

STANDARD OPERATING PROCEDURE IPHNS – HULL 0-19 SCHOOL AGE AUDIOLOGY SCREENING PROGRAMME

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Name of Trust Strategy / Policy / Guidelines this SOP refers to:	

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	April 2024	New SOP. Approved at 0-19 Clinical Governance Meeting (11 April 2024).

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1. INTRODUCTION

The purpose of screening children at school entry is for the:

1. Detection of progressive or late onset sensori-neural hearing loss.
2. Identification of children with persisting conductive hearing loss.
3. Identification of children with mixed deafness (a combination of the above)

All children within their first year at full time school will be offered a hearing screen with parental opt out.

This Standard Operating Procedure (SOP) represents the current recommended good practice and will ensure that all children are screened for hearing problems safely and effectively. Screening for school children is by a sweep test at 30dBHL with a pure tone audiometer.

Early detection of a hearing problem is essential to facilitate the best possible outcome for children and young people. The school entry screening test for hearing is recommended within National Service Framework for Children, Young People and Maternity Services, standard 1 – ‘promoting health and wellbeing, identifying needs and intervening early (DOH, 2004).

Furthermore, The Healthy Child Programme 5 – 19 recommends that at universal health assessment at school entry ‘parental concerns around hearing should always be noted and acted on’ (DOH, 2009).

[Public Health England - BSSLC Guidance](#)

[UK National Screening Committee - Child Screening Recommendations](#)

2. SCOPE

The purpose of this document is to provide a standardised procedure across Hull 0-19 Integrated Public Health Nursing Service (IPHNS) on the delivery of the school age audiology screening programme - ensuring best practice and supporting the safe delivery in line with national operational guidance.

All suitably trained members of the Hull 0-19 IPHN team with an identified role or responsibility for the planning, undertaking or management of the screening are required to adhere to the requirements of this SOP.

3. DUTIES AND RESPONSIBILITIES

Service manager/Modern matron is responsible for:

- reviewing and updating the guidance at agreed time intervals or sooner if prompted by changes in legislation or best practice requirements.
- cascading the new revised information to all staff.
- arranging periodic audits of records to demonstrate continuous quality improvement.

Clinical team leaders are responsible for:

- ensuring staff compliance to the guidance including comprehensive training and induction.
- providing support and advice to staff as needed.
- escalating issues that cannot be managed directly by themselves - to be discussed with service manager/modern matron.
- ensuring records are reviewed in supervision, in accordance with Humber Supervision Policy.

Suitably trained members of staff are responsible for:

- complying with all SOPs relevant to their role, in use at the Trust.
- undertake the appropriate level of training needed.
- show a duty of care towards service users.
- enter contemporaneous record keeping and factual documentation details into the electronic care record (ECR) about the service user.
- raise concerns at the earliest opportunity, to discuss with line manager or clinical team leader.

Admin Team are responsible for:

- supporting in the smooth delivery of the school entry screening programme, following the admin process detailed below.
- ensuring the waiting lists are created prior to the arranged sessions.
- ensuring the audiometers are serviced annually and maintained.

4. PROCEDURES

This is detailed instruction which must be followed, or steps which must be taken to implement the document.

School Screening (Main-Stream Schools)

The purpose of screening children at school entry is for the:

1. Detection of progressive or late onset sensori-neural hearing loss.
2. Identification of children with persisting conductive hearing loss.
3. Identification of children with mixed deafness (a combination of the above)

All children within their first year at full time school will be offered a hearing screen with parental opt out.

Children with Special Educational Needs

Assessment of hearing competence is an essential part of the assessment for children with special educational needs.

If testing is too difficult, especially in the young child, or if their hearing screen is unsatisfactory then the screener will refer to the Children's Audiology Service as necessary.

4.1. Equipment

- Detergent multi surface wipes
- Hand hygiene gel/rub
- Audiometer
- Headset

4.1.1. Care of Equipment

- Audiometers are located within the admin office, audiometer and headset will be signed in and out.
- Equipment will be cleaned and checked before returning to storage. Before cleaning always switch off and disconnect from the power supply. Read manufacturer's instructions, before cleaning.
- Use detergent wipes to clean all exposed surfaces.
- Do not allow liquid to come into contact with metal parts inside the headphones.
- Visually check headphones
- Check power (if using battery)

