

Vision Screening Considerations During the Coronavirus Disease 2019 (COVID-19) Pandemic for Schools, Head Start and Early Care and Education Programs

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Introduction

As schools, Head Start/Early Head Start, and early care and education programs reopen during the COVID-19 pandemic, practices that occurred routinely for decades must be reconsidered and redesigned to prevent the spread of the virus among children and staff, and ultimately, the community. Vision screening is one of many services that meet critical needs of children and is an essential service to eliminate poor vision and eye health problems as a barrier to academic and classroom success. Fortunately, vision screeners can employ strategies to manage the risk of COVID-19 exposure and potential transmission during vision screening.

This document suggests considerations for modifying vision and eye health screening procedures during the COVID-19 pandemic. This document provides a summary of currently available resources that vision screeners and school nurses can consult as they formulate independent judgment. **This document is not intended to provide clinical standards or guidelines. Vision screeners and school nurses are responsible for complying with applicable federal, state, and local laws, regulations, ordinances, executive orders, policies, and any other applicable sources of authority, including any applicable standards of practice.**

The science of COVID-19 is evolving rapidly. This document is dynamic and will be updated with the emergence of new knowledge and practices in risk management and reduction. **It is important to be familiar with and closely follow all school district and local guidelines as well as federal and state infection-control recommendations.** Conducting vision screening in school and community settings while adhering to physical distancing requirements will be challenging. **We stress the importance of adhering to evidence-based vision screening procedures.** Using modified vision screening practices without evidence may result in inappropriate referrals to eye care providers, causing children and parents/guardians unnecessary exposure to medical settings during a pandemic. Conversely, not adhering to evidence-based practices may miss a vision or eye health disorder and a proper referral to eye care. Refer to the [FAQ](#) document for more detailed information on vision screening.

Planning

- Some school districts, Head Start, and early education and care programs are barring individuals/volunteers who are not school employees into buildings during the pandemic ([CDC](#)). Investigate the program's or school's policy on visitors, contractors, and itinerant employees.
- Verify the screening site has assigned a well-lit room where the ventilation is working properly per guidelines from the [CDC](#).
- Determine if the assigned room enables separate entrance and exit doors.
- Verify the assigned room will be deep-cleaned and sanitized prior to use per [CDC guidelines](#).
- Identify the records that need to be maintained in the event contact tracing is required and request or create a template for managing that documentation.
- Conduct a simulated dry run of the traffic flow, timing, spacing needs, supplies, and screening procedures with adults who are informed of, and participating in, safety procedures.
- Verify availability of assigned monitors for children traveling to and from the screening room.
- Every effort should be made to locate the vision screening room near sinks and running water for handwashing. Handwashing with soap and water is [preferred by the CDC](#) over using hand sanitizer. Verify handwashing facilities are fully stocked with hand towels, soap, and no-touch trash receptacles.
- Identify who is responsible for notifying parents, teachers, and administrators of vision screening.

- Schools, Head Start, and early care and education programs may have alternating days of in-person attendance, in which different cohort groups of students attend on set schedules. Screeners need to plan the schedule around cohorts.
- Verify that face coverings will remain on students and adults during the entire screening session.

Hand Hygiene

- Children must wash hands per [CDC guidelines](#) for 20 seconds before and after screening.
- Screeners must wash hands per [CDC guidelines](#) 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.
- Gloves are not necessary ([CDC, 2020](#)).
- [CDC handwashing](#) guidelines recommend drying hands with paper towels or air drying, and do not include drying hands with motorized hand dryers.

