate from a physician and surgeon, a physician assistant practicing in compliance with Chapter 76.7 (commencing with Section 3500) of Division 2 of the B&P Code, or an optometrist setting out the results of a determination of the pupil's vision, including visual acuity and color vision. CEC 49451 allows a parent to file a written statement stating that they will not consent to a physical examination of their child, in which case the school would not perform a vision screening on that child. If a parent does not turn in any type of outside examination results or a written request refusing to have their child undergo physical examinations, the child will be screened during the mandated screening process per CEC 49455.

Q: The near visual acuity cards, the 20/20 line is so tiny, is the same pass/fail guidelines for distance and near?

A: Your guidelines for the new near visual acuity mandate are not yet available to definitely answer this question. However, most pass/fail criteria for distance is the same for near. Know that many near visual acuity cards include answer sheets that will help you to see that 20/20 line.

Q: Why do we not point to LEA charts? It is tough to get small children to know what we want them to see.

A: The World Health Organization (2003) states that it is permissible to point line-by-line, but not optotype by optotype. Pointing at an optotype makes the optotype easier to identify and the screener could receive an incorrect visual acuity value. If you need to help young children know which optotype to identify, you can briefly point to the optotype and quickly remove the pointer. If the optotype is in a rectangle box, avoid breaking the box with the pointer.

Q: Of the three photoscreeners, which one is most recommended to give us information about "how" a child is affected by refractive errors.

A: Of the four instruments currently recognized by the National Expert Panel to the National Center for Children's Vision and Eye Health, one is not recommended over another.

Q: Why have we not done near screening in the past? It seems so obvious to do so.

A: The mandated screenings are created via a legislative process, and this is the first time that this issue has been brought to a vote and passed, thereby enacting this mandate into law.

Q: Does the mandate require a visual acuity for left eye, right eye, both eyes; or, pass/fail only?

A: California Code of Regulations describes that failure for the visual acuity test be defined as: visual acuity of 20/50 or worse for children < 6y/o, 20/40 for children > 6y/o, or a difference of visual acuity between the two eyes of two lines or more on the optotype chart. There is no mention of individual eye acuity.

Q: Since the guidelines are not implemented yet, is the near vison testing required at this time?

A: Yes. SB 1172, the law which requires screening for near vision, took effect as of 1/1/15. The implementation of the law was not contingent upon the guidelines being written.

Q: So if tumbling E chart is obsolete than what do you recommend for Kinder and TKs ? The symbol chart? or just go for the alphabet chart?

A: The Sloan Letters test of visual acuity should not be used until children comfortably can identify letters. The National Expert Panel to the National Center for Children's Vision and Eye Health at Prevent Blindness, the American Association for Pediatric Ophthalmology, and the American Academy of Ophthalmology Pediatric Ophthalmology/Strabismus Panel recommend LEA Symbols or HOTV letters for young children, which would be appropriate for your Kinder and TKs.

Q: Is it okay to write functional pass for children under the age of 4 if they are able to complete a snellen puzzle? Is there a standardized Functional Vision Test for CA? Where can it be found? What guidelines are there available for functional vision assessment? Where can they be found?

A: No CA guidelines are available solely for functional vision assessment. The current 2005 Guidelines state: "The procedures and criteria for a determination of vision failure as prescribed by the manufacturer should be followed." Perhaps, the next set of guidelines will address functional vision assessment.

Q: When students are new to California schools in high school, do they still need to be screened at that level (since we are not screening other high schoolers)?

A. No, California Education Code 49455 requires that vision screening take place only through grade 8.

Q: Will these new regulations apply to pre-school programs such as Head Start?

A: CEC 49455 was written to address K-8 grades only.

Q: How is K,2,5, every 3 years?

A: California Education Code (CEC) 49455 language was amended to read "during kindergarten or upon first enrollment or entry in a California school district of a pupil at an elementary school, and in grades 2, 5, and 8, except as provided". The "every three year" specification was in the old version of CEC 49455, and does not appear in the revised CEC that became effective 1/1/15.

Q: Are there any certificate programs to train my LVNs to help provide the vision screenings?

A: California Code of Regulations, Title 5, Division 1, Chapter 2, Subchapter 3, Article 4 indicates who may perform vision screenings in public schools, and LVNs are not included in the list of those who may do so. For those who are permitted to perform vision screening, contact Prevent Blindness Northern California about training and certification. http://northerncalifornia.preventblindness.org/

Q: So near should be checked at one eye at a time then both?

A: If you are testing individual eyes at far and find a difference between the eyes, the likelihood is that it will persist at near. Therefore, you would not need to test them individually. The problem occurs when you are not getting good results at distance.

