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¹ Records the senior management roles involved in the governance and development of the document.

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Topic:
HSE National Healthy Childhood Programme School Hearing Screening Procedure
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Short summary:
This procedure is intended to provide guidance to all Registered Public Health Nurses (RPHNs) on the provision of a hearing screening service in primary schools.
Description:
The school health programme is a core component of the National Healthy Childhood Programme. As part of this programme, school RPHNs deliver hearing screening in primary schools. The aim is to identify undetected hearing problems requiring further assessment and/or treatment.
This procedure aims to provide guidance to school RPHNs to ensure all school hearing screening is performed in a standardised and consistent manner according to best practice.
This is an interim procedure applicable for the school years 2024-2026 only, whilst a broader review of the school health programme is underway.

³ Records details when a document is reviewed, even if no changes are made.

⁴ Records the document information required for publication on the HSE National Central Repository.

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1.0 Planning

1.1. Overview

The school health programme is a core component of the National Healthy Childhood Programme. As part of this programme, school Registered Public Health Nurses (RPHNs) deliver hearing screening in primary schools. The aim is to identify undetected hearing problems requiring further assessment and/or treatment. All school children will be offered screening to aid in the identification of:

1. Congenital permanent childhood hearing loss that has not previously been identified.
2. Progressive or acquired permanent hearing loss.
3. Hearing loss in school late entrants.
4. Hearing loss in those who have missed Universal Newborn Hearing Screening (UNHS).
5. Children with persistent middle ear problems causing a significant temporary hearing loss that is likely to interfere with normal speech and language development and learning.

The provision of this service at school entry acts as a safety net for those who have developed progressive/acquired hearing loss (both permanent and temporary) or for those not detected by the newborn hearing screening programme due to technical limitations (e.g. minimal and mild losses).

This document outlines the national procedure/approach for school hearing screening.

1.2. Purpose

The purpose of this procedure is to guide school RPHNs and other staff on the appropriate procedures for school hearing screening in primary schools.

This procedure:

- Defines the cohort for school hearing screening
- Outlines eligibility criteria and the process for preparation (consent)
- Describes the appropriate screening environment
- Advises on what equipment is appropriate/acceptable and the calibration process
- Outlines appropriate Infection Prevention and Control (IPC) procedures
- Describes the procedure for screening

- Defines the pass/refer criteria
- Outlines the referral process for children who require referral/further testing
- Outlines training requirements for personnel delivering the service
- Specifies on documentation of results and reporting of statistical information for audit purposes (metrics).

1.3. Scope

1.3.1. Target Users

This procedure applies to all registered nursing staff working in the Public Health Nursing service providing school hearing screening. This includes Directors of Public Health Nursing (DPHN), Assistant Directors of Public Health Nursing (ADPHN) and RPHN. It also applies to designated officers providing administrative support to school hearing screening. This document must always be used in conjunction with professional clinical judgement.

1.3.2. Target Population

It applies to a target population of:

- Children in Junior Infants.
- All new children in primary school in this academic year irrespective of child's age or class where there is an unknown or undocumented screening history.
- Home-schooled children and those not attending Department of Education registered schools. Regionally or locally agreed procedures to identify these children should continue.

In the course of the school health programme, school RPHNs may become aware of other children outside the target groups where there is a concern about hearing. The school RPHN should use professional clinical judgement to assess these children on a case-by-case basis and offer screening or advise referral to GP/Audiology where appropriate.

1.4. Objective(s)

The aim is to ensure all school hearing screening is performed in a standardised and consistent manner according to best practice.

This is an interim procedure document applicable for the school years 2024-2026 only, whilst a broader review of the School Health Programme is underway.

1.5. Outcome(s)

- The delivery of school hearing screening to all within the target population.
- Ensure a standardised procedure for all staff providing this service.

1.6. Disclosure of Interests

None.

All signed disclosure of interest forms are retained by the National Healthy Childhood Programme.

1.7. Rationale/Alignment with HSE National Priorities

This document supports the school RPHN service in providing school hearing screening, a key component of the National Healthy Childhood Programme.

1.8. Supporting Evidence

Relevant Legislation

- Health Act 1970 Section 66
- Department of Health and Children (2000) circular 41/2000
- Freedom of Information Act (2014) revised 01/06/2024
- Data Protection Act (2018)
- General Data Protection Regulation EU 2016/679
- Nurses and Midwives Act (2011)
- Children First Act (2015)
- Department of Health (1966) District Nursing Service Circular 27/66

Relevant HSE Policies, Procedures, Guidelines and other Documents

- HSE Risk and Incident Escalation Procedure (2010)

- HSE Management of Service User Feedback for Comments, Compliments and Complaints Policy Your Service Your Say (2017)
- Disciplinary Guidelines for Employees of the HSE (2007)
- HSE Code of Practice for Health Care Records Management (2007)
- HSE Incident Management Framework (2020)
- HSE Electronic Communications Policy (2019)
- The National Consent Policy (2022) V.2
- National Nursing and Midwifery Board of Ireland, Scope of Nursing and Midwifery Practise Framework (2015)
- HSE Framework for the National Healthy Childhood Programme, HSE Strategy and Planning and Primary Care Division (2018)
- HSE Procedure for Managing Safe Transfer of Child Health Records in PHN Service (2021)
- Infection Prevention and Control National Clinical Guideline No.30 (DOH 2023)
- First 5 Strategy and Implementation Plan 2019 -2021 (DOH 2018)
- HSE Policy and Guidance on Lone Working (2022)
- Nursing and Midwifery Board of Ireland Recording Clinical Practice Professional Guidance (2015)
- National Guideline for Nursing and Midwifery Quality Care Metrics Data Measurement in Public Health Nursing Services (2018)
- HSE National Caseload Prioritisation Procedure for Public Health Nursing Service (2023) V.2
- HSE Child Protection and Welfare Policy 2019. Revised 2024
- HSE Standards and Recommended Practices for Healthcare Records Management (2011)
- HSE Data Protection Policy (2019)
- Nursing and Midwifery Board of Ireland Public Health Nursing Education Programme Standards and Requirements (2023) Third Edition
- HIQA (2011) What you should know about Information Governance; A Guide for Health and Social Care Staff
- HIQA (2012) National Standards for Safer Better Healthcare
- HIQA (2015) Guidance for Providers of Health and Social Care Services: Communicating in Plain English
- NMBI (2023) Public Health Nursing Education Programme Standards and Requirements 3rd Edition
- HSE (2023) Enterprise Risk Management Policy and Procedure
- HSE (2023) Enterprise Risk Management Supporting Tools
- HSE (2023) HSE Privacy Notice – Clients & Service Users V1.3

2.0 Methodology

This is a review of the previous nationally approved procedure 2017 version 0.

This updated procedure will provide a standardised approach for the provision of school hearing screening delivered in primary schools nationally for the school year 2024-2026.

2.1. Describe and Document the Evidence Search

The audiology procedure last reviewed in 2017 outlined the basis for how the service operated.

The 2017 national procedure has been further developed to update the content and ensure that all staff are using an approved up-to-date procedure. This update was informed by the previous nationally agreed procedure and expert clinical input.

This is an interim procedure update and a formal literature review was not conducted.

2.2. Describe the Method of Screening and Evidence Appraisal

Presently, a proposal has been submitted to the National Screening Advisory Committee (NSAC) to introduce a formal population-level screening programme for hearing loss among school-age children. The decision from NSAC on whether to refer to HIQA for evidence review is awaited.

