

Clinical Task Instruction

Delegated Task

D-CH06: Pure tone hearing screening – automated audiometer

Scope and objectives of clinical task

This Clinical Task Instruction (CTI) will enable the Allied Health Assistant to:

- safely and effectively conduct pure tone hearing screening on a client older than 3.5 years of age using an automated audiometer

VERSION CONTROL

Version: 1.0

Reviewed: (Profession) Directors of Audiology Date: 25/08/2026

Approved: (Operational) Chief Allied Health Officer, Queensland Health Date: 02/10/2026

Document custodian: Chief Allied Health Officer, Queensland Health Review date: 02/10/2029

Acknowledgements: Community Hearing Screening Clinic – Healthy Hearing, Healthy Kindy Kids

The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to the Office of the Chief Allied Health Officer (OCAHO) at: allied_health_advisory@health.qld.gov.au

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/ahassist>

Prior to use please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions> for the latest version of this CTI.

© State of Queensland (Queensland Health) 2026



This work is licensed under a Creative Commons Attribution Non-Commercial No Derivatives 4.0 Australia licence. In essence, you are free to copy and communicate the work in its current form for non-commercial purposes, as long as you attribute Queensland Health and authoring unit listed above and abide by the licence terms. You may not alter or adapt the work in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/deed.en>.

For further information contact the Office of the Chief Allied Health Officer, Queensland Health, PO Box 2368, Fortitude Valley BC QLD 4006, email allied_health_advisory@health.qld.gov.au, phone (07) 3328 9298. For permissions beyond the scope of this licence contact: Intellectual Property Officer, Queensland Health, GPO Box 48, Brisbane Qld 4001, email ip_officer@health.qld.gov.au, phone (07) 3708 5069.

Disclaimer

Queensland Health has made every effort to ensure that the information in this resource, at the time of distribution, is correct. The information in this resource will be kept under review and future publications will incorporate any necessary amendments.

The information in this resource does not constitute clinical advice and should not be relied upon as such in a clinical situation. The information is provided solely on the basis that readers will be responsible for making their own assessment of the matters presented herein and readers are advised to verify all relevant representations, statements and information. Specialist advice in relation to the application of the information presented in this publication must be sought as necessary to ensure the application is clinically appropriate.

In no event, shall Queensland Health be liable (including negligence) for any claim, action, proceeding, demand, liability, costs, damages, expenses or loss (including without limitation, direct, indirect, punitive, special or consequential) whatsoever brought against it or made upon it or incurred by Queensland Health arising out of or in connection with a person's use of information in this publication.

- if required, apply hearing screening triage and decision-making tools to support the local service model.

Note: This CTI describes the use of an automated audiometer using a computer tablet (tablet) and the application (app) Sound Scouts™ which is commonly used by Queensland Health services. The local service will determine which tablet and app the allied health assistant will be trained and assessed as competent to deliver. If the local site plans to use a different app the CTI should be reviewed and amended to align with the app features and guidelines for use.

Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop.
- Completion of TAFE NSW [The EarTrain Program](https://www.tafensw.edu.au/eartrain). The following modules are relevant for this CTI:
 - About otitis media: ear anatomy and physiology
 - Infection control for audiometry
 - Audiometry: play audiometry (optional)

Available at: <https://www.tafensw.edu.au/eartrain>

- Mandatory training requirements relevant to Queensland Health/Hospital and Health Service (HHS) clinical roles are assumed knowledge for this CTI.
- Implementation of this CTI by some local services may include protocol-driven processes that support additional information collection about the client's hearing status such as local triaging protocols or procedures. If this is the case, additional training is required e.g. workplace instructions, audit tools and/or CTIs that support the model.

Clinical knowledge

- The following content knowledge is required by an allied health assistant delivering this task:
 - the purpose and rationale for performing hearing screening as relevant to the client population in the local service model
 - the process for conducting a hearing screen using an automated audiometer tablet and app, including standard room set up, equipment set-up, testing protocol and documentation requirements
 - basic anatomy of the hearing pathway including the outer, middle and inner ear.
- The knowledge requirements will be met by the following activities:
 - completing the training program/s (listed above)
 - reviewing the Learning resource
 - receiving instruction from an allied health professional in the training phase.

Skills or experience

- The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an allied health assistant delivering this task:
 - Nil

Safety and quality

Client

- The allied health assistant will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the allied health assistant during the task:
 - if during the task the client indicates or the carer is concerned the client is experiencing pain or discomfort in the area of examination, or if an ear canal has notable discharge, a foreign body present or the skin in the auditory pathway is noted to be swollen, broken or inflamed, cease the task. Inform the delegating health professional of observations as part of feedback and if part of the local service model, implement local processes for review by a medical practitioner e.g. inform the client to attend their general practitioner.
 - to participate in pure tone hearing screening the client must be able to be conditioned to sound. If the client is unable to be conditioned to sound due to poor attention, physical limitations or other factors preventing the client from participating, cease the task and report this in feedback to the delegating health profession.
 - the child must be able to see and independently press the response button. If the child is not able to visually locate or press the button or appears to have difficulty that limits participation, cease the task and report this in feedback to the delegating health profession.

