

POLICY AND PROCEDURES
FOR
DECATUR COUNTY COMPREHENSIVE SCHOOL HEALTH CARE

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Blood Glucose (BG) Management at School

Blood Glucose Below 70 Hypoglycemia

This is a low number. Give fast acting glucose such as 4 ounces of juice found in the lunchroom or clinic refrigerator or 4 glucose tablets found in medicine cabinet inside Student's medication envelope, or squirt tube cake icing in the jaw area of the student this can be found in nurse supply cabinet.

Recheck BG 15 minutes after having fast acting glucose, if still below 70 repeat glucose amount and notify parent.

** IF BG<60 notify parent. **

Normal Blood Glucose 70-150

This is a good number. Student can go to lunch or snack. Insulin amount will be calculated according to the doctor's order for each individual student.

High Blood Glucose 150-300 Hyperglycemia

This is a high number. A correction must be made after student eats or if the number is above 250 the correction should be made prior to eating. Insulin amount will be calculated according to the doctor's order for each individual student.

Extremely High Blood Glucose 300 or above Hyperglycemia

This is a very high number. Student's parent need to be notified. Proceed as for BG above 250. Insulin amount will be calculated according to the doctor's order for each individual student.

CONJUNCTIVITIS

Conjunctivitis is an inflammation of the thin, transparent outer layer of the eyeball and the inner surface of the eyelids.

Probable Causes: Bacteria, viruses and allergy

Characteristics: Tearing, redness and occasionally formation of pus.

Treatment: Treatment for bacterial conjunctivitis consists of antibiotic eye drops or ointment.

No treatment for viral conjunctivitis which will go away with in a few days.

Allergic conjunctivitis can be relieved, not cured, by certain nonantibiotic eye drops.

Any student that presents characteristics of conjunctivitis should be sent home immediately for diagnosis due to the highly contagious nature of bacterial conjunctivitis.

Follow Up: Student may return to school 24 hours after treatment with prescription eye drops has been started, or clearance from the doctor that the condition is not contagious.

FEVER, VOMITING, DIARRHEA

FEVER:

Students that present to the clinic with complaints of illness will have their temperature taken. Students with a temperature of 100.5 or greater will be sent home. A parent/guardian or emergency contact person will be notified of the child's condition and asked to pick them up from school. Student can return when they have been fever free for 24 hours without having to take fever-reducing medicine.

VOMITING/DIARRHEA:

Students that present to the clinic with complaints of vomiting and/or diarrhea will be monitored for 15 to 20 minutes. If they show signs of continued vomiting/diarrhea or have a temperature of 100.5 or greater, parents/guardian will be notified to pick them up. Parents will be instructed to keep their child home for at least 24 hours or until symptoms subside.

Parents should contact their child's physician if symptoms continue over 24 hours.

FOOD ALLERGIES

- Purpose:** The purpose of a screening process for food allergies is to assist Food Services in identifying students at risk of food allergies.
- Procedure:** The school nurse will identify students with food allergies from the nurse information sheet.
The school nurse will notify the Director of Food Services, in writing, the student's name and food allergy.
The school nurse will notify the lunch room manager, in writing, the student's name and food allergy.
If a student has been prescribed an Epi pen and a physician order the lunch room manager will receive a copy of this document.
- Result:** To make Food Services and lunchroom managers aware of Students with food allergies to endure their safety.

GASTROSTOMY TUBE FEEDINGS- BOLUS WITH A SYRINGE

1. Wash hands and put on clean gloves.
2. Assist child to sit in chair.
3. Open the plug on the MIC-Key. Snap the extension tube into place by lining the Mic-Key. Lock into place by turning tubing clockwise $\frac{1}{2}$ turn.
4. Connect a 60 ml catheter-tip syringe to the end of the extension tubing. Measure and pour 30-45 ml of formula into the syringe. Hold the syringe only a few inches level and let the formula flow by gravity. Continue adding formula to the syringe feeding has been given.
5. The feeding should go in slowly over 156 minutes. When the feeding is near tubing with at least 5-10 ml of water to prevent clogging. Clamp the extension, the tubing by turning it counter-clockwise until the black lines meet on the Mic-Key, remove the extension tubing and cap the attached plug. Clean the extension with warm water and rinse thoroughly.

