This guideline was developed by the Utah Department of Health - Early Hearing Detection and Intervention Program, with the belief that hearing screening services during the current COVID-19 pandemic are ESSENTIAL in order to identify previously undetected or a newly developed hearing loss. The perceived benefit of limiting hearing screening could negatively impact students who may be deaf or hard of hearing and their families. Remember, even a mild unilateral hearing loss can have detrimental effects on learning. Hearing screening services should continue to be provided whenever possible utilizing all safety and infection control guidance from national, state and local health authorities.

Utah Department of Health: COVID-19 K-12 Recommendations (Released 8/2/2021)
coronavirus.utah.gov/education

The UDOH strongly recommends the following layered prevention strategies in K-12 schools:

- Encouraging everyone 12 years and older to get vaccinated for COVID-19
- Wearing a mask when indoors
- Isolating at home if you test positive for COVID-19
- Quarantine and other protective measures after a school exposure
- Testing for COVID-19
- Staying home when you're sick
- Physical distancing and cohorting
- Improving or increasing indoor ventilation
- Hygiene practices
- Cleaning and disinfection

CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

CDC: Guidance for COVID-19 Prevention in K-12 Schools (Updated July 9, 2021)
www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html

CDC Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs – Updated (Updates as of July 9, 2021)


ASHA Coronavirus / COVID-19 Updates www.asha.org/About/Coronavirus-Updates/

The goal of successful school hearing screening programs is to identify children who may have hearing loss, which in turn leads to appropriate referrals for further audiological and/or medical evaluation.

The effects of unidentified hearing loss can be detrimental to a child’s development and academic achievement. Early identification and appropriate management can improve a child’s speech and language development and educational performance (Yoshinaga-Itano, 1995). While the universal newborn hearing screening program has proven successful in earlier identification of hearing loss in children, there is a continued need for school-aged screening due to undetected, late-onset and progressive hearing losses, as well as fluctuating conductive hearing loss due to ear infections.

Late-onset or progressive hearing loss may occur due to:

- Exposure to loud noise or music (dependent upon intensity and duration of noise/music exposure)
- Disorders such as enlarged vestibular aqueduct
- Genetic disorders such as Connexin 26 mutations
- Nonsyndromic progressive sensorineural hearing loss
- Syndromes such as Usher or Hunter syndrome
- Infectious diseases such as: Congenital Cytomegalovirus (CMV), meningitis or measles
- Ototoxicity from chemotherapy or aminoglycoside antibiotics

Who Should Be Screened for Hearing Loss?

- All students with an IEP
- All students in Kindergarten and 3rd grade
- Students in the 7th grade
- Students in the 11th grade
- New students to a school district who do not have records of passing a hearing screening
- Any student in which caregiver or school personnel suspect a hearing loss

Who Should Not Be Screened for Hearing Loss?

- Any student identified as deaf or hard of hearing - for these students, follow-up with parents is recommended to ensure the child is under the care of a physician and/or audiologist.
What Tests are Recommended?

- **Pure tone screening** at 1000, 2000, 4000 Hz
  - Include 6000 Hz for 7th & 11th grades
- **Otoacoustic Emissions** ¹ (DP- or TEOAEs) are recommended for difficult-to-test children

¹These procedures should be completed or supervised by an audiologist

Hearing Screening Protocol

- **Pure-tone Screening**: Trained personnel will screen all children at 1000, 2000, and 4000 Hz, with a passing criteria maximum of 25 dB HL at ALL frequencies in BOTH ears.
  - For children in 7th and 11th grades, 6000 Hz will also be included to screen for noise-induced hearing loss.
  - Where possible, **limit the students from touching the headphones** - the tester should place the headphones on and take them off. See other infection control recommendations below.

- **Otoacoustic emissions (OAEs)** may be substituted for pure-tone screening when a student is unable to complete the task due to young age, physical or developmental challenges. It is not a replacement for other students who can complete pure-tone screening.
  - A student who passes the OAE will not be rescreened until the following school year unless concerns arise.
  - Screening results indicating “refer” or “fail” shall be retested immediately; if the child still does not pass, a repeat screening should be scheduled. See **Follow-up Protocol** below.

Things to consider for Infection control:

- Wear masks (both screener and student)
- Handwashing or hand sanitizer should be used by both the screener and student, before and after each screening
- Eye protection may be worn by the screener/s (i.e., face shields, goggles - personal glasses are not considered acceptable eye protection)
- Disposable earphone covers; you could also use disposable hair covers (not hair net) to reduce the number of times the earphones must be sanitized. These should be changed after each student
- Disposable OAE tips
- Frequently sanitize high contact areas (i.e., chairs, tables, doorways, earphones, screening equipment / audiometers)
- Ideal disinfectants include EPA-registered disinfectants that have qualified under EPA’s emerging viral pathogens program for use against SARS-CoV-2
  [https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)

Where Will the Screening Take Place?

**Hearing screening must be conducted in a quiet room**, as rooms with excessive ambient noise will increase the failure rate unnecessarily. It is recommended that a test room is away...
from known sources of noise such as gymnasiums, cafeterias, playgrounds, and heating/air-conditioning units.

- Limit the number of students waiting for a hearing screening in order to allow for proper **physical distancing**.
- When utilizing multiple screening stations, space audiometers at least 6 feet apart.
- If possible, have one-direction entrance and exit.

**Who Will Administer/Supervise the Screening?**

It is recommended that all school hearing screening programs be supervised by an audiologist; however, personnel may include trained speech-language pathologists, hearing assistants and school nurses.

**What is the Follow-up Protocol?**

A hearing screening program is only as successful as its follow-up procedures. If referrals are not made, then the program will not succeed.

1. Children who have failed the first hearing screening should be rescreened within 4 – 6 weeks.
2. If the child fails the second screening, a referral letter/form for an audiological diagnostic evaluation should be sent home with the child.
3. Children referred for audiological evaluation should be seen as soon as possible and no later than 3 months from the time of the referral.

We hope this hearing screening protocol will provide a more unified, consistent and safe approach to the hearing screening process. Any questions or comments you have are welcomed. Please don’t hesitate to contact us at ehdii@utah.gov.

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