



GUIDING PRACTICES FOR EARLY CHILDHOOD HEARING SCREENING

“Demonstrating best practices in assessing young children in North Carolina”





2011

State of North Carolina

Beverly Eaves Perdue, Governor

North Carolina Department of Public Instruction

Office of Early Learning and the Exceptional Children Division

June St. Clair Atkinson, Ed.D., State Superintendent

NC DEPARTMENT OF PUBLIC INSTRUCTION

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RE: HEARING SCREENING AND ASSESSMENT FOR PRESCHOOL CHILDREN

The purpose of a *screening* program is to identify children at risk who need further observation and assessment based on concerns related to their progress in one or more domains of development: health and physical, emotional and social, language and communication and cognition. Hearing, vision and developmental screening programs are the lynchpin of the preschool Child Find system. Such programs may take place upon a child's entry into one of the state or federal preschool programs, at Child Find screen clinics established by school systems for families and children who are at home or in other community programs, or upon parent request. A referral for an assessment is usually a follow-up to the initial screening process, or upon parent request at the initial Child Find screening, with the purpose of identifying a delay in some area of development.

Most, but not all, children in North Carolina receive a hearing screening at birth. However, even children who are screened at birth may experience late onset hearing loss that is not identified until they enter kindergarten, unless parents or physicians make a referral prior to this time. Health issues impacting hearing in young children are common during this timeframe. These issues could significantly impact a child's school readiness and subsequent success.

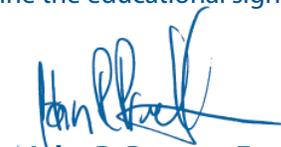
The Exceptional Children Division has received inquiries about the assessment process used for determining eligibility for services with very young preschool children when a passed hearing screening, using conventional pure tone screening methods, cannot be obtained. This may be particularly problematic since hearing loss in this age group is so often associated with middle ear disease which is self-limiting. That is, the problem may be resolved with medical intervention. Nonetheless, if undetected, middle ear pathology has the potential to cause significant hearing loss, and/or long lasting speech and learning problems. For this reason, this technical assistance document, *Guiding Practices for Early Childhood Hearing Screening*, was developed to assist the field in making informed decisions and appropriate follow-up actions when necessary.

In general, when a child has failed to pass all audiometric methods of hearing screening, the audiological evaluation should be administered before progressing with other evaluation components (e.g., play-based, standardized assessments, etc). However, this must not result in the failure to meet the 90 day timeline, nor placement by the third birthday for children transitioning from the Infant-Toddler Program.

If a child fails the Child Find hearing screening, it may take up to three months before appropriate rescreens or medical interventions are completed prior to obtaining a pass on a hearing screening/evaluation. It may therefore be necessary to conduct hearing evaluation procedures and comprehensive or specialized assessments simultaneously to facilitate compliance with timeline requirements. This further highlights the need for functional, developmentally and culturally appropriate observation based comprehensive assessments conducted by multiple people across multiple settings in order to determine a young child's current level of functioning. When conducting comprehensive assessments, interviews designed to obtain social/developmental histories should include questions which might assist in identifying risk factors associated with hearing loss. Comprehensive or specialized assessment results must then be interpreted by the IEP Team, in collaboration with the audiologist, with consideration of the hearing evaluation results during the initial placement process. If the hearing evaluation results are obtained after the IEP meeting, and significant hearing results are obtained, the IEP Team must reconvene to review all data and determine the educational significance of the information.



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Special thanks to the following states and organizations for providing information included in this document by sharing their guidance documents.

Colorado Departments of Education and Public Health and Environment, "Early Childhood Hearing Screening Guidelines"

American Speech-Language-Hearing Association Audiologic Screening Guidelines

National Center for Hearing Assessment and Management

North Carolina Board of Examiners for Speech and Language Pathologists and Audiologists

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WHO CAN CONDUCT HEARING SCREENINGS IN NORTH CAROLINA?

