

Guidance for School-based Vision Screening During the Coronavirus Disease 2019 (COVID-19) Pandemic

May 28, 2021

This document outlines guidance and considerations for modifying existing school-based vision screening practices during the COVID-19 pandemic. Each school setting is unique and not all strategies will always be applicable.

Statutes and Regulations

Kansas schools, including all public, private, and parochial schools, are required by law to provide basic vision screening to school-aged children at least 1 time every 2 years. Basic vision screening equates to using optotype-based screening (charts), or any other system or method of screening that would be equal to or better, according to the school board. A second law addresses eye protective devices when participating in certain courses. The laws specifically read as follows:

K.S.A.

Chapter 72.—SCHOOLS Article 52.—HEALTH PROGRAMS VISION SCREENING AND EYE SAFETY

72-5204. Definitions. As used in this act:

- (a) “School board” means the governing body of any school;
- (b) “school” means all elementary and high schools;
- (c) “basic vision screening” means an eye testing program for each child based on a test chart which is graduated as to size of symbols, or the so-called Snellen test, or any other system or method of testing equal thereto or better in the judgment of the school board.

History: L. 1959, ch. 310, § 1; June 30.

72-5205. Basic vision screening required; eye examination for conditions impairing reading ability.

(a) (1) Each school board shall provide basic vision screening without charge to every pupil enrolled in each school under the governance of such school board not less than once every two (2) years. A teacher shall perform all such tests or some other person designated by the school board. The results of the test and, if necessary, the desirability of examination by a qualified physician, ophthalmologist or optometrist shall be reported to the parents or guardians of such pupils. Information relating to the desirability of examination by a qualified physician, ophthalmologist or optometrist shall not show preference in favor of any such professional person.

(2) The requirements of this subsection shall not apply to a pupil who has had a basic vision screening examination within six months prior to the provision of basic vision screening in the school in which the pupil is enrolled.

(b) Each pupil needing assistance in achieving mastery of basic reading, writing and mathematics skills shall be encouraged to obtain an eye examination by an optometrist or ophthalmologist to determine if the pupil suffers from conditions, which impair the ability to read. Expense for such examination, if not reimbursed through Medicaid, Healthwave, private insurance or other governmental or private program, shall be the responsibility of the pupil's parent or guardian.

History: L. 1959, ch. 310, § 2; L. 2001, ch. 215, § 15; July 1.

Initial Considerations

- Consider having the school nurse ask parents to notify them of students who have had an eye exam by an eye care professional within the past 12 months. These students may be excused from a school-based screening. Make note of these students for record keeping purposes.
- Considering beginning screenings with students who have never been screened before (e.g., kindergarten, early childhood, new to district, etc.), students needing a screening as part of the IDEA eligibility process, and students exhibiting vision concerns.
- Students exhibiting any of the ABC's of vision concerns may also bypass school-based screening if the school nurse recommends a vision exam.
- Consider waiting until the second semester or until community spread is lower to conduct screenings.

Planning

- Consider moving screening location to a large, open space such as a library or gym. Such a space would allow 25-30 children to be spaced 6-feet apart while waiting in line to be screened. If such a space is not available, leave doors or windows open to increase air circulation.
- Determine if the location enables separate entrance and exit doors. If possible, label doors clearly to ensure one-way foot traffic.
- Alternatively, consider setting up the screening location in a hallway outside of a classroom, bringing students in one at a time.
- Identify the records that need to be maintained in the event contact tracing is required and request or create a template for managing documentation.
- Mark floors to provide a visual guide for maintaining 6-foot distancing while waiting in line.
- Mark floors to provide a visual guide for maintaining 6-foot distancing between the screener and the child, and any accompanying adults.
- Train additional staff to perform screenings. With more staff available to do vision screenings, multiple locations could be used simultaneously. Training additional staff is also important to ease the burden of work on school nurses.

Hand Hygiene

- Children must wash hands for at least 20 seconds with soap and water before and after screening.

- Screeners must wash hands for at least 20 seconds with soap and water before screening, after any child contact, and at regular intervals throughout the day.
- If soap and water are unavailable, hand sanitizer that contains at least 60% alcohol can be used.

