



Hearing Screener Assessment Checklists

Six hearing screener assessment checklists have been developed:

- Informing parent – Well baby
- Informing parent – NICU baby
- AOAE screening
- AABR screening
- Referral
- Using eSP

The table below provides guidance regarding how the checklists should be completed. Completed checklists should form part of the screener portfolio of achievement.

Level of Achievement	Competence demonstrated
NA	Skill/activity not applicable or not assessed .
O	Screener observed skill/activity without practical participation.
A	Screener performed skill/activity with assistance . Demonstrated limited knowledge and understanding. Recognised own limitations.
I	Screener performed skill/activity independently. Demonstrated knowledge and understanding, but improvement required. Evaluates own practice and identifies support needs.
C	Screener performs skill/activity competently, confidently, independently and safely. Provides rationale to underpin practice.



Hearing Screener Assessment – Informing Parent

Well Baby Protocol

Hearing Screener name:	
Signature:	
Assessor/Witness name:	
Job Title:	
Signature:	
Date of assessment:	

Identification of population	Level	Initials
Establishes if baby is eligible for hearing screen		
Takes action if baby not eligible for hearing screen – <i>direct referral to audiology</i>		
Identifies Screening protocol – <i>Well Baby or NICU</i>		
Identifies who has parental responsibility		
Establishes if appropriate to approach parent – <i>discussion with midwifery team</i>		
The new parent is offered the screen – Well Baby protocol	Level	Initials
Introduces self and role		
Checks identity of parent and accuracy of recorded information – <i>address, GP, telephone numbers</i>		
Screen <u>offered</u> to all babies – <i>parent aware optional</i>		
Explains why hearing screening for newborns is important – <i>early ID, improved outcomes, parent support</i>		
Explains disadvantages of hearing screening for newborns – <i>time takes, potential anxiety</i>		
Explains AOAE screen – <i>soft clicks, response from ear</i>		
Explains AOAE screen process – <i>disposable tip, snug earpiece fit, time takes - can feel longer, baby settled, no visible response from baby</i>		
Warns of possible NCR – <i>hearing loss, debris/fluid, unsettled baby, noise</i>		
Informs parent of action if NCR – <i>what, when</i>		
Risk factors identified	Level	Initials
Ascertains mother's family history of permanent childhood hearing loss		
Ascertains father's family history of permanent childhood hearing loss		
Correctly identifies and records baby <u>core</u> risk factors		
Correctly identifies and records baby <u>national</u> risk factors		
Gaining informed consent	Level	Initials
Answers questions from parent/s - <i>use of open questions</i>		
Establishes if parent wishes hearing screen for their baby		
Explains use of data – <i>national access, only authorised individuals, programme audit purposes</i>		
Records consent or decline on baby's proforma/records		
Informed consent to hearing screen obtained:		
Negotiates when would be convenient time to screen		
Parent declines hearing screen:		
Explains decline process and acquires parent signature on decline form		
Explains parent role in ongoing monitoring – <i>shows and discusses NHSP checklists</i>		



Hearing Screener Assessment – Informing Parent

Key skills	Level	Initials
Established rapport with parent		
Showed care and consideration to parent and baby		
Parent and baby privacy and confidentiality respected		
Worked well with other members of staff		
Recognises own limitations and seeks advice as necessary		
Reflective Practice		Initials
The following areas have been identified for further practice/training:		



Hearing Screener Assessment – Informing Parent

NICU/SCBU Protocol

Hearing Screener name:	
Signature:	
Assessor/Witness name:	
Job Title:	
Signature:	
Date of assessment:	