- Check correct function/features are selected
- Guymark UK LTD will undertake annual calibration/maintenance of the provided hearing units. Hull 0-19 admin/audiology lead will send the hearing units to Guymark UK LTD overseeing the timeliness of the calibration/maintenance of the units.
- Staff will carry out testing of equipment, prior to use, checking the equipment is in good working order.
- Any faults to the equipment should be reported to the Hull 0-19 admin/audiology lead, who will then report to Guymark UK LTD

4.2. Admin Process

- Opt-out letter to be sent via email to all schools two weeks prior to the first session, for be sent out to all parent/carers of children in Foundation Stage 2
- Admin support will arrange the school screening sessions
- Admin lead will create waiting lists one per school within system1
- All opt outs should be documented on the child's SystemOne record and the child removed from the waiting list, were necessary
- Staff member completing the screening to access the list of eligible children from the named school waiting list within SystemOne
- When the staff member has completed the child's SystemOne record, please ensure the child is removed from the waiting list
- If a child presents in school for screening that is NOT on the waiting list, the staff member should NOT carry out the screening. For these children, the staff member will send a task within SystemOne to the admin support requesting the child to be added to the recall list. Staff member to request that school send the opt out letter to the parent/carer via email and these children will be added to the recall list.
- If a child is absent from school, staff member to complete a failed encounter on SystemOne and child should remain on the waiting list

4.3. Procedure for Screening

- When booking a session in school, a quiet room free from distractions will be requested with access to an electrical socket.
- Equipment will be checked before going into a school.
- Staff member will ensure Humber Infection Control Policy is always followed.
- Prior to a session staff member will ensure all opt outs are noted, introduce themselves to the child, explain what they will be doing and give instructions.
 - NB – When not to test guidance in 4.1.4
- Seat the child facing with their back to the staff member.
- The headphones must be decontaminated with detergent wipes as per manufacturer's instructions before use for each individual child.
- A test should be carried out at a comfortable level and make sure the sounds are clear, checking for now intermittent faults
- The headphones should be placed on the child's head, a check should be made that they fit securely and on the correct way round i.e., red for right, blue for left.
- Ensure headphone speaker is over the entrance to the ear canal, ensure hair is out of the way, may need to ask child to remove glasses/earrings.
- The screener should not give any visual clues, such as looking up or glancing when a sound is presented, head movements, hand movements, reflection of presentation (mirror or light on glasses), Child should not be able to see the audiometer on presentation of sounds.
- Staff member should ensure they sit so that the child's face and hands are visible however they should not be able to see your hands.
- Staff member applies a 50dB at 4000Hz signal in both ears checking it sounds the same in both.
- Staff member then runs through all test frequencies (4kHz, 2kHz, 1kHz and 500kHz) at 30dB starting with the right ear.

- The sound stimuli should be delivered for 2 – 5 seconds; length of time between stimuli should be at random intervals and lengths to avoid guessing.
- The child being screened should be asked to notify the staff member that have successfully heard the sounds by making a response, suggested response either clapping their hands together or verbally saying 'yes'
- Where threshold (level of consistent response) is to be established, starting at 50db at 1000Hz, sound should be decreased by 10db until child ceases to respond and increased by 5 dB increments until child responds as per training delivered. Threshold is established by two clear responses.
- If child does not meet satisfactory screen, the child's Parents/Carers will be notified by telephone and a retest will be booked at least 4 weeks apart. The referral to Paediatric Audiology must include 2 consecutive screens at least 4 weeks apart and at more than 1 frequency for both ears. Parental and school concerns should be noted on the referral (Appendix A).
- If all responses are between 50-60dB do not recall for a repeat screen, an urgent direct referral to Paediatric audiology should be made
- All hearing results, contacts with Parents/Carers and referrals will be entered on the child's SystemOne record.
- If unable to contact the Parent following a failed hearing screen, a letter will be generated from SystemOne requesting Parent/carer to contact the team.

4.4. When Not to Test

- Where a child is unable to complete a satisfactory screen due to concentration or understanding, recall in 4 weeks.
- Child has amplification (hearing aid/cochlear implant), injured or discharging ears, audiometer faults. Contact Parent/Carer to discuss if appropriate and arrange testing for a later date.

4.5. Parental Concern

There may be times when concerns around a child's hearing is brought to the attention of the Hull 0-19 service. It is important to ensure a detailed health history is undertaken with the parent/young person to ascertain the nature of the hearing concern.

This information will determine the appropriate referral route taken - be that medical, neurodevelopmental, paediatric audiology or other.