Assess the child's tolerance of the feeding. Record amount route and formula.

Gastrostomy Tube Medication Administration

1. Wash hands and put on clean gloves.
2. Assist child to sit in chair.
3. Open the plug on the MIC-Key. Snap the extension tube into place by lining up the black lines on the MIC-KEY. Lock into place by turning tubing clockwise $\frac{1}{2}$ turn.
4. Connect a 60 ml catheter-tip syringe to the end of the extension tubing. Measure gastric residual. Draw up the prescribed amount of medication in a 10 ml syringe. Administer the liquid medication into the 60 ml syringe. Hold the syringe only a few inches above the stomach level and let the medication flow by gravity. Flush with at least 10 ml of water.
5. Assess the child's tolerance of the medication. Record medication administration.

Head Lice

1. Identify Problem:
 - A. Positive for nits (eggs)
 - B. Positive for live lice (bugs)
2. Send home for treatment (up to 2 days excused absences)
3. Reevaluate upon return to school. Must have proof of treatment and evidence of progress made to remedy the problem (i.e. decrease in number of nits from first identification.
 - A. If proof and progress is noted, but the student still has nits, the student will then return for reevaluation daily.
 - B. If no proof and no progress are noted, the student will be given unexcused absences and sent home for treatment. If proof and progress is noted, but still has nits, the student will be reevaluated daily. If the progress decreases before the problem is terminated the student will be given up to 2 more days excused absences.)
4. Recheck the students head 2 weeks after clearance to return to school.
5. Refer to social worker for home visit if:
 - A. Problems occurs 3 times
 - B. Unexcused absences < 5 days

Head Lice: Treatment at the Right Time

If you understand the life cycle of lice, you can help ensure successful treatment, prevention of infestation, missed days of school and transmission to others.

The three life stages of a louse are: nit (egg), nymph and adult.

The very small **nit** is found at the base of the hair shaft seeking warmth from the scalp and will hatch in six to nine days. Yellowish or grayish in color, it can be mistaken for dandruff or hair spray. Nits can be found around the ears, the back of the head and the nape of the neck. In warmer climates, they may be further from the scalp. It is difficult to determine a live nit from an empty shell. If you can flick or blow it away, it is most likely hair spray or dandruff. Nits are secured to the hair shaft by a glue-like substance produced by the louse.

After the nit hatches, the **nymph** is born. The nymph matures into an **adult louse** in seven days, growing to the size of a sesame seed. It can be grayish-white or blend with hair color, has six clawed legs and lives up to 30 days on its host. Lice do not cause disease.

When to use treatment

Pediculicides, such as RID are used to treat lice. Re-treat child with pediculicide only if you can see living lice. Visit the [Centers for Disease Control](#) (CDC) for information about which lice treatment to use. Do not re-treat with pediculicide if the child does not have evidence of live lice. The toxicity of this treatment can be harmful to the child if overdosed.

If nits, but no live lice are found upon rescreening, you will need to reinspect. Save a sample of a live louse on clear tape to show the parent.

How to catch lice at the right time

Use a calendar to track what you find. A nit will hatch in six to nine days. Then, the nymph will mature in seven days. Mark your calendar the day you found the nit as “S” for “screened.” Allow six to nine days, plus seven extra days to reinspect the child and mark those days as “R” for “rescreen.” By this time, you might see live lice and will need to use a pediculicide. If you only see nits—most likely empty shells-but no nymph or adult lice, there is no infestation or need for treatment. You may physically remove the nits. If you use treatment, mark a “T” on the calendar for “treated.”

The screening process

Lice screening is important because many children with head lice have no symptoms. Some children may experience itching or a crawling sensation on their heads. A schoolteacher or

parent may report the child's behavior as unusually restless or irritable, possibly due to this discomfort.

First, seat the child in a well-lit area. Use a disposable stick to part the hair into sections. You may use clips to hold the hair, but do not reuse them on others. Use a magnifying glass if necessary. Check thoroughly, paying close attention to the hair shaft near the scalp, behind the ears and the nape of the neck. Wear disposable gloves and use your thumb and index finger to pick off the nits.

