



**Community and Public Health Environmental Initiative
Hearing Screening Protocol for Early Head Start, Head Start,
and Family Support Centers**

1) Goal: To integrate health and wellness into high quality early childcare and education programs.

2) Rationale:

- According to the Early Head Start Early Knowledge and Learning Center, young children can experience hearing loss at any time. By age six, nearly six out of every 1,000 children have hearing loss.
- Hearing is key to children's mastery of language and reading. If a child is not identified with hearing loss in a timely fashion, it can impact his/her cognitive, social, and emotional development. For children to communicate and learn to their maximum potential, their hearing should be screened periodically.
- Our protocols follow guidelines set by The National Center for Hearing Assessment and Management (NCHAM) at Utah State University, which serves as the Early Hearing Detection and Intervention, National Technical Resource Center (EHDI NTRC) funded by the *Maternal and Child Health Bureau (MCHB)* of the *Health Resources and Services Administration (HRSA)* at the United States Department of Health and Human Services (infanthearing.org).

3) Objectives:

- Screen infants and young children for hearing problems.
- Provide referrals for young children for more comprehensive hearing evaluation to diagnose problems early.

4) Logistics:

- Determine equipment for hearing screening. University of Maryland School of Nursing (UMSON) uses a WelchAllyn OAE Hearing Screener. This device provides otoacoustic emissions (OAE) hearing screening. OAE is an objective and reliable way of measuring hearing in children ages 0 to 3 as it does not require a behavioral response. It is the method used to screen hearing in newborns. For other hearing screening methods, go to <http://www.infanthearing.org/earlychildhood/library.html>.
- Schedule screening for hearing testing with the center director. The center director or staff will notify parents about screening and get signed consent.
- Review guidelines with BSN, RN-to-BSN and/or CNL students.
- Have students demonstrate competency in measurement techniques before performing screening tasks independently.
- Organize screening by class (infants, toddlers, preschoolers). Obtain a list of students and their DOB for each class that will be screened (see spreadsheet provided for screening).

- Conduct screening as a pair, working with one infant/child at a time and recording information on the spreadsheet as you go along.
- When all children have been screened, provide the results recorded on the spreadsheet to the center director. In addition, print the results from the WelchAllyn OAE Hearing Screener. Place a copy of the results in each child's chart.
- Prepare an individual report for the parent(s) or guardian of each child (see screening report forms). Attach a copy of the OAE print out.
- Meet with parent(s)/guardian to review the results. The clinical instructor, student, and parent must sign each form.
- If a child initially fails the OAE screening, schedule a retest two to three weeks after the initial test.
- If the child fails the hearing screen a second time, refer the child to the health care provider. Provide a referral letter with screening results attached and give to the parent to take to the pediatrician.
- After child is seen by pediatrician, screen the child a third time. If the child fails a third time, refer the child to an audiologist (see referral letter).
- Keep a copy of the spreadsheet with recorded results to track follow-up activities and for your program's records.

References:

- Early Childhood Learning and Knowledge Center. (2020, March 24). *Early Childhood Hearing Screening and Follow-up*. ECLKC. <https://eclkc.ohs.acf.hhs.gov/physical-health/article/early-childhood-hearing-screening-follow>.
- Utah State University. (2021). NCHAM: ECHO Materials and Tools Library. <http://www.infanthearing.org/earlychildhood/library.html>.