

OAE Hearing Screening Implementation Checklist

Head Start programs undertaking OAE hearing screening of 0 - 3 year-old children 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.

In addition, other potential partners may be identified to help with training and technical assistance and with whom information and resources can be exchanged (such as state Early Hearing Detection and Intervention program staff, individuals/entities implementing other state screening efforts, local health care providers, state American Academy of Pediatrics Chapter Champions for newborn hearing screening, etc.)

Head Start staff, the consulting audiologist and other individuals 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.infanthearing.org/earlychildhood/hss_resources.html.)

- 1. Decide on the specific screening and follow-up protocol to be followed. (See [Instructional Guide](#) [PDF: 8 MB], [Snapshot of OAE Screening Protocol](#) [PDF], and [OAE Screening Form](#) [PDF].)
- 2. 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. Get acquainted with your state's newborn hearing screening or [Early Hearing Detection and Intervention \(EHDI\) Program](#) which has valuable information that can help with your screening program activities.
- 4. 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](#) [PDF].) 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.

- 5. Identify who will perform the OAE screening, and when and where the screening will be conducted.
- 6. Train all individuals responsible for screening and follow-up. The [Training and Technical Assistance Manual for Audiologists](#) [PDF: 1.5 MB] provides useful information to the consulting audiologist on how to set up and structure the training. The training workshop should include having participants watch the [Training Video](#) followed by supervised hands-on practice screening other adults and then children. A copy of the [Instructional Guide](#) [PDF: 8 MB] can also 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 [Health Care Provider Referral Letter](#) can be adapted to meet your needs.
- 9. Review the [Diagnostic Follow-up Form](#) [PDF] 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 their 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.
- 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 [Monitoring for Program Quality Guidelines](#) [PDF] and [Tracking and Monitoring Tools](#).)
- 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. (Also see [Resources for Children with Hearing Loss](#).)