Hearing screenings are required upon program entry into most preschool programs and when evaluating for eligibility for most disability categories, as listed in NC 1503-2.5 of *Policies Governing Services for Children with Disabilities*, and must be administered by qualified personnel. Audiologists and physicians are primarily qualified as hearing screening administrators. According to General Statute 90-294, licensed Speech-Language Pathologists, Speech-Language Assistants, Nurses and unlicensed persons may also perform hearing screenings, provided that they have been properly trained by a licensed Audiologist or Physician. Further, those conducting the screening do so under the supervision of a licensed Audiologist or Physician. Speech-Language Pathologists or others may not provide the training or supervision. Personnel who will be trained to screen this age population should have appropriate knowledge and experience with early childhood development, capabilities and response patterns. It is recommended that all screeners have initial training and annual refresher training to maintain screening skills.

SUPERVISION OF HEARING SCREENINGS

An audiologist licensed by the North Carolina Board of Examiners is responsible for oversight, supervision and training of personnel who will be conducting hearing screenings. "Supervision" (G.S. §90-294C(6) and (f)) includes the following elements: (1) Selecting the appropriate calibrated screening instrument to be used for the targeted population; (2) Providing sufficient initial and refresher training in the specific screening methods and instruments to be used to ensure that the screeners have sufficient knowledge of the screening methods, understand the limitations of the screening program, and can demonstrate proper operation of the equipment; (3) Assuring that records are maintained describing the training provided by the supervisor, the names of attendees, the nature of any evaluation and any referral made; (4) Providing sufficient evaluation of the test site for ambient sound and to ensure that the screeners are following the screening protocol; and (5) Reviewing samples of screening records to confirm that the screening has conformed to the program standards.

WHAT DOES IT MEAN IF A CHILD PASSES THE HEARING SCREENING?

If a child has passed the screening he/she should hear at a level which is adequate for the pitches of sound which are most important for understanding what people say. Since this is a screening, it is possible for a child to occasionally pass who does have a hearing loss. The screening does not rule out a very slight hearing loss or a hearing loss in the high pitches. If a parent suspects his/her child may have a hearing problem even after the hearing screening, an evaluation by an audiologist is recommended. Even if a child passes today, it does not mean he/she may not have a hearing problem later on. Anytime a concern about hearing arises, another hearing screening should be done as soon as possible.

WHAT DOES IT MEAN IF A CHILD NEEDS A HEARING RECHECK?

This means that the child refused the screening, did not understand, or did not respond as would be expected for his/her age. A referral does not mean the child has a hearing problem, but further testing is required to find out how well he/she hears. Since the only way to know for *sure* how a child hears is through hearing testing, children must be referred for an audiological evaluation if they fail a hearing screening. Hearing status of children referred after the Child Find screening should be confirmed within one month, but no later than three months, after the initial screening (Guidelines for Audiologic Screening, ASHA, 2007 <http://www.asha.org/docs/html/GL1997-00199.html#sec1.6>).

WHAT IS PURE TONE SCREENING?

Using a traditional audiometer, pure tone stimuli (sounds) are presented at fixed intensity (loudness) levels using pass/fail criteria. This requires no interpretation by the person administering the pure tone screening.

WHAT ARE OTOACOUSTIC EMISSIONS (OAE)?

OAEs are sounds created in the cochlea which can be measured by a sensitive microphone placed in the ear canal. A computer is used to record and average the emissions in response to a large number of auditory signals presented to that ear. There is a high correlation between the presence of emissions and hearing levels better than 30-35 dB. Voluntary responses from the child are not required.

These are screening methods to identify children who may need further testing. It is not appropriate to screen children who have known hearing losses monitored by an audiologist, or children who wear hearing aids. All screeners must receive appropriate training prior to conducting any of the following procedures.

