



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.

Revised 03/2024

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)