



## Chapter 246-760 WAC, Hearing Standards, School Districts – Summary of Informal Comments

### **WAC 246-760-001: Purpose and application of hearing and vision screening standards for school districts**

- I wish that if parents provide documentation of known issues with vision and/or hearing and are following up with the appropriate specialist, and they request that we defer screening, there would be a better allowance for this. I have some families that are following up but don't want to submit the paperwork every year, although they have also requested that we continue to screen the child. The parent should be able to sign a document and defer screening for at least several years.
- I appreciate the suggested replacement of "reduced acuity" with "reduced visual acuity," as this language is more inclusive, as not all people view their deficits as "problems."

### **WAC 246-760-010: Definitions, abbreviations, and acronyms.**

- Agree with additional terms and definitions to increase understanding.
- #9 "dB" or decibel - HL (Hearing Level) is the term used rather than SPL (Sound Pressure Level) when referring to hearing level thresholds. Those terms are not interchangeable as they are different measurements. Ex- 25 dB HL.
- These new terms and definitions are critical to include, as individuals who are not audiologists rarely know what these terms mean. This addition will also create a clear black-and-white picture of what is required of audiologists so standards are consistent and well-regulated.

### **WAC 246-760-020 Screening requirements for schools.**

- As an educational audiologist, I like the title change so it is clear what schools need to follow. I also like the replacement of "auditory" with "hearing" to be clearer in layman's terms.

### **NEW SECTION – Hearing screening.**

- I like adding that screening is not necessary if evidence of a full evaluation within the year. I do wish it allowed for contact with the parent and if they verify follow-up within the year vs requiring the documentation. Just something more we will end up chasing - or have to screen a student with known issues.
- I really like the addition of the new section that outlines when/when not a school must complete screenings. This provides greater clarity and is easy to read and understand.
- Recommend - The audiologic evaluation report must show hearing acuity measures for both ears.
- Agree to clarify expectations and requirements.

**WAC 246-760-030: Required and alternative hearing screening tools.**

- Agree with the approval of OAEs. Disagree that OAEs can't be used for students who can participate in auditory screening equipment. There is no medical reason that they are inferior screening tools, as far as I am aware, and could potentially solve many issues with the hearing screening process. School nurses should be able to select the appropriate screening tool for their specific needs and obtain the most accurate results from their students. For example, when rescreening a child who failed the initial screening using pure tone equipment the same day. We are not always aware of behavioral or intellectual concerns that may make traditional screening unreliable.
- I'm very glad they are not requiring additional equipment - I'm not sure that optional equipment will be very useful unless districts have more extensive resources.
- This portion of the WAC will need clarity: "(3) Otoacoustic emission (OAE) screening devices may be used to screen students who cannot participate in pure tone hearing screening, including but not limited to." This is followed by sections A-D along with "(4) OAE screening devices shall not replace screening using pure tone hearing screening equipment except as described in subsection (3)". The clarity needs to revolve around language "except as described in subsection (3)" as subsection (3) reads "including but not limited to." Do sections A-D provide the only reasons to use OAEs, or are there other allowable reasons (i.e., "including but not limited to") that might allow for OAE screening?
- I appreciate documentation stating OAEs are sufficient to provide families with pass/refer results for the student populations outlined. In our district, we have consistently utilized OAEs for students who are difficult to test, but we have been hesitant to provide that documentation to families because it was not outlined in the WAC. This is an incredible addition and fully supported by our district. The details utilized in the update are spot on, and I would not change a thing about it.
- Recommend - Define what a pass on an OAE screen means in terms of hearing acuity. It does not indicate typical hearing.
- Adding OAEs is an important addition. Having this option for students who cannot participate in the tone test would make it possible to screen more of our most vulnerable students.

**WAC 246-760-040: Hearing screening procedures.**

- Need more information to understand this section.
- This portion of the WAC conflicts with 246-760-030. " (c) Continue measuring the OAE response until the equipment shows either a "PASS" or "REFER" result." The previous section reads "(b) For a pass result, the screening device must show a response at least three dB louder than the background noise at a minimum of three different frequencies, ranging from two thousand Hz to eight thousand Hz." Is the screener looking for a "pass or refer" result or is the device supposed to show " a response at least three dB louder than the background noise at a minimum of three different frequencies, ranging from two thousand Hz to eight thousand Hz"?

- I disagree with the point in 3a, stating that "If the ear canal is blocked with wax, the OAE screening cannot be performed." While the statement is accurate, audiologists and/or staff trained in performing otoscopy are not often the individuals performing the screening, so individuals may not know if wax is an issue. I would like this statement removed from the WAC, as I would prefer an OAE to be completed and a referral letter sent home to the family, allowing them to follow up with the doctor to determine the cause of the referral. At that point, the family is at least being notified that there is a referral, which would lead them to follow up, rather than listing their student as a "could not test" and no follow-up occurring.
- Recommend - 20 dB or twenty decibels in place of "twenty dB"
- I would not know if wax were the cause of an OAE referral.

#### **WAC 246-760-050: Hearing screening referral procedures.**

- Referral letters should have a box to check in order to inform parents, guardians, and health care providers what type of screening tool was used.
- I love that it says "refer" and not fail. Thank you.
- Recommend minimum of 3 weeks between initial and rescreen. One week is not enough time for middle ear dysfunction resolution.

#### **WAC 246-760-060: Hearing screening personnel qualifications.**

- N/A

#### **Is there anything else that you'd like the Board to know regarding these proposed rule updates, or do you have questions?**

- I wonder if there are screening standards for preschool students.
- Please include the option to expand hearing screening frequencies to 3000 & 6000 Hz. These are often where noise induced hearing loss occurs first. Please screen at 9th grade. Please encourage hearing screening for all children. Audiologists do not always measure the hearing of the historically better ear in cases of unilateral hearing loss. I have seen the results where they note, "Did not test, WNL." Children with unilateral hearing loss are at a higher risk for progression in the better-hearing ear.

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