Hearing Screening Procedures

1. Pure Tone Screening

- The pure tone screening procedure is recommended for children who are able to respond to sound presentation utilizing a pure tone audiometer. For each presentation children should respond by raising their hand or playing a game (e.g., block in bucket, ring on stand, etc).
- Protocol: 20 dB @ 1000, 2000, and 4000 Hz.
- All sounds must be heard in both ears in order for a child to pass the pure tone screening.

2. Screening Otoacoustic Emissions (OAE: DPOAE or TEOAE)

OAEs are sounds created in the cochlea which can be measured by a sensitive microphone placed in the ear canal. A computer is used to record and average the emissions in response to a large number of auditory signals presented to that ear. There is a high correlation between the presence of emissions and hearing levels better than the 30-35 dB. Voluntary responses from the child are not required. This procedure is monitored by an audiologist.

Tympanometry (Immittance)

Tympanometry is a test that measures the function of the middle ear. Tympanometry works by varying the pressure within the ear canal and measuring the movement of the ear drum (the tympanic membrane). This is not a hearing screening procedure, but frequently is conducted in conjunction with one of the above screening procedures. Certain conditions of the outer and middle ear are highly correlated to hearing loss. Frequently when a child fails one of the above screening procedures, a tympanogram is obtained to determine if the cause is related to potential middle ear pathology. Then a decision is made whether to seek medical intervention. Clinical opinion is required to make such a determination. This is the purview of the Audiologist; however, a supervising Audiologist may provide training and oversight with appropriate staff to conduct tympanograms.

A “pass” on tympanometric screening is defined as: Gradient (tympanometric width) value is less than 200 (daPa or mmH20). “No Pass” on tympanometric screening is: Gradient value greater than 200 (daPa or mmH20). Ear Canal Volume (ECV): Pass: 4-1cc. Fail: ECV greater than 1.00 (providing a PE tube is not present).

