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HEARING/VISION SCREENING MANDATE

PUBLIC SCHOOL LAWS OF MARYLAND

Education - 7-404

I. Policy Statement:

Hearing and vision screening of school children is required by law in Maryland. These screenings provide identification of children with possible defects. Since screening is not diagnostic, follow-up is important.

II. Legal Basis:

- A.
 - 1. Each county board or county health department shall provide hearing and vision screenings for all students in the public schools.
 - 2. Each county health department shall provide and fund hearing and vision screenings for all students:
 - a. In any private school that has received a certificate of approval under 2-206 of this article; and
 - b. In any nonpublic educational facility in this State approved as a special education facility by the Department.
- B.
 - 1. Unless evidence is presented that a student has been tested within the past year, the screenings required under subsection A of this section shall be given in the year that a student enters a school system, enters the fourth, fifth, or sixth grade, and enters ninth grade.
 - 2. Further screening shall be done in accordance with the by-laws adopted by the State Board.
- C. The results of the hearing and vision screenings required by this section shall be:
 - 1. Made a part of the permanent record file of each student; and
 - 2. Given to the parents of any student who fails the screenings.
- D. In cooperation with the Department of Health and Mental Hygiene, the Department of Education shall adopt standards, rules and regulations to carry out the provisions of this section.
- E. A student whose parent or guardian objects in writing to hearing and vision screening on the ground that it conflicts with the tenets and practice of a recognized church or religious denominations of which he is an adherent or member may not be required to take these screenings.

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III. Guidelines:

Many eye/ear defects which can seriously hamper performance are detected when a child first enters school. A child with impaired hearing/vision seldom realizes that he/she does not hear/see as well as others. The child may become inattentive, fall behind in schoolwork, and/or develop nervous behavior disturbances. The child may also have speech problems, since interference in hearing ability impairs early language development.

Those children to be screened are:

1. Students newly entered a school system (e.g. Pre-K, Kindergarten, new enrollees from out-of-state.)
2. Elementary level students in 1st and 4th grade.
3. Secondary level students in 8th grade.
4. Students that have been specially referred by a parent/guardian, teacher, nurse or physician.

Early identification of hearing/vision problems is important from an educational as well as medical standpoint. Health records should be reviewed for results of previous screening and follow-up.

IV. Implementation:

A. Procedures for handling hearing screening in Carroll County Schools:

1. Initial screening by the Carroll County Health Department Technicians.
 - a. Normal (negative) findings will be recorded on SR-5 cards by the Carroll County Health Department Hearing and Vision Technicians.
 - b. SR-5 cards to be filed in student's permanent record by the School Nurse.
 - c. List of absentees/rescreens given to the School Nurse.
2. Rescreening of initial failures to be done within 2-4 weeks by Carroll County Health Department Vision and Hearing Technicians.
 - a. Referral letters completed by Hearing and Vision Technicians.
 - b. Referral letters sent directly to parents by the school.

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- c. Abnormal (positive) findings will be recorded on SR-5 cards by Hearing and Vision Technicians.
 - d. Referral list to be completed by Hearing and Vision Technicians and given to School Nurse for follow-up.
 3. Follow-up information from returned referral letters to be recorded on SR-5 cards and then attached to the SR-5 card by School Nurse. Follow-up information should also be recorded on referral list.
 4. After two weeks of rescreen date, School Nurse shall send second copy of referral letter and record on the referral list.
 5. After one month, School Nurse shall phone parents who have not returned the second letter.
 - a. Share with teachers the list of those students who have not returned referral letters to determine if students are having difficulty in class which may be attributed to a hearing problem.
 - b. Provide to Community Health Nurse and Pupil Personnel Worker a list of students identified for additional follow-up.
 6. At the close of the school year, share follow-up information with Carroll County Health Department Vision and Hearing Technicians.
- B. Procedures for handling vision screening:
 1. Initial screening by the Carroll County Health Department.
 2. Referral letters completed by Carroll County Health Department Vision and Hearing Technicians and sent directly to parents by the school.
 3. Referral list to be completed by Hearing and Vision Technicians and given to School Nurse for follow-up.
 4. The School Nurse shall:
 - a. Check record for return of initial follow-up screening letters against the referral list.
 - b. Record results on the SR-5 and file in the student's record. Attach returned referral letter to SR-5 card.

