

1g. SENSORY SCREENINGS [P.S. 1304.20 (b)(1)]

Policy: To screen all enrolled children to detect possible hearing and vision problems.

Procedure: All enrolled children will be screened within 45 days of entry by trained SHS staff (Family Workers and Home Visitors) using the Audiometric and Vision assessment procedures. Any child who fails the initial screening must be rescreened in 2 to 6 weeks. If the child fails the second screening, the Family Worker/Home Visitor contacts the parents regarding referral to an appropriate health care or eye care provider. A referral letter (see Forms section) is given to the parents/guardians with the results noted. Family Workers and Home Visitors will follow-up with the family to ensure appropriate follow up has occurred.

Failed Screenings

If a child is screened for hearing or vision and is uncooperative, does not understand directions, or fails the screening, code them in ChildPlus (CP) as “Needs Re-screening, Failed 1st”. Rescreen in 2 to 6 weeks, using the appropriate screening tool or the EHS Screening Tools, either Music To My Ears or EHS Vision Screener. Rescreens may also be completed by the Registered Nurse using Sure Sight or Plusoptix (vision) or the OAE (hearing). If the child fails the second screening use the appropriate referral letter located on the Intranet or in the Health Forms Manual. Refer them to a health care provider for hearing follow up and/or an audiology referral. Refer them to an optometrist for vision. If the child needs to see an ophthalmologist, they will need a referral from their health care provider. If the child returns with an evaluation report from a health care provider or optometrist/ophthalmologist, scan to “health”. If a child does not get any follow-up within 3 months of the referral, you must re-screen them. This gives the child a chance to mature and possibly complete the screening.

Steps:

- 1) Screen child
- 2) If uncooperative, unable, or fails screening record in ChildPlus as “Needs Re-screening, Failed 1st”.
- 3) Rescreen child in 2 to 6 weeks
- 4) If a child passes the rescreen add an action to the failed event with “Evaluation Complete, No Treatment Needed” as the status code.
- 5) If the child **does not** pass the rescreen add an action to the failed event with “Referred, Failed 2nd Screening” as the status code.
- 6) Check the “Parents/Guardians Notified” box and fill in the fields.
- 7) Send referral letter to parents with results marked.
- 8) After completing initial parent contact regarding referral for follow up, remind parent every other month until follow up is complete.
- 9) Every time you make contact with parent regarding follow up enter it in as an action to the initial failed event with “On-going SHS Contact” as the status code.

***HOMEBASE AND CENTER AUDIOMETRIC ASSESSMENT**

Procedure: The screening area should be quiet and free from distractions. Test the audiometer before use by putting on the headset and running through both ears at 15 dB at 1000, 2000, 3000 and 4000 Hz.

Sit the child in a chair and say, "We're going to play the hearing game." Place the headset between you on the table. Give the child a block with instructions to put the block in the box when they hear the beep. Take a block yourself and give a sample tone at 90 dB. Offer lots of praise.

1. "Let's do it again." Repeat the above.
2. "Now you try to beat me."
3. Turn the decibel level down to 50 dB before putting the headphones on the child.
4. "Let's put the headset on." Place the headset on gently with the red headphone over the right ear.

5. Always test the right ear first.
6. Give a sample tone at 50 dB, 4000 Hz, then turn the dial down to 25 dB and give a beep at 4000, 3000, 2000 and 1000 Hz . . .
7. Switch to the left ear and give a beep at 25 dB at 1000, 2000, 3000 and 4000 Hz. Record on the Pink Health Cover Sheet. Use a ✓ mark if the child passes, a -- if they fail.

When finished, make sure the audiometer is turned off before unplugging.

CRITERIA FOR REFERRAL

Children who have failed the screening **must** be **rescreened** within in two to six weeks, to be sure it is a true failure and not related to other factors that may cause the child to perform poorly.

REFER a child if they failed at any frequency for either ear.

FOLLOW-UP: -- A CRITICAL PART OF SCREENING!!!

