

Standard Operating Procedures (SOP) for Collecting and Reporting Students' Height and Weight in Nevada Schools



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Wellness and Prevention Program

Chronic Disease and Health Promotion Section

Division of Public and Behavioral Health

Nevada Department of Health and Human Services

Steve Sisolak

Governor

State of Nevada

Richard Whitley, MS

Director

Department of Health and Human Services

Lisa Sherych

Administrator

Division of Public and Behavioral Health

Ihsan Azzam, PhD, MD

Chief Medical Officer

Division of Public and Behavioral Health

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Document Developed By:

Patricia Segura, MPH, Coordinator
Wellness and Prevention Program
Nevada Division of Public
and Behavioral Health

With The Assistance Of:

Elleni Rioja, MPH Student, Analyst
CDC Public Health Associate
Nevada Division of Public
and Behavioral Health

Max Moskowitz, MPH, Analyst
CDC Public Health Associate
Nevada Division of Public
and Behavioral Health

Document Reviewed By:

Breana Taylor RN, MSN, School Nurse Coordinator
Office for a Safe and Respectful Learning Environment
Nevada Department of Education

Jennifer Crane, RN, Director/Chief Nurse
Student Health Services
Washoe County School District

Lily Helzer, MPH, Section Manager
Chronic Disease Prevention and Health Promotion Section
Nevada Division of Public and Behavioral Health

Nicole Bungum, MS, CHES, Supervisor
Office of Chronic Disease Prevention & Health Promotion
Southern Nevada Health District

Pierron Tackes, JD, Deputy Attorney General
Nevada Division of Public and Behavioral Health
Office of the Attorney General

Rayona LaVoie, Management Analyst
Office of the District Health Officer
Washoe County Health District

Sarah Rogers, MPH, Deputy Bureau Chief
Bureau of Child, Family and Community Wellness
Nevada Division of Public and Behavioral Health

Sheri McPartlin RN, Med, Director/Chief Nurse
Student Health Services
Clark County School District

Steven A. Shane, MD, MS, FAAP, Dipl. ABOM
Obesity Prevention Chair
Nevada Chapter of the American Academy of Pediatrics

Background

Nevada Revised Statutes 392.420 (NRS 392.420) mandates the “Physical examinations of pupils; qualifications of persons to conduct examinations; measurement of height and weight of representative sample of pupils in certain school districts; notice to parent of certain medical conditions; notice to parent of examination and opportunity for exemption from physical examination; report of results of physical examinations to Chief Medical Officer; compilation and dissemination of report relating to height and weight of pupils.” Health observations and examinations (O&E) of children assist in determining whether the child has scoliosis (NRS 392.420(1b)), any visual or auditory problem (NRS 392.420(1a)), or any gross physical defect (NRS 392.420 (5)). If any of the mentioned conditions are identified, the school authorities shall recommend that appropriate medical attention be secured to correct them (NRS 392.420 (5)). In addition to health O&E activities, school districts in a county whose population is 100,000 or more are required to direct qualified school staff to conduct annual measurements of the height and weight (H&W) of certain 4th, 7th, and 10th grade students (NRS 392.420(2)). During the 81st Nevada Legislative Session, Senate Bill 2 revised NRS 392.420 and adopted two changes to H&W measurement activities. First, the new presentative sample consists of all 4th and 7th grade students who must participate in H&W measurement activities. Second, the schedule to conduct H&W measurements changed to every other year during health O&E activities. Although NRS 392.420 does not mandate students' H&W measurement activities in the remaining school districts, school districts that choose to measure students' height and weight should comply with NRS 392.420 to best ensure data reliability and ability to compare data across school districts. The Nevada Division of Public and Behavioral Health (DPBH) analyses and disseminates the results of health observations, examinations, and height and weight measurements.

Purpose

The purpose of Nevada Revised Statutes 392.420 (NRS 392.420) is to screen students for scoliosis, visual or auditory problems, gross physical defects, and to identify the prevalence of students who are potentially at risk for poor health conditions associated with height and weight. Schools and school districts collect height and weight (H&W) data for body mass index (BMI) surveillance, and while screening is not required, based on schools/school-districts' available resources and students' needs, for BMI screening. The purpose of this document is to assist individuals designated in NRS 392.420(2) (qualified personnel pursuant to subsection 6, school nurses, physical education teachers, and licensed educational personnel who have completed training in measuring the H&W of a pupils) to conduct standard operating processes and be able to:

1. Communicate related activities effectively with school staff, students, and parents/guardians.
2. Carry out standard measurements of students' height and weight.
3. Collect and submit accurate and reliable height and weight data.
4. Guide parents/guardians needing resources and referrals to consult with a health care provider.

In each school at which a school nurse is responsible for supervising nursing services, such nurse is responsible for establishing safeguards to communicate, plan, and carry out health observations and examinations and height and weight measurements processes. Hereby in this document, such nurse is referred as the *designated supervisor* or *school nurse supervisor*. School nurse supervisors are recommended for this supervisory role.

The guidelines in this document are offered as best practice standards from which schools and school districts' policies and procedures may be based. The guidelines are not mandatory; each school/school district may adopt the standards that best meet available resources and needs of the student population.

Step One: Communicate the Process

Communicating health observations and examinations (O&E) and height and weight (H&W) measurements activities to the entire school community as early as the beginning of the school year serves two essential functions. It disseminates the information school staff, parents/guardians, and students need to get related activities done. It also minimizes negative responses and builds relationships of trust and commitment^{1,2}. At the beginning of the school year and before health O&E and H&W measurements begin, the *school nurse supervisor* uses either a letter (Appendix A), slide deck presentation, or other communication media informing school staff, parents/guardians, and students of the following:

1. Nevada Revised Statutes 392.420 and its purpose, as early as the introduction of the school year.
2. Mandated health O&E and H&W measurements are private and confidential. All related activities are out of concern for students' health only.
3. Name and contact information of *designated supervisor* leading related activities.
4. A clear description of the process minimizing confusion and anxiety.
5. School counselors' contact information to assist with reactions of anxiety and despair.

1.1. Inform Parents and or Guardians

In addition to the five items listed in Step Two, the *designated supervisor or school nurse supervisor* is responsible for sending a notice letter to parents/guardians (Appendix B) one-two weeks before health observations and examinations (O&E), and height and weight (H&W) measurements begin, containing the following information:

1. The day the student is scheduled for health O&E and H&W measurements.
2. A parent/guardian may provide data signed by a licensed professional between the beginning (July) and the end of the school year (June) in place of the H&W measurements taken by the school staff.
3. Parent/guardian have the option to file with the *designated supervisor or school nurse supervisor* a written statement objecting to health O&E and H&W measurements.
4. A brief but clear description of school nursing staff's expectations during the day of health O&E and H&W measurements. Example: expectations on students' clothing, students' hair ornaments and hairstyles, students' clothes pockets, etc.