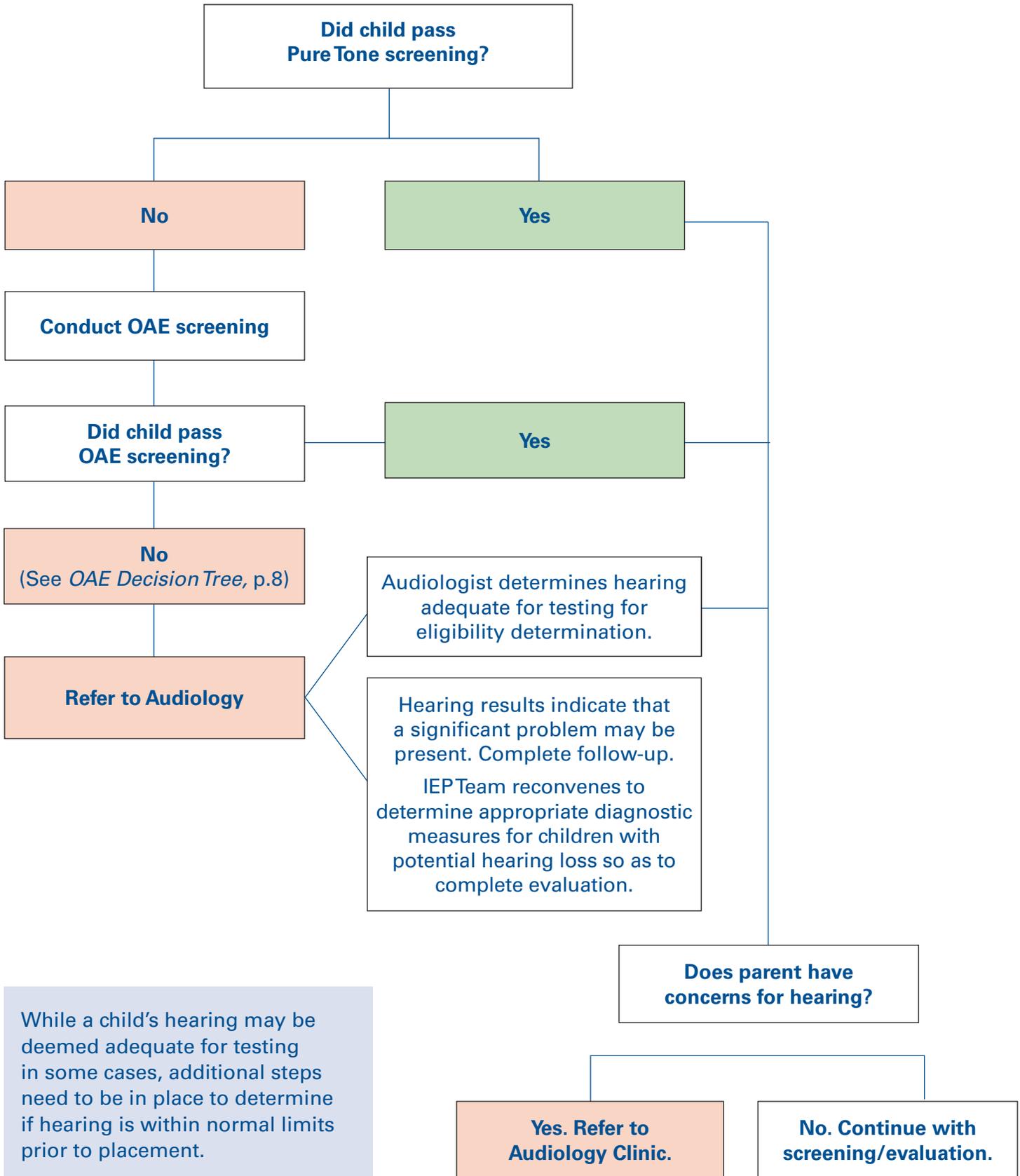
Equipment and Calibration

Behavioral calibration (self test) should be completed at the beginning of each screening day for audiometers, VRA systems and tympanometers. Manually operated pure tone audiometers must meet standards for calibration as published in the accompanying equipment manual including an annual calibration. Calibration of tympanometers must occur annually. OAE calibration and function is available in the manufacturer’s manual. Please consult this manual regarding timetable for OAE calibration.

