



# Washington State

Early Hearing Detection, Diagnosis  
and Intervention (EHDDI)

**Resource Guide for Audiologists**

Dear Audiologists,

Welcome to the Washington State Department of Health Early Hearing Detection, Diagnosis, and Intervention (EHDDI) team! You have an important role in ensuring all infants are;

- Screened for hearing loss by one month of age.
- Identified as deaf or hard of hearing by three months of age.
- Enrolled in early intervention if deaf or hard of hearing by six months of age.

We have created this Resource Guide specifically for you as a reference when serving patients birth to three years of age. Many of these resources are also available online at [www.doh.wa.gov/earlyhearingloss](http://www.doh.wa.gov/earlyhearingloss). For the most current resources, please use the “website” links located in the table of contents.

We appreciate the time you take to send hearing screening and diagnostic results to the EHDDI program. Your timely response to our requests for information help us identify which children have not yet received recommended follow-up testing and other important services. Our coordinators then work with families, primary care providers, and referral coordinators to help connect these children with the care they need.

Sincerely,

Early Hearing Detection, Diagnosis, and Intervention (EHDDI)  
Washington State Department of Health

# Contents

<b>The EHDDI Process.....</b>	<b>5</b>	
Pathway to Services for Infants who are Deaf/Hard of Hearing.....	6	
Services for Children who are Deaf/Hard of Hearing.....	7	
Washington State EHDDI Statistics.....	8	<a href="#">website</a>
Organization Assessment Tool to improve EHDDI Follow-up.....	11	<a href="#">website</a>
<b>Best Practice Protocols.....</b>	<b>13</b>	
Newborn Hearing Screening.....	14	<a href="#">website</a>
Diagnostic Audiological Assessment.....	18	<a href="#">website</a>
Early Intervention (EI) for Children who are Deaf/Hard of Hearing.....	25	<a href="#">website</a>
<b>After identifying a child (age birth to three) who is Deaf/Hard of Hearing.....</b>	<b>28</b>	
Resource Referral Form for Children who are Deaf/Hard of Hearing.....	29	<a href="#">website</a>
Frequently Asked Questions about EI Referrals.....	31	
Primary Referral Contacts for EI Services by County.....	33	<a href="#">website</a>
Washington Hands and Voices Guide By Your Side® Program Referral Form		
English.....	34	<a href="#">website</a>
Spanish.....	35	<a href="#">website</a>
Resource Notebook for Families of Children who are Deaf/Hard of Hearing		
English.....	36	<a href="#">website</a>
Spanish.....		<a href="#">website</a>
Russian.....		<a href="#">website</a>
Mandarin Chinese.....		<a href="#">website</a>
Somali.....		<a href="#">website</a>
Vietnamese.....		<a href="#">website</a>
<b>Brochures and Handouts for Families.....</b>	<b>37</b>	
Can Your Baby Hear?		
English.....	38	<a href="#">website</a>
Spanish.....	40	<a href="#">website</a>
Russian.....	42	<a href="#">website</a>
Your Baby Needs Another Hearing Test		
English.....	44	<a href="#">website</a>
Spanish.....	46	<a href="#">website</a>
If Your Baby Is Referred for a Hearing Evaluation		
English.....	48	<a href="#">website</a>
Spanish.....	50	<a href="#">website</a>
Russian.....	52	<a href="#">website</a>

Care Plan for Infants who are Deaf or Hard of Hearing.....	54	<a href="#">website</a>
Washington Hands and Voices Guide By Your Side® Program		
English.....	56	<a href="#">website</a>
Spanish.....	57	<a href="#">website</a>
Center for Childhood Deafness and Hearing Loss.....	58	
<b>Facility Directories.....</b>	<b>60</b>	
Newborn Hearing Screening Facilities in Western Washington.....	61	<a href="#">website</a>
Newborn Hearing Screening Facilities in Central and Eastern Washington.....	65	<a href="#">website</a>
Diagnostic Audiology Clinics for Infants.....	67	<a href="#">website</a>
EHDI-PALS.....	69	<a href="#">website</a>
<b>Reporting Results to the EHDDI Program.....</b>	<b>70</b>	
Hearing Loss Type and Reporting Guidelines.....	71	
Sample Blue Hearing Screening Card.....	73	
How to Complete Blue Hearing Screen Cards.....	74	<a href="#">website</a>
Newborn Screening Supply Order Form.....	75	<a href="#">website</a>
Diagnostic Hearing Evaluation Form.....	76	<a href="#">website</a>
HIPAA Privacy Rule and Public Health.....	77	
Instructions for Registering for the EHDDI Web Application.....		<a href="#">website</a>
Instructions for Using the EHDDI Web Application.....		<a href="#">website</a>



# The EHDDI Process

# Pathway to Services: Infants and Toddlers who are Deaf/Hard of Hearing

Developed by Representatives of Washington State Agencies:

**Center for Childhood Deafness and Hearing Loss (CDHL)**  
[www.wsdsonline.org](http://www.wsdsonline.org) CDHL Outreach: 855-342-1670

**Department of Health (DOH)**  
[www.doh.wa.gov](http://www.doh.wa.gov) EHDDI program: 206-418-5613 Genetics: 253-395-6742

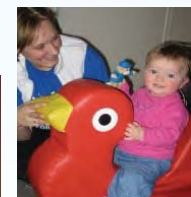
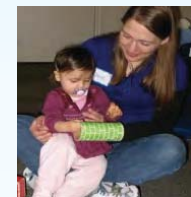
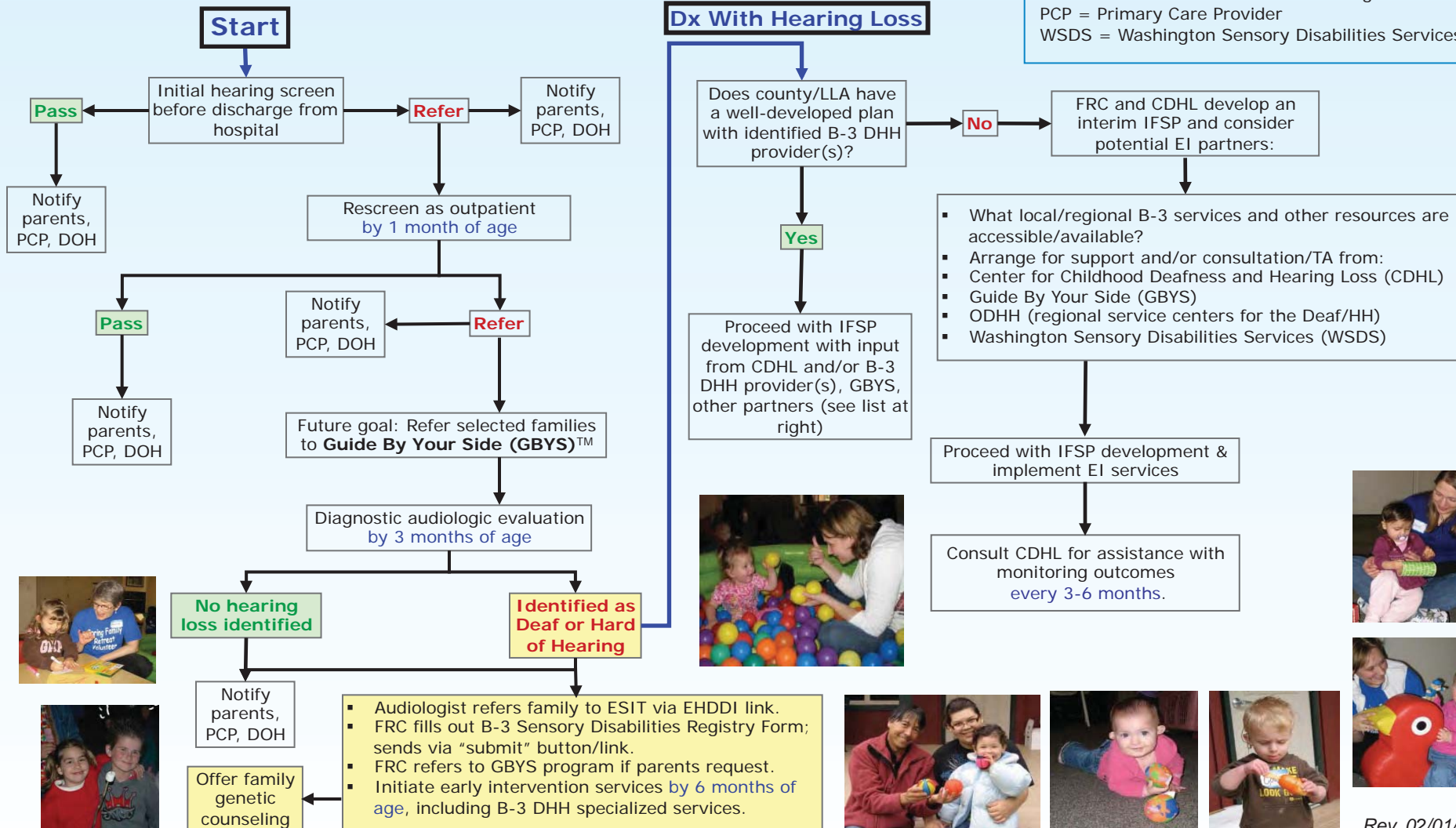
**Early Support for Infants and Toddlers Program (ESIT)**  
[www.del.wa.gov/esit/](http://www.del.wa.gov/esit/) Family Health Hotline at 1-800-322-2588

**Office of the Deaf and Hard of Hearing (ODHH)**  
[www.dshs.wa.gov/hrsa/odhh/](http://www.dshs.wa.gov/hrsa/odhh/) 800-422-7930

**Washington Sensory Disabilities Services (WSDS)**  
[www.wsdsonline.org](http://www.wsdsonline.org) 800-572-7000

## ABBREVIATIONS:

B-3 = Birth to three years of age  
 CDHL = Center for Childhood Deafness and Hearing Loss  
 CSHCN = Children with Special Health Care Needs  
 DHH = Deaf and Hard of Hearing  
 DOH = Department of Health  
 EHDDI = Early Hearing Detection & Intervention  
 EI = Early Intervention  
 ESIT = Early Support for Infants & Toddlers  
 FRC = Family Resources Coordinator  
 GBYS = Guide By Your Side™  
 IFSP = Individualized Family Service Plan  
 ODHH = Office of Deaf/Hard of Hearing  
 PCP = Primary Care Provider  
 WSDS = Washington Sensory Disabilities Services





# Services for Children with Hearing Loss & Their Families



## Educational Services for Professionals

### CDHL

- Statewide consultation for children birth to 21
- Support FRCs, Early Childhood providers, school teams, and families
- Represent all communication modalities

### EHDDI

- Via Seattle Children's Hospital, teach hospital screeners and audiologists
- Develop resources for families and providers

### ESIT

- Train FRCs
- Contract with Local Lead agencies to coordinate local EI system

### FRC

- Coordinate referral into EI and IFSP development
- Coordinate EI services

### GBYS™

- Educate the public
- Educate providers on parent perspective
- Parent to Parent support

### ODHH & RSCs

- Teach American Sign Language (ASL)
- Offer information and referrals
- Train on providing reasonable accommodations
- Lend assistive communication devices

### WSDS

- Train D/HH professionals and EI providers



## Services for Children & Families

### CSHCN

- Help families find resources (preK-Adult)
- Payer of last resort

### EHDDI

- Develop resources for families/providers
- Connect families with providers/audiologists

### FRC

- Find resources for families
- Connect families to services
- Help develop IFSP

### GBYS™

- Help parents navigate the system after hearing-loss diagnosis
- Interface with screeners, FRC, WSDS, EHDDI
- Help parents learn to advocate for their family

### ODHH & RSCs

- Educate parents to advocate for their child
- Teach American Sign Language (ASL)
- Lend assistive communication devices
- Provide technical assistance consultation, e.g. buying a hearing aid, communication strategies
- Distribute specialized telecommunication devices

### WSDS

- Host "Family Weekend"



## Health Care Services, Monitoring, & System Evaluation

### Audiologists

- Test, diagnose, and refer children
- Communicate with EHDDI, parents, and PCPs
- Make referral to FRC
- Explain hearing loss
- Perform rescreens, as needed
- Distribute education materials to parents of newly diagnosed children (including parents of newborns)

### EHDDI

- Tracking (inform PCPs)
- Surveillance
- Follow-up with medical home & specialists

### ESIT

- Collect information (data) about infants and resources/early intervention from FRCs

### Hospital Screeners

- Screen infants
- Report & record screening results
- Tell parents results/next steps
- Ensure rescreens, as needed
- Review quality assurance reports from EHDDI

### PCP

- Tell parents results/next steps
- Rescreen, as needed
- Refer patients to audiologist
- Discuss risk factors
- Verify/confirm risk factors
- Respond to EHDDI follow-up
- Communicate with EHDDI

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- **CDHL**-Statewide Center on Childhood Deafness & Hearing Loss
- **CSHCN**-Children with Special Health Care Needs
- **D/HH**-Deaf/Hard of Hearing

- **EI**-Early Intervention
- **EHDDI**-Department of Health Early Hearing Detection, Diagnosis, and Intervention Program
- **ESIT**-Early Support for Infants & Toddlers (formerly ITEIP)

- **FRC**-Family Resources Coordinator
- **GBYS™**-Guide By Your Side
- **IFSP**-Individualized Family Services Plan
- **ODHH**-Office of Deaf/Hard of Hearing

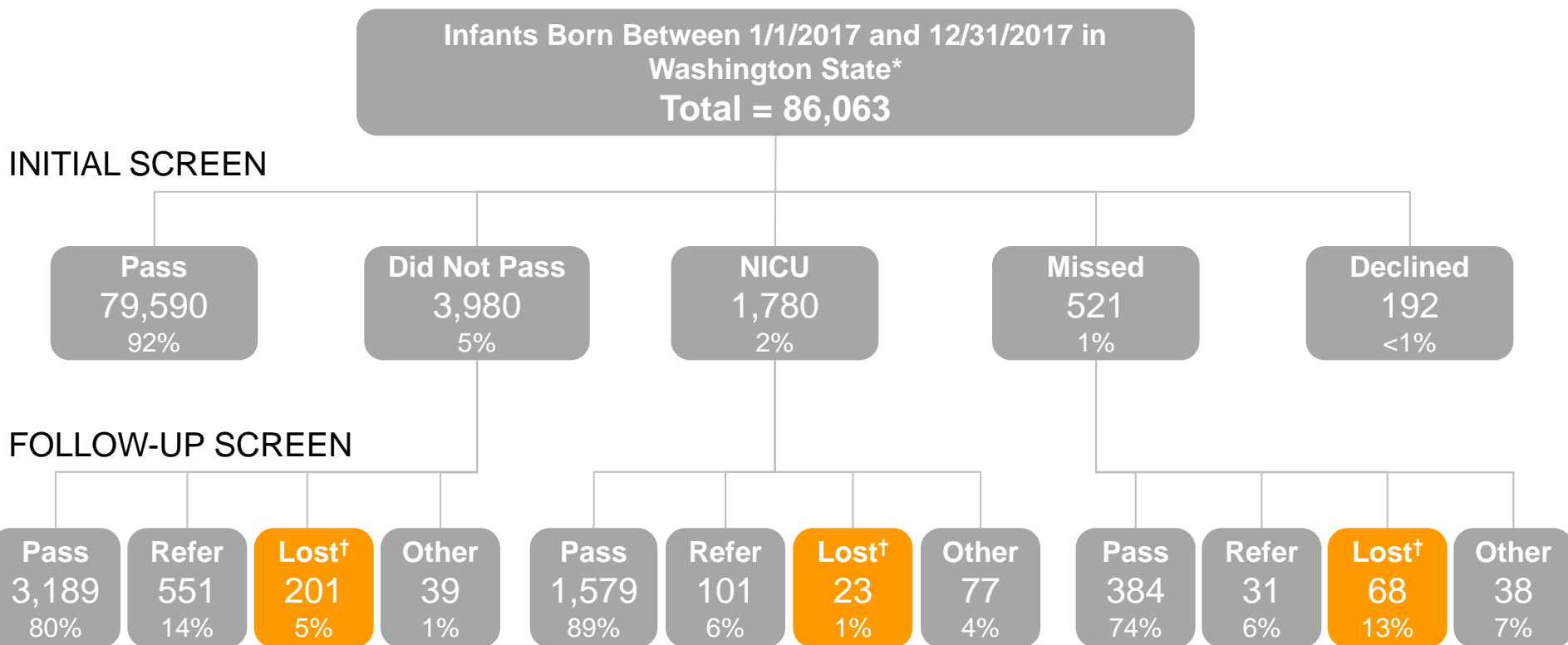
- **PCP**-Primary Care Provider
- **RSC**-ODHH contracted Regional Resource Centers
- **WSDS**-Washington Sensory Disabilities Services

# EHDDI Screening Statistics

Goal: Screen all infants for hearing loss by one month of age.

HOW WE'RE DOING: Overall success, with 96% screened by one month of age (99% screened overall). HOWEVER, some challenges remain:

- Many infants born out-of-hospital did not get hearing screens.
- 292 infants did not get needed follow-up screens.



\* Excludes many infants delivered by midwives at home or in a birth center.

† Infant lost to follow-up or documentation.



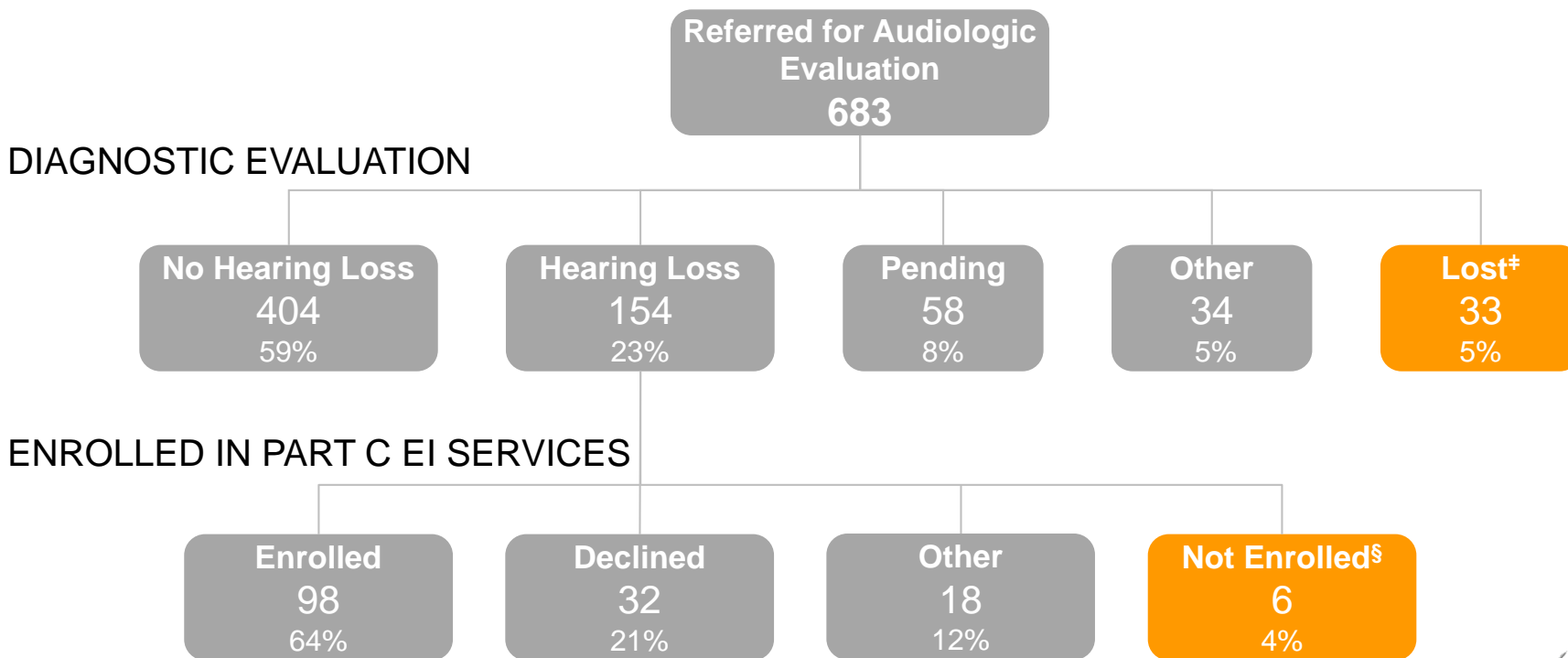
# EHDDI Diagnostic and EI Statistics

Goal: Infants with hearing loss are diagnosed by three month of age and receive early intervention (EI) services by six months of age.

