

Early Hearing Detection and Intervention (EHDI) COVID-19 Guidance for scheduling and reporting diagnostic audiology results on children during COVID-19

RECOMMENDATIONS IN PRIORITIZING PEDIATRIC AUDIOLOGY PATIENTS AFTER COVID 19

Pediatric audiologists will begin to provide services again in the next few weeks after being closed or on limited schedules due to the COVID-19 pandemic. Children will likely not be able to receive diagnostic audiology testing by 3 months of age, therefore delaying the diagnostic and rehabilitative process for deaf and hard of hearing children. **WE NEED YOUR HELP TO MINIMIZE THE NEGATIVE IMPACT OF THESE DELAYS FOR THE DEAF/HARD OF HEARING CHILDREN IN OUR STATE.** In order to reduce the number of children receiving delayed diagnosis and ongoing services, Indiana EHDI is providing the following guidance and suggestions.

1. Prioritize the safety and health of the staff and follow procedures and requirements from your own agencies. The CDC has provided guidance for ambulatory care facilities and there are several suggestions listed in this document that describe recommended infection control procedures. CDC Guidance for Infection Control Procedures for COVID 19 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>; <https://www.asha.org/Practice/infection-control/>
2. Audiologists should work directly with front office staff to prioritize the scheduling of patients and provide appropriate instructions regarding infection control procedures (i.e. only one family member to accompany the baby to the exam room during testing, distancing chairs in waiting room or having alternate waiting areas). Audiologists should review the list of patients needing to be scheduled and help prioritize the scheduling of the following patients.
 - a. Babies who have not passed newborn hearing screening in BOTH EARS.
 - b. Children who are receiving hearing aids for the first time or need to order them.
 - c. Children who have not passed newborn hearing screening and not received follow up diagnostic testing.
 - d. Develop and monitor compliance of office staff procedures to increase confirmation communication to families to ensure compliance to appointments and reduce no-show appointments.
3. If a family declines the recommendation to schedule follow up testing due to COVID-19 please follow these procedures:
 - a. While talking to families, please confirm address, phone and current physician, if possible.
 - b. Send a fax or call EHDI/ISDH alerting us that parents have declined and provide updated demographics.
 - c. Contact the family at certain time periods to encourage them to schedule and notify EHDI/ISDH if they do schedule an appointment and any results.
4. Consider options to improve capacity of testing such as :

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- a. Schedule pediatric appointments for Saturdays, early morning or evening appointments. This may be helpful for families whose parents have recently returned to work and cannot ask off work for appointments. Families may be more comfortable coming to the clinic during a time with less interaction with other patients. It may add additional clinic appointment times to address increased number of babies needing to be scheduled.
- b. Consider contacting IU, Ball State or Purdue to inquire if any AuD students are in need of clinic hours and are available to help. Many of the graduate students were not able to finish extern placements this spring.
- b. If a baby is over 4 months old before they are able to receive diagnostic testing, please attempt behavioral testing, tympanograms and diagnostic otoacoustic emission testing first to reduce the number of sedated ABR referrals.

REPORT RESULTS AND COMMUNICATION TO EHDI

The COVID-19 pandemic will certainly impact newborn hearing screening and follow up in many ways.

1. Families may not be comfortable scheduling follow up healthcare appointments for their children.
2. During this time, babies who did not pass newborn hearing screening were not able to be scheduled for follow up diagnostic audiology appointments prior to being discharged from birthing facilities. This will result in an increase in children considered “loss to follow up” in the EHDI system. We need your help by asking you to continue reaching out to families and communicate any information to Indiana EHDI/ISDH. The Indiana EHDI team has developed new data collection procedures in our software to help monitor the children born during this time period, as well as those who were in the diagnostic process, but we will likely have difficulty contacting and finding many children who did not pass newborn hearing screening during this time.
3. Indiana audiologists are required by Indiana Administrative Code - 410 IAC 3-3to report diagnostic testing to EHDI/ISDH. Audiologists can provide patient level information on our voice mails (secure) or fax to us any communication on newborn follow up appointments regarding no show appointments, declined services, updated demographics or communication with families. Indiana EHDI FAX: 317-925-2888.
4. Please report any hearing test results on children born from 1/1/2019 to current for the next year (normal and diagnosed results). Many children born in 2019 will not receive follow up services in a timely manner and we will still likely be looking for diagnostic results for these children.
5. ***Even if you provide diagnostic testing on a child at one year or two years of age, they may not have passed newborn hearing screening and your testing may be the only test done.***



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- a. PLEASE REPORT ANY AUDIOLOGY TESTING RESULTS SUCH AS BEHAVIORAL TESTING, OAE SCREENING OR DIAGNOSTIC AND ABR RESULTS along with follow up recommendations.
 - b. The results can be submitted electronically through our EARS database by using a Diagnostic Audiology Evaluation Form (DAE) or by faxing a paper copy of the DAE . The DAE form is available on our website www.hearing.in.gov. You can also send us the audiology report via fax. INDIANA EHDI FAX: 317-925-2888.
6. Audiologists can access newborn hearing screening results on children through INSTEP. If you have access to our EARS system, send an email Stacy Allgeier (sallgeier@isdh.in.gov) or Suzanne Foley (sfoley@isdh.in.gov) and we will give you access to INSTEP with instructions on how to find newborn hearing screening results and any diagnostic testing completed on that child reported to EHDI. This will provide newborn hearing screening results prior to seeing the child. If you currently do not have access to EARS (and INSTEP), please contact Stacy Allgeier, the EHDI Follow up coordinator at sallgeier@isdh.in.gov.
7. During this time, EHDI directed each birthing facility to report in comments where the family was referred for further audiological testing. EHDI is developing a list of children who were referred to each facility and will be providing that list to each facility for help with follow up efforts.

WHAT IS COVID-19?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. Patients with COVID-19 have experienced mild to severe respiratory illness, including fever, cough and shortness of breath. The virus that causes COVID-19 is a novel (new) coronavirus. It is not the same as other types of coronaviruses that commonly circulate among people and cause mild illness, like the common cold. Those who are older than 60, have underlying health conditions such as heart or lung disease, and diabetes, are particularly at risk.

HOW DOES COVID-19 SPREAD?

The virus that causes COVID-19 is thought to spread mainly from person-to-person, between people who are in close contact with one another (within about 6 feet) through respiratory droplets when an infected person coughs or sneezes. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose or possibly their eyes, but this is not thought to be the main way the virus spreads.

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Please contact our staff with any questions or for clarification.

www.hearing.in.gov

[FAX: 317-925-2888](tel:3179252888)