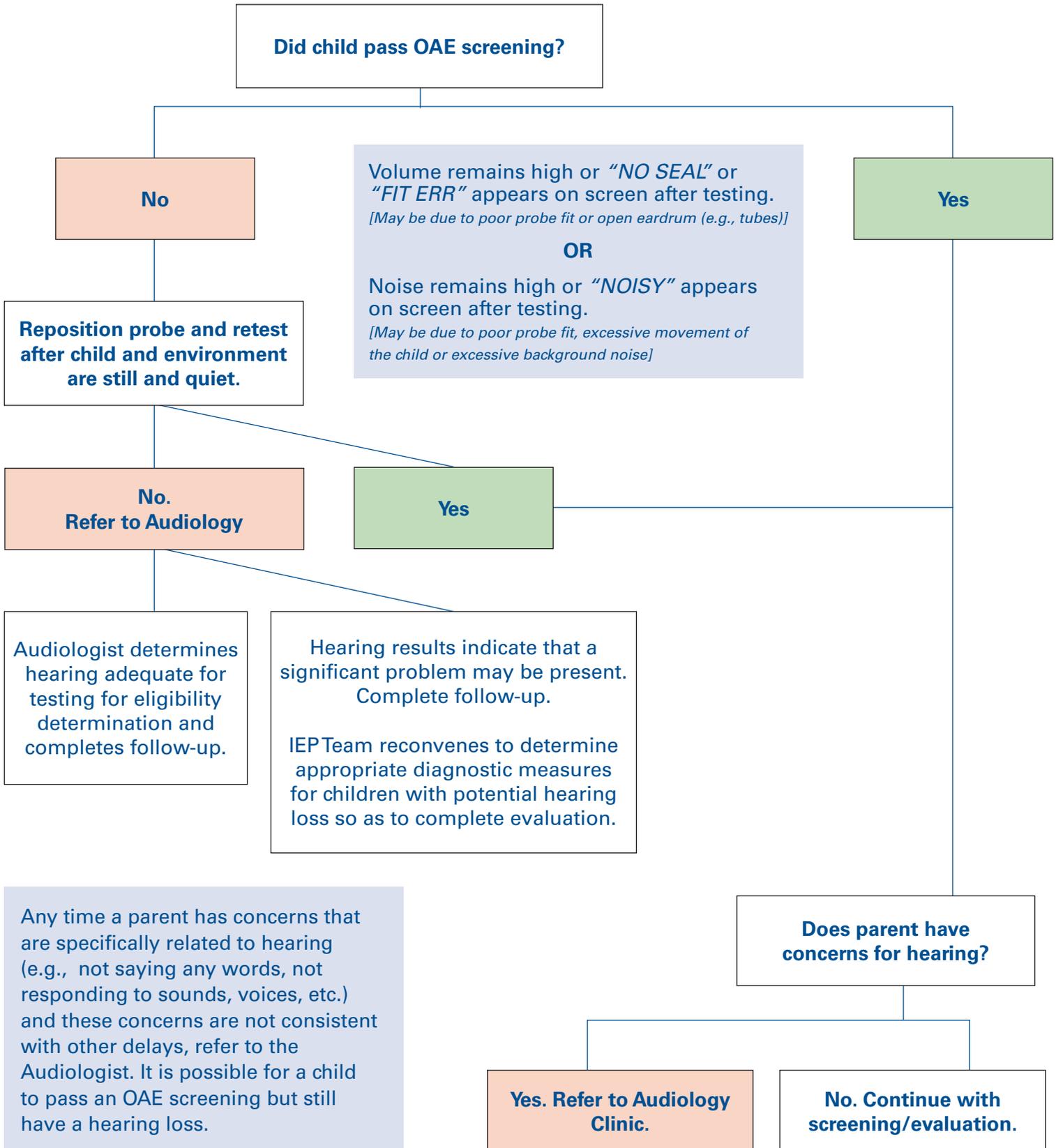


AUDIOMETRIC SCREENING

Procedures for children who <u>CAN</u> respond to traditional Pure Tone screening methods		Procedures for children who <u>CANNOT</u> respond to traditional Pure Tone screening methods	
Test at 1000, 2000, & 4000 Hz at 20 dBHL (loudness level) <ul style="list-style-type: none"> • Locate a quiet environment for screening. • Do not search for threshold. • Standard testing raising hand in response to pure tone presentation, or • Conditioned play audiometry. 		Conduct Otoacoustic Emissions Screening OR Refer to an Audiologist	
REFERRAL CONSIDERATIONS		REFERRAL CONSIDERATIONS	
<p>PASS CRITERIA</p> <p>Correct responses to all frequencies in both ears.</p>	<p>REFERRAL CRITERIA</p> <p>If pass criteria is not met an audiological referral is required.</p> <p><i>See Pure Tone Screening Decision Tree (page 7)</i></p>	<p>PASS CRITERIA</p> <p>Equipment will dictate a pass/refer</p>	<p>REFERRAL CRITERIA</p> <p>If pass criteria is not met an audiological referral is required.</p> <p><i>See OAE Screening Decision Tree (page 8)</i></p>



OAE SCREENING DECISION TREE



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Hearing Loss

FACT SHEET

What is hearing loss in children?

