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 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).

Newborn Hearing Screening Review and Risk Assessment

▪ Perform both at 0-1 months or any initial C&TC visit prior to the age when pure tone audiometry screening can be completed.


Perform a risk assessment to identify a child’s risk for hearing loss based on factors outlined by the Joint Committee on Infant Hearing (www.digitalcommons.usu.edu) – page 19.

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.

Otoacoustic emissions (OAE) screening is an alternative for children 3-5 years of age who are unable to perform pure tone audiometry screening.

Perform an Environmental Noise Level check procedure before initiating screening in room or setting that has not been checked recently.
Annual calibration of audiometers are key for accurate and reliable screening results.

**Importance of Hearing Screening**

Nationally, 1.7 in 1000 infants screened in 2017 were diagnosed with hearing loss before 3 months of age (CDC, 2017). 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, 2021).

**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.

**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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