

WSR 25-15-072

PERMANENT RULES

STATE BOARD OF HEALTH

[Filed July 15, 2025, 8:54 a.m., effective August 15, 2025]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Chapter 246-760 WAC, Hearing [and vision] screening standards for school districts. The purpose of this adopted rule is to update the state board of health's (board) existing hearing screening standards for school districts. These rules establish requirements for annual preventative hearing and vision screenings, including which students are screened, how often, approved tools, referral criteria, procedures, and staff qualifications. The hearing screening sections of the rule were most recently updated in 2002. Since then, the board has updated the vision screening sections of the rule, and new hearing screening technology and standards have become available. The adopted updates modernize the board's hearing screening standards, and will help school districts and screening staff improve hearing screening programs while keeping the rules clear and effective.

Citation of Rules Affected by this Order: New WAC 246-760-025; and amending WAC 246-760-001, 246-760-010, 246-760-020, 246-760-030, 246-760-040, 246-760-050, 246-760-060, and 246-760-100.

Statutory Authority for Adoption: RCW 28A.210.020.

Adopted under notice filed as WSR 25-09-146 on June 4, 2025 [April 22, 2025].

Changes Other than Editing from Proposed to Adopted Version: Several minor, nonsubstantial editorial and clarifying edits were adopted at the June 4th rules hearing, including:

- Revising terminology for consistency and accuracy across rule sections.
- Refining language to reflect the practical realities of school screening environments.
- Clarifying referral procedures to give schools flexibility in how they refer students for further evaluation.

A final cost-benefit analysis is available by contacting Molly Dinardo, P.O. Box 47990, Olympia, WA 98504-7990, phone 360-236-4110, TTY 711, email schoolauditoryscreening@sboh.wa.gov or molly.dinardo@sboh.wa.gov, website <https://sboh.wa.gov/rulemaking/agency-rules-and-activity/hearing-screening-standards-washington-schools>.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 1, Amended 8, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 1, Amended 8, Repealed 0.

Date Adopted: June 4, 2025.

Michelle A. Davis
Executive Director

RDS-6323.2

Chapter 246-760 WAC

((AUDITORY)) HEARING AND ((VISUAL)) VISION SCREENING STANDARDS—SCHOOL DISTRICTS

AMENDATORY SECTION (Amending WSR 17-03-009, filed 1/4/17, effective 7/1/17)

WAC 246-760-001 Purpose and application of ~~((auditory and visual))~~ hearing and vision screening standards for school districts.
Each board of school directors in the state shall provide for and require hearing and vision screening of ~~((the auditory and visual acuity of))~~ children attending schools in their districts to determine if any child demonstrates ~~((auditory or visual problems))~~ reduced hearing or vision that may negatively impact their learning. Each board of school directors shall establish procedures to implement these rules.

AMENDATORY SECTION (Amending WSR 17-03-009, filed 1/4/17, effective 7/1/17)

WAC 246-760-010 Definitions, abbreviations, and acronyms. The definitions, abbreviations, and acronyms in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "AAPOS" or "American Association for Pediatric Ophthalmology and Strabismus" means the national organization that advances the quality of children's eye care, supports the training of pediatric ophthalmologists, supports research activities in pediatric ophthalmology, and advances the care of adults with strabismus.

(2) "ASA/ANSI" or "Acoustical Society of America/American National Standards Institute" means the national organization responsible for publishing standards and technical reports that standardize acoustical terminology and measurements, as well as for developing consensus-driven industry standards.

(3) "Audiometer" means an instrument used to measure hearing acuity. It is commonly used in hearing tests, typically by presenting pure tones, speech signals, or other auditory stimuli to assess changes in a person's hearing ability.

(4) "Audiological evaluation" means a comprehensive diagnostic exam used to determine the type, degree, and configuration of reduction in hearing. This evaluation is performed by a licensed professional or specialist to diagnose and characterize hearing reductions and create an individualized treatment plan to address hearing needs.