NOTE: Nevada Revised Statutes 392.420 (9) states *“The school authorities are not required to provide notice to the parent/guardian of a child before measuring the child’s height or weight according to subsection 2 if it is not practicable to do so”*.

1.2. Inform School Faculty and Staff

In addition to the four items listed in the previous step (Step 2.1), one to two weeks before the mandated activities, the *designated supervisor* is responsible for informing the school's faculty and staff (Appendix C) of the following:

1. Role and responsibilities of school staff during mandated activities.
2. School policy on sharing students' related data.
3. School staff who needs to work with administrators to minimize disruptions to class time.
4. School staff who needs training and practice on:
 - (a) Sensitive and neutral communication between school staff and students (Appendix D).
 - (b) Health observations and examinations and related data collection.
 - (c) Height and weight measurements and related data collection.
 - (d) Weight Bias & Stigma (Step Two of this document)

Step Two: Plan the Process

While processes to conduct health observations and examinations (O&E) and height and weight (H&W) measurements must be done accurately, it is equally essential to conduct processes respectfully and sensitively^{1,2}. For planning strategies, the *designated supervisor* contacts the Nevada Division of Public and Behavioral Health at CDPHP.wellness@health.nv.gov and requests the following:

1. Updates, revisions, and amendments to Nevada Revised Statutes 392.420.
2. Access to and copy of the most recent version of this document.
3. Access to and copy of the most recent version of the Data Collection Log (Appendix J).

Before height and weight measurements begin, the *designated supervisor* or *school nurse supervisor* educates the school community on Weight Bias and Stigma. The University of Connecticut Rudd Center for Food Policy & Health, has developed educational and informative materials to educate the school community on the following topics:

2.1. How Weight Bias & Stigma Affects Kids and Teens at Home and School

Weight bias can include physical bullying, verbal teasing (name calling or derogatory remarks), cyberbullying, and excluded from activities, or being targeted for rumors. The Rudd Center for Food Policy & Health had developed the "*Weight Bias at Home and School*" materials for Kids and Teens who have higher body weight and may face multiple sources of weight bias at home and school settings (click on the underlined title to access the material).

2.2. How Parents Could Communicate Weight Bias & Stigma to Their Children

Before parents talk to their children about weight bias, it can be helpful for parents to educate themselves about the issue. The Rudd Center for Food Policy & Health has also developed *Weight Bias: Important Information For Parents*, *Should You Talk To Your Kids About Weight?*, and *Having A Productive Conversation: Weight Bias - Dispelling Myths* educational materials that may assist parents develop a positive relationship with their children when talking about weight bias and stigma. Fostering positive relationships could make easier for parents to talk about difficult topics as their children get older.

2.3. Weight Bias & Stigma in Health Care Settings

Weight bias exists in health care settings, and it can be expressed explicitly or implicitly from physicians, nurses, psychologists, dietitians, medical students, and even professionals who specialize in obesity. The consequences are a lower trust of healthcare providers, poorer treatment outcomes, and avoidance of future health care. The Rudd Center has a free online educational resource accessible at <http://biastoolkit.uconnruddcenter.org/module1.html>. The information on the website provides resources for health care providers to help improve the quality of care for patients with obesity and reduce weight bias in clinical practice.

Step Three: Prepare School Staff Members and Work Area

Qualified school staff members involved in health observations and examinations (O&E), height and weight (H&W) measurements, and data collection need appropriate technical training from trained professionals who are experienced in conducting health O&E and H&W measurements. The *designated supervisor or school nurse supervisor* ensures new school staff involved in these activities have plenty opportunities to practice related skills and are prepared. Before health O&E and H&W measurements activities begin. Qualified school staff and work area must be prepared^{1,2,3} as follow:

3.1. Prepare Staff Members

The *designated supervisor* is responsible for overseeing the planning and preparation process and ensuring the following steps:

1. Obtain school approval one-two weeks before health observations and examinations (O&E) and height and weight (H&W) measurements begin.
2. Inform school staff of the process one-two weeks before related activities begin (Step 2.2).
3. Increase self-awareness of weight bias and stigma factors (Appendix E) for all qualified nursing staff including backup assistance who will conduct health O&E and H&W measurements.
4. Secure practice and experience for all newly qualified staff members including backup assistance who will conduct health O&E and H&W measurements.
5. Request additional assistance and/ or volunteers, if needed it.
6. Coordinate with appropriate school staff (librarian, support staff, volunteers, etc.) to provide supervision for students who will not be measured. Appendix E offers resources to learn how other school community members can assist and contribute to the success of the related activities.
7. Schedule health O&E and H&W measurements according to the following:
 - a. Do not schedule related activities during testing dates, assemblies, field trips, etc.
 - b. Determine if it is ideal to schedule health observation and examinations on the same day as the height and weight measurements.
 - c. Allow 20-30 minutes per class in the schedule (30-40 minutes for the test-retest classes).
 - d. Consider teachers' lunch times, prep periods, and unique/particular schedules.
8. Print lists of participant students and related paperwork one or two days before health O&E and H&W measurements.
9. Make copies of the list of participant students for all qualified staff members who will conduct health observation and examinations, and height and weight measurements.

3.2. Prepare Area

The *designated supervisor* is responsible for planning and preparing the health observations and examinations and the height and weight measurements workspace and ensuring the following settings:

1. The work area must maintain students' privacy during measurement away from sight or hearing distance of others.
2. Adequate settings allow ONLY authorized personnel can observe the results.
3. If necessary, use portable privacy walls.

Step Four: Prepare Equipment

An instrument is accurate if it gives a true value and reliable if it gives the same value, within specified limits, every time. Accurate and reliable height and weight measurements are obtained with accurate and reliable equipment^{1,2,3}. Before measuring begins, the *designated supervisor* ensures instruments settings as follows:

1. The surface under instruments is firm and carpet free or firm "loop pile", "uncut pile" or "berber pile"
2. The instruments' platform is large enough and stable to support students.
3. Instruments are entirely perpendicular to the floor.
4. Instruments can be zeroed and calibrated easily, with minimum technical assistance.
5. Portable instruments can be calibrated each time the instruments are moved.

