NEWBORN HEARING SCREENING
SCOTTISH NEWBORN HEARING SCREENER
COMPETENCE FRAMEWORK
Document Control

Document Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date Issued</th>
<th>Owners</th>
<th>Other Related Documents</th>
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<tr>
<td></td>
<td></td>
<td>Scottish Newborn Hearing Screening Managers’ Network</td>
<td>Screeners’ Training Pack</td>
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Document History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Authors</th>
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<tr>
<td>1</td>
<td>2005</td>
<td>Newborn Hearing Screening Implementation Group</td>
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<tr>
<td>2</td>
<td>2008</td>
<td>Susan Campbell, Pat Carmichael and Leigh Hamilton In collaboration with Newborn Hearing Screening Managers’ Network</td>
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Document Future

<table>
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<tr>
<th>Anticipated Action</th>
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<tr>
<td>Review by Scottish Newborn Hearing Screening Managers’ Network</td>
<td>2015</td>
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Acknowledgements:

This document is based on the NHSP Newborn Hearing Screener Competence Framework compiled by Lindsay Kimm with minor amendments and additions to make it applicable in Scotland.
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1. SCOPE OF DOCUMENT
This document covers the competence framework, training requirements and ongoing assessment of all newborn hearing screeners working in Scotland.

In Scotland newborn hearing screeners may

- undertake screening as a dedicated role, being solely employed for that purpose
- undertake screening as part of another role either within the hospital setting or in the community (e.g. Health Care Assistant, Nursery Nurse, Midwife or Health Visitor)

All newborn hearing screeners regardless of the terms of their employment or place of work must complete satisfactorily initial competency based training using the National Hearing Screener Training Pack and ongoing review of their performance.

2. INTRODUCTION
About one to two babies per 1,000 births are born with a hearing loss that will affect their social and language development. Early screening means that if a hearing loss is detected parents can receive the information and support they need as early as possible.

All Health Boards in Scotland now offer babies a Newborn Hearing Screen soon after birth.

All personnel carrying out newborn hearing screening must complete the nationally agreed training pack and be assessed as competent to carry out the screening procedure.

All hearing screeners should have an annual competency assessment as part of their continuing professional development.

In Scotland, Newborn hearing screening can take place in a variety of settings, including hospital, baby’s home, clinic or surgery. As the screen involves the use of specialist equipment and good communication of possible outcomes to the family, it is important that the screen should only be carried out by competent trained individuals working to agreed national protocols.
In Scotland there are 13 hospital based models of hearing screening and one model offering community screening. Screening will usually be offered either in hospital prior to discharge or by the Health Visitor at about 10 days of age.

In Scotland there are two screening protocols in use:

OAE 1, OAE 2 and AABR Protocol is used in Argyll and Clyde, Grampian, Highland, Lanarkshire, Tayside Orkney and Shetland.
For sites using OAE and AABR, Hearing Screeners must be trained and competent in both screening methods.

AABR 1 and AABR 2 Protocol is used in Ayrshire and Arran, Borders, Dumfries and Galloway, Fife, Forth Valley, Greater Glasgow and Clyde, Lothian and Western Isles.
For sites using AABR, Hearing Screeners must be trained and competent in AABR only.

**Automated Otoacoustic Emissions (AOAE).**
A small soft-tipped earpiece is placed in the baby’s outer ear and soft clicking sounds are played. When an ear receives the sound, the cochlea produces a sound in response; these responses can be picked up by the tiny microphone earpiece.

**Automated Auditory Brainstem Responses (AABR).**
Specially designed baby headphones deliver quiet clicking sounds. Responses from the baby’s hearing pathway (from the nerve of hearing to the brainstem) can be picked up via three small sensors that are placed on the baby’s head, neck and shoulder.

Babies referred from the hearing screening programme should be seen for a full audiological assessment within 4 weeks of screen completion.
3. **OVERVIEW OF KNOWLEDGE & SKILLS**

Newborn hearing screeners are required to have a broad base of knowledge and skills covering a number of different dimensions as detailed in this table.

