

New Hearing Screening Protocols
Effective 2022-2023

- 1) Otoscopy screening: Unchanged, same criteria for fail/refer, use alcohol, or peroxide swab to clean specula. Change: require use of glove on hand that touches student's ear- use disinfectant swab or hand sanitizer after every student.
- 2) OAE screening - if student passes, go back to class. Replace probe tip after each student.
 - a) If student fails, refer to tympanometry and audio. If fail OAE only, DNMRC; refer med/aud/both depending on what procedure(s) failed.
- 3) Require use of glove on hand that touches student's ear for both tymp and OAE; disinfect after each student.
- 4) Change tips after each student for both tymp & OAE.
 - a) All tips will be placed in disinfectant solution and cleaned after each screening session.
- 5) Biggest change is that Tymp and Audio will not be conducted unless student fails OAE.

This procedure will eliminate a lot of unnecessary rescreening, especially by audio. Doing tymps and audio on OAE failures verify the severity of OAE failure as well as what type of referral is to be made, i.e., medical, audio, both.

This procedure also eliminates the need for a bunch of audio and tymp screeners. Figure we need one tymp and 1 audio at the most. However, we're looking at 3-6 OAE screeners. Per minute estimates of screening time per student as follows: 3-4 students/min for oto; 1 student/2-3 min for OAE - with 6 OAE units, we can do 30+ students every 1/2 hr. with 6 skilled screeners.

Also, otoscopy and tympanometry do not need quiet and OAE can be conducted even in a moderate amount of noise, thus requiring only minimal quiet space for audios. We shouldn't need large cafeterias or even libraries (at least part of a library still preferable).

- 6) Use of Masks is required by all screeners. Face shields are optional.
- 7) 2 doses of covid vaccine (required) plus one booster (optional) is also required of all screeners.