4.1. Prepare Stadiometer

Measuring students' height with a moveable measuring rod on platform scales is NEVER appropriate. Height attachments do not provide a firm platform and can be relatively sharp and thus harm students^{1,2,3}. Before measuring students' height, the designated supervisor ensures the following settings:

1. No tapes, yardsticks, or graphics are attached to the stadiometer's wall³.
2. Stadiometer has a vertical metric ruler and a horizontal movable right-angle headpiece perpendicular to the vertical metric ruler that can be brought into contact with the most prominent part of the head (Picture 1 and Picture 2).
3. The stadiometer is marked out in 0.1 centimeter or 1/8-inch increments³.

4.2. Prepare Electronic Scales or Bean Balance

The wear and tear of schools' multiple measurements do not degrade accuracy in bean or electronic scales as much as in spring or dial scales. Thus, properly calibrated beam balance or electronic scale are recommended to assess accurate and reliable students' weight. Before measuring students' weight, the school nursing supervisor ensures the following settings:

1. Quality beam balance or electronic scale is available. Spring or dial scales are NOT recommended for school height and weight measurement activities³.
2. An electronic scale or balance has no height measurement device attached and weight in 100 gram or ¼ pound increments³.
3. The manufacturer manual is available.
4. Beam balance should have a 'screw type' provision for immobilizing the zeroing weight.

4.3. Calibration

Before taking any calibration action, consult the nursing supervisor³. Upon designated supervisor directions, verify instruments accuracy as follow:

1. If available, use the instrument manufacturer's directions to calibrate the instrument.
2. Calibrate and test stadiometers with standard length rods to the nearest 0.1 cm or 1/8-inch, and balance or electronic scale with standard weights to the nearest 100 gram or one-fourth pound.
3. Alternatively, consult a [Nevada Division of Measurement Standards](#) representative at (775) 353-3782, ce@agri.nv.gov, if the instrument's calibration procedures are unclear.

Step Five: Measure and Log Students' Height and Weight

The designated supervisor is responsible for carrying out students' health observations and examinations (O&E) and height and weight (H&W) measurement procedures. The *designated supervisor* or *school nurse supervisor* ensures each student's height and weight are measured and logged the same data collection day. Each student's height and weight data points must have the same collection date in data logs.

5.1. Measure Students' Height

1. Use sensitive and neutral instructions (Appendix D) to inform students what you will do.
2. Before height measurement begins, ensure the following:
 1. Stadiometers must be prepared and calibrated as presented in Step Four of this document.
 2. Students remove hair ornaments and undo hairstyles from the top of their heads.
 3. If the student keeps the hair ornament, it is positioned with sufficient pressure to compress the hair.
3. Request the student to step onto the stadiometer's measurement surface.
4. Ensure student's body posture (Figure 1) on the measurement surface is as follows.
 - a. The student looks straight ahead, and the head is horizontal. If the head is not aligned correctly (often it won't be), request the student raise or lower the chin. The student's head may but does not have to touch the stadiometer bar (Figure 2).
 - b. Back against the stadiometer ruler, shoulders are relaxed, and arms hang loose at the sides.
 - c. Legs are straight, knees together, feet flat and pointed outward at a 60° angle, and heels almost together (Figure 1).
 - d. Shoulder blades, buttocks, and heels touch the measurement surface of the stadiometer.
5. Instruct the student to stand up tall, take a deep breath, and hold it for a few seconds, slide the headpiece down until it touches the crown of the head firmly, compressing the hair (Figure 2).
6. Position yourself so your eyes are parallel with the headpiece (Figure 3) and read the measurement to the nearest 0.1 cm or 1/8 inch; make a note of the first measurement. If the student is as tall as or taller than you, use a stool or if the student is shorter than you, kneel as indicated in Figure 3 to achieve eye level. NEVER read the results aloud.
7. If a student does not want to remove hair ornaments or undue hairstyle that interfere with the measurement, enter the observed value in the data log and a note in the comments section.
8. Move the headpiece away, repeat steps 5.1.3-8 and make a note of the second measurement. Both measurements should agree within 1 cm or ¼ inch; if not, re-measure until this standard is met.
9. Select the average of the two collected measures and enter the average number into the data log (Appendix J). The *designated school nurse supervisor* will determine if step 5.1.8 is necessary.
10. For a large number of scheduled measurements (mass measurements), the *designated supervisor* or *school nurse supervisor* will determine if step 5.1.8 is necessary.

