

## OAE Screening Skills Checklist

### ✓Preparation

- ☐ Parents informed about OAE screening (parent letter)
- ☐ Adults (teacher, caregiver, parent, etc.) prepared to assist with screening
- ☐ Posters and "Listen Up" DVD provided to introduce children to screening

### ✓Set-up

- ☐ Appropriate environment selected or created
- ☐ Appropriate distracters (quiet toys) available
- ☐ All screening materials and supplies available
- ☐ Equipment functioning properly
- ☐ Hands sanitized per program's universal precautions policy

### ✓Child Management

- ☐ Playful, positive rapport established with the child
- ☐ Child positioned/re-positioned to facilitate screening
- ☐ Child quietly told (not asked) what the screener is going to do
- ☐ Visual or tactile distracters used, as needed, to engage child
- ☐ Assistance enlisted to distract child and/or re-direct behaviors

### ✓Start Screening

- ☐ Visual inspection of outer ear
- ☐ Remote probe assembly clipped to back of collar
- ☐ Screening unit turned on
- ☐ Tip placed properly on probe, pressed down all the way to probe base
- ☐ (Foam tips only) Tip formed into mushroom shape, away from probe opening
- ☐ Outer ear pulled back during probe tip insertion
- ☐ Probe inserted with angle toward the nose, then angled back
- ☐ Hands removed from ear and probe after insertion

### ✓Complete Screening

- ☐ Appropriate probe fit achieved (may require reinsertion of probe or different size)
- ☐ Correct buttons pushed to proceed quickly through the screening process
- ☐ If "refer" result, probe removed, checked for earwax, and re-inserted snugly
- ☐ If other non-passing result, equipment, environment, and/or screening conditions checked and adjusted prior to additional screening attempt.
- ☐ Probe removed by grasping the probe, not the cable
- ☐ Probe tip and nozzle checked for earwax blockage, replaced if needed, and other ear screened
- ☐ (Foam tips only) Tip removed by grasping plastic tubing, not foam material
- ☐ Used probe tip(s) placed in bag or container for disposal

### ✓Documentation

- ☐ Visual inspection outcome documented
- ☐ Screening outcome documented after completion of screening for each ear
- ☐ Appropriate follow-up step(s) identified



#### Supplies:

- Screening equipment (fully charged or extra batteries, as needed)
- Probe tips/covers (adult & pediatric sizes)
- Quiet toys/distractors
- Hand disinfectant
- Bag for used probe tips
- OAE Hearing Screening documentation forms
- Pen
- Flashlight (if screening in low light during naptime)
- Reward stickers

## **Sample Letter Introducing Parents to OAE Screening**

Dear Parents/Guardians,

I am writing to let you know of an exciting improvement in the area of hearing screening for all children, birth to three-years-old, in our program.

We are pleased that children in our program receive a variety of health screenings. As a part of this, we will be conducting hearing screening using otoacoustic emissions (or OAE) technology. This highly effective screening technique is already being used in many states across the country to screen newborns for potential hearing problems.

During OAE screening, a small microphone is placed in the child's ear. This microphone makes a series of soft clicks or tones. A micro-computer then measures how well the inner ear is working. For us, this technique represents an opportunity to screen young children in our program in a much more effective and reliable manner than ever before.

We have two goals in conducting hearing screenings:

0. 1. We want to help identify any undetected ear infections that can potentially affect your child's hearing. If your child does not pass the screening, we will be able to refer him or her for prompt medical evaluation and treatment.
0. 2. We want to identify any cases of more permanent hearing loss. This type of hearing loss is relatively rare in children. However, when it does exist, it is important to find it as early as possible. If a hearing loss goes undetected, a child will miss out on language-learning opportunities during the most critical period of development, from birth to three years of age. By identifying any hearing loss early in a child's life, we can provide immediate intervention.

The hearing screening process we are using is a simple and totally painless process. Some children even enjoy it. It takes only a few minutes to complete. In some cases, it may need to be repeated to obtain accurate screening results. If your child does not pass the screening, we will notify you and recommend that your child be examined by either a doctor or an audiologist (hearing specialist) for a more complete evaluation.