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
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<tbody>
<tr>
<td>Communication</td>
<td>Communicate with a range of people on a range of matters</td>
</tr>
<tr>
<td>Personal &amp; People Development</td>
<td>Develop own skills and knowledge and provide information to others to help their development</td>
</tr>
<tr>
<td>Health, Safety and Security</td>
<td>Monitor and maintain health, safety and security of self and others</td>
</tr>
<tr>
<td>Service Improvement</td>
<td>Contribute to the improvement of services</td>
</tr>
<tr>
<td>Quality</td>
<td>Maintain quality in own work and encourage others to do so</td>
</tr>
<tr>
<td>Equality &amp; Diversity</td>
<td>Support equality and value diversity</td>
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### 4. PERFORMANCE CRITERIA

**Newborn Hearing Screeners must be able to:**

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<tbody>
<tr>
<td>1.</td>
<td>Obtain all the necessary information about the mother and baby before approaching the parent/s</td>
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<tr>
<td>2.</td>
<td>Check whether it is appropriate/convenient to approach the mother with the appropriate staff</td>
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<tr>
<td>3.</td>
<td>Establish own identity to parent/s</td>
</tr>
<tr>
<td>4.</td>
<td>Establish baby and parent/s identity</td>
</tr>
<tr>
<td>5.</td>
<td>Introduce the Newborn Hearing Screen and check that it is convenient to discuss the screen with the parent/s</td>
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<tr>
<td>6.</td>
<td>Try to establish a rapport in order to give reassurance and gain parental trust and confidence</td>
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<td>7.</td>
<td>Ensure parent/s are aware screening service is being offered to all parents</td>
</tr>
</tbody>
</table>
| 8. | Provide parent/s with all information including:  
  a. Your Baby`s Hearing Screen  
  b. Why screen is being offered  
  c. Explanation of the screening procedure  
  d. Steps involved in the screening process  
  e. Possible outcomes and potential actions |
| 9. | Answer any questions about the screen as promptly as possible within role, knowledge and responsibilities |
| 10. | Refer all questions outside responsibility or knowledge, or any concerns in relation to mother or baby`s health and wellbeing to relevant member of staff immediately |
11. Obtain consent/decline from person with parental responsibility following agreed protocols:
   - for screening to take place
   - for data access and transfer

12. Ensure security, privacy and quiet as much as possible while screen is taking place

13. Adhere to appropriate national and local hygiene and infection control protocols

14. Handle the baby in a comfortable and safe manner at all times (baby to be handled as little as possible by screener)

15. Ensure that the baby’s clothing is adjusted as appropriate before and after screening

16. Screen the baby using nationally approved equipment and national protocols

17. Inform parent/s what is happening throughout the procedure where possible and involve them throughout the procedure where appropriate

18. Accurately document all appropriate parent and baby details, including screen outcomes when completed, in the appropriate records, including IT systems where used, in a timely manner. Confidentially to be maintained at all times.

19. Give parent/s appropriate information at the end of the procedure and remind them of the next steps

20. Follow the appropriate procedures when screen results obtained for:
   - Clear responses from both ears
   - No clear response/s from one or both ears

21. Follow procedures for follow-up appointments as required
5. KNOWLEDGE AND UNDERSTANDING

Newborn Hearing Screeners must have:

5.1 Legislation, policy and good practice

1. A factual awareness of the current national legislation, national guidelines and local policies and protocols which affect work practice in relation to undertaking a newborn hearing screen using an Automated Otoacoustic Emissions screen (AOAE) and where appropriate an Automated Auditory Brainstem Response screen (AABR) including national and local baby-care guidelines.

2. A factual awareness of the importance of working within own sphere of competence and seeking advice when faced with situations outside that sphere of competence.

3. A working understanding of the importance of applying standard infection control precautions and the potential consequences of poor practice.

4. A working understanding of:
   a. the concept of informed choice
   b. rationale for consent
   c. parental responsibility and who has it

5. A working understanding of role in the maintenance of a safe environment.

6. A working understanding of security issues relevant to the newborn hearing screening process and care of the newborn.

7. A working understanding of the general principles behind screening programmes.

8. A working understanding of the typical interventions for children with hearing impairment.

9. A working understanding of the appropriate use of interpreters.
### 5.2 Anatomy and Physiology

1. A working understanding of the structure of the ear and the physiology of hearing.

2. A working understanding of common types and causes of hearing impairment.

### 5.3 Care and Support of the Individual

1. A working understanding of what constitutes a positive family history of childhood hearing loss and how to obtain it.

2. A working understanding of the value of newborn hearing screening for the baby and family.

3. A working understanding of the roles of others directly involved in the identification, management and support of a child diagnosed with a hearing impairment.

