

OAE Hearing Screening Implementation Checklist



Early childhood programs undertaking Otoacoustic Emissions (OAE) hearing screening for children 0 - 3 years of age are strongly encouraged to do so with the involvement of a pediatric audiologist who can provide training, technical support and consultation in program planning. Audiologists can also play a supervisory role in monitoring screening and follow-up activities that significantly contribute to the long-term quality of the screening program. If you do not have access to an audiologist to partner with, it may be helpful to contact your state's newborn hearing screening or [Early Hearing Detection and Intervention \(EHDI\) Program](#) to find out if there are audiologists in your area who have expertise with children and can assist you in your efforts. Additional partners may include individuals/entities implementing other state screening efforts and local health care providers who may also play a role in training, technical assistance and information sharing.

Early childhood program staff, the consulting audiologist and persons who will be providing technical support should print this Checklist and work through each item together. (All materials and resources referenced below are available at <http://www.infantheating.org/earlychildhood/library.html>. Some are available in [Spanish](#).)

- 1. Watch a 25-minute [Introduction to the ECHO Initiative video](#) to understand the elements involved in getting trained and ready to implement an effective OAE hearing screening program.
- 2. Decide on the specific screening and follow-up protocol to be followed. (See [Instructional Guide](#), [Snapshot of OAE Screening Protocol](#), and [OAE Screening Form](#).) Determine how often children will be screened as a matter of standard practice (at a minimum, annually) and whether some children will be screened at more frequent intervals based on risk factors.
- 3. Select and purchase OAE equipment demonstrated to work effectively for screening children 0 - 3 years of age. (See [Elements to Consider When Purchasing OAE Equipment](#), [OAE Equipment Comparisons](#) and [OAE Equipment Reviews](#).) Current cost of OAE equipment is approximately \$3400 - \$4000. Also purchase an adequate supply of disposable probe tips. If funding for equipment is needed, identify charitable organizations from whom funds might be requested and use the [Sample Grant Application](#) to solicit funds.
- 4. Use the following resources to invite participation and prepare all individuals who will ultimately contribute to screening program success including children, parents, teachers, and health care providers:
 - [Listen Up sing-along video](#) prepares children, parents and teachers for OAE screening.
 - [Information for Teachers](#) helps teachers to know how they can support OAE screening.

- [Information for Parents](#) explains OAE screening to parents.
 - [Information for Health Care Providers](#) introduces your OAE screening program to health care providers who may be receiving referrals.
5. Identify who will perform the OAE screening, and when and where the training will be conducted using the [Training Preparation Checklist](#). The [Training and Technical Assistance Manual for Audiologists](#) provides useful information to the consulting audiologist on how to set up and structure the training.
 6. Train all individuals responsible for screening and follow-up using the 4-part [Training Video](#) followed by supervised hands-on practice screening other adults and then children. The [Instructional Guide](#) can be printed and provided to each participant.
 7. Designate where the OAE equipment will be stored and who will be responsible for equipment care, maintenance, ordering supplies, coordinating use of equipment, etc.
 8. Determine what documentation of screening results will be provided to parents, health care providers and audiologists when children refer from screening and need further evaluation. A sample [referral letter for parents](#) and [referral letter to health care providers](#) can be adapted to meet your needs.
 9. Review the [Diagnostic Follow-up Form](#) and determine how the referral process will be managed for children who do not pass the OAE Screening and need follow-up diagnostic consultation from a health care provider and/or audiologist. Establish a two-way referral system whereby you transmit information on children not passing the screening to health care providers AND obtain results of subsequent diagnoses and treatments. You will then need to rescreen children and potentially facilitate referral to an audiologist or other specialist.
 10. Determine how each individual child's screening results, and any subsequent diagnostic or treatment information, can be thoroughly documented in your tracking system. (See [Tracking and Monitoring Tools](#).)
 11. Monitor pass/refer rates, adherence with protocol and timelines, and follow-up on referrals. The audiologist should be prepared to provide additional technical assistance and support when needed. See the [Screening Skills Checklist](#) and [Monitoring for Program Quality Guidelines](#).
 12. Report to your [State EHDI Program](#) any child identified with a permanent hearing loss. Your EHDI program may have additional resources to help your program and/or the child's family. (See also the [Checklist for Supporting Families](#) and read an article on [Including Children with Hearing Loss in Early Childhood Programs](#).)

Find answers to other frequently asked questions at:
<http://www.kidshearing.org/frequentquestions>