- This update was informed by the previous nationally agreed procedure and expert clinical input.
- A School Health Screening Development group consisting of the key stakeholders (clinical and non-clinical) was convened to oversee the updating of the procedure.
- Multiple drafts were circulated to the development group for review.
- A draft of the procedure was forwarded to the Directors of Public Health Nursing for feedback.
- All feedback submissions were analysed and reviewed by the development group. Submissions were accepted or rejected based on the consensus of the group. This feedback is kept on file by the National Healthy Childhood Programme (NHCP).
- The final draft was approved by the National Clinical Lead Child Health Public Health and endorsed by the NHCP Governance Group.

2.3. Any Copyright or Permissions Sought

No copyright or permissions are required in relation to this document.

3.0 Procedure

3.1. Eligibility for School Hearing Screening

Screening should be offered to:

- Children in Junior Infants
- All new children to the primary school in this academic year, irrespective of child's age or class, or where there is an unknown or undocumented testing history.

In the course of the school health programme, school RPHNs may become aware of other children outside the target groups where there is a concern about hearing. The school RPHN should use professional clinical judgement to assess these children on a case-by-case basis and offer screening or advise referral to GP/Audiology where appropriate.

Screening should not be offered to children:

- Who are repeating Junior Infants i.e. children where there is documented evidence of hearing screening having been completed previously
- Who are new entrants to the school but have documented evidence of completion of a previous school hearing screening test
- Who currently wear hearing aid(s) - hearing aids, bone anchored hearing aids and cochlear implants
- With a diagnosed hearing loss
- Who are currently under review with the Community Audiology Service
- Who are under active review with an Ear, Nose and Throat (ENT) team for ear issues
- With Programmable Ventriculoperitoneal (PVP) shunt. These children should not undergo hearing screening in school. On receipt of consent forms these children should be referred directly to Audiology if not already under their care.

3.2. Administration

Documentation, Consent and Record-Keeping

- The school RPHN/administration officer contacts the principals/school liaison of all schools in their catchment area to request the agreed data to deliver the service
- Arrangements are made with the school for the dissemination of consent forms to the cohort of children enrolled in junior infants and new school entrants
- A letter to the principal explaining the service and facilities required is to be sent to each school with the consent forms
- Parents/guardians are requested to return the signed consent form to the school, either providing or refusing consent. These completed consent forms are then returned to the school RPHN under a locally arranged agreement
- Consent forms are reviewed by the school RPHN to ensure that they have been completed fully and correctly
- A signed consent form giving consent is necessary before a child can be included in the hearing screening test
- The school RPHN/administration officer contacts the school, agrees on a date and time and ensures that adequate facilities are available (see 3.3 Environmental conditions)
- Administration/school RPHN prepares the child's healthcare record/school screening record which the school RPHN will take to the school.

3.3. Environmental Conditions and Equipment

Ambient Noise Levels

- Request a suitable room from the school principal. This room should preferably be free from interruptions and away from large noise sources e.g. away from the playground/sports hall. The school library/office or alternative quiet accommodation is recommended
- Check that the ambient noise levels in the room offered are acceptable
- The optimum environment to carry out the school hearing screening is in a room where the ambient noise level is ≤ 40 dB(A)

- The ambient noise should be measured during school hours so that noise problems can be identified
- Measure ambient noise levels with a calibrated sound level meter at the start of each clinic and thereafter as required - see **Appendix 8**
- If this noise level is >40dBA, the test results may be invalid
 - The school principal should be made aware of the ambient noise problem.
 - The school RPHN should request an alternative room from the school principal
 - If there is an alternative room, test the ambient noise levels in this room before proceeding.

Note: It is accepted that the school environment cannot be completely controlled by the school RPHN and despite having followed the advice above, the ideal test conditions may not always be achievable. To make the most of the limited time in each school, nurses often have no choice but to carry out tests in rooms that have ambient noise levels above 40dBA.

If proceeding with testing where ambient noise is >40dBA:

- The nurse documents the ambient noise levels and takes this into account when interpreting test results - see **Appendix 7**.
- If a child passes there is no requirement to repeat the test.
- If a child does not pass but the ambient noise is above 40dBA, the school RPHN should document this on the child's file and re-test at a quieter time or arrange for that child to attend the RPHN clinic for testing.
- The hearing screening test should not be marked as a fail. The child should get two more chances to pass the screening test.
- To limit ambient noise, no more than 5 children should be taken into the screening area.
- For younger children and cohorts requiring additional support, single-child or smaller groups of 2-3 are recommended to limit distraction. If single-child testing

is taking place, the school RPHN should be accompanied by another adult, for example another RPHN or school staff member.

Equipment Required

- A portable screening audiometer; Class 4 performance requirements of IEC 601-1, IEC 645-1
- TDH 39 or equivalent earphones: **Note: Sound attenuating audio cups should not be used.**
- A sound level meter which conforms to IEC 61672-1 class 2.
- A room with limited visual distraction, a small table and at least two chairs are required in the room designated for screening.
- An electrical outlet for plugging in the audiometer.

The room and audiometer are to be set up to ensure safety for the child and tester.

Routine Checks

- On the day of screening it is the responsibility of the school RPHN to carry out a 'Stage A'/daily listening check to ensure the equipment is working properly. The results of these checks should be recorded for audit purposes- see **Appendix 4**.
- Perform 'Stage A' listening checks at 50dB (familiarisation level) and 25dB (screening level) at all test frequencies and on both headphones according to the National Physical Laboratory.
- A full visual inspection should be carried out to ensure that the batteries are correctly inserted and the battery door is fully closed or if using the mains adaptor ensure all leads are intact.
- Ensure the serial numbers of the headphones match the audiometer as detailed in the calibration certificate/label.
- Sign and date the calibration check to confirm the 'Stage A' check has been done - see **Appendix 8**.

- The DPHN/ADPHN should establish a local contingency plan to ensure continuity of service in cases of technical faults or equipment failure.

Calibration of Audiology Equipment

- It is the responsibility of the DPHN/ADPHN to ensure that the annual calibration of audiometers and sound level meters is carried out by a specialist company - see **Appendix 17**.
- All equipment should have an identifiable sticker indicating the serial number and valid calibration date.
- Ensure the instrument has been calibrated to BS EN 60645-1:2001 Audiological Equipment - Part 1: Pure-tone audiometers and has been tested to ensure electrical safety, by checking the calibration certificate/label.
- Equipment outside calibration timelines should be withdrawn and alternative equipment used or service ceased until appropriately calibrated equipment can be made available.

3.4. Infection Prevention and Control

The school RPHN team should follow National HSE IPC, hand hygiene and equipment infection control policies (see www.hpsc.ie for the latest guidance). Should any queries arise RPHNs should contact their community IPC department for updated guidance.

Headphones

Headphones should be cleaned with a disinfectant wipe (or equivalent) at the start of the session and after each use. Alcohol-free disinfectant wipes should be used as they will not cause the rubber to perish. It is important to ensure that no liquid from the disinfectant wipe travels to the transducer/speaker in the middle of the headphone; only the rubber part of the headphone is to be wiped. Headphone covers are no longer recommended.

Hammers and Toys

Hammers should be cleaned at the start of the session and in between each child. Any

toys used during the screening process should be cleaned between children or alternatively two storage boxes can be used for toys, one for clean toys and one for those that have been used. The used toys should be cleaned at the end of the session.

Desks

Desks should be wiped down between each child.

3.5. Preparing the Child/Children for Screening

- The first hearing screening test is carried out with small groups of children. No more than 5 children are seen at any one time to limit ambient noise and distraction.
- For children who require additional support, single child or groups of 2-3 children may be more appropriate.
- If a child requires testing without other children present, the school RPHN should be accompanied by an adult preferably a school staff member.
- Demonstration of the procedure should be presented to the group of children who have been brought to the screening area.
- The earphones should be placed on the table with the speaker facing upwards close to the group.
- It is recommended that during the preparation stage, all three test frequencies are presented, this informs the child that they will hear different types of beeps. It helps with more accurate responses in the testing phase.