4. A working understanding of all personnel involved in the general care and support of newborn babies and their parent/s.

5. A working understanding of the Deaf community in terms of potentially different expectations and language use.
### 5.4 Materials and Equipment

1. A working understanding of the AOAE, and where appropriate AABR, equipment in terms of:
   - function
   - maintenance
   - routine checks
   - calibrations
   - data archiving

2. A working understanding of the screening protocols.

3. A working understanding of the equipment protocols.

4. A working understanding of national and local infection control protocols relating to screening equipment use.

### 5.5 Procedures and Techniques

1. A working understanding of what screening is and the limitations of screening.

2. An in-depth understanding of the newborn hearing screening programme process.

3. An in-depth understanding of the possible screening outcomes and how to deal with these.

4. An in-depth understanding of the next stages of the screening, including referral if no clear responses obtained.
5.6 Records and Documentation

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<tbody>
<tr>
<td>1.</td>
<td>A working understanding of why all details including outcomes must be accurately documented.</td>
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<tr>
<td>2.</td>
<td>A working understanding of how the electronic information system works and data is electronically transferred from screening equipment to the IT system as appropriate.</td>
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<td></td>
<td>A working understanding of why and how confidentiality is maintained.</td>
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<td>A working understanding of family friendly issues.</td>
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<tr>
<td>5.</td>
<td>A working understanding of the Newborn hearing screening information associated with the newborn hearing screening programme.</td>
</tr>
<tr>
<td>6.</td>
<td>A working understanding of how and when to use the Newborn hearing screening information provided.</td>
</tr>
<tr>
<td>7.</td>
<td>A working understanding of immediately reporting any issues outside sphere of competence to a relevant member of staff.</td>
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6. **NEWBORN HEARING SCREENING - TRAINING REQUIREMENTS**

6.1. **Newborn Hearing Screeners (non Health Visitors)**

Newborn Hearing Screeners must have successfully completed the following:

- Appropriate local induction
- Completed the national newborn hearing screener training pack
- Minimum of 5 days shadowing a screener who performs to a high standard
- 1 days intensive training on eSP (Hearing Screening Management system) If appropriate for local practice.

Prior to screening unsupervised the hearing screener must:

- be supported by the Newborn Hearing Screening Service Manager or a senior/experienced screener at all times
- perform 20 OAE’s and 20 AABR’s under close supervision***
- complete the competency assessment by direct observation of the screener using appropriate documentation
- complete the theory assessment

*** For sites using AABR Protocol no practical training on OAE’s will be required.

After the National Hearing Screener Competence Assessment:

- if the assessor deems the new screener to be competent and performing newborn hearing screening to an acceptable standard the screener can then screen unsupervised.
- If the assessor deems the new screener not competent, the local service manager must decide appropriate action in terms of further training and supervision
6.2 Newborn Hearing Screeners (Health Visitors/ Midwives)

Newborn Hearing Screeners who are qualified Health Visitors must successfully complete the following:
- 1 day newborn hearing screening theory training
- 1 day practical OAE training
- complete the national newborn hearing screener training pack

Prior to screening unsupervised:
- practical training to be undertaken by local newborn hearing screening service manager or senior/experienced screener
- screener to perform 20 OAE’s and 20 AABR’s under close supervision
- screener competence to be assessed by local newborn hearing screening service manager by direct observation of the screener using the Health Visitor Practical Assessment documentation
- complete the theory assessment

After the Screener Competence Assessment:
- if the service manager deems the new screener competent, the screener can then screen unsupervised
- if the service manager deems the new screener not competent, the service manager must decide appropriate action in terms of further training and supervision
7. NEWBORN HEARING SCREENER ANNUAL COMPETENCY ASSESSMENT

7.1 Requirements
It is the responsibility of the newborn hearing screening service manager in each Health Board area to ensure all hearing screeners are fully competent to perform the role.

A register of screener competency assessments should be maintained by the service manager.

All assessments should be discussed with the screener prior to being carried out. After completion, the screener should be offered constructive feedback and appropriate training provided as necessary.

All personnel who carry out newborn hearing screening should undergo an initial theory assessment and an initial practical assessment prior to screening unsupervised. The Scottish Newborn Hearing Screening Managers Group recommends a formal yearly assessment of competence to include:

- technical aspects
- communication skills

These assessments should be carried out by the service manager by direct observation of the screener and completing the hearing screener annual competency assessment. There should also be continuous monitoring of clear response/no clear response rates and accuracy of data entry into eSP.
7.2 Aims & Objectives

Aim 1: To assess quality of training provision
Objective 1: To ensure that screeners are provided with the quality of training that enables them to perform newborn hearing screening safely and competently.

