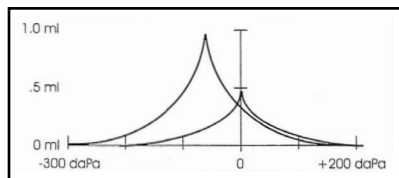


# WDE ACCOUNTABILITY

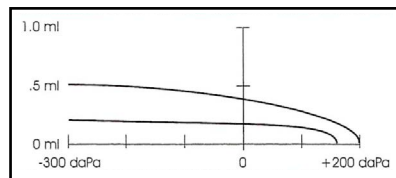
## Best Practice Protocol

### Three Components and the Failure Criteria for Each

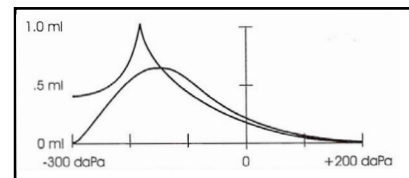
1. Otoscopic Inspection of Ear Canal\*
2. Pure Tones: 20 dB HL @ 1000,2000, and 4000 Hz  
No response to at least one frequency in at least one ear constitutes a *FAIL*  
If the student cannot be conditioned to respond to Pure Tones, it is a *FAIL*
3. Tympanometry
  - a. Middle ear pressure  $> -250$  is a *FAIL*
  - b.  $< 0.2$  compliance (flat) is a *FAIL*. If compliance is  $< 0.2 <$  there is a peak and an acoustic reflex is present, it is a *PASS*
  - c. Ear Canal Volume (normal range 1<sup>st</sup>-5<sup>th</sup> grade: 1.1-2.1) NOTE: The ECV reading is not significant in the presence of normal compliance and pressure



Normal



Low Compliance (Flat)



Negative MEP

### A student must *PASS* all three components in order to *PASS* the hearing screening

- Any *FAIL* is rescreened in 4-6 weeks and all three components are repeated for both ears
- Students who *FAIL* any portion of the rescreen are referred according to the Flow Chart
- Calibrate hearing screening equipment annually e3Diagnostics/MSR West (1-800-777-4130)\*\*

\*If P.E. tube(s) are noted, proceed with the screening. A large ECV with low compliance suggests the tube is open. This is a *PASS* (for the tympanometry component). If ECV is normal (remember to compare ears) and compliance is low the tube may be out and/or there may be a middle ear problem. With a signed Release to Send Information, forward information to the managing physician. This is a *FAIL*; follow rescreen/referral protocol.

\*\*This is not an endorsement by WDE.