On the Audiometer:

1. Select the right earphone.
2. Set the frequency to 1000 Hz.
3. Set the intensity dial to 90dB HL.

Having gained the group's attention, turn the right earphone towards the children and present the tone, demonstrate the task and response required.

- Simple instructions should be given to each child face-to-face and prior to placing of earphone.

- The school RPHN may demonstrate active listening by expressing recognition of sound through facial expression and responding as directed.
- The child should be told they are going to play a listening game. They are going to wear some earphones and listen for whistles and beeps.
- The preferred response is for the child to tap decisively with a soft hammer or place a brick in a box.
- It is not recommended to ask children in this age group to raise their hand, press a buzzer, say 'yes', or indicate which ear is being tested as these procedures may evoke indecisiveness and waning attention/interest in the task.
- Some children may need to see and touch the earphone prior to placement; using child-friendly terms such as 'these are like an aeroplane pilot's hat'.
- For groups, standard instructions can be as follows:
 - 'Let's play the listening game. I'm going to put this on your ear so you can hear the birdie'.
 - 'Each time you hear the 'whistle', 'birdie' etc. tap the hammer or put the brick in the box'.
 - 'Later when you wear the earphones, the whistles will be tiny little ones'.
- Stress the importance of responding quickly to the sounds even if they are very quiet.
- They should also be instructed to respond no matter which ear the sound is in.

Whilst it may be appropriate to give a group of children these instructions before the test session begins, they should always be repeated on an individual basis and the child's assent obtained before each test.

The instructions may need to be modified for children requiring additional support.

3.6. Performing the Hearing Screening

- The furniture should be arranged so that the child can sit or stand comfortably in front of a desk or table.
- The school RPHN should position him/herself so that the child cannot see any of

the controls on the audiometer or any movements the school RPHN makes to present the signal. This position may be slightly behind the child, or a screen, such as a large book could be used to obscure the child's view. Care should be taken to make sure there are no mirrors or reflections such that the child may see the screener's movements indirectly.

- The school RPHN should be able to observe the child's face or the side of the child's face throughout the procedure, monitoring concentration/attention levels.
- Both ears are to be tested independently - the **right** ear is tested first.
- The headphones are placed on the child's head after giving instructions, ensuring that the transducers are correctly positioned over the ears. The headphones should be fitted so that they cover the child's ear, with no hair trapped between the headphone and their head.
- Put the red headphone on the child's right ear and the blue headphone on the left.
- The headband should be adjusted so the headphones do not slip or move as the child moves their head.

Hearing Screening Test Familiarisation Procedure

- The initial test tone with headphones in place should be presented at a typical supra-threshold level of 50dB HL for 2–3 seconds duration.
- Check that the child responds. If they do not, ask them if they heard something and if they say yes, remind them to give the correct response.
- Repeat this step twice more to ensure the interval between presentations is varied, so the signal is not presented rhythmically.
- If the child is responding consistently and therefore understands the task continue to the sweep hearing test.

Sweep Hearing Screening Test

- Once the child responds confidently at the familiarisation level, the school RPHN can drop to the discharge level (25 dB HL) at 1 kHz.
- Present the 1 kHz sound at 25 dB HL and check for response. Document the result, repeat the presentation and document the result. If there is one negative

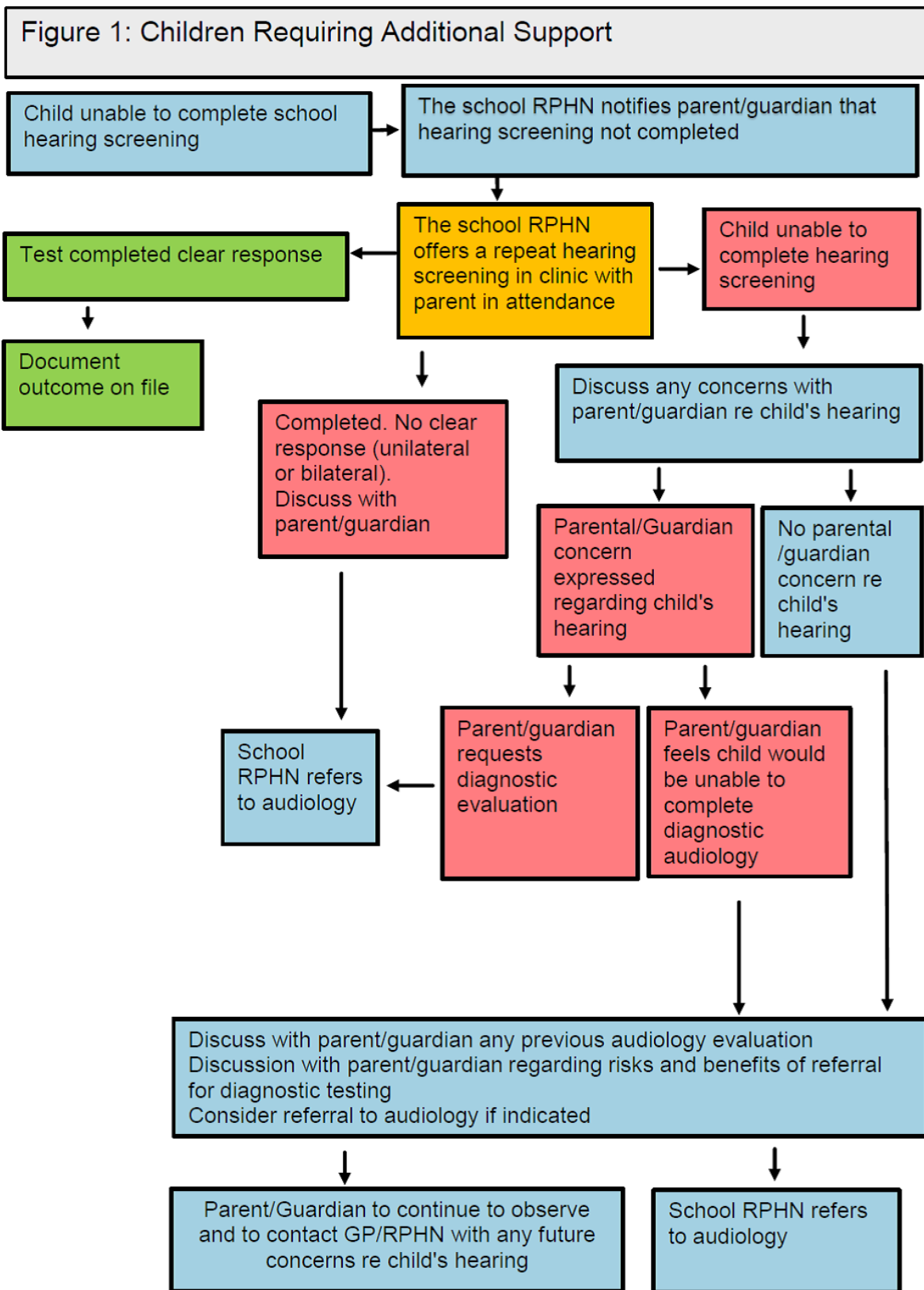
result or one positive result repeat for a third time. If there are two positive or two negative responses move to the next frequency.