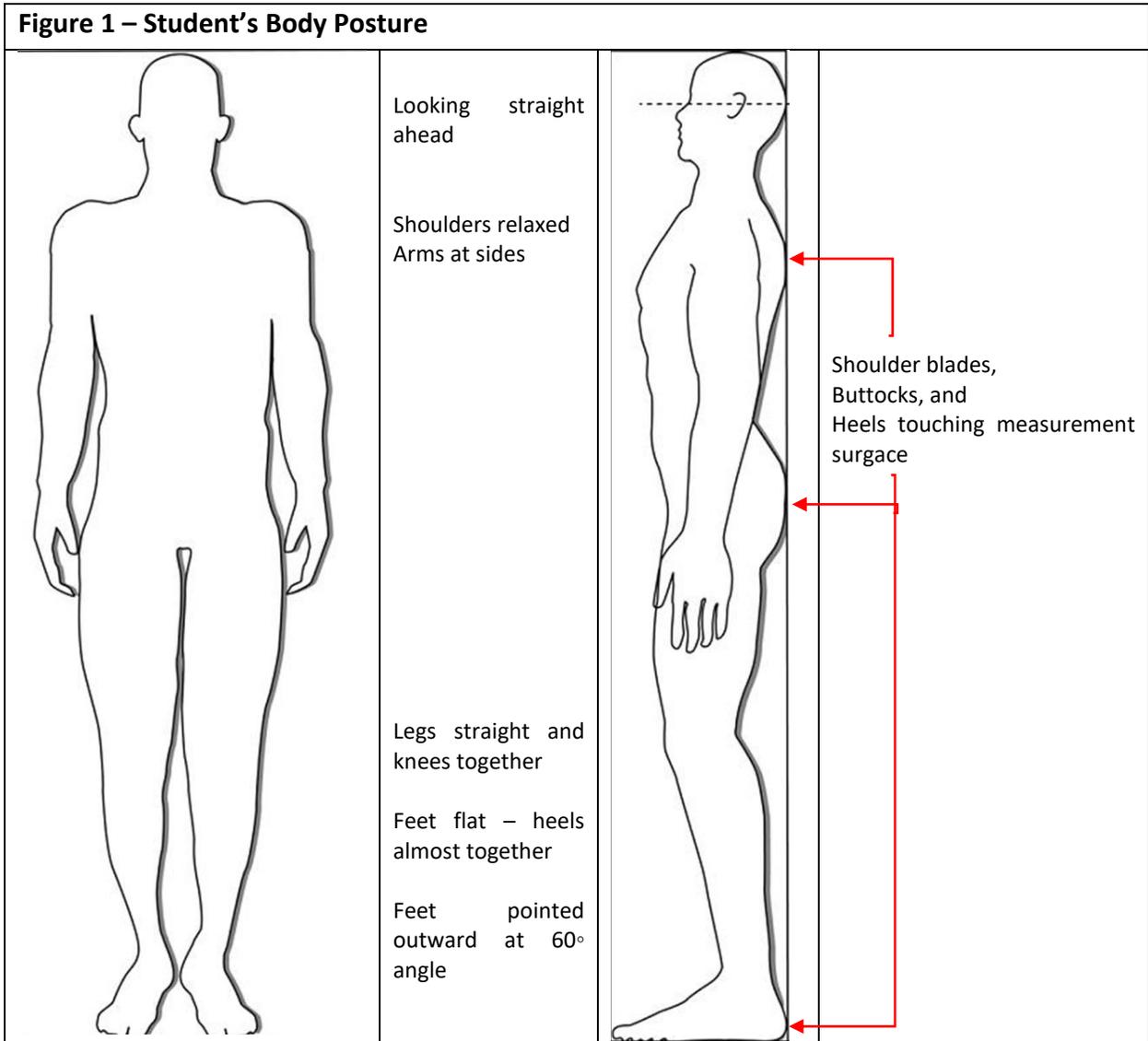


Figure 2 – Student's Head Posture

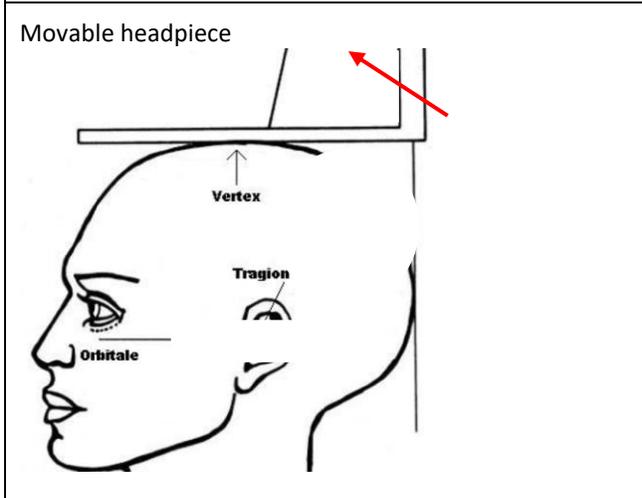
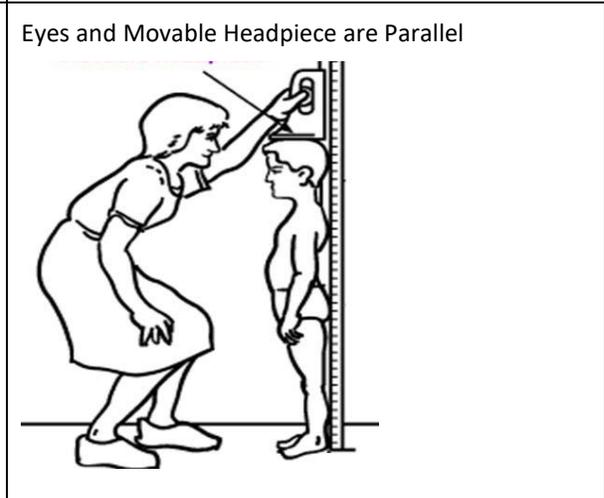


Figure 3 – Height Reading Position



5.2. Measure Students' Weight

1. Inform the student what you are going to do using sensitive instructions (Appendix D).
2. Before weight measurement begins, ensure the following:
 - a. Scale is on a flat-hard surface. Scale is calibrated, zeroed, and displays 0.0.
 - b. The student removes shoes and heavy outer clothing (jacket, vest, sweater, hat). Shirts, pants and skirts are NOT to be removed).
 - c. Student empties their pockets (cell phones, iPods, wallet, etc.). It may be useful to have a small box on hand for students to place their items temporarily.
3. Ensure student's posture on the measurement surface is as follows:
 - a. The body is at the center of the scale platform.
 - b. Head facing forward
 - c. Arms loosely by their sides
 - d. Both feet on the scale platform with weight distributed evenly on the platform
 - e. Remain still looking forward
4. Wait for the scale to stabilize and note the weight value to the nearest $\frac{1}{4}$ pound or 0.1 (1/10) kilogram. Immediately log the results in the data log (Appendix J). NEVER read aloud results. If body weight exceeds the scale's maximum, log observed value at 440 pounds or 200 kilograms.
5. If accurate weight cannot be collected due to interfering items (cast, brace, and others), log the observed value, and enter a note into the data log's comment section.
6. Have the student step off the scale and repeat steps 5.2.3-6. Both measurements should agree within 0.1 kilogram or $\frac{1}{4}$ pound; if not, re-measure until this standard is met. The designated supervisor will determine if this step is necessary.
7. Select the average of the two measures in the previous step and log the average number into the data log (Appendix J).
8. For a large number of scheduled measurements (mass measurements), the *designated supervisor* or *school nurse supervisor* will determine if step 5.2.6 and 5.2.7 are necessary.
9. Ensure height and weight data are logged and saved into the data collection log (Appendix J).

5.3. Quality Control of Measurements

The *designated supervisor* is responsible for the quality control process. Repetitive tasks, such as measuring height and weight, can be tedious and may make an individual careless and fail to follow measurement protocols consistently. During the quality control process, ensure the following:

1. Implement random visits at measurement sites to oversee the performance of the qualified school staff measuring students' height and weight.
2. Each student takes off their shoes, jacket, or other heavy clothing items; then student removes all items from the cloths pockets before being weighed.
3. Hairstyles do not interfere with an accurate measurement of height.
4. Each measurement must be taken twice, and the student should be repositioned before each measurement. If the two measurements do not agree within 1 cm or $\frac{1}{4}$ inch for height or $\frac{1}{4}$ pound or 0.1 (1/10) kilogram for weight, then two additional measures can be taken until there is agreement.
5. For a large number of scheduled measurements (mass measurements), the *designated supervisor* or *school nurse supervisor* will determine if step 5.3.4 is necessary.