1. One month after the original referral, if you have not received a report from a health care provider of hearing follow up you should contact a parent regarding plans for taking the child for a hearing evaluation. If the parent says that an evaluation has taken place, request a copy and scan to "health".
2. If the child has NOT had an evaluation, offer assistance to parents to make an appointment. Contact parent(s) again in 4 weeks for results.

***HOMEBASE AND CENTER VISION ASSESSMENT**

SETTING UP SCREENING AREA

1. Choose a quiet, well-lighted area, preferably a separate room, free from distractions and clutter that has the proper distance required for screening. When using a 10foot chart for preschoolers you will need a room about 12 feet long to allow room from the screener.
2. Use the lighted box with the SYMBOLS eye chart at 3 feet from the ground. Lighted box should be clear of shadows. Always use the 10 foot Symbols chart, but record the results in the 20 foot equivalent (the numbers on the right side of the chart).
3. Place a chair next to the box, if preferred.
4. Secure “magic feet” with heels 10 feet from the lighted box or chart. The child should stand or sit with their feet on the “magic feet” or their heels on the 10 foot heel line. If possible, place a small table in front of the child with the SYMBOLS response card within easy reach of the child.

VISION SCREENING PROCEDURES:

1. If the child wears glasses, leave them on.
2. Tell the child you are going to play an eye game. Have them match the symbols on the card with the flash cards or by pointing to the response board.
3. Give lots of positive reinforcement.
4. When a child understands the matching game, or can name the symbols, check both eyes together first. Start at the 20/60 line and move through the line, down to at least the 20/40 line.
5. Place the occluder glasses on, covering the left eye to screen the right eye first. Start at the 20/60 line and screen down to at least the 20/40 line. To pass a line, the child must correctly identify one more than half the symbols on that line (3 of 5 symbols). Record the smallest line a child can pass. If the child squints or looks around the glasses to name a symbol, do not pass that line.
6. Change the occluder glasses to cover the right eye.
7. Record the results on the Pink Health Cover Sheet and as a new event in ChildPlus.

FAILED SCREENING:

1. All children who failed a vision screening using the eye charts must be rescreened in 2-6 weeks before a referral. Record the second screening results in ChildPlus as an “action” to the first failed event.
2. A child with a visual acuity of 20/50 or worse (higher) in either or both eyes failed the screening. In other words, they must correctly identify 3 of the 5 symbols on the 20/40 line or a lower line (20/30, 20/25 or 20/20)
3. A child with a two line difference or more in visual acuity between the eyes failed the screening. For example, if a child screens at 20/40 in one eye and 20/20 in the other eye, they would fail the screening, even if both results are below the 20/50 cut-off.

4. Refer a child who fails two vision screenings to an eye doctor. See the referral list in the back of the health manual.

FOLLOW-UP: -- A CRITICAL PART OF SCREENING!!!

1. One month after the original referral, if you have not received a report of an eye examination, you should contact a parent to inquire regarding plans for taking the child for an eye examination. If the parent says that an examination has taken place, request a copy of the exam and scan to “health”.
2. If the child has NOT had an exam, offer assistance to parents to make an appointment. Contact parent(s) again in 4 weeks for results.

****Note:** If a child fails the SPOT vision screening completed by the Lions Club or a Plusoptix screening completed by Head Start, refer them directly to an optometrist without rescreen.

***EHS AUDIOMETRIC ASSESSMENT**

Policy: To provide a basic, standardized hearing screening for all infants and children enrolled in the EHS program. Infants and children who fail the screening will be screened again two to six weeks later. Infants and toddlers who fail the second screening will be referred to their health care provider for additional diagnostic exams, using appropriate referral letters found in the Health Forms Manual or on the Intranet.

Procedure: The screening area should be quiet and free from distraction. Age 2 to 36 months: Complete the Hearing Development and Communication Questionnaire for Screening of Infants found in the “Music To My Ears” kit. Complete the age appropriate questions only. Follow the instructions to complete the hearing screening using the “Music To My Ears” kit. Scorecards are supplied in the kit. For children 24 to 36 months old, use the 24-month age slot. Refer any child who fails the screening to his or her health care provider for follow-up.