Identification of population	Level	Initials
Establishes if baby is eligible for hearing screen		
Takes action if baby not eligible for hearing screen – <i>direct referral to audiology</i>		
Identifies Screening protocol – <i>Well Baby or NICU</i>		
Identifies who has parental responsibility		
Establishes if appropriate to approach parent – <i>discussion with midwifery team</i>		
The new parent is offered the screen – NICU/SCBU protocol	Level	Initials
Introduces self and role		
Checks identity of parent and accuracy of recorded details		
Informs midwifery team/ward administrative staff of any changes		
Explains screen <u>offered</u> to all babies – <i>parent aware optional</i>		
Explains advantages of hearing screening for newborns – <i>early ID, improved outcomes, parent support</i>		
Explains NICU protocol – <i>AOAE & AABR, baby at higher risk of hearing loss</i>		
Explains disadvantages of hearing screening for newborns – <i>time takes, potential anxiety</i>		
Explains AOAE screen – <i>soft clicks, response from ear</i>		
Explains AOAE screen process – <i>equipment, snug earpiece fit, time takes, no visible response from baby</i>		
Explains AABR screen – <i>soft clicks, response from hearing nerve</i>		
Explains AABR screen process – <i>equip, sensor placement, skin preparation, time takes, settled baby</i>		
Warns of possible NCR – <i>hearing loss, debris/fluid, unsettled baby, noise</i>		
Informs parent of action if NCR – <i>what, when</i>		
Risk factors identified	Level	Initials
Ascertains mother's family history of permanent childhood hearing loss		
Ascertains father's family history of permanent childhood hearing loss		
Correctly identifies and records baby <u>core</u> risk factors		
Correctly identifies and records baby <u>national</u> risk factors		
Gaining informed consent	Level	Initials
Answers questions from parent/s - <i>use of open questions</i>		
Establishes if parent wishes hearing screen for their baby		
Explains use of data – <i>national access, only authorised individuals, programme audit purposes</i>		
Records consent or decline on baby's proforma/records		
Informed consent to hearing screen obtained:		
Negotiates when would be convenient time to screen		



Hearing Screener Assessment – Informing Parent

Parent declines hearing screen:		
Fully explains decline process		
Completes decline documentation and acquires parent signature		
Explains parent role in ongoing monitoring – <i>shows and discusses NHSP checklists</i>		
Informs primary care of screen decline		
Key skills	Level	Initials
Established rapport with parent		
Showed care and consideration to parent and baby		
Parent and baby privacy and confidentiality respected		
Worked well with other members of staff		
Recognises own limitations and seeks advice as necessary		
Reflective Practice		Initials
The following areas have been identified for further practice/training:		



Hearing Screener Assessment – AOAE Screening

Hearing Screener name:	
Signature:	
Assessor/Witness name:	
Job Title:	
Signature:	
Date of assessment:	

Equipment checks	Level	Initials
Accurately carries out all routine AOAE equipment QA checks – <i>visual, cavity, real ear</i>		
Takes action if AOAE equipment does not pass QA check/s		
Records AOAE QA checks		
Clinical 'area' and equipment preparation	Level	Initials
Checks and cleans clinical 'area' to ensure it meets all local infection control policy requirements		
Checks AOAE system and consumables – <i>battery check, sufficient consumables</i>		
Prepares and maintains tidy and family friendly clinical 'area' – AOAE screening		
Baby data entry onto AOAE system	Level	Initials
Enters complete and accurate baby data onto AOAE system		
Re-checks accuracy of baby data entered onto AOAE system against baby proforma/recorded details		
Optimising conditions	Level	Initials
Reminds parent of AOAE screen process - <i>snug earpiece fit, time takes - can feel longer, baby settled</i>		
Reminds parent of possibility of NCR outcome – <i>hearing loss, debris/fluid, unsettled baby, noise</i>		
Answers questions from parent/s - <i>use of open questions</i>		
Confirms now is convenient time to screen baby – <i>baby comfortable</i>		
Minimises environmental noise		
The baby is screened	Level	Initials
Demonstrates effective hand hygiene that meets all local infection control policy requirements		
First ear		
Positions self and baby to observe ear canal – <i>clearly visible, parent involved, parent can see activity</i>		
Selects largest ear-tip and places on earpiece – <i>fully positioned on earpiece and gripping</i>		
Manipulates baby's pinna to facilitate earpiece placement – <i>upwards and back</i>		
Inserts earpiece firmly using ¼ turn – <i>baby 'wiggles', holds earpiece until baby settled</i>		
Assesses earpiece fit - <i>stays securely in place without support, AOAE system 'feedback' signal</i>		
Takes action if unsatisfactory earpiece fit – <i>removes, observes, changes tip, reassembles, refits</i>		
Correctly positions earpiece cable – <i>upwards away from baby; no 'rubbing'</i>		
Second ear		
Positions baby and observes ear canal – <i>clearly visible, parent involved, parent can see activity</i>		
Selects largest ear-tip and places on earpiece – <i>fully positioned on earpiece and gripping</i>		
Manipulates baby's pinna to facilitate earpiece placement – <i>up and back, ear canal clearly visible</i>		
Inserts earpiece firmly using ¼ turn – <i>baby 'wiggles', holds earpiece until baby settled</i>		
Assesses earpiece fit - <i>stays securely in place without support, AOAE system 'feedback' signal</i>		
Takes action if unsatisfactory earpiece fit – <i>removes, observes, changes, reassembles, refits</i>		