The best times during the school year to screen for lice are:

- Beginning of the school year
- After camping or field trips
- Before holiday breaks
- After an outbreak

Prevent transmission

The louse must feed on the blood of its host several times each day to survive. Without a host, a louse will die within two days. Lice do not jump, swim or crawl long distances and are most likely transmitted between humans by direct head-to-head contact. Do not treat pets. Lice can be transmitted by pets but can only survive on human hosts. The Georgia School Health Resource Manual and [CDC](#) offer information about lice prevention and home cleaning.

Handling lice in school

It is important to preserve the privacy of students and their families during lice screening. If a child has an infestation, screen his class. You also should screen siblings. If you are presented with a child with recurrent infestation, here are some issues to consider:

The family may not own a washer to clean clothing.

The family may not have the means to purchase treatment.

The adult caregiver may be infested with no other adult in the house to check him.

In this case, try to find out how the family managed the situation. You may need to screen any caregiver in close contact with the child.

Nit picking Assistance

Search your community for a professional nit picker. A nit picker may visit the child's home and physically remove the nits for a fee. The home visit is confidential and may be covered by health insurance.

Hearing Screening

PURPOSE: To screen student for hearing problems.

PROCEDURE:

Choose a quiet room for screening with little or no distractions.

Visually inspect ears for any drainage. Refer and do not screen if drainage is present.

Explain procedure and response expected (raising hand).

Place earphones students' head (red on right ear; blue on left ear).

Always screen right ear first

Students must pass all tones in both ears at 25 decibels at frequency levels 500, 1000, 2000 and 4000 to pass the hearing screening.

fail any student with draining ears and notify parents. Students who do not pass must be rescreened in two to four weeks, to allow time for a temporary medical cause of failure (i.e. serous otitis media) to resolve. Contact parent after failure of second screening.

With suspected head lice, you may want to screen the child on another day and refer for treatment.

Heartstart FRx Defibrillator

1. Put on gloves.
2. Press the green on/off button. The FRx tells you to remove all clothes from the person's chest. If necessary, rip or cut off the clothing to bare the person's chest.
3. Follow the FRx's voice instruction. Remove the SMART Pads II case from the carry case. Clean and dry the patient's skin, and, if necessary, clip or shave excessive chest hair to ensure good pads contact with the bare skin.
4. Press the flashing orange Shock button if instructed.

Storage of Heartstart FRx

Monthly: Document using checklist (attached)

After each use:

1. Check the outside of the FRX for signs of damage, dirt, or contamination. If you see signs of damage, contact Philips for technical support. If the defibrillator is dirty or contaminated, clean it according to the guidelines in Chapter 5, “Maintaining the HeartStart FRX”.
2. Plug the cable connector for a new set of SMART Pads II into the FRx (do not open the Pads case) Check supplies and accessories for damage and expiration dates. Replace any used, damaged or expired items.
3. Remove the battery for five seconds, then reinstall it to run the battery insertion self-test to check the operation of the defibrillator. When the test is complete, check that the green ready light is blinking.
4. Return the FRx to its storage location so it will be ready for use when needed.

Competency for HeartStart FRx Defibrillator

NAME _____ DATE _____

	YES	NO
1. Put on gloves.		
2. Press the green on/off button. The FRx tells you to remove all clothes from the person's chest. If necessary, rip or cut of the clothing to bare the person's chest.		
3. Follow the FRX's voice instruction. Remove the SMART PADS II case from the carry case. Clean and dry the patient's skin, and, if necessary, clip or shave excessive chest hair to ensure good pads contact with the bare skin. Apply pads to chest.		
4. Press the flashing orange shock button if instructed to do so.		

Date

Christy Harrell, BSN,RN
Director of Decatur Comprehensive School Health Care

Impetigo

Impetigo is a bacterial infection, usually caused by staphylococcus germ, which invades the upper layer of skin.

Probable Causes: lower body resistance
hot humid weather
excessive scratching do to lice, insect bites, or scabies

Characteristics: honey-colored and red scabs that cover all or part of each sore
sores may be single or isolated, about ½ inch in diameter
sores may coalesce and form larger, irregularly shaped shores
most common sites are on face, fingers, and around the nose

Treatment: Usually only contagious on direct contact. If only a few sores present, the child can remain in school after washing the sores with soap and warm water to remove the scabs, then apply a triple antibiotic ointment and cover with an adhesive bandage.