Equipment, aids and appliances

- The pure tone and app should be checked, fully charged and in working order at the beginning of each day. Follow prompts to complete tone selection (frequency selection: 1, 2 and 4kHz, screening level: 25dBHL or select “presets” Early Childhood Screening). Complete headphone sound check by matching the audio to the word for both left and right ears. Ensure the volume is turned to maximum and test the first screen for each module using the trial setting. If the equipment and app are not in working order, locate alternative equipment. If no alternative equipment is available, inform the client and carer, and re-schedule the task. Inform the delegating health professional of equipment problems and implement local processes to have the equipment fixed/replaced.

Environment

- A quiet, low stimulus room is required for a hearing screen. The room does not need to be sound treated but should be located away from significant background noise e.g. roads, staff lunchrooms or high-volume waiting areas. There should be minimal visual distractions.

Performance of clinical task

1. Delegation instructions

- Receive the delegated task from the health professional.
Note: the delegation instruction for this task may be provided directly from a health professional or as part of a local work instruction or clinical protocol.

2. Preparation

- Place furniture in the required position to conduct the hearing screen - see local workplace instruction.
- Collect the charged tablet and headphones, confirm internet is available and app is updated - see Safety and quality section.
- Confirm availability of tissues, gloves, hand sanitiser and a bin.

3. Introduce task and seek consent

- The allied health assistant introduces themselves to the client.
- The allied health assistant checks three forms of client identification: full name, date of birth, plus one of the following: hospital unit record (UR) number, Medicare number, or address.
- The allied health assistant describes the task to the client. For example:
 - We are going to play a hearing game together. I am going to put these headphones on your ears. When you hear a sound, press the button on the screen. I will show you how to play.
- The allied health assistant seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, Version 2.6 (2025).
 - If seeing clients under the age of 18 years note Section 3: Informed decision-making for children and young persons for comprehensive information and, if relevant, Section 4.8 Childhood and school-based programs.

4. Positioning

- The client's position during the task should be:
 - sitting on a chair facing the desk with headphones on and the tablet on the desk.
- If a carer is present, the carer should be seated behind and to the side of the client, in a position that is out of the direct view of the client.
- The allied health assistant's position during the task should be:
 - sitting or standing beside the client, in a position that is out of the direct view of the client and allows observation of client responses.

5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps:
 1. Don gloves and provide the client a tissue.
 2. Instruct the client to blow their nose by pressing against one nostril with their finger and forcefully blowing out of the other nostril into the tissue. If required assist with holding the tissue. Repeat blowing until the nostril is clear.
 3. Repeat step 2 with the opposite nostril.
 4. Instruct the client to keep their lips together and breathe through their nose. If required repeat step 2 and 3. If the client continues to have difficulty, or appears to have a blocked nose, include in feedback to the delegating health professional.
 5. Instruct the client to pinch their two nostrils together, take a deep breath and then close their mouth and blow to clear their ears.

6. Discard used tissues and gloves in bin and sanitise hands. Instruct the client to sanitise their hands.
 7. Place the headphones on the client's head. Adjust the size of the headband so that the headphone is sitting directly over each ear.
 8. Conduct sound conditioning by supporting the client to engage with the tablet and app. See the manufacturer's instructions, Safety and quality and monitoring.
 9. Once conditioned to sound, commence hearing screening modules. Monitor the client, observing each response.
 10. When the hearing screen is complete, remove the equipment from the client. Confirm the results are valid, if invalid follow the local protocol regarding retesting.
 11. Use detergent wipes to clean the equipment and desk surfaces.
- During the task:
 - provide feedback and correct errors in the performance of the task including:
 - if headphones fall or move off the ear, pause the test and reposition the headphones.
 - if the client appears to not be conditioned to sound, unplug the headphones and practice responses with the client using the trial function. Confirm that they have understood how and when to respond. If the client demonstrates correct responses, re-plug in the headphones and proceed with screen. See Safety and quality section.
 - monitor the client's response rate as over responding may be invalid. If a client over responds to the stimulus the app will provide a visual prompt which will alert the client to refocus on listening. It may also be beneficial to provide a non-verbal cue to listen, such as pointing to your ear. Note prompting provided in feedback to the delegating health professional.
 - during screening the client may make sounds that mean they miss a prompt. For example vocalising including talking, singing or grunting or other noises such as tapping or stomping feet. Use non-verbal cues to cease noise such as holding the index finger up to the lips or manual guidance to remain still. If sounds continue, review the impact on test results and consider if repeating the frequency test level is indicated or if rescheduling is required. For example rescheduling to when the client is not hungry or tired.
 - if the screen gets interrupted or there is excessive background noise the screen may become invalid. The allied health assistant should note if the screen can be resumed and if the noise subsides or is persistent e.g. note the ambulance has driven past. The allied health assistant should determine if the screening result has been impacted and consider repeating the frequency test level or if rescheduling is required.
 - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above including CTI D-WTS01 When to stop.
 - At the conclusion of the task:
 - encourage feedback from the client on the task.
 - if part of the local service model, the allied health assistant provides summary feedback to the client and implements the local care pathway management plan e.g. informs client and/or carer of the overall hearing screening result, including the need for further follow-up.
 - ensure the client is comfortable and safe.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.