(5) "Auditory acuity" or "hearing acuity," refers to how sharp or sensitive someone's hearing is. It can mean the ability to hear faint

sounds, distinguish between different sounds (like pitch or loudness), and identify the direction from which a sound is coming from.

((6)) (6) "Calibrate" means to adjust and/or verify the accuracy of screening equipment to ensure it meets established standards. This process involves checking and fine-tuning the equipment to ensure it provides reliable and consistent results in assessing auditory or visual acuity.

((7)) (7) "Crowding bars" means four individual lines surrounding a single optotype.

((3)) ((8)) (8) "Crowding box" or "surround box" means crowding bars on all four sides extended to form a crowding rectangle surrounding a single line of optotypes.

((4)) (9) "dB" or "decibel" means a unit of measurement used to express the relative intensity of sound. It is commonly used to quantify sound levels and describe hearing sensitivity.

((10)) (10) "Distance vision" means the ability of the eye to see images clearly at a calibrated distance.

((5)) ((11)) (11) "Frequencies" refer to the different pitches of sounds, from low (deep) to high (sharp). Hearing is screened across a range of frequencies to identify reduced hearing at one or more frequencies.

((12)) (12) "Hearing screening" means a nondiagnostic test to identify if the person being screened needs to be referred for an audiological evaluation.

((13)) (13) "Hz" or "hertz" is the standard unit of measurement used for measuring frequency or pitch.

((14)) (14) "HOTV letters" means a test using the letters H, O, T, and V calibrated of a certain size used to assess visual acuity.

((6)) ((15)) (15) "Instrument-based vision screening device" means a U.S. Food and Drug Administration approved instrument for vision screening that uses automated technology to provide information about amblyopia and reduced-vision risk factors such as estimates of refractive error and eye misalignment.

((7)) ((16)) (16) "Lay person" means any individual who is conducting school-based vision screening other than a school nurse, a school principal or his or her designee, a licensed vision care professional, or an individual trained by and conducting vision screening on behalf of a nationally recognized service organization that utilizes a test-retest protocol for vision screening. This includes, but is not limited to, retired nurses, nursing students, parents, and school staff.

((8)) ((17)) (17) "LEA vision test(s)" means a test used to measure visual acuity using specific symbols or numbers, designed for those who do not know how to read the letters of the alphabet.

((9)) ((18)) (18) "Licensed vision care professional" means a licensed ophthalmologist or licensed optometrist.

((10)) ((19)) (19) "Near vision acuity" means the ability of the human eye to see objects with clarity at close range, also termed near point acuity or near acuity.

((11)) ((20)) (20) "OAEs" or "otoacoustic emission screening technology or devices" refers to a test that measures the function of the inner ear (cochlea). This technology is commonly used for screening infants and other special populations, particularly when behavioral hearing tests, such as pure tone audiometry, are not appropriate.

((21)) (21) "Optotype" means figures, numbers or letters of different sizes used in testing visual acuity.

((12)) ((22)) (22) "Principal's designee" means a public health nurse, special educator, teacher or administrator designated by the school

principal and responsible for supervision, training, reporting and referral of vision screening in instances where the school nurse or school principal is not filling this role.

~~((13))~~ (23) "Probe tip" means the part of an OAE screening device inserted into the ear canal to deliver sound and detect inner ear responses. It must fit snugly and comfortably for accurate screening results.

(24) "School nurse" means a registered nurse acting as the health professional in a school whose specialized practice and attendant tasks and activities advance student health, well-being and achievement; and conforms to Washington state educational and nursing laws according to chapters 18.79 RCW and 246-840 WAC, and WAC 181-79A-223.

~~((14))~~ (25) "Sloan letters" means a test using ~~((ten))~~ 10 specially formed letters which include C, D, H, K, N, O, R, S, V and Z to assess visual acuity.