If many sores are present and exposed, then the child should be sent home and referred to their doctor or health care provider as soon as possible.

Follow up: Monitor for improvement. Refer for further follow up if condition persists or worsens after treatment started.

Medication Administration

PURPOSE: The purpose of medication administration during school hours to insure the continuity of care while the student is under the care of school personnel.

Medication is counted and documented upon receipt by nurse.

For long term medication administration two forms are to be signed by parent/guardian. The forms are Authorization of Medication and Authorization to Release Medical Information. Parental written permission is acceptable for 30 days from the initial medication registration by parent. All medication must be in the original prescription bottle with student name, medication name, dosage and time to be administered on label. Updated physician records are kept on file to correspond with prescription after the 30 day period.

For short term medication administration and over the counter medication, written permission from parent/guardian must accompany the medication labeled with the student name and administration directions.

ADMINISTRATION: Medication administered using the five rights of medication administration are verified; right student, right dose, right time, right route, and right medication.

Two student identifiers are use to ensure proper delivery of medication to student. The two identifiers are: Student states name and a photo ID is located on the student medication envelope. Documentation is kept daily on each student receiving medication including dosage and time.

RESULT: Medication administered as prescribed by physician during school hours insuring continuity of care.

MEDICATION DISPOSAL

- PROCEDURE:**
- A. Parent/guardian will be notified when there is left over medication either due to change of prescription or end of year. Documentation will be made in the student's medical record to include name of medication, dosage, # of pills left, who picked up, date and time.

 - B. A parent may request medication be disposed of by the school nurse.
In this case:
 - 1. The nurse will use the Medication disposal sheet to list the date, student's name, name of medication, dosage, # of pills.
 - 2. The prescription label will be removed from the bottle and discarded. Mark off student's name, RX # with a marker.
 - 3. The medication will be mixed with an undesirable substance, such as cat litter or used coffee grounds.
 - 4. The mixture will be put into a disposable container with a lid, such as a laundry detergent bottle. Place the sealed container in the trash.
 - 5. School nurse will use a witness to document the medication disposal. File disposal sheet for further reference.

Medication Reconciliation

PURPOSE:

Medications should be accurately and completely reconciled across the continuum of care. Reconciliation is the process of comparing the medications that the student has been taking prior to entry to a new setting with the medications that the school health care program (DCSHC) is about to provide. The purpose of the reconciliation is to avoid errors of transcription, omission, duplication of therapy, drug-drug and drug-disease interactions, etc.

POLICY:

Medications are administered by representatives of the DCSHC program to students that require medications to be administered during school time hours.

Medication reconciliation is the process that compares a student's best-known list of current prescription medications, including over the counter, sample medications, and herbal, vitamins, nutraceuticals, and respiratory therapy related drugs such as inhalers, etc., against the physician's ordered medications that will be administered in the school system. Discrepancies are brought to the attention of the physician and if appropriate, changes are made to the orders.

Procedure:

- I. Parents or guardians of students' requiring administrations of medication during school hours report to the school nurse along with the student to initiate the medication administration process.
- II. The school nurse has the parent or guardian to complete the following:
 - a. Medication administration permission to administer medications form
 - b. Release form to obtain information from the physician'
- III. The school nurse takes a photo of the student that will be utilized as a second student identification.' The photo is attached to the medication envelop in which the student's medication is stored.

The information contained in this policy should not be viewed as establishing a legal standard of care nor as dictating rigid rules. These are guidelines which have been left intentionally general and are intended to be adapted to many different situations, taking into account the needs of the patient, resources of the physician or medical care provider, and the type of practice of the physician or medical care provider. This policy is not intended as a substitute for the clinical judgment of the physician or medical care provider acting in the best interest of the patient.

Medication Reconciliation

Name: _____ Date _____

SS# _____ DOB _____

Problems: (Date/DX)

Current Meds: (Date/Drug/Dosage/Route)

Medications reconciled. Enter date and initials in box below.

