

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

---

August 20, 2020

Please download and review [Vision Screening Considerations During the Coronavirus Disease 2019 \(COVID-19\) Pandemic for Schools, Head Start and Early Care and Education Programs](#) at prior to conducting a vision screening program.

**Q. Can Head Start programs accept vision screening results from primary health care providers?**

A. Yes. According to the [Head Start Performance Standards](#), within 45 days of when a child first attends the program, the Head Start program can either obtain documentation of a primary health care provider screening or perform evidence-based vision screening.

**Q. How do I conduct vision screening that requires me to be closer than 6 feet from the child, such as near acuity screening, stereoacuity screening, and color vision deficiency screening?**

A. To minimize screening duration, color vision deficiency screening, near visual acuity screening, and stereoacuity screening are not recommended at this time.

**Q. My state mandates color vision deficiency screening. How do I perform mass color vision deficiency screening during the COVID-19 pandemic?**

A. Mass screening for color vision deficiency is not recommended. Consider postponing mandated mass color vision deficiency screening until a later date. Note that stereoacuity and near vision screening are also not recommended during the pandemic.

**Q. Can a plexiglass partition be used to separate the child from the screener and the vision charts?**

A. It is recommended that screeners conduct vision screening according to [evidence-based guidelines](#). There is no published, peer-reviewed evidence that screening can be conducted accurately using a plexiglass partition. Plexiglass partitions are not recommended for vision screening.

**Q. Can vision screening be conducted outdoors?**

A. Vision screening can be conducted outdoors out of direct sunlight. Use of a tent or conducting screening under an outdoor covered picnic area is acceptable. Do a trial run to ensure the lighting is adequate and to verify if vision screening devices will function properly outdoors in young children with small pupils.

The screener should check the outdoor air quality and heat index. If children are recommended to stay inside, the outdoor screening should be moved indoors or rescheduled.

**Q. How can I conduct photoscreening from 6 feet away?**

A. [Two instruments approved by the NCCVEH](#) are used at a ~3-foot screening distance. When the instruments are outside the screening distance range, the screener is alerted via a message on the instrument monitor that the screener is too far away from the child and the instrument will neither capture a reading nor provide screening results. For children over age 2 years, both the child and screener should wear masks covering both the nose and mouth. The accuracy of screening results captured through face shields or plexiglass is unknown.

[CDC guidelines](#) define “close contact” with someone who has COVID-19 as being within 6 feet of the individual for 15 minutes or longer.

Instruments provide screening results in less than 1 minute. Consider using vision screening instruments with children ages 1, 2, 3, 4, and 5 years. Consider using vision screening instruments for children 6 years and older **ONLY** if children cannot participate in optotype-based screening.

Consider the following precautions when using screening instruments within the 6-foot distance zone:

- The screener should not enter the 6-foot physical distancing zone until the screener is ready to operate the device and is wearing appropriate personal protective gear.
- Once the screening data are collected by the instrument, the screener should move outside the 6-foot physical distancing zone until the next child is ready for screening.
- If a screening instrument cannot be operated according to best practices for use (room conditions, lighting requirements, positioning of the device in alignment with the child's eyes, etc.) while COVID-19 risk management precautions are in place, then the device should not be used for screening.

**Q. If a room with a separate entrance and exit is unavailable, what are my options?**

A. People (both children and adults) cannot pass through doorways simultaneously. A child must wait until the previous child exits and is 6 feet away before entering the door to the room. Build additional time into the schedule.

**Q. Our district is on a budget. Can I make my own occluders?**

A. Do not make your own occluders. To ensure evidenced based screening, occluders should be purchased from a vision supply source.

**Q. When I have special education students who cannot wear masks, what do I do?**

A. Masks are effective for special education students who understand and comply with directions for use. Students with sensitivity to touch, smell, or pressure may not tolerate masks. Adapted masks for teachers and staff, such as those with a clear panel to allow for visualization of lip reading and facial expressions, may be useful for some students.

Face shields combined with a mask are recommended for staff when a student cannot wear a mask and cannot control secretions, including sneezes, coughs, forced expiration of breath, or spitting. This combination is also recommended when staff are unable to maintain physical distancing, such as when providing personal hygiene. To fit properly, a face shield should extend below the chin anteriorly, to the ears laterally, and there should be no gap between the forehead and the device frame (Perencevich, Diekema, & Edmond, 2020).

The NCCVEH recommends a referral for a comprehensive eye examination for students who have [certain conditions that place them at high-risk for a vision disorder](#).

**Q. Do I need to screen a child who had an eye exam in the last 12 months?**

A. A child who has had a comprehensive eye examination within the last 12 months does not need vision screening. However, it is important to have clear documentation of the eye exam in the child's record. If there is no documentation, the child should be screened.

**Q. Screeners in our program travel to different schools, sometimes more than one school daily. The 14-day break between schools is not feasible. What strategies do you suggest?**

A. If the screeners' schedules do not allow 14 days between schools, they can notify the facilities where they will be screening during the planning stage. Consider assigning screeners to specific geographic areas to prevent potential COVID-19 transmission across communities. In communities where the virus is spreading, COVID-19 testing for screeners may be considered.

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

**This is a living document. Submit your questions and lessons learned for the next iteration of the to Donna Fishman at [dfishman@preventblindness.org](mailto:dfishman@preventblindness.org).**

For more information visit <https://nationalcenter.preventblindness.org/>

August 2020