Face Coverings (Masks)

- Screeners and children should wear cloth face coverings per [CDC guidelines](#) during screening. The [CDC](#) provides instructions [on how to properly wear a mask](#). Screeners should not conduct vision screening if they cannot wear a mask for a medical reason.
- If children do not have a mask or the mask is not secure or does not cover the nose and mouth, disposable masks should be provided and should be put on by the child prior to entering the screening area.
- Consider not performing a vision screening on any child who cannot wear a mask. Children who cannot wear a mask should be referred to their primary health care provider for vision screening. [Masks are not required](#) for:
 - children younger than age 2 years
 - children who have trouble breathing
 - children who are unable to comply with wearing a mask due to physical or mental health limitations or developmental delay
- If a well-fitted mask is unavailable for a child, offer the screening later when a mask is available or masks for children are optional or unnecessary.
- Screeners should wear [cloth masks](#) that fit snugly and cover the mouth and nose. Screeners may wear [goggles that cover the sides of the eyes](#) and/or a face shield with a mask. [CDC does not recommend use of face shields as a substitute for cloth face coverings](#). [Johns Hopkins offers additional guidance on face masks](#).
- Children and screeners should [wash their hands](#) before putting on a cloth face covering.
- To put children at ease, screener's may wear a badge or a sign with a smiling photo of their face.

Supplies Needed Specific to COVID-19 Considerations

- Face coverings consistent with [CDC guidelines](#).
- Goggles (if screener chooses—in addition to face covering).
- Face shield (if screener chooses in addition to face covering).
- Soap.
- Sanitizer with at least 60% alcohol (for screener and older children only) and paper towels
- Disinfectant wipes.
- No-touch trash cans – with enough capacity for wipes, occluders, and paper towels.
- Disposable occluders ([do not use homemade paper occluders, nor tissues or hands – disposable occluders are available for purchase from vision supply vendors](#)).
- Disposable matching lap cards (for preschool children – make paper copies of the matching lap Card: one per child to be screened, and then discard).
- Tape and or floor markings.
- Entry and exit door signs.

- Measuring tape or 6-foot measure.
- Disposable single-use gloves for cleaning.
- Cleaning supplies that meet [EPA Guidelines](#) for COVID-19.
- Supplies for vision screening.

Cleaning and Disinfection

- Verify the room assigned for screening was deep-cleaned and sanitized per [CDC guidelines](#) prior to entry.
- Clean and disinfect frequently touched surfaces often ([CDC Guidelines](#)).
- Develop and adhere to a schedule for increased routine cleaning and disinfection.
- Cleaning products used by screener must be secured out of reach from children.
- Do not use cleaning products near children.
- Verify that there is adequate ventilation when using cleaning products in the screening space to prevent children or adults from inhaling toxic fumes.
- Standard use of visual acuity charts used at a testing distance of 10 feet should be wiped clean with disinfecting wipes 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 per manufacturer's guidelines.
- Do not allow food and beverages in the screening room.

Shared Objects

- Do not allow items (e.g., stuffed animals, books) that are difficult to clean or disinfect.
- Ensure adequate supplies of disposable materials to eliminate sharing of high touch items such as occluders and matching lap cards.
- Mass screening for color vision deficiency is not recommended. Consider postponing color vision deficiency screening if it is mandated in your program or state. If a teacher or parent is concerned about color vision, refer the child to an eye care provider.

Screening Schedule

- Mark floors to provide a visual guide for maintaining 6-foot distancing between the screener, the child, and between adults.
- The [CDC](#) recommends one-way traffic with separate entrance and exit doors.
- Sanitize chairs used during vision screening between children's use. Screener should wash hands after sanitizing objects.
- Children should stand 6 feet apart while waiting outside the screening room. Mark floors where children should stand.
- Do not call the entire class to the screening area and limit the number of children waiting - based on the amount of space available for waiting. If possible, screen children one at a time to ensure physical distancing space between children.
- If pods or cohorts are used ([AAP, 2020](#); [CDC, 2020](#)), clean and disinfect the screening area before children from another cohort or pod arrive.

Vision Screeners

- Consider limiting screening personnel to three adults:
 - Screener,
 - Facility employee to clean chairs and monitor distancing, and
 - Staff to accompany children traveling to and from classroom and monitor handwashing before and after screening.