HOW WE'RE DOING: 154 infants were identified with hearing loss (2/1000 infants).

HOWEVER, challenges remain:

- Only 66% of infants were identified before three months of age.
- 33 infants did not receive a diagnosis after being referred to audiology.
- EHDDI program has not received EI status for 6 infants with hearing loss.



<sup>‡</sup> Infant did not receive a diagnostic evaluation or a conclusive diagnosis was not reported to the EHDDI program.

<sup>§</sup> Infant not enrolled based on EHDDI program's linkage and follow-up with Washington's Part C program.

## INITIAL SCREEN

The initial newborn hearing screening performed before hospital discharge. Results of this hearing screen are generally reported to the EHDDI program on the pink hearing screen card associated with the Newborn Screening blood spot card.

## FOLLOW-UP SCREEN

The hearing screening results reported after an initial missed, delayed (infants who are in the Neonatal Intensive Care Unit (NICU) for an extended time), or not passing hearing screen. These results are generally reported to the EHDDI program on blue rescreen cards. Initial and follow-up newborn hearing screens should be done before one month of age. Infants who do not pass their initial and follow-up hearing screening should be referred to a pediatric audiologist for a diagnostic evaluation.

## DIAGNOSTIC EVALUATION

The diagnostic evaluation results. Infants who do not pass newborn hearing screening(s) should have an audiologic evaluation no later than three months of age. According to national estimates, 1-3 of every 1000 infants are born deaf or hard of hearing.

**Hearing Loss** category includes unilateral and bilateral hearing losses of:

- Slight, mild, moderate, severe, or profound degree
- Sensorineural, conductive-permanent, mixed, neural, or unspecified type

**No Hearing Loss** category includes infants who have no hearing loss or a fluctuating conductive loss

## ENROLLED IN PART C EI SERVICES

The Part C Early Intervention (EI) enrollment status. Infants who are deaf or hard of hearing should be enrolled in EI services by six months of age. The EHDDI program obtains EI services information through its electronic linkage and follow-up with Washington State's Part C program, the Early Support for Infants and Toddlers (ESIT) program.

## DEFINITION OF 'OTHER' CATEGORY

**Other** category includes infants:

- Whose parents declined further screening or diagnostic testing.
- Who are deceased.
- Whose case is still pending in the EHDDI system because we are waiting for pending hearing screening results.
- Who were are unable to receive testing due to medical reasons.
- Who are non-residents or moved out-of-state.
- Who were not eligible for Part C services.

## Follow-up After Newborn Hearing Screening Assessment Tool

Improvement Area	Improvement Strategies	Use the scale on the back to rank your facility's current practice.					Improvement Area Score*
		X	1	2	3	4	
Pre-Appointment Activities	1. Audiology practice receives results of the initial hearing screening and/or rescreen before the appointment	X	1	2	3	4	____%
	2. Family receives written pre-appointment instructions in the mail, in the families' first language, before appointment	X	1	2	3	4	____%
	3. Family receives an appointment reminder call that confirms the appointment time, confirms the location and logistics, verifies two points of contact for the family (phone, email, etc.), and offers answers to any questions	X	1	2	3	4	____%
	4. Primary Care Provider is documented in the medical record	X	1	2	3	4	____%
Appointment	1. Results of the diagnostic appointment are explained verbally to the parent(s)/caregiver(s) (in the family's first language whenever possible)	X	1	2	3	4	____%
	2. Results of the diagnostic appointment given to the parent(s)/caregiver(s) in written document (in the family's first language whenever possible)	X	1	2	3	4	____%
	3. The family is able to restate the next steps following the diagnostic appointment	X	1	2	3	4	____%
	4. When further appointments are required, the next audiology appointment is scheduled before the family leaves the current appointment	X	1	2	3	4	____%
Reporting Results	1. Results of diagnostic audiology appointment(s) are sent to the primary care physician and noted in the infant's medical record	X	1	2	3	4	____%
	2. Results of diagnostic audiology appointment(s) are sent to the EHDDI program	X	1	2	3	4	____%
	3. Results of diagnostic audiology appointment(s) are reported to the EHDDI program within 7 business days of the appointment	X	1	2	3	4	____%
	4. Results of diagnostic audiology appointment(s) are reported to the EHDDI program using the online EHDDI web application	X	1	2	3	4	____%
Next Steps Following Diagnosis	1. All kids ages 0-3 are referred to Early Intervention following diagnosis of permanent hearing loss	X	1	2	3	4	____%
	2. A referral to Early Intervention is made within 2 business days of the appointment where permanent hearing loss was identified	X	1	2	3	4	____%
	3. Family of infant with hearing loss is given information about Early Intervention and other hearing loss specific diagnosis resources prior to leaving the appointment (in the families' first language whenever possible)	X	1	2	3	4	____%
	4. Family is given information about Parent-to-Parent support organizations (i.e., Hands and Voices Guide By Your Side™ (GBYS) Program)	X	1	2	3	4	____%

\* To calculate the **Improvement Area Score**, divide the total number of self-ranking points in each section by the total number of possible points in that section. Do not include items rated with an X. For example, there are 16 total possible points in an improvement area if no items are scored as X and there are 12 possible if one item is scored as X.

# Follow-up After Newborn Hearing Screening Assessment Tool

## Assessment Tool

This tool is designed to help audiology practices identify opportunities to improve follow-up after newborn hearing screening, while creating efficiencies within the organization. The tool establishes four potential improvement areas:

1. Pre-Appointment Activities
2. Appointment Procedures
3. Reporting Results
4. Next Steps Following Diagnosis

The strategies in each of these improvement areas have been shown to improve organizational processes and improve outcomes for infants with hearing loss and their families by promoting high quality care for infants, ensuring information is shared among providers, focusing on effective communication with families, and strengthening the EHDDI safety net.

Audiologists play a key role in caring for children with hearing loss and ensuring they receive timely follow-up. The Assessment Tool enables you as a provider to consider the ideas that make the most sense for your setting given the context and constraints in your environment.

## How to Rate Your Organization

Rate your organization's current practice for each of the improvement strategies listed using this rating scale:

- X - Not part of standard work in the practice and it is not feasible to add it to standard practice.
- 1 - Not part of standard work but it is feasible and the practice may be interested in testing ideas in this area now or in the future.
- 2 - Has been implemented but the practice is unsure how reliably infants/families are receiving this element of care.
- 3 - Part of standard work and the practice is confident that at least 50% of infants/families experience this; may occur frequently but may not be documented or not built into policy/procedure.
- 4 - Part of the policy/procedure and the practice is confident that at least 90% of infants/families experience this; documentation for this item can be found in the infant's medical record.



# Best Practice Protocols

# Protocol for Newborn Hearing Screening

## Overview

The purpose of a screening test is to identify infants at risk for hearing loss who need further testing. A screening test is not a diagnosis. The Washington State Early Hearing Detection, Diagnosis and Intervention (EHDDI) program recommends screening all infants for hearing loss before one month of age. This protocol includes guidance from the Joint Committee on Infant Hearing (JCIH) 2007 position statement<sup>1</sup>. Initially a workgroup including audiologists, hospital nurses, and other health professionals from across Washington developed this protocol. EHDDI program staff then revised the protocol and asked audiologists and hospital screening staff to review it before finalizing the protocol.

### 1a. Initial Hearing Screening—Well Baby Nursery

- For the initial screening, use one of the following:
  - Evoked Otoacoustic Emissions (EOAE, OAE, TEOAE, DPOAE),
  - Auditory Brainstem Response (ABR, AABR, BAER, ABAER), or
  - A combination of both measures<sup>1</sup>
- The birth hospital typically performs the initial screen while the baby is still an inpatient. Perform the screen as close to discharge as possible, preferably 12 hours or more after birth. The screening may be done sooner if needed; however, a higher referral rate may occur due to residual birthing debris in the ear canal.
- For OAE: If the infant does not pass on the first try, take the probe out of the ear and look at whether it is clogged with wax or debris. Wipe the probe tip if necessary, reinsert the probe and run the test again. Not all babies will pass so only make two attempts.
- For ABR: If the infant does not pass on the first try, check that electrodes are secure, positioning of the earphone or probe is correct, electrodes are oriented away from the top of the baby's head, and wires are not crossed. Not all babies will pass so only make two attempts. These two attempts make up the "initial" hearing screen.
- If the infant does not pass the first screening then perform a second screening, if time allows, before hospital discharge. In each screening session, make only two attempts per ear. If the first screening used an OAE, use either an OAE or ABR for the second screening; if the first screening used an ABR, use an ABR for the second screening. Rescreen both ears even if only one ear did not pass initially.
- Refer the infant for an outpatient rescreen (step 2) if:
  - S/he does not pass the initial screening, or
  - Results cannot be obtained in one or both ears.

\*\* If an outpatient rescreening is not utilized, then a referral to diagnostic evaluation is appropriate. Skip to step 3.



## 1b. Initial Hearing Screening—NICU

- Infants admitted to the neonatal intensive care unit (NICU) for more than 5 days need to have an automated ABR included as part of their hearing screening to avoid missing a neural hearing loss.
- Refer infants who do not pass automated ABR screening in the NICU directly to an audiologist for rescreening (rather than having an outpatient rescreen at the hospital) and, when indicated, comprehensive audiologic evaluation including ABR (steps 2 and/or 3).

## 2. Rescreening

- Rescreen infants who do not pass the initial hearing screen in one or both ears.
- Rescreen after discharge to allow sufficient time for the infant's ears to clear of residual birthing debris.
- The rescreening should occur prior to one month of age.
- The birth hospital typically performs the rescreen on an outpatient basis.
  - If the initial test used an OAE, rescreen with Otoacoustic Emissions (EOAE, OAE, TEOAE, DPOAE), Auditory Brainstem Response (ABR, AABR, BAER, ABAER), or a combination of both measures.
  - If the initial test used ABR, rescreen with only ABR to avoid missing a neural hearing loss
- Rescreen both ears even if only one ear did not pass the initial screen.
- The rescreening should occur in a single visit, with two attempts maximum on each ear. These two attempts make up the "rescreen."
- Refer an infant for a diagnostic audiological evaluation if:
  - S/he does not pass the rescreening, or
  - Results cannot be obtained in one or both ears.

## 3. Referrals for Diagnostic Audiological Evaluation

- Refer an infant for a diagnostic audiological evaluation after failure to pass the initial hearing screen and the rescreen in one or both ears. Do not continue to screen further.
- An audiologist trained in infant diagnostic audiological evaluation should perform the evaluation. See the Washington State Department of Health Diagnostic Audiology Best Practice Guidelines<sup>2</sup> for details.
- The infant's primary care physician may coordinate the referral for diagnostic evaluation.
- The diagnostic evaluation should occur prior to three months of age.

#### **4. Assessment of Risk Factors for Late Onset Hearing loss**

A passed newborn hearing screening means a significant hearing loss is unlikely. However, hearing loss can develop or worsen later in infancy and childhood for many reasons. It is important to assess for and report on the five risk factors for hearing loss listed on the pink and blue hearing screening cards as accurately as possible. Infants with these risk factors need appropriate follow up. The risk factors are:

1. Stay in neonatal intensive care unit (NICU) > 5 days
2. Stigmata or other findings associated with a syndrome known to include hearing loss
3. Family history of permanent childhood sensorineural hearing loss
4. Craniofacial anomalies
5. In-utero infections including toxoplasmosis, rubella, cytomegalovirus (CMV), herpes and syphilis

If a baby has one or more of these risk factors, mark the appropriate box(es) on the pink or blue hearing screening card. The EHDDI program will follow up with the primary care provider for risk factors 2 through 5. The Joint Committee on Infant Hearing 2007 Position Statement recommends a diagnostic audiologic evaluation by age 24-30 months for infants who pass their newborn hearing screen but have one or more risk factor(s) for late onset or progressive hearing loss.

#### **5. Documentation and Communication of Screening Results**

- Record screening results in the infant's medical record.
- Clearly communicate screening results to the infant's parents verbally and in writing. Provide results and hearing screening information to families in their preferred language.
- Communicate screening results to the infant's primary care provider in writing.
- Report screening results to the Department of Health (DOH) on the newborn hearing screening cards. Send results to DOH every week. For more information on reporting screening results to DOH, please contact the program at 206-418-5613 or 1-888-WA-EHDDI.
- Give parents written information about risk factors for hearing loss and typical language development.

#### **6. Quality Assurance**

- Within three months of initiating a hearing screening program:
  - Maintain a referral rate no higher than 8% for the initial screening.
  - If the hospital performs outpatient rescreening, maintain a referral rate no higher than 4%.
- Within six months of program initiation, screen a minimum of 95% of infants prior to discharge or before one month of age.
- The benchmark for percent of infants lost after not passing the initial screen should be 10% or less.
- Institute a tracking system to monitor referral rates and to assist in the follow up of infants referred for a rescreen or diagnostic evaluation.

#### **7. Screener Requirements**

- Screeners should have adequate skills in soothing and calming newborns.

- An audiologist or someone similarly trained in screening techniques should train screeners.
- Train screeners how to communicate results to families in a sensitive and culturally competent manner. Keep laminated examples of proper hearing screening terminology and language with the screening equipment for immediate reference.
- Train screeners to answer parents' questions about newborn hearing screening. When screeners do not know the answers, they should know where to refer the family for answers.

## 8. References

- <sup>1</sup> Joint Committee on Infant Hearing (2007). Year 2007 Position Statement: Principles and guidelines for early hearing detection and intervention programs. *Pediatrics* 120 (4), 898-921. Or <http://jcih.org/>.
- <sup>2</sup> Basic steps for each test: <http://here.doh.wa.gov/materials/nb-screening-steps-oe-testing> and <http://here.doh.wa.gov/materials/nb-screening-steps-abr-testing>
- <sup>3</sup> Diagnostic Audiology Best Practice Guidelines: [http://www.doh.wa.gov/Portals/1/Documents/Pubs/344-016\\_EHDDIAudioProtocol.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/344-016_EHDDIAudioProtocol.pdf)
- <sup>4</sup> For more information and resources about setting up and evaluating a newborn hearing screening program, please visit <http://www.seattlechildrens.org/classes-community/community-programs/newborn-hearing-screening/>

For general information regarding newborn hearing screening or follow-up, contact:

Early Hearing Detection, Diagnosis and Intervention (EHDDI) Program  
 1610 NE 150th Street  
 Shoreline, WA 98155  
 Phone: 206-418-5613  
 Toll-free: 1-888-WA-EHDDI  
 Fax: 206-364-0074  
 Email: [Ehddi2@doh.wa.gov](mailto:Ehddi2@doh.wa.gov)  
[www.doh.wa.gov/earlyhearingloss/](http://www.doh.wa.gov/earlyhearingloss/)

*Funding provided by Maternal and Child Health Bureau (MCHB) and Health Resources and Services Administration (HRSA).*

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).



## Washington State Department of Health

# Protocol for Diagnostic Audiological Assessment: Follow-up for Newborn Hearing Screening

### Overview

The Washington State Early Hearing Detection, Diagnosis and Intervention (EHDDI) program recommends that infants who do not pass their newborn hearing screening have a diagnostic audiological assessment before three months of age. In addition, infants who do pass the neonatal screening but have one or more risk factors for late onset or progressive hearing loss should have at least one diagnostic audiological assessment by 24 to 30 months of age. Frequency of diagnostic follow-up depends on the specific risk factor and/or parental concern. Early and more frequent assessment may be indicated for children with cytomegalovirus (CMV) infection, syndromes associated with progressive hearing loss, neurodegenerative disorders, trauma, or culture-positive postnatal infections associated with sensorineural hearing loss; for children who have received extracorporeal membrane oxygenation (ECMO) or chemotherapy; and when there is caregiver concern or a family history of hearing loss.

This protocol includes guidance from the Joint Committee on Infant Hearing (JCIH) 2007 position statement. A workgroup of 22 audiologists who see infants born in Washington revised the protocol in June 2011. Workgroup members have extensive knowledge and expertise in the screening and diagnosis of hearing loss in newborns and infants.

The recommendations in this document pertain specifically to follow-up from newborn hearing screening, and may differ from those for other purposes. The focus of the diagnostic test components is physiologic assessment. Behavioral audiometry may be appropriate for infants at developmental age of six months and over if reliable ear-specific information is obtained.

### Diagnostic test components

This protocol describes how to 1) obtain an estimate of hearing sensitivity across the speech frequency range; 2) determine the type of hearing loss if there is a hearing loss; 3) provide a starting point for habilitation services such as amplification; and 4) provide a baseline for further monitoring. A comprehensive assessment should include both ears even if only one ear did not pass the screening test. Comprehensive evaluations should be completed by audiologists experienced in pediatric hearing assessment.

The auditory brainstem response (ABR) is the core component in assessing young infants because the audiologist can usually obtain accurate, frequency-specific and ear-specific pure tone threshold estimates with this technique. However, otoacoustic emissions (OAE) and middle ear assessments are also mandatory. After completing otoscopy, the order of procedures (ABR, OAE, immittance) is up to the discretion of the audiologist.

Begin by:

- Obtaining hospital screening results and a medical history, including the presence of any risk indicators (see Appendix A at end of this document).
- Performing an otoscopic evaluation.

## ABR Procedures

- Attach electrodes to the baby using a 2-channel montage: high forehead (non-inverting); each mastoid process (inverting); lateral forehead (common).
- Have the caregiver feed the infant if necessary, to induce natural sleep. Diagnostic ABR requires a sleeping baby. Infants under six months of age can often be tested while sleeping naturally. This typically does not work with older infants, who may need to see a provider who can do sedation.
- Prioritize the test stimulus order and level to obtain the most information in the shortest amount of time. To obtain frequency-specific estimates of hearing thresholds, begin with tonebursts, though in some cases it may help to start with or switch to a click. See Appendix B at the end of this document for stimulus and recording parameters.
- Perform frequency-specific ABR using unmasked Blackman-gated tonebursts presented via insert earphones. When feasible, insert both earphones at the start of testing to make switching between ears easy.
- Begin with a 2000 Hz toneburst at or near the minimum stimulus level required to classify hearing as normal. See Appendix B. If no response is detected, increase stimulus level by 20-30 dB. If response is present, descend in 10 dB steps until you find the threshold.
- Proceed to a 500 Hz toneburst.
- If time permits, consider obtaining results for 4000 Hz and 1000 Hz tonebursts for each ear (based on results).
- If indicated and feasible, perform bone conducted ABR on each ear using a click. Tonebursts at 2000 and 500 Hz may be used as time permits.
- Perform click-evoked ABR if the infant has elevated or “no response” on toneburst ABR (see Neurodiagnostic parameters in Appendix B).