Aim 2: To assess that programme information is clearly understood by the screener
Objective 2: To ensure that programme information is used appropriately

Aim 3: To assess that the screener understands the issues involved in talking with parents about newborn hearing screening
Objective 3: To ensure that there is effective communication between screener and parent so that
   i. parents are able to give informed consent
   ii. parental anxiety is minimised

Aim 4: To assess that the screener understands the issues involved in the care and safety of mother and child
Objective 4: To ensure that the screener is working appropriately and safely as part of the local newborn hearing screening team.

Aim 5: To assess the practical performance of the screener
Objective 5a: To ensure that the screener acts in a professional manner and can demonstrate competence in carrying out all aspects of newborn hearing screening
Objective 5b: To identify further training requirements to ensure a quality service is maintained

Aim 6: To monitor service standards
Objective 6: To ensure a quality service is provided that meets the needs of parents and families
8. HEARING SCREENER OAE ANNUAL COMPETENCY ASSESSMENT GUIDELINES

1. **Clear and accurate information given**
   - Offering screen to ALL babies
   - Why screening newborns
   - Explain advantages of screen
   - Hearing Screening Information Leaflet given – time to read
   - Explain screen
     - sound in response to sound
     - earpiece fit
     - baby settled
   - Explain disadvantages of screen = time it takes and warnings.

2. **Warning of no clear response & action**
   - Possible Hearing Loss
   - Ear canal debris
   - Unsettled baby
   - Noise in the room
   - What will happen if no clear response

3. **Full informed consent/decline obtained**
   - Questions answered
   - Permission to screen
   - Permission to use data
   - Read and sign – parental responsibility
   - Ascertain family history of childhood hearing loss

4. **Care of individual**
   - Professional manner
   - Care and consideration shown to baby and parent/s
   - Baby handled in safe and comfortable manner
   - Hygiene observed
   - Baby and parent/s privacy and confidentiality respected
5. **Equipment checks**
   Visual check
   System checks as per local protocols
   Calibration as per local protocols
   Equipment charge sufficient for expected use

6. **Data Entry**
   Tester ID
   Family name
   Baby CHI number
   Date of birth
   Gender
   Equipment ID

7. **Selection & fitting of appropriate sized earpiece tip**
   Ear canal observed
   New, largest appropriate size tip used
   Tip fully gripping earpiece

8. **Earpiece placement into ear canal**
   Ear canal clearly opened
   Firm, snug fit

9. **Assessment of earpiece fit and action**
   Earpiece stays securely in place without support
   Earpiece cable placed so no drag or rubbing
   Refit as necessary

10. **Assessment of earpiece and tip for debris and action**
    Change as necessary
    Associated checks
11. **Assessment of environmental conditions and action**
   Number of `rejects` due to noise appropriate
   Settle baby as necessary
   Reduce room noise as necessary

12. **Starts test appropriately**
    Settled baby
    Parent happy

13. **Saving of test data**
    Save test to correct ear
    Clears baby information as appropriate for specific equipment

14. **Outcome given to parent**
    After each ear screened – Clear response/No clear response
    Next stage in the screening process explained

15. **Questions answered appropriately**
    Promptly
    If unable to answer appropriate arrangements made

16. **Delivery of appropriate paperwork to parent**
    Hearing Checklist as appropriate
    Clear response letter as appropriate, if applicable
    Appointment details as appropriate

17. **Completion of appropriate paperwork**
    Parent details
    Child Health Form
    Discharge/Referral details
18. **Equipment care and charge**

System cleaned as appropriate

Cable stored without `kinks`

System safe

Charged/arrangements made as appropriate
9. HEARING SCREENER AABR ANNUAL COMPETENCY ASSESSMENT GUIDELINES

1. Clear and accurate information given
   AABR section of booklet highlighted – time to read
   Explain screen
   - Sensors – shown, where to be placed
   - Skin prepared
   - Baby friendly earphones
   - Baby settled
   - Takes longer – can take 20 mins+

2. Warning of no clear response and action
   Possible Hearing Loss
   Ear canal debris can still affect
   Unsettled baby
   Noise in the room
   What will happen if no clear response?