Hearing Screener Assessment – AOAE Screening

Correctly positions earpiece cable – <i>upwards away from baby; no 'rubbing'</i>		
During screen	Level	Initials
Monitors test conditions – <i>baby, noise, earpiece fit, AOAE system indicators</i>		
Takes action to maintain optimum conditions – <i>settles baby; reduces room noise</i>		
Demonstrates ongoing support for, and awareness of, parent – <i>anxious, comfortable, questions</i>		
Baby completes the screen	Level	Initials
Keeps earpiece in place until checks, and re-checks, test is saved to correct ear		
After each ear completed checks result on AOAE system display <u>before</u> informing parent of outcome		
Clearly explains AOAE result of each ear to parent		
Answers questions from parent/s – <i>use of open questions</i>		
Informs midwifery team of any parent or professional concerns as necessary		
Bilateral Clear Response (CR) outcome		
Correctly identifies if targeted follow-up at 8 months of age required		
If appropriate: explains need for targeted follow-up at 8 months – <i>why and importance</i>		
Explains parent role in ongoing monitoring – <i>shows and discusses NHSP checklists</i>		
Unilateral or bilateral No Clear Response (NCR) outcome		
Next stage of screening process – <i>see AABR Screening/Referral to Audiology required checklists</i>		
Outcome of Baby's Screen - Documentation	Level	Initials
After <u>each</u> ear completed, checks result and records outcome on baby's proforma/record		
Accurately completes baby's PCHR documentation		
CR: Provides parent with CR documentation – <i>CR letter, targeted f-up letter, PCHR form, checklists</i>		
Records hearing screen outcome in baby's hospital notes/sheet		
Data entry into eSP – <i>see eSP checklist</i>		
Post screen: Clinical area and equipment	Level	Initials
Checks and cleans clinical 'area' to ensure it meets all local infection control policy requirements		
Checks and cleans equipment to ensure it meets all local infection control policy requirements – <i>wipes from earpiece end</i>		
Disposes of used consumables as per all local infection control policy requirements		
Demonstrates effective hand hygiene that meets all local infection control policy requirements		
Stores equipment safely and makes arrangements to charge/change as necessary		
Key skills	Level	Initials
Established rapport with parent		
Showed care and consideration to parent and baby		
Handled baby in safe and confident manner		
Respected parent and baby privacy and confidentiality		
Worked well with other members of staff		
Showed health and safety awareness of working environment		
Recognises own limitations and seeks advice as necessary		
Reflective Practice		Initials
The following areas have been identified for further practice/training:		



Hearing Screener Assessment – AABR Screening

Hearing Screener name:	
Signature:	
Assessor/Witness name:	
Job Title:	
Signature:	
Date of assessment:	

Equipment checks	Level	Initials
Accurately carries out all routine AABR equipment QA checks – <i>visual; clicks; (data deleted/applicable)</i>		
Takes action if AABR equipment does not pass QA check/s		
Records AABR QA checks		
Clinical ‘area’ and equipment preparation	Level	Initials
Checks and cleans clinical ‘area’ to ensure it meets all local infection control policy requirements		
Checks AABR system and consumables – <i>battery check, sufficient consumables</i>		
Prepares and maintains tidy and family friendly clinical ‘area’ - AABR screening		
Baby data entry onto AABR system	Level	Initials
Enters complete and accurate baby data onto AABR system		
Re-checks accuracy of baby data entered onto AABR system against baby proforma/recorded details		
Optimising conditions	Level	Initials
Explains AABR screen – <i>soft clicks, response from hearing nerve</i>		
Explains AABR screen process – <i>equip, sensors (shows parent), sensor placement(when), skin preparation (what involved), headphones, time takes (how long), settled baby</i>		
Reminds parent of possibility of NCR outcome – <i>hearing loss, debris/fluid, unsettled baby, noise</i>		
Informs parent of action if NCR – <i>what, when</i>		
Answers questions from parent/s - <i>use of open questions</i>		
Confirms now is convenient time to screen baby – <i>baby comfortable</i>		
Minimises environmental and electrical noise		
The baby is screened	Level	Initials
Demonstrates effective hand hygiene that meets all local infection control policy requirements		
Positions baby and clothes to ensure access to sensor areas – <i>forehead, nape, shoulder</i>		
Skin preparation and Sensor placement		
Observes sensor areas prior to preparation – <i>moisture, vernix absorbed as necessary</i>		
Holds skin taut throughout preparation – <i>3-5 firm wipes in 1 direction using prep-pad/ x 3 sensor sites</i>		
Keeps parent involved/informed throughout		
Holds skin taut throughout sensor placement x 3		
Does not contaminate sensors with fingers		
Correctly places sensors: Forehead – <i>up to (but not into) hairline</i> Nape - <i>up to (but not into) hairline, not on skull</i> Shoulder – <i>on ‘fleshy’ area</i>		
Checks impedance levels – <i>appropriate for testing</i>		
Re-preps and replaces sensors as necessary		



