

Hearing Screening

CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

C&TC Requirements

General

All children must receive a risk assessment, including results of their newborn hearing screen.

Standardized pure tone audiometry is:

- Recommended at 3 years of age, and
- Required beginning at 4 years and older at the ages indicated on the [C&TC Periodicity Schedule \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us).

Beginning at 11 years of age, add the 6000 Hz level at 20 dB to the pure tone audiometry screen for noise-induced hearing loss.

Personnel

Hearing screening may be performed by trained personnel including nurses, audiologists, audiology technicians/assistants, speech language pathologists/therapists, and other trained personnel.

Documentation

Document normal and abnormal findings, risk factors, and the results of screening. If pure tone audiometry is not performed at 4 years and older, document the reason.

For documentation examples, refer to [C&TC Documentation Forms for Providers and Clinics \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us).

Procedure

For detailed information on hearing screening procedures, refer to the [Hearing Screening Training Manual \(www.health.state.mn.us\)](http://www.health.state.mn.us).

Risk Assessment

Risk assessment based on factors identified by the [Joint Committee on Infant Hearing](http://www.health.state.mn.us)

www.health.state.mn.us) should be performed to identify a child's risk for hearing loss.

At 0-1 months or any initial C&TC visit, review results of the newborn hearing screen (NHS).

- If they did not receive NHS:
 - If risk factors exist, refer to audiology for diagnostic Automated Brainstem Response testing (ABR).
 - If no risk factors exist, provide OAE screening (if available) or refer to audiology.
- If they received NHS, but did not pass:
 - If risk factors exist or if OAE rescreening is not available, refer to audiology.
 - If no risk factors exist, provide OAE rescreening. Refer to audiology if OAE screening is not available or they do not pass the OAE rescreen.
- Report follow-up NHS results to the MDH Early Hearing Detection and Intervention (EHDI) Program, using the [Hearing Report for the Newborn Screening Program \(www.health.state.mn.us\)](http://www.health.state.mn.us).

Pure Tone Audiometry Procedure

Screen at these levels in each ear:

For ages 3 through 10 years:

- 500 Hz at 25 dB, and
- 1000, 2000, 4000 Hz at 20 dB.

For ages 11 years and older:

- 500 Hz at 25 dB, and
- 1000, 2000, 4000, 6000 Hz at 20 dB.

PASS criteria: Child responds to all tones.

Importance of Hearing Screening

Approximately 1-3 in 1000 infants are born with hearing loss (Dedhia, Kitska, Sabo, & Chi, 2013).

The incidence of hearing loss increases in the school age population to approximately 10 in 1000. About 30 to 50 per 1000 youth have hearing loss by late adolescence (American Academy of Audiology, 2011).

Professional Recommendations

American Academy of Pediatrics

Pure tone audiometry screening is recommended beginning at 4 years of age (American Academy of Pediatrics, 2017).

American Academy of Audiology

Screening for hearing loss using pure tone audiometry is recommended starting at 3 years of age (American Academy of Audiology, 2011).

Minnesota Mandates

- Newborn Hearing Screening is mandated by [Minnesota Statute § 144.966](http://www.revisor.mn.gov/statutes/cite/144.966) (www.revisor.mn.gov) (EHDI Program) and [Minnesota Statute §144.125-128](http://www.revisor.mn.gov/statutes/cite/144.125-128) (www.revisor.mn.gov) (Tests of Infants for Heritable and Congenital Disorders).
- [Minnesota Statute §121A.17](http://www.revisor.mn.gov/statutes/cite/121A.17) (www.revisor.mn.gov) requires all children to receive hearing screening once between 3 to 5 years of age, before entrance to kindergarten.

Resources

Minnesota Department of Human Services

- [MHCP Provider Manual - Child and Teen Checkups](http://www.dhs.state.mn.us) (www.dhs.state.mn.us).

Minnesota Department of Health

- [Hearing Screening](http://www.health.state.mn.us) (www.health.state.mn.us).
- [Minnesota Early Hearing Detection and Intervention](http://www.improveehdi.org) (www.improveehdi.org).
- [C&TC E-Learning Training Program website](http://www.health.state.mn.us) (www.health.state.mn.us).

- [C&TC Training Information](http://www.health.state.mn.us) (www.health.state.mn.us)

American Academy of Audiology

- [Childhood Hearing Screening Guidelines](http://www.cdc.gov) (www.cdc.gov).

American Academy of Pediatrics

- [Hearing Assessment in Infants and Children: Recommendations Beyond Neonatal Screening](http://www.aap.org) (www.aap.org).

References

American Academy of Audiology. (2011). American Academy of Audiology: Childhood Hearing Screening Guidelines. Retrieved from CDC website: www.cdc.gov

American Academy of Pediatrics. (2017, February). Recommendations for preventive Pediatric Health Care. Retrieved from Bright Futures: https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

American Academy of Pediatrics JCIH. (2007). Year 2007 position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics*, 120(4), 898-921.

Dedhia, K., Kitska, D., Sabo, D., & Chi, D. (2013). Children with sensorineural hearing loss after passing the newborn hearing screen. *JAMA Otolaryngology-Head & Neck Surgery*, 139(2), 119-123.

For More Information

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3760 email health.childteencheckups@state.mn.us.

Revised: 9/2017