**Plano Independent School District**

**School Health**

**Visual Acuity Screening for Near Vision Administrative Guideline**

**Purpose**

Near vision screening can identify students who have difficulty seeing up close, such as reading a book or viewing a computer screen. This is an optional screening tool that can determine how clearly a student can see fine visual details at a distance of 16 inches.

**Definitions**

* **Near Vision –** is the ability of the human eye to see objects with clarity at close range. Optimal near vision requires both accommodation and convergence.
* **Near vision chart –** is a portable hand held chart comprised of letters arranged in lines of increasingly smaller size designed to assess near vision, particularly accommodative reflex. A 16 inch cord will measure the appropriate distance that the chart should be held.
* **Convergence –** is the coordinated turning of the eyes inward to focus on an object at close range.
* **Accommodation reflex –** is a reflex action of the eye in response to focusing on a near object then looking at a distant object and then the reverse, comprising coordinated changes in convergence, lens shape and pupil size(accommodation)
* **Visual acuity –** is the last line read correctly on the near vision chart.
* **H:O:T:V Chart –** is used for preliterate students as young as 2 ½ years, foreign language speakers, older students who are unable to read, handicapped or hearing impaired.
* **Amblyopia –** is “dimness of vision” or reduced visual acuity in one eye not usually correctable by a lens.

**Program Coordinator**

Coordinator for District Health

**Responsibilities**

* Coordinates with Plano ISD principals and/or building manager and school nurses in the selection of employees for training.
* Assure quality improvement by revising this guideline as required through the monitoring of training.
* Communicate with medical officer on issues related to quality of care.

**Environment/Settings**

There are no restrictions as to where near vision screening can be done, however it is best to be done in a quiet, well lit setting such as the clinic. A quiet, well lit environment allows for concentration and proper visualization necessary for screening. The setting should be clean and appropriate to the student’s need/desire for privacy.

**Applicable documents**

* Guideline
* Training checklists
* Referral forms and/or special education forms

**Medical Control**

The medical advisor of the near vision screening guideline is the Plano ISD’s medical officer. The medical officer will direct the following:

* Medical direction in the formulating of the guideline.
* Review and approve the above.
* Evaluation as needed

**Staff Training and Preparation**

Near Vision screening may be performed by the school nurse or unlicensed personnel as trained by the RN. School nurses will review the applicable documents. Training for the school nurses will be conducted by the Coordinator for District Health, Special Education Nurse Case Manager, vision trainers and/or the Special Assignment nurses. Training for the unlicensed personnel can be done by the school nurse. Training and ongoing verification of training will be documented by the training checklist.

**Training**

* Registered Nurse is the person responsible for the training.
* Unlicensed personnel may be trained by an RN.
* Training is done yearly and as needed throughout the year.
* Individualized Health Plan is completed by the nurse.
* Information is shared with other employees on a need to know basis.

**Procedural Guideline**

1. **SLOAN LETTER CHART GUIDELINES:**
2. The student should sit/stand in a quiet, well lit room with no glare from windows.
3. The student should be able to identify all letters 100% of the time, and also convey each letter seen to the screener.
4. The student should hold the near vision chart at a distance of 16 inches from their eyes. The screener should use the attached cord to correctly measure the specified distance. Do not allow the student to lean head or torso forward to the chart.
5. Start with binocular screening (both eyes) on the 20/50 line.
6. Screen each eye separately.
7. Cover the left eye first with an occluder or 3x5 card.
8. Have student start on the 20/40 line.
9. Have the student read the letters down to the 20/20 line using a zig zag method for each line.
10. The student should have both eyes open, even when one eye is covered.
11. Repeat the same sequence with the right eye.
12. Visual acuity is recorded as the last line read correctly. (One more than ½ of the letters read correctly on a line).
13. Letters read correctly on the 20/30 line and below is considered passing.
14. If only the 20/40 line (or higher) is read correctly in one or both eyes, this is considered a failure.
15. Once a student fails, the student will be rescreened in 2-3 weeks.
16. If the student fails a second time, the student will be referred.
17. Document

**H:O:T:V NEAR VISION CHART GUIDELINES:**

1. Student should stand or sit in a quiet, well lit room without glare from windows.
2. The H:O:T:V is used for Pre-K, KG (age 4-5 years), students who cannot identity letters 100% of the time, and non-English speaking students.
3. Students will “match” the H:O:T:V symbols on the near vision chart by pointing to the corresponding symbols on a separate card or flip chart. Student needs to be able to identify all 4 symbols 100% of the time.
4. The near vision chart should be held at a distance of 16 inches from the eyes. The screener should use the attached cord to measure the specified distance. Do not allow the student to lean torso forward.
5. Students should “practice” the game by using both eyes uncovered
6. Once the student can “play the game” 100% of the time, cover the left eye first. Both eyes should remain open, even when one eye is covered. Refer if unable to play 100%.
7. Start with binocular screening (both eyes) on the 20/50 line.
8. Have the student match letters down to the 20/20 line
9. Screen each eye separately.
10. Repeat procedure and cover the right eye
11. Visual acuity is determined when the last line is read correctly (3 of the 4 symbols are identified correctly).
12. Letters read correctly on the 20/30 line and below is passing; 20/40 and higher is a failure.
13. If a student fails the first screen, retest as soon as possible.
14. Student who fails 2nd screening will be referred.
15. Document.

**Medical Officer Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature/PISD Medical Officer