Step Six: Submit and Inform Results

After the *designated supervisor* or *school nurse supervisor* ensure collected data is logged and saved, the *designated supervisor* reports the data to the Nevada Chief Medical Officer and informs to parents/guardians that health observations and examinations, and, while it is not required, informs the height and weight measurements activities are done as follow:

6.1. Health Observations and Examination (O&E) – EVERY YEAR

The *designated supervisor* submits and informs results from health observations and examinations (O&E) before the end of EVERY school year as follows:

1. Submit health O&E data to the Nevada Chief Medical Officer
 - a. Remove identifiable student information from the data log, including students' names, from the data collection log. This step is to maintain students' anonymity.
 - b. Email health observations and examinations results to the Nevada Chief Medical Officer, at ITOP@health.nv.gov.
 - c. Ensure the data collection log and all supporting documents are attached to the email.
2. Inform parents/guardians health O&E end of activities as follow:
 - a. Notify parents/guardians of any child found or believed to have scoliosis, any visual or auditory problem, or gross physical defect
 - b. Notification to parents shall recommend that appropriate medical attention be secured to correct child's medical condition.
 - c. Notification to parents shall include, to the extent that information is available, a list of resources that may be available in the community to provide such medical attention, including, without limitation, resources available at no charge or a reduced cost.

6.2. Height and Weight Measurements (H&W) – EVERY OTHER YEAR

Per the 81st Nevada Legislative Session, Senate Bill revision to NRS 392.420, the first year on the new reporting schedule is 2021-2022 and the next school year is 2023-2024. The *designated supervisor* submits and informs results from height and weight (H&W) measurements before the end of EVERY OTHER school year as follows:

1. Submit H&W data to the Nevada Chief Medical Officer as follow:
 - a. Remove identifiable student information from the data log, including students' names, from the data collection log. This step is to maintain students' anonymity.
 - b. Email health observations and examinations results to the Nevada Chief Medical Officer, at ITOP@health.nv.gov.
 - c. Ensure the data collection log and all supporting documents are attached to the email.
2. While informing H&W results to parents is not required and schools/school-districts' available resources vary, there could will be parents/guardians needing to know the results of the H&W measurements. Based on the chosen BMI program, use the following resources:
 - a. Appendix F for body mass index (BMI) surveillance programs.
 - b. Appendix G for BMI screening programs.

Step Seven: Follow-up Resources

While screening and follow-up activities are not required and available resources to schools and school districts are different and the needs of students and families vary, each school or district will determine if a body mass index (BMI) surveillance and or BMI screening program would benefit their students, families, and community. The difference, purposes, and resources between surveillance and screening programs are outlined below.

7.1. Population Based School BMI Surveillance Programs

Body Mass Index (BMI) Surveillance Programs collect height and weight measurements to identify the percentage of students who are potentially at risk for weight-related health problems. The fundamental purpose of surveillance programs is to detect trends and thus have a prevention focus. BMI surveillance programs will enable a school health professional to:

1. Create awareness of the extent of weight-related health in specific student population among members of the school community and policy makers.
2. Provide an evaluation measure for the effectiveness of school district wellness policies, practices, programs, and efforts to improve school health.
3. Strengthen school district grant applications by clearly identifying need, target populations, and by providing an evaluation mechanism.
4. Provide local community health agencies information for monitoring community health, describing trends in weight status over time, identifying disparate populations, evaluating community health promotion efforts, and determining priorities for targeting prevention efforts and treatment programs.
5. Assist the State of Nevada Division of Public Behavioral Health to provide better technical assistance to school districts and local agencies to help identify health risks, develop interventions, and determine how to target limited financial resources.
6. Promote healthy eating and physical activity in the school environment.

7.2. Population Based School BMI Screening Programs

Body Mass Index (BMI) Screening Programs collect height and weight measurements to identify individual students at risk for weight-related health problems, nutrition deficiency, and eating disorders. The fundamental purpose of screening programs is early diagnosis and treatment of students and thus have a clinical focus. Screening programs provide BMI measurement results to parents and encourage discussions between the family and health care providers about students' growth and development. Some resources for BMI screening programs are:

1. Appendix I: Sample of BMI data results – follow-up & resources letter to parents/guardians in English and Spanish.
2. To find a pediatrician, use <https://www.healthychildren.org/English/Pages/default.aspx>
3. To find out if a family qualifies for financial assistance to pay for their children's medical care, use <https://mdp.medicaid.nv.gov/>
4. If a child's health care provider or doctor does not have the resources to advise or treat a child's weight-related condition, visit Nevada DPBH Wellness and Prevention Program (WPP) at https://dpbh.nv.gov/Programs/Wellness_Prevention_Program/Wellness_and_Prevention_Program/ In coordination with pediatric specialists, the WPP may be able to provide training and resources to a child's health care provider.
5. To learn what to cook and support a healthy weight, visit the ChopChop family website at <https://www.chopchopfamily.org/contact-us/>

Appendixes

Appendix A – Example Pre-Activities: Communicate the Process to School Community – English & Spanish

[School's Letterhead]

[date]

RE: Welcome Back to School!

Dear Parent, Student, and School Staff:

I hope you are enjoying a wonderful summer. I hope you are relaxed, recharged, and ready to start a new school year. I am so delighted that you are part of our amazing learning community. I welcome and value your positive energy and dedication to excellence in education, and I look forward to working with each of you in our school community. In addition to the annual Nevada Revised Statute 392.420 (NRS 392.420) health examinations and observations activity, this year, we will also conduct the NRS 392.420 height and weight (H&W) measurement activity for all 4th and 7th-grade students. The purpose of the H&W activity is to identify the prevalence of students at risk for height and weight-related health conditions. Both NRS 392.420 activities aim to detect health concerns that might interfere with students' education. Please know that both activities are private, confidential, and out of concern for students' health only. If you have questions regarding the H&W activities, please contact:

School Nurse Supervisor's name and last name

School Nurse Supervisor's mail address

School Nurse Supervisor's email address

School Nurse Supervisor's phone

If you have questions or concerns about the information in this letter don't hesitate to contact me; my contact information is below my signature.

Sincerely,

_____, School Principal

[principal's name and last name]

[principal's email address]

[principal's phone number]

Appendix B – Example Pre-Activities: Notice to Parents/Guardians – English & Spanish

[School's Letterhead]

[date]

Dear Parent or Guardian:

The Nevada Revised Statute 392.420 (NRS 392.420) mandates health observations, examinations and height and weight measurements of all 4th and 7th grade students in [Clark/Washoe] County School district. NRS 392.420 has two purposes/two activities, first is to identify students who have scoliosis, any visual or auditory problem, or any gross physical defect. Second is to identify the prevalence of students at risk for height and weight related health conditions. Both activities aim to detect health concerns that might interfere with students' education.

