Joint Committee on Infant Hearing Guidance for Early Intervention/Early ACCESS Referral

JCIH 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs

JCIH's guiding principle is for continued improvements in the EHDI system. This includes lowering the age of identification and diagnosis of infants, as well as ensuring timely and effective interventions to improve language and social-emotional outcomes in children who are deaf or hard of hearing. The Joint Committee on Infant Hearing (JCIH) endorses early detection and early intervention for all infants who are, or who are at risk of being or becoming, deaf or hard of hearing. The goals of early hearing detection and intervention (EHDI) are to maximize language and communication competence, literacy development, and psychosocial well-being for children who are deaf or hard of hearing. Without appropriate language exposure and access, these children will fall behind their hearing peers in communication, language, speech, cognition, reading, and social-emotional development, and delays may continue to affect the child's life into adulthood. (p. 3, JCIH 2019 position statement).

If the referral for the pediatric diagnostic audiology evaluation did not originate with the infant's primary care provider (PCP), a copy of the diagnostic audiology report should be sent to the PCP with recommendations for medical and otologic evaluations (AAP Committee, 2017; AAP, 2014a, 2014b) and the state EHDI program CDC, 2016a). In addition, **a referral to the state Part C early intervention program must be made upon confirmation of a child being deaf or hard of hearing.** Although the Part C revised guidelines state the referral must be made within seven days, **immediate referral with a goal of 48 hours is recommended by JCIH in the early intervention best practices document** (JCIH, 2013). **Based on the 1-3-6 guidelines, referral to Part C should always be completed as soon as a child is diagnosed as deaf or hard of hearing, and always prior to six months of age.** Diagnosis does not imply that thresholds are determined for all test frequencies, but rather, based on key frequencies (e.g., 500 Hz and 2000 Hz), it can be shown through air- and bone-conduction testing that probable permanent threshold elevation exists in one or both ears. (p. 17, JICH 2019 position statement).

Following diagnosis of the hearing loss, audiologists should allow ample time to:

- listen to families and to answer their questions;
- support family decision-making;
- **provide additional resources**;
- provide information and referrals for family support;
- encourage families to advocate for their needs;
- use clear, simple (lay) language;
- **explain the process (e.g., referral to early intervention**);
- explain what will happen next (e.g., next appointment);
- explain the hearing aid or cochlear implant process, and
- discuss visual strategies and resources (p. 22, JCIH 2019 position statement).