

SC MASS SCREENING RECOMMENDATIONS FOR 2021-2022 SCHOOL YEAR

Students entering Head Start, Early Childhood Development (Pre-K), kindergarten, or first grade programs should have a comprehensive health assessment performed by the student's health care practitioner that includes in-office vision and hearing risk assessments and/or screenings. Students who do not pass a vision screening should be examined by an ophthalmologist or optometrist. Students who do not pass a hearing screening should be evaluated by an audiologist if the cause is determined to be non-medical. Students should also have a comprehensive dental examination by the student's dentist within the 12 months prior to enrollment in school for the first time.

The following school-based *mass screening* intervals are recommended as priority screenings for schools in South Carolina. Other grade levels and/or student groups may be screened based on the school nurse's knowledge of specific concerns for a school population. All students are recommended to have well child examinations with their medical provider. School nurses should work with families to help those without a medical and dental home to secure one and to understand the importance of routine visits.

In addition to the mass screening recommendations, school nurses should screen students who miss a scheduled mass screening and assess/evaluate students referred by a parent/guardian or a school team member. Also, certain individual student health-related assessments or evaluations may be required, as outlined in the Individuals with Disabilities Education Act (IDEA), in order to assess a child in all areas related to a suspected disability. Under IDEA, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status and motor abilities assessments may be required.

School-based Mass Screening Recommendations

Note: Schools should accept documentation of screening results from a licensed practitioner in lieu of the school-based screening. Parents/guardians may request that their child not be screened at school. Such requests should be submitted in writing and maintained on file.

Vision:

- All students in Early Childhood Development or Head Start programs preferably within 2 months of enrollment unless the program guidelines specify otherwise
- All students in grades K, 1, 2, 3, 5, 7, and *at least once* in grades 9 – 12
- All students who are new to the district who do not have records of vision screening within the past year, regardless of grade
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Hearing:

- All students in Early Childhood Development or Head Start programs preferably within 2 months of enrollment unless the program guidelines specify otherwise
- All students in grades K, 1, 2, 3, 5, 7, and *at least once* in grades 9 – 12
- All students who are new to the district who do not have records of hearing screening within the past year, regardless of grade
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Dental:

- All students in Early Childhood Development or Head Start programs preferably within 2 months of enrollment unless the program guidelines specify otherwise
- All students in grades K, 3, 7 and *at least once* in grades 9 – 12
- All students who are new to the district regardless of grade

Grades listed for Dental correspond with SC Code of Laws Section 44-8-10 through 44-8-60.

Blood Pressure:

*Current recommendations suggest that asymptomatic children aged 3 and older should get blood pressure checks at their well child visits with their health care provider; mass screenings at school are not currently recommended or disapproved.

- *At least once* in grades 9 – 12*

Body Mass Index (BMI):

- All students in grades 5, 8, and *at least once* in grades 9 –12

Grades listed for BMI correspond with SC Code of Laws Section 59-10-10. Body composition measures are reported by physical education teachers to a student's parent/guardian as part of the individual student's overall fitness status. BMI is the most commonly used index of overweight and obesity in childhood and adolescence. School nurses should not duplicate the efforts of the physical education teachers but may work with physical education teachers to provide resources that students may need.

Postural Screening:

At this time, mass screenings on asymptomatic students are not recommended. The American Academy of Orthopedic Surgeons, the Scoliosis Research Society, the Pediatric Orthopedic Society of North America, and the American Academy of Pediatrics advocate screening for scoliosis in girls at 10 and 12 years and once in male adolescents at 13 or 14 years as part of medical home preventive services, if screening is performed by well-trained screening personnel.

References:

General Information

American Academy of Pediatrics (2019). Bright Futures 4rd Edition Guidelines, Pocket Guide, Tool and Resource Kit. Accessed November 30, 2021 at https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

American Academy of Pediatrics. (2000). Policy statement: School health assessments. *Pediatrics*. 2000;105(4):875–877. Reaffirmed October 2011. Accessed July 12, 2019 at <http://pediatrics.aappublications.org/content/105/4/875.full>

Vision

American Academy of Ophthalmology & American Association of Pediatric Ophthalmology and Strabismus. (2013). Policy statement: Vision screening for infants and children. Accessed November 30, 2021 at <https://www.aao.org/clinical-statement/vision-screening-infants-children>

Gudgel, D. (2014). American Academy of Ophthalmology. Eye screening for children. Edited by Porter, D. (2021). Accessed November 30, 2021 at <https://www.aao.org/eye-health/tips-prevention/children-eye-screening>