~~((15))~~ (26) "Test-retest protocol" means a method of screening where a screener conducts two or more screenings for any student who meets the referral criteria in order to ensure the reliability of the initial screening.

~~((16))~~ (27) "Tonal stimuli" refer to sounds with a clear pitch or tone, like a musical note or a beep. These sounds are used in hearing tests to check how well someone can hear.

(28) "Visual acuity" refers to the ability of the visual system to discern fine distinctions in the environment as measured with printed or projected visual stimuli.

AMENDATORY SECTION (Amending WSR 17-03-009, filed 1/4/17, effective 7/1/17)

WAC 246-760-020 ((Frequency)) Screening requirements for schools ((to screen children)). ~~((1) A school shall conduct auditory and distance vision and near vision acuity screening of children:~~

~~(a) In kindergarten and grades one, two, three, five, and seven; and~~

~~(b) Showing symptoms of possible loss in auditory or visual acuity and who are referred to the district by parents, guardians, school staff, or student self-report.~~

~~(2) If resources are available, a school may:~~

~~(a) Expand vision screening to any other grade;~~

~~(b) Conduct other optional vision screenings at any grade using evidence-based screening tools and techniques; or~~

~~(c) Expand vision screening to other grades and conduct optional vision screenings as outlined in (a) and (b) of this subsection.~~

~~(3) If resources permit, schools shall annually conduct auditory screening for children at other grade levels.)~~ (1) Schools shall conduct annual screening for hearing and vision (both near and distance) for students:

(a) In kindergarten and in grades one, two, three, five, and seven; and

(b) Showing signs of possible reductions in auditory or visual acuity that may negatively impact their learning, or those referred to the district by parents, guardians, school staff, etc.

(2) If resources are available, a school may:

(a) Expand screenings to other grades;

(b) Conduct additional optional vision screenings at any grade using evidence-based screening tools and techniques; or

(c) Both expand screenings to other grades and conduct optional vision screenings as outlined in (a) and (b) of this subsection.

((AUDITORY ACUITY)) HEARING SCREENING STANDARDS

NEW SECTION

WAC 246-760-025 Hearing screening. (1) A school shall conduct all hearing screenings using tools and procedures that are linguistically, developmentally, and age-appropriate, and shall use screening tools identified in WAC 246-760-030.

(2) A school shall conduct hearing screening according to the tool's instructions and screening protocol.

(3) A school is not required to screen a student who has already had a comprehensive audiological evaluation by a licensed professional within the last 12 months. Schools need a report or form signed by a licensed professional to waive the screening, indicating that an examination has been administered. A school must place this report or form in the student's health record.

(4) A school is not required to screen a student reported by the school district as having reduced hearing levels, as required under RCW 72.40.060.

(5) Exempt students may request to participate in hearing screenings to promote inclusion and prevent stigmatization.

AMENDATORY SECTION (Amending WSR 02-20-079, filed 9/30/02, effective 10/31/02)

WAC 246-760-030 ((What are the auditory acuity screening standards for screening equipment and procedures?)) Required and alternative hearing screening tools. (1) Schools shall use ((auditory)) hearing screening equipment ((providing)) that delivers tonal stimuli at frequencies ((at one thousand, two thousand, and four thousand hertz)) of 1,000, 2,000, and 4,000 hertz (Hz) at ((hearing)) a sound level((s)) of ((twenty)) 20 decibels (dB), ((as)) measured at the earphones, ((in reference to)) consistent with Acoustical Society of America (ASA)/American National Standards Institute (ANSI) ((1996)) S3.6-2018 (R 2023) standards.

(2) Qualified persons will check the calibration of frequencies and intensity at the earphones at least ((every twelve months, at the earphones,)) once a year using equipment designed for audiometer calibration.

(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:

(a) Students with special health care needs;
(b) Students with developmental delays or disabilities;
(c) Students who speak a language other than English;
(d) Students who are not old enough or have difficulty understanding the screener's instructions.

