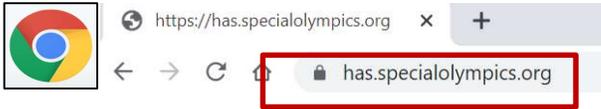
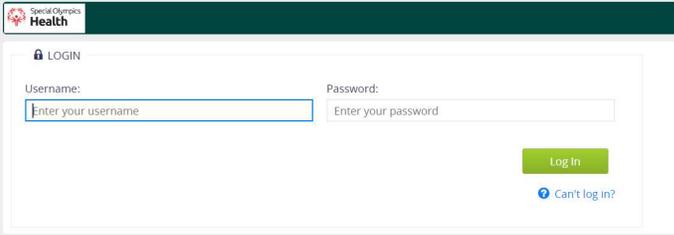




Healthy Hearing Screening Guide Healthy Athletes System (HAS)



<p>Step 1 Login</p>		<p>Open a tab in the Chrome browser. Type in the url: has.specialolympics.org</p>
<p>Step 1 Login with tablet</p>		<p>If you are using a Tablet select the HAS icon from the desktop of the tablet. Username and Password is on the back of the tablet.</p>
<p>Step 2 Select Region</p>	<p>SONA & SOLA SOMENA, SOA, SOEE SOEA & SOAP</p> 	<p>Select the place holder in the geographic region that your Program is located. For example, if you are in United States, click on placeholder in SONA Region.</p>
<p>Step 3 Sign in</p>		<p>Type in username and password. Note: Passwords are case sensitive to uppercase letters and special characters. If you are unable to login Email healthdata@specialolympics.org</p>
<p>Step 4 Select event</p>		<p>Select Program, then select Healthy Athletes Event.</p>

Special Olympics

1133 19th Street NW, Washington, DC 20036-3604, USA **Tel** +1 202 628 3630 **Fax** +1 202 824 0200

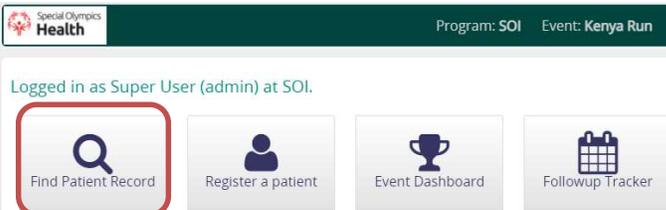
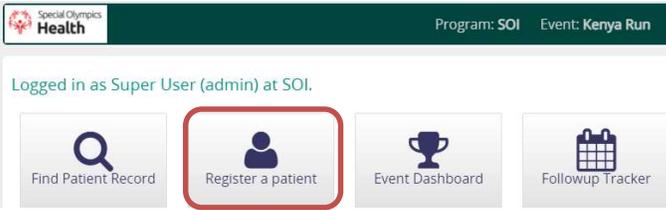
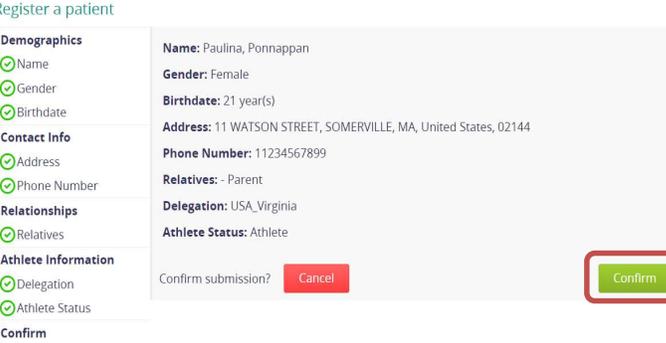
www.specialolympics.org **Email** info@specialolympics.org **Twitter** @specialolympics

Created by the Joseph P. Kennedy Jr. Foundation for the benefit of persons with intellectual disabilities



Healthy Hearing Screening Guide

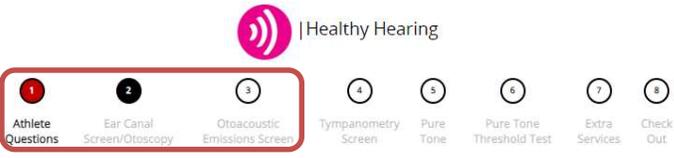


<p>Step 5</p> <p>Search for athlete</p>		<p>Search for an athlete by clicking Find Patient Record.</p>
<p>Step 6</p> <p>Select an athlete's record</p>		<p>Type athlete's NAME or ID Number. Select the athlete from the drop-down list.</p>
<p>Step 7</p> <p>Register athlete</p>		<p>If you are unable to find the athlete in the drop-down list, Register them.</p>
<p>Step 8</p> <p>Complete Registration</p>		<p>Fill out registration form and select Confirm. It is important to collect as much information as possible. Explain to the athlete or coach that Special Olympics collects phone numbers for follow up care. The number will not be used for any other purpose.</p>