This letter informs you that the mandated health observations, examinations, and measurements will be taking place soon at your child's school as part of the [school name]'s Body Mass Index (BMI) [Screening/Surveillance] Program. Your child is scheduled for these activities on [dd/mm/yyyy]. Please ensure your child's clothing, hair ornaments, and hairstyles will not interfere with your child's height and weight measurements.

I, [name and last name], the school nurse supervisor, will supervise your child's observations, examinations, and measurements following the federal Family Educational Rights and Privacy Act (FERPA) regulations. The school nursing staff will ensure your child's privacy is always respected and keep the results of these activities strictly confidential. If your child has any of the medical conditions listed in NRS, I will provide the results to you directly by [letter/email/other]. As part of the school's BMI [surveillance/screening] program, I will send you a general notice letting you know we finished with height and weight measurements.

You have the right to exempt your child from all or part of both activities, observations and examinations, and height and weight measurement. If you file a written statement objecting to all or part of both activities with me, your child will be exempted from all or part of the activities. You may provide observations and examinations, and height and weight measurement results signed off by a licensed professional between the beginning and end of the school year in place of the observations, examinations, and measurements taken by school nursing staff.

Please note that health observations and examination, and height and weight measurements activities do not replace your child's need for regular health care and check-ups. Contact me if you have any questions about the information in this letter my contact information is below my signature.

Sincerely,

RN, Nurse Supervisor

[nursing supervisor: name and last name]

[nursing supervisor: mail address]

[nursing supervisor: email address]

[nursing supervisor: phone]

Appendix C – Example Pre-Activities: Notice to School Faculty and Staff

[School's Letterhead]

[dd/mm/yyyy]

Dear Faculty and Staff:

The Nevada Revised Statute 392.420 (NRS 392.420) mandates health observations, examinations and height and weight measurements of all 4th and 7th grade students in [Clark/Washoe] County School district. NRS 392.420 has two purposes/two activities, first is to identify students who have scoliosis, any visual or auditory problem, or any gross physical defect. Second is to identify the prevalence of students at risk for height and weight related health conditions. Both activities aim to detect health concerns that might interfere with students' education.

This letter informs you that our school will conduct the mandated activities on [dd/mm/yyyy] in [location] as part of the [school name]'s body mass index (BMI) [Screening/Surveillance] Program. Parents and or guardians will be asked to notify me if they want to object to all or part of the health observations and examinations and measurements. The results of both activities are strictly confidential and will NOT be shared with anyone. Following these activities, I will contact parents and or guardians directly and inform them the activities are finished.

Students may react in a variety of ways to the mandated activities. Staff members can help by being aware of the sensitivity around the activities and being objective and open about students' concerns related to the mandated activities. Contact [school counselors: name and last name], our school counselors, for assistance with reactions of anxiety and despair.

Please contact me to learn more about your specific role and responsibilities during students' health observations and examinations and height and weight measurements. If you are directly supporting these activities, contact me immediately to assess if you need training and or practice to conduct both activities. Please work with school administrators to minimize class time disruptions. If you have any questions about the content of this letter or if you would like to be a part of our school's efforts to create a healthier environment, contact me at any time my contact information is below my signature. Together we can make a real difference in the health and wellness of our students!

Sincerely,

RN, Nurse Supervisor

[nursing supervisor's name and last name]

[nursing supervisor's mail address]

[nursing supervisor's email address]

[nursing supervisor's phone]

Appendix D – Example Pre-Activities: Sensitive and Neutral Instructions to Students

In general, when instructing students, be sensitive to students and use neutral comment during the following situations:

Before collecting measurements

- “I’m going to take two measurements – your height and your weight.”
- “The numbers will not be read aloud, but you may write them down.”
- “Please take off your shoes, empty your pockets, and remove multiple layers of clothing. Do not take off your socks and leave on one shirt along with your pants or skirt.”
- “If possible, please remove hair ornaments and undo hair styles, that interfere with measuring from the top of your head.”

During height measurements

- “Please stand on the center of the base with your back to the bar.”
- “Put your feet together and move them until your heels touch the back.”
- “Stand with your buttocks and shoulders just touching the bar” and “Look straight ahead.”
- “Please raise (or lower) your chin.” (If student’s head is not horizontal)
- “Take a deep breath, hold it for a few seconds, and stand up straight.”
- “That’s fine, you can step away from the bar.”

During weight measurements

- “Please step onto the center of the scale with your weight on both feet.”
- “Relax and don’t move. Thank you.”
- “You can step off the scale now.”

Before the test/retest group

- “I’m going to take two repeat measurements of your height and two of your weight, and if these measurements are very different you will be measured a third time.”
- “First, I’ll measure your height and have you step away from the measuring device. Then you will be repositioned, and an additional height measurement will be done. Then I’ll do the same for your weight.”
- “Some students will have one school-staff/nurse measure first then another school-staff/nurse measure second.”

Other suggested sensitive communications:

- “Let’s check your weight” **NEVER use:** “Let’s see how big you are”
- Reassure students that kids’ bodies come in different sizes and shapes; avoid labels such as “obese”, “overweight”, “too thin”, or “too short”.
- If a child asks, “am I too fat?” Or “too skinny?” answer “I don’t know the answer” and suggest the child ask his/her doctor this question.
- Respond to teasing by modeling “we respect the bodies of others even though they are different from our own”.

School Nurses Could Also:

- Use the [Increasing Self-Awareness Of Weight Bias](#) toolkit, modules one, two, and three to learn and improve BMI clinical practice.
- Educate the school community on [The Role of the School Nurse](#) to promote the prevention and reduction of risk factors that lead to overweight and obesity among children in schools.
- Review the Child Nutrition and WIC Reauthorization Act of 2004 and learn [How the School Wellness Policy Impacts the School Nurse](#)
- Review the [National Association of School Nurses \(NASN\)](#) health & practice standards on [Childhood Obesity](#) and in [Chronic Health Condition Management](#) among children and adolescents in schools.
- Educate school administrators on the importance of having [reliable and accurate equipment](#) to collect reliable and accurate height and weight measurements.
- Learn and educate the school community on the [importance of increasing diversity](#) among trained staff to take measures for students from all backgrounds.