3. Care of individual
   Professional manner
   Care and consideration shown to baby and parent/s
   Baby handled in safe and comfortable manner
   Hygiene observed
   Baby and parent/s privacy and confidentiality respected

4. Equipment checks completed
   Visual check
   Listen for clicks
5. **Data Entry**
   - Tester ID
   - Family name
   - Baby CHI number
   - Date of birth
   - Gender

6. **Skin Preparation**
   - Skin held taught
   - Sweeps – single direction

7. **Sensor placement**
   - Skin taught
   - Uncontaminated

8. **Sensor connection**
   - Correct connections – baby and equipment
   - Cables upwards and not twisted

9. **Earmuff placement**
   - Complete ear within muff
   - Minimum of hair involvement
   - Ambient noise excluded

10. **Assessment of environmental conditions and action**
    - Indicators observed
    - Settle baby as necessary
    - Reduce room noise as necessary

11. **Saving of test data**
    - Save test to correct ear
    - Saves information to system as appropriate
12. **Outcomes given to parent**
   Clear response/No clear response
   Next stage in the screening process explained

13. **Questions answered appropriately**
    Promptly
    If unable to answer appropriate arrangements made

14. **Delivery of appropriate paperwork to parent**
    Hearing Checklist/Leaflet3 as required
    Clear response/referral letter

15. **Completion of appropriate paperwork**
    Parent details
    Child Health form
    Discharge/Referral details

16. **Equipment care and charge**
    System cleaned as appropriate
    Cable stored without `kinks`
    System safe
# HEARING SCREENER PRACTICAL ASSESSMENT

**SCREENER:**

**DATE:**

**ASSESSOR:**

**Rating scale:**
- Outstanding - 4
- Above Average - 3
- Average - 2
- Below Average - 1
- Unacceptable - 0

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<tr>
<th>Activity Assessed</th>
<th>Comments</th>
<th>RATING</th>
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<tr>
<td><strong>Appearance:</strong></td>
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</tr>
<tr>
<td>- neat &amp; tidy</td>
<td></td>
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<td>- name badge visible</td>
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<td>- no rings/watches</td>
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<td>- no long sleeves</td>
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<tr>
<td><strong>Room set up/equipment set-up:</strong></td>
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<tr>
<td>- neat &amp; tidy</td>
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<td>- enough consumables e.g. sensors, leaflets, hand gel etc.</td>
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<tr>
<td><strong>Equipment checks:</strong></td>
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<tr>
<td>- equipment set up correctly and powered up</td>
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<tr>
<td>- position appropriate for screening</td>
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<td>- listening check carried out</td>
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<tr>
<td><strong>Identifies self to patient in a professional and considerate manner:</strong></td>
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<td>- approachable</td>
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<td>- friendly</td>
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<td>- builds rapport with parents</td>
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<td><strong>Provides appropriate information to parents prior to screen:</strong></td>
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<tr>
<td>- check parent has leaflet</td>
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<td>- check have read leaflet</td>
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<tr>
<td>- check understood screen</td>
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<tr>
<td>any questions answered confidently</td>
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<td></td>
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<tr>
<td>- correct information given</td>
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<tr>
<td>Task Description</td>
<td>Notes</td>
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<tr>
<td>Obtain demographic information from parent:</td>
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<tr>
<td>- correct data obtained</td>
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<td>- check for risk factors</td>
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<tr>
<td>Obtains consent for hearing screen:</td>
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<tr>
<td>- written consent obtained before screen</td>
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<tr>
<td>- non-consent documented</td>
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<tr>
<td>Explanation of screening process:</td>
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<tr>
<td>- clear information re timescales and possible outcomes</td>
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<tr>
<td>Wash hands:</td>
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<tr>
<td>- correct hand washing procedure followed</td>
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<tr>
<td>Perform Hearing Screen using OAE or AABR as required by local protocols:</td>
<td></td>
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<tr>
<td>- baby handling appropriate</td>
<td></td>
<td></td>
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<tr>
<td>- professional manner</td>
<td></td>
<td></td>
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<tr>
<td>Demographic details correctly entered on screening equipment:</td>
<td></td>
<td></td>
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<tr>
<td>- check paperwork and equipment</td>
<td></td>
<td></td>
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<tr>
<td>Inform parents of outcome of hearing screen:</td>
<td></td>
<td></td>
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<tr>
<td>- correct information given</td>
<td></td>
<td></td>
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<tr>
<td>- check parents understood outcome</td>
<td></td>
<td></td>
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<tr>
<td>- appropriate paperwork given</td>
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<tr>
<td>- if risk factors give appropriate information</td>
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<tr>
<td>If pass result explain hearing can change and emphasise the checklist on pass letter</td>
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<td></td>
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<tr>
<td>- appropriate phrases used</td>
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<tr>
<td>White A5 CHSP form completed/or printed out as per local policy:</td>
<td></td>
<td></td>
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<td>-------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- demographic details</td>
<td></td>
<td></td>
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<tr>
<td>- correct and legible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- correct results</td>
<td></td>
<td></td>
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<tr>
<td>- correct codes used</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>If applicable targeted follow up referral completed or Audiology referral completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- demographic details correct</td>
</tr>
<tr>
<td>- correct results</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enter data onto eSP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- demographic details</td>
</tr>
<tr>
<td>- screening details</td>
</tr>
<tr>
<td>- any notes required</td>
</tr>
<tr>
<td>- outcome set correctly</td>
</tr>
</tbody>
</table>
**OAE PRACTICAL ASSESSMENT**