- For this task, the following specific information should be presented:
 - under the heading 'pure tone' the lowest volume the client could hear at each frequency for each ear screened.
 - if relevant for the local service model, the outcome of the hearing screen including the criteria used and any protocol-driven actions taken, for example:
 - Overall pass = 25dBHL at all 3 frequencies (1000, 2000 & 4000Hz). As per protocol/care pathway, no indication for further follow up at this time.
 - Overall refer = lowest volume recorded is >25dBHL at 1000, 2000 or 4000Hz (i.e. if >25dBHL at any frequency) (insert any actions taken e.g. As per protocol/care pathway, client booked/provided information for follow-up diagnostic audiology).
 - Not performed = hearing screening not performed (insert reason e.g. client is < 3.5 years old, child reported pain, discomfort, observed notable discharge). Action taken e.g. informed delegating health professional, client advised to attend general practitioner.
 - Screening incomplete = screen was discontinued e.g. due to child behaviour and response to screen and/or unexpected interruptions. Follow local protocol for processes for rescheduling.
 - Invalid test conditions = unreliable results due to user or child error and/or environmental conditions. Follow local protocol for processes for rescheduling.
- For protocol driven delegation the local process may require co-signing and confirmation of the appropriate management pathway by the delegating health professional before the report can be finalised.

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.

References and supporting documents

- Children's Health Queensland Hospital and Health Service (2025). Healthy Hearing Community Hearing Screening - Model of Care V1.0 (Draft).
- Children's Health Queensland Hospital and Health Service (2014). Child and Youth Health Practice Manual, Statewide Child and Youth Clinical Network – Child Health Sub-Network.p85-89.
- Children's Health Queensland Hospital and Health Service (2017). Deadly Ears. The Ear and Hearing – Training Manual (Draft).
- Kooper R (2008). Screening, Evaluation and Management of Hearing Loss in the School-Aged Child. In Madell JR & Flexer C (Eds). Paediatric Audiology: Diagnosis, technology and management. (p106-111). Thieme: New York.
- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop. Available at: <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions>.
- Queensland Health (2025). Guide to Informed Decision-making in Health Care. Version 2.6. Available at: <https://www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare>.

Assessment: performance criteria checklist

D-CH06: Pure tone hearing screening - automated audiometer

Name:

Position:

Work Unit:

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
Completes preparation for the task including obtaining relevant form and materials and ensuring client and environment are prepared for the task.			
Introduces self to the client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
Delivers the task effectively and safely as per delegated instructions and CTI procedure. a) Clearly explains the task, checking the client's understanding. b) Correctly sets up the equipment for the screening protocol. c) Supports client to clear nostrils and unblock ears. d) Correctly places and fits the headphones on the client's head. e) Correctly conducts and confirms the client is conditioned to sound. f) Monitors the client during pure tone hearing screening for all modules until completed. g) When hearing screening is completed I. Removes the equipment from the client and correctly cleans and stores it. II. If part of the service model identifies and implements any relevant protocol driven actions. h) During the task, maintains a safe clinical environment and manages risks appropriately. i) Provides feedback to the client on performance during and at completion of the task.			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.			
Provides accurate and comprehensive feedback to the delegating health professional.			

Comments:					
Comments on the service model that the allied health assistant has been trained and assessed as competent to deliver should be included, such as the type of tablet, name of app, local workplace instructions, protocols or flowcharts that support the task delivery					
Record of assessment competence:					
Assessor name:		Assessor position:		Competence achieved:	/ /
Scheduled review:					
Review date:	/ /				

Pure tone hearing screening - automated audiometer: Learning resource

Required reading

- Automated audiometry - User guides for the tablet and app available for use in the local service.
- Relevant process and protocol documents related to the local service model e.g. workplace instructions, decision-making flowcharts, intake criteria/triage tools and recording forms.