Hearing loss can vary greatly among children and can be caused by many things. In the United States, 1 to 3 children per 1,000 are born with hearing loss each year. Most children also experience mild, temporary hearing loss when fluid gets in the middle ear from allergies or colds. Sometimes as a result of an ear infection, fluid stays in the middle ears, which can sometimes cause hearing loss and delays in your child's speech. Some children have permanent hearing loss. This can be from mild (they don't hear as well as you do) to complete (where they can't hear anything at all).

What are some of the signs of hearing loss?

The signs and symptoms of hearing loss are different for different children. If you see any of these signs call your child's doctor or nurse:

- does not turn to the source of a sound from birth to 3 or 4 months of age
- does not say single words, such as "dada" or "mama" by 1 year of age
- turns head when he or she sees you but not if you only call out his or her name: this usually is mistaken for not paying attention or just ignoring, but could be the result of a partial or complete hearing loss
- hears some sounds but not others

What causes hearing loss? Can it be prevented?

Hearing loss can happen any time during life – from before birth to adulthood. Babies who are born early, who have low birth weight, or who are exposed to infections in the womb might have hearing loss, but this can happen to full-term, normal weight babies as well. Genetic factors are the cause of hearing loss in about 50% of babies – some of these babies might have family members who are deaf. Illnesses, injuries, certain medicines, and loud noise levels can cause children and adults to lose hearing.

www.cdc.gov/actearly

Some causes of hearing loss can be prevented. For example, vaccines can prevent certain infections, such as measles or meningitis (an infection of the fluid around the brain and spinal cord), which can cause hearing loss. Another cause that can be prevented is a kind of brain damage called kernicterus, which is caused by bad jaundice. This can be prevented by using special lights (phototherapy) or other therapies to treat babies with jaundice before they go home from the hospital.

What can I do if I think my child might have hearing loss?

Talk with your child's doctor or nurse. If you, your doctor, or anyone else who knows your child well, think your child might have hearing loss, ask that a hearing test be given as soon as possible. To have your child's exact levels of hearing measured, see an audiologist or an ear, nose, and throat doctor (ENT, otolaryngologist) who works with infants and children. If your child is under age 2 or does not cooperate for the hearing exam, a test (called brain-stem evoked-response audiometry) could be given. This test allows the doctor to check your child's hearing without having to rely on your child's cooperation. Your child will not be hurt; most babies even sleep through the test. This test is done routinely with newborn babies in all states.

Hearing loss can affect a child's ability to develop speech, language, and social skills. The earlier a child who is deaf or hard-of-hearing starts getting services, the more likely the child's speech, language, and social skills will reach their full potential. Services can be received through your local early intervention agency or public school. To find out who to speak to in your area, contact the National Dissemination Center for Children with Disabilities by logging on to www.nichcy.org. In addition, the Centers for Disease Control and Prevention (CDC) has links to information for families (www.cdc.gov/ncbddd/ehdi).



Learn the Signs. Act Early.

Hoja informativa sobre la pérdida de la audición

¿En qué consisten los problemas auditivos en los niños?

En los niños, los problemas auditivos pueden ser de diferentes tipos y tener muchas causas. En los Estados Unidos, nacen anualmente de 1 a 3 niños por cada 1,000 con problemas auditivos. La mayoría de los niños sufre una pérdida leve temporal de la audición cuando el oído medio se llena de líquido debido a alergias o resfriados. Algunas veces, debido a una infección del oído, el líquido se queda en el oído medio y en ocasiones puede causar pérdida de la audición y retrasos en el habla. Algunos niños pierden la audición de manera permanente. Esto puede variar de una sordera leve (el niño no oye tan bien como usted) a una sordera total (el niño no oye nada).

¿Cuáles son algunos de los signos de los problemas auditivos?