Major characteristics of hearing development:

Birth to one month: Responds to sudden sound by crying, blinking eyes or opening eyes widely. Extends limbs and fans out fingers and toes; has startle reflex (Moro). May become still if active at the time of stimulation.

Three months: Begins to turn head to the side in an attempt to locate the sound source.

Six months: Turns head directly to the side toward sound source.

Nine months: Turns head to the side then downward to locate sound made below eye level. Learns to control and adjust response to sound (e.g. may delay response and listen for sound again, may not attempt localization). Comprehends “no-no” and “bye-bye.” Imitates sounds.

Twelve months: Directly localizes sound to the side and below eye level. Turns head horizontally and then upward to locate sound source above eye level. Understands simple

instructions when accompanied by a gesture (e.g. “Give it to mommy” or “Say bye-bye”). Says two or three words with meaning by one year.

Eighteen months: Directly turns head to sound made at the side, below and above eye level. Responds to commands.

Twenty-four months: Directly turns head to sound at all levels. Joins words together spontaneously. Developmental progression of speech and language are good indicators of normal hearing.

***EHS VISION ASSESSMENT**

Policy: To provide a basic, standardized screening to detect amblyopia (lazy eye) for all infants and children enrolled in the EHS program. Infants and toddlers who fail the first screening will be screened a second time two to six weeks later. Refer infants and children who fail the second screening to their health care provider for further diagnostic evaluations.

Procedure: Along with the parent questions complete the following:

Age 0 to 12 months:

Tracking: Lie a young infant on his or her back and put a bright object (colored diversion ball from the Music To My Ears kit) approximately 13" from the face. Move the ball slowly in an arc from side to side and watch for smooth equal movements as the baby attempts to follow the ball with his or her eyes.

Age 12 to 36 months:

Tracking: With child sitting on chair or in mom’s lap, hold a bright object (colored diversion ball from the Music To My Ears kit) approximately 13" from eyes. Move the object in an “X” pattern and look for smooth equal tracking movements.

Do this assessment once per year while the child is in the EHS program. Refer any child who fails the screening to his or her health care provider for follow-up. Send a copy of the referral with screening results to the Health Services Manager/Registered Nurse.

Major characteristics of vision development:

Birth: Eyes move independently. Fixates on moving object in the range of 45 degrees. Blinks, squints, or may sneeze when exposed to bright lights. Eye and head movements are not coordinated. Farsighted due to the immaturity of the eyeball (visual acuity approx. 20/300).

One month: Fixates on large, moving objects in the range of 90 degrees. Watches parents intently when they speak. Fixates on face. Tear glands start to function. Intermittent strabismus (crossed eyes) may be present.

Two months: Peripheral vision of 180 degrees. Convergence on near objects begins at six weeks (eyes begin working together). Follows moving objects with eyes, but movements may be jerky.

Three months: Regards hand. Well established convergence. Follows a moving object from side-to-side. Fixates on near objects.

Four months: Visual acuity 20/80. Fixates on one inch cube. Recognizes familiar objects (e.g. feeding bottle). Observes mirror image. Make referral if strabismus continues by four to six months of age.

Six months: Visual acuity 20/20 - 20/40 (measured by (VECP) visual evoked cortical response). Moves or adjusts position to see object. Watches falling toy. Eye-hand coordination is developing. Smooth following eye movements in all directions.

Nine months: Depth perception is developing. Attentive to environment. Observes activities of people and animals with sustained interest within a distance of ten to twelve feet for minutes at a time.

Twelve months: Follows rapidly moving objects. Recognizes familiar people at 20 feet or more. Visual acuity 20/20 (measured by VECP).

Eighteen months: Well established convergence (uses both eyes together). Fixates on small objects. Sees and points to interesting objects outdoors.

Twenty-four months: Fixates on small objects for sixty seconds. Well developed accommodation. Recognizes fine detail in picture books.

Thirty-six months: Visual acuity is 20/20 as measured by VECP. Copies geometric designs, circle, cross. Smooth convergence.