- Change the test frequency to 2 kHz and repeat the procedure as above.
- Change the test frequency to 4 kHz and repeat the procedure as above.
- Change the output to the left ear and repeat the sweep hearing test steps.
- If there is an unexpected noise (e.g. someone talking in the corridor outside or child coughing) when the signal is presented, this presentation should be discounted and the signal repeated once the noise has stopped.

Testing should never be carried out at any other test frequencies or levels as this renders the screen invalid.

If no response is obtained from the right ear at 1 KHz; it is good practice to change to the left ear and repeat the procedure to check if the lack of response is ear-specific or due to hesitancy.

- The interval between presentation test levels should be varied (between 1-3 seconds) to avoid a 'learned' automatic response from the child. Valid responses by the child should regularly be reinforced – e.g. 'well done/good boy/girl'.
- The tone should be presented for at least 2 seconds. It is good practice to vary the length of the tone presentation. Vary it between 2-5 seconds.
- If the headphones appear loose because of the child's glasses, it may be necessary to ask the child to remove their glasses. Some children however can become disorientated if glasses are removed, so it is best to let the child decide.
- Where a child does not participate in the hearing test, their wishes should be respected. They can be left to observe others and invited to take part later. Other children may encourage the hesitant child to participate.
- Where a child does not engage in the screening procedure, the parent/guardian should be informed by letter/phone and invited to attend with the child for support for a further hearing screening appointment. This should be offered in a clinic setting (See Figure 1 below).



3.7. Recording Test Results

The outcome of the sweep hearing screening should be recorded on the school hearing screening Record and Outcomes form. A sample record and outcomes form is available in **Appendix 6**.

It is important that all school hearing records are kept in an accurate and clear manner. Often the hearing screen results are integrated with the other school screening results.

The results of the hearing screening test need to be documented as listed below.

A 'Y' (yes) or 'N' (no) should be entered under each ear for each frequency tested.

For example: Sweep Frequency Results (dB HL)

Test Date: 11/12/13

Retest Date 05/01/14

Ear	1000Hz	2000Hz	4000Hz		Ear	1000Hz	2000Hz	4000Hz
Right	N	Y	Y		Right	Y	Y	Y
Left	N	N	Y		Left	N	Y	Y

Table 1: Coding of sweep hearing screen results

Test Results	Definition	PHR Code
Clear Response (CR)	Clear behavioural responses were obtained at all frequencies for an ear during this session	S – Satisfactory
No Clear Response (NCR)	Clear behavioural responses were not obtained at all frequencies for an ear during this session	O – Observe (for first sweep) R – Refer (for repeat sweep)
Not Tested	The child was absent from school during this session Reported pain or evidence of active ear infection – RPHN to contact parent/guardian and advise referral to General Practitioner (GP)	N – Not Examined

Not Complete	It was not possible to complete the test on an ear during this session (issues, language barrier)	N – Not Examined
Screen Contraindicated	Atresia (unilateral/bilateral) Use of hearing aids/bone anchored hearing aid or cochlear implant	T – In Treatment

Recording of School Hearing Screening result and action required:

An overall outcome for the school screen should be entered once the child’s screen is completed.

Overall Hearing Screening Outcome Example:

Screen Outcome/Action
No clear response – Unilateral Referral

Table 2: School Hearing Screening result and action required

Visit	Result	Action Required
First hearing screen (in school or clinic)	Clear Response in both ears	Discharge
	No Clear Response in one or both ears	Re-test in 6-8 weeks (in school or clinic) RPHN notifies parent/guardian of the result Appendix 9: Retest letter
Second hearing screen (in school or clinic)	Clear Response in both ears	Discharge
	No Clear Response in one or both ears	RPHN notifies parent/guardian of result Appendix 12: Parent letter Refer for diagnostic audiology testing Appendix 13: Onward referral to audiology service
Child unable to complete testing in school (e.g. behavioural/language difficulties)		Offer an appointment in RPHN clinic with parent/guardian in attendance Appendix 9: retest letter
Children unable to complete school testing but who complete testing	Clear Response	Discharge

in RPHN clinic with a parent present.	No clear response in one or both ears	RPHN to discuss results with parent/guardian. Refer to Audiology Service for diagnostic evaluation Refer to Figure 1 (page 20) Appendix 13: Onward Referral to Audiology service
Child unable to complete testing in RPHN clinic with a parent present		Discussion with parent/guardian regarding: <ul style="list-style-type: none"> • hearing concerns, • if the child has had formal audiology testing previously, • if the child is likely to complete testing in the audiology clinic. If parents/guardians wish for referral to audiology refer to Appendix 13: onward referral to audiology service
<p>Child not present in school for hearing Test (First Test) Consent form signed.</p> <p>Child not present for second test offered. Consent form signed</p> <p>Child attends school/RPHN clinic for appointment (was absent in school for first test)</p>	<p>Clear Response</p> <p>No clear response from one or both ears</p>	<p>Offer a further appointment in school/RPHN clinic Appendix 10: WNB X1 letter</p> <p>A letter is sent by RPHN to parents/GP indicating child not tested due to absence. Appendix 11: WNB X2 letter Advise parent to contact their GP/RPHN if any concerns Appendix 15: Checklist</p> <p>Discharge</p> <p>Offer re-test in 6-8 weeks Appendix 9: Retest letter See 'Second hearing screen' visit above for follow-up actions.</p>
Incomplete – ear pain reported or evidence of active ear infection	Not completed for medical reasons – ear pain reported or evidence of active ear infection (discharging ears or inflamed skin around the ear)	RPHN notifies parent/guardian and advises referral to GP Offer test in 6-8 weeks (in school or clinic)
Incomplete – Screening Contraindicated	Not completed for medical /audiological reasons e.g. PVP shunt/microtia /atresia/hearing aid wearer	On receipt of consent forms check if already under Audiology services. If not or unsure refer directly to Audiology.
Incomplete - Late entry	Child started school after	The school should provide the parents with the

	screening visit	contact details of the local school RPHN On receiving communication from parents the school RPHN can contact the parents offering a hearing test at the next school testing clinic or earlier if clinically appropriate.
Incomplete - out of screening Coverage	Child moved to another area	The new school should provide the parents with the contact details of the local school RPHN. On receiving communication from parents the school RPHN can contact the parents offering a hearing test at the next school testing clinic or earlier if clinically appropriate.
Incomplete - Lost Contact	Child left school and unknown destination	None

3.8. Procedure for Data Collection

Local hearing screening service records must include the following information in an appropriate format:

