



**HEALTH CARE SERVICES
DIRECTIVE-YOUTH SERVICES
Manual of Policies and Procedures**

Title

SCHOOL HEALTH TESTS

Legal References
(includes but is not limited to)

IC 11-8-2-5

Related Policies/Procedures
(includes but is not limited to)

01-02-101

Other References
(includes but is not limited to)

National Correctional Accreditation
Standards

I. PURPOSE:

This Health Care Services Directive (HCSD) provides guidelines for the provision of vision, hearing and postural screening and routine immunizations required by state and federal law for youth attending school.

II. GUIDELINES:

Introductory Comments:

School health screenings and immunizations help to ensure visually or hearing impaired youth are identified, to promote early detection of scoliosis or other postural problems, and to protect youth from communicable diseases. The following services are mandatory under Indiana regulations:

- A. Vision screening
- B. Audiometric screening
- C. Postural Defect Screening
- D. Immunization

III. VISION SCREENING:

While Indiana regulations require that vision screening be performed on youth entering or transferring to grades 3 and 8 and all other youth suspected of having a vision defect, the Department will screen all incoming youth at Intake in accordance with the Health Care Services Directive (HCSD) 2.02Y, "Reception Screening." These screenings shall be conducted by the Health Services vendor and the screening reports shall be provided to the Education department for placement in the youth's education packet.

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In accordance with 511 IAC 4-2-1, *et seq.*, and 410 IAC 3-1-1, *et seq.*, youth in grade 8 who are unable to read with each eye the 20/20 line of the Snellen Chart shall be referred for further examination. Youth in grade 3 who are unable to read with each eye the 20/30 line of the Snellen Chart shall be recommended for further examination.

Vision screening reports are to be sent to the Indiana Department of Education via the school health report which is due by June 15 each year in accordance with applicable laws and statutes.

IV. AUDIOMETRIC SCREENING:

State regulations require an audiometric test or other similar test to determine the hearing efficiency of youth in grades 1, 4, 7, 10; of all transferred or new youth; and of all youth suspected of having a hearing defect. These screenings shall be conducted by the contracted medical vendor and the screening reports shall be provided to the education department for placement in the youth's education packet.

All youth will be screened at Intake either by an audiologist or nursing personnel using conventional audiometry, conditioned play audiometry, or another appropriate method approved by the facility's medical director.

Testing must be conducted in an appropriate setting within the facility, where ambient noise does not interfere with the testing process. Current guidelines of the American Speech Language Hearing Association will be used as passing criteria. Students with unilateral or bilateral sensorineural and/or conductive hearing loss greater than 20 dB HL in the frequency region from 1000 through 4000 Hz must be referred for further evaluation. The results of all tests administered must be maintained in the student's health record.

Any youth failing the initial screening at intake must be rescreened within two weeks. If the youth fails the second test, they must be referred for a physician evaluation. If the physician believes that the youth can hear at a functional level, no other testing or evaluation is required. In accordance with IC 20-34-3-14, additional diagnosis and treatment will be provided only on the recommendation of a physician who has examined the youth.

V. POSTURAL DEFECT SCREENING:

Indiana regulations require that a test to identify postural defects, especially scoliosis, be administered to each youth in grades 5, 7, and 9.

During the intake physical, the practitioner will examine each juvenile for postural

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defects. The results of this screening must be documented in the student's health record.

VI. IMMUNIZATION:

All youth attending school are required to be immunized per the IDOH School Immunizations Requirements. Contracted medical vendor is required to maintain up to date on and knowledgeable of any updates to the list.

After transfer from reception, receiving facilities will have twenty (20) days to obtain documentation of a juvenile's immunization history. Documentation may include physician or health clinic records, immunization records from a school the youth attended, or records maintained by the parent showing the month and year during which each dose of vaccine was administered. If documentation of immunization cannot be obtained, the juvenile must receive primary immunizations if clinically indicated a titer may be ordered by the clinician.

A . At a minimum, such youth must receive the following:

1. 3 doses of diphtheria-tetanus-acellular pertussis (DtaP), diphtheria- tetanus-pertussis (DTP), pediatric diphtheria-tetanus vaccine (DT) or Tetanus-diphtheria (TD);
2. 4 doses of any combination of IPV or OPV by age 4-6, or 3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday
3. 2 doses of a measles-containing vaccine
4. Three doses of Hepatitis B
5. Hepatitis A vaccine
6. 1 doses of rubella (German measles) vaccine on or after the first birthday.
7. 1 dose of varicella (chickenpox) vaccine on or after the first birthday or written history of disease. Parental history of chickenpox disease is acceptable as proof of immunity (no vaccine needed). A written statement from the parent/guardian indicating dates of disease and signed is sufficient. Documentation by a physician is not necessary.

All immunizations administered must be entered into the CHIRPS registry.

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Guidance for catch up vaccinations can be found online here:

www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

B Vaccine Information Statements

Federal law (42 U.S.C, National Childhood Vaccine Injury Act) requires that health care providers who administer vaccine provide to the parents or legal representative of any child a copy of the relevant current edition vaccine information materials (Vaccine Information Statements, VIS) that have been produced by the Centers for Disease Control and Prevention (CDC) prior to the administration of each dose of the vaccine. The VISs must be supplemented with visual presentations or oral explanations as necessary. Youth must have time to read the VIS prior to the administration of the vaccine. In the event the youth cannot read, the VIS must be read to them.

Health care providers must make a notation in the youth's health record that the VIS was given and must document the edition and publication date of the VIS provided. (The publication date of the VIS is the date which appears at the bottom of the VIS.) Single camera-ready copies of VISs are available in English and other languages from the CDC's website.

All immunizations provided must be documented on State Form in the electronic medical record on the immunization templates.

VII. EXEMPTION TO IMMUNIZATIONS:

Indiana Code does allow for exemptions to immunizations for youth in the following circumstances:

1. When a physician certifies that a particular immunization is contraindicated for the youth due to a health condition; or,
2. When a parent objects on religious grounds.

When the vaccine is contraindicated due to a health condition, the physician must write an order stating which particular immunization is not to be administered and the accompanying health record documentation must include a statement indicating that the vaccine is detrimental to the youth's health. For returning youth, this order and health record documentation must be rewritten during each subsequent confinement unless the vaccine is no longer contraindicated.

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When the parents object to immunization on religious grounds, the parent must send a signed written statement indicating that the objection is for religious reasons. There is no requirement that the statement be from the pastor of a church or be written on church letterhead, or that parents provide proof that they are members of a religious organization. For returning youth, parents must provide a new statement at each subsequent confinement. This exemption is applicable to the guidelines for school health. Health care staff are expected to conduct tuberculosis screening in accordance with the Tuberculosis Control Plan even when the youth objects on religious grounds.

VIII. AGE APPROPRIATE INTERVENTIONS:

Youth will be screened annually in accordance with the guidelines of HCSD 2.08Y, "Annual Screening."

Childhood vaccines are to be administered in accordance with the schedule established by the Vaccines for Children Program (CHIRP).

Influenza vaccine is to be given annually to youth age 18 or younger.

IX. APPLICABILITY:

This HCSD is applicable to all facilities providing Health Services to youth.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date