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Allergies: _____

Nurse's Signature

Initials

Storage of Medication

PROCEDURES

A. Refrigerators

1. A refrigerator thermometer will be placed in each refrigerator where medications are stored.
2. The Refrigerator Temperature Log (see attached) will be used to record refrigerator temperature daily. Vaccine storage requires twice daily refrigerator monitoring.
3. Normal refrigerator temperature range is 36-46° (2-8°). Temperatures outside of this range will be reported to the Maintenance Department to initiate a work order.
4. The refrigerator is for medication only, e.g., no employee food items, etc.

B. Locked Cabinet

1. Student medications will be stored in a locked cabinet.
2. Medication will be in labeled envelopes with student's name and photo ID attached.
3. Only the school nurse or designated personnel will have key access to medications.

MEDICATION REFRIGERATOR TEMPERATURE LOG

LOCATION _____ **YEAR** _____ **Normal Range: 36-46°F (2-8°C)**

Date	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
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Pain Assessment and Management

1. Upon obtaining vital signs on the student presenting with pain, an assessment on pain will be obtained. This will be recorded on the nursing daily log.
2. Pain can be reassessed at the next clinic visit, if needed.
3. The goal is that every staff person will be using the same numerical pain Assessment scale (attached).
4. The pain assessment scales will be posted in every clinic to assist the student in understanding of the scale. A Spanish version is available on the back of each sheet.

Refrigeration Temperature Check for Food

PURPOSE:

To monitor and control refrigerator and freezer temperatures which store student food items.

PROCEDURE:

1. Refrigerator and freezer temperature checked daily and recorded on Refrigeration Temperature Check Sheet with initials of who checked the Temperatures
2. Refrigerator temp should be between 34°- 41°.
3. If refrigerator temp is above 41° or below 34° school nurse will adjust the temp control and reassess in 2 hours.
4. Freezer temp should be 0°or below.
5. Clean refrigerator daily. Check for any expiration.
6. Refrigeration Temperature Check Sheet is to be turned in to lead nurse monthly.

FOOD REFRIGERATOR TEMPERATURE LOG

LOCATION _____

YEAR _____

Normal Range: 34-41°F

Date	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
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SCABIES

Scabies is caused by a tiny mite, too small to be seen by the naked eye.

Probable Causes: The adult mite burrows beneath the skins of humans and animals.

Characteristics: The mite makes a tiny white bump that itches intensely and a scab of $\frac{1}{4}$ to 1 millimeter long appears as the result of scratching.

Scabs tend to be linear rather than round.

Commonly found on the backs of hands, webs of fingers, the inner side of wrists and forearms, the chest, abdomen, genitalia and upper arms and legs.

Practically never found on the face, between the shoulder blades, and on the soles of the feet.

Often found on more than one member of the family.

Secondary infection of impetigo is often found due to the continued scratching.

Treatment: Since the mites live underneath the skin, contagion takes rather prolonged contact. The student with scabies needs to be sent home for medical evaluation and treatment.

Treatment of scabies consists of applying a prescription Medication from the student's doctor or health care provider. The lotion is applied to the body from the chin line to the toes. It is left on the body for 6 to 8 hours and then the student takes a bath. The average infestation of scabies will be cured by one application.

Follow Up: Proof of treatment upon student's return to school.

SHARPS DISPOSAL – BIOMEDICAL WASTE

POLICY: Decatur County Comprehensive School Health Care will dispose of used sharps (needles) as per www.sos.state.ga, 391-3-4-.15 Biomedical Waste. Amended.

PROCEDURE: Sharps shall be contained for storage, transportation, treatment and subsequent disposal in leakproof, rigid, puncture-resistant containers.

Sharps containers shall be red or orange in color or clearly marked with the word “Biohazard”.

Prior to disposal of sharps containers in the landfill, sharps containers will be taped closed or tightly lidded to preclude loss of contents.

Student Identification

PURPOSE:

To improve the accuracy of student identification and ensure patient safety.

POLICY:

1. Must use at least two student identifiers whenever administering medications.

PROCEDURE:

1. When administering medication, the nurse will ask the student his/her name and Will recognize the photo of the student attached to his/her medication envelope. These two patient identifiers will be compared to the MAR.
2. These steps apply to any discipline laboratory, blood samples or administering medications.

TINEA CAPITIS

Tinea capitis (ringworm) is a fungus infection of the scalp.

