



HEARING SCREENING GUIDELINES

Maryland State School Health Services Guidelines

June 2023



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Foreword

There is a strong relationship between academic achievement and a child's physical, emotional, and mental health. This link is the foundation for providing school health services as an important component of a school program. School health services provide primary prevention aimed at keeping students in schools through appropriate screenings; early identification of children at risk for physical, emotional, and mental health concerns; and case management of students with chronic health concerns.

The Maryland Code Annotated, Education § 7-401 (Md. Code Ann., Educ. § 7-401) requires the Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH) to jointly develop public standards and guidelines for school health programs. The following guidelines were developed in accordance with that requirement and are based on the expressed needs of the local school health services programs. The guidelines developed under Md. Code Ann., Educ. § 7-401 contain recommendations for minimum standards of care and current best practices for the health service topics addressed. It is intended that these guidelines will be used by the local education agencies (LEAs) in developing policies and procedures to assist local school health services programs in providing consistent and safe care to the students of Maryland. Specific laws and regulations that direct school nursing practice or other health services are identified in the guidelines.

To implement these guidelines, LEAs and local health departments should consult with MSDE and MDH who will:

- Assist and provide technical assistance to local school health services programs to support their efforts to plan for students with special health needs;
- Provide training to all appropriate school staff regarding issues related to students with special health needs including, but not limited to, planning, maintaining a safe environment, and medication administration issues; and
- Monitor the implementation of school health services programs including, but not limited to, programs and policies related to students with special health needs.

Section I: Introduction

PURPOSE

The purpose of these guidelines is to:

Provide guidance to school health services programs in the development and implementation of policies and procedures regarding hearing screening pursuant to the Md. Code Ann., Educ. § 7-404 and the Code of Maryland Regulations (COMAR) 13A.05.05.07-(C) (3-7); and

Provide standards of care and best practices for student hearing screening and referral in Maryland schools.

BACKGROUND

Hearing loss is the most common developmental disorder identifiable at birth and its prevalence increases throughout school-age due to late-onset, late identified, and acquired hearing loss. Early identification of hearing loss and appropriate management can reduce the impact on a student's development and learning.

The Md. Code Ann., Educ. § 7-404 requires each county board or county health department to provide hearing screenings for all students in the public schools. Additionally, each county health department shall provide and fund hearing screenings for all students in any private school that has received a certificate of approval under Md. Code Ann., Educ. § 2-206; and in any nonpublic educational facility in the state approved as a special education facility by MSDE. Hearing screenings required under Md. Code Ann., Educ. § 7-404 shall be given in the year that a student enters a school system, enters the first grade, and enters the eighth or ninth grade.

Screening involves the use of quick, simple, evidence-based procedures to identify students who may have potential health concerns. Screeners are the "first line" detectors of possible hearing loss. Appropriate identification and referral depend upon careful screening of the student with input from those involved with his or her care. School nurses provide leadership in the promotion of hearing screenings in local school health services programs.

The following hearing screening procedures and standards of referral have been developed to facilitate identification of students at risk through failed screening and appropriate follow-up of all screening failures. Only a professional examination can determine the presence of hearing loss and whether it requires treatment.

OBJECTIVES

The objectives of school hearing screening programs are to:

- Identify students who may have hearing loss detected by screening;
- Notify parent(s)/guardian(s) of the results of hearing screening;
- Recommend evaluation by a health care provider and/or audiologist to parent(s)/guardian(s) of students who fail a hearing screening;
- Provide parent(s)/guardian(s) educational material and resources on hearing screening;
- Assist students and families in obtaining appropriate follow-up, recommended services, and access to resources; and

- Document screening results and receipt of recommended services and report required data to MDH.

PROGRAM COMPONENTS

In order to meet the objectives above, the following components shall be considered when establishing a school hearing screening program:

- Identification of students to be screened and notification of parent(s)/guardian(s)
- Training and competency of screening staff
- Screening methods and equipment
- Referral and follow-up procedures
- Reporting of screening and follow-up statistics

STUDENTS TO BE SCREENED

Under Md. Code Ann., Educ. § 7-404, hearing screenings are required and shall be given to students as follows:

- In the year that a student enters a school system,
- In the year that a student enters the first grade, and
- In the year that a student enters the eighth or ninth grade.

Students may be screened at additional times based on local county policy and resources including, but not limited to:

- Those who have hearing concerns as reported by a teacher, other school personnel, parent(s)/guardian(s); and
- Those who are absent during the scheduled screening period.