## OAE Procedures

In evaluating OAEs, perform the following procedures in conjunction with ABR as a cross check for determining outer hair cell function. OAEs are not a substitute for ABR. Note that these procedures for diagnostic assessment differ from parameters for OAE screening because the audiologist determines the protocol and interprets the results (i.e., the result is not a “pass” or “refer”). See DOH document, “Protocol for Newborn Hearing Screening”, found at [https://www.doh.wa.gov/Portals/1/Documents/Pubs/344-023\\_EHDDINBScrnProto.pdf](https://www.doh.wa.gov/Portals/1/Documents/Pubs/344-023_EHDDINBScrnProto.pdf) , for screening parameters. Either or both of the following OAE tests may be used.

### Transient Evoked Otoacoustic Emissions (TEOAE)

- Complete at least 60 runs.
- Start testing at 80 dB peSPL, and go up to 86 or down to 74 after that, depending on initial results.
- For TEOAEs to be considered present and normal, the response must have a minimum of a 3 dB SNR (signal to noise ratio) and 70% reproducibility at any particular frequency band. In addition, the overall response amplitude should fall within the range typical for normal hearing children of comparable age.

### Distortion Product Evoked Otoacoustic Emissions (DPOAE)

- Stimulus levels L1=65 dB SPL, L2=55 dB SPL or L1=65 dB SPL, L2=50 dB SPL
- DPOAE data interpretation is very equipment-specific. The minimum SNR needed for a response to be considered present depends on how the equipment manufacturer calculates the noise floor.
- In general DPOAEs are considered to be present and normal if the response SNR is > 3 to 6 dB at the majority of frequency bands tested and the overall response amplitude falls within the range typical for normal hearing children of comparable age.

### Immittance Procedures

Obtain acoustic immittance measures (using a 1000 Hz probe tone if the infant is six months or younger). Incorporate an immittance battery with caution due to the difficulty in classifying tympanometric measures numerically—tympanograms obtained with a 1000 Hz probe tone require visual interpretation. The acoustic reflex can be a useful part of the audiologic test battery in infants. A present reflex adds support for determining normal middle ear function and provides a cross check for ABR measurements. It is also important to use a high-frequency probe to measure the acoustic reflex in infants less than six months of age. For infants older than four months, the immittance battery becomes more reliable and valid. For all ages, obtain a tympanogram with a 226 Hz probe tone to estimate ear canal volume.

### **Referrals**

- Infants identified as deaf or hard of hearing should be fit with appropriate amplification if the family chooses this option and see an ENT for medical/surgical care. A Family Resources Coordinator (FRC) can help families enroll children into the Early Support for Infants and Toddlers (ESIT) Program and Early Intervention services. Children should receive regular audiologic follow-up every three to six months until three years of age.
- Infants who are not deaf or hard of hearing, but who have one or more risk factors, should be evaluated at least once before 24-30 months of age. For infants over six months of age, a behavioral audiologic evaluation may suffice if reliable ear-specific information is obtained.

Other referrals may include: Hands & Voices™ Guide-By-Your-Side program (a parent support program), genetics, neurology, ophthalmology, developmental pediatrics, speech-language pathologists, and other professionals.

### **Sharing Diagnostic Results with Families**

1. Recognize the emotional impact that learning their child is deaf or hard of hearing can have on a family. Audiologists should give the family information about the degree of hearing loss, its potential impact on speech and language development, the treatment and intervention options available, as well as the positive impacts of early identification.
2. Deliver information and test findings in a positive manner, with sensitivity to the emotional needs of the family.
3. The information format should be consistent with the family's needs and desires, language and cultural needs, and their ability to interpret the information. Audiologists should give families information that addresses, but is not limited to, the following subject areas related to educating parents and families about hearing loss and its impacts:
  - a. The FRC's role, scope of responsibility, and how to access these services.
  - b. How to access parent/family support groups, and support networks in the deaf/hard-of-hearing communities. The Washington State Resource Notebook for Families of Children who are Deaf or Hard of Hearing is a guide for families of children with hearing loss:  
[www.doh.wa.gov/Portals/1/Documents/Pubs/344-017\\_EHDDIResourceGuideEng.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/344-017_EHDDIResourceGuideEng.pdf).
  - c. Future diagnostic follow-up and referral to early intervention services.
4. If the family wants to use FRC services, get the parents' permission to contact the FRC to facilitate follow-up.



5. Recognizing that families may not be ready to absorb all of the information in the initial diagnostic evaluation, the audiologist should arrange further discussions with the family, appropriate to their needs and desires. These follow-up discussions may include additional counseling visits, telephone conversations, or counseling coordinated with future clinic visits.

## Reporting to DOH

Report diagnostic information to the Department of Health (DOH) after each evaluation until you determine whether or not the infant is deaf or hard of hearing. If a hearing loss is present, report each evaluation until the type and degree of hearing loss is identified. Report this information to the DOH by using the EHDDI program's secure web-based application or by faxing the results to the EHDDI program using the "EHDDI Diagnostic Evaluation Form." Please do not send printouts of test results without interpretive information.

The diagnostic information reported should include (but is not limited to) the following:

- Patient information (patient name, date of birth, mother's name)
- Date of evaluation
- Name of audiologist performing the evaluation
- Risk factors associated with hearing loss present
- Results of test(s) performed (ex: immittance, OAE, ABR)
- Hearing loss present – yes, no, or undetermined
- If hearing loss is present, the type and degree of hearing loss
- Referrals (ex: further evaluation, ENT, Family Resources Coordinator)

## Appendix A

Risk indicators associated with permanent congenital, developmental or progressive hearing loss in children (<http://jcih.org/>, 2007 Position Statement):

(1) Parental or caregiver concern regarding hearing, speech, language, and/or developmental delay, (2) family history of permanent childhood hearing loss, (3) neonatal intensive care of more than five days or any of the following regardless of length of stay: ECMO, assisted ventilation, exposure to ototoxic medications (gentamicin and tobramycin) or loop diuretics (furosemide/Lasix), and hyperbilirubinemia that requires exchange transfusion, (4) in-utero infections with cytomegalovirus, herpes, toxoplasmosis, rubella or syphilis, (5) craniofacial anomalies, including those that involve the pinna, ear canal, ear tags, ear pits, and temporal bone anomalies, (6) physical findings, such as white forelock, that are associated with a syndrome known to include a sensorineural or permanent conductive hearing loss (7) syndromes associated with hearing loss or progressive or late-onset hearing loss, such as neurofibromatosis, osteopetrosis, and Usher syndrome; other frequently identified syndromes include Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson (8) neurodegenerative disorders, such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth syndrome (9) culture-positive postnatal infections associated with sensorineural hearing loss, including confirmed bacterial and viral (especially herpes viruses and varicella) meningitis, (10) head trauma, especially basal skull/temporal bone fracture that requires hospitalization, (11) chemotherapy.

## Appendix B

ABR Protocol for 0-6 month old infants, page 1

Re: dB nHL: dB above behavioral threshold for given stimulus (or 0 dB nHL)

dB eHL: Estimated behavioral thresholds taking all correction factors and adjustments into consideration.

### 1. Pediatric Threshold Estimation

Parameters		Notes
Stimulus	<b>2000 Hz toneburst</b>	
Transducer	Insert	
Polarity	Variable	Some authors recommend alternating; others recommend rarefaction
Ramping	Blackman	
Duration	2-0-2	1 msec rise/fall and 0 msec plateau
Intensity	≤40 dB nHL to begin	20-25 dB nHL is WNL. Replicate at threshold. Correction for dB eHL= -5
Filter Settings	30 Hz; 1500 Hz or 3000 Hz	high-pass; low-pass; NO notch
Time window	25 msec	
Stimulus Rate	21.1-39.1/sec	

Stimulus	<b>500 Hz toneburst</b>	
Transducer	Insert	
Polarity	Alternating	To reduce periodic waves
Ramping	Blackman	
Duration	2-0-2	4 msec rise/fall and 0 msec plateau
Intensity	≤50 dB nHL to begin	30-35 dB nHL is WNL. Replicate at threshold. Correction for dB eHL= -15
Filter setting	30 Hz; 1500 Hz or 3000 Hz	high-pass; low-pass; NO notch
Time window	25 msec	
Stimulus Rate	21.1-39.1/sec	

Stimulus	<b>4000 Hz toneburst</b>	
Transducer	Insert	
Polarity	Variable	Some authors recommend alternating; others recommend rarefaction
Ramping	Blackman	
Duration	2-0-2	.5 msec rise/fall and 0 msec plateau
Intensity	≤40 dB nHL to begin	20 dB nHL is WNL. Replicate at threshold. No correction needed for dB eHL.
Filter Settings	30 Hz; 1500 Hz or 3000 Hz	high-pass; low-pass; NO notch
Time window	25 msec	
Stimulus Rate	21.1-39.1/sec	

Stimulus	<b>1000 Hz toneburst</b>	
Transducer	Insert	
Polarity	Alternating/variable	To reduce periodic waves
Ramping	Blackman	
Duration	2-0-2	2 msec rise/fall and 0 msec plateau
Intensity	≤40 dB nHL to begin	20-30 dB nHL is WNL. Replicate at threshold. Correction for dB eHL= -10.
Filter Settings	30 Hz; 1500 Hz or 3000 Hz	high-pass; low-pass; NO notch
Time window	25 msec	
Stimulus Rate	21.1-39.1/sec	

**Threshold Estimation, cont.**

Parameters		Notes
Stimulus	<b>Click</b>	
Transducer	Insert	
Polarity	Rarefaction Condensation (if needed to enhance wave V)	Rarefaction provides larger amplitude and shorter latency than condensation. Replicate at threshold.
Duration	.1 msec	
Intensity	Variable	20 dB nHL is WNL; no correction needed for dB eHL.
Time window	15 msec	
Rate	21.1-39.1/sec	Slower rate if enhanced response is needed
Filter setting	30 Hz; 1500 Hz or 3000 Hz	high-pass; low-pass; NO notch
Sweeps	≥ 600	Enough to adequately overcome SNR and replicate

**2. Pediatric Neurodiagnostic**

Parameters		Notes
Stimulus	<b>Click</b>	
Transducer	Insert	Bone conduction, circumaural headphones only when necessary
Polarity	Condensation & Rarefaction	1 run each to identify wave I vs. stimulus artifact or cochlear microphonic; also 1 run with earphone tube clamped
Duration	.1 ms	
Intensity	>70 dB nHL	
Rate	21.1-39.1/sec	Slower rate if enhanced response is needed
Filter setting	30 Hz; 1500 Hz or 3000 Hz	high-pass; low-pass; NO notch
Sweeps	≥ 400	Enough to adequately overcome SNR and replicate
Analysis time	15 msec	Pre-stim baseline: -1 msec

**3. Bone Conduction**

Parameters		Notes
Stimulus	<b>Click</b>	Tonebursts as a supplemental measure
Transducer	Bone oscillator that came w/ system (leave inserts in ears after air conduction testing)	Use Velcro or leather headband, or hand-hold
Polarity	Alternating	
Filter Settings	30 Hz; 1500 Hz or 3000 Hz	high-pass; low-pass; NO notch
Duration	.1 ms	
Intensity	≤ 50 dB nHL	Identification of Wave I will rule out crossover to non test ear
Time window	15 msec	
Stimulus Rate	21.1-39.1/sec	Reduce rate if poor morphology

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Early Hearing Detection, Diagnosis and Intervention (EHDDI) Program  
1610 NE 150th Street  
Shoreline, WA 98155  
Phone: 206-418-5613 - Toll-free: 1-888-WA-EHDDI  
[Ehddi2@doh.wa.gov](mailto:Ehddi2@doh.wa.gov)  
[www.doh.wa.gov/earlyhearingloss/](http://www.doh.wa.gov/earlyhearingloss/)

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

# Best Practice Guidelines in Early Intervention for Children who are Deaf or Hard of Hearing

## Overview

All infants should be screened for hearing loss by one month of age, receive diagnostic audiological assessment by three months of age if necessary, and be enrolled in early intervention services by six months of age if the child is identified as deaf or hard of hearing (D/HH). Studies have shown that children who are D/HH who receive intervention prior to six months of age often meet or exceed the receptive and expressive language scores of their hearing peers. This protocol was developed by a workgroup comprised of parents, early intervention specialists, audiologists, members of the Deaf community, and Washington State Department of Health (DOH) staff, with extensive knowledge and expertise in early intervention services for children who are D/HH.

## Terms

**Early Intervention (EI)** in Washington State are services and supports designed to meet the developmental needs of a child 0-3 with a delay or disability and the needs of their family related to enhancing the child's development.

The term **deaf** is used to describe persons who have a hearing loss greater than 90 dB HL. It also may be used to refer to those who consider themselves part of the Deaf community or culture and choose to communicate using American Sign Language (ASL).

**Hard of Hearing (H/H)** is the term used to describe those with mild to severe hearing loss.

The **Individualized Family Service Plan (IFSP)** is an ongoing planning process and document designed to meet the changing needs of children and families enrolled in early intervention. Federal guidelines require that the initial IFSP be completed within 45 days of referral.

**American Sign Language (ASL)** is a visual language with unique form, function and social usage. It is the language of the Deaf community and the third most common language in the United States.

**Unbiased** means free from all prejudice or favoritism.

**Relationship-Focused Early Intervention** is concerned with the prevention of developmental problems and the promotion of social-emotional well-being. With prompt support, family and children develop mutual engagement and elaborate satisfying, barrier-free 2-way communication early in life.

**A Family Resources Coordinator (FRC)** assists families with children 0-3, in accessing resources from the point of identification of a concern through the development of the IFSP, early intervention services and transition to preschool special education or other services.

**Assistive Technology** may include relay telephone services, telecommunication devices, closed-

captioning, hearing dogs, visual and/or technical devices.

**1) Early Intervention (EI) for children who are D/HH is family focused:**

- Families have access to EI services provided by specialist(s) *with specific training in working with birth-to-three year olds who are D/HH*, in addition to other specialists that may be needed, as identified in the Individualized Family Service Plan (IFSP) (e.g., physical therapists, speech/language pathologists).
- Families may access these specialized services via a *variety of supports*, including outreach by specialized program staff, outreach by other families, and distance technology.
- Services will be delivered and resources made available in the parent's primary language.
- Services are provided and resources are available in *the family's chosen method of communication and educational approach* including ASL, Signed Exact English (SEE), Auditory-Oral, Auditory Verbal, Cued-Speech, etc.
- During the early period of information gathering and decision-making, families are assisted by a person who can present and discuss unbiased information about communication options, respects family choices, and allows parents to make an informed final decision.
- Care focuses on family strengths and *follows the family's vision and priorities*.
- Services include all members of the family and their *circle of support*, as requested by the family.
- Care is developmentally appropriate for the child.
- Families, EI providers, and the child's medical home collaborate to provide the child who is D/HH complete access to communication with the important people in their lives (*"relationship-focused EI"*).
- Families choose *where to meet* with EI providers, their Family Resources Coordinator (FRC) and other providers.
- *Brothers and sisters* of children who are D/HH have access to age appropriate information, support, and instruction.
- Children who are D/HH and their hearing siblings have *opportunities to interact socially with other siblings of D/HH children, young children, youth, and adults who are D/HH*.

**2) EI providers and other professionals working with this population have specialized expertise and training:**

- FRCs with initial contact with families have specialized training in effective practices for infants/toddlers who are D/HH and related family issues. They provide support and information in an unbiased manner.
- EI providers working with D/HH children and their families receive initial and ongoing training in D/HH education, child development, early childhood education, and technology.
- EI specialists who are trained to work with children who are D/HH, including consultants who are deaf, participate in outreach to, and consultation with, other EI providers and medical professionals.

**3) Families with D/HH children enrolled in EI receive appropriate information, evaluation, services, and support. Components include:**

- How to *link with county/state Part C system, including an FRC and other EI services*, to ensure access to funding a variety of services, including other EI services that may be needed by the child (e.g., physical therapy, vision services).
- Information about *family networking and support services*, including support in dealing with the emotional impact of diagnosis (i.e. parent support groups, individual and family counseling).



- Information regarding *communication options for D/HH individuals, Deaf culture, and available specialized services and assistive technology.*
- Support and careful assistance in *exploring and selecting a communication approach* of their choice.
- *Variety of support models for children/families in learning the communication approach* of their choice.
- *Ongoing audiological services and monitoring* of hearing aids/cochlear implants if requested by parents.
- *Assistance in helping the child learn to effectively wear and/or use assistive devices, and to develop his/her residual hearing* if requested by parents.
- *Opportunities to gain support and information from a variety of individuals* who are D/HH, and other parents of children who are D/HH (e.g. parent mentoring program).
- Information specifically for families *relocating to, or moving out of, Washington State.*

#### 4) IFSP Meetings and Ongoing Evaluation of Child:

- Participants in the IFSP meetings will include, but are not limited to, family members, EI provider specializing in D/HH, audiologist, FRC, any other healthcare/service provider requested by the family.
- The EI team administers and coordinates regular assessments appropriate for children who are D/HH to document progress of child toward developmental milestones and IFSP outcomes.

#### 5) Other Services:

- Infants identified as D/HH are referred to an Ear Nose and Throat (ENT) for evaluation and appropriate medical and/or surgical care if indicated.
- Families are informed of genetic services, and if requested, provided with a referral to genetic evaluation within three months of identification.

#### 6) References

Joint Committee on Infant Hearing (2007). Year 2007 Position Statement: Principles and guidelines for early hearing detection and intervention programs. *Pediatrics* 120 (4), 898-921. Or <http://jcih.org/>.

For general information regarding newborn hearing screening or follow-up, contact:

Early Hearing Detection, Diagnosis and Intervention (EHDDI) Program  
 1610 NE 150th Street  
 Shoreline, WA 98155  
 Phone: 206-418-5613  
 Toll-free: 1-888-WA-EHDDI  
 Fax: 206-364-0074  
 Email: [Ehddi2@doh.wa.gov](mailto:Ehddi2@doh.wa.gov)  
[www.doh.wa.gov/earlyhearingloss/](http://www.doh.wa.gov/earlyhearingloss/)

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# After Identifying a Child

(age birth to three)

## Who is Deaf/Hard of Hearing



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

**Early Hearing Detection, Diagnosis, and Intervention Program**

1610 N.E. 150<sup>th</sup> Street · Shoreline, Washington 98155

Phone 206-418-5613 Toll Free 1-888-WAEHDDI (1-888-923-4334) Fax 206-364-0074

**Resource Referral Form for Children who are Deaf or Hard of Hearing**

How to complete this form:

1. Discuss the resources on page 2 with the child’s parent or guardian.
2. Select which resources they would like to be referred to.
3. Complete the contact information section and **have the child’s parent or guardian sign the authorization below.**
4. Fax completed forms to the EHDDI program at **(206) 364-0074**. The EHDDI program will forward the referral to the organization(s) selected and mail the family a resource notebook, if requested.

<b>Child’s Name:</b>		<b>DOB:</b>
<b>Parent/Guardian Name:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone Number:</b>	<b>Email:</b>	
<b>Primary Language Spoken:</b>		
<b>Referring Provider:</b>	<b>Clinic:</b>	

By signing below, I authorize the Washington State Department of Health Early Hearing Detection, Diagnosis, and Intervention (EHDDI) program to share my contact information and my child’s name and date of birth with the organizations selected on the next page for the purpose of obtaining resources or services.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

Please check the box next to the resources you would like to receive.