Hearing Screener Assessment – AABR Screening

Headphone placement		
Fully inserts transducers and checks they are not blocked		
Places headphone - <i>moves baby's hair away; rolls on from back to front</i>		
Checks baby's ears are completely enclosed within headphones – <i>not up against transducer entry</i>		
Checks headphones on correct ears – <i>red =right, blue = left</i>		
Connections		
Connects cables to <u>correct</u> sensors		
Correctly positions cables – <i>upwards away from baby, not crossed/twisted</i>		
During screen	Level	Initials
Monitors test conditions – <i>baby, noise, connections, Myogenic level = low, Impedances = low</i>		
Takes action to maintain optimum conditions – <i>settles baby; reduces room noise; turns off lights</i>		
Demonstrates ongoing support for, and awareness of, parent – <i>anxious, comfortable, questions</i>		
Baby completes the screen	Level	Initials
After each ear completed checks result on AABR system display <u>before</u> informing parent of outcome		
Clearly explains AABR results parent		
Answers questions from parent/s – <i>use of open questions</i>		
Gently removes sensors x 3 – <i>not pulling; 'walks' sensors off</i>		
Gently removes headphones x 2 – <i>not rushed; 'walks' headphones off</i>		
Bilateral Clear Response (CR) outcome		
Correctly identifies if targeted follow-up at 8 months of age required		
If appropriate: explains need for targeted follow-up at 8 months – <i>why and importance</i>		
Explains parent role in ongoing monitoring – <i>shows and discusses NHSP checklists</i>		
Answers questions from parent/s – <i>use of open questions</i>		
Informs midwifery team of any parent or professional concerns as necessary		
Unilateral or bilateral No Clear Response (NCR) outcome		
Next stage of screening process – <i>see Referral to Audiology required checklists</i>		
Outcome of Baby's Screen - Documentation	Level	Initials
Records AABR outcome on baby's proforma/record		
Accurately completes baby's PCHR documentation		
CR: Provides parent with CR documentation – <i>CR letter, targeted f-up letter, PCHR form, checklists</i>		
Records hearing screen outcome in baby's hospital notes/sheet		
Data entry into eSP – <i>see eSP checklist</i>		
Post screen: Clinical area and equipment	Level	Initials
Checks and cleans clinical 'area' to ensure it meets all local infection control policy requirements		
Checks and cleans equipment to ensure it meets all local infection control policy requirements – <i>wipes cables from clip end</i>		
Disposes of used consumables as per all local infection control policy requirements		
Demonstrates effective hand hygiene that meets all local infection control policy requirements		
Stores equipment safely and makes arrangements to charge/change as necessary		
Key skills	Level	Initials
Established rapport with parent		
Showed care and consideration to parent and baby		
Handled baby in safe and confident manner		



Hearing Screener Assessment – AABR Screening

Respected parent and baby privacy and confidentiality		
Worked well with other members of staff		
Showed health and safety awareness of working environment		
Recognises own limitations and seeks advice as necessary		
Reflective Practice		Initials
The following areas have been identified for further practice/training:		



Hearing Screener Assessment – Referral to Audiology

Hearing Screener name:	
Signature:	
Assessor/Witness name:	
Job Title:	
Signature:	
Date of assessment:	

