

## **Students**

### **Health Screenings**

#### **Vision Screening**

School nurse/health aide will conduct initial visual acuity screening during the school years K, 1, 2, 3, 4, 5, 6, and 9 and upon request by parent or appropriate professional.

The screening process will be consistent with those procedures outlined in Guidelines for Vision Screening, Connecticut State Department of Education 2004. The Snellon E., the Letter Chart or the Figure Chart may be used, dependent upon the ability of the child.

Any child failing the initial screening shall be re-tested by the school nurse. The nurse will notify parents and refer the child for a professional visual examination if a pupil fails to read either eye one more than half of the 20/30 line in kindergarten through grade two (2), or fails to read one more than half of the 20/20 line in grade three (3) and above, or in any grade is found to have a one line discrepancy between two eyes. Referrals may also be made when observation information indicates more extensive testing.

All testing results will be recorded in the child's health folder.

Associated Forms: Form #1 - Letter to Parents regarding Vision Screening

#### **Hearing Screening**

All students will be screened for possible hearing impairments in grades K, 1, 2, 3, 5, and 8. Audiometric screening will also be conducted in response to an appropriate request from a parent or professional working with the student in question. Special provisions will be made for students with a severe handicapping condition. Results will be recorded in the student's health record. Students failing the screening will be referred for a professional examination.

The following represents Waterford's Regulations regarding audiometric or hearing screening.

**(a) Personnel:**

School nurses, registered nurses, speech pathologists, audiologists, and trained aides to school nurses who may perform audiometric screening shall have completed six (6) hours of training in this area including practice supervised by a properly trained school nurse, speech pathologist or audiologist.

## Students

### Health Screenings (continued)

### Hearing Screening (continued)

**(b) Environment:**

Screening shall be performed in an acoustic environment sufficiently quiet for a subject with normal hearing sensitivity to hear the test stimuli at the screening levels.

**(c) Equipment:**

- (1) Audiometers used shall provide calibrated puretone stimuli at each of the following frequencies for each ear: 1,000, 2,000, 4,000 Hz, at a hearing level of 20 dB for 1,000 and 2,000 Hz and 25 dB at 4,000 Hz.
- (2) Audiometers used shall meet the current American National Standards Institute specifications for audiometers and shall be assessed at least annually for adequate calibration. A statement showing the date and results of last calibration shall be kept with each audiometer.

**(d) Screening:**

Each student examined shall receive calibrated puretone, air-conducted stimuli for each ear at the following frequencies and levels: 1,000 Hz, (20 dB), 2,000 Hz, (20 dB) and 4,000 (25 dB). In lieu of puretone audiometric screening, tympanometric procedures may be substituted.

**(e) Standard:**

A student who does not respond to any of the three required screening frequencies in either ear shall be suspected of having an impairment or defect of hearing.

**(f) Referral Process:**

If a student does not hear one or more frequencies at the recommended intensity in a single ear, he/she should be re-tested by the school nurse within two weeks. If the student fails his/her second audiological screening, the school nurse is to recommend to the parent that the child be evaluated by the school Speech Pathologist or that the parent take the child for a private examination. If the parents choose to have their child evaluated by the school Speech Pathologist, the audiological referral proceeds as directed on the Request to Speech Pathologist for Hearing Evaluation form. If the parent chooses to take the child to a private physician, then the nurse will immediately complete and forward the Referral of Child to Physician for Hearing Examination form.

Associated Forms: Form #2 - Referral of Child To Physician For Hearing Examination



## Students

### Health Screenings (continued)

#### Pediculosis Guidelines

##### (a) Identification

If a teacher or other Waterford Public School employee views the following symptoms, the child is to be referred to the school nurse or school health aide for a pediculosis screening.

1. Excessive scratching of the scalp.
2. Observation of nits (ivory colored eggs approximately 1/32" in length) or lice in hair.