- Early Support for Infants and Toddlers (ESIT Program)** – Provides early intervention services for eligible children (ages birth to 3). Family resources coordination, developmental screening, and evaluations to determine eligibility are provided at no cost to families. Families will be contacted by their local Family Resources Coordinator (FRC).



- Center for Deaf and Hard of Hearing Youth (CDHY)** – Offers statewide services for children who are deaf and hard of hearing and their families, teachers of the deaf, school districts, educators serving the deaf, and educational interpreters.

**Telephone Number:** 855-342-1672      **Fax Number:** 360-696-6291



- Hands & Voices – Guide By Your Side™ (GBYS)** – Provides unbiased emotional support and resources by trained Parent Guides who are parents of children who are deaf or hard of hearing. GBYS services are provided at no cost to families.

**Telephone Number:** 425-268-7087      **Fax Number:** 360-715-9970



- Resource Notebook for Families of Children Who are Deaf or Hard of Hearing** – A free notebook that includes stories from other families, information about hearing and assistive technology, communication options, and early intervention services.

If you have any questions, please contact us at (206) 418-5613.

Thank you for your time,  
Washington State Early Hearing Detection, Diagnosis and Intervention (EHDDI) Program

## **Frequently Asked Questions**

### **About Early Intervention Referrals for Children Who are Deaf or Hard of Hearing**

#### **Who provides early intervention services?**

The Early Support for Infants and Toddlers (ESIT) program coordinates a statewide system of early intervention services and provides assistance in accessing those services through a county Family Resources Coordinator (FRC). Early intervention services are available to eligible children ages birth to 3 years of age.

#### **How do I make a referral?**

- Fax, call, or secure email the Lead FRC for the county in which the child lives. See the [Early Support for Infants and Toddlers \(ESIT\) Contact Directory](#) to locate the child's lead FRC.
- Refer through the EHDDI program
  - Complete the [Resource Referrals for Children who are Deaf or Hard of Hearing](#) Form and fax it to the EHDDI program at 206-364-0074.
  - If you use the EHDDI Web Application to report results online, enter an FRC referral in the child's case. See page 18 of our [EHDDI Web Application Guide](#) for instructions on how to make a referral through the EHDDI web application.

#### **What will the FRC do when they receive the referral?**

- Arrange in-depth developmental screening or evaluation to verify or rule out the need for early intervention services;
- Explain early intervention services available and help develop an Individualized Family Service Plan (IFSP), if needed;
- Access other community programs such as parent support, respite, and transportation; and
- Identify funding resources for early intervention services.

#### **When should I refer the family to the FRC?**

The Individuals with Disabilities Act (IDEA) Part C requires primary referral sources, such as audiologists, to refer a child identified as deaf or hard of hearing to the Part C program "as soon as possible but in no case more than seven days" after identification.

#### **What if I haven't confirmed the hearing loss with repeat testing yet?**

Refer to the FRC as soon as you suspect a permanent hearing loss. The family can start working with the FRC before receiving the follow-up hearing evaluation(s) or other medical evaluations.

#### **Should I refer a child with fluctuating but persistent conductive hearing loss?**

Yes, refer a child with a fluctuating conductive hearing loss that has persisted in the first few months of life and remains for 6 months. This includes children with cleft palate or Trisomy 21 who are at very high risk for chronic fluctuating middle ear effusion.

#### **What if the child is already enrolled in early intervention services?**

You still need to notify the child's FRC about a suspected hearing loss. The FRC can assist the family in accessing additional services available for children who are deaf or hard of hearing.

**Do I need the family’s permission to send a referral to the FRC?**

Yes, obtain and document parental consent before sending the referral to the FRC.

**What if the child doesn’t qualify for services?**

Permanent hearing loss of any degree or configuration, even mild and unilateral, can put a child at risk for developmental delays. If an FRC determines that a child is not eligible for early intervention services through the ESIT program, the FRC can provide the family with information about periodic developmental, hearing, and speech monitoring and referrals to other support services.

**What is the cost to the family for services provided by the FRC?**

Family resources coordination, developmental screening, and evaluations to determine eligibility are provided at no cost to families. The FRC will work with the family to find funding resources for early intervention services if their child is found to be eligible.

**What if the family declines the referral to early intervention services?**

If a family declines the referral for early intervention services, document this in your records and when reporting results to the EHDDI program.

**Washington State EHDDI Program**

Phone: 206-418-5613

Toll Free: 1-888-WAEHDDI (1-888-923-4334)

Fax: 206-364-0074

Email: ehddi2@doh.wa.gov

Website: www.doh.wa.gov/earlyhearingloss

For persons with disabilities, this document is available upon request in other formats. To submit a request, please call 1-800-525-0127 (TTY call 711).







### Early Support for Infants and Toddlers (ESIT) Contacts Directory

Protecting Children, Strengthening Families

**LOCAL LEAD AGENCIES:**

- County or Geographic Area: Adams County ..... 3
- County or Geographic Area: Asotin County ..... 4
- County or Geographic Area: Benton & Franklin Counties ..... 5
- County or Geographic Area: Chelan, Douglas, & Grant Counties ..... 6
- County or Geographic Area: Clallam & Jefferson Counties ..... 7
- County or Geographic Area: Clark County ..... 8
- County or Geographic Area: Columbia & Walla Walla Counties ..... 9
- County or Geographic Area: Cowlitz & Wahkiakum Counties ..... 10
- County or Geographic Area: Douglas County ..... 6
- County or Geographic Area: Franklin County ..... 5
- County or Geographic Area: Ferry, Stevens, Pend Oreille & Lincoln Counties ..... 11
- County or Geographic Area: Garfield & Whitman Counties ..... 12
- County or Geographic Area: Grant County ..... 13
- County or Geographic Area: Grays Harbor County ..... 28
- County or Geographic Area: Island County ..... 14
- County or Geographic Area: Jefferson County ..... 7
- County or Geographic Area: King County ..... 15
- County or Geographic Area: Kitsap & N. Mason Counties ..... 16
- County or Geographic Area: Kittitas County ..... 17
- County or Geographic Area: Klickitat County ..... 18
- County or Geographic Area: Lewis County ..... 19
- County or Geographic Area: Lincoln County ..... 11
- County or Geographic Area: Mason County-North ..... 16
- County or Geographic Area: Mason County-South ..... 28
- County or Geographic Area: Okanogan County ..... 20
- County or Geographic Area: Pacific County ..... 21
- County or Geographic Area: Pend Oreille County ..... 11
- County or Geographic Area: Pierce County ..... 22
- County or Geographic Area: San Juan County ..... 23
- County or Geographic Area: Skagit County ..... 24
- County or Geographic Area: Skamania County ..... 25
- County or Geographic Area: Snohomish County ..... 26
- County or Geographic Area: Spokane County ..... 27
- County or Geographic Area: Stevens County ..... 11
- County or Geographic Area: Thurston, S. Mason, & Grays Harbor Counties ..... 28
- County or Geographic Area: Wahkiakum County ..... 10
- County or Geographic Area: Walla Walla County ..... 9
- County or Geographic Area: Whatcom County ..... 29
- County or Geographic Area: Whitman County ..... 12
- County or Geographic Area: Yakima County ..... 30

In Washington, referrals to early intervention services are provided through Local Lead Agencies within each county. Family Resources Coordinators (FRCs) help families access the early intervention services their child may need. They also help families get a free developmental screening and suggest other community resources.

You can use the Early Support for Infants and Toddlers (ESIT) Contact Directory to locate the primary referral contact for the county in which the child lives. For the current Contact Directory please click [here](#).



# Washington Hands & Voices Guide By Your Side program

Providing unbiased, emotional support and resources by trained Parent Guides to families with children with hearing loss.



### Please Fax or Mail to:

Address: 2950 Newmarket St., Suite 101-124, Bellingham, WA 98226 FAX: (360) 715-9970

### Attn: Guide By Your Side Program

Email: GBYS@wahandsandvoices.org

Phone: (425) 268-7087

- I want to be matched with a Parent Guide
  - I want more information about Guide By Your Side and resources.
- Please contact me:     today     in 2 weeks     in 1 month

Parent Name(s) \_\_\_\_\_

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone# Cell \_\_\_\_\_ Home \_\_\_\_\_ Email \_\_\_\_\_

Best time to contact me \_\_\_\_\_

I authorize WA State/County early intervention provider, Children with Special Health Care Needs provider, Family Resources Coordinator, Audiologist, Speech Language Pathologist, Teacher of the Deaf, Listening and Spoken Language provider, EI Primary Service provider, Specially Trained D/HH provider, or my primary care provider to release my name, address, phone number, and e-mail to Washington Hands & Voices Guide By Your Side program so that I may receive information regarding Guide By Your Side program including resource information and parent support provided to families of children diagnosed with or suspect a hearing loss.

Signature \_\_\_\_\_

Relationship to child \_\_\_\_\_

Provider notes \_\_\_\_\_

Left ear \_\_\_\_\_ Right ear \_\_\_\_\_ Addt. info \_\_\_\_\_

Confirmation of referral requested?

Referred by \_\_\_\_\_

\_\_\_ Yes \_\_\_ No

Name

Phone

Fax



# Manos y voces de Washington - Programa de Guía a su lado

Nuestros/as guías entrenados/as ofrecen apoyo imparcial y emocional y recursos a las familias que tienen niños con pérdida auditiva.



**Por favor, envíe por correo o por fax a:**

Dirección: **1037 NE 65th Street Box 329, Seattle, WA 98115** FAX: **(360) 715-9970**

**Attn: Guide By Your Side Program**

Correo electrónico: GBYS@wahandsandvoices.org

Teléfono: (425) 268-7087

- Yo quiero ser emparejado/a con una guía para padres (Parent Guide)
- Yo quiero más información sobre el programa Guía a su lado y recursos

Por favor, póngase en contact conmigo:

- hoy
- en 2 semanas
- en 1 mes

Nombre/s de padre/s) \_\_\_\_\_

Nombre de niño \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_

Dirección completa \_\_\_\_\_

Tel. celular \_\_\_\_\_ Tel. en casa \_\_\_\_\_ Correo electrónico \_\_\_\_\_

Hora preferida para contactarme \_\_\_\_\_

Yo autorizo al/a la/s/lo/s: agencias estatales de Washington/del condado de la Intervención temprana, personal del programa Niños con necesidades especiales de la salud, coordinador/a de recursos familiares, audiólogo, logopeda, maestro/a para personas sordas, personal para el lenguaje escuchado y hablado, agencia principal de servicios de la Intervención temprana, personal especialmente educado del programa D/HH o mi medico de atención primaria, a entregar mi nombre, dirección, número de teléfono y correo electrónico al programa Washington Hands & Voices Guide By Your Side, para que yo pueda recibir información en cuanto al programa de Guía a su lado, incluso información de recursos y apoyo de padres que se ofrece a las familias de niños que tienen diagnóstico de pérdida auditiva o que sospechan pérdida auditiva.

Firme \_\_\_\_\_

Parentesco con el niño \_\_\_\_\_

Fecha \_\_\_\_\_ Consentimiento verbal \_\_\_\_\_

Provider notes \_\_\_\_\_

Left ear \_\_\_\_\_ Right ear \_\_\_\_\_ Addt. info \_\_\_\_\_

Referred by \_\_\_\_\_

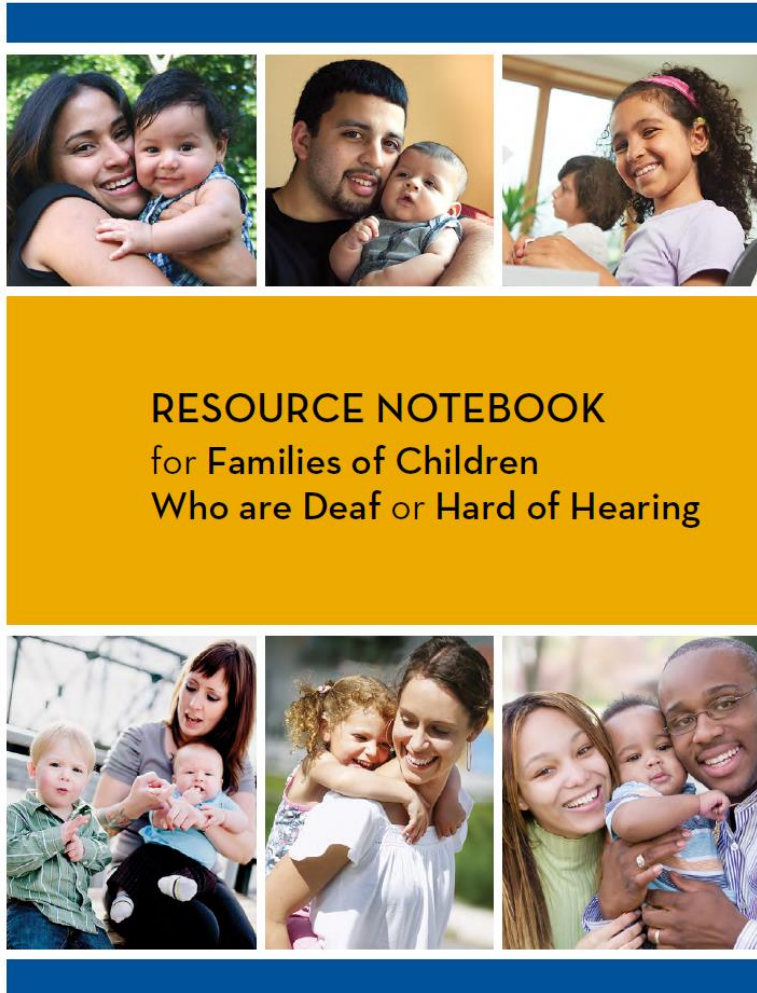
Name

Phone

Fax

Confirmation of referral requested?

\_\_\_ Yes \_\_\_ No



The Resource Notebook for Families of Children who are Deaf or Hard of Hearing is a free notebook that includes stories from other families, information about hearing and assistive technology, communication options, and early intervention services. It is available online in the following languages:

[English](#)

[Spanish](#)

[Russian](#)

[Mandarin Chinese](#)

[Somali](#)

[Vietnamese](#)

Printed notebooks are available in English and Spanish upon request. To have a supply of notebooks shipped to your clinic, please contact the EHDDI program at 206-418-5613 or [ehddi2@doh.wa.gov](mailto:ehddi2@doh.wa.gov).





# Brochures and Handouts For Families



## Some things a baby with normal speech, language, and hearing should be able to do.

### Birth to 3 Months

- Blinks or jumps when there is a sudden loud sound
- Quiets or smiles when spoken to
- Makes sounds like “ohh” and “ahh”

### 4 to 6 Months

- Looks for sounds with eyes
- Uses many sounds, squeals, and chuckles
- Makes different sounds when excited or angry

### 7 Months to 1 Year

- Turns head toward loud sounds
- Understands “no-no” or “bye-bye”
- Babbles, for example “baba,” “mamma,” “gaga”
- Repeats simple words and sounds you make
- Correctly uses “mama” or “dada”
- Responds to singing or music
- Points to favorite toys and objects when asked

**If you have questions about your baby’s hearing or this list, talk with your baby’s doctor.**

Information in this brochure is provided by the Health Resources and Services Administration and the Washington State Department of Health.

## Where can I get more Information?

Call the Washington State Department of Health at 206-418-5613, or visit us online: [www.doh.wa.gov/earlyhearingloss](http://www.doh.wa.gov/earlyhearingloss)

### Your baby’s hearing test results

\_\_\_\_\_  
Your Baby’s Name

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Birthing Facility

\_\_\_\_\_  
Tester’s Name

Right Ear:  PASS      Left Ear:  PASS  
 REFER                       REFER

**If your baby did not pass the hearing test, the appointment below has been made for your baby’s next hearing test.**

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Place

\_\_\_\_\_  
Phone Number

**Please call if you need to reschedule.**



For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 711).

# Can Your Baby Hear?

## Your Baby’s First Hearing Test







## Why should my baby's hearing be tested?

- Most babies can hear well at birth, but a few do not.
- All babies are tested to make sure they are hearing normally.
- It is important to find hearing loss as soon as possible. If hearing loss is found early, it is easier for babies to learn.
- There are many ways to help your baby right away if hearing loss is found.

## Make sure your baby's hearing is tested before you leave the hospital.



## What should I know about newborn hearing testing?

- The test is safe, painless and can be done in about 10–20 minutes.
- Most babies sleep through the test.
- An infant with a hearing loss may cry or appear to respond to sounds just like babies with normal hearing. Only a hearing test can tell you if your baby has a hearing loss.



## Why do some babies not pass the hearing test?

- Some babies may need another test because:
  - Fluid in the ear
  - Noise in the test room
  - Baby was moving a lot
  - Baby has hearing loss
- Most babies who need another test have normal hearing. Some will have hearing loss.

**If your baby does not pass the hearing test, make sure he or she is tested again as soon as possible.**



## Can a newborn baby pass the hearing test and still have a hearing loss?

- Yes, some babies hear well enough to pass the first test, but lose their hearing later because of:
  - Some illnesses
  - Some medicines
  - Some injuries
  - A family history of hearing loss
- Watch for signs of hearing loss as your baby grows.
- Use the list on the back cover as a guide.



## Algunas cosas que un bebé con habla, lenguaje y audición normal puede hacer.

### Del nacimiento a los 3 meses

- Parpadea o salta cuando existe un ruido alto repentino
- Se tranquiliza o sonríe cuando se le habla
- Emite sonidos como “ohh” y “ahh”

### 4 a 6 meses

- Busca los sonidos con los ojos
- Emite muchos sonidos, chilla y ríe
- Emite diferentes sonidos cuando se entusiasma o enfada

### 7 meses a 1 año

- Gira la cabeza hacia los sonidos altos
- Entiende “no-no” o “adiós”
- Balbucea, por ejemplo “baba”, “mama”, “gaga”
- Repite las palabras y los sonidos simples que usted hace
- Usa correctamente “mama” o “papa”
- Reacciona a las canciones o la música
- Apunta a su juguete u objeto favorito cuando se le pide

Si tiene preguntas acerca de la audición de su bebé o de esta lista, hable con el médico de su bebé.

La información en este folleto es proporcionada por la Administración de Servicios y Recursos de Salud y el Departamento de Salud del Estado de Washington.

## ¿Dónde puedo obtener más información?

Llame al Departamento de Salud del Estado de Washington al 206-418-5613, o visítenos en línea: [www.doh.wa.gov/earlyhearingloss](http://www.doh.wa.gov/earlyhearingloss)

### Los resultados de la prueba de audición de su bebé

Nombre de su bebé

Fecha y hora

Centro de maternidad

Nombre de la persona que realiza la prueba

Oído  PASÓ      Oído  PASÓ  
derecho:  REFERIDO      izquierdo:  REFERIDO

Si su bebé no pasó la prueba de audición, se ha hecho la siguiente cita para la próxima prueba de su bebé.

Fecha y hora

Lugar

Número de teléfono

Por favor llame si necesita hacer una nueva cita.



Para personas discapacitadas, este documento está disponible a su pedido en otros formatos. Para hacer su pedido, llame al 1-800-525-0127 (TDD/TTY llame al 711).