Documentation will be recorded in the child's EPR.

Children that are pre-school age need a referral to Paediatric Audiology service for a hearing assessment due to requiring a developmental age appropriate method of testing.

Ad-hoc testing is not undertaken by the Hull 0-19 IPHNS on school aged children outside of the school aged audiology screening programme.

4.6. Training requirements

Audiology training in screening and testing using pure tone audiometry can be requested through the Paediatric Audiology Service by contacting:

Name: Tracy Kemp
 Address: Paediatric Audiology,
 First Floor, Admin Block,
 Castle Hill Hospital, Castle Road, Cottingham, HU16 5JQ
 Telephone: (01482) 623072 / 623069
 Email: hyp-tr.paediatric.audiology@nhs.net

All staff who carry out audio screening as part of their role must receive initial training during induction. All staff should then complete an annual update, organised by the service in conjunction with specialist services.

Appendix A: Paediatric Audiology Service Referral Form

School Nursing Paediatric Audiology Service Referral Form

To be sent to: Paediatric Audiology Services
First Floor, Admin Block
Entrance 1B
Castle Hill Hospital, Castle Road
Cottingham, HU16 5JQ
Tel: 01482 623072/623069
hyp-tr.paediatric.audiology@nhs.net

<p>Child NHS No: _____ First Name: _____ Surname: _____ DOB: _____ M/F: _____ Ethnicity: _____ Address: _____ _____ _____ _____ Postcode: _____ School: _____ GP: _____</p>
<p>Guardian/Parent Please circle: Parent/legal guardian/foster carer/other please specify _____ First Name: _____ Surname: _____ Address: (if different to above) _____ Telephone No: _____ Email address: _____</p>
<p>Reason for Referral: (Urgency/ Routine:if urgent (please state why)) _____ _____ _____ _____</p>
<p>Referrer: Name: _____ Designation: _____ Address: _____ _____ _____ Telephone No: _____ Email: _____ _____</p>

Please give details on both pages

Patient/Parent agreed to referral Yes No

Interpreter required Yes Which language? _____

School Nurse Test Results:-

Date of Test	Ear	500kHz	1kHz	2kHz	4kHz
	Right				
	Left				
	Right				
	Left				

Medical and Developmental History:

1. Diagnosed condition:
2. Speech and language development:
3. Motor Development:
4. Social communication problems:
5. ENT and audiological consultations:

Family history:
(including permanent deafness)

Newborn hearing screening result: Passed/missed appointment/failed to attend/incomplete

School Entry hearing screen: Passed/missed appointment/failed/incomplete

Other profession involved (include name and address – attach recent reports):

Paediatrician:

Speech and language:

ENT Surgeon:

Other:

Signature: **Date:**

For office use only: Clinic allocation: _____ Venue: _____
Time frame: Routine/Priority/Urgent _____
Date allocated: _____

Any documentation to be inserted into client records must be in the approved Trust format and accessed via the Trust's intranet.

Appendix B: Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **IPHNS – Hull 0-19 School Age Audiology Screening Programme**
2. EIA Reviewer (name, job title, base and contact details): **Rebecca Price - Hull 0-19 Modern Matron**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **SOP**

Main Aims of the Document, Process or Service
To set out the requirements of the school aged audiology screening programme.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	<p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p>	Low	This SOP applies to children fitting the age range indicated.
Disability	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory Physical Learning Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	This SOP is applicable to all regardless of disability
Sex	<p>Men/Male Women/Female</p>	Low	This SOP is applicable to all regardless of Sex
Marriage/Civil Partnership		Low	This SOP is not applicable
Pregnancy/ Maternity		Low	This SOP is not applicable
Race	<p>Colour Nationality Ethnic/national origins</p>	Low	This SOP is applicable to all regardless of race
Religion or Belief	<p>All religions Including lack of religion or belief and where belief includes any religious or philosophical belief</p>	Low	This SOP is applicable to all regardless of religion or belief
Sexual Orientation	<p>Lesbian Gay men Bisexual</p>	Low	This SOP is applicable to all regardless of sexual orientation

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	This SOP is applicable to all regardless of gender reassignment

Summary

<p>Please describe the main points/actions arising from your assessment that supports your decision.</p> <p>This SOP applies to children and there is no circumstance where any groups would not be considered.</p>	
<p>EIA Reviewer: Rebecca Price</p>	
<p>Date completed: 27.03.2024</p>	<p>Signature: Rebecca Price</p>