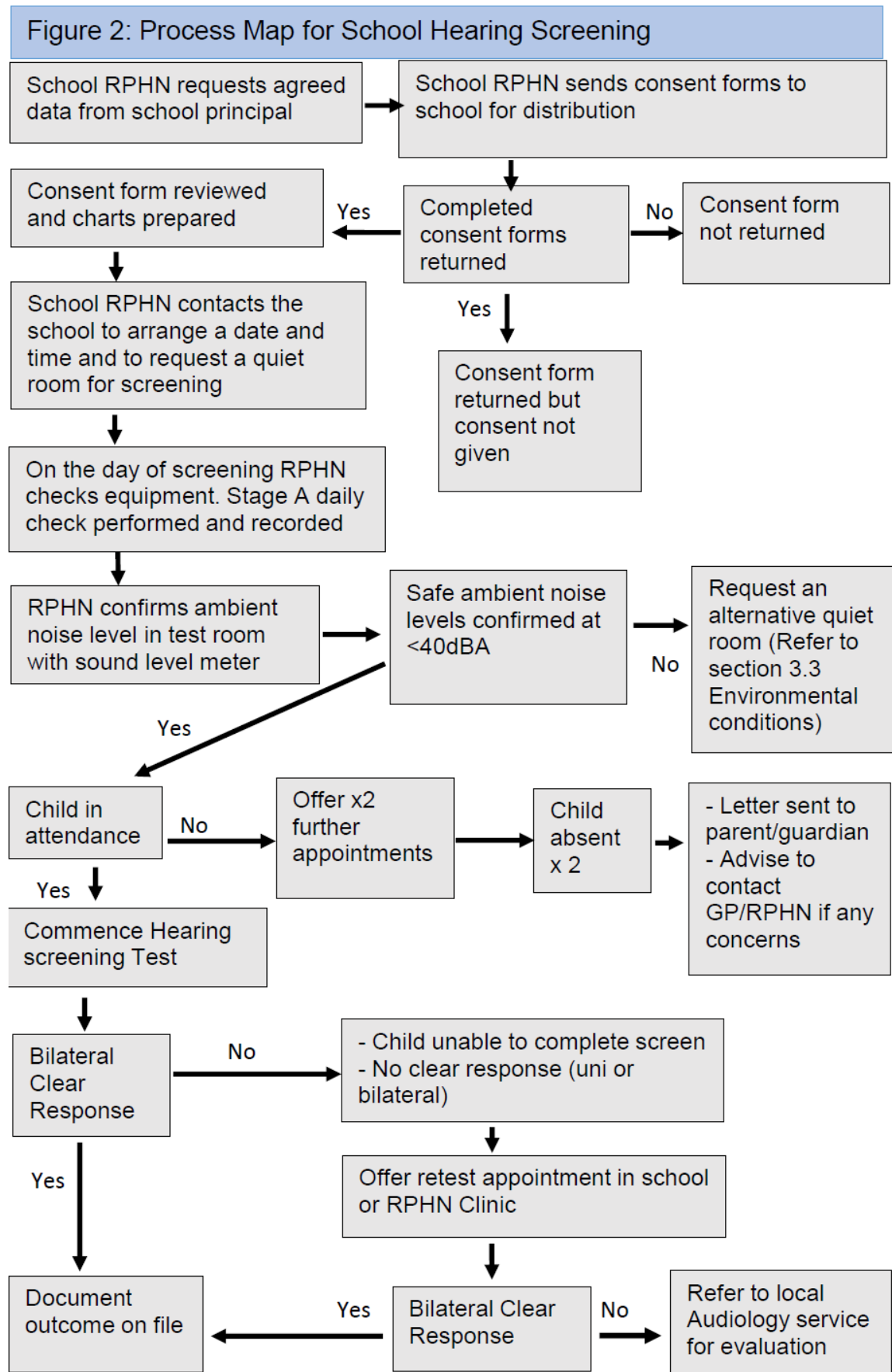
1. Child’s name and date of birth
2. School RPHN name
3. School name
4. Equipment details, calibration and ambient noise checks
5. History details including ear history, ENT, Speech and Language Therapy (SLT)
6. Results of hearing sweep test(s)
7. Screen outcome

Records should be stored to allow easy access for audit purposes.

Metrics which were nationally agreed in 2022 have been implemented from September 2024. Training has been provided.

3.9 Process Map for School Hearing Screening

The process map in Figure 2 below summarises the steps to be taken by RPHNs delivering the school hearing screening service.



3.10. Specific Roles and Responsibilities

National Clinical Lead for Audiology

The National Clinical Lead for Audiology works with Child Health Public Health in relation to the strategic development of hearing screening, diagnostic assessments and habilitation for infants, children and young people.

Assistant National Clinical Lead Audiology

The Assistant National Clinical Lead for Audiology works with the PHN service and Child Health Public Health to develop standard operating procedures for school hearing screening.

The Assistant National Clinical Lead for Audiology or his/her designate will liaise with DPHNs or their designates to assist with the implementation and development of training programs for school hearing screening.

The Assistant National Clinical Lead for Audiology will delegate appropriate accountability, responsibility, and authority to the relevant staff member to:

1. Ensure an appropriate management response to any clinical audiological issues or challenges reported to them regarding the implementation of this procedure, when and as they arise.
2. Manage such issues in accordance with local HSE risk management procedures as appropriate.

Child Health Public Health

The National Clinical Lead Child Health Public Health, Consultant in Public Health Medicine/Medical Officer of Health (MOH) has MOH responsibilities for the National Healthy Childhood Programme, as legislated for in the 1970 Health Act, at national level. This includes chairing the working group and addressing any issues nationally which arise from its implementation.

National Lead for Public Health Nursing

The National Lead will liaise with the DPHNs regarding the implementation of the procedure and address issues arising nationally with implementation.

Director of Public Health Nursing

The DPHN is responsible for implementing, managing and auditing this procedure within their area. The DPHN is also responsible for ensuring that all school RPHNs within their remit are aware of, have access to, and have read and understood this procedure. This role may be delegated by the DPHN to the ADPHN. The DPHN will identify and support ongoing related educational opportunities required to further enhance knowledge and skills. The DPHN will monitor risks and incidents relevant to this procedure.

Assistant Director of Public Health Nursing

The ADPHN is responsible for the implementation of the procedure by ensuring that current documents are available to all school RPHNs. The ADPHN is responsible for ensuring that all school RPHNs and other designated staff have knowledge of the procedures to be followed within the document. The ADPHN is responsible for ensuring new school RPHNs are informed of the procedure on induction. The ADPHN will ensure that all school RPHNs are aware of any revisions to the procedure and ensure older versions of the procedure are removed from circulation.

School Registered Public Health Nurse (School RPHN)

Each school RPHN is responsible for adhering to this procedure and using it to guide their practice in the delivery of the service they provide. Each RPHN is responsible for ensuring that they read and understand the document.

Each school RPHN has an individual responsibility to make a judgment as to whether they are competent to carry out the school hearing screening and take any necessary measures to maintain their competence.

When areas of concern are identified, where legislation is known to have changed or where a health, welfare and safety risk is identified, it is the responsibility of each school RPHN to ensure that their ADPHN is informed to ensure appropriate review and amendments are made to the procedure. School RPHNs should adhere to HIQA and NMBI guidelines regarding documentation, record keeping and file management.

The school RPHN should consider whether they have normal hearing sensitivity as subjective listening checks are required for quality assurance of school screening. If the school RPHN does not have normal hearing sensitivity, processes must be put in place to ensure that the equipment can be subjectively checked on a daily basis.

Nursing Practice Development Coordinator

The Nursing Practice Development Coordinator supports the development of best practice in the RPHN service by promoting standardisation, quality assuring and evaluating nursing practice; they have a key role in the transfer of knowledge to frontline staff through the dissemination of current evidence-based practice.

Community Medical Doctors

Where Community Medical Doctors (CMDs) are involved in the delivery of this service, they have a responsibility to fully comply with and implement this procedure.

Audiologist

Has a responsibility to fully comply with and implement this procedure.

Administration Staff

Has a responsibility to fully comply with and implement this procedure.

4.0 Consultation

4.1. Stakeholder Involvement

A multidisciplinary development group was convened to review and update this procedure (**Appendix 1**). A number of drafts of this interim procedure were circulated to all development group members and feedback was collated. A draft was also circulated to all DPHNs for feedback.

All feedback was collated and is held by the National Healthy Childhood Programme. This feedback was reviewed by the development group and recommendations were accepted or rejected.

4.2. External review

No external review was undertaken for this interim procedure update.

5.0 National Implementation Plan

This policy will be implemented by the National Clinical Lead for Audiology, the Assistant National Clinical Leads for Audiology, DPHNs, ADPHNs, School RPHNs, Administrative staff in PHN service, CMDs, and Audiology Clinical and Administrative staff.