Q: Can we just have students read some words in 20/40 font 14 inches from the face as a test if under the supervision of an optometrist?

A: CCR Title 5 S594 indicates that a failure at 20/40 means the inability to identify the majority of letters or symbols on the 15-foot line of the chart at a distance of 10 feet. This language does not describe whether or not charts or cards with continuous text is permissible.

Q: I tested a boy yesterday who wore glasses. I assume that he is already under professional vision care. His visual acuity was WNL with glasses on. But failed the stereopsis test with glasses on. Should I refer him?

A: Yes, if he failed the test then he is referred. The parent should be aware that he has still has problems. It may be a reminder for additional follow up. Glasses do not correct all of the problems. If you pass him, the parent may think, incorrectly, that the glasses have corrected all of his problems.

Q: Can the photoscreeners be used for near and far testing?

A: Photoscreeners do not measure visual acuity. Instruments measure amblyopia risk factors, such as abnormal refractive error, eye misalignment, and media opacity, and will report whether a child should be referred for hyperopia or myopia. A test of visual acuity (i.e., eye chart) will provide information about the clarity of vision at a prescribed distance with a particular size optotype. For example, an instrument will tell you if the child has enough farsightedness or nearsightedness, depending on referral criteria settings, for a referral. Visual acuity will tell you if the farsightedness or nearsightedness is causing enough blurred vision to receive a prescription eye glasses at the eye examination.

Q: Will refractive screeners satisfy screening requirements. Will this gives us a number it does not really tell us function - correct?

A: Your new law mandating near visual acuity screening states that you can use an eye chart or a photoscreener. The instrument will provide numbers about refractive error. Photoscreeners will not provide information about functional vision.

Q: This webinar didn't address cover/uncover or other muscle balance or binocularity tests. Are these to be included in vision screening?

A. CEC 49455 requires screening of visual acuity and color vision only. A district may choose to screen for vision problems **in addition** to screening for acuity and color vision.

Q: For Dr. Block, there is opinions out there that using the +2.50 diopter with the 20/30 line at 10 feet distance would qualify as near vision screening. It looks like that is not accurate. Why? Also the illiterate tumbling "E" chart, is referred to as obsolete. Would you please clarify if this refers only to the three on a line chart? or to the crowded "E" one on each line ,as well? and if the latter is appropriate for younger students and illiterate students, still?

A: You have several questions imbedded in your comments:

First – the +2.50 only simulates the optical characteristics of testing at 16 inches. There is more to vision than simply the optics of the visual system. I alluded to the issue of accommodation that is not in play while viewing distance targets.

Second – the tumbling E chart is obsolete primarily for younger children. While conceptually the E follows the International recommendations for optotypes, there is much confusion about space in young children. An error (child pointing left versus right) in directionality may be related to non-visual acuity issues and one of the expectations of a good test is validity – it is supposed to simply test whether the child can see the target clearly. Bottom line - -don't use the tumbling E for anyone.

Q: Do we need to test students who are entering the school at 3rd and 6th grade?

A: A student would need to be screened at 3rd and 6th grade only if this is their first enrollment or entry in a California school district.

Q: Dr. Block: Please clarify if the Nebraska method of screening near vision is acceptable and if not why?

A: More information is needed to answer this question.

Q: Do the regulations also include Charter Schools in Calif.

A: California Education Code section 49455 does not specifically address charter schools, so absent a specific mandate in a charter school's authorizing documents (petition/MOU), it would not be required to comply with this provision. A charter school would need to defer to its petition and MOU to confirm whether the charter has incorporated the vision appraisal (pupil health screenings) or is collecting categorical funding for this program. If a charter school representative is not sure of its obligation, it should check with is school administrator or legal counsel. Although charter schools were not included in the law specifically, they always have the option to elect to perform vision screening.

Q: How do we refer the students that have failed screenings. How do we ensure the children are checked in a timely manner?

A: CEC 49456 requires that a report be made to the parent/guardian, asking them to take action that will correct the defect. If this report is written, the form must be prescribed or approved by the Superintendent of Public Instruction, and shall not include therein any recommendation suggesting of directing the pupil to a designated individual or class of practitioner for the purpose of correcting any defect referred to in the report. There may be a recommendation that the child be taken to a public clinic or public hospital. There is no specific legal guideline/recommendation as to how soon the recheck needs to take place; recommendations from the National Expert Panel (NEP) to the National Center for Children's Vision and Eye Health at Prevent Blindness recommend rescreening within 6 months. The NEP also suggests attempting to rescreen the same day, if possible.

