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 Schedule of Age-Related Screening Standards (www.dhs.state.mn.us).

Personnel

Hearing screening may be performed by trained clinic personnel such as nurses and medical assistants. A licensed health care provider (physician, nurse practitioner, physician assistant, or registered or public health nurse (RN, PHN) who has completed the C&TC Comprehensive Screening training through the Minnesota Department of Health (MDH) must interpret the results and ensure appropriate follow-up.

Documentation

Document normal and abnormal findings, risk factors, and the results of screening. If pure tone audiometry is not performed at four years and older, document the reason. For documentation examples, refer to C&TC Documentation Forms for Providers and Clinics (www.dhs.state.mn.us).

Procedure

For detailed information on hearing screening procedures, refer to the Hearing Screening Training Manual on the Hearing Screening webpage (www.health.state.mn.us).

Risk Assessment

Risk assessment based on factors identified by the Joint Committee on Infant Hearing (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 prior to the age when pure tone audiometry screening can be completed, review results of the newborn hearing screen (NHS). Use the Newborn Screening Follow-Up Process (www.improveehdi.org) outlined by MDH. Report follow-up NHS results to the MDH Early Hearing Detection and Intervention (EHDI) Program, using the Newborn Hearing Screening Outpatient Follow-Up Report Form (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.

Rescreen: If child does not respond to one or more tones perform an immediate rescreen with a different screener if possible.

If a larger number of children are not passing pure tone screening, consider the environment in which the screening is being completed. The Environmental Noise Level Check procedure can be found in the Hearing Screening Manual.

The care and annual calibration of audiometers are key for accurate and reliable screening results. Instructions, tools and resources are
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. By late adolescence, about 30 to 50 per 1000 youth have hearing loss (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

- Minnesota Statute §121A.17 (www.revisor.mn.gov) requires all children to receive hearing screening once between 3 to 5 years of age, before entrance to public school kindergarten.

Resources

Minnesota Department of Human Services

- C&TC Schedule of Age-Related Screening Standards (www.dhs.state.mn.us)

Minnesota Department of Health

- Child and Teen Checkups (C&TC) (www.health.state.mn.us)
- Minnesota Early Hearing Detection and Intervention (www.improveehdi.org)

American Academy of Pediatrics

- Hearing Assessment in Infants and Children: Recommendations Beyond Neonatal Screening (http://pediatrics.aappublications.org)

Other Resources

- National Center for Hearing Assessment Management (www.infanthearing.org)
- Early Childhood Hearing Outreach Initiative (ECHO) (www.infanthearing.org)
- Joint Committee on Infant Hearing (www.jcih.org)

References


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 or email health.childteencheckups@state.mn.us.

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