5.1. Resource Implications

None additional identified

5.2. Structure and Governance of National Implementation Team.

The relevant DPHN or designate will electronically circulate a link to the updated procedure to all relevant staff involved in the delivery of the service.

5.3. Tools and Resources Developed to Support Local Implementation of National Procedure.

Education and Training

Briefing sessions will be offered where required. Local induction programmes for new nurses commencing employment will include a briefing on all PPPGs approved for use within the school RPHN service. Administration staff should also be briefed on the sections relevant to their role.

Frequently Asked Questions (FAQ)

A FAQ of updates and questions identified during feedback was prepared for RPHNs delivering the service.

5.4. Expected date of Full Implementation of Procedure

January 2025.

6.0 Governance and Approval

This procedure was updated on an interim basis applicable for the school years 2024-2026 only, whilst a broader review of the School Health Programme is underway.

The procedure was signed off by the development group and then by the National Clinical Lead for Child Health. The procedure was then endorsed by the National Healthy Childhood Programme Governance Group.

Refer to **Appendix 1** for Membership of the Audiology development group.

Once approved, the final version was converted to a PDF document to ensure integrity and uploaded to the HSE National Central Repository for referencing.

7.0 Communication and Dissemination Plan

The approved document will be circulated to all DPHNs nationally for dissemination to their respective nursing departments and other key stakeholders involved in the provision of school health services.

Communication relating to this procedure will clearly identify that it supersedes all previous procedures in place locally. Briefing sessions on the procedure to DPHNs and/or ADPHNs via an online platform may be required.

The document can be accessed only on the HSE National Central Repository which is the single trusted source for accessing, storage and document control for National PPPGs. No duplicate copies should be accessible in any secondary electronic locations, only the link to the document on the Repository should be used. This link will automatically update in all locations if changed on the Repository.

8.0 Sustainability

8.1. Describe the Plan for National Monitoring and Audit

Monitoring of this procedure will occur by the DPHN/ADPHN through professional supervision, team meetings and documentation audit.

The objectives of the audit will be:

- To provide evidence of compliance with the national procedure.
- To ensure standardisation of the application of the procedure.
- To identify areas of improvement, make recommendations and prioritise actions.
- Frequency of audit, sampling processes and timescales for completions will be determined at local level following the first initial audit.

8.2. National Audit Tool

A sample audit tool is provided in **Appendix 4**.

In addition, metrics which were nationally agreed in 2022 have been implemented from September 2024. Training has been provided.

9.0 Review/Update

9.1. Next Review Date

Procedure valid until 1/9/26.

10.0 References

N/A

11.0 Glossary of Terms

11.1 Acronyms

ADPHN	Assistant Director of Public Health Nursing
CMD	Community Medical Doctor
dB HL	The ratio of a sound pressure level to a reference based on the threshold of normal hearing (which varies according to frequency). Expressed as a log. This is used to describe the loudness of a sound presented during hearing assessment.
DPHN	Directors of Public Health Nursing
ENT	Ear, Nose and Throat
FAQ	Frequently Asked Questions
GP	General Practitioner
HSE	Health Service Executive
Hz	The international standard unit used to denote pitch or frequency. 1000Hz = 1000 cycles of sound occurring every second. This is used to describe the pitch of a sound presented during hearing assessments.
IPC	Infection, Prevention and Control
PVP	Programmable Ventriculoperitoneal
RPHN	Registered Public Health Nurse
SLT	Speech and Language Therapy
UNHS	Universal Newborn Hearing Screening
WNB	Was Not Brought

11.2 Definitions

Consent	Consent is the giving of permission or agreement for an intervention, receipt or use of a service or participation in research following a process of communication in which the service user has received sufficient information to enable him/her to understand the nature, potential risks and benefits of the proposed intervention (HSE National Consent Policy, 2022b)
Child Health Record	Child Health Record: All information collected, processed and held in manual formats pertaining to a child under the care of a school RPHN/RPHN including demographic information, routine developmental assessments, personal care plans, correspondence and communications relating to the person and her/his care.
Clinical Judgement	<p>The Health Act 2004 defines clinical judgment as being:</p> <p>“a decision made or opinion formed in connection with the diagnosis, care or treatment of a patient”</p> <p>The person making a clinical decision or forming an opinion in connection with the diagnosis, care or treatment of a patient must be suitably qualified and registered with a Professional Body.</p>
WNB	<p>Was Not Brought (previously referred to as DNA)</p> <p>A Was Not Brought (WNB) occurs when a parent does not bring a child to an appointment.</p>


12.0 Appendices

Appendix 1	Membership of Development Group
Appendix 2	Conflict of Interest Declaration Form
Appendix 3	Sample Implementation Plan
Appendix 4	Audit Template
Appendix 5	Sample Consent Form for School Hearing Screening
Appendix 6	Sample School Hearing Screening Record and Outcome Form
Appendix 7	Log of Ambient Noise Levels
Appendix 8	Stage A Calibration Checklist
Appendix 9	Retesting Template Letter
Appendix 10	Was Not Brought (WNB) x1 Letter Template
Appendix 11	WNB x2 Letter Template
Appendix 12	Onward Referral Parent/Guardian Letter Template
Appendix 13	Referral to Audiology Service Letter Template
Appendix 14	Hearing Concerns – Result Interpretation Table
Appendix 15	Childhood Hearing Checklist
Appendix 16	Signs of Hearing Loss in School-Age Children
Appendix 17	List of Equipment Manufacturers and Calibration Companies

Appendix 1: Membership of Development Group

Membership of the National Healthy Childhood Programme School Hearing Screening Development Group	
Name	Role and position
Dr Katharine Harkin	Consultant in Public Health Medicine Child Health Public Health (Chair)
Ms Jacinta Egan	Project Support/Administration
Ms Jacqueline Gibson	Assistant Director of Public Health Nursing, School RPHN Representative
Ms Gráinne Ryan	National Lead for Public Health Nursing
Ms Sinéad Lawlor	National Practice Development Coordinator Public Health Nursing
Ms Patricia O'Connor	Child Health Public Health
Dr Teresa O'Dowd	Child Health Public Health (from July 2024)
Dr Julianne Harte	Child Health Public Health (until July 2024)
Ms Anne Pardy	General Manager National Healthy Childhood Programme
Dr Davina Healy	Principal Medical Officer
Dr Gary Norman	National Clinical Lead Audiology
Ms Bronagh O'Donnell	Assistant National Clinical Lead Audiology
Ms Maeve Raeside	General Manger, Office of the Assistant National Director - Primary Care - Access and Integration

Sign-off by Chair of Approval Governance Group

Name: (print)	Dr Abigail Collins
Title:	National Clinical Lead, Child Health Public Health/National Healthy Childhood Programme
Signature: (e-signatures accepted)	
Registration number: (if applicable)	404629

Appendix 2: Conflict of Interest Declaration Form

CONFLICT OF INTEREST DECLARATION FORM

This form must be completed by each member of the Development Group.

Title: National School Hearing Screening Procedure

Please indicate the statement that relates to you

I declare that **I DO NOT** have any conflicts of interest

I declare that **I DO** have a conflict of interest

Details of conflict (please refer to specific National 3PG)

(Append additional pages to this statement if required)

Signature:

Print name:

Registration number (if applicable):

Date:

The information provided will be processed in accordance with data protection principles as set out in the Data Protection Act. Data will be processed only to ensure that the Development Group acts in the best interests of the members. The information provided will not be used for any other purpose.