Los signos y síntomas de los problemas auditivos son diferentes en cada niño. Si usted observa cualquiera de los siguientes signos, llame al doctor o a la enfermera de su hijo:

- a los 3 ó 4 meses de edad, no se voltea para buscar el origen de un sonido
- al año, todavía no dice palabras sencillas como "papá" o "mamá"
- voltea la cabeza cuando puede ver a quien lo llama, pero no lo hace si usted solamente lo llama por su nombre; con frecuencia se piensa equivocadamente que se trata de falta de atención o simplemente que el niño ignora a quien lo está llamando, pero puede ser el resultado de una sordera parcial o total.
- oye unos sonidos, pero no otros

¿Cuál es la causa de los problemas auditivos? ¿Pueden prevenirse?

Los problemas auditivos pueden ocurrir en cualquier momento de la vida, desde antes del nacimiento hasta la edad adulta. Algunos bebés prematuros o con bajo peso al nacer o que hayan estado expuestos a infecciones intrauterinas podrían tener problemas auditivos, pero éstos también pueden presentarse en bebés nacidos a término y con peso normal. En el 50% de los bebés, los problemas auditivos se deben a factores genéticos; de hecho, es probable que algunos miembros de la familia sean sordos. Algunas enfermedades, lesiones, ciertas medicinas y niveles elevados de ruido pueden causar pérdida de la audición en niños y adultos.

Algunas causas se pueden prevenir, por ejemplo: las vacunas pueden prevenir ciertas infecciones, tales como el sarampión

y la meningitis (infección del líquido que rodea el cerebro y la médula espinal), que pueden producir pérdida auditiva. Otra causa que puede prevenirse es un tipo de daño cerebral denominado kernicterus (o ictericia nuclear), que es provocado por una fuerte ictericia. Esta afección puede prevenirse mediante la fototerapia (a base de luces especiales) u otras terapias usadas para tratar a los bebés con ictericia antes de que salgan del hospital.

¿Qué puedo hacer si creo que mi hijo tiene problemas auditivos?

Hable con el médico o la enfermera de su hijo. Si usted, su doctor o cualquier otra persona que conoce bien a su hijo piensa que el niño tiene problemas auditivos, pida que le hagan un examen de la audición tan pronto como sea posible. Para que a su hijo le midan con exactitud los niveles de audición, visite a un audiólogo o a un doctor especializado en oído, nariz y garganta, también llamado otorrinolaringólogo (o ENT, por sus siglas en inglés). Si su hijo tiene menos de 2 años de edad o no coopera durante el examen de la audición, se le puede hacer una prueba denominada respuesta auditiva evocada del tronco del encéfalo (o BAER, por sus siglas en inglés). Esta prueba permite que el doctor examine la capacidad de audición del niño sin tener que depender de la cooperación de éste. Este examen no lastimará a su bebé, es más, la mayoría de los bebés duermen mientras se les practica el examen. Ésta es una prueba de rutina que se realiza en todos los bebés, en todos los estados.

Los problemas auditivos pueden afectar la capacidad del niño para desarrollar el habla, la adquisición del lenguaje y las destrezas sociales. Mientras más pronto sean atendidos los niños sordos o con dificultad auditiva, más probabilidades habrá de que desarrollen su máximo potencial en el habla, el lenguaje y las destrezas sociales. Su hijo puede recibir los servicios pertinentes a través de la agencia local de intervención temprana o la escuela pública. Para averiguar con quién hablar en su área, puede comunicarse con el Centro Nacional de Diseminación de Información para Niños con Discapacidades (NICHCY por sus siglas en inglés) ya sea a través de la página web www.nichcy.org/states.htm. Además, los Centros para el Control y la Prevención de Enfermedades (CDC) también tienen enlaces con información para las familias en la página web www.cdc.gov/ncbddd/ehdi.

1-800-CDC-INFO

www.cdc.gov/pronto



Aprenda los signos. Reaccione pronto.