Q: How does a photoscreener meet the near vision acuity state requirement, since it does not test for acuity. Photoscreening give you a pass/fail.

A: You are correct that a photoscreener will not measure visual acuity. The new law mandating near visual acuity screening states that an eye chart OR a scientifically validated photoscreener may be used. Photoscreening will give you a pass/fail, with information about why the fail occurred, which may be an abnormal refractive error.

Q: Do you have any idea when we can expect the guidelines.

A: The California Department of Education has, to date, made no comment regarding their response to SB1172 or stated when they will issue the required guidelines.

Q: Can you go over again, when child has 2.50 lenses on, what line is considered a fail?

A: A failure with the +2.50 lenses is when the child can see the same line they read without the lens – i.e., 20/20, and it did not get blurry. The child passes the test if the lowest line they read becomes blurry with the +2.50.

Q: I have had difficulty screening preschoolers using the suresight who have dark irises. Any suggestions?

A: Contact Welch Allyn® at 800-535-6663 for suggestions.

Q: May we accept the vision on the CHDP form to waiver the requirement to screen vision?

A: Yes, If the CHDP exam was done within the past year, was performed by one of the authorized practitioners listed in CED 49455, and includes the results of a determination of the pupil's vision, including visual acuity and color vision, if applicable. (remember, color vision screening need not begin until the first grade).

Q: Sandy, if was are screening distance vision using monocular testing, is it OK to screen near vision using both eyes together? Won't we catch the amblyopia with the distance vision screening.

A: Yes, if the distance testing is successful. If you screen monocularly at distance, you would have been able to already identify whether a difference in visual acuity exists. Therefore monocular testing does not need to be redone at near .

Q: Do you recommend using the Titmus screener?

A: For children ages 3 to 6 years (or 3 through 5 years), the National Expert Panel to the National Center for Children's Vision and Eye Health at Prevent Blindness states that vision testing devices optically simulating distance vision (such as those used at many motor vehicle testing facilities) do not meet the recommended minimum standards for measuring visual acuity in this targeted age group. We await guidance from Prevent Blindness for the school-aged child.

Q: What is your opinion of computer based screening tools like Canella's 20/20 vision?

A: I have not personally used it and I have not seen any evidence that it is testing what it says it is testing.

Q: Does color vision have to be tested in first grade, or can it take place any time after first grade.

A: CEC 49455 states that color vision appraisal need not begin until the male pupil has reached the first grade; there is no specific requirement as to what grade it needs to take place in.

Q: So using the near chart you have to do both eyes together and each eye separately?

A: No. If you screen one eye at a time (monocularly), you need not screen with both eyes open (binocularly).

Q: Is the code the same for Special Ed students? Do we need to screen them every year?

A: CEC 49455 applies to regular and Special Ed students. Special Education students may have other assessments done as a part of their educational planning, and it may be necessary to screen these students more often than the law requires due to applicable Special Education requirements.

Q: I hope she talks about processing deficits.

A: This is a large topic that could not be covered in the short amount of time that we had.

Q: Does this mean we can require a note from the health care provider if parent waives school screening? Will we be audited and found in default if the waiver is not obtained--if the parent will not bring anything from the physician. That should be physician or surgeon, correct?

A: California Education Code 49451 allows a parent/guardian to exempt their child from screenings in school by signing a statement indicating that they do not consent to a physical examination of the child. There is not a need for a health care provider to sign such an exemption.

Q: I have a 10ft. vision chart. We are required to report if the visual acuity in 1 eye is "2 lines" away from the other. This was written based on a 20ft chart. The 10ft chart lines are different than the 20ft chart. Should I still refer students with refractive error 2 lines apart?

A: The charts for 10 feet are modified so that they test for the exact same thing as the 20-foot distance chart. A 2-line difference on one chart would show up the same on the other chart.

Q: What if a child has 20/20 binocular vision both near and far, and don't have trouble reading, but tested positive for hyperopia by being able to read the 20/32 line wearing 2.50d reading glasses. Do I have to refer that child?

A: Yes, that child has at least 2.50 diopters of farsightedness, maybe more, and should be referred. Even though you have been told the child does not have trouble, they may be working really hard to compensate for their farsightedness.

Q: I am "standing in" for my Health Administrator and for the CSNs, I am an RN and know nothing of the new requirements. Some specific questions we have are whether there are companies that will provide the equipment and how do we contact them?

A: Sorry, we cannot determine whether this question pertains to contacting companies that will lend, or sell, equipment. It is possible that a local Lions Club may have a device and permit you to borrow it. Some instrument companies will permit you to pay for the device up front and try it out for 30 days.