

H-5 HEARING SCREENING POLICY AND PROCEDURE **HEAD START & EARLY HEAD START**

POLICY: All children enrolled in Head Start and Early Head Start will be provided with a hearing screening within 45 days of entry into the program. Hearing screening is intended to identify those children who may have significant hearing concerns needing audio logical and/or medical evaluation.

Preparation for screening procedure:

Definitions for this procedure:

The term "Classroom Staff" includes: Child/Family Advocate (C/FA) and Teacher

The term "Family Advocate" includes: Family Advocates (FA)

Documentation and follow-up are the primary responsibility of Social Service Home Visitor

1. Parent consent for hearing screening in the classroom is obtained during the enrollment process on the Parent Consent Form.
2. Health Resource Specialist (HRS) coordinates dates for classroom hearing screens with the Classroom Staff and/or Family Advocate at least one week in advance of performing screenings. Notices are sent by Classroom Staff or Family Advocate to the parents/guardians regarding the date and time of the screens (except in FD/FY classrooms where the FA will be solely responsible). The Classroom Staff ensures that the child and family are familiarized with the screening process prior to administering screens. Parents/guardians are encouraged to participate in the screening process.
3. Information regarding parents' potential concerns about their child's hearing will be collected during parent recruitment interview and by using the UMCHS Health and Developmental Histories. The HRS will determine if there are parent concerns by talking with Classroom Staff and/or FAs prior to screening and note any identified on the Hearing Screening Record at the time of screening. For infants less than 2 months of age, where ASQ is not available, staff will rely on direct observation and parent report to assist in the identification of potential hearing problems. For immediate concerns see Internal Referral Policy for guidance.
4. The HRS sets up equipment prior to having children brought to screening site. Screening will take place in the quietest area available where there will be the least amount of interruptions. HRS will take time to prepare children for screenings by introducing themselves and the process to the class prior to starting to screen.
5. When the child has been brought to the screening area, HRS will visually check the child's ears for any drainage. If a child has visible drainage in or around the ear, the HRS will note this on the Hearing Screening Record and will not perform the screening. HRS will inform the Classroom Staff or FA of this reason for not screening via the Hearing Screening Record. The Classroom Staff or FA will inform parent/guardian via the parent copy of the Hearing Screening Record and consult with the parent to help ensure that needed medical follow-up evaluation occurs. Classroom Staff or FA will document plan for obtaining the medical follow-up evaluation in child's anecdotal record/progress notes. After the child has received the medical evaluation; Classroom Staff or FA will follow-up with parent to obtain medical records for the follow-up treatment, coordinate a date for rescreening with HRS, and inform the parent of the re-screening date for the child.

6. Upon completion of the hearing screens, the HRS will complete the three part Hearing Screening Record form. The Classroom Staff or Family Advocate will provide the white copy to the parent and inform them of the results of the screening. The yellow copy is kept for the child's center file in the health section. The pink copy is forwarded to the Health Services Director for data entry into the Child Plus monitoring system. The HRS files the pink copies of the record for tracking and follow-up purposes as necessary. The Classroom Staff or FA will document the results of the screen on the Health Face Sheet. Explanation of any needed follow-up would be written in progress notes. Classroom Staff and/or FA will document any discussion with the parent regarding the screening results obtained or follow-up plans identified by the parent in the child's file.

Hearing Screening Procedure:

Newborn to 36 months (may be used with children >36 months due to special circumstances)

Otoacoustic Emissions (OAE) Screening must take place in a quiet setting with minimal background noise. Equipment used for the screen is the MAICO ERO SCAN.

1. Visually inspect the ear to be screened.

Look in front of and behind the ear for any abnormalities. Note any small pits, holes, or skin tags. These could be indicative of other abnormalities in the auditory system. Now, placing your index finger in front of the ear, pull gently back on the ear to open the canal. Look in as far as you can to make sure it is not blocked by anything that would obstruct the sound going in or the otoacoustic emission coming back out. If there is drainage coming from the ear, which is occasionally accompanied by a foul smell, or if the child displays heightened sensitivity to having the ear touched, do not proceed with the screening. Instead, bring the condition to the attention of the child's health care provider. Conduct the screening only when the child has been cleared by the health care provider. If some wax is present, you can proceed with the screening unless the canal appears to be totally blocked.

2. Select a probe tip and place it on the probe.

Note the size of the ear canal and choose a probe tip that is as large as, or slightly larger than, the ear canal opening. Place the tip over the end of the probe, pushing it all the way down. If you are using a soft, foam-type tip, you will want to compress it into a mushroom shape just before inserting it into the ear canal.

3. Turn on the equipment.

4. Clip the probe to the child's clothing.

Clip the probe cord to the back of the child's shirt where the child cannot see or reach it easily.

5. Prepare the child.

Make sure the child is comfortable and content

6. Insert the probe.

With one hand, take hold of the ear, pulling it out to open the canal. With the other hand, take the probe and insert the tip into the ear canal, toward the nose, and then turn it slightly back,

pushing it firmly into the canal. If you have chosen the correct size of probe cover, the probe will stay inserted firmly in the ear canal after you let go of it. **Never be tempted to hold the probe in the ear during the screening.** Learning how to select the right size tip and how to insert the probe firmly into the ear canal is central to reliable screening.

7. Push the button to start the screening and monitor the progress of the test.

Watch the displays. Help the child sit quietly while the screening is progressing.

8. Document the screening result.

When the screening is complete, the screen will either say “pass” or “refer. Record results from each ear on the hearing screening form.

9. Prepare to screen the other ear.

Remove the probe, check the probe cover and nozzle to make sure they are not blocked with wax, and test the other ear. You may use the same probe cover to test the other ear if it is not clogged with wax.

Children 36 months old and up:

Speech Audiometry: Screening must take place in a quiet setting with minimal background noise. Equipment used for screening is the Pilot Audiometer.

1. Child will wear headphones and be asked to point to objects. Familiarize child with the pictures before you begin the screening.
2. Start with Series 1 for the right ear. Repeat with Series 2 in left ear.
3. If child is having trouble understanding and/or participating attempt to redirect and use the 3rd and 4th series.

Pass= child is able to identify the picture that corresponds with the word spoken at 25 decibels with each ear.

Fail= child is not able to identify picture that corresponds with word spoken at 25 decibels with one or both ears.

4. Documentation is on the Hearing Screening Record. Only the pink copy of the Hearing Screening Record is sent to HSD for data entry.

Rescreen

1. If child fails any part of the above hearing screen, ensure parents are notified and rescreen child within two to four weeks.
2. The same screening method that was used for the first screen will be used for the rescreen.
3. HRS will coordinate a date with the Classroom Staff or FA to do rescreens. Classroom Staff or FA will notify parents of the screening date.

If the child is unable to pass the second screening of the OAE or Speech Audiometry and the HRS is confident in the reliability of the screening, a referral will be made to an audiologist with the local ESD or medical provider for further evaluation.

Interval:

EHS and HS children will be screened between 6 months prior to their enrollment up to 45 days after enrollment and then every year thereafter. Children who are identified as having potential hearing deficit may be screened more frequently as requested by parent and/or as needed.

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