##### (b) Procedures Regarding Individual Students

1. If live lice or nits appearing in close proximity to scalp are observed the student is to be considered to have pediculosis. In this situation the principal will exclude the student, and the nurse will instruct the parent or guardian on treatment procedures and precautions against spreading. The school nurse/health aide or Principal will notify parents immediately.
2. The nurse or school aide will do head checks on all children in classroom and on any siblings of infected children. Examination consists of sectioning and parting of hair using wooden applicator sticks. If students have siblings in other schools, the nurse will notify the school nurse of that school. The siblings will be screened immediately.
3. Identified students may return to school immediately following treatment which includes the application of head louse shampoo. The parent will be required to sign a statement attesting to the administration of appropriate treatment, and the student will be rescreened by the nurse or school health aide (see form #8.)
4. Identified students are to be rescreened seven to ten days after readmittance to school. Parents will be required to sign a statement attesting to the administration of appropriate treatment at that point in time.
5. If there are nits which are not close to the scalp in a child's hair and there is a question as to whether there is a currently active infestation, implementation of the above-stated procedure will be strongly recommended to the parents. This is to be done in the best interest of the child and the school community.
6. To ensure confidentiality, the names of the children who have pediculosis will be shared with no other parents and with only those staff members which the principal deems to have a reason to know. No parents other than the parent of a child in question will be present when a child is being individually rechecked by the nurse or health aide.

## Students

### Health Screenings (continued)

#### Pediculosis Guidelines (continued)

7. If a student's pediculosis problem does not appear to be eliminated by the standard medical treatment, the school medical advisor may intervene and request the school principal to exclude the student from school until all lice or nits have been removed from the student's head.

#### (c) Procedures Regarding the School Community

1. If a count of active pediculosis cases exceeds one percent (1 %) of the school enrollment during a ten (10) calendar day period of time, the nurse or school health aide is to check the entire school. This decision is to be made by the school nurse and the school principal.
2. If a child has been declared an inactive case and becomes infected at another point in time, he or she will be reclassified as an unduplicated active case when the new one percent count is being calculated.
3. The school principal and nurse are to assess the extent of the problem and form a plan of action regarding notification of parents of non-afflicted students. If the nurse and the school principal decide to inform parents of non-involved students a letter similar to the attached example may be used (Sample letter for Notification of Pediculosis in School Form #8). If it is decided that more information needs to be distributed or there is a second school wide screening, a mailer can be done which includes more specific information (Prevention and Control of Pediculosis Form #7).
4. If within 60 calendar days of the first school wide Pediculosis screening the one percent criteria needed to activate a second school wide screening is reached, the Supervisor of Special Services is to be added to the school nurse-school principal decision-making team. If the Pediculosis criteria is reached for a third time within the 60 calendar day period a VNA administrator and the School Medical Advisor are to become part of the decision making team. The School Superintendent is to be notified of the situation.
5. If a substantial number of pediculosis cases exist in a school or there are continual recurring cases, the School Medical Advisor, after consulting with the school nurse, may advise the school administration to implement a "no nit order." This order would mean that even appropriately treated students are not to be readmitted into the school if there are any nits in their hair.

## Students

### Health Screenings (continued)

Associated Forms:    Form #6 - Sample Letter for Notification of Pediculosis in School  
                             Form #7 - Prevention and Control of Pediculosis  
                             Form #8 - Parent Signature Form # 1 & #2

Regulation issued:    October 16, 2003  
Regulation amended:    March 4, 2005

WATERFORD PUBLIC SCHOOLS  
Waterford, Connecticut

**WATERFORD PUBLIC SCHOOLS**  
**Waterford, Connecticut**

**VISION SCREENING**

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

To: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_, School Nurse

Recently we have administered vision screening tests to all of the children in our schools. On the basis of these test results we think it would be desirable for your child to have a thorough eye examination. Therefore, we suggest that you take him/her to an eye specialist (Oculist, Ophthalmologist, Optometrist) for further examination of that you follow the recommendations of your family physician.

Date of Test: \_\_\_\_\_ Test Used: \_\_\_\_\_

Other Symptoms (please describe): \_\_\_\_\_

School: \_\_\_\_\_

**REPORT OF EYE EXAMINATION**

Student's Name: \_\_\_\_\_

**I. Measurements:** (See back of form for preferred notation for recording visual acuity)

A.	Visual Acuity:	Without Correction	With best Correction with Ordinary Lenses	Without Correction	With Best Correction with Ordinary Lenses
	Right Eye (O.D.)	_____	_____	_____	_____
	Left Eye (O.S.)	_____	_____	_____	_____
	Both Eyes (O.U.)	_____	_____	_____	_____