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- c. After one month, send second follow-up letter and record on the referral list.
 - d. After one month, phone parents who have not returned the second letter.
 - e. Share with teachers the list of those referrals not returned to determine if students are having difficulty in class which might be attributed to a vision problem.
5. Provide the Community Health Nurse and Pupil Personnel Worker a list of students identified by teachers for additional follow-up.
6. At the close of the school year, share follow-up information with Carroll County Health Department Vision and Hearing Technicians.

HEARING AND VISION SCREENINGS – School Nurse Responsibilities

1. Approximately one month before the scheduled screening:
 - a. Pull SR-5 cards on routine screenings (K, 1, 4, 8, special needs and all students new to CCPS).
 - b. Request teacher referrals for other grades and pull their SR-5 cards.
 - c. Obtain volunteers to assist with screening (check with office for procedures to follow to get volunteers).
 - d. Line up areas for testing, room for hearing test must be quiet. (Check with office to see where it has been done in previous years).

2. 3 weeks prior:
 - a. List from Data Processing for routine screenings should arrive. Contact Data Processing if list has not arrived.
 - b. Record in duplicate all students not found on the Data Processing Screenings

3. After initial screenings:
 - a. Obtain lists of missed, failures, and hearing re-screens from the technicians. Xerox letters of vision failures (2 letters are sent; 1st immediately, 2nd one month later if no response). Mark second letter as such. Inform teachers of failures.
 - b. Remind administrators of date of hearing re-screen and obtain room for the re-screen. Keep SR-5s separate to be available for technicians to use.
 - c. Refile other SR-5 cards.

4. After hearing rescreen:
 - a. Send hearing failure letter (Xerox for 2nd letter to be sent one month later). Inform teachers.
 - b. Send second vision letter if no response to the 1st.

5. As letters are returned document responses on front of SR-5 card. Attach copy of doctor's report to SR-5 card.

6. For students without documented follow-up, contact information needs to be collected and shared with CCHD.

CARROLL COUNTY HEALTH DEPARTMENT BUREAU OF COMMUNITY HEALTH NURSING

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Dear Parents/Legal Guardians:

Atlantoaxial Instability (AAI) has been shown to be present in about 10% of individuals with Down Syndrome. People with Down Syndrome can have low muscle tone and lax ligaments, which can result in their vertebrae becoming misaligned. When this happens to the two top vertebrae in the neck, (1st and 2nd cervical vertebrae) there is a possibility of damage to the spinal cord and neurological symptoms. This is called AAI. All children with Down Syndrome should have a neck x-ray and be examined by their doctor, to make sure that it is safe for them to participate in physical education, physical therapy or occupational therapy. Please have your child's doctor sign and return the form below.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth M. Ruff, M.D.", is written over a horizontal line.

Elizabeth M. Ruff, M.D.
Deputy Health Officer, Carroll County

Child's Name _____

Birthdate _____

The above-named child has had x-rays checking for Atlantoaxial Dislocation on _____.
(Date of x-ray)

These x-rays of the neck revealed no evidence of Atlantoaxial Dislocation, and this child may participate in all physical education, physical therapy, and occupational therapy activities. As this child's doctor, I will follow-up at regular intervals for any neurological signs indicating Atlantoaxial instability.

Date

Physician's signature

Parent's Signature

wp/lac/ruff/atlantoaxialinstability
(Rev. 7/01; 8/02; 6/03; 7/04; 6/05; 2/08; 7/09; 6/10)

(SCHOOL LETTERHEAD)

Dear Parents:

Attached you will find a letter from the Carroll County Health Department regarding Atlantoaxial Dislocation.

We are required to have an annual update on the status of your child, pertaining to x-rays. We do not require additional x-rays. We do, however, need a statement from your physician yearly.

Until the letter is signed by the physician and returned, your child shall not participate in the motor development/physical education classes.

If you have any questions, please contact the school.

Sincerely,