# ¿Puede oír su bebé?

## La primera prueba de audición de su bebé



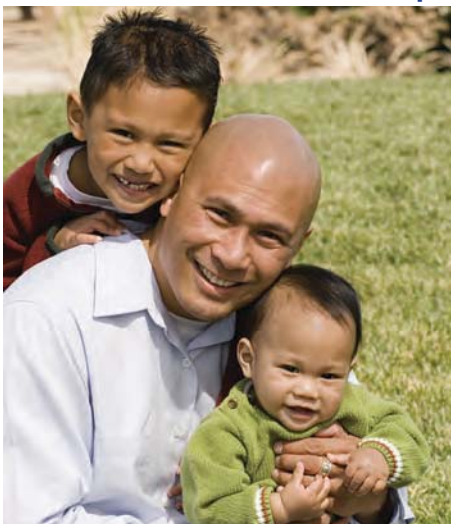




## ¿Por qué se debería probar la audición de mi bebé?

- La mayoría de los bebés pueden oír bien al nacer, sin embargo, algunos no.
- Se hace una prueba a todos los bebés para asegurar que están oyendo normalmente.
- El estudio de audición del recién nacido es una forma de determinar si un bebé tiene pérdida de audición.
- Es importante descubrir la pérdida de audición tan pronto como sea posible. Si se descubre la pérdida de audición de forma temprana es más fácil que los bebés aprendan.
- Existen muchas formas para ayudar inmediatamente a su bebé si se descubre la pérdida de audición.

## Asegúrese de que le hagan una prueba de audición a su bebé antes de salir del hospital.



## ¿Qué debería saber yo acerca de las pruebas de audición en los recién nacidos?

- La prueba es segura, no causa dolor y se la puede realizar en unos 10 a 20 minutos.
- La mayoría de los bebés duermen durante la prueba.
- Un infante con pérdida de audición puede llorar o parecer que responde a sonidos, al igual que los bebés con audición normal. Únicamente una prueba de audición puede determinar si su bebé tiene una pérdida de audición.



## ¿Por qué no pasan la prueba de audición algunos bebés?

- Algunos bebés podrían necesitar otra prueba debido a:
  - Líquido en el oído
  - Ruido en la sala de examen
  - El bebé se estaba moviendo mucho
  - El bebé tiene pérdida de audición
- La mayoría de los bebés que necesitan otra prueba tiene audición normal. Algunos tendrán pérdida de audición.

**Si su bebé no pasa la prueba de audición, asegúrese de que él o ella tenga otra prueba tan pronto como sea posible.**



## ¿Puede un recién nacido pasar la prueba de audición y aún así tener una pérdida de audición?

- Sí, algunos bebés escuchan lo suficientemente bien como para pasar la primera prueba, pero perder su audición debido a:
  - Alguna enfermedad
  - Algunos medicamentos
  - Algunas lesiones
  - Antecedentes familiares de pérdida de audición
- Esté pendiente de los síntomas de pérdida de audición conforme su bebé crece.
- Use la lista que se encuentra en la contracubierta como una guía.



## Ребенок с нормальным речевым, языковым и слуховым развитием:

### Рождение - 3 месяца

- Моргает или вздрагивает при внезапных громких звуках
- Успокаивается или улыбается, когда с ним заговаривают
- Издает звуки, такие как “ооо” и “ааа”

### С 4 до 6 месяцев

- Смотрит в направлении звука
- Издает различные звуки, пищит и хихикает
- Издает разные звуки, когда радуется или сердится

### С 7 месяцев до 1 года

- Поворачивает голову в направлении громких звуков
- Понимает “нельзя-нельзя” или “пока-пока”
- Лепечет, например, “баба,” “мама,” “гага”
- Повторяет за вами простые слова и звуки
- Правильно использует слова “мама” или “дада”
- Реагирует на пение или музыку
- Показывает на любимые игрушки или предметы, если его просят

**Если у вас есть вопросы по поводу слуха вашего ребенка или этого перечня, обращайтесь к врачу вашего ребенка.**

Информацию для этой брошюры предоставили «Health Resources and Services Administration (Администрация по вопросам медицинских ресурсов и услуг)» и Washington State Department of Health (Отдел здравоохранения штата Вашингтон).

## Где можно получить дополнительную информацию?

Звоните в Департамент здравоохранения штата Вашингтон (Washington State Department of Health) по телефону 206-418-5613 или смотрите наш веб-сайт по адресу: [www.doh.wa.gov/earlyhearingloss](http://www.doh.wa.gov/earlyhearingloss)

## Результаты проверки слуха вашего ребенка

Имя вашего ребенка

Дата и время

Родильное учреждение

Имя сотрудника, проводившего проверку

Правое ухо:  ПРОШЕЛ    Левое ухо:  ПРОШЕЛ  
 НАПРАВИТЬ                       НАПРАВИТЬ

**Если результаты проверки слуха вашего ребенка оказались неудовлетворительными, указанный ниже прием назначен для проведения следующей проверки слуха вашего ребенка.**

Дата и время

Место

Номер телефона

**Пожалуйста, позвоните, если вам нужно перенести прием.**



Лица, имеющие инвалидность, могут получить этот документ в другом формате по просьбе. Чтобы подать просьбу, пожалуйста, звоните по телефону 1-800-525-0127 (TDD/TTY для лиц с нарушениями слуха/речи 711).

# Может ли ваш ребенок слышать?

## Первая проверка слуха вашего ребенка







## Почему надо проверять слух вашего ребенка?

- Хотя у большинства младенцев при рождении хороший слух, некоторые не могут нормально слышать.
- Проверку делают всем младенцам, чтобы удостовериться, что они нормально слышат.
- Проверка слуха новорожденных позволяет выяснить, нет ли у ребенка потери слуха.
- Важно выявить потерю слуха как можно раньше. Если потеря слуха обнаружена в раннем возрасте, детям будет легче учиться.
- Если у ребенка обнаружили потерю слуха, существует много способов для оказания ребенку безотлагательной помощи.

## Позаботьтесь, чтобы вашему ребенку проверили слух до выписки из больницы.



## Что мне надо знать о проверке слуха новорожденных?

- Проверка является безопасной, безболезненной и может быть проведена в течение 10–20 минут.
- Большинство младенцев спит во время проведения проверки.
- Новорожденный с потерей слуха может плакать или производить впечатление, что он(а) реагирует на звуки так же, как ребенок с нормальным слухом. Только проверка слуха может выявить потерю слуха у младенца.



## Почему результаты проверки слуха некоторых младенцев оказываются неудовлетворительными?

- Некоторым младенцам может понадобиться еще одна проверка, в связи с тем, что:
  - У ребенка была жидкость в ухе
  - В кабинете, где проводилась проверка, было шумно
  - Ребенок много двигался
  - У ребенка потеря слуха
- У большинства младенцев, которым понадобилась еще одна проверка слуха, отмечается нормальный слух. У некоторых может быть обнаружена потеря слуха.

**Если результат проверки слуха вашего ребенка оказался неудовлетворительным, позаботьтесь о том, чтобы в кратчайший срок была проведена еще одна проверка.**



## Может ли так случиться, что результат проверки слуха у новорожденного ребенка был удовлетворительным, а у ребенка при этом наблюдается потеря слуха?

- Да, у некоторых младенцев слух достаточный для удовлетворительного прохождения первой проверки, но позже они теряют слух как следствие:
  - Некоторых болезней
  - Некоторых лекарств
  - Некоторых травм
  - Потеря слуха является семейным заболеванием
- Следите, не появились ли признаки потери слуха по мере роста ребенка.
- Используйте перечень на последней странице в качестве руководства.



## Typical speech, language and hearing milestones

Even if your baby passes the screening, it is still possible he or she can lose hearing later. It is important to look for these milestones.

### Birth to 3 Months

- Blinks or jumps when there is a sudden loud sound
- Quiets or smiles when spoken to
- Makes sounds like “ohh” and “ahh”

### 4 to 6 Months

- Looks for sounds with eyes
- Uses many sounds, squeals and chuckles
- Makes different sounds when excited or angry

### 7 Months to 1 Year

- Turns head toward loud sounds
- Understands “no-no” or “bye-bye”
- Responds to singing or music
- Babbles, for example “baba”, “mama” and “gaga”
- Repeats simple words and sounds you make
- Correctly uses “mama” or “dada”
- Points to favorite toys and objects when asked

**If you have questions about your baby’s hearing, talk to your baby’s doctor.**

## Where Can I Get More Information?

Call the Washington State Department of Health at 206-418-5613, toll free at 1-888-923-4334 or visit us online at [www.doh.wa.gov/EarlyHearingLoss](http://www.doh.wa.gov/EarlyHearingLoss)

## Your baby’s first hearing screen results

\_\_\_\_\_  
Your Baby’s Name

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Place

Test Method	Right Ear	Left Ear
<input type="checkbox"/> OAE	<input type="checkbox"/> PASS	<input type="checkbox"/> PASS
<input type="checkbox"/> ABR	<input type="checkbox"/> REFER	<input type="checkbox"/> REFER

**Your baby did not pass the hearing screen. The appointment below is for your baby’s next hearing screen.**

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Place

\_\_\_\_\_  
Phone Number

**Please call if you need to reschedule.**



DOH 344-051 June 2016



Seattle Children’s  
HOSPITAL • RESEARCH • FOUNDATION

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

Information in this brochure is provided by the Health Resources and Services Administration and the Washington State Department of Health



# Your Baby Needs Another Hearing Test



## What does a “Did not Pass” or “Refer” Result Mean?

- These results mean your baby needs another hearing screen.
- Most babies can hear well at birth, but a few do not. A rescreen is the only way to know if your baby is at risk for a hearing loss.
- It is important to find hearing loss as soon as possible. If hearing loss is found early, it is easier for babies to learn to communicate with you.
- There are many ways to help your baby right away if hearing loss is found.

**Even though most babies pass their second screen, it is VERY important to get the second test done. This is the best way to be SURE about your baby’s hearing.**



## Why does my baby need another hearing test?

Some babies may need another test because:

- Fluid in the ear
- Baby was moving or crying during the first test
- Too noisy in the room during the first test
- Baby may have a hearing loss

**Make sure your baby’s hearing is rescreened before one month of age.**



**DO NOT wait until later to have your baby’s hearing rescreened.**

- It can be harder to screen your baby’s hearing after one month of age.
- If your baby is too old to have a re-screen at your local hospital ask your baby’s doctor about other screening facilities nearby.



## How do I prepare for my baby’s second hearing test?

Like the first test in the hospital, the re-screen is quick, painless and best done when your baby is asleep.

- Try not to let your baby nap before the appointment.
- Feed your baby just before testing.
- Bring a blanket, extra diapers, change of clothes, and formula.
- Schedule the appointment for a time when your baby is likely to sleep.





## Etapas habituales del habla, el lenguaje y la audición.

Incluso si el bebé pasa el examen, es posible que pueda perder la audición más adelante. Es importante identificar estas etapas.

### Desde el nacimiento hasta los 3 meses

- Parpadea o salta cuando escucha un sonido fuerte repentino
- Escucha o sonríe cuando alguien le habla
- Hace sonidos como “ohh” y “ahh”

### Desde los 4 hasta los 6 meses

- Busca sonidos con los ojos
- Hace muchos sonidos, chilla o sonríe
- Hace diferentes sonidos cuando está entusiasmado o enojado

### Desde los 7 meses hasta el 1er año

- Gira la cabeza cuando escucha sonidos fuertes
- Entiende cuando le dicen “no” o lo saludan
- Responde a los cantos o a la música
- Balbucea palabras como por ejemplo “baba”, “mama” y “gaga”
- Repite palabras y sonidos simples que usted emite
- Usa de manera correcta las palabras “mamá” o “papá”
- Señala objetos y juguetes preferidos cuando le preguntan

**Si tiene dudas acerca de la audición de su bebé, hable con el médico que lo atiende.**

## ¿Dónde puedo obtener más información?

Comuníquese con el Washington State Department of Health (Departamento de Salud del Estado de Washington) al 206-418-5613, o de manera gratuita al 1-888-923-4334 o visite nuestro sitio web

[www.doh.wa.gov/EarlyHearingLoss](http://www.doh.wa.gov/EarlyHearingLoss)

### Los primeros resultados auditivos del examen de su bebé

Nombre del bebé

Fecha y hora

Lugar

Método de evaluación

Oído derecho

Oído izquierdo

OAE

PASÓ

PASÓ

ABR

DERIVAR

DERIVAR

**Su bebé no pasó el examen auditivo. A continuación se encuentra la cita para el siguiente examen auditivo de su bebé.**

Fecha y hora

Lugar

Número de teléfono

**Llámenos si necesita reprogramar su cita.**



DOH 344-051 Junio 2016

Las personas con discapacidades pueden solicitar este documento en otros formatos. Para presentar una solicitud, llame al 1-800-525-0127 (TDD/TTY 711).

La Health Resources and Services Administration (Administración de Recursos y Servicios para la Salud) y el Washington State Department of Health brindaron la información para este folleto.



## Su bebé necesita

# Otro

# Examen

# Auditivo

## ¿Qué significa que el bebé “no pasó el examen”? ¿Y que necesita “ser derivado”?

- Estos resultados quieren decir que su bebé necesita otro examen auditivo.
- La mayoría de los bebés pueden oír bien desde el nacimiento, pero otros pocos no. Otro examen es la única forma de conocer si su bebé tiene riesgo de perder la audición.
- Es importante descubrir la pérdida de audición lo antes posible. Si se descubre la pérdida de audición de manera temprana, será más fácil que el bebé aprenda a comunicarse con usted.
- Existen muchas maneras de ayudar a su bebé rápidamente si se detecta la pérdida de audición.

**Si bien la mayoría de los bebés pasan el primer examen auditivo, es MUY importante que se les haga un segundo examen. Esta es la mejor manera de **ASEGURARSE** de que su bebé escucha.**



## ¿Por qué mi bebé necesita otro examen de audición?

Algunos bebés pueden necesitar otro examen por los siguientes motivos:

- Tenían fluidos en los oídos
- Se movieron o lloraron durante el primer examen
- Había mucho ruido en la habitación durante el primer examen
- Es posible que tenga una pérdida de audición

**Asegúrese de que se le realice al bebé un segundo examen de audición antes del primer mes de edad.**



**NO demore mucho tiempo en llevar a su bebé al segundo examen de audición.**

- Puede ser más difícil examinar la audición de su bebé luego del primer mes de edad.
- Si su bebé ya pasó la edad máxima para un segundo examen en su hospital local, consulte con el médico que lo atiende sobre otras instalaciones cercanas para realizar el examen.



## ¿Cómo me preparo para el segundo examen de mi bebé?

Al igual que el primer examen en el hospital, el segundo es rápido, sin dolor y se realiza mejor si el bebé está dormido.

- Trate de que el bebé no se duerma antes de la cita.
- Alimente al bebé antes del examen.
- Traiga una manta, pañales extras, ropa para cambiarlo y leche de fórmula.
- Programe la cita en un horario en que sea probable que el bebé se duerma.



## What if my baby does have a hearing loss?

If your baby does have a hearing loss, there are many things that can be done to help. Hearing aids, cochlear implants, sign language and early intervention programs are all options. Professionals and other parents with experiences like yours will be there to support you and answer questions you have when you are deciding what is best for your family.

A local Family Resources Coordinator (FRC) will help you find services and support. If you have concerns about your baby's hearing, or other concerns about your child's development, call the Family Health Hotline at 1-800-322-2588.

The sooner you find out if your baby has a hearing loss, the sooner you can begin to help your baby learn to listen and develop language. Research shows that most children with hearing loss who are enrolled in early intervention before 6 months of age, have good speech, language, and listening skills.

## How can I get more information before my appointment with the Pediatric Audiologist?

Your baby's doctor can answer many of the questions you may have.

Call the Washington State Department of Health at 1-888-WAEHDDI or email [ehddi2@doh.wa.gov](mailto:ehddi2@doh.wa.gov)

The following websites are also an excellent source of information, support, and answers to questions you may have:

[www.babyhearing.org](http://www.babyhearing.org)  
[www.doh.wa.gov/EarlyHearingLoss/Family](http://www.doh.wa.gov/EarlyHearingLoss/Family)

## Appointment information for your baby's hearing evaluation:

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Date and Time

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Place (Audiology Clinic)

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Phone Number

**Please call if you need to reschedule.**

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

# If Your Baby Is Referred for a Hearing Evaluation



No baby is too young for a hearing test...



## Why does my baby's hearing need to be re-tested?

The results of the hearing test show that your baby may be at risk for hearing loss. However, more testing is needed to confirm whether or not your baby does have a hearing loss. About 3 in 1000 babies are born with a hearing loss.

## How urgent is it to get re-tested?

It is important to find hearing problems as early as possible because a hearing loss can prevent your baby from learning speech and language. The sooner you find out about a hearing loss, the sooner you can help your baby.



## What should I do now?

You should make an appointment with a Pediatric Audiologist (a hearing specialist) for a hearing test as soon as possible. Any of the Audiologists on the list given to you can provide these services. Your baby's doctor can help you with any referrals that are needed for your appointment.

Continue to talk with your baby as you normally would. Babies respond to the special speech and facial expressions that we reserve just for them. Lots of eye contact, touch, hugs and kisses help babies learn how to interact.



## What can I do to get ready for my baby's hearing evaluation?

Your baby needs to be quiet and calm during the hearing test. To make sure your baby is resting during the appointment:

- Try not to let your baby nap before the appointment.
- Feed your baby just before testing.
- Bring a blanket, extra diapers, change of clothes, and formula.
- Try to schedule the appointment for a time when your baby is likely to sleep.



## Does this mean my baby is deaf?

Not necessarily. There are a few reasons why a baby may need further testing. The most common reasons are:

- Middle ear fluid or infection
- A blocked ear canal
- A permanent hearing loss

If your baby has been referred for further hearing testing, it is also important to understand that there are different degrees of hearing loss. A hearing loss can range from mild to profound (deaf).

Babies with the most severe degrees of hearing loss will have difficulty hearing speech and even very loud sounds. Babies with the mildest degrees of hearing loss will respond to louder sounds. However, they will have difficulty hearing the softest sounds of speech.

The Pediatric Audiologist will do a complete hearing evaluation for your baby. If there is a hearing loss, your Audiologist will work with you to find out the degree of your baby's hearing loss.

## ¿Qué sucede si mi bebé tiene una pérdida auditiva?

Si su bebé tiene una prueba auditiva, existen varias cosas que se pueden hacer para ayudar. Las opciones son audífonos, implantes cocleares, lenguaje de señas y programas de intervención temprana. Los profesionales y otros padres con experiencias como la suya, estarán disponibles para prestarle apoyo y responder a las preguntas que usted pudiera tener cuando esté decidiendo lo que es mejor para su familia.

Un Coordinador de Recursos Familiares (FRC, por sus siglas en inglés) le ayudará a encontrar servicios y apoyo. Si tiene preocupaciones acerca de la audición de su bebé, u otras preocupaciones acerca del desarrollo de su niño, llame a la línea informativa de Family Health al 1-800-322-2588.

Cuanto más pronto descubra usted que su bebé tiene una pérdida auditiva, más pronto podrá comenzar a ayudar a su bebé a aprender, escuchar y desarrollar su lenguaje. La investigación muestra que la mayoría de los niños con pérdida auditiva que son inscritos en intervención temprana antes de los 6 meses de edad, tienen buenas destrezas del habla, de lenguaje y para escuchar.

## ¿Cómo puedo obtener mayor información antes de mi cita con el audiólogo pediatra?

El médico de su bebé puede responder a muchas de las preguntas que usted pueda tener.

Los siguientes sitios Web son también una excelente fuente de información y apoyo, y responde a las preguntas que usted pueda tener:

[www.babyhearing.org](http://www.babyhearing.org)

[www.doh.wa.gov/EarlyHearingLoss](http://www.doh.wa.gov/EarlyHearingLoss)

### Información acerca de la cita para la evaluación auditiva de su bebé:

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Fecha y Hora

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Lugar (Clínica Audiológica)

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Número de teléfono

### Por favor llame si necesita reprogramar la cita.

Para personas discapacitadas, este documento está disponible a su pedido en otros formatos. Para hacer su pedido, llame al 1-800-525-0127 (TDD/TTY llame al 711).