Face Coverings

- KDHE recommends wearing a mask that fits snugly around the nose, mouth, and chin and has multiple layers of fabric. Alternatively, a thinner disposable mask may be worn underneath a cloth face mask to improve the fit. For more information on the mask guidance visit: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/441/KDHE-Mask-Guidance-PDF---3-1-21>.
- Screeners and children should wear cloth face masks during screening. Screeners should not conduct vision screenings if they cannot wear a mask.
- Perform hand hygiene before putting on and after removing face masks.
- To put children at ease, screener's may consider wearing a badge or sign with a smiling photo of their face.

Cleaning the Screening Location

- While the risk of COVID-19 infection from touching surfaces is low, KDHE recommends regular handwashing or use of an alcohol-based hand sanitizer, and cleaning and disinfecting surfaces to reduce risk. To see the latest KDHE cleaning guidance, visit: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/1966/COVID-19-Cleaning-and-Disinfection-Guidance-Non-Healthcare-Settings-PDF---5-11-2021>.
- Ensure the physical location is cleaned and sanitized using [EPA-registered disinfectants](#) prior to use.
- Clean surfaces using soap and water, then use disinfectant.
- Develop a schedule for increased routine cleaning and disinfection, with special attention paid to high-touch areas such as doorknobs and table tops.
- Sanitize chairs used during vision screening between each use. Wash hands after sanitizing objects.
- Cleaning products should be secured and out of reach of children.
- If pods or cohorts of students are used, clean and disinfect the screening area before children from another pod or cohort arrive.
- When possible, have no-touch trash cans available.
- Do not allow food, beverages, or personal items (bags, stuffed animals, books) in the screening room.
- For more information on cleaning protocols, see KDHE's guidance on [Cleaning and Disinfecting Your Business/Facility](#).

Infection Control Guidelines

Sanitation practices are an important part of the vision screening procedures. Be sure to take appropriate measures to minimize the spread of infection and disease. Suggested steps for infection control include:

- Wash hands with soap and water for at least 20 seconds before beginning screening.
 - Antimicrobial hand gel may also be used.
- Use a low-PH germicidal, quaternary ammonia chloride-based cleaner for general equipment cleaning (e.g., Sani-Cloth®).
 - This type of cleaner is a broad-level disinfectant with disinfectant ability against bacteria, fungi, and viruses.
- Occluders should be disinfected after contact with each child.
- Cleaning the Stereoacuity Polarized Glasses:
 - Avoid touching the lenses.
 - Wipe lenses with a soft, dry cloth.
 - Clean the stems and frames in the between uses with antibacterial wipes.
- Cleaning devices for instrument-based devices:
 - Follow manufacture recommendations.
- Children whose eyes are red or draining should not be screened until clear.

COVID-19 Modifications for Screening Instruments

- Consider ordering additional and/or disposable occluders and eye panels.
- Non-disposable occluders and eye panels should be cleaned and disinfected after each use.
- Standard use of visual acuity charts used at a testing distance of 10 feet should be cleaned and disinfected before and after each screening day.
- Vision screening instruments (photoscreeners, autorefractors, etc.) should be cleaned and disinfected at the beginning and end of each screening day.

References

1. National Center for Children’s Vision and Eye Health. Vision Screening Considerations During the Coronavirus Disease 2019 (COVID-10) Pandemic for Schools, Head Start, and Early Care and Education Programs. Retrieved September 2020 from <https://preventblindness.org/wp-content/uploads/2020/08/NCCVEH-Vision-Screening-Considerations-August-2020-2.pdf>.
2. Centers for Disease Control and Prevention. Operating schools during COVID-19: CDC’s Considerations. Retrieved September 2020 from <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>.
3. Kansas Department of Health and Environment. Cleaning and Disinfecting Your Business/Facility. Retrieved September 2020 from <https://www.coronavirus.kdheks.gov/DocumentCenter/View/991/Cleaning-and-Disinfecting-Your-Business-PDF---4-29-2020>.
4. Kansas Department of Health and Environment and Kansas State Department of Education. Kansas Vision Screening Requirements and Guidelines. Retrieved September 2020 from http://www.ksits.org/download/Kansas_Vision_Screening_Guidelines.pdf.