**SCREENER:**

**DATE:**

**ASSESSOR:**

**Rating scale:**
- Outstanding - 4
- Above Average - 3
- Average - 2
- Below Average - 1
- Unacceptable - 0

<table>
<thead>
<tr>
<th>Activity Assessed</th>
<th>Comments</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>OAE equipment set up correctly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calibration checks carried out</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate sized OAE tip selected – ear canal examined</td>
<td></td>
<td></td>
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<tr>
<td>Correct positioning of probe into ear canal:</td>
<td></td>
<td></td>
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<tr>
<td>- secure fit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- cable not dragging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment of earpiece fit and appropriate action taken</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment of environmental conditions and appropriate action taken:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- settled baby/number of rejects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate information given to parents:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- after each ear screened</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OAE data saved to appropriate ear</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**AABR PRACTICAL ASSESSMENT**

**SCREENER:**

**DATE:**

**ASSESSOR:**

**Rating scale:**
- Outstanding - 4
- Above Average - 3
- Average - 2
- Below Average - 1
- Unacceptable - 0

<table>
<thead>
<tr>
<th>Activity Assessed</th>
<th>Comments</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>AABR equipment set up correctly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AABR calibration checks carried out</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear explanation of AABR to parent - sensor, placement, skin preparation, earphones, time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correct preparation of skin, sensor placement and headphone placement - impedance values low</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment of environmental conditions and appropriate action taken - unsettled baby - noise in room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate information given to parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensors and headphones removed and disposed of correctly - use of water if required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AABR data saved correctly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cables cleaned and stored appropriately</td>
<td></td>
<td></td>
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</tbody>
</table>
HEARING SCREENER THEORY ASSESSMENT

The aim of this assessment is to gauge your understanding of each topic. We are not looking at grammar or spelling. It is not always necessary to use complete sentences but please use your own words.

Anatomy & Physiology
1. Name and briefly explain the function of the parts of the ear that are labelled 1 – 9 on the diagram

Name – Description
1. ........................................................................................................
2. ........................................................................................................
3. ........................................................................................................
4. ........................................................................................................
5. ........................................................................................................
6. ........................................................................................................
7. ........................................................................................................
8. ........................................................................................................
9. ........................................................................................................
10. .................................................................................................
2. Give three advantages for the early identification of hearing loss

3. List four reasons why you may be unable to obtain a clear response on a hearing screen.

4. Briefly describe how babies should normally be positioned in a cot prior to screening.

Otoacoustic Emissions (OAE’s)

5. Name the two main parts of the Otoacoustic emission earpiece and describe the function of each part.

6. How does background noise interfere with the OAE screen and how can you optimise screen conditions?
**Automated Auditory Brainstem Responses (AABR’s)**

7. Which part of the auditory pathway is measured using the AABR screen?

8. What type of response is being measured and how is it picked up?

9. List four ways of ensuring good test conditions for the AABR.

**Types of Hearing Loss**

10. Which part of the ear is affected in a conductive hearing loss?

11. Which parts of the ear are affected in a sensorineural loss?

**Basis Acoustics**

12. Describe what you understand by sound frequency?

13. Describe what you understand by sound intensity?