*La información en este folleto es proporcionada por Seattle Children's Hospital y el Departamento de Salud del Estado de Washington.*

## Si se refiere a su bebé para una Evaluación Auditiva



Ningún bebé es demasiado pequeño para una prueba auditiva ...

## ¿Por qué se necesita hacer una nueva prueba auditiva a mi bebé?

Los resultados de la prueba auditiva muestran que su bebé podría estar en riesgo de pérdida auditiva. Sin embargo, se necesitan más pruebas para confirmar si su bebé tiene o no una pérdida auditiva. Alrededor de 3 en 1000 bebés nacen con pérdida auditiva.

## ¿Cuán urgente es que se haga una nueva prueba?

Es importante encontrar los problemas auditivos lo más temprano posible ya que una pérdida auditiva puede evitar que su bebé aprenda a hablar y el lenguaje. Cuanto más pronto se entere usted acerca de la pérdida auditiva, más pronto podrá ayudar a su bebé.



## ¿Qué debo hacer ahora?

Usted debe hacer una cita con un Audiólogo Pediatra (un especialista en audición) para una prueba auditiva tan pronto como sea posible. Cualquiera de los audiólogos en la lista que se le dio puede proporcionar estos servicios. El médico de su bebé puede ayudarle con cualquier referencia que usted necesite para su cita.

Continúe hablando con su bebé como lo haría normalmente. Los bebés responden al lenguaje especial y las expresiones faciales que nosotros reservamos solo para ellos. Mucho contacto visual, tocarlos, darles abrazos y besos ayudan a los bebés a aprender sobre cómo interactuar.



## ¿Qué debo hacer para prepararme para la evaluación auditiva de mi bebé?

Su bebé necesita estar tranquilo y calmado durante la prueba auditiva. Para asegurarse de que su bebé esté descansando durante la cita:

- Trate de que su bebé no tome una siesta antes de la cita.
- Alimente a su bebé inmediatamente antes de la prueba.
- Traiga una manta/frazada, pañales adicionales, una muda de ropa, y leche maternizada (fórmula).
- Intente programar la cita para una hora en que su bebé probablemente duerma.



## ¿Significa esto que mi bebé es sordo?

No necesariamente. Existen algunas razones por las que un bebé podría necesitar pruebas adicionales. Las razones más comunes son:

- Infección o líquido en el oído medio
- Un canal auditivo bloqueado
- Una pérdida auditiva permanente

Si su bebé ha sido referido para pruebas auditivas adicionales, es también importante entender que existen diferentes grados de pérdida auditiva. Una pérdida auditiva puede variar de leve a profunda (sordera).

Los bebés con los grados más severos de pérdida auditiva tendrán dificultad para escuchar el lenguaje e inclusive los ruidos muy altos. Los bebés con los grados más leves de pérdida auditiva responderán a los sonidos más altos. Sin embargo, tendrán dificultad para escuchar los sonidos más suaves del habla.

El Audiólogo Pediatra hará una evaluación auditiva completa para su bebé. Si existe una pérdida auditiva, su Audiólogo trabajará con usted para determinar el grado de la pérdida auditiva de su bebé.



## Что если у моего ребенка потеря слуха?

Если у вашего ребенка действительно потеря слуха, существует множество вещей, которые могут ему помочь. Среди вариантов: слуховые аппараты, улитковые имплантаты, язык жестов и программы раннего вмешательства. Профессионалы и другие родители, столкнувшиеся с теми же проблемами, что и вы, смогут оказать вам поддержку и ответить на возникшие у вас вопросы, когда вы будете принимать решение о том, что лучше подходит для вашей семьи.

Местный координатор семейных ресурсов (Family Resources Coordinator, FRC) поможет вам найти услуги и поддержку. Если вас беспокоит состояние слуха вашего малыша или его развитие, позвоните в Горячую линию семейного здоровья (Family Health Hotline) по телефону 1-800-322-2588.

Чем раньше вы узнаете, что у вашего ребенка потеря слуха, тем раньше вы сможете начать помогать ему учиться слушать и развивать язык.

Исследования показывают, что большинство детей с потерей слуха, в отношении которых раннее вмешательство начали проводить до

## Как мне получить дополнительную информацию до приема у детского аудиолога?

Доктор вашего малыша может ответить на большинство ваших вопросов.

Следующие веб-сайты — еще один замечательный источник информации для получения поддержки и ответов на ваши вопросы:

[www.babyhearing.org](http://www.babyhearing.org)

[www.doh.wa.gov/EarlyHearingLoss](http://www.doh.wa.gov/EarlyHearingLoss)

## Информация о приеме у врача для проверки слуха вашего ребенка:

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Дата и время

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Место (аудиологическая клиника)

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Номер телефона

**Если вам нужно перенести прием, пожалуйста, сообщите об этом по телефону.**

Для лиц с ограниченными возможностями данный документ по запросу может быть предоставлен в других форматах. Чтобы подать запрос, пожалуйста, позвоните по номеру 1-800-525-0127 (линия TDD/TTY 711).

*Информация, содержащаяся в данной брошюре, предоставлена Детской больницей г. Сиэтл (Seattle Children's Hospital) и Департаментом здравоохранения штата Вашингтон (Washington State Department of Health).*

## Если вашего ребенка направили на проверку слуха



**Слух можно проверить даже у самых маленьких...**



## Зачем нужно проводить повторную проверку слуха моего малыша?

Результаты проверки слуха показывают, что для вашего ребенка может существовать риск потери слуха. Однако требуется провести дополнительное тестирование, чтобы убедиться, слышит ваш ребенок или нет. Примерно 3 малыша из 1000 рождаются с потерей слуха.

## Можно ли отложить повторную проверку?

Важно диагностировать проблемы со слухом как можно раньше, так как ребенок, возможно, не сможет научиться говорить, если он не слышит. Чем раньше вы узнаете о потере слуха, тем раньше вы сможете помочь ребенку.



## Что мне нужно сделать?

Вам нужно как можно раньше назначить прием у детского аудиолога (специалиста по слуху) для проверки слуха. Эти услуги может предоставить любой аудиолог из того списка, который вам выдали. Доктор вашего ребенка может помочь вам с любыми направлениями, необходимыми для

Продолжайте говорить с ребенком, как обычно. Дети реагируют на особенную речь и выражения лица, с которыми мы обращаемся только к ним. Частый зрительный контакт, касания, объятия и поцелуи помогают детям учиться общаться



## Как я могу подготовиться к проверке слуха моего ребенка?

Во время проверки ребенок должен вести себя тихо и спокойно. Чтобы малыш не нервничал во время приема:

- постарайтесь не давать ему спать перед приемом;
- покормите ребенка непосредственно перед проверкой;
- принесите с собой одеяло, запасные подгузники, сменную одежду и детскую смесь;
- постарайтесь назначить прием на то



## Означает ли это, что мой ребенок глухой?

Не обязательно. Есть несколько причин, по которым вашему малышу может потребоваться дальнейшая проверка. Вот наиболее распространенные из них:

- жидкость в среднем ухе или инфекция;
- заблокированный наружный слуховой проход;
- постоянная потеря слуха.

Если вашего ребенка направили на дальнейшую проверку, также важно понимать, что существуют разные степени потери слуха. Потеря слуха может быть от умеренной до тяжелой (глухота).

Детям с самыми тяжелыми степенями потери слуха будет сложно слышать речь и даже очень громкие звуки. Дети с более легкими формами будут реагировать на громкие звуки. Но им будет нелегко расслышать мягкие звуки речи.

Детский аудиолог проведет полную проверку слуха вашего ребенка. Если имеется потеря слуха, ваш аудиолог

# Care Plan

For Infants who are Deaf or Hard of Hearing



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- Contact the Family Resources Coordinator (FRC)** for your county to learn about early intervention services. The Early Support for Infants and Toddlers (ESIT) program provides services for infants and toddlers (birth to three years of age) who are deaf or hard of hearing. Your FRC can help you access services such as family training, counseling, and other specialized services to help meet the unique communication needs of your child. To locate the Lead FRC in your county, call the Family Health Hotline at **1-800-322-2588**.

FRC: \_\_\_\_\_ Phone: \_\_\_\_\_

- Contact the Center for Childhood Deafness and Hearing Loss (CDHL)** to learn more about different ways your child can learn language. Someone from CDHL can work with you and your Family Resources Coordinator to help you explore communication options. Contact CDHL at: **1-855-342-1670**.

- Contact family support groups:**
  - o Washington State Guide By Your Side™ - support specifically for families of children who are deaf or hard of hearing: **425-268-7087**
  - o Washington State Parent to Parent: **1-800-821-5927**
  - o Washington State Father's Network: **425-653-4286**

- Get the Resource Notebook for Families of Children who are Deaf or Hard of Hearing.** This notebook includes stories from other parents, tools to help you stay organized, and information about your child's hearing, communication options, and early intervention services. This notebook is a free resource. You can get it from your pediatric audiologist or download it at: **[www.doh.wa.gov/earlyhearingloss](http://www.doh.wa.gov/earlyhearingloss)**

*Now that you have learned your child is deaf or hard of hearing, this care plan can help you understand the next steps.*



# Care Plan Continued



*Your child has an exciting future ahead and being deaf or hard of hearing is just one part of that journey.*



- If you choose amplification for your child, such as hearing aids, talk to your pediatric audiologist to learn about options.** An evaluation by an ear, nose, and throat (ENT) doctor needs to be done before your child can get amplification.

ENT Clinic: \_\_\_\_\_ Date: \_\_\_\_\_

- Continue with regular visits to your pediatric audiologist** to check your child's hearing and amplification if used.

- Continue with regular visits to your child's doctor** for well child exams.

- Consider a genetic consultation.\*** A genetic consultation will determine if your child has any health issues that may be associated with being deaf or hard of hearing and can help you learn if your child's condition may run in your family.

Genetic Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

- Contact other medical specialists\*** (eye, heart, etc.) as needed.

Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

\*You will usually need a referral from your child's doctor to see these specialists.

To learn more, please visit [www.doh.wa.gov/earlyhearingloss](http://www.doh.wa.gov/earlyhearingloss) and [www.babyhearing.org](http://www.babyhearing.org)

## The Early Hearing Detection, Diagnosis & Intervention (EHDDI) Program

Phone: 206-418-5613

Toll free: 1-888-WAEHDDI

Fax: 206-364-0074

E-mail: [ehddi2@doh.wa.gov](mailto:ehddi2@doh.wa.gov)

For persons with disabilities, this document is available on request in other formats.

To submit a request, please call 1-800-525-0127 (TTY/TDD 711).





Providing unbiased, emotional support and resources by trained Parent Guides to families with children with hearing loss.

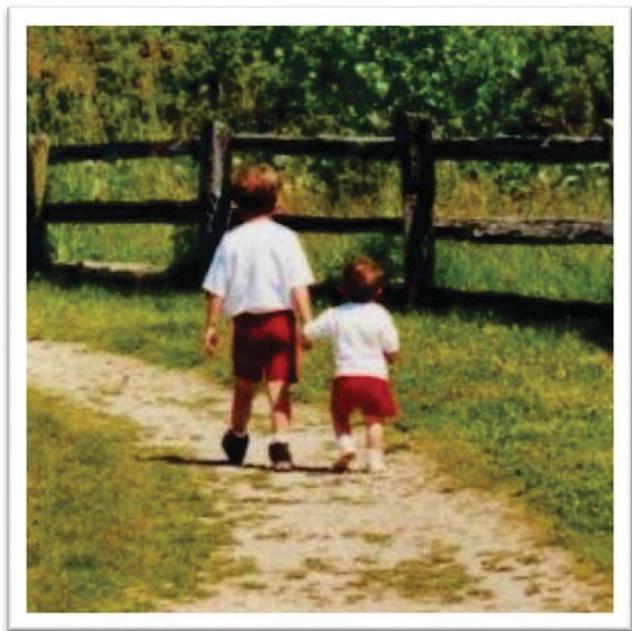
To request services contact  
Christine Griffin  
425.268.7087  
GBYS@wahandsandvoices.org

• • •  
**Guide By Your Side Provides...**

- A compassionate and knowledgeable Parent Guide to listen and share resources.
- Unbiased support.
- Free support to WA State families.

**Why is Parent Support Important?**

- Families learn about all communication options and resources.
- Families learn from knowledgeable Parent Guides who share their family experiences traveling down the same path.
- Families learn information and gain support to navigate challenging systems.



Guide By Your Side is a program of WA State Hands & Voices and is dedicated to supporting families with children who are deaf, deaf-blind or hard of hearing, without a bias towards communication modes. It is a parent-driven, non-profit organization, providing families with resources, networks, and information needed to improve and help to ensure communication and educational outcomes for their children.

GBYS@wahandsandvoices.org  
425.268.7087  
Fax: (360) 715-9970







## GUIDE BY YOUR SIDE™



### **El programa de Guía a su lado ofrece...**

- Guía (madre o padre capacitado) compasiva e informada para escuchar y compartir recursos.
- Apoyo imparcial.
- Apoyo sin costo alguno para familias del Estado de Washington.

### **¿ Por qué es importante el apoyo de otro padra/otra madre?**

- Las familias aprenden sobre todas las opciones comunicativas y recursos.
- Las familias aprenden de otras familias informadas (guías), quienes compartan sus experiencias con situaciones similares.
- Las familias reciben información y apoyo para manejar los sistemas complicados.



Guías (madres y padres capacitados) ofrecen apoyo imparcial y emocional a las familias de niños con pérdida auditiva.

Para pedir servicios,

comuníquese a:

Christine Griffin

425.268.7087

[GBYS@wahandsandvoices.org](mailto:GBYS@wahandsandvoices.org)



Guide By Your Side es un programa de Manos y voces del Estado de Washington y se dedica a apoyar, de manera imparcial con respecto a modos de comunicación, a las familias de niños que son sordos, sordos-ciegos o tienen pérdida auditiva. Es una unión organizada por familias, sin fines de lucro, que ayuda a las familias con recursos, redes sociales e información, que necesitan para mejorar el acceso a la comunicación y para elevar los resultados educativos para sus niños.

[GBYS@wahandsandvoices.org](mailto:GBYS@wahandsandvoices.org)

425.268.7087



HANDS &  
VOICES™

# Statewide Outreach Team

## Includes:

- Audiologist
- Bilingual (ASL/English) Specialist
- Birth-to-5 Specialist
- Certified Educational Interpreter
- Certified Listening & Spoken Language Specialist
- Counselor
- Curriculum & Assessment Specialist
- Deaf and Hard of Hearing Program Administrator
- Multiple Disabilities Specialist
- School Psychologist
- Signing Exact English Specialist
- Speech/Language Pathologist
- Speech-to-Text Transcriber
- Teacher of the Deaf/Literacy Specialist
- Transition (18-21) Specialist

## To Contact the Outreach Team:

Phone: 1.855.342.1670

Email: [outreachteam@cdhl.wa.gov](mailto:outreachteam@cdhl.wa.gov)

Website: [www.cdhl.wa.gov](http://www.cdhl.wa.gov)

A multi-agency effort to provide services to deaf and hard of hearing students from birth to age 21



Center for Childhood Deafness & Hearing Loss (CDHL)



# Washington Statewide Outreach Team

## Linking Children to Services

Serving deaf and hard of hearing students (ages birth-to-21), their families, and school teams



Please contact us to take advantage of our many years of expertise working with deaf and hard of hearing children and their families.

## We are Able to Support Your Team by:

### Offering observation & consultation and/or training to:

- General Education Teachers
- Special Education Teachers
- Educational Interpreters
- Speech/Language Pathologists
- Program Administrators
- Family Resource Coordinators

### Child Specific Services (ages Birth-to-21):

- Classroom Observations & Recommendations
- Resource Recommendations, Curriculum & Materials
- IEP/IFSP/504 Development and Transition Support
- Evaluations: Speech, Academic, Psychological, Language (including ASL), Listening Skills, and Audiological
- Audiology/Technology Support

### Program Specific Services:

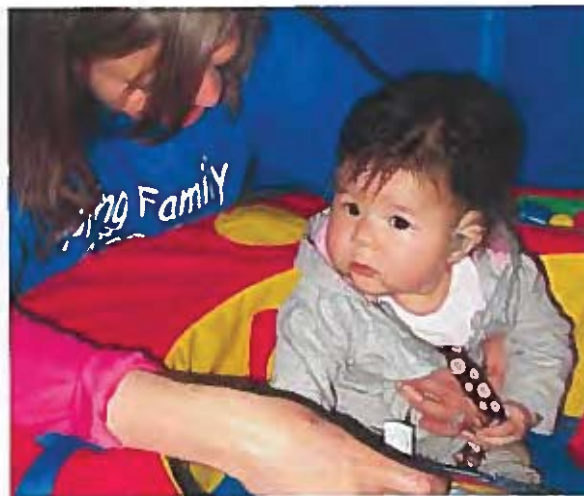
- American Sign Language/English Bilingual Education
- Listening/Spoken Language Education
- Signed Exact English Education

# The Statewide Outreach Team

Through the Statewide Outreach Team we can help you assess the needs of the deaf and hard of hearing students in your district and be a resource in providing appropriate services.

All services are available both on site at your school and/or remotely via video conference. After the initial contact, the outreach team, in collaboration with your district team, will develop a plan to best support your students.

The Washington State Center for Childhood Deafness and Hearing Loss (CDHL) is charged by the legislature to assist school districts in their commitment to provide a free and appropriate education for their deaf and hard of hearing students.



## What We Need From You:

- Identified concerns regarding the child and assistance needed
- Appropriate documentation (parent release, current IEP/IFSP/504 plan, assessments and audiogram)
- Coordination of the visit with the family, educational team, and administrators

## The Statewide Outreach Team Does Not:

- Supplant services
- Function as a member of the IFSP/IEP/504 team
- Monitor programs to report problems
- Make placement recommendations
- Provide advocacy on behalf of parents or schools





# Facility Directories

## Infant Hearing Screening Test Sites in Western Washington

The facilities below are [hospitals](#), [midwives](#), [audiology clinics](#) and a [community organization](#) that conduct outpatient newborn hearing screens. Private insurance and Medicaid often cover newborn hearing screens, however you will want to check with your insurance company and the facility to learn about what the cost may be.