B. If glasses are to be worn, were safety lenses prescribed in:  Plastic  Tempered Glass

**II. Prognosis and Recommendations:**

A. Is student's vision impairment considered to be:

Stable  Deteriorating  Capable of Improvement  Uncertain

B. What treatment is recommended, if any? \_\_\_\_\_

C. Is re-examination advised? \_\_\_\_\_ If so, after what interval? \_\_\_\_\_

D. Glasses:  Not Needed  To Be Worn Constantly  
 For Close Work Only  Other \_\_\_\_\_

E. Lightening requirements:  Average  Better Than Average  Less than Average

F. Use of eyes:  Unlimited  Limited as Follows: \_\_\_\_\_

G. Physical Activity:  Unrestricted  Restricted as Follows \_\_\_\_\_

H. Other Recommendations: \_\_\_\_\_

To be Forwarded by Examiner to: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

**WATERFORD PUBLIC SCHOOLS**  
**Waterford, Connecticut**

**Referral of Child to Physician for Hearing Examination**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

This child is referred because of failing one or more audiometric tests. The available results of such tests are attached to this form. The most recent test was performed on:

Additional Information: \_\_\_\_\_

Name of Person Making Referral to Whom This Form Should be Returned: \_\_\_\_\_

Name of School or Agency: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN'S REPORT OF EXAMINATION OF HEARING**

Physician please complete and hand entire sheet to parent to return to person making referral, or mail directly to person making referral.

I find that the above named child:  Has a loss\*  Has no loss

I plan to treat this child by:  Wax removal  Myringotomy  Allergy Control  
 T & A  Other, as specified in notes \_\_\_\_\_

I plan to refer this child for treatment to: \_\_\_\_\_

I would like to discuss plans for this child with you.

In my opinion, this child's loss is stable or not amendable to further treatment at this time.\*\*

**My Recommendations are:**

Speech Therapy  Lip Reading & Auditory Training  Hearing Aide  
 Selective Seating  Psychological Examination  
 Other, as specified in notes \_\_\_\_\_

Notes on plans for treatment, prognosis, when and where to be retested, and any other information important for follow-up: \_\_\_\_\_  
\_\_\_\_\_

Name of Examining Physician: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

This form was reviewed by the subcommittee on hearing of the Committee on Public Health of the Connecticut State Medical Society, the Connecticut State Department of Health and the Connecticut State Department of Education.

\* For purposes of this report, please include in this category the child whose hearing acuity is temporarily diminished because of accumulated wax, even though the removal of the wax restores hearing to the normal level.

\*\* This information will help us in determining whether this child should be referred for further treatment if he/she fails future hearing tests.

**WATERFORD PUBLIC SCHOOLS**  
**Waterford, Connecticut**

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

Dear Parent or Guardian,

Scoliosis screenings for students in grades 5 through 9 will be held during the next few weeks.

Simply stated, Soliosis is a sideways curvature of the spine. In its early years, it is painless and appears gradually, especially during the early teenage years. Approximately 7 to 10% of children in this age group develop Scoliosis, and 2 to 3% will require treatment. If the condition is detected early and appropriately treated, progressive spine deformity can be prevented.

The procedure for screening is simple. The school nurse will inspect the student's spine as he or she stands and bends forward.

If your child has a possible curvature, you will be notified immediately and it will be recommended that you take your child to your family physician, pediatrician, or an orthopedist for further examination.

Please fill out completely, the permission slip below and return to the school nurse by \_\_\_\_\_. If you have any questions and/or wish to be present when your child is screened, contact the school nurse.

Sincerely,

School Nurse

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**Name of Child:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

\_\_\_\_\_ **I give my permission for a Scoliosis Screening.**

\_\_\_\_\_ **I DO NOT give my permission for a Scoliosis Screening**

\_\_\_\_\_ **My child is already under care for Scoliosis.**

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**Parent or Guardian**

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**Date**



**WATERFORD PUBLIC SCHOOLS**  
**Waterford, Connecticut**

Your child's class has been given a simple physical screening to detect curvature of the spine. Although the results do not definitely mean there is a problem or that treatment is needed, we request that you have your family doctor or pediatrician examine your child for the possibility of scoliosis.

Only a small percentage of children need active treatment, but those who show any sign of spine curvature must see a doctor. Early detection and treatment could save your child from quite serious effects later in life.