Outcome of baby's screen	Level	Initials
Clearly explains AABR screen outcome to parent		
Reminds parent of possible reasons for NCR outcome: <ul style="list-style-type: none"> • hearing loss • <i>as appropriate - debris/fluid, unsettled baby, noise</i> 		
Clearly explains need for referral to Audiology		
Answers questions from parent/s - <i>use of open questions</i>		
Baby is referred to Audiology	Level	Initials
Provides parent with leaflet 'Your Baby's Visit to Audiology'		
Explains what tests at Audiology will involve		
Informs parent of appointment duration – <i>approx 2 hours</i>		
Explains need for baby to be settled – <i>feeds, nappies</i>		
Emphasises importance of attending appointment – <i>try not to cancel</i>		
Directs parent to Audiology contact details – <i>further questions</i>		
Suggests parent takes partner/friend to appointment		
Negotiates audiology appointment – <i>when partner available, sibling at nursery, need for fluid absorption</i>		
Provides parent with screen outcome/audiology appointment letter		
Provides parent with clinic details – <i>location, parking costs, bus route</i>		
Checks parent's understanding of why their baby has been referred to audiology		
Answers questions from parent/s - <i>use of open questions</i>		
Informs parent of how they can contact screener/screening service if have further questions		
Contact	Level	Initials
Checks parent contact details – <i>mobile number, discharge address, OK to text reminder?</i>		
Informed midwifery team regarding baby's referral to audiology		
Informed HV/GP regarding baby's referral to audiology		
Informed Audiology regarding baby's referral to audiology		
Informed Audiology regarding need for interpreting services		
Key skills	Level	Initials
Established rapport with parent		
Respected parent and baby privacy and confidentiality		
Worked well with other members of staff		
Showed health and safety awareness of working environment		
Recognises own limitations and seeks advice as necessary		



Hearing Screener Assessment – Referral to Audiology

Reflective Practice		Initials
The following areas have been identified for further practice/training:		



Hearing Screener Assessment – Using eSP

Hearing Screener name:	
Signature:	
Assessor/Witness name:	
Job Title:	
Signature:	
Date of assessment:	

Preparation	Level	Initials
Log into eSP		
Log into intermediate software		
Uses the Search page to:	Level	Initials
<ul style="list-style-type: none"> • Search for a baby using NHS number • Search for a baby using confidential ID • Search for a baby by name, inc. use of wildcard search and names with an apostrophe • Search for a list of babies born within a date range 		
Sorts the search results		
Prints out proformas for babies requiring screening		
Updates Demographic data using:	Level	Initials
'Edit patient' <ul style="list-style-type: none"> • to change or correct a name • to change protocol to NICU • to add GA if missing 		
'View Add contacts' <ul style="list-style-type: none"> • to change or correct an address • to add another contact e.g. Foster Mother • to change the Primary contact • to set the consent signatory 		
'Add Professional contact' <ul style="list-style-type: none"> • Add or change GP practice • Add an Audiology service 		
'Interpreter' field		
Uses the Demographics page to:	Level	Initials
<ul style="list-style-type: none"> • Add a case note 		
Selects appropriate 'importance' level of case note		
<ul style="list-style-type: none"> • Mark a baby as deceased • Change the location of a baby e.g. to outpatients • Update risk factor information • Set the screen outcome 		
Uses the Hearing page to:	Level	Initials
<ul style="list-style-type: none"> • Set the screening outcome When setting the screen outcome can:		



Hearing Screener Assessment – Using eSP

<ul style="list-style-type: none"> Add an Audiology referral to the Audiology page Add an offered appointment to the Audiology page 		
Uses the Patient Journey page to:	Level	Initials
Identify babies who have not started screening		
Identify babies who have not completed screening		
Identify records where the screen outcome has not been set		
Enters appointment details for:	Level	Initials
Outpatient screening appointment		
Audiology follow up appointment		
Records the screening results by:	Level	Initials
Up loading the test results via the intermediate software		
Processing the Directly Imported Data by: <ul style="list-style-type: none"> Match an unmatched record in a different facility Resolve errors such as protocol on eSP different to protocol on screening equipment Setting consent status Setting risk factors Checking a GP Practice is present Setting the screen outcome or deferring 		
Assigning test results that were not automatically matched		
Correcting any other errors		
Generates eSP letters for <ul style="list-style-type: none"> Parents Professionals e.g. GP Practice 		
Key skills	Level	Initials
Showed knowledge of data confidentiality		
Demonstrated keyboard skills		
Displayed IT literacy		
Recognises own limitations and seeks advice as necessary		
Reflective Practice		Initials
The following areas have been identified for further practice/training:		