

## **Facility Level Designation**

Audiologists who provide assessment and management of infants and children with hearing loss must have the knowledge, skill, and instrumentation necessary for use with current pediatric hearing assessment methods. Infants and children undergoing audiologic evaluation in New Jersey should be evaluated by appropriately credentialed and qualified audiologists possessing a current license to practice Audiology issued by the Audiology and Speech-Language Pathology Advisory Committee within the New Jersey Division of Consumer Affairs. Hearing Aid Dispensers must have both knowledge and skill regarding pediatric hearing aid selection and evaluation procedures and must hold a current Hearing Aid Dispensers license issued by the Hearing Aid Dispensers Examining Committee, under the State Board of Medical Examiners, within New Jersey Division of Consumer Affairs.

Facilities that lack the necessary expertise and/or equipment to work with infants and toddlers should establish consortial arrangements with those that do, so that families are referred appropriately in a timely manner. In accordance with the current Joint Committee on Infant Hearing (JCIH) 2007 Position Statement, and modeled after an established system developed by the Massachusetts Department of Public Health, facilities offering pediatric audiologic assessment services are categorized by the level of testing that each administers. Parents should contact their facility of choice before making their child's appointment to ensure that the services they need for follow-up are available to meet their child's needs.

Several birthing hospitals within New Jersey offer families the opportunity to return to their facilities for screening and re-screening services prior to one month of age. Inquiries regarding the availability of such services should be directed to the facility where the infant was born. Please note that the current nationally recognized standard of care (JCIH 2007 Position Statement) recommends that infants who did not pass an Auditory Brainstem Response (ABR) screening while in the nursery optimally should be re-screened with an ABR as an outpatient; infants who remained in a neonatal intensive care unit (NICU) for more than five days, undergo an ABR screening; and that both ears of any infant who does not pass their initial screening be rescreened (even if one ear initially passed their screening). Infants who do not pass re-screening as an outpatient, should then be referred for complete ABR studies no later than three months of age.

**Facility Levels offering pediatric audiologic evaluation services are defined as follows:**

**Level One:** Offer a full range of audiologic services for children from birth through 21 years of age. In addition to provision of comprehensive pediatric audiologic services, Level One facilities offer medically monitored sedation\* services for those children requiring this protocol. Comprehensive pediatric audiologic testing includes the following:

- ❖ Auditory brainstem response testing (ABR) includes: use of click stimuli for measuring neural integrity as well as use of frequency-specific stimuli for hearing threshold estimation of each ear by both air and bone conduction. May also offer Auditory Steady State Response measures.
- ❖ Testing in a calibrated soundfield
- ❖ Visual Reinforcement Audiometry (VRA) (in addition, may also include Tangible Reinforcement Operant Conditioning [TROCA] and/or Visually Reinforced Operant Conditioning [VROCA])
- ❖ Conditioned Play Audiometry (CPA)
- ❖ Word recognition testing with materials appropriate for different language levels
- ❖ Pure tone audiometry including air-conduction testing with circumaural and insert earphones and bone conducting testing.
- ❖ Acoustic immittance testing, including standard and high-frequency probe tone tympanometry and acoustic reflex testing
- ❖ Otoacoustic Emission screening (either TEOAE and/or DPOAE)
- ❖ Otoscopy (to ensure that there are no contraindications to placing an earphone or probe in the ear canal as well as to visually inspect for obvious structural abnormalities of the pinna and/or ear canal)

**Level Two:** Serve children birth to 21 years of age. Audiology services at these facilities provide the same full range of audiologic services for children, from birth through 21 years of age as outlined in the Level One Facility description, **except** that they **do not** offer medically monitoring sedation\*. When necessary and/or feasible, Level Two facilities offer electrophysiologic testing (e.g. ABR, ASSR, OAE, etc.) under natural sleep conditions.

**Level Three:** Primarily offer audiologic services appropriate for children age 6 months corrected age through 21 years. Audiology services at these facilities include a wide array of traditional pediatric test procedures including, but not limited to, soundfield testing, play audiometry, tympanometry and otoacoustic emission screening.

**Various Audiologic Services:** Facilities designated with this category offer limited audiologic screening and/or testing services. Individual facility listings should be reviewed to determine if necessary audiologic services are available to meet an individual child's specific hearing healthcare needs.

**\*Medically Monitored Sedation:** “To gain the cooperation of some infants and young children during physiologic assessments of auditory function, sedation may be required to allow adequate time for acquisition of high-quality recordings and sufficient frequency- and ear-specific information. Sedative medications should only be administered by or in the presence of individuals skilled in airway management and cardiopulmonary resuscitation. Additionally, the oversight by skilled medical personnel and the availability of age- and size- appropriate equipment, medications and continuous monitoring are essential during procedures and in rescuing the child should an adverse reaction occur.”<sup>1</sup>

Sedation may be offered via conscious sedation protocol or may be provided in either an operating room or similar clinical venue under the direct care of a physician.

<sup>1</sup>American Speech-Language Hearing Association (2004). Guidelines for the Audiologic Assessment of Children From Birth to 5 Years of Age. Available from [www.asha.org/policy](http://www.asha.org/policy)