(4) OAE screening devices shall not replace screening using pure tone hearing screening equipment except as described in subsection (3) (a) through (d) of this section.

(5) If schools use OAE devices for students who cannot participate in pure tone hearing screening, they shall use calibrated equipment that delivers appropriate stimuli and pass/refer criteria.

(a) The tonal stimuli used during the test must be:

(i) 65/55 dB for distortion product otoacoustic emissions (DPOAEs); or

(ii) 80 dB for transient evoked otoacoustic emissions (TEOAEs).

(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 2,000 Hz to 8,000 Hz.

AMENDATORY SECTION (Amending WSR 02-20-079, filed 9/30/02, effective 10/31/02)

WAC 246-760-040 (~~(What are the procedures for auditory acuity screening?)~~) **Hearing screening procedures.** (1) Schools shall screen all ~~((children))~~ students referenced in WAC 246-760-020 ~~((on an individual basis at one thousand, two thousand, and four thousand))~~ using hearing screening equipment that delivers tonal stimuli at 1,000, 2,000, and 4,000 Hz.

(2) The screener shall:

(a) Conduct screenings in an environment free of extraneous noise, to the extent possible in a school setting;

(b) Position the student so they cannot see the front of the hearing screening equipment or are not facing it;

(c) Present each ~~((of the tonal stimuli))~~ tone at a hearing level of ~~((twenty))~~ 20 dB ~~((based on the))~~, following ASA/ANSI ~~((1996))~~ 2023 standards;

~~((b) Conduct screenings in an environment free of extraneous noise;~~

~~((e))~~ (d) Reinstruct the student or reposition the earphones if they appear confused or do not respond to the tonal stimuli;

(e) If at all possible, complete screening within the first semester of each school year;

~~((d))~~ (f) Place the results of screenings, any referrals, and referral results in each student's health and/or school record; and

~~((e))~~ (g) Forward the results to the student's new school if the student transfers.

(3) If a student cannot participate in pure tone hearing screening, an OAE device may be used. For screeners using OAE devices, they shall:

(a) Examine the student's ear to select an appropriately sized probe tip that fits comfortably and securely in the ear canal;

(b) Insert the probe into the student's ear canal and begin the screening. Make sure the equipment shows that the probe is securely in place and that the student is calm and still. For the best results,

the screener should help the student stay quiet and keep the probe steady during the test;

(c) Continue measuring the OAE response until the equipment shows either a "PASS" or "REFER" result.

AMENDATORY SECTION (Amending WSR 02-20-079, filed 9/30/02, effective 10/31/02)

WAC 246-760-050 (~~(What are the auditory acuity)~~) **Hearing screening referral procedures** (?). (1) If a (~~(child)~~) student does not respond to one or more frequencies in either ear during a hearing screening or gets a "refer" result from an OAE:

(a) The school must rescreen the (~~(child)~~) student within six weeks, allowing a minimum of one to two weeks between screenings when possible; and

(b) The school must notify (~~(their)~~) the student's teachers (~~(of)~~) about the need for preferential (~~(positioning)~~) seating in class (~~(because of)~~) due to the possibility of decreased hearing; and

(c) If the student's results indicate that further assessment or follow-up is needed, the school shall notify the parents or legal guardian (~~(of the need for audiological evaluation if the student fails the second screening)~~) that a comprehensive evaluation may be necessary. This evaluation may be preceded by a medical assessment to rule out other factors and to access audiology services as needed.

(d) If a school district utilizes OAE devices as part of its hearing screening procedures, the school shall identify and document the specific type of screening device used.

(2) The school(~~(s)~~) shall notify parents or legal guardians (~~(of the need for medical)~~) if a comprehensive evaluation (~~(if)~~) is needed when:

(a) (~~(Indicated by audiological evaluation)~~) The results of a hearing screening suggest it; or

(b) (~~(Audiological evaluation is not available)~~) A school or school district does not have access to an audiologist on staff.