### Hospitals

Facility	City	Age Limit	Phone Number
Island Hospital	Anacortes	6 months	360.588.2085
Cascade Valley Hospital	Arlington	8 weeks	360.618.7754
Auburn Regional Medical Center	Auburn	6 months	253.545.2895
Overlake Hospital Medical Center-Women's Clinic	Bellevue	6 months	425.688.5389
St. Joseph Hospital	Bellingham	5 months	360.788.6909
Highline Community Hospital	Burien	6 months	253.403.2092
*Providence Centralia Hospital	Centralia	2 months	360.736.2803
*Whidbey General Hospital	Coupeville	3 months	360.678.7656 ext 2118
Swedish Medical Center	Edmonds	6 months	206.718.5925
*St. Elizabeth Hospital	Enumclaw	1 month	360.802.8530
*Providence Regional Medical Center	Everett	6 months	425.304.6052
St. Francis Hospital	Federal Way	6 months	253.403.2092
*Forks Community Hospital	Forks	No age limit	360.374.6271 ext 158
Swedish Medical Center	Issaquah	6 months	425.313.5420
*Evergreen Health Medical Center	Kirkland	6 months	425.899.3556
Valley General Hospital	Monroe	6 months	360.794.1447 ext 2168
Skagit Valley Hospital	Mount Vernon	4 months	360.428.2283
Naval Hospital Oak Harbor <i>(Tricare only)</i>	Oak Harbor	Call to verify	360.257.9777
Capital Medical Center	Olympia	2 months	360.754.2229
Providence St. Peter Hospital	Olympia	6 months	360.493.7015
Olympic Medical Center	Port Angeles	3 months	360.417.7400
Jefferson Health Care	Port Townsend	6 months	360.385.2200 ext 3600
Good Samaritan Hospital	Puyallup	6 months	425.228.3440 ext 3890
Valley Medical Center	Renton	6 months	425.228.3440 ext 3890
Northwest Hospital	Seattle	3 months	206.718.5925
Swedish Medical Center-Ballard	Seattle	6 months	206.386.3387
Swedish Medical Center-First Hill	Seattle	6 months	206.386.3387
Harrison Memorial Hospital	Silverdale	6 months	360.337.8904
St. Joseph Medical Center	Tacoma	6 months	253.403.2092
Tacoma General Hospital	Tacoma	6 months	253.403.2096
*Legacy Salmon Creek Hospital	Vancouver	1 month	360.487.4000

\*Screening available for former in-patients only

## Midwives

Facility	City	Age Limit	Phone Number
The Special Delivery Company	Arlington	Call to verify	425.339.3737
Birthroots Midwives & Birth Center	Bellingham	Call to verify	360.734.2182
Tranquil Healing Center	Belfair	Call to verify	360.552.2525
Gentle Hands Midwifery	Bellingham	6 months	360.752.2229
Haven Midwifery	Bellingham	Call to verify	360.733.2904
Moonbelly Midwifery	Bellingham	3 months	360.510.0188
Maven Midwife	Buckley	Call to verify	503.551.5605
Birth Passion Midwifery	Eatonville	Call to verify	253.370.6987
Ann Olsen	Enumclaw	Call to verify	360.825.5720
Foothills Midwifery	Enumclaw	Call to verify	206.227.2211
Cascade Midwives & Birth Center	Everett	6 months	425.317.0157
London Health Center	Ferndale	Call to verify	360.384.2900
Gig Harbor Midwifery	Gig Harbor	Call to verify	253.632.6556
Greenbank Birth Center	Greenbank	Call to verify	360.678.3594
Birth & Family Midwifery	Kelso	Call to verify	360.353.3822
Puget Sound Birth Center	Kirkland	Call to verify	425.823.1919
Sprout Birth Center & Natural Health	Mountlake Terrace	Call to verify	425.678.9070
Mount Vernon Birth Center	Mount Vernon	Call to verify	360.336.9997
Around the Circle Midwifery	Olympia	6 months	360.459.7222
New Day Midwifery	Olympia	Call to verify	360.701.1418
Peninsula Midwives	Port Townsend	Call to verify	360.385.6667
Natural Beginnings Midwifery	Puyallup	Call to verify	253.200.1499
Salmonberry Birth Center	Poulsbo	Call to verify	360.779.0004
Puget Sound Birth Center	Renton	Call to verify	425.207.8769
Center for Birth	Seattle	Call to verify	206.407.3397
Ground Floor Health	Seattle	6 months	206.624.6627
In Tandem Midwifery	Seattle	Call to verify	425.243.7848
Journey Midwife Services	Seattle	6 months	206.659.5645
Roots Naturopathic Medicine	Seattle	6 months	206.972.2271
Seattle Naturopathy & Acupuncture Center	Seattle	6 months	206.328.7929
Snohomish Midwives	Snohomish	Call to verify	877.869.6105
Firstlight Midwifery	Tacoma	Call to verify	253.973.9926
The Birthing Inn	Tacoma	Call to verify	253.761.8939
Vashon Island Midwifery	Vashon Island	Call to verify	206.227.1453

## Audiology Clinics

Facility	City	Age Limit	Phone Number
West Coast Hearing Clinic	Aberdeen	No age limit	360.533.0633
Cascade Ear Nose & Throat	Anacortes	No age limit	360.588.8985
Cascade Ear Nose & Throat	Arlington	No age limit	360.435.6300
Evergreen Speech & Hearing Clinic, Inc.	Bellevue	No age limit	425.454.1883
Seattle Children's Bellevue Clinic and Surgery Center	Bellevue	No age limit	206.987.5173 option 1
The Hear Center-Kaiser Permanente ( <i>members only</i> )	Bellevue	No age limit	425.502.3490
Western Washington University Speech & Hearing Clinic	Bellingham	No age limit	360.650.3881
Naval Hospital Bremerton Audiology ( <i>Tricare only</i> )	Bremerton	No age limit	360.475.4000

<b>Facility</b>	<b>City</b>	<b>Age Limit</b>	<b>Phone Number</b>
<b>South Seattle Otolaryngology</b>	Burien	No age limit	206.242.3696
<b>Hearing Health Services</b>	Coupeville	No age limit	360.678.1423
<b>Seattle Children's North Clinic</b>	Everett	No age limit	206.987.5173
<b>The Everett Clinic</b>	Everett	No age limit	425.339.5441
<b>The Hear Center-Kaiser Permanente (members only)</b>	Everett	No age limit	425.261.1931
<b>Western Washington Medical Group</b>	Everett	No age limit	425.791.3093
<b>Listen for Life Center-Virginia Mason</b>	Federal Way	No age limit	253.874.1750
<b>Harbor Audiology &amp; Hearing Services, Inc.</b>	Gig Harbor	No age limit	253.203.6641
<b>Eastside Audiology &amp; Hearing Services, PS</b>	Issaquah	No age limit	425.391.3343
<b>Listen for Life Center-Virginia Mason</b>	Issaquah	No age limit	425.557.8040
<b>Swedish Otolaryngology/Audiology</b>	Issaquah	No age limit	425.313.7089
<b>Evergreen Speech &amp; Hearing Clinic, Inc.</b>	Kirkland	No age limit	425.899.5050
<b>Hearing Specialty Center</b>	Kirkland	No age limit	425.821.6600
<b>The Everett Clinic</b>	Marysville	No age limit	360.454.1941
<b>Hearing &amp; Balance Lab</b>	Mill Creek	No age limit	425.225.2626
<b>Cascade Ear Nose &amp; Throat</b>	Mount Vernon	No age limit	360.336.2178
<b>My Hearing Centers</b>	Oak Harbor	No age limit	360.279.1229
<b>Ascent Audiology and Hearing</b>	Olympia	No age limit	360.704.7900
<b>Ear, Nose &amp; Throat Associates Southwest</b>	Olympia	No Age limit	360.357.6314
<b>The Hear Center-Kaiser Permanente (members only)</b>	Olympia	No age limit	360.923.7420
<b>Nilsson Audiology</b>	Port Orchard	No age limit	360.362.1404
<b>Evergreen Speech &amp; Hearing Clinic, Inc.</b>	Redmond	No age limit	425.882.4347
<b>Hearing Speech &amp; Deaf Center</b>	Seattle	No age limit	206.323.5770
<b>Listen for Life Center-Virginia Mason</b>	Seattle	No age limit	206.223.8802
<b>Minor &amp; James Medical Audiology</b>	Seattle	No age limit	206.622.9916
<b>Seattle Children's Hospital</b>	Seattle	No age limit	206.987.5173 option 1
<b>Seattle Hearing &amp; Balance</b>	Seattle	No age limit	206.320.5687
<b>Swedish Neuroscience Institute-Center for Hearing and Skull Base Surgery</b>	Seattle	No age limit	206.320.8242
<b>Swedish Otolaryngology/Audiology</b>	Seattle	No age limit	206.215.1770
<b>The Hear Center-Kaiser Permanente (members only)</b>	Seattle	No age limit	206.326.3350
<b>The Polyclinic</b>	Seattle	No age limit	206.860.4642
<b>UW Pediatric Audiology Clinic</b>	Seattle	No age limit	206.598.9347
<b>Link Audiology</b>	Silverdale	No age limit	360.551.4800
<b>The Doctor's Clinic-Salmon Medical Center</b>	Silverdale	No age limit	360.782.3897
<b>The Everett Clinic</b>	Smokey Point	No age limit	360.454.1941
<b>Madigan Army Medical Center-Audiology (Tricare only)</b>	Tacoma	No age limit	253.968.0927
<b>Mary Bridge Children's Hospital</b>	Tacoma	No age limit	253.697.5200
<b>The Hear Center-Kaiser Permanente (members only)</b>	Tacoma	No age limit	253.396.4250
<b>PeaceHealth Medical Group ENT</b>	Vancouver	No age limit	360.256.4425
<b>The Vancouver Clinic-Columbia Tech Center</b>	Vancouver	No age limit	360.882.2778
<b>The Vancouver Clinic-Salmon Creek</b>	Vancouver	No age limit	360.882.2778
<b>Out-Of-State</b>			
<b>Kaiser Permanente Central Interstate Clinic-Audiology (members only)</b>	Portland, OR	No age limit	503.331.6052
<b>Doernbecher Audiology Clinic</b>	Portland, OR	No age limit	503.418.2116

Facility	City	Age Limit	Phone Number
Legacy Audiology Services	Portland, OR	No age limit	503.413.4327
Providence Children's Development Institute-East	Portland, OR	No age limit	503.215.2278
Providence Children's Development Institute-West	Portland, OR	No age limit	503.215.2278

### Community Organization

Facility	City	Age Limit	Phone Number
Toddler Learning Center (serves all of Whidbey Island)	Oak Harbor	36 months	360.679.1039

**Washington State EHDDI Program**

**Phone:** 206-418-5613  
**Toll Free:** 1-888-WAEHDDI (1-888-923-4334)  
**Fax:** 206-364-0074  
**Email:** [ehddi2@doh.wa.gov](mailto:ehddi2@doh.wa.gov)  
**Website:** [www.doh.wa.gov/earlyhearingloss](http://www.doh.wa.gov/earlyhearingloss)



DOH 334-039 Sept 2018

Please note that this list may not include all infant hearing screening sites in Washington. This list is provided for convenience only. The Washington State Department of Health does not endorse the professionals on this list and cannot make any guarantees regarding quality of care.

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## Infant Hearing Screening Test Sites in Central & Eastern Washington

The facilities below are [hospitals](#), [midwives](#), and [audiology clinics](#) that conduct outpatient newborn hearing screens. Private insurance and Medicaid often cover newborn hearing screens, however you will want to check with your insurance company and the facility to learn about what the cost may be.

### Hospitals

Facility	City	Age Limit	Phone Number
*Three Rivers Hospital	Brewster	No age limit	509.689.2517
*Lake Chelan Community Hospital	Chelan	2 months	509.682.3300 ext 6125
Whitman Hospital & Medical Center	Colfax	4 months	509.397.3435 ext 327
Providence Mount Carmel Hospital	Colville	4 months	509.685.5100
Kittitas Valley Healthcare	Ellensburg	6 months	509.962.7328
Coulee Medical Center	Grand Coulee	No age limit	509.633.1753
*Trios Health	Kennewick	5 months	509.586.5805
Samaritan Hospital	Moses Lake	3 months	509.793.9750
Newport Hospital and Health Services	Newport	3 months	509.447.6398
*Mid Valley Hospital	Omak	2 months	509.826.7667
*Othello Community Hospital	Othello	2 months	509.488.2636
Prosser Memorial Hospital	Prosser	No age limit	509.786.6633
*Pullman Regional Hospital	Pullman	1 month	509.336.7401
Kadlec Medical Center	Richland	3 months	509.942.2689
Deaconess Medical Center	Spokane	6 months	509.473.3468
Providence Holy Family Hospital	Spokane	6 months	509.474.4293
Providence Sacred Heart Medical Center	Spokane	6 months	509.474.4293
Valley Hospital & Medical Center	Spokane	6 months	509.473.3468
Sunnyside Community Hospital	Sunnyside	3 months	509.837.1536
North Valley Hospital	Tonasket	6 months	509.486.2151
*Toppenish Community Hospital	Toppenish	2 months	509.865.1506
Walla Walla General Hospital	Walla Walla	2 months	509.525.0480 ext 1070
Virginia Mason Memorial	Yakima	6 months	509.575.8107

\*Screening available for former in-patients only

### Midwives

Facility	City	Age Limit	Phone Number
Traditional Beginnings Midwifery	Chewelah	Call to verify	509.722.3263
Sky Valley Midwifery	Ellensburg	Call to verify	360.775.6774
Birthwise Midwifery care	Kennewick	Call to verify	509.496.9330
Sunrise Midwifery	Prosser	Call to verify	509.780.3330
Rolling Hills Midwifery	Pullman	Call to verify	509.338.5326
Spokane Midwives	Spokane	6 weeks	509.326.4366
Wenatchee Midwife Services	Wenatchee	Call to verify	509.663.2770
Natural Care Midwifery	West Richland	Call to verify	509.308.3711



## Audiology Clinics

Facility	City	Age Limit	Phone Number
Northwest Hearing Center	Ellensburg	No age limit	509.962.9575
Columbia Basin Hearing & Balance Center	Kennewick	No age limit	509.736.4005
Hearing Healthcare	Kennewick	No age limit	509.735.7461
Confluence Health Audiology Clinic	Moses Lake	No age limit	509.663.8711
Horan & Fevold Hearing Clinic	Moses Lake	No age limit	509.764.8642
Confluence Health Audiology Clinic	Omak	No age limit	509.826.1800
Palouse ENT and Audiology	Pullman	No age limit	509.332.8843
Kadlec Audiology	Richland	No age limit	509.942.3178
Rockwood Audiology Center	Spokane	No age limit	509.342.3350
Spokane Audiology Inc.	Spokane	No age limit	509.835.5111
Spokane Ear, Nose & Throat	Spokane	No age limit	509.624.2326
Spokane Valley Ear, Nose, Throat & Facial Plastics	Spokane	No age limit	509.928.7272
University Hearing & Speech Clinic	Spokane	No age limit	509.828.1323
Walla Walla Audiology Clinic	Walla Walla	No age limit	509.525.3720
Confluence Health Wenatchee Valley Hospital & Clinics-Audiology	Wenatchee	No age limit	509.663.8711
Eye & Ear Clinic of Wenatchee	Wenatchee	No age limit	509.662.7143
Horan & Fevold Hearing Clinic	Wenatchee	No age limit	509.665.3100
Hearing Connection	Yakima	No age limit	509.453.8600
Astria Hearing & Speech Center	Yakima	No age limit	509.453.8248
Out-Of-State			
Valley Facial Plastics & ENT	Lewiston, ID	No age limit	208.746.0193

### Washington State EHDDI Program

Phone: 206-418-5613

Toll Free: 1-888-WAEHDDI (1-888-923-4334)

Fax: 206-364-0074

Email: ehddi2@doh.wa.gov

Website: [www.doh.wa.gov/earlyhearingloss](http://www.doh.wa.gov/earlyhearingloss)

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# Diagnostic Audiology Clinics for Infants

If your child has NOT passed more than one hearing screen, it is highly recommended that he or she receive a complete diagnostic test at a clinic below.

- [S] Clinics that can provide sedation or general anesthesia (contact clinic for details)
- [HA] Clinics that can provide hearing aid services for age 0–6 months
- [F] Clinics that offer options for financial assistance

## Western Washington

Ascent Audiology & Hearing [HA/F]  
**Olympia**, WA 98502  
Phone: 360-704-7900  
Fax: 360-704-7909

Ballard Speech & Hearing [HA/F]  
**Seattle**, WA 98107  
Phone: 206-789-7029  
Fax: 206-789-5485

Evergreen Speech & Hearing  
Clinic, Inc. [S/HA]  
**Bellevue**, WA 98004  
Phone: 425-454-1883  
Fax: 425-454-2036  
**Kirkland**, WA 98034  
Phone: 425-899-5050  
Fax: 425-899-5054  
**Redmond**, WA 98052  
Phone: 425-882-4347  
Fax: 425-883-0043

Hearing & Balance Lab [F]  
**Mill Creek**, WA 98012  
Phone: 425-225-2626  
Fax: 425-225-2634

Link Audiology [HA]  
**Silverdale**, WA 98383  
Phone: 360-551-4800  
Fax: 360-551-4801

Listen for Life Center-Virginia  
Mason  
**Federal Way**, WA 98003 [HA/F]  
Phone: 253-874-1750  
Fax: 253-874-1752  
**Seattle**, WA 98101 [S/HA/F]  
Phone: 206-223-8802  
Fax: 206-223-2388

Madigan Army Medical Center  
Audiology [S]  
**Tacoma**, WA 98431  
Phone: 253-968-0927  
Fax: 253-968-5927  
*(Tricare beneficiaries only)*

Mary Bridge Speech & Hearing Ser-  
vices–Mary Bridge Children’s Hospi-  
tal [S/HA/F]  
**Tacoma**, WA 98403  
Phone: 253-697-5200  
Fax: 253-697-5248

The Polyclinic [HA]  
**Seattle**, WA 98104  
Phone: 206-860-4642  
Fax: 206-357-5041

Seattle Children’s Hospital  
Audiology [S/HA/F]  
**Bellevue**, WA 98004  
Phone: 206-987-5173  
Fax: 206-884-9370  
**Everett**, WA 98201  
Phone: 206-987-5173  
Fax: 425-783-6338  
**Seattle**, WA 98105  
Phone: 206-987-5173  
Fax: 206-987-3599

Swedish Neuroscience  
Institute-Center for Hearing and  
Skull Base Surgery [S/HA/F]  
**Seattle**, WA 98122  
Phone: 206-215-4327  
Fax: 206-320-8149

Swedish Otolaryngology-Audiology  
[S/HA/F]  
**Issaquah**, WA 98029  
Phone: 425-313-7089  
Fax: 425-313-7184  
**Seattle**, WA 98122  
Phone: 206-215-1770  
Fax: 206-215-1771

UW Pediatric Audiology Clinic Center  
for Human Development & Disability  
(CHDD) [HA/F]  
**Seattle**, WA 98105  
Phone: 206-598-9347  
Fax: 206-598-7815

The Vancouver Clinic–  
Columbia Tech Center [HA]  
**Vancouver**, WA 98684  
Phone: 360-882-2778  
Fax: 360-604-1784

Western Washington  
University Speech & Hearing Clinic [F]  
**Bellingham**, WA 98225  
Phone: 360-650-3881  
Fax: 360-650-4334

## Central & Eastern Washington

Astria Hearing & Speech Center **[HA]**  
**Yakima**, WA 98902  
Phone: 509-453-8248  
Fax: 509-248-9012

Hearing Healthcare Associates **[HA]**  
**Kennewick**, WA 99336  
Phone: 509-735-7461  
Fax: 509-783-8167

Spokane Audiology Inc. **[HA/F]**  
**Spokane**, WA 99204  
Phone: 509-835-5111  
Fax: 509-835-5222

Confluence Health **[F]**  
**Moses Lake**, WA 98837  
Phone: 509-663-8711  
Fax: 509-764-6428  
**Omak**, WA 98841  
Phone: 509-826-1800  
Fax: 509-826-7913  
**Wenatchee**, WA 98801  
Phone: 509-663-8711  
Fax: 509-664-4809

Palouse ENT and Audiology **[HA]**  
**Pullman**, WA 99163  
Phone: 509-332-8843  
Fax: 509-332-8793

Spokane Ear, Nose & Throat Clinic **[S/HA]**  
**Spokane**, WA 99201  
Phone: 509-624-2326  
Fax: 509-789-5705

Kadlec Audiology  
**Richland**, WA 99352  
Phone: 509-942-3178  
Fax: 509-627-6330

Walla Walla Clinic  
**Walla Walla**, WA 99362  
Phone: 509-525-3720  
Fax: 509-524-1813

## Oregon

Central Interstate Clinic **[S]**  
**Portland**, OR 97227  
Phone: 503-331-6052  
Fax: 503-331-6051  
*(Kaiser Permanente insurance only)*

Legacy Audiology Service **[S/F]**  
**Portland**, OR 97227  
Phone: 503-413-4327  
Fax: 503-413-3959

Providence Children's Development  
Institute-West **[S/HA]**  
**Portland**, OR 97225  
Phone: 503-215-2278  
Fax: 503-215-2456

Doernbecher Audiology Clinic at  
OHSU **[S/HA/F]**  
**Portland**, OR 97239  
Phone: 503-346-0640  
Fax: 503-346-0645

Providence Children's Development  
Institute-East **[HA]**  
**Portland**, OR 97213  
Phone: 503-215-2278

**For questions regarding this guide, please contact:**

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Toll Free: 1-888-WAEHDDI (1-888-923-4334)  
Fax: 206-364-0074  
Email: [ehddi2@doh.wa.gov](mailto:ehddi2@doh.wa.gov)  
Website: [www.doh.wa.gov/earlyhearingloss](http://www.doh.wa.gov/earlyhearingloss)

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## **New easy-to-use online directory of audiology services**

The EHDI-Pediatric Audiology Links to Services (PALS) is a web-based directory and search engine designed to help parents, hospital personnel, and referring physicians find the nearest clinic that can provide the type of hearing service each child needs:

<http://ehdipals.org/Default.aspx>.