Healthy Hearing Screening Guide



<p>Step 9</p> <p>Start Screening athlete</p>		<p>Select the correct athlete record,</p> <p>Review the information in the Athlete Header to ensure it is accurate.</p> <p>Then, Start Visit under General Actions.</p>
<p>Step 10</p> <p>Select Discipline</p>		<p>You will be directed to the Visits page and can select the discipline you are screening for e.g., Fit Feet.</p>
<p>8 screening stations</p>	<p>1. Athlete Questions 2. Ear Canal Screen/ Otoscopy 3. Otoacoustic Emission Screen 4. Tympanometry 5. Pure Tone 6. Pure Tone Threshold Test 7. Extra Services 8. Check out.</p>	<p>Click on a number to open the screening form.</p> <p>The circles show screening status: Red = Athlete is actively being screened. Black = Athlete has completed screening. White = Athlete has not been screened at station.</p>
<p>Numbered circles are color coded</p>		
<p>Station 1</p> <p>Athlete Questions</p>	<p>Athlete Questions</p> <p>"Check-In and Athlete Questions"(Combine Athlete Questions and Check-In)</p> <p>Hearing</p> <p><input type="radio"/> Good</p> <p><input type="radio"/> Not Good</p> <p><input type="radio"/> Not sure</p>	<p>Check all boxes that apply.</p> <p>Save and continue to next Station.</p>



Healthy Hearing Screening Guide



Station 2 Otoscopy	<p>Otoscopy</p> <p>Screener's name</p> <input type="text"/> <input type="text"/>	Type in screener's name. Start screening for Right ear. If athlete does not allow screening to be performed, type in comments.
	<p>Right Ear wax removed</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> Yes, Partially</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Not Possible</p> <p><input type="radio"/> Athlete refused</p> <p>Right Otoscopy after cleaning</p> <p><input type="radio"/> Clear</p> <p><input type="radio"/> Partially Blocked</p> <p><input type="radio"/> Blocked</p>	Check all boxes that apply. If Yes, or Yes, Partially is selected, check boxes that drop down for Otoscopy after cleaning.
	<p>Right Extra otoscopic findings</p> <p><input checked="" type="checkbox"/> Perforation of ear drum</p> <p><input type="checkbox"/> Discharge</p> <p><input checked="" type="checkbox"/> Foreign object in ear canal</p> <p><input type="checkbox"/> Otitis externa</p> <p><input checked="" type="checkbox"/> Atretic ear</p> <p><input type="checkbox"/> Eczema in ear canal</p> <p><input type="checkbox"/> Other</p> <p><input checked="" type="checkbox"/> Medical evaluation of ears needed for extra otoscopic finding(Not for Ear Wax)</p>	Check all boxes that apply.
	<p><input type="checkbox"/> Screening not allowed</p> <p>Left</p> <p><input type="radio"/> Clear</p> <p><input type="radio"/> Partially Blocked</p> <p><input type="radio"/> Blocked</p>	Repeat Screening for Left ear.



Healthy Hearing Screening Guide



<p>Station 3 OAE Screening</p>	<p>Right</p> <p><input type="radio"/> Pass</p> <p><input type="radio"/> No Pass</p> <p><input checked="" type="checkbox"/> Can't Test</p> <p><input type="checkbox"/> Cannot achieve seal</p> <p><input type="checkbox"/> Probe blocked by cerumen</p> <p><input type="checkbox"/> Excessive noise</p> <p><input type="checkbox"/> Athlete refused testing</p>	<p>Start screening for Right ear.</p> <p>If Screener is not able to test, check boxes that apply from drop down options.</p> <p>Repeat screening for Left ear.</p> <p>Save and continue to next Station.</p>
<p>Station 4 Tympanometry</p>	<p>Right</p> <p><input type="radio"/> Pass</p> <p><input type="radio"/> No Pass</p> <p><input checked="" type="checkbox"/> Can Not Test</p> <p>If Can't test, select reason:</p> <p><input type="checkbox"/> Cannot achieve seal</p> <p><input type="checkbox"/> Probe blocked by cerumen</p> <p><input type="checkbox"/> Athlete refused testing</p>	<p>Start screening with Right ear.</p> <p>If Screener is unable to test, check boxes that apply from drop down options.</p> <p>Repeat screening for Left ear.</p> <p>Save and continue to next Station.</p>
<p>Station 5 Pure Tone Screening</p>	<p>Right</p> <p>2000Hz</p> <p><input type="radio"/> Pass</p> <p><input type="radio"/> No Pass</p> <p><input checked="" type="radio"/> Can Not Test</p> <p>4000Hz</p> <p><input type="radio"/> Pass</p> <p><input type="radio"/> No Pass</p> <p><input type="radio"/> Can Not Test</p> <p>If Can't test, select reason:</p> <p><input type="checkbox"/> Could not train to respond</p> <p><input type="checkbox"/> Excessive Noise</p> <p><input type="checkbox"/> Athlete refused testing</p>	<p>Start screening with Right ear.</p> <p>If Screener is unable to test, check boxes that apply from drop down options.</p> <p>Repeat screening for Left ear.</p> <p>Save and continue to next Station.</p>