Physical Education Staff Could:

- Use the [Physical Education Curriculum Analysis Tool](#) to assess school's physical education curricula for K–12 students.
- Create a curriculum plan that incorporates expected standards while ensuring the positive mindset of students. Here is a list of relevant resources:
 - [SHAPE America: The Essential Components of Physical Education](#)
 - [SHAPE America: Appropriate Instructional Practice Guidelines for Elementary, Middle School, and High School Physical Education](#)
 - [SHAPE America: National Standards and Grade-Level Outcomes for K–12 Physical Education](#)
 - [SHAPE America: National Standards for K–12 Physical Education](#)
 - [Youth Compendium of Physical Activities for Physical Education Teachers](#)
 - [Social Emotional Learning Policies and Physical Education](#)
 - [CDC Monitoring Student Fitness Levels1\]](#)

Teachers In General and Administrative Staff Could:

- Be resourceful and transparent to students curious about data collection (why, who, how)
- Visit the [Training Tools for Healthy Schools](#) website to complete a School Health Index self-assessment. The tools on the website enable schools to identify the strengths and weaknesses of their health and safety policies, develop a School Health Improvement Plan, and engage teachers, parents, students, and the community in promoting health-enhancing behaviors and better health.
- Promote and practice positive self-talk to students (affirmations) by explaining the strength of body image and self-confidence. [The Healthy Body Image](#) website provides guidelines to school staff to know what they can do to help students feel comfortable with their body.
- Learn about how ["Weight Bias at Home and School"](#) affects Kids and Teens at home and school. [Weight bias](#) and stigma that youth with obesity face is just as serious as the physical consequences of excessive weight on the welfare of the child.
- Assess your understanding of [identifying eating disorders](#) in young children or [adolescents](#).
- Find evidence-based approaches to [create a non-judgmental classroom environment](#).

NOTE: Click on the underlined title to access the material.

[School's Letterhead]

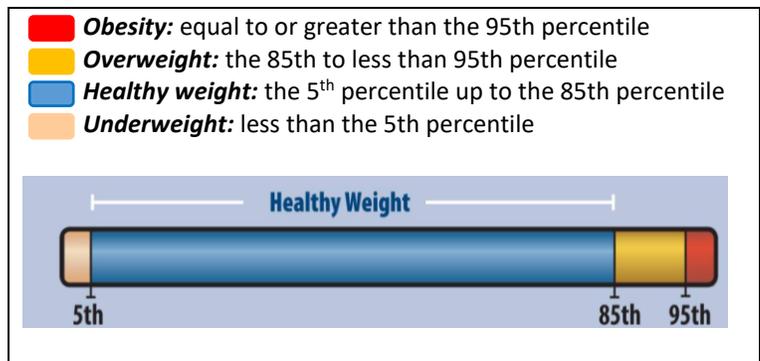
[date]

RE: Results of Height and Weight Measurements

Dear Parent or Guardian:

Your child was measured for height and weight at school. The activity was done as part of the [school name]'s body mass index (BMI) Surveillance Program. The purpose of the program is to assess the weight status of the school population to identify the percentage of students who are potentially at risk for weight-related health problems.

Height and weight measurements are used to calculate a person's BMI. For children, a child's BMI is compared to other BMI from U.S. children of the same age and sex to calculate BMI age-and-sex-specific percentile known as BMI-percentile. For example, a BMI percentile equal to or greater than the 95th percentile means that a child's BMI is equal to or greater than that of 95% of other children of the same age and sex.



Factors like physical inactivity, some eating patterns, sleep routines, family history, certain medical conditions, and social determinants including neighborhood design, access to healthy food and health care can impact children's BMI-percentile. If you want to know your child's BMI percentile, contact me at your earliest convenience. I will ask questions that help us know if your child is at risk for health concerns. I attached to this letter a list of resources that might assist your family, and, if you need it, I could send you a referral form to share your child's BMI Percentile result with your child's health care provider or doctor. After your child's health care provider evaluates your child's BMI-percentile and other factors specific to your child, your child's health care provider or doctor will say whether your child's weight status is within the healthy weight range.

If you have questions or concerns about the information in this letter or the results of the [school name]'s BMI, don't hesitate to contact me, my contact information is below my signature.

Sincerely,

RN, Nurse Supervisor

[nursing supervisor's name and last name]

[nursing supervisor's mail address]

[nursing supervisor's email address]

[nursing supervisor's phone]

[School's Letterhead]

[date]

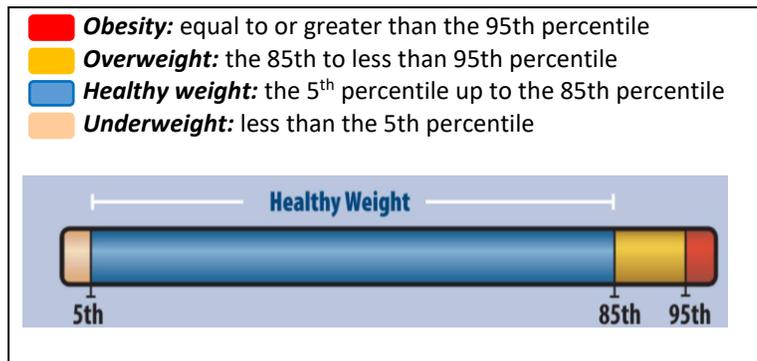
RE: Results of Height and Weight Measurements

Dear Parent or Guardian:

Your child, [child's name and last name], was measured for height and weight at school. The activity was done as part of the [school name]'s body mass index (BMI) Screening Program. The program aims to identify students at risk of weight-and-height-related health conditions and provide parents with information and resources to help them take appropriate action. The results from the BMI Screening Program are strictly confidential and will not be discussed with anyone other than you. Your child's measurements were:

Height: _____ Weight: _____ BMI Percentile: _____

Height and weight measurements are used to calculate a person's BMI. For children, a child's BMI is compared to other BMI from U.S. children of the same age and sex to calculate BMI age-and-sex-specific percentile known as BMI-percentile. For example, a BMI percentile equal to or greater than the 95th percentile means that a child's BMI is equal to or greater than that of 95% of other children of the same age and sex.



Factors like physical inactivity, some eating patterns, sleep routines, family history, certain medical conditions, and social determinants including neighborhood design, access to healthy food and health care can impact children's BMI-percentile. If you are concern about your child's BMI percentile, contact me at your earliest convenience. I will ask questions that help us know if your child is at risk for health concerns. I attached to this letter a list of resources that might assist your family, and, if you need it, I could send you a referral form to share your child's BMI Percentile result with your child's health care provider or doctor. After your child's health care provider evaluates your child's BMI-percentile and other factors specific to your child, your child's health care provider or doctor will say whether your child's weight status is within the healthy weight range.

