



Questions and Answers for Schools

What's going on with the new guidelines?

A task force is currently working to revise and update recommended early childhood and school-age hearing screening practices for the state. Previous guidance is outdated and found in multiple resources around the state. When released in November 2016, the new guidelines will summarize hearing screening protocols and recommendations for youth ages 6 months through graduation from high school. This single document will be a resource for all childhood screening programs (with the exception of newborns up to 6 months of age) and will be followed by supplemental training and support resources to be added over the course of the school year and beyond.

What are the biggest changes to expect?

There are two primary changes that will affect school screening programs.

The first is the recommendation that children up to 4 years of age be screened using otoacoustic emissions (OAE). OAE screening is a practical and reliable screening method that can be performed by any trained individual, and this method is now being recommended over pure tone screening as the first tier screening protocol for 3 and 4 year olds. Click [here to read why OAE's are preferred](#) over pure tone screening for preschoolers.

The second major change pertains to the pure tone screening protocol. Pure tone screening for ages 5 and up is still the acclaimed gold standard, but the guidelines recommend dropping 500 Hz in mass population screenings. 6000 Hz. continues to be recommended for grades 6 and up. Here is a summary of recommended pure tone screening for school-aged students:

Age of Child	Decibel Level	Recommended Frequencies to Screen
Primary: 2 ½ years old to 5 th Grade	20 dB	1000, 2000, 4000
Secondary: 6 th Grade and up	20 dB	1000, 2000, 4000, 6000

What about tympanometry?

Tympanometry is considered a viable, optional, *second tier* screening to help in the referral process *after* an OAE or pure tone screening. Screening programs can determine whether and when to include tympanometry screening based on specific program needs and resources.

Will our screening program be expected to follow the guidelines explicitly?

All screening programs are encouraged to work with an educational audiologist to review the specific goals, population, resources, needs, and limitations of an individual screening program. The guidelines are meant to be a minimum recommended best practice. Programs, in consultation with an audiologist, may choose to implement a more rigorous process depending on local circumstances.

For specific questions contact [Lisa Cannon](#)