Healthy Hearing Screening Guide



<p>Station 6</p> <p>Pure Tone Thresholds</p>	<table border="1"> <thead> <tr> <th></th> <th>1000</th> <th>2000</th> <th>3000</th> <th>4000</th> <th>6000</th> <th>Masked</th> </tr> </thead> <tbody> <tr> <td>Right AC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Left AC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Unmasked BC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Right BC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Left BC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>If you obtain no response at the maximum intensity level, please write the maximum loudness level that you tested.</p> <p>NR/C</p> <input type="text"/> <p>Reliability *</p> <p><input type="radio"/> Reliable</p> <p><input checked="" type="radio"/> Unreliable</p> <p>Pure Tone Thresholds</p> <p><input checked="" type="checkbox"/> Could not train to respond</p> <p><input checked="" type="checkbox"/> Excessive Noise</p> <p><input type="checkbox"/> Athlete refused testing</p>		1000	2000	3000	4000	6000	Masked	Right AC						<input type="checkbox"/>	Left AC						<input type="checkbox"/>	Unmasked BC						<input type="checkbox"/>	Right BC						<input type="checkbox"/>	Left BC						<input type="checkbox"/>	<p>Responses are limited to the appropriate ranges for each test: 0-120 (AC) and 0-80 (BC)</p> <p>Check all boxes that apply.</p> <p>Save and continue to next Station.</p>
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<p>Station 7</p> <p>Extra Services</p>	<p>Extra Services</p> <p>Extra Services Provided at the Event</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Hearing Aid Repair/Maintenance <input checked="" type="checkbox"/> Ear Mold for Hearing Aid <input checked="" type="checkbox"/> Hearing Aid Fitting <input checked="" type="checkbox"/> Hearing Aid Voucher <input checked="" type="checkbox"/> Swim Plugs <input checked="" type="checkbox"/> Ear Protection(Noise Plugs) <input checked="" type="checkbox"/> Education Provided <input checked="" type="checkbox"/> Other <p>Other *</p> <input type="text"/>	<p>It is important that all services provided are documented.</p> <p>Type in comments if "Other" is selected.</p> <p>Save and continue to next Station.</p>																																										
<p>Station 8</p> <p>Check Out</p>	<p>Recommended Follow-up Care</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Urgent Follow-up Needed <input checked="" type="checkbox"/> Cerumen Removal <input checked="" type="checkbox"/> Medical Evaluation of ears <input checked="" type="checkbox"/> Audiological Evaluation of hearing <input checked="" type="checkbox"/> Replacement of Ear Molds <input checked="" type="checkbox"/> Hearing Aid Repair/Maintenance <input checked="" type="checkbox"/> Hearing Aid Evaluation and Fitting <input checked="" type="checkbox"/> Swim Plugs <input checked="" type="checkbox"/> Ear Protection(Noise Plugs) <p>Comments</p> <input type="text"/> <p>Print Name of HH Clinical Director</p> <input type="text"/> <p><input type="button" value="Save"/> <input type="button" value="Finish"/></p>	<p>Review the athlete's record by toggling through the stations.</p> <p>Answer the Follow up care questions before pressing Save and Finish to submit the athlete data.</p>																																										



Healthy Hearing Screening Guide



<p>Follow up Tracker</p>		<p>Check the Follow up Tracker for a list of referrals that Athletes have received during screening.</p>																								
<p>Referrals Send SMS</p>	<table border="1"> <thead> <tr> <th>Name</th> <th>Delegation</th> <th>Urgent</th> <th>Referral Type</th> <th>Phone number</th> <th>Contact Attempts</th> <th>SMS Status</th> <th>Actions</th> </tr> </thead> <tbody> <tr> <td>Christian Test</td> <td></td> <td>Yes</td> <td>Physical Therapist Referral, Primary Care Practitioner Referral</td> <td></td> <td>Survey 1- SMS Survey 2 Survey 3</td> <td></td> <td><input checked="" type="checkbox"/> Select</td> </tr> <tr> <td>UNKNOWN UNKNOWN</td> <td></td> <td>Yes</td> <td>Follow-up Care Opening Eyes</td> <td></td> <td>Survey 1- SMS Survey 2 Survey 3</td> <td></td> <td><input checked="" type="checkbox"/> Select</td> </tr> </tbody> </table>	Name	Delegation	Urgent	Referral Type	Phone number	Contact Attempts	SMS Status	Actions	Christian Test		Yes	Physical Therapist Referral, Primary Care Practitioner Referral		Survey 1- SMS Survey 2 Survey 3		<input checked="" type="checkbox"/> Select	UNKNOWN UNKNOWN		Yes	Follow-up Care Opening Eyes		Survey 1- SMS Survey 2 Survey 3		<input checked="" type="checkbox"/> Select	<p>Click on the survey, use as a guide when reaching out to an Athlete. Send SMS to athletes' mobile phone directly from here.</p>
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