Students who should NOT be included in the screening program include:

- Those whose parent(s)/guardian(s) object in writing to hearing screening on the grounds that it conflicts with the tenets and practice of a recognized church or religious denomination of which they are an adherent or member per Md. Code Ann., Educ. § 7-404(g);
- Those with known hearing loss including, but not limited to, students with cochlear implants or hearing aids; and
- Those who present evidence of hearing testing within the past year as indicated in COMAR 13A.05.05.07.

Local school health services programs should develop procedures for identification of students to be screened each school year and appropriate documentation for those who are not screened.

HEARING SCREENERS

Screening personnel may include school nurses (RNs), other nursing or unlicensed staff with delegation by the school nurse, speech-language pathologists, audiologists, or other trained lay or volunteer screeners. All screeners shall receive thorough initial training, routine refresher training, and assessment of competency. Experienced screeners should validate results obtained by new screeners until they become comfortable with the equipment and training process.

Section II: Hearing Screening Methods and Equipment

PREPARATION AND CONSIDERATIONS FOR HEARING SCREENING

The following preparation and considerations can maximize the performance of successful hearing screening in the school setting:

- Determine a location within the school building that has appropriate physical space to conduct screening
- Ensure the space is free of distractions and that background noise levels, including unnecessary talking, are limited
- Use an appropriate height desk or table and chairs
- Ensure that all necessary screening equipment is readily available and in working order (see Hearing Screening Equipment and Inspection of Audiometer Prior to Screening)
- Plug the audiometer into an outlet that avoids creating tripping hazards for the student or screener
- Consider fatigue of child
- Avoid a rushed screening procedure
- Seat the student where he/she cannot view the audiometer controls while being tested
- Place earphones on the correct ears
- Prevent visual cues given through eye or body movement
- Present tones for the recommended length of time (at least one second)
- Avoid presenting tones in a rhythmic or predictable manner

CONSIDERATIONS FOR SPECIAL POPULATIONS

Additional supports and strategies may be required when screening students with special health needs, English Learners (EL), and preschool aged students. These students may benefit from the screener:

- Meeting with the teacher to discuss techniques and best time to screen the student
- Preparing the student prior to the screening
- Allowing extra time to screen the student
- If possible, having an interpreter present, or having written instructions in the student's native language
- Allowing the student to observe the testing process
- Providing the student with additional practice trials with prompts/models and positive reinforcement (e.g., verbal praise)

HEARING SCREENING EQUIPMENT

The following equipment and supplies should be available for hearing screening:

- Audiometer, calibrated within the past year by a trained professional according to the American National Standards Institute (ANSI) standards. A certificate and dated sticker will indicate that calibration has been completed. Most manufacturers or their local representatives offer annual calibration and repair contracts.
- Standard headphones
- Grounded outlet/adapter. Screener should bring an adapter in the event the school outlets are not grounded. Use of a grounded outlet is preferred if available.
- Appropriate toys for play audiometry (e.g., small blocks, pegs or stacking rings)
- Alcohol-free wipes
- Disposable earphone covers
- Tissues
- Recording forms and writing implement
- Hearing screening manual

INSPECTION OF AUDIOMETER PRIOR TO SCREENING

Audiometers should be inspected at most 24 hours prior to screening. Criteria for a screening inspection include the following:

- Calibration compliance
- Working power source and indicator
- Earphones free of decay or crack
- Earphone cushions free of cracks and splits
- Earphone cords are securely connected and have no breaks. To check for breaks in the cords, shake the cord and listen for interruptions in the signal. Do this for each earphone separately.
- Check of audiometer for proper function:
 - Turn power switch to the “on” position.
 - Place the tone switch in the “pulse” position, if available.
 - While wearing the earphones, the tester (or person known to have normal hearing) should be able to hear the tones at the screening levels (20 dB).
 - All controls should operate smoothly and be free of any extraneous noises.
 - With earphones on, listen for a smooth increase and decrease of the sound.

- During the listening check, the signal should switch properly from one earphone to the other.
- See Audiometer Mechanical Function Checklist in Appendix A
- If equipment is damaged or not working properly, do not use it until it is repaired.