Since scoliosis tends to run in families, we also urge that all children in your family be given a scoliosis exam by a physician as soon as possible.

Please ask the examining doctor to fill out this form when the exam is completed and return this form to me.

Thank you for your cooperation.

If there are any questions, please feel free to call me at \_\_\_\_\_.

\_\_\_\_\_  
School Nurse

**Physician's Findings and Recommendations**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Abnormal findings were noted on the above child in the school scoliosis screening program. Please view and, if indicated, obtain a single standing AP X-Ray of the spine.

Thank you.

X-Ray Results \_\_\_\_\_

- No significant findings at this time.
- Need for further evaluation.
- Re-examination or treatment recommended on \_\_\_\_\_ (date)

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_, MD      Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_      Telephone: \_\_\_\_\_  
\_\_\_\_\_

**WATERFORD PUBLIC SCHOOLS**  
**Waterford, Connecticut**

**Sample Letter For Notification of Pediculosis In School**  
(To be typed on individual school letterhead)

To All Parents:

This week a few cases of PEDICULOSIS or HEAD LICE have appeared in our school. Pediculosis is an increasing problem nationwide and outbreaks are common in schools.

Pediculosis usually is transmitted from one infected child to another by direct contact with the hair. Personal items like combs; brushes, towels, and bedding are other frequent sources of infestation. Clothing, such as hats, ribbons, scarves, topcoats, and sweaters, provide excellent transportation from one individual to another.

Children at school have had their hair checked by the nurse or nurse's aide. It would, however, be helpful if you also check your child's hair. Although the lice are difficult to see, you can identify them by a close inspection, possibly aided by a hand lens, which may reveal small, ivory colored eggs attached to individual hairs. In checking the scalp, pay particular attention to the back of the head and the area behind the ears. Another telltale sign is a persistent itch of the scalp, often accompanied by infected scratch marks or what appears to be a rash.

If you find anything in your child's hair that looks suspicious to you, please call your physician or the school nurse for consultation. Although there are over the counter shampoos, we would advise you to contact your physician and consider a prescription shampoo that appears to be the most effective in controlling head nits and lice. This is being suggested not only to protect your child but also the other students in the building. If you wish to learn more about pediculosis please call your school nurse.

Once again, I want to strongly stress that pediculosis is a common occurrence in any school system and the few cases that we currently have are under control. I thank you for your cooperation, and if you have any questions or concerns contact the school nurse, \_\_\_\_\_ at the school \_\_\_\_\_ or at the Visiting Nurses Association office 444-1111.

Sincerely,

\_\_\_\_\_  
School Principal's Signature

**WATERFORD PUBLIC SCHOOLS**  
**Waterford, Connecticut**

**Prevention and Control of Pediculosis**  
(To be distributed for second school-wide screening)

**How You Get It:**

Head lice are usually transmitted through close personal head-to-head contact with another infested individual or through use of common combs, brushes, and other grooming aids; through sharing hats, caps, wigs, coats, or through commingling of these items at the homes of friends, at school, or other public places. Most parents have the impression that lice become established on persons who are unclean. In the case of head lice, this is NOT true. Frequent bathing will neither prevent head lice nor eliminate an infestation once it has become established.

**What To Look For:**

Head lice are elongated insects about this (--) long and are grayish white with dark margins. Lice do not have wings and therefore, cannot fly. They do not jump, but do move quickly; this makes them difficult to find in the child's hair.

Since crawling forms are so difficult to see, the diagnosis of pediculosis infestation is frequently made on the basis of finding nits. A nit is a louse egg. Nits are teardrop in shape, about this size (-), and vary in color from yellowish brown to white. Head lice attach each nit to a hair shaft with a waterproof, cement-like substance. Thus, nits cannot be washed or brushed out of the hair like dandruff or other debris that sometimes look like nits to the naked eye. Clusters of nits may be found in any section of hair, especially behind the ears and at the back of the neck; but, in mild cases, a careful examination of the entire scalp may be necessary to detect them. Watch for redness of the scalp and for itching. A bright light directed at the scalp can be helpful for identifying nits.

**Treatment:**

Treatment is directed at the infested individual and his personal articles, e.g., caps, combs, brushes, towels, bedding, etc. Fumigation or use of insecticides in the home is NOT recommended by the U.S. Public Health Service.