If you have any questions or concerns about the information in this letter or about the results of the [school name]'s BMI Screening Program, please contact me, my contact information is below my signature.

_____, RN, Nurse Supervisor

[nursing supervisor's name and last name]

[nursing supervisor's mail address]

[nursing supervisor's email address]

[nursing supervisor's phone]

Appendix H – Example Post-Activities: After BMI Activities – Health Care Referrals – English & Spanish

[School's Letterhead]

[date]

RE: Results of BMI [Screening/Surveillance] Program.

Dear [Health Care Provider OR health care provider name and last name]:

This letter is to notify you that we measured the height and weight of [student's name and last name] during [school name]'s body mass index (BMI) [Screening/Surveillance] Program.

The results were: Height: _____ Weight: _____ BMI Percentile: _____

We welcome your feedback and any recommendations you may have to assist in planning for our BMI [Screening/Surveillance] program. If you have any questions, please get in touch with me; my contact information is below my signature. Or contact [principal name], the school principal at [principal's phone/email]. If you need information on pediatric obesity assessment, prevention, and management please contact the Nevada Wellness and Prevention Program at CDPHP.wellness@health.nv.gov or visit <https://www.aap.org/en/patient-care/institute-for-healthy-childhood-weight/>

Thank you for your efforts to keep your patients and our students healthy.

Sincerely,

[nursing supervisor's name and last name] [nursing supervisor's EMAIL]
[nursing supervisor's FAX] [nursing supervisor's MAIL ADDRESS]

HEALTH CARE PROVIDER: Please complete AND RETURN TO [nursing supervisor's name and last name] AT THE FAX, EMAIL, OR ADDRESS ABOVE.

I, [name and last name] have examined [child's name and last name] on [mm/dd/yyyy] with the following findings:

Height: _____ Weight: _____ BMI Percentile: _____

Health Care Provider Recommendations:

Healthcare Provider Signature: _____ Date: _____

PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

I, the parent/guardian of [child's name and last name], authorize the exchange of information between my child's health care provider and my child's School Nurse Supervisor. I understand this form will be [faxed/emailed/mailed] to the school nurse supervisor so they may assist with the above recommendations.

Parent(s)/Guardian(s) Name _____ Date _____

[School's Letterhead]

[date]

RE: Resources to Follow-Up Results of Body Mass Index (BMI) [Screening/Surveillance].

Dear Parent or Guardian:

Below you will find a list of resources to help you find resources for your child.

- To find a pediatrician, visit <https://www.healthychildren.org/English/Pages/default.aspx> and click on the following links:
 - In English: [Find a Pediatrician or Pediatric Specialist](#)
 - En Español: Encuentre un pediatra o un [pediatra especializado](#)
- To find out if your family qualifies for financial assistance to pay for your child's medical care visit: https://www.medicaid.nv.gov/providers/enrollees/nvmedicaid_app_info.aspx
- If your child's health care provider or doctor does not have the resources to advise you or treat your child's weight-related condition, visit Nevada DPBH [Wellness and Prevention Program](#) (WPP) at https://dpbh.nv.gov/Programs/Wellness_Prevention_Program/Wellness_and_Prevention_Program/ Or send an email requesting assistance to CDPHP.wellness@health.nv.gov. In coordination with pediatric specialists, the WPP may be able provide training and resources to your child's health care provider.
- If you don't know what to cook to help your child maintain a healthy weight, visit the [ChopChop Family](#) website. This national nonprofit organization allows families to cook real food together and provides healthy, nutritious recipes for breakfast, snacks, lunch, dinner, and dessert.
- For Southern Nevada families visit <https://getthehealthyclarkcounty.org/manage-your-risk/obesity/>
- For Washoe County families, visit <https://www.washoecounty.gov/health/programs-and-services/cchs/chronic-disease-prevention/5210-healthy-washoe/index.php>
- If your family needs additional resources visit <https://www.cdc.gov/nutrition/about-nutrition/what-cdc-is-doing.html> website to search for additional resources for your family to adopt and maintain healthy eating and active living practices.

Sincerely,

RN, Nurse Supervisor

[nursing supervisor's name and last name]

[nursing supervisor's mail address]

[nursing supervisor's email address]

[nursing supervisor's phone]

References

1. Centers for Disease Control and Prevention, Healthy Schools - To minimize the risk for potential negative consequences, schools that measure students' heights and weights can follow recommended safeguards. [Body Mass Index \(BMI\) Measurement in Schools Safeguards \(cdc.gov\)](https://www.cdc.gov/healthyschools/obesity/bmi/bmi_measurement_schools.htm#accordionTabs_1)
https://www.cdc.gov/healthyschools/obesity/bmi/bmi_measurement_schools.htm#accordionTabs_1
2. Centers for Disease Control and Prevention, Body Mass Index Measurement in Schools, Executive Summary. [Body Mass Index Measurement in Schools. Executive Summary. \(cdc.gov\)](https://www.cdc.gov/healthyschools/obesity/bmi/pdf/BMI_execsumm.pdf)
https://www.cdc.gov/healthyschools/obesity/bmi/pdf/BMI_execsumm.pdf
3. Health Resources & Services Administration (HRSA) Maternal and Child Health Bureau. Equipment for measuring and recording length, weight, and head circumference for infants, children and adolescents. [MCHB Training Module -- Using the CDC Growth Charts: Accurately Weighing & Measuring: Equipment \(washington.edu\)](http://depts.washington.edu/growth/module4/text/contents.htm)
<http://depts.washington.edu/growth/module4/text/contents.htm>
4. Other States' BMI data collection toolkits and guidelines:
 - State of Alaska Measuring Height/Weight and Calculating BMI Guidelines for Schools
<https://dhss.alaska.gov/health/dph/wcfh/Documents/school/assets/MeasuringBMI.pdf>
 - State of Arkansas BMI Screening Program: Height & Weight Measurement Training Manual
https://www.healthy.arkansas.gov/images/uploads/pdf/2020_BMI_Height_and_Weight_Measurement_Training_Manual.pdf
 - State of Colorado Healthy Weight Toolkit
<https://www.cde.state.co.us/healthandwellness/obesitytoolkitcomplete1-9-15>
 - Body Mass Index Data Collection Procedures Training Manual: Guidelines For Measuring Height And Weight In Clark County School Children, *Draft*, January 2011.