HISTORY AND OBSERVATION OF STUDENTS

School nurses, teachers, and other personnel should observe students throughout the school year for signs, symptoms, and behaviors that may indicate a possible ear or hearing problem:

- Appearance of ears (e.g., redness or edema, signs of drainage, foul odor, dermatitis, signs of injury)
- Behaviors or complaints (e.g., student complaints of not hearing well, hearing better out of one ear than the other, ringing/noise in ears, complaints of ear pain/discomfort, asks to have things repeated, inattentive/difficulty following directions, speaks too loudly or softly, speech problems)

A physician or audiologist should evaluate students who exhibit any of these signs, symptoms, or behaviors.

In addition, school nurses should be aware of the following risk factors for delayed-onset or progressive hearing loss in children:

- Newborn intensive care unit (NICU) greater than five days or any of the following: extracorporeal membrane oxygenation (ECMO), assisted ventilation, hyperbilirubinemia with transfusion, ototoxic medications
- Family history of permanent childhood hearing loss
- Infectious diseases such as Cytomegalovirus (in utero), meningitis, or measles
- Syndromes associated with hearing loss such as Down, Usher, Waardenburg, etc.
- Craniofacial anomalies (e.g., cleft lip/palate; atresia; microtia)
- Head trauma, especially basal skull/temporal bone fractures
- Exposure to loud noise or music (dependent upon intensity and duration of noise/music exposure)

For the above, follow-up with parent(s)/guardian(s) is recommended to ensure the student is under the care of a physician and/or audiologist.

At the time of screening, hearing screeners should directly observe the student's ears for the following:

- Discharge from student's ear canal
- Foul odor from the ear

If a student is directly observed to have either of the above listed conditions, the student should be referred to a primary care provider for evaluation and should not proceed with the hearing screening.

HEARING SCREENING TESTS

Pure Tone Audiometry

Procedure

1. Inspect the audiometer as outlined above if this has not already been done.
 2. Seat student where he/she cannot view audiometer controls while being tested.
 3. Instruct student to raise his/her hand when the tone is heard and to put his/her hand down when tone is no longer heard.
 4. Place earphones over student's ears with the right earphone (red) over the right ear and the left earphone (blue) over the left ear.
 5. Be aware of any obstructions to placement of the earphones (e.g., earrings, hair clips, etc.).
 6. Make sure the diaphragm (center) of the earphone is directly over the ear canal.
 7. Turn intensity dial to 50 dB at 1000 Hz for a practice tone.
 8. Turn intensity dial to 20 dB to start the actual screening.
 9. Present the following tones to the right ear:
 - 1000 Hz @20 dB
 - 2000 Hz @20 dB
 - 4000 Hz @20 dB
 10. Present the following tones to the left ear:
 - 1000 Hz @20 dB
 - 2000 Hz @20 dB
 - 4000 Hz @20 dB
1. Vary the duration of pauses between each presentation to avoid rhythmic or predictive patterns.
 2. Students must respond two times at each frequency at 20 dB in each ear to pass screening (sounds can be presented a maximum of four times).
 3. Record results on form. The screening is now complete.
 4. Clean/disinfect earphones after use by each student.
 5. If a student failed, a second screening must be done in approximately four to six weeks.

Refer

All students who fail rescreen should be referred for a comprehensive medical/audiological evaluation.

Play Audiometry

Play audiometry is used for students who are unable to be screened using the conventional method. The screener must have additional training in this procedure.

Conditioning Student Prior To Play Audiometry Screening

- Place earphones on the table in the student's view. Do not put earphones on student.
- Turn intensity dial to maximum dB output and frequency dial to 2000 Hz.
- Present tone and point to the earphones to show students the source of the sound.
- Identify techniques that work for the student to indicate when the tone is presented (e.g., dropping a block into a container, stacking a ring, giving a high five, nodding the head, clapping hands, etc.).
- Screeners may help students learn the response by guiding students through the movements of the task. After a few repetitions, allow the student to attempt the response without any cues.
- Students should perform tasks independently at least two consecutive times before screening begins.
- If a student is unable to perform the procedure, refer him/her to an audiologist for a comprehensive assessment.

Play Audiometry Screening Procedure

1. Place earphones over student's ears with the right earphone (red) over the right ear and the left earphone (blue) over the left ear.
2. Be aware of any obstructions to placement of the earphones (e.g., earrings, hair clips, etc.).
3. Make sure the diaphragm (center) of the earphone is directly over the ear canal.
4. Turn intensity dial to 50 dB at 1000 Hz for a practice tone. After the student has responded with appropriate learned tasks twice, lower intensity to 20 dB and begin screening.
5. Present the following tones to the right ear:
1000 Hz @20 dB
2000 Hz @20 dB
4000 Hz @20 dB
6. Present the following tones to the left ear:
1000 Hz @20 dB
2000 Hz @20 dB
4000 Hz @20 dB
7. Students must respond two times at each frequency at 20 dB in each ear to pass screening (sounds can be presented a maximum of four times).
8. The screening is now complete. Record results on form.
9. Clean/disinfect earphones and any props if used (blocks, rings, etc.) after each student.
10. If a student failed, a second screening must be done in approximately four to six weeks.