National Association of School Nurses, Inc. (2021). Vision and eye health. Accessed November 30, 2021 at <https://www.nasn.org/nasn-resources/practice-topics/vision-health>

U.S. Preventive Services Task Force. Agency for Healthcare Research and Quality, Rockville, MD (September 2017). *Vision Screening for Children 3 to 5 Years of Age: Recommendation Statement*. Accessed November 30, 2021 at <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/vision-in-children-ages-6-months-to-5-years-screening>

Hearing

American Academy of Audiology (September 2011). Childhood Hearing Screening Guidelines. Accessed November 30, 2021 https://audiology-web.s3.amazonaws.com/migrated/ChildhoodScreeningGuidelines.pdf_5399751c9ec216.42663963.pdf

American Speech-Language-Hearing Association (n.d.). Childhood Hearing Screening (Practice Portal). Accessed November 30, 2021 from https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935406§ion=Key_Issues

American Speech-Language-Hearing Association (n.d.). Hearing screening. Accessed November 30, 2021 at <https://www.asha.org/public/hearing/Hearing-Screening/>

Dental

American Academy of Pediatric Dentistry (2017). *Policy on Mandatory School Entrance Oral Examinations*. Accessed November 30, 2021 at http://www.aapd.org/media/Policies_Guidelines/P_SchoolExms.pdf

U.S. Preventive Services Task Force. Agency for Healthcare Research and Quality, Rockville, MD (May, 2014). *Prevention of Dental Caries from Birth Through Age 5 Years: Screening*. Accessed November 30, 2021 at <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/dental-caries-in-children-from-birth-through-age-5-years-screening>

Postural Screening

Hresko, M.T., Talwalkar, V.R., Schwend, R.M. Position Statement for the Early Detection for Idiopathic Scoliosis in Adolescents SRS/POSNA/AAOS/AAP Position Statement. Scoliosis Research Society (9/2/15)v2. Accessed November 30, 2021 at <https://www.srs.org/about-srs/news-and-announcements/position-statement---screening-for-the-early-detection-for-idiopathic-scoliosis-in-adolescents>

U.S. Preventive Services Task Force. Agency for Healthcare Research and Quality, Rockville, MD (2018). *Screening for Idiopathic Scoliosis in Adolescents*. Accessed November 30, 2021 at <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/adolescent-idiopathic-scoliosis-screening1#Pod9>

Blood Pressure

U.S. Preventive Services Task Force. Agency for Healthcare Research and Quality, Rockville, MD. Final Recommendation Statement *Blood Pressure in Children and Adolescents (Hypertension): Screening* (November 2020). Accessed November 30, 2021 at <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/blood-pressure-in-children-and-adolescents-hypertension-screening>

BMI / Weight Status

Centers for Disease Control and Prevention (Jan 25, 2017). Body Mass Index Measurement in Schools. Accessed November 30, 2021 at https://www.cdc.gov/healthyschools/obesity/bmi/bmi_measurement_schools.htm

National Association of School Nurses. (2018). *Overweight and obesity in children and adolescents in schools -The role of the school nurse* (Position Statement). Accessed November 30, 2021 at <https://www.nasn.org/nasn/advocacy/professional-practice-documents/position-statements/ps-overweight>

Phillips MM, Ryan K, Raczynski JM. Public policy versus individual rights in childhood obesity interventions: perspectives from the Arkansas experience with Act 1220 of 2003. *Prev Chronic Dis* 2011;8(5):A96. Accessed November 30, 2021 at http://www.cdc.gov/pcd/issues/2011/sep/10_0286.htm

SC Code of Laws Section 59-10-10 requires that an individual student's fitness status be reported to his or her parent or guardian during a student's fifth grade, eighth grade, and high school physical education courses. Accessed November 30, 2021 at <http://www.scstatehouse.gov/code/title59.php>

U.S. Preventive Services Task Force. Agency for Healthcare Research and Quality, Rockville, MD (June 2017). Final Recommendation Statement Obesity in Children and Adolescents: Screening. Accessed November 30, 2021 at <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/obesity-in-children-and-adolescents-screening1>

Notes:

21/22 Version approved by:

Victoria Ladd, MSN, RN – School Nurse Consultant

Raymond F. Lala, DDS, FACD

Tara Carroll, MCD, CCA/A First Sound Program Manager and Audiologist

Eileen Walsh M.D.- Pediatric Medical Consultant