A person who is covered by this National 3PG* is required to furnish a statement, in writing, of:

(i) The interests of the person, and

(ii) The interests, of which the person has actual knowledge, of his or her spouse or civil partner or a child of the person or of his or her spouse which could materially influence the person in, or in relation to, the performance of the person's official functions by reason of the fact that such performance could so affect those interests as to confer on, or withhold from, the person, or the spouse or civil partner or child, a substantial benefit.

*policy, procedure, protocol or guideline.

Appendix 3: Implementation Plan f

National 3PG Title: School Hearing Screening Procedure					
Expected date of implementation (refer to the expected date of full implementation of the National 3PG): 08/01/2025					
IMPLEMENTATION ACTION	Implementation barriers/enablers	List of tasks to implement the action	Lead responsible for delivery of the action	Expected completion date	Expected outcomes
Disseminate approved document to all staff		Circulate to DPHNs for circulation onwards to other key stakeholders involved in provision of school health services.	Grainne Ryan	January 2025	All delivering the service are aware of the updated procedure and have received an electronic copy.
		Inform DPHN forum of updated procedure	Grainne Ryan	January 2025	As above.
		Inform school RPHN forum of updated procedure	Grainne Ryan	January 2025	As above
Launch of approved procedure (live webinar)	Webinar recorded to ensure available to all	Development Group to develop materials to launch procedure	Development Group	January 2025	As above
Information sessions offered to staff involved in delivery of service.	Can be recorded to ensure available to all	Set date for launch Set date for information session(s)	Development group	January 2025	As above
Education/training required to implement the National 3PG:					
Launch webinar – invite to be forwarded to all staff involved in delivery of school hearing screening					
Information sessions					
Frequently Asked Questions document prepared					

Appendix 4: Audit Template

Date of Audit: _____ Name of Auditor(s): _____

School	Student No	Screener name		Metric	YES	NO	Comment
			1	Consent form completed and in chart			
			2	Stage A equipment check recorded			
			3	Audiometer serial number recorded on record/outcome form			
			4	Audiometer calibration date recorded on record/outcome form			
			5	Ambient noise level recorded on record/outcome form			
			6	Screen responses correctly recorded on record/outcomes form			
			7	Test results correctly recorded on record/outcomes form			
			8	Screening outcome/action correctly recorded on record/outcomes form			
			9	Re-screening carried out in 6-8 weeks, where required			
			10	Outcomes letter sent to parents/guardians within 5 days of screening			
			11	Screener training up to date at the time of test			
			12	Agreed school data received by the end of September			
Compliance							

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Appendix 5: Sample Consent Form for School Hearing Screening

A nationally agreed consent form is under development. Please continue to use current consent forms until a nationally agreed consent form is approved.

Appendix 6: Sample School Hearing Screening Record and Outcome Form

Child's Name: _____ D.O.B _____

Address: _____

School: _____

Clinic: _____

Parent/Guardian's Name: _____ Tel/Mobile: _____

G.P: _____

Relevant Family History: _____

Ear Infections Yes No Date of last episode: _____

Attendance (Tick as appropriate)	Never	Historical	Current
ENT			
Audiology			
Paediatrician			
SLT			

Parental/Guardian/Teacher concern expressed re; child's hearing No
 Yes

If yes, please provide a brief explanation? _____

Sweep Hearing Screening Results

First Screen Date: _____ Rescreen Date: _____

Equipment Model: _____ Equipment Model: _____

Serial Number: _____ Serial Number: _____

Calibration Date: _____ Calibration Date _____

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Ambient noise OK _____ Ambient noise OK _____

Sweep Frequency Results (dBHL)

Ear	1000Hz	2000Hz	4000Hz		Ear	1000Hz	2000Hz	4000Hz
Right					Right			
Left					Left			

Test Results

Right			
Left			

Co-operation: _____ Co-operation: _____

Examiner: _____ Examiner: _____

Screen Outcome / Action

Screener's Name

Signature

Date

Other:

Appendix 7: Log of Ambient Noise Levels

School Year _____

Date and month Sound Level Meter last calibrated _____

Name of School /Clinic	Room Used	Date & Time	Ambient Noise Level	Name of screener (please use block capitals)	Signature

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Appendix 8: Stage A Calibration Checklist

Daily Stage A Calibration Checks for School Hearing Screening

Stage A Calibration Checklist for the School Hearing Screening Service																									
Equipment checks – N.B	Week 1					Week 2					Week 3					Week 4					Week 5				
	School:					School:					School:					School:					School:				
	Room:					Room:					Room:					Room:					Room:				
	Date:					Date:					Date:					Date:					Date:				
	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
Daily Check Audiometer – examine headphones, leads for signs of wear/damage																									
Just audible. Check AC tone at each frequency (1, 2, 4 kHz @ 25dBHL).																									
High intensity. Check AC tone at each frequency (1, 2, 4 kHz @ 50dBHL).																									

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Appendix 9: Retesting Template Letter



School Hearing Screening Service
«FacilityAddress1»
«FacilityAddress2»
«FacilityAddress3»
«FacilityPhone»

«ContactTitle» «ContactFirstName» «ContactLastName»
«ContactAddress1»
«ContactAddress2»
«ContactAddress3»

Parents/Guardians of

DATE:

D.O.B:

Repeat Hearing Screening

Dear Parent/Guardian,

We did not obtain a pass for the hearing screening carried out on your child today in school. This does not necessarily mean your child has a hearing loss.

We will repeat the hearing screening in 6-8 weeks. We will offer your child another appointment in school/ local clinic. (Delete as appropriate).

If you have any concerns, please do not hesitate to contact the School Health Service on the above phone number.

Yours sincerely,

XXXX

CC. File.

GP.

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Appendix 10: Was Not Brought (WNB) x1 Letter Template



School Hearing Screening Service
«FacilityAddress1»
«FacilityAddress2»
«FacilityAddress3»
«FacilityPhone»

«ContactTitle» «ContactFirstName» «ContactLastName»
«ContactAddress1»
«ContactAddress2»
«ContactAddress3»

Parents/Guardians of

DATE:

D.O.B:

Offer of further appointment for Hearing Screening

Dear *Parent/Guardian*,

School hearing screening was carried out in your child's school on (insert date).

Our records show that your child was not in school for screening.

We will offer you another appointment for hearing screening in school/ local clinic. (*Delete as appropriate*)

If your child is not present at the rescheduled appointment your child will be discharged back to the care of your GP.

Yours sincerely,

xxxxxxxxx

CC. File.

GP.

Appendix 11: WNB x2 Letter Template



School Hearing Screening Service
«FacilityAddress1»
«FacilityAddress2»
«FacilityAddress3»
«FacilityPhone»

«ContactTitle» «ContactFirstName» «ContactLastName»
«ContactAddress1»
«ContactAddress2»
«ContactAddress3»

Parents/Guardians of

DATE:

D.O.B:

Discharge from School Hearing Screening

Dear Parent/Guardian,

XXX was rescheduled to attend the XXXX Hearing Screening service today.

Our records show that he/she was not in school again/did not attend an appointment in the clinic (*delete as appropriate*) and missed the school hearing screening service.

We are therefore discharging your child from the school hearing screening service. We have enclosed a speech and hearing checklist (*Select Appendix 15 for children <=5 and Appendix 16 for > 6 years of age*) for your information. Should you have concerns about your child's hearing, you should consult with your GP for further advice.