AMENDATORY SECTION (Amending WSR 02-20-079, filed 9/30/02, effective 10/31/02)

WAC 246-760-060 (~~(What are the auditory acuity)~~) **Hearing screening (~~(qualifications for)~~) personnel** (?) **qualifications.** Each school district shall designate a district audiologist, school nurse, speech language pathologist, health assistant or (~~(district)~~) other staff member (~~(having)~~) to be responsible for the hearing screening program. This person must:

(1) (~~(Responsibility for administering the auditory)~~) Oversee the hearing screening program; and

(2) Have the training and experience to:

(a) (~~(Develop)~~) Create an administrative plan for conducting (~~(auditory)~~) annual hearing screenings (~~(in cooperation with the)~~) and work with appropriate school (~~(personnel)~~) staff to ensure the program is carried out efficiently and effectively;

(b) Obtain and maintain the necessary (~~(instrumentation for carrying out the screening program, and)~~) screening equipment ensuring

~~((the equipment))~~ it is calibrated correctly and in ~~((proper))~~ good working order ~~((and calibration))~~; and

(c) ~~((Secure))~~ Recruit appropriate personnel for carrying out the screening program, if assistance is necessary, and ~~((for assuring))~~ assure these personnel are sufficiently trained to:

(i) Understand the purpose~~((s))~~ and regulations ~~((involved in))~~ of the ~~((auditory))~~ hearing screening program~~((s))~~; and

(ii) ~~((Utilize))~~ Use the screening equipment ~~((to ensure maximum accuracy))~~ properly to get accurate results;

(d) Ensure screening records are ~~((made))~~ created and distributed as appropriate; and

(e) Disseminate information to other school ~~((personnel familiarizing))~~ staff to familiarize them with aspects of a ~~((child's))~~ student's behavior ~~((indicating))~~ that may indicate the need for referral for ~~((auditory))~~ hearing screening.

The person designated as responsible for the hearing screening program must be sufficiently trained to meet the provisions in (c) of this subsection if they are involved in carrying out the screening program.

~~((VISUAL ACUITY))~~ VISION SCREENING STANDARDS

AMENDATORY SECTION (Amending WSR 17-03-009, filed 1/4/17, effective 7/1/17)

WAC 246-760-100 Qualifications for ~~((the visual acuity))~~ vision screening personnel. (1) Persons performing visual screening may include, but are not limited to, school nurses, school principals, other school personnel, or lay persons who have completed training in vision screening; and ophthalmologists, optometrists, or opticians who donate their professional services to schools or school districts. If an ophthalmologist, optometrist, or optician who donates his or her services identifies a visual problem that may impact a student's learning, the vision professional shall notify the school nurse, or the school principal or his or her designee of the results of the screening in writing but may not contact the student's parents or guardians directly per RCW 28A.210.020.

(2) Screening must be performed in a manner consistent with this chapter and RCW 28A.210.020. Any person conducting vision screening must be competent to administer screening procedures as a function of their professional training and background or special training and demonstrated competence under supervision by the school nurse, or the school principal or his or her designee.

(3) A lay person shall demonstrate his or her competence at administering the screening tools including controlling for lighting or distractions that could affect the screening results.

(4) Supervision, training, reporting and referral of vision screening shall be the responsibility of the school nurse, or the school principal or his or her designee. The principal or his or her

designee must demonstrate his or her competence in vision screening through supervised training by a competent school or public health nurse or licensed vision care professional, have supervisory ability and experience, and have the ability to work well with school staff and lay persons. Ideally, the person should demonstrate the ability to teach vision screening techniques and operations to others.

(5) Students in grades kindergarten through (~~twelve~~) 12 may not assist with or conduct vision screening of other students in their school district, unless students are supervised and conducting screening within the scope of an advanced vocational health-related curriculum such as nursing.