**A. Individual Treatment**

1. Remove outer clothing above the waist. For young children, it may be easier to remove all clothing and place the child in a bath or shower area.
2. Apply head louse shampoo according to your physician's instructions or label instructions provided by the drug manufacturer. Several medicated shampoos (Pediculicides) are available for head lice.
3. Have child put on clean clothes after treatment. Wash the child's clothes and towels separately from family laundry.

**Treatment:** (continued)

**A. Individual Treatment** (continued)

4. Cover the child's shoulders with a clean dry towel; then, fine-tooth comb the hair. Comb small amounts of hair at one time. (Do this outside the house, if possible, until all nits/shells have been removed).
5. The child may return to school immediately following treatment. Proof of appropriate treatment will be required by the school for re-entry. (Please sign the attached statement and return it to school).
6. Shampoo the morning after the treatment using a mild shampoo followed by fine-tooth combing as above.
7. Carry out fine-tooth combing daily and wash hair thoroughly with regular shampoo until nits are removed.
8. Examine all family members of infested children. Only family members who have crawling forms or nits should be treated. Siblings or a parent who share a bed with a child known to be infested should be examined very carefully to determine if there is evidence of infestation. Continual awareness and frequent checking is important.
9. Repeat treatment in seven to ten days. While pediculicides rapidly kill crawling lice, they do not kill all the nits. Therefore, the treatment should be repeated in seven to ten days to kill any newly hatched lice. (See attached statement). The seven to ten day interval corresponds to the incubation period of a louse's egg. Pediculicide shampoos can be toxic and irritating and should not be overused. Follow the instructions for shampooing.

**B. Disinfection of Personal Articles and Environment**

Since heat is lethal to lice and their eggs, personal articles should be machine washed in hot water and/or dried using the hot cycle of the dryer. Eggs are killed in five minutes at 51.5 degrees centigrade (125 degrees Fahrenheit), and crawling forms succumb to slightly lower temperatures. Home hot water heaters keep water at about 60 degrees centigrade when the heat selector is set on medium or high. However, some water heaters are not able to sustain the 60 degrees centigrade water temperature when several loads of laundry are processed one after the other or when other demands for hot water (bathing) are made simultaneously. To maintain the water at 60 degrees centigrade or higher, allow time between loads of laundry or baths for the water heater to regain its maximum water temperature. If total reliance is placed on the clothes dryer for disinfection, dry articles for at least 20 minutes at the high heat setting. Some non-washable articles may be disinfected in the dryer provided that high heat will not harm the material.

**Treatment:** (continued)

**B. Disinfection of Personal Articles and Environment** (continued)

1. Machine wash all washable clothing and bed linens that have been in contact with the infected individual within the previous three days. Personal articles of clothing or bedding that cannot be washed or dried on the high heat setting may be dry cleaned or simply placed in a plastic bag and sealed for a period of ten days.
2. Combs, brushes, and similar items can be disinfected by soaking them in either one of the pediculicide shampoos, or a two percent Lysol solution for one hour, or by soaking them in a pan of water heated on the stove to above 140 degrees Fahrenheit for five to ten minutes (caution: heat may damage some combs and brushes).
3. The U.S. Public Health Service recommends that environmental clean-up be consistent and limited to careful vacuuming of carpets, upholstered furniture, personal belongings, etc. Use of insecticides or fumigants on upholstered furniture, carpets, bedding, etc., is not recommended.

Please call either your physician or the school nurse for further information if you have any questions. You must have your child checked by the school nurse before re-entering class.

Thank you for your cooperation.

\_\_\_\_\_  
Superintendent/Principal

\_\_\_\_\_  
Date

**WATERFORD PUBLIC SCHOOLS  
Waterford, Connecticut**

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

Student's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Dear School Nurse,

I have read the appropriate procedures associated with the treatment of head lice and have followed the directions as requested. This includes the application of a head louse shampoo.

\_\_\_\_\_  
Signature of Parent/Guardian

This form is to be signed and returned after initial identification of head lice.

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

Student's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Dear School Nurse,

I have read the appropriate procedures associated with the treatment of head lice and have followed the directions as requested. This includes the application of a head louse shampoo.

\_\_\_\_\_  
Signature of Parent/Guardian

This form is to be signed and returned after initial identification of head lice.