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### **Hearing Screening**

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

Review newborn hearing screen results at the initial visit. Hearing risk assessment is required up to 3 years of age. Hearing screening using pure tone audiometry is recommended at 3 years and required at 4 to 10 year visits and once at 11-14, 15-17, and 18-20 year visits.

#### **C&TC Requirements**

#### General

Hearing risk assessment is required at all C&TC visits up to 3 years of age or until pure tone audiometry can be performed. A review of newborn hearing screen results is required at the initial newborn C&TC visit.

Hearing screening using pure tone audiometry is recommended at 3 years and required starting at age 4 and at ages indicated on the <u>C&TC Schedule of Age-</u> <u>Related Screening Standards</u>.

#### Personnel

Trained clinic personnel may perform hearing screening.

A licensed health care provider must interpret risk assessment and screening results and ensure appropriate follow-up: 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).

#### Documentation

Document pass and refer/did not pass findings and risk factors. Document the

reason if pure tone audiometry is not performed at ages 4 years and older.

For documentation examples or for use as a template with your electronic medical record, refer to the <u>C&TC Provider</u> <u>Documentation Forms</u>.

#### Procedure

Refer to the <u>Hearing Screening Training</u> <u>Manual</u> for detailed hearing screening procedures, including PASS, Rescreen, and REFER criteria.

#### Newborn Hearing Screening Review and Risk Assessment

Review results of the newborn hearing screen and report follow-up results to the MDH Early Hearing Detection and Intervention Program using the <u>Newborn</u> <u>Hearing Screening Outpatient Follow-Up</u> <u>Report Form</u>.

Perform a risk assessment to identify a child's risk for hearing loss using the <u>Child</u> and Family Hearing History and JCIH Risk <u>Assessment</u>.

#### Hearing Screening Procedure

Screen at 500 Hz at 25 dB and 1000, 2000, and 4000 Hz at 20 dB for ages 3 through 10; add 6000 Hz at 20 dB for ages 11 and older. Use otoacoustic emissions (OAE) screening for children under 3 and as an alternative for children 3 to 5 who cannot perform pure tone audiometry.

Perform an <u>Environmental Noise Level</u> <u>Check</u> before screening a room that has not been checked recently. Annual calibration of audiometers is key for accurate and reliable results.

#### Importance of Hearing Screening

Nationally, 1.8 in 1000 infants screened in 2017 were diagnosed with hearing loss. In school-age children, the prevalence increased to 3.65 in 1000 (Joint Committee on Infant Hearing, 2019). By late adolescence, 3-5% of youth have hearing loss > 25dB (Barret, 2017).

#### Professional Recommendations

#### American Academy of Pediatrics

Pure tone audiometry screening is recommended beginning at 4 years (American Academy of Pediatrics, 2023).

#### **Minnesota Mandates**

Newborn Hearing Screening is mandated by <u>Minnesota Statute § 144.966</u> and <u>Minnesota Statute §144.125-128</u>.

#### Resources

### Minnesota Department of Human Services

- <u>C&TC Schedule of Age-Related</u>
   <u>Screening Standards</u>
- <u>Minnesota Health Care Programs</u>
   (MHCP) Provider Manual C&TC Section

## Minnesota Department of Health

- <u>Child and Teen Checkups (C&TC)</u>
- Minnesota Early Hearing Detection and Intervention

#### **Other Resources**

- Early Childhood Hearing Screening
- Joint Committee on Infant Hearing
- Teens on Noise-Induced Hearing Loss

#### References

American Academy of Pediatrics. (2023, April). Recommendations for Preventive Pediatric Health Care. Retrieved from https://downloads.aap.org/AAP/PDF/periodicity\_schedule .pdf

Healthy People 2030. (2021). Social Determinants of Health. Retrieved from Healthy People 2030: https://health.gov/healthypeople/objectives-anddata/social-determinants-health

#### **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 651-201-3650 or email health.childteencheckups@state.mn.us.

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#### **Resource Links**

- <u>C&TC Provider Documentation Forms</u> (https://mn.gov/dhs/partners-andproviders/policiesprocedures/minnesota-health-careprograms/provider/types/ctc-resources)
- <u>C&TC Fact Sheets</u> (/www.health.state.mn.us/people/child renyouth/ctc/factsheets.html)
- <u>Teen Health Services and One-On-One</u> <u>Time with A Healthcare Provider</u> (www.cdc.gov/healthyyouth/healthservi ces/pdf/OneonOnetime FactSheet.pdf)
- Bright Futures Guidelines

   (www.aap.org/en/practicemanagement/bright-futures)
- <u>Social Needs Screening Tool</u> (www.aafp.org/dam/AAFP/documents/ patient care/everyone project/hops19physician-form-sdoh.pdf)
- <u>Foster Care Health Care Standards</u> (www.aap.org/en/patient-care/fostercare/health-care-standards)
- <u>C&TC Schedule of Age-Related</u> <u>Screening Standards</u> (https://edocs.dhs.state.mn.us/lfserver/ <u>Public/DHS-3379-ENG</u>)
- Minnesota Health Care Programs

   (MHCP) Provider Manual C&TC Section
   (www.dhs.state.mn.us/main/idcplg?ldc
   Service=GET DYNAMIC CONVERSION&
   RevisionSelectionMethod=LatestRelease
   d&dDocName=dhs16 150092)
- <u>Resources for Minnesota Families with</u> <u>Children (https://mn.gov/dhs/people-</u> <u>we-serve/children-and-families/health-</u> <u>care/health-care-programs/resources)</u>

- <u>Child and Teen Checkups (C&TC)</u> (www.health.state.mn.us/divs/cfh/prog ram/ctc/index.cfm)
- <u>Help Me Connect</u> (https://helpmeconnect.web.health.stat e.mn.us/HelpMeConnect)