Refer

All students who fail rescreen should be referred for a comprehensive medical/audiological evaluation.

EQUIPMENT MAINTENANCE

The care and maintenance of hearing equipment, including annual calibration of the equipment, is important for adequate hearing screening and testing. The following should occur for proper equipment maintenance:

- For specific instrument-based screening devices, follow the manufacturers' guidelines on maintenance and service.
- Store audiometer and all equipment in area that is climate controlled (not below freezing or above 90° Fahrenheit).
- Clean earphones routinely with alcohol-free wipes.
- Keep all cords free of tangles and twists.
- Properly cover and store equipment in safe area when not in use.

INFECTION CONTROL

Infection control prevents or stops the spread of infection. Some general infection control practices to exercise when conducting vision screening include:

- Limit the number of students in the screening area according to the space available.
- Do not screen students displaying any signs of illness.
- Students and screeners should practice good hand hygiene before and after the screening session.
- Clean and disinfect any non-disposable screening objects or instruments touched by the student between each use.
- Practice routine cleaning of high touch surfaces.
- Follow school system and school guidelines regarding use and storage of cleaning and disinfecting products.

RESCREENING

Students who fail the initial screening and/or those who are unable to complete initial screening due to lack of cooperation or difficulty understanding the instructions should be rescreened four to six weeks after the initial screening. Students who fail the second screening or are still unable to complete hearing screening should be referred for a comprehensive medical/audiological evaluation.

Section III: Referral and Care Coordination

DOCUMENTATION AND FOLLOW UP

The school nurse is responsible for the documentation and the follow-up process for all students receiving hearing screening in the school setting. The documentation and follow-up process conducted by the school nurse should include:

- Communicating with the parent(s)/guardian(s) when a student has failed screening;
- Providing parent(s)/guardian(s) of a student who has failed screening with a recommendation/referral to see a healthcare provider and/or audiologist and other community resources as needed;
- Assisting students and parent(s)/guardian(s) in selecting recommended services as needed;
- Assisting a student and parent(s)/guardian(s) to identify a healthcare provider for students without a usual source of care;
- Documenting screening results and receipt of services and interventions recommended by the health care provider and/or audiologist on the Student Record Card 5 (SR5); and
- Informing appropriate school personnel of students who have hearing concerns that may impede learning and/or require special care.

REPORTING

The Md. Code Ann., Educ. § 7-404 requires that the results of the hearing screenings shall be reported to the county board or the county health department. The county board or the county health department shall report to the MDH: (i) the results of the hearing screenings; and (ii) to the extent practicable, the number of students receiving the recommended services.

RESOURCES

The following resources are provided to assist with information and guidance for hearing screening in the school setting:

American Academy of Audiology

<https://www.audiology.org/>

The American Academy of Audiology represents the interests of approximately 14,000 audiologists nationwide and is dedicated to providing quality hearing care services through professional development, education, research, and increased public awareness in audiology, including hearing science and balance disorders.

American Speech-Language-Hearing Association

<https://www.asha.org/>

The American Speech-Language-Hearing Association is the national professional, scientific, and credentialing association for 223,000 members and affiliates, including audiologists, speech-language pathologists, speech, language, and hearing scientists, support personnel, and students. The organization

focuses on hearing loss and disorders by three categories: type of hearing loss, degree of hearing loss, and configuration of hearing loss.

Centers for Disease Control and Prevention (CDC): Hearing Loss in Children
<https://www.cdc.gov/ncbddd/hearingloss/index.html>

The CDC provides guidance and resources for hearing loss in children and the effect of hearing loss on a child's ability to develop communication, language, and social skills. Early intervention related to the detection of hearing loss is important to help students affected to reach their full potential for effective communication and learning in school.

Maryland Governor's Office of the Deaf and Hard of Hearing
<https://odhh.maryland.gov/>

The Governor's Office of Deaf and Hard of Hearing was established in October 2001 to promote the general welfare of deaf and hard of hearing individuals in Maryland with a specific emphasis on addressing policy gaps, providing expertise related to deaf and hard of hearing issues, and facilitating the ability to access resources and services.