Probable Causes: fungal infection

Characteristics: small patches of bladders (1-3 in. in diameter)

Treatment: Treatment of tinea capitis is always oral medication. In many cases it only takes a few days of treatment to render the child noncontagious, even though it takes four to ten weeks of treatment for a complete cure. Topical ointments will cure ringworm of the body and feet but not of the scalp. Being highly contagious, the child should be sent to their doctor or health care provider immediately and not allowed back in to school until diagnosed and under treatment.

Follow Up: The child's head should be inspected periodically after diagnosis and treatment to make sure improvement continues since many children fail to take long term medication regularly.

TINEA CORPORIS

Tinea corporis (ringworm) is a fungus infection of the body.

Probable Causes: fungal infection

Characteristics: Often found on the arm, chest, abdomen and face, corporis starts as a tiny red spot, slowly growing in a circular fashion, clearing in the center as it enlarges. Edges remain reddish and scaly, but no scabs, pus or crusts are formed as in impetigo.

Treatment: Tinea corporis is easily treated with medications like Tolnaftate (Tinactin) or chlortrimazole (Lotrimin). The child should be sent home for the initial treatment, but once the area is first treated, the child is noncontagious and can stay in school during treatment until all sores are gone.

Follow Up: The area should be inspected periodically to make sure Improvement continues.

Vision Screening

Purpose: To screen students for vision problems

Procedure:

Observe first for eye health problems.

Make sure the student understands that he must call out the picture that the tester is pointing to. **TEACHERS SHOULD REMIND STUDENTS THE DAY BEFORE SCREEING TO BRING THEIR GLASSES.**

Place the student at the measured 10 or 20 foot line depending on which chart is used. His heels should be on the line. Footprints placed on the floor may be helpful and save time.

If the student wears glasses, ask if they are for reading or for “seeing far away.” If they are for distance, test with glasses on. Young students will probably not know. If they fail the test with their glasses on, retest without glasses, as they may be for reading.

Test with both eyes open, then with the right (left eye covered). And finally with the left eye (right eye covered). Remind the student to keep both eyes open, even when one is covered.

When occluding one eye, the occluder (cup, 3 x 5 card rounded at one end or paper cutout) should be held to give a cupping effect without putting pressure on the eye, and should be held near the side of the nose to avoid “peeking”. Both eyes should remain open. With young children, the screener may need to hold the occluder.

Use only the line of symbols appropriate for agae being screened (20/40 line for preschoolers, 20/30 for K-12). If young students are having trouble with one line, move up a line or two, to ensure they understand what you are asking them to do and give them a success, before returning to the testing line.

During testing, screeners should observe the child for : thrusting the head forward, tilting the head, squinting, blinking, and attempting to peek around the occluder.

TO PASS, A STUDENT MUST RED CORRECTLY 4 OUT OF 6 SYMBOLS ON THE LINE SPECIFIED FOR HIS AGE GROUP WITH EACH EYE, AND SHOW NO EVIDENCE OF EYE HEALTH PROBLEMS. IF A STUDENT HAS OBVIOUS PHYSICAL EYE SYMPTOMS, HE SHOULD BE REFERRED FOR FURTHER MEDICAL EVALUSTION.

Discontinue screening when a child fails, with either eye, to read correctly more than half the line of symbols specified for his age group.

A failing score for the first screening is inconclusive. Do not tell the student he failed the test. If he asks, tell him, "You did a good job; some people may not be able to see all the letters on the chart."

Record the score.

Rescreening should be done with one week on all students who fail the first screening, including those referred for eye health problems if the problem has resolved. The second screening should again be done in an optimal room conditions. Begin with large symbols this time to help the student gain confidence. Move down the chart to the smallest symbols he can read correctly. With one eye occluded, the line at which 4 or 6 of the symbols on the line can be read correctly is accepted as the child's acuity score in the tested eye. Test both eyes that same as on the first screening.

Record visual acuity for each eye as a fraction. Send a notice to parents advising further professional evaluation when a child does not meet passing standards: passing the 20/30 line for k-12, 20/40 for preschoolers.

Copies of the screening results and referral letters should be placed in the student's health record.

SCHOOL HEALTH PROTOCOL, POLICY AND PROCEDURE APPROVAL

Frances C. Harrell, RN Date
Director of Decatur County Comprehensive School Healthcare

Date

Date