Sample Hearing History for Risk Factors (to be completed through parent interview)

Child's Name _____ Date of Birth _____

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Family history of congenital or childhood sensorineural hearing loss |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Congenital infection known or suspected to be associated with sensorineural hearing loss such as toxoplasmosis, syphilis, rubella, CMV, and herpes |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Family history of Ushers Syndrome |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Craniofacial anomalies |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Birth weight less than 1500 grams (3.3 pounds) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hyperbilirubinemia at a level exceeding indication for exchange transfusion |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ototoxic medications used for more than five days |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bacterial meningitis |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Respiratory depression at birth (i.e., Apgar scores of 0-4 at 1 minute, or 0-6 at 5 minutes) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Prolonged mechanical ventilation (5 days or longer) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other findings associated with a syndrome known to include sensorineural hearing loss |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Head injury |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Neurodegenerative disorders |

Other Information

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Recent or current ear pain |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Recent or current ear discharge (drainage) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Auditory developmental delay |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Speech/Language developmental delay |

Source: Colorado Early Childhood Hearing Screening Guidelines

Sample Questions for Parents Who Suspect Their Child Has a Hearing Problem (English)

DOES YOUR CHILD HAVE A HEARING LOSS?

(For children two to five years old)

Name of Child _____ Today's Date _____

- | | | |
|---|------------------------------|-----------------------------|
| 1. Does your child frequently ask you to repeat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does your child frequently request the TV or stereo be louder than others in the family request? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does your child often respond to a question with an unrelated answer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does your child daydream or seem inattentive? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does your child have behavior problems or seem withdrawn? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is your child's speech poorer than you expect for a child at this age? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does your child respond inconsistently to sound (hears it sometimes and other times does not?) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Does your child watch your face when you talk? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Does your child speak abnormally soft or loud, or is the pitch usually high or low? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Does your child have lots of ear infections or colds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If your answer to any of these questions is "YES", a hearing screening may be necessary.

Source: *New York League for the Hard of Hearing.*

Sample Questions for Parents Who Suspect Their Child Has a Hearing Problem (Spanish)

¿TIENE SU NIÑO PERDIDA DEL SENTIDO?

(Lista para los de 2-5 años)

Nombre del niño _____ Fecha de hoy _____

- | | | |
|---|-----------------------------|-----------------------------|
| 1. ¿Frecuentemente le pide su niño reptir lo que dice usted? | <input type="checkbox"/> Si | <input type="checkbox"/> No |
| 2. ¿Le pide su hijo con frecuencia, escuchar la television o el estéreo más alto de lo que otros en la familia solicitan? | <input type="checkbox"/> Si | <input type="checkbox"/> No |
| 3. ¿Responde su niño con respuestas incorrectas a ciertas preguntas? | <input type="checkbox"/> Si | <input type="checkbox"/> No |
| 4. ¿Ensueña (suen a despierto) o es desatento su niño? | <input type="checkbox"/> Si | <input type="checkbox"/> No |
| 5. ¿Tiene su niño problema con el compartamiento o parece ser retirado? | <input type="checkbox"/> Si | <input type="checkbox"/> No |
| 6. ¿Habla su niño peor de lo que se puede entender con otros niños de ésta edad? | <input type="checkbox"/> Si | <input type="checkbox"/> No |
| 7. ¿Responde de niño inconsistentemente a los sonidos (algunas veces los oye y otras veces no los oye)? | <input type="checkbox"/> Si | <input type="checkbox"/> No |
| 8. ¿Le mira a usted la cara su niño cuando usted habla? | <input type="checkbox"/> Si | <input type="checkbox"/> No |
| 9. ¿Habla su niño demasiado callado o ruidoso, o con tono demasiado alto o bajo? | <input type="checkbox"/> Si | <input type="checkbox"/> No |
| 10. ¿Tiene su niño muchas infecciones de los oídos o muchos catarros? | <input type="checkbox"/> Si | <input type="checkbox"/> No |

Si su respuesta a cualquiera de estas preguntas es "Sí", un examen de audición puede ser necesario.

Esta lista se provee por la Lega del Sentido de Nueva York.