Facilities listed in EHDI–PALS must have the appropriate equipment and audiology services to evaluate and treat children who are less than 5 years of age. Additionally, these services must be provided by licensed audiologists. The directory was developed by a non-profit group of government, professional and service organizations and is not connected to any marketing effort by the facilities listed.

Clicking “Find a Facility” on the homepage takes visitors to a few simple questions that help pinpoint their location and need. Then the program generates a list of the nearest audiology facilities that match the request. Each listing comes with clinic information, including:

- audiology (hearing & balance testing) services
- type of language interpretation available
- payment options
- appointment availability



The site also suggests questions for parents to ask when making the appointment, contact information to reach state early hearing programs, and links to national and state parent support organizations and other resources.

**Please let your colleagues, clients and families know about this great new resource.**



# Reporting Results to the EHDDI Program



# Hearing Loss Type and Reporting Guidelines

Please always report the following to the EHDDI program:

- Initial or repeat newborn hearing screens.
- Diagnostic result for patients under three years of age who are identified with permanent hearing loss.
- Diagnostic results for patients under three years of age who passed newborn hearing screening but have a risk factor for late-onset or progressive hearing loss.
- Diagnostic results for patients who did not pass newborn hearing screening, regardless of the results of your evaluation (hearing loss, no hearing loss, inconclusive).
- Diagnostic results for returning patients who have not had a conclusive (Final) evaluation after not passing newborn hearing screening.

## Not Final Reports

The following types of hearing loss will be considered undetermined. These patients will need follow-up testing to determine if their hearing loss is temporary or permanent and/or type of hearing loss. Please indicate a return appointment date and continue to report all test results until a final diagnosis is made.

- ❖ **Conductive Undetermined**- A conductive hearing loss for which you cannot determine whether it is temporary or permanent.
- ❖ **Unspecified**- Hearing loss for which you cannot determine whether it is conductive, mixed, sensorineural or neural.

## Final Reports

The following types of hearing loss will be considered final reports because you have identified or ruled out permanent hearing loss. After submitting a final report, you do not need to send future test results to the EHDDI program unless the patient's hearing status changes.

- ❖ **Conductive Fluctuating**- A temporary conductive hearing loss that varies, such as conductive hearing loss caused by otitis media with effusion. The hearing loss is not permanent and not likely to be congenital, so the EHDDI program will label these patients as not having hearing loss. Although these patients will need follow-up testing

to make sure their hearing loss resolves, there is no need to keep reporting results to the EHDDI program unless permanent hearing loss is identified in the future.

- ❖ **Conductive Permanent**- A stable conductive hearing loss that will not change without surgical intervention. Examples include conductive hearing loss due to aural atresia or ossicular chain abnormalities.
- ❖ **Mixed**- Hearing loss that has both a conductive and sensorineural component.
- ❖ **Neural**- Hearing loss due to dysfunction of the auditory nerve, this includes auditory neuropathy spectrum disorder (ANSO).
- ❖ **Sensorineural**- Hearing loss due to a dysfunction of the inner ear.

DO NOT USE THIS AREA

NEWBORN SCREENING (EHDDI)  
WASHINGTON STATE DEPT. OF HEALTH  
P.O. BOX 55729 (1610 NE 150th St)  
SHORELINE, WA 98155-0729  
PH (206) 418-5410 Toll Free: 1-866-660-9050



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MOTHER'S INFORMATION		CHILD'S INFORMATION	
LAST NAME _____ FIRST NAME _____		Birth: Mo Day Yr _____ / _____ / _____	Name: First Last _____
OPTIONAL NOTES		Medical Record #: _____	
		Sex: M <input type="checkbox"/> F <input type="checkbox"/> Twin: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> <input type="checkbox"/>	
HEARING SCREENING			
Date of Screen: _____	Outpatient Provider: _____	Facility of Screen: _____	
Refused <input type="checkbox"/>	Left Ear	Right Ear	Screener Initials: _____
<u>Test Method</u> <input type="checkbox"/> TEOAE <input type="checkbox"/> ABR <input type="checkbox"/> DPOAE	Pass <input type="checkbox"/> Refer <input type="checkbox"/>	Pass <input type="checkbox"/> Refer <input type="checkbox"/>	<u>Risk Factors (See Back)</u> 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0—No Risk Factors

PLACE INITIAL EHDDI ID # → \_\_\_\_\_

### COMPLETION & SHIPPING OF HEARING RE-SCREEN FORM

1. Complete all sections of the card. Print using dark ink.
2. The perforated strip on the side of the card can be removed and placed in the infant's chart.
3. Submit the completed hearing re-screen card to the Newborn Screening Program (ATTN: EHDDI) at the address on the top of the card.

### RISK FACTORS FOR HEARING LOSS

Listed below (1-5) are the risk factors associated with late-onset hearing loss that are outlined in the 2007 Joint Committee on Infant Hearing Position Statement.

- If the infant meets one or more of these risk factors, check the corresponding box(es) on the front of the card.
  - If the infant has none of the following risk factors, check "0 - No Risk Factors."
  - If unknown, leave the boxes blank.
1. Infants requiring neonatal intensive care for greater than 5 days, including any of the following: ECMO, assisted ventilation, exposure to ototoxic medications (gentamycin and tobramycin) or loop diuretics (furosemide/lasix). In addition, regardless of length of stay: hyperbilirubinemia requiring exchange transfusion.
  2. Stigmata or other findings associated with a syndrome known to include a sensorineural and/or conductive hearing loss.
  3. Family history of permanent sensorineural hearing loss starting in childhood.
  4. Craniofacial anomalies, including those with morphological abnormalities of the pinna and ear canal.
  5. In-utero infections with cytomegalovirus, herpes, toxoplasmosis, rubella, or syphilis.

## How to Complete Blue EHDDI Rescreen Cards

The Early Hearing Detection, Diagnosis, and Intervention (EHDDI) Program was established to make sure infants receive hearing screens and appropriate follow-up services. It is important that all hearing screening results are reported to the EHDDI program so infants can receive accurate and timely follow-up.

### Use a blue rescreen cards:

- For hearing rescreens, or
- If a pink card is not available at the time of the initial screen.

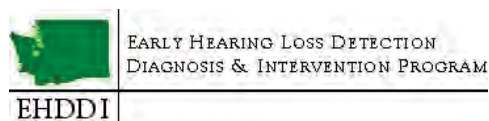
### Completing blue cards:

1. **Transfer the patient's EHDDI ID number** (found in the lower right corner of the pink card) to the space provided on the blue card. If this number is not available, please leave the space blank.
2. **Complete the Mother's and Child's Information sections.** Please write in this information, do not use a label.
3. **Complete the Hearing Screening section of the blue card** after you perform the hearing screen:
  - a. Fill in the Date of Screen.
  - b. Fill in the clinic ID number or clinic name in the Follow-up Clinic section. You may also list the provider's name if the clinic name is unknown. Please do not place the Hospitalist's or Neonatologist's name in this section.
  - c. Print your initials in the Screener Initials box.
  - d. Select the Test Method used, please check one box only.
  - e. Indicate the results of the screen by checking either pass or refer. You should test both ears when doing a rescreen.
  - f. If the infant has a risk factor for late-onset hearing loss, select the appropriate box in the Risk Factors section. A list of risk factors is listed on the back of the pink card. If no risk factors are present, check the 0-No Risk Factors box. If you are unsure about the infants' risk factor status, please leave the risk factor boxes blank.
4. **Every week, mail completed hearing screening cards to:**

EHDDI Program  
Washington State Department of Health  
1610 NE 150<sup>th</sup> Street  
Shoreline, WA 98155-0729

When you run out of hearing screening cards, order more cards online at [www.doh.wa.gov](http://www.doh.wa.gov) (search 'Order NBS Supplies').

For questions or concerns, please contact the EHDDI Program at (206) 418-5613 or by email at [EHDDI2@doh.wa.gov](mailto:EHDDI2@doh.wa.gov). For additional information, please visit our website at [www.doh.wa.gov/EarlyHearingLoss](http://www.doh.wa.gov/EarlyHearingLoss).



For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).





# Newborn Screening Supply Order Form

Phone: 206-418-5410 / 1-866-660-9050 / Fax: 206-418-5415

(FAX form or SUBMIT by e-mail)

## SUBMITTER INFORMATION (\* = Required)

\*Contact Name:

\*Contact Phone:

Contact Email:

## DELIVERY INFORMATION (\* = Required)

\*Hospital, Clinic, or Provider Name:

Hospital, Clinic, or Provider ID #:  (Example: H0001, C1245, M0123)

Attention To:  (Specific Floor, Department, Mailstop, and/or Person)

\*Address 1:  (Please note: UPS will not ship to a PO Box.)

Address 2:  \*City:

\*State:  \*Zip Code:  Purchase Order #:

## ORDER INFORMATION

Please indicate the number of each of the following you would like to receive. We will ship up to a three-month supply of newborn screening kits to your facility. (KITS include: specimen collection card, envelope, and English pamphlet)



NBS Collection Kits:



Kits w/Pink hearing insert:



Blue Hearing Re-screen cards:

## ADDITIONAL SUPPLIES

### FOR OFFICE USE ONLY

Date Received \_\_\_\_\_

Date Shipped \_\_\_\_\_

Invoice \_\_\_\_\_

Barcodes \_\_\_\_\_ to \_\_\_\_\_

### Newborn Screening Tests & Your Baby



Additional Pamphlets:

ENGLISH  SPANISH

(All other languages available online ONLY!)

## EHDDI Program Hearing Evaluation Form

<b>PATIENT NAME:</b>	<b>DOB:</b>
<b>MOTHER'S NAME:</b>	

**Please enter details regarding the above patient's diagnosis and testing and fax completed form to:  
Department of Health at (206) 364-0074.**

**Evaluation Date:** \_\_\_\_\_ **Tester:** \_\_\_\_\_

**Diagnostic Facility:** \_\_\_\_\_

PHYSIOLOGIC TEST	RIGHT EAR	LEFT EAR
<b>Tympanometry Result</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Could Not Test	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Could Not Test
<input type="checkbox"/> DPOAE <input type="checkbox"/> TEOAE	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Could Not Test	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Could Not Test
<input type="checkbox"/> ABR	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Could Not Test	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Could Not Test

BEHAVIORAL TEST	RIGHT EAR	LEFT EAR
<b>Behavioral Result</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Undetermined	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Undetermined

HEARING LOSS	RIGHT EAR	LEFT EAR
<b>Diagnosed Hearing Loss</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
<b>Degree of Hearing Loss</b>	<input type="checkbox"/> Slight (16-25 dB) <input type="checkbox"/> Mild (26-40 dB) <input type="checkbox"/> Moderate (41-55 dB) <input type="checkbox"/> Moderate-Severe (56-70 dB) <input type="checkbox"/> Severe (71-90 dB) <input type="checkbox"/> Profound (> 90 dB)	<input type="checkbox"/> Slight (16-25 dB) <input type="checkbox"/> Mild (26-40 dB) <input type="checkbox"/> Moderate (41-55 dB) <input type="checkbox"/> Moderate-Severe (56-70 dB) <input type="checkbox"/> Severe (71-90 dB) <input type="checkbox"/> Profound (> 90 dB)
<b>Type of Hearing Loss</b>	<input type="checkbox"/> Conductive - fluctuating <input type="checkbox"/> Conductive - permanent <input type="checkbox"/> Conductive - undetermined <input type="checkbox"/> Mixed <input type="checkbox"/> Neural <input type="checkbox"/> Sensorineural <input type="checkbox"/> Unspecified	<input type="checkbox"/> Conductive - fluctuating <input type="checkbox"/> Conductive - permanent <input type="checkbox"/> Conductive - undetermined <input type="checkbox"/> Mixed <input type="checkbox"/> Neural <input type="checkbox"/> Sensorineural <input type="checkbox"/> Unspecified

**Return Appointment Pending:**    No       Yes      Date: \_\_\_\_\_

**Patient Was Referred To:**

- |   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Family Resources Coordinator (FRC) | <input type="checkbox"/> Audiologist | <input type="checkbox"/> Neurologist |
| <input type="checkbox"/> Early Intervention                 | <input type="checkbox"/> ENT         | <input type="checkbox"/> Genetics    |

**Risk Factor Information or Additional Comments and Recommendations:** \_\_\_\_\_

# HIPAA Privacy Rule and Public Health

## Guidance from CDC and the U.S. Department of Health and Human Services\*

### Summary

New national health information privacy standards have been issued by the U.S. Department of Health and Human Services (DHHS), pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The new regulations provide protection for the privacy of certain individually identifiable health data, referred to as protected health information (PHI). Balancing the protection of individual health information with the need to protect public health, the Privacy Rule expressly permits disclosures without individual authorization to public health authorities authorized by law to collect or receive the information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to public health surveillance, investigation, and intervention. Public health practice often requires the acquisition, use, and exchange of PHI to perform public health activities (e.g., public health surveillance, program evaluation, terrorism preparedness, outbreak investigations, direct health services, and public health research). Such information enables public health authorities to implement mandated activities (e.g., identifying, monitoring, and responding to death, disease, and disability among populations) and accomplish public health objectives. Public health authorities have a long history of respecting the confidentiality of PHI, and the majority of states as well as the federal government have laws that govern the use of, and serve to protect, identifiable information collected by public health authorities. The purpose of this report is to help public health agencies and others understand and interpret their responsibilities under the Privacy Rule. Elsewhere, comprehensive DHHS guidance is located at the HIPAA website of the Office for Civil Rights (<http://www.hhs.gov/ocr/hipaa/>).

### BOX 1. Protected health information (PHI) disclosures by covered entities for public health activities requiring no authorization under the Privacy Rule

Without individual authorization, a covered entity may disclose PHI to a public health authority\* that is legally authorized to collect or receive the information for the purposes of preventing or controlling disease, injury, or disability including, but not limited to

- reporting of disease, injury, and vital events (e.g., birth or death); and
- conducting public health surveillance, investigations, and interventions.

PHI may also be disclosed without individual authorization to

- report child abuse or neglect to a public health or other government authority legally authorized to receive such reports;
- a person subject to jurisdiction of the Food and Drug Administration (FDA) concerning the quality, safety, or effectiveness of an FDA-related product or activity for which that person has responsibility;
- a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition, when legally authorized to notify the person as necessary to conduct a public health intervention or investigation; and
- an individual's employer, under certain circumstances and conditions, as needed for the employer to meet the requirements of the Occupational Safety and Health Administration, Mine Safety and Health Administration, or a similar state law.

Source: Adapted from [45 CFR § 164.512(b)].

\* Or to an entity working under a grant of authority from a public health authority, or when directed by a public health authority, to a foreign government agency that is acting in collaboration with a public health authority.

\* Prepared by CDC staff, in consultation with the Office of the General Counsel, the Office for Civil Rights, other offices and agencies within the U.S. Department of Health and Human Services, Washington, D.C., and health privacy specialists.

Note: This information was taken from the Morbidity and Mortality Weekly Report, April 11, 2003. Available on the web at: <http://www.cdc.gov/mmwr/pdf/other/m2e411.pdf>

## Box 4. Examples of situations related to the Privacy Rule and public health

**State Cancer registry.** Under a state law, health-care providers are required to report cancer cases to a state's cancer registry. Names are included to prevent duplicate reporting and counting. State law protects the confidentiality of the data. Can covered entities disclose the information under the Privacy Rule?

**Privacy Rule effect.** Covered entities may disclose PHI to a public health agency, or any other entity, when the disclosure is required by law. However, as covered entities, the providers must give an accounting to the persons whose PHI has been shared. The state agency may use and further disclose the PHI consistent with applicable state law.

**State university-maintained cancer registry.** Under a state law, health-care providers are mandated to report cancer cases to a state health department's cancer registry. The state health department contacts with a state university to receive the reports and maintain its registry. As covered entities, can health-care providers disclose PHI to the state university under the Privacy Rule?

**Privacy Rule effect.** As noted in the previous example, covered entities may disclose, without authorization, PHI to the cancer registry under the Privacy Rule, which expressly permits disclosure of PHI as required by law and sharing of PHI with public health authorities for public health purposes. The state university is acting under a grant of authority from a public health authority, the state health department. The university can use and disclose the information, without authorization, consistent with its agreement with the state health department and applicable state law.

**Early hearing detection and intervention.** An early hearing detection and intervention program in a state needs data from two large hospitals. The state does not have a law requiring reporting of hearing loss. Under the Privacy Rule, can covered entities release results of newborn hearing-screening tests to the state program?

**Privacy Rule effect.** The Privacy Rule expressly permits release of PHI, without authorization, from a covered entity to a public health authority (e.g. the state health department), which is authorized by law to receive PHI for the purpose of controlling disease, injury, or disability. The rule does not require a state law mandating such disclosures for PHI to be released to a public

health authority. Finally, the covered entities may rely upon the state's representation that the information requested is the minimum necessary for the purposes of the registry.

**Disease registry maintained by private foundation.** A private foundation maintains a disease registry as a way to support research and service for those with the disease. Can health-care providers release PHI to the foundation under the Privacy Rule?

**Privacy Rule effect.** Nongovernment disease registries (e.g., those maintained by foundations and other private organizations) are not considered public health authorities unless they have a grant of authority from a public health authority. With such a grant, covered entities may disclose PHI to the foundations. But without a grant of authority, PHI may be released only under one of the following situations:

- Release is authorized by the patient.
- The PHI is de-identified.
- The PHI is contained in a limited data set governed by a data-use agreement.
- Release of PHI is in accord with the rule's provisions for disclosure for research without authorization.
- Release is otherwise permitted by the rule (e.g., to entities subject to the jurisdiction of the Food and Drug Administration (FDA) [45 CFR § 164.512(b)(1)(iii)].

**Surveillance project.** A state health department that not a covered entity conducts a surveillance project on human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). The HIV/AIDS surveillance project is an interview study. It asks for self-reported information from participants, including dates of diagnosis and visits for care. Is this PHI covered by the Privacy Rule?

**Privacy Rule effect.** Information collected directly from persons by a person, agency, or institution that is not a covered entity, including individually identifiable information, is not covered by the Privacy Rule.