OAE Screening Skills Checklist

✓Preparation
____Parents informed about OAE screening (parent letter)
____Adults (teacher, caregiver, parent, etc.) prepared to assist with screening
____Posters and "Listen Up" DVD provided to introduce children to screening

✓Set-up
____Appropriate environment selected or created
____Appropriate distracters (quiet toys) available
____All screening materials and supplies available
____Equipment functioning properly
____Hands sanitized per program's universal precautions policy

Supplies:
- Screening equipment (fully charged or extra batteries, as needed)
- Probe tips/covers (adult & pediatric sizes)
- Quiet toys/distractors
- Hand disinfectant
- Bag for used probe tips
- OAE Hearing Screening documentation forms
- Pen
- Flashlight (if screening in low light during naptime)
- Reward stickers

✓Child Management
____Playful, positive rapport established with the child
____Child positioned/re-positioned to facilitate screening
____Child quietly told (not asked) what the screener is going to do
____Visual or tactile distracters used, as needed, to engage child
____Assistance enlisted to distract child and/or re-direct behaviors

✓Start Screening
____Visual inspection of outer ear
____Remote probe assembly clipped to back of collar
____Screening unit turned on
____Tip placed properly on probe, pressed down all the way to probe base
____ (Foam tips only) Tip formed into mushroom shape, away from probe opening
____Outer ear pulled back during probe tip insertion
____Probe inserted with angle toward the nose, then angled back
____Hands removed from ear and probe after insertion

✓Complete Screening
____Appropriate probe fit achieved (may require reinsertion of probe or different size)
____Correct buttons pushed to proceed quickly through the screening process
____ If "refer" result, probe removed, checked for earwax, and re-inserted
____ If other non-passing result, equipment, environment, and/or screening conditions checked and adjusted.
____Probe removed by grasping the probe, not the cable
____Probe tip and nozzle checked for earwax blockage, replaced if needed, and other ear screened
____ (Foam tips only) Tip removed by grasping plastic tubing, not foam material
____Used probe tip(s) placed in bag or container for disposal

✓Documentation
____Visual inspection outcome documented
____Screening outcome documented after completion of screening for each ear
____Appropriate follow-up step(s) identified

Develop Your OAE Screening Skills -- Practice Activities

Follow the relevant steps on the "Set Up," "Start Screening" and "Complete Screening" sections of the OAE Screening Skills Checklist as you engage in each exercise.

Exercise 1: Screen yourself

Conduct a screening on your own ear using an adult-size probe cover. As the screening proceeds, watch the unit display for a result or an error message and complete the appropriate next step. Remember, if you get a non-passing result, check the probe tip to make sure it is not blocked with wax, re-insert, and attempt the screening again. You may also need to experiment with a different size probe cover to get a snug fit. After getting a result, screen the other ear. Repeat this process until you are comfortable with all steps.

Exercise 2: Screen Other Adults

Using the Checklist as your guide, conduct a screening on the ear of another adult. Ask the person you are screening to remain still and quiet. As the screening proceeds, watch the unit display for a pass or refer result, or an error message, and complete the appropriate next step. Screen a variety of adults until you are confident in your skills and can easily recall the screening sequence.

Exercise 3: Probe Fit Practice Activities

Complete these activities while screening yourself, other adults, or a combination of the two.

a. Observe the effect of movement. Initiate the screening process. Have the individual being screened move and shake his/her head to see if the probe can be dislodged through movement. Ideally, a well-inserted probe will stay in place even during a modest amount of head movement. Watch the display screen, noting how the screening process often slows down, or even stops, during periods of movement and continues again once the movement ceases. Inspect the probe to see if it remains snug in the ear canal or if it has became loose. Experiment with what happens when the probe becomes dislodged. Movement is actually one kind of internal "noise" so you may see messages indicating noise or prompts to check whether the probe is in the ear. On the other hand, if you have a good probe fit, the screening may proceed and provide a result. Of course, if you get a non-passing result, you will want to minimize head movement and repeat the screening. Note: Never attempt to hold the probe in the ear as this tends to push it up against the ear canal wall and prevents an accurate screening.

Conclusion: *Good probe fit is critical because many children will move their heads to some extent during the screening process. Head movement needs to be minimized because it can interfere with the screening process. Sometimes you can still get a*

passing result which is valid. However, if you get a non-passing/refer result, minimize movement, ensure good probe fit, and repeat the screening.

b. Observe the effect of internal noise. Initiate the screening process and have the person being screened start to speak, counting loudly from 1 to 10. Watch the display screens and note how noise affects the screening process. You can also experiment with having the person cough, laugh, eat a cracker or make sucking sounds, in each case noting how the screening proceeds. In some cases, the process will take longer, but the screening may still be completed. In other cases, the internal noise may cause the screening process to stop altogether resulting in an error message related to noise or probe placement. If you receive a non-passing/refer result, without touching the probe, repeat the screening in silence to see if a passing result can be achieved.

***Conclusion**: Always try to minimize internal noise. Sometimes you can still get a passing result which is valid. However, if you get a non-passing/refer result, minimize internal noise, ensure good probe fit, and repeat the screening.*

c. Observe the effect of external noise. Initiate the screening process, then clap your hands repeatedly near the probe or else attempt to screen where people are talking or laughing loudly. Watch the display screens for the same effects described in the exercises above.

***Conclusion**: Always try to minimize external noise. Sometimes you can still get a passing result which is valid. However, if you ever get a non-passing/refer result, minimize external noise, ensure good probe fit, and repeat the screening.*

Answers to commonly asked questions:

1. If there is movement or some internal or external noise and the result is a pass, do I need to rescreen?
   Answer: No. A passing result is valid. Even though conditions were not ideal, the inner ear emissions were present and strong enough for the screening unit to pick them up.

2. Will the equipment be able to tell me exactly what is causing the screening process to slow down or stop?
   Answer: No. Error messages are not always accurate in pinpointing a problem. In some cases, you may not see an error message and the equipment will simply show a refer result. Any time you get an error message or a refer result, always try to rescreen the ear and improving probe fit while minimizing movement, internal and external noise.

3. If an adult doesn't pass the OAE screening, what does that mean?
   Answer: As we get older, our inner ears typically produce fewer otoacoustic emissions. It is not unusual for older adults to have a refer result, even with normal hearing levels. However, a refer result could also mean that a hearing loss is present. If there are concerns about hearing (such as difficulty understanding speech in moderately noisy environments like restaurants) an evaluation with an audiologist should be completed.