- The CDC recommends cohorting of children and staff ([CDC, 2020](#)). Consider eliminating conducting screening at multiple schools, Head Start centers, or early care and education programs ([CDC, 2020](#)). If screeners are assigned to screen children at multiple schools or programs, allow 14 days to elapse between screenings in different locations. In communities where the virus is spreading, COVID-19 testing for screeners may be considered.
- **More details about screening can be found in the [FAQs](#).**

Training

- Screeners must be trained on all district, school, Head Start, or early care and education facilities' COVID-19- related health and safety protocols ahead of screening.
- The [American Academy of Pediatrics](#) (2020) recommends that all training be conducted virtually.
- Screeners should make contact with screening site administrators 2 days in advance of screening to identify any changes in the facility's health and safety protocol.

Vision Screening (Note, this section addresses adaptations to evidence-based vision screening recommendations during the Covid-19 pandemic. For more information on vision screening generally, please visit <https://nationalcenter.preventblindness.org/vision-screening-guidelines-by-age/>)

- Standard use of visual acuity charts, used at a testing distance of 10 feet and that children do not touch, should be wiped clean before and after each screening day (to protect the screeners) but need not be cleaned between each child's screening.
- Distance visual acuity screening can be performed according to safety standards. To minimize screening duration time, near acuity, color vision deficiency, and stereoacuity screening is not recommended at this time.
- **Please see the [FAQ](#) document for more detailed information on vision screening methods and tools.**

Parent and Caregiver Education

Vision screening is an important component of pediatric preventative health care and should continue during the COVID-19 pandemic. Prevent Blindness developed the NCCVEH's [12 Components of a Strong Vision Health System of Care](#). These components address parent and caregiver education as well as vision screening, referral to eye care, and more. Whether children attend Head Start, an early care and education program, or school, we encourage parents and guardians to observe and listen to a child for signs of a possible vision disorder. An appointment with an eye care provider should be made if there is ANY concern about a possible vision problem. [Close-up work](#) required by online and remote learning can exacerbate a previously unknown vision problem, such as myopia. Therefore, parents and guardians need to be vigilant.

When a comprehensive vision screening program cannot be implemented (such as during virtual learning), a [document](#) describing signs of a possible childhood vision disorder can be given to parents and guardians. Programs and schools should stress the importance of having the child examined by an eye care provider if the child shows one or more of the signs or symptoms. An [easy-to-use checklist](#) for Head Start and early care and education programs is available through Prevent Blindness. From birth through the first birthday, chart screening is not developmentally possible and there is no evidence to support use of instruments in this age group. The NCCVEH recommends using the *18 Vision Development Milestones From Birth to Baby's First Birthday* in [English](#) or [Spanish](#) as a vision screening tool for Early Head Start and other early care and education programs.

Conclusion

School and community screenings are safety net programs. If screenings cannot be conducted, families should be instructed to take their children to their primary health care provider for a vision screening or eye care doctor for a comprehensive eye examination. **Vision screening should be conducted as part of a regular well-child visit at the**

primary health care provider's office. The [American Academy of Pediatrics](#) strongly encourages families to schedule and keep well-child checks throughout the COVID-19 pandemic. Parents and guardians should receive educational material about the importance [of child vision health](#).

Teachers, administrators, nurses, vision screeners, support professionals, Head Start, Early Head Start, early care and education personnel, and para-professionals are anxious about the difficulties they are facing to meet new educational expectations. The considerations suggested in this document are designed to ensure that vision screening continues to help children have the best vision possible to succeed academically.

Please see the accompanying [FAQ](#) document for more detailed information on vision screening.

References

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Resources

[FAQ](#) for Vision Screening During the Coronavirus Disease 2019 (COVID-19) Pandemic for Schools, Head Start and Early Care and Education Programs

Centers for Disease Control and Prevention. (2020, June 3). K-12 Schools and Child Care Programs: FAQs for Administrators, Teachers, and Parents. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html>

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“Think of Vision” fact sheets for teachers of [preschool](#) and [school-age](#) children from Children’s Vision Massachusetts

Acknowledgements

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