We are proud of the ways we continue to grow and improve our services. We are very fortunate to be able to provide this enhanced hearing screening service to our children. If you have any questions, please feel free to contact me.

Sincerely,

## Sample Letter of Referral for Parents

Dear Ms. / Mr. <contact last name>, As you know, all children participating in our program receive a hearing screening. We are pleased to offer this as a helpful resource in caring for your child's hearing health.

The results of your child's hearing screening are as follows:

Your Child's Left Ear:

Your Child's Right Ear:

After reviewing your child's hearing screening results, we are recommending that a more detailed examination be scheduled with a doctor. Some children may not pass the hearing screening due to wax blockage in the ear canal or a mild, undetected middle ear infection. It is therefore important that your child's ears be examined by a doctor as soon as possible.

We are referring your child to Dr. \_\_\_\_\_ whose phone number is:

\_\_\_\_\_. Please make an appointment as soon as possible. If you have questions or concerns, please call us at \_\_\_\_\_.  
Let us know if you need any help in making this follow-up appointment. Sincerely,

## Sharing Screening Results With Parents



An important part of the hearing screening process is explaining the results to a child's parents. As in all interactions, the way in which you share the results will be individualized to meet the needs of the families you serve. The following scripts display the level of detail that is appropriate for most parents. Remember that you are presenting screening results, not diagnostic results, so detailed explanations of the ear, possible causes of hearing loss, etc., is not appropriate. This is, however, a good time to explore any concerns that parents may have about a child's hearing or language development and to ensure that further referral and assessment is completed as needed. The sample scripts can be used to communicate results from either Otoacoustic Emissions (OAE) or Pure Tone Audiometric Hearing Screening. Insert the correct term in the sample scripts as indicated. Additional scripts on Page 5 provide answers to common questions and encourage parents to complete recommended next steps.

### OAE/Pure Tone Screen 1 or 2

#### Pass – Screen 1 or 2

*As one of the ways that we check each child's health and development, on <date> we screened <child name>'s hearing using <Otoacoustic Emissions (OAE) / Pure Tone> screening and both ears passed. This result is [1]reliable, but if you have any concerns about <his/her> hearing or language development, we can make a referral for a full assessment. Also remember that if in the future you notice that <he/she> seems to be having difficulty hearing or speaking, we can complete another screening or make a referral for further assessment. Do you have any questions? Would you like us to send a copy of the screening results to <child name>'s health care provider?*

*Now let's talk about important ways you can encourage <child name> to listen and speak. This will help <him/her> be ready for school.*

Discuss the ideas found on the following links:

- <http://www.pbs.org/parents/education/reading-language/reading-milestones/toddler-language-development-milestones/toddler-listening/>
- <http://www.pbs.org/wholechild/parents/talk.html>

#### Not Pass/Refer -- Screen 1

*As one of the ways that we check each child's health and development, on <date> we screened <child name>'s hearing using <Otoacoustic Emissions (OAE) / Pure Tone> screening. On this first screening, <child name> did not pass:*

- *either ear.*
- *the right ear but did pass the left ear.*
- *the left ear but did pass the right ear.*

*This doesn't mean that <he/she> has a hearing loss, but we do need to do another screening in two weeks. Many children pass this second screening but some need to go to the health care provider to check if there is a middle ear infection or other condition. Have you noticed if <child name> has been having any problems with hearing or an ear infection? We'll schedule the screening and let you know the results as soon as it is completed. Do you have any questions?*

### **Condition or Disorder Detected from Middle Ear Consultation**

*Thank you for taking <child name> to see the health care provider for the recommended middle ear evaluation. From the report, it seems that the health care provider completed the <otoscopy / pneumatic otoscopy / tympanometry> exam and found a <condition / disorder>. What are the plans for treating this <condition / disorder>? When will <child name> see the health care provider again for follow-up?*

*We will be conducting another <Otoacoustic Emissions (OAE) / Pure Tone> hearing screening after the <condition / disorder> has been treated. Many children pass this next screening, but some do not and need to see an audiologist to get a complete hearing test. We'll let you know the results of the next hearing screening and if any further testing needs to be done. Do you have any questions?*

