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# Standards for Vision Screening in New Mexico Schools

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## **Rationale:**

Pursuant to House Bill 1283 and Senate Bill 1149 passed by the 2007 legislature, these vision screening standards are established by the vision advisory committee appointed by the Secretary of the Department of Health.

## **Target Population for Required Screening:**

Section 22-13-30 NMSA requires that, unless a parent affirmatively prohibits the visual screening, a vision screening test be administered to students enrolled in school in the following grades including new and transfer students:

- pre-kindergarten,
- kindergarten,
- first grade and
- third grade.

## **Vision Screeners:**

Section 22-13-30 NMSA also requires that a school nurse or the nurse's designee, a primary care health provider or a lay eye screener administer the school vision screening tests.

## **Vision Screening Standards:**

Traditional vision screening is one of three screening methods (see charts below) considered appropriate for vision screening in New Mexico schools. In place of traditional vision screening, photoscreening using identified devices is appropriate for students in pre-kindergarten, kindergarten, and first grade. When neither the traditional method nor the photoscreening method can be used due to student's inability to adhere to instructions for either of these methods, use of the alternative vision screening method is appropriate. A pre-screening observation (see chart below) is to be performed on all students undergoing vision screening by any method.

The following screening method charts list the minimum test standards for each screening method.

Pre-Screening Observation  
All grades

Clinical Observation	Referral Criteria
<b>Eye Appearance</b>	<b>Refer for any of the following:</b> <ul style="list-style-type: none"><li>• Cloudy or milky appearance</li><li>• Keyhole pupil</li><li>• Sustained eye turn inward or outward</li><li>• Droopy eyelids</li><li>• Absence of eyes moving together</li><li>• Abnormal pupil constriction or dilation</li><li>• Difference in size, shape, etc. of eyes</li><li>• Excessive tearing</li><li>• Jerky eye movements (nystagmus)</li></ul>
<b>Visual Behaviors</b>	<b>Refer for any of the following:</b> <ul style="list-style-type: none"><li>• Inconsistent visual behavior</li><li>• Visually inattentive or uninterested</li><li>• Difficulty sustaining eye contact</li><li>• Holds objects close to face</li><li>• Bending close to view objects</li><li>• Tilts head</li><li>• Stares at lights and ceiling fans</li><li>• High sensitivity to room light or sunlight</li><li>• Appears to look beside, under or above an object or person</li><li>• Bumping into things</li><li>• Tripping over objects</li></ul>

Traditional Vision Screening Method Ages 3 years and older		
Required Test	Results/Referral Criteria	Suggested Testing Tools
Distance Visual Acuity	<p><u>3 through 5 years of age:</u> Passing test line is 20/40.</p> <p>Refer if either eye tests 20/50 or above.</p> <p>Refer if more than 1 test line difference between the eyes.</p> <p><u>6 years and older:</u> Passing test line is 20/30.</p> <p>Refer if either eye tests 20/40 or above.</p> <p>Refer if more than 1 test line difference between the eyes.</p>	<p>Snellen Letter Charts</p> <p>HOTV- linear or crowding bar</p> <p>Lea Symbol Chart – linear or crowding bar</p>
* Ocular Alignment	<p>Passing is identification of test object.</p> <p>Refer for failure to identify test object.</p>	<p>Random Dot E (preferred)</p> <p>Stereo Fly or Butterfly</p> <p>Randot Preschool Stereoacuity</p>
* Color Vision	<p>Notify parent/guardian with failure to pass any standard color vision test. Consider referral to eye care provider for anticipatory guidance.</p>	<p>Standard Color Vision Chart</p>

\* These tests required only once in any of the target population grades.

Photoscreening Method Pre-kindergarten, Kindergarten, First Grade		
Required Test	Results/Referral Criteria	Currently Approved Photoscreeners
Photoscreen	For passing criteria refer to recommendations of the American Association for Pediatric Ophthalmology and Strabismus (AAPOS) vision screen committee* at <a href="http://www.aapos.org">www.aapos.org</a> (preferred). Alternatively may refer to the manufacturer's manual for the specific photoscreener used.	Welch Allyn Suresight iScreen PlusOptix The Photoscreener

\*Donahue SP, Arnold RW, Ruben JB; AAPOS Vision Screening Committee. [Preschool vision screening: what should we be detecting and how should we report it? Uniform guidelines for reporting results of preschool vision screening studies.](#) *J AAPOS.* 2003 Oct;7(5):314-6.

Alternative Vision Screening Method <sup>†</sup> Ages 3 years and older		
Required Test	Results/Referral Criteria	Suggested Testing Tools
Visual Acuity	For passing/referral criteria refer to the manufacturer's criteria for the testing tool.	Bailey Hall Cereal Test Colenbrander Lea Symbols Low Vision Chart Teller Acuity Cards McDowell Kit
<sup>††</sup> Ocular Alignment	Passing is equal corneal light reflex in each eye. Refer with unequal corneal light reflex.	Hirschberg Test

<sup>†</sup>This method of testing to be performed by school nurses, teachers of visually impaired or other professionals with training in alternative vision screening.

<sup>††</sup> This test required only once in any of the target population grades.

**Screening Referrals:**

Section 24-1-32 NMSA requires that when the vision screen of a student indicates the need for further evaluation, the student's school shall notify the student's parent of that need and provide information on the availability of funds from the save our children's sight fund appropriated to the department of health. The notice shall state that the parent, if the student is not already covered by health insurance for a comprehensive eye examination, may apply to the fund for the following expenses as a result of the screening:

- A. a comprehensive eye examination by an optometrist or ophthalmologist whose services are used to follow up the school vision screen;
- B. the cost of contact lenses or polycarbonate lenses and frames for eyeglasses; and
- C. replacement insurance for lost or broken lenses.

**Periodic Review of Standards:**

These New Mexico Vision Screening Standards will be reviewed by a committee appointed by the Secretary of the Department of Health every two years and updated for alignment with currently best practices.