

## Health Screening Guidance

### What screenings are required by the state?

The state of New Hampshire does not mandate health screenings by school nurses at this time. However, many nurses choose to perform screenings in an effort to improve the health and well-being of their students.

### If screenings are not required, why should a school nurse do them?

The National Association of School Nurses (NASN) identifies health screenings as one of the [seven roles of the school nurse](#). Screenings provide a unique opportunity for nurses to positively impact the health of students. Consider the potential benefits when deciding which screenings, if any, to include in your normal activities. For example:

- Act as a safety net for children who might not have regular access to primary care
- Prevent medical, psychosocial, and academic consequences of missed diagnoses
- Provide an additional point of contact to develop rapport, educate, and evaluate the overall well-being of students


### How would a School Nurse get started?

If you decide to perform screenings in your school, use established guidelines such as those available from the [National Association of School Nurses](#) (NASN). Inform parents early in the school year what screenings are planned and why. This gives you an opportunity to educate the parents about your role as school nurse and the health issues that concern you. You can use this communication to obtain consent (passive, or active if needed) for the screenings and explain the limitations of the screening process. Be sure to establish a protocol for following up on any abnormal results. Ensure district support.

### Does the Office of School Health recommend BMI screening?

Yes.

Rationale: The increasing rate of obesity in our young people is now evidencing itself in a rise in type 2 diabetes and even hypertension in children. Monitoring BMIs in schools is one of the most controversial screening recommendations and yet has the greatest potential health impact.

Guidelines: NASN has recommendations for managing and preventing obesity available for purchase, but we ask you to consider following the recommendations from the [New Hampshire Childhood Obesity Expert Panel of the Foundation for Healthy Communities](#)  available free. Here is a summary of their recommendations from page seven of the document.

- Communicate results in terms of "healthy" or "unhealthy" BMI. Include all other screening results for that student along with the BMI results.
- Communicate results of every student to their parent(s), i.e., do not notify only those parents whose child falls outside a given BMI range.

- Do not communicate the results directly to the students.
- Once a year obtain measurements to calculate BMI for all students taking care to ensure their privacy. Educate parents about the health impact of BMI prior to sending their child's results. Sample letters and information for parents available from [Foundations for Healthy Communities](#).

**Additional information from CDC:**

- [Frequently Asked Questions](#)
- [Online BMI calculator](#) for children and teens

\* Note: Consider obtaining and recording blood pressures at this time.

Currently there is not enough data to recommend the use of waist-hip ratios in children or adolescents.

**Does the Office of School Health recommend vision screening?**

Yes.

Rationale: Early vision evaluation is critical in ensuring normal eyesight development. Though ideally this will have been done prior to school age, screening in kindergarten or first grade can still benefit the child with vision problems that may have been missed.

Guidelines: The Office of School Health recommends a complete vision exam for all students within the first year of entering school or transferring to a new school. Complete vision exam includes near, distance, color and binocular vision. If the physical exam documentation completed by the physician includes vision screening results, the school nurse does not need to repeat the screening. Periodic re-screening for distance vision only is also recommended. Consider vision evaluation for any complaints of headache or visual problems and when referred by school staff. NASN has an [issue brief](#) on the subject at and guidelines available for purchase.

If you do not have updated screening guidelines and have no funds to purchase them, you can find many free resources available online. Here are some recent examples.

- [Minnesota](#)

**Does the Office of School Health recommend hearing screening?**

Yes.

Rationale: As with vision, vital hearing evaluation should be done before reaching school age. However, children who have not had a hearing examination can still benefit from screening in early school years.

Guidelines: The Office of School Health recommends screening all children within the first year of entering or transferring into school. In addition, consider screening children who may have exposure to loud noises that could damage hearing. For example, entry into middle school and or high school could

represent a good time to screen for and educate about potential hearing loss resulting from loud music or job-related noise.

If you do not have updated screening guidelines and have no funds to purchase them, you can find many free resources available online. For example:

- [Minnesota](#)

### **Does the Office of School Health recommend postural screening?**

Probably Not

Rationale: After reviewing existing research in 2004, the [U.S. Preventive Services Task Force](#) changed their prior determination of "insufficient evidence for or against" to "recommends against the routine screening of asymptomatic adolescents."

In response to this new recommendation the American Academy of Orthopaedic Surgeons, the Scoliosis Research Society, the Pediatric Orthopaedic Society of North America, and the American Academy of Pediatrics produced an executive summary in favor of continued screenings. They stress the importance of proper training, the avoidance of unnecessary x-rays or bracing, and allude to the possibility that early intervention may improve outcomes. However, they acknowledge that their recommendations are not evidence-based. (The Journal of Bone and Joint Surgery (American).)

We will continue to monitor this issue and will update our recommendations if new data warrants a change.

Guidelines: Since postural exams are less objective than other screenings, a nurse must receive appropriate hands-on training. For those nurses who have been trained in postural evaluation and want to incorporate this screening into their duties, this is well within the job description. A reasonable screening schedule would be: females at both ages 10 and 12, males once at age 13 or 14.

Priority should be placed on performing the above screenings before adding a new postural screening program. [NASN guidelines](#) are available for purchase.