Yours sincerely,

XXXX

CC. File. GP

Appendix 12: Onward Referral Parent/Guardian Letter Template



School Hearing Screening Service
«FacilityAddress1»
«FacilityAddress2»
«FacilityAddress3»
«FacilityPhone»

«ContactTitle» «ContactFirstName» «ContactLastName»
«ContactAddress1»
«ContactAddress2»
«ContactAddress3»

Date:

Parents/Guardians of
D.O.B:

Onward Referral for Further Hearing Evaluation

Dear *Parent/Guardian,*

We were unable to get a clear response from one/both (*delete as appropriate*) ears during the school hearing screen carried out on your child today. This does not necessarily mean your child has a hearing loss.

To be certain about your child’s hearing, a referral has been made to your local service..... for a more diagnostic hearing evaluation.

Yours sincerely

School Hearing Screener
c.c. GP

Appendix 13: Referral to Audiology Service Letter Template



School Hearing Screening Service

«FacilityAddress1»

«FacilityAddress2»

«FacilityAddress3»

«FacilityPhone»

«ContactTitle» «ContactFirstName» «ContactLastName»

«ContactAddress1»

«ContactAddress2»

«ContactAddress3»

Date:

Re: Referral to Audiology Service

Child's Name:

Address:

D.O.B:

Referral for Further Hearing Evaluation

Dear *Service*,

We were unable to get a clear response from one/both ears (*delete as appropriate*) during the school hearing screen carried out on the above-named child today. A copy of the screening record and outcome is enclosed.

Please see this child for further hearing evaluation.

Yours sincerely

School Hearing Screener
c.c. GP /Designated screening lead

Appendix 14: Hearing Concerns – Result Interpretation Table

	Surveillance questions, general observations, parental concerns	Audiometry	Action required
INITIAL SCREEN	Concerns or no concerns	Unable to perform	<ul style="list-style-type: none"> Attempt assessment again in 6-8 weeks Consider having parent/guardian present at next screen
	No concerns	Normal	<ul style="list-style-type: none"> Discharge, no follow-up required
		Abnormal	<ul style="list-style-type: none"> Inform parent of results Offer repeat screen in 6-8 weeks
	Concerns	Normal	<ul style="list-style-type: none"> Discuss concern further with parent/guardian Consider referral to GP +/- Audiology for ongoing concerns
		Abnormal	<ul style="list-style-type: none"> Inform parent of results Refer to Audiology +/- GP
	REVIEW SCREEN	Concerns	Unable to perform
No concerns		Unable to perform	<ul style="list-style-type: none"> Discussion with parent/guardian regarding risks and benefits of referral for diagnostic testing Consider referral to Audiology if indicated
No concerns or concerns resolved		Normal	<ul style="list-style-type: none"> Discharge, no follow-up required
		Abnormal	<ul style="list-style-type: none"> Inform parent of results Refer to Audiology +/- GP
Concerns		Normal	<ul style="list-style-type: none"> Consider referral to GP +/- Audiology for ongoing concerns
		Abnormal	<ul style="list-style-type: none"> Refer to Audiology +/- GP

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Appendix 15: Childhood Hearing Checklist

What should my child be able to do? Birth – 1 Year

Hearing and Understanding	Talking
Birth-3 Months	
<ul style="list-style-type: none"> Startles to loud sounds Quiets or smiles when spoken to Seems to recognize your voice and quiets if crying Increases or decreases sucking behaviour in response to sound 	<ul style="list-style-type: none"> Makes pleasure sounds (cooing, gooing) Cries differently for different needs Smiles when sees you
4-6 Months	
<ul style="list-style-type: none"> Moves eyes in direction of sounds Responds to changes in tone of your voice Notices toys that make sounds Pays attention to music 	<ul style="list-style-type: none"> Babbling sounds more speech-like with many different sounds, including p, b and m Chuckles and laughs Vocalizes excitement and displeasure Makes gurgling sounds when left alone and when playing with you
7 Months-1 Year	
<ul style="list-style-type: none"> Enjoys games like peek-a-boo and pat-a-cake Turns and looks in direction of sounds Listens when spoken to Recognizes words for common items like "cup", "shoe", "book", or "juice" Begins to respond to requests (e.g. "Come here" or "Want more?") 	<ul style="list-style-type: none"> Babbling has both long and short groups of sounds such as "tata upup bibibibi" Uses speech or non-crying sounds to get and keep attention Uses gestures to communicate (waving, holding arms to be picked up) Imitates different speech sounds Has one or two words (hi, dog, dada, mama) around first birthday, although sounds may not be clear

What should my child be able to do? 1-2 Years

Hearing and Understanding	Talking
<ul style="list-style-type: none"> Points to a few body parts when asked. Follows simple commands and understands simple questions ("Roll the ball," "Kiss the baby," "Where's your shoe?"). 	<ul style="list-style-type: none"> Says more words every month. Uses some one- or two-word questions ("Where kitty?" "Go bye-bye?" "What's that?").

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<ul style="list-style-type: none"> • Listens to simple stories, songs, and rhymes. • Points to pictures in a book when named 	<ul style="list-style-type: none"> • Puts two words together ("more cookie," "no juice," "mommy book"). • Uses many different consonant sounds at the beginning of words.
--	---

What should my child be able to do? 2 – 3 Years

Hearing and Understanding	Talking
<ul style="list-style-type: none"> • Understands differences in meaning ("go-stop," "in-on," "big-little," "up-down"). • Follows two requests ("Get the book and put it on the table"). • Listens to and enjoys hearing stories for longer periods. 	<ul style="list-style-type: none"> • Has a word for almost everything. • Uses two- or three-words to talk about and ask for things. • Uses k, g, f, t, d, and n sounds. • Speech is understood by familiar listeners most of the time. • Often asks for or directs attention to objects by naming them.

What should my child be able to do? 3 – 4 Years

Hearing and Understanding	Talking
<ul style="list-style-type: none"> • Hears you when you call from another room. • Hears television or radio at the same loudness level as other family members. • Answers simple "who?", "what?", "where?", and "why?" questions. 	<ul style="list-style-type: none"> • Talks about activities at school or at friends' homes. • People outside of the family usually understand child's speech. • Uses a lot of sentences that have 4 or more words. • Usually talks easily without repeating syllables or words

What should my child be able to do? 4 – 5 Years

Hearing and Understanding	Talking
<ul style="list-style-type: none"> • Pays attention to a short story and answers simple questions about them. • Hears and understands most of what is said at home and in school. 	<ul style="list-style-type: none"> • Uses sentences that give lots of details ("The biggest peach is mine"). • Tells stories that stick to the topic. • Communicates easily with other children and adults. • Says most sounds correctly except a few like l, s, r, v, z, ch, sh, th. • Says rhyming words. • Names some letters and numbers. • Uses the same grammar as the rest of the family

If you are concerned about your child's speech, language or hearing please discuss with your General Practitioner or Public Health Nurse

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Appendix 16: Signs of Hearing Loss in School-Age Children

Older children can develop hearing loss that wasn't present before, even if they had passed the newborn hearing screening.

Below are some things to look for if you think your child might have hearing loss:

- Has difficulty regularly understanding what people are saying
- Frequently responds inappropriately to questions (mishears)
- Consistently doesn't respond when their name is called
- Complains they cannot hear the teacher and their schoolwork suffers
- Has trouble following directions or seems to daydream frequently
- Watches television or listens to music at an abnormally high volume
- Cannot understand over the phone or switches ears frequently while talking on the phone
- Watches others in order to imitate their actions, at home or in school
- Complains of ringing, whooshing or other sounds in the ears
- Complains of ear pain, earaches or noises
- Has delayed or unclear speech.

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Appendix 17: List of Equipment Manufacturers and Calibration Companies

Equipment Manufacturers:

- Amplivox
- Interacoustics UK
- Natus UK

Calibration companies:

- Acoustic Metrology
- Amplivox
- Natus UK