

Alberta College of Speech-Language Pathologists and Audiologists

Hearing Screening Guideline and Protocol

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Today's Learning Objectives





To familiarize ACSLPA members with the revised Hearing Screening Guideline and Protocol To note changes to the Guideline

To allow time for questions and discussion.



The Hearing Screening Guideline <u>AND</u> Protocol

The current document incorporates a guideline and protocol in <u>one</u> document:

Guideline

• Provides guidance to regulated members to support them in the clinical application of Standards of Practice

Protocol

- Consistent with Competency Profiles for the professions
- Outlines the specific clinical criteria, activities, and procedures that should be adhered to by regulated members in the provision of specific professional services. Protocols are evidence informed



The Hearing Screening Guideline and Protocol

APPENDIX A - Hearing Screening Protocol	
Screening Procedure2	20
Presentation of the Stimulus2	21
APPENDIX B - Hearing Screening Protocol-Conditioned Play Audiometry 2	2
APPENDIX C - Hearing Screening Referral Protocol 2	3



The Hearing Screening Guideline and Protocol

Hearing Screening Guideline

Obtain informed consent at the outset of the appointment. Following this a case history will be completed prior to screening. The case history may include the completion of a questionnaire by the client or caregiver.





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Hearing Screening Guideline and Protocol 2023

Highlights



The goal of hearing screening is to identify individuals (children from age 3 years to adults) most likely to have peripheral hearing loss that may affect everyday communication, educational success, social, language, and cognitive development and/or integrity

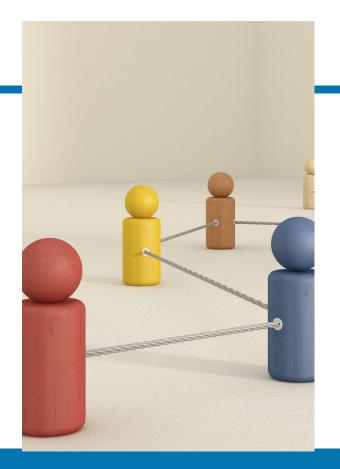


The Hearing Screening Guideline reflects:

American Speech-Language Hearing Association (2021) World Health Organization (WHO) Report on Hearing (2021) World Health Organization (WHO) Hearing Screening: Considerations for Implementation (2021)



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Designing a formal hearing screening program (p.7)

- Selection of the target population
- Selection of screening personnel
- Training and supervision of screening personnel
- Implementation of defined protocols
- Data management
- Process for referral and follow up



Points covered in the HSG..... (p. 8)

Informed consent for hearing screening





Points covered in the HSB..... (p. 8) Contradictions to Hearing Screening

Physician Referral:

- SNHL
- Ear Infection
- Drainage/discharge
- Pain
- Foreign object in canal
- Inflammation

Audiology Referral:

- SNHL
- Abnormal appearance
- Head injury





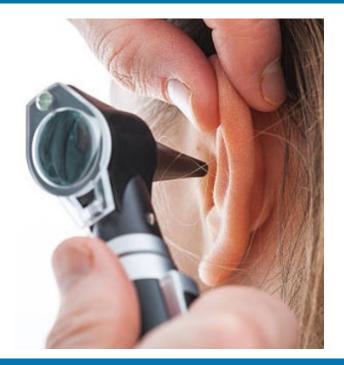


Training (p.9)

Screening Personnel must be trained and supervised



Otoscopy (p. 9)



Restricted Activity:

"Insert or remove instruments or devices beyond the cartilaginous portion of the ear canal"



More points covered..... (p. 9)

Selection of Pure Tone Stimuli









Remember.....

Use of Insert Earphones requires Otoscopy



Check out the Section on Audiometers (p.10)







Check out the Section on....



The Screening Environment (page 12)



Tympanometry

Useful to detect ME issues







Reducing Over Referrals

- Reposition
- Reinstruct
- Rescreen





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Changes

Changes and Clarifications

Current Practice Issues

Developments in Technology

User-friendly Format



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Current Practice Issues

Role of the SLP and Aud clarified

Including 500 Hz in the testing protocol

Including 6000 Hz in the testing protocol



Current Practice Issues con't

Insert earphone vs headphones

Otoscopy

Include hearing screening with a speech-language assessment



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Current Practice Issues con't

Pulsed tones / Warble tones (p. 9)

Documentation (p. 17)



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Developments in Technology

Audiometric Software (p. 10)

Adult Hearing Screening (p. 19)



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User Friendly Format

Format is easy to follow

References at the end of the document

Tympanometry / OAE





Feedback from the Membership

- 1. Clear and concise
- 2. Addresses over-referral methodology
- 3. Integral part of a speechlanguage assessment



Questions?



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Post-Webinar Survey