Maryland Hearing Aid and Language and Communication Video Loan Bank
<https://www.marylandlearninglinks.org/maryland-hearing-aid-loan-bank/>

The Maryland Hearing Aid and Language and Communication Video Loan Bank services as a statewide resource for families of children who are deaf or hard of hearing. The families without access to health insurance or other resources may borrow hearing aids for up to one year. The Loan Bank also offers videos and website resources to assist families in learning language or communication method of choice to use with their children.

Missouri Department of Health and Senior Services – Guidelines for Hearing Screening in the School Setting
<https://health.mo.gov/living/families/schoolhealth/pdf/HearingScreeningGuidelines.pdf>

The Missouri Department of Health and Senior Services developed guidelines for hearing screening in the school setting. The purpose of the screening program is primarily to detect school age children with suspected hearing deviation requiring further examination and referral for diagnosis and treatment of hearing loss.

National Center for Hearing Assessment and Management (NCHAM)
<https://www.infanthearing.org/index.html>

The NCHAM serves as a resource for children who are deaf or hard of hearing, including providing resources for early detection and intervention programs in states and territories.

REFERENCES

- American Academy of Audiology. (2011). *Childhood hearing screening guidelines*.
<https://www.audiology.org/wp-content/uploads/2021/05/ChildhoodScreeningGuidelines.pdf> 5399751c9ec216.42663963.pdf
- American Academy of Pediatrics, 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. <https://doi.org/10.1542/peds.2007-2333>
- American Speech-Language-Hearing Association (n.d.). *Childhood Hearing Screening*. (Practice Portal). Retrieved April 4, 2022, from www.asha.org/Practice-Portal/Professional-Issues/Childhood-Hearing-Screening/
- Harlor, A. D., Jr, Bower, C., Committee on Practice and Ambulatory Medicine, & Section on Otolaryngology-Head and Neck Surgery (2009). Hearing assessment in infants and children: recommendations beyond neonatal screening. *Pediatrics*, 124(4), 1252–1263. <https://doi.org/10.1542/peds.2009-1997>
- Hearing and Vision Screenings for Students, Md. Code Ann., Educ. § 7–404.
<https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ged§ion=7-404&enactments=False&archived=False>
- Minnesota Department of Health. (2022). *Hearing screening training manual*.
<https://www.health.state.mn.us/docs/people/childrenyouth/ctc/hearingscreen/hrscreenmanual.pdf>
- Ohio Department of Health. (2022). *Hearing screening guidelines and requirements*.
<https://odh.ohio.gov/know-our-programs/children-s-hearing-vision-program/requirements/2022-guidelines>
- School Health Program, Md. Code Ann., Educ. § 7–401.
<https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ged§ion=7-401&enactments=false>
- School Health Services Standards, COMAR 13A.05.05.07.
<https://dsd.maryland.gov/regulations/Pages/13A.05.05.07.aspx>

Appendix A: Audiometer Mechanical Function Check

Table 1: Audiometer Mechanical Function Check

Audiometer Parts and Functions	Check to Ensure:	Mark When Complete
Power on	There is power to audiometer.	
Jacks	Jacks are in proper port (red in right and blue in left) and pushed in all the way.	
Headphone cushions	Cushions are clean, flexible, and have no cracks or rips.	
Headphone headband	Headband has enough tension to be easily adjusted. Put on headphones to check that they rest snugly on ears.	
Tone ON or OFF (NORM or REV)	Sound is on when you turn the switch to the ON (NORM) position and sound is off when in the OFF (REV) position.	
Cords	Cords are in good condition by turning selector switch to "right" and tone interrupter switch to ON (NORM) position, twisting the cord at right headphone and jack, then repeating the process for the left. Tighten connections or replace cords if sound cuts out or is scratchy.	
Volume	Volume increases and decreases by turning the Hearing Level (HTL) dial.	
Pitch	Pitch changes by turning frequency dial.	
Tone presenter switch(es)	Switch works by pressing it in the OFF (REV) and making sure that tone comes on, and that the tone goes off when the switch is pressed in the ON (NORM) position.	
Static	No static is heard.	
Cross talk	No sound is heard in the right earphone when listening to the left earphone, and vice versa.	

From Hearing Screening Training Manual, Minnesota Department of Health, 2022