### **OAE/Pure Tone Screen 3 (Rescreen after middle ear consultation)**

#### **Pass**

*On <date> we rescreened <child name>'s hearing using <Otoacoustic Emissions (OAE) / Pure Tone> screening and both ears passed. This result is [3]reliable, but if you have any concerns about <his/her> hearing or language development, we can make a referral for a full assessment. Also remember that if in the future you notice that <he/she> seems to be having difficulty hearing or speaking, we can complete another screening or make a referral for further assessment. Do you have any questions? Would you like us to send a copy of the screening results to <child name>'s health care provider?*

*Now let's talk about important ways you can encourage <child name> to listen and speak. This will help <him/her> be ready for school.*

*Discuss the ideas found on the following links:*

- <http://www.pbs.org/parents/education/reading-language/reading-milestones/toddler-language-development-milestones/toddler-listening/>
- <http://www.pbs.org/wholechild/parents/talk.html>

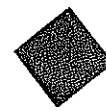
#### **Not Pass/Refer or Could Not Test**

*On <date>, we attempted to rescreen <child name>'s hearing using <Otoacoustic Emissions (OAE) / Pure Tone> screening and <child name>*

- *did not pass either ear.*
- *did not pass the right ear but did pass the left ear.*
- *did not pass the left ear but did pass the right ear.*
- *could not be screened because <briefly describe child's reaction>.*

*The next step is to have <child name> evaluated by a pediatric audiologist, a specialist who tests hearing. We will work with you to find a nearby audiologist and to coordinate this with <child name>'s health care provider. We will also send a copy of this referral to the health care provider. Do you have any questions?*

# OAE Hearing Screening Form



Early Childhood Hearing Outreach

[kidshearing.org](http://kidshearing.org)



Program \_\_\_\_\_ Child's Name \_\_\_\_\_

## Child Information

Child's ID #: \_\_\_\_\_

Date of Birth: (\_\_\_\_/\_\_\_\_/\_\_\_\_)

☐ Male ☐ Female

Screened for hearing loss at birth? ☐ Unknown ☐ Not screened ☐ Passed ☐ Referred

## Hearing Screening Outcomes

Screener's Name: \_\_\_\_\_

### Child's LEFT Ear

#### Visual Inspection

- ☐ Refer — Date (\_\_\_\_/\_\_\_\_/\_\_\_\_) → Consult health care provider; conduct OAE screening after medical clearance
- ☐ Pass

1st OAE (\_\_\_\_/\_\_\_\_/\_\_\_\_) 2nd OAE (\_\_\_\_/\_\_\_\_/\_\_\_\_)

☐ Can't test

☐ Refer

☐ Pass

☐ Can't test\*

☐ Refer

☐ Pass

Schedule follow-up (\_\_\_\_/\_\_\_\_/\_\_\_\_)

#### Middle Ear Consultation

(by health care provider or \*refer directly to a pediatric audiologist if child cannot be screened)



Notes:

Record outcomes on the **Diagnostic Follow-up Form**. After medical clearance, conduct an OAE Rescreen and refer for Audiological Evaluation (by a pediatric audiologist) if needed

### Child's RIGHT Ear

#### Visual Inspection

- ☐ Refer — Date (\_\_\_\_/\_\_\_\_/\_\_\_\_) → Consult health care provider; conduct OAE screening after medical clearance
- ☐ Pass

1st OAE (\_\_\_\_/\_\_\_\_/\_\_\_\_) 2nd OAE (\_\_\_\_/\_\_\_\_/\_\_\_\_)

☐ Can't test

☐ Refer

☐ Pass

☐ Can't test\*

☐ Refer

☐ Pass

Schedule follow-up (\_\_\_\_/\_\_\_\_/\_\_\_\_)

#### Middle Ear Consultation

(by health care provider or \*refer directly to a pediatric audiologist if child cannot be screened)



Notes:

Record outcomes on the **Diagnostic Follow-up Form**. After medical clearance, conduct an OAE Rescreen and refer for Audiological Evaluation (by a pediatric audiologist) if needed

## Time Data

Approximate total time with child required for screening (in minutes):

1<sup>st</sup> OAE \_\_\_\_\_

2<sup>nd</sup> OAE \_\_\_\_\_