



Health care providers should determine if a hospital or clinic has newborn hearing screening procedures in place. If not, then the following procedures manual template can be used to modify a facility's need to have a standardized policy and scripts in place.

Objective

1. Identify key policies that make up a NBHS Procedures Manual.

The following are suggested guidelines for a hospital-based NBHS Programs Procedures Manual. It is neither an inclusive document nor should it be considered necessary to follow these procedures. This document is only a suggested guideline for a hospital or birthing center to use as they establish their own protocols. Questions to ask program managers and screeners are:

- Do you have a policy and procedure manual?
- Do you have written scripts?
- Do you understand the importance of having written scripts?



The following is a template for a hospital-based NBHS Policies and Procedures Manual:

NBHS Policies and Procedures

Administrative Policy

Purpose:

- To screen all newborns and infants during their birth admission in order to identify those with hearing loss.
- To establish a mechanism for follow-up evaluation of newborns and infants needing additional care.
- To assist hospital medical and clinical staffs in understanding the value of a universal newborn hearing screening (UNHS) program.

Policy:

It is the policy of {Department Name} at {Facility Name} to provide timely, cost efficient, accurate, and reliable hearing screening services to all newborn infants during their birth admission.

Definitions: {modify as needed}

- Automated Auditory Brainstem Response: This is designated as AABR in this policy and related policies. AABR is a physiologic measure of the response from the ear and the brainstem to an auditory signal. Test technique and protocol will be defined in the appropriate section of this policy.
- Otoacoustic Emission: This is designated as OAE in this policy and related policies. OAE is the evaluation of the outer hair cell response to a known auditory input for the purposes of measuring cochlear function. Test technique and protocol will be defined in the appropriate section of this policy.



Participating Personnel:

Program Manager Role:

- Acts as chair of the hospital or birthing center stakeholder committee on newborn hearing screening.
- Acts as implementation coordinator responsible for equipment, staff, and protocol decisions.
- Assumes the responsibility of a screener if needed because of workload issues.
- Assures that each new staff member has received appropriate training.
- Assures that each new staff member knows screening protocols.
- Oversees screeners and monitors performance and provides focused re-education when needed.
- Monitors that family and primary care provider reports are generated in a timely manner.
- Assures performance of daily screening responsibilities as defined by hospital or birthing center protocol.
- Assures that supplies are being ordered and available as needed.
- Performs a baby-by-baby reconciliation every month to assure all nursery admissions are accounted.
- Coordinates services and follow-up for infants who need further evaluation.
- Educates medical and clinical staff on the benefits of early hearing detection and intervention.
- Reviews monthly program performance to assure that it meets established benchmarks.
- Takes corrective action as needed to improve or maintain program performance.
- Reports to state agencies as required by state law and governing rules.
- Ensures required information is entered into the Texas Early Hearing Detection and Intervention (TEHDI) data management system.

Screening Personnel Role:

- Obtains a list of all new admissions to the nursery daily.
- Maintains screening equipment as recommended by the manufacturer.
- Follows screening and calibration procedures suggested by manufacturer.
- Screens all newborns and infants for hearing loss for whom there is consent.
- Screens newborns during their birth admission using a physiologic screening technology; OAE and/or ABR according to hospital protocol.
- Rescreens infants who do not pass the initial birth admission screening before discharge according to hospital protocol.
- Maintains patient information as required by hospital or birthing center protocol. For example: newborn's name, medical record number, primary care physician, date of birth, gender, gestational age, hospital status, all screening information.
- Maintains follow-up contact information on all infants who fail the birth admission screen. For example: enter follow-up contact with parent's name, telephone, and address, and obtain additional contact information (i.e., a grandparent or neighbor) to assist in finding an infant for follow-up screening.
- Prints a parent report with their infant's birth admission screening results.
- Provides the report to the parents of infants who pass the screening as required by policy.
- Gives parents of infants the results verbally and in writing with follow-up contact information for infants who do not pass the hearing screening.
- Provides informational brochures to families as required by protocol.
- Prints physician reports and sends each infant's report to the appropriate primary care providers.
- Prints a daily list of infants screened for a backup record.
- Orders supplies and brochures as needed.



- Contacts program manager with questions as needed.
- At the end of each month, verifies that all data are current and that no infant has unknowingly been discharged without screening by comparing screening records with the nursery records.
- Maintains records documenting consent and confidentiality for the hospital or birthing center newborn hearing screening program.
- Screeners rely on automated interpretation protocols and do not make interpretive decisions regarding screening outcome.
- Screeners may relay screening outcomes to families based on the results of automated interpretation, which may be provided verbally in addition to a standardized written letter.
- Screeners are responsible for the day-to-day operations of the program.

Screening Location:

- Screening for well-infant populations will be conducted in the designated area for this purpose.
- Screening for the neonatal intensive care unit (NICU) infant population will be conducted in the designated area for this purpose.

Screening Hours:

- Screening will be conducted during the days and times established by {Facility Name}.
- The screener's day is complete when all infants being discharged that day have been screened and appropriate documentation has been completed.
- Infants who are not to be discharged that day may be screened if time and the infant's clinical condition permit.
- Hours for weekday, evening, and weekend shifts may vary secondary to activity in the nurseries.

Professional Dress Code: {Dress code will be established by facility}

- Personnel may wear scrubs (professional in appearance).
- Lab coat is optional.
- Name tags and photo identification must be worn at all times in the nursery.
- Personnel without appropriate identification cannot transport infants.

Screening Protocol:

The initial hearing screening is performed with {Insert Hospital selected Technology} technology.

- If the infant refers one or both ears, the infant should be rescreened before discharge.
- The infant is "discharged" from the program if the infant passes the birth admission screening bilaterally.
- If the infant does not pass the birth admission screening in one or both ear(s), the infant is scheduled to return in two weeks for a follow-up screen or referred to a diagnostic audiological center and entered into the follow-up protocol.

Daily Protocol:

- Each day, a list of the infants needing hearing screening will be obtained and entered into the information management system pending file.
- The "High Risk Register" (RISK) page is completed on NICU infants by performing a chart review and on well babies if screener observes the presence of a risk factor (such as craniofacial anomaly, syndromic stigmata, or family history of hearing loss).



- The screener determines his/her daily schedule by using the discharge information. Families leaving early need their infant tested first. Prioritization of the other infants is completed from information obtained from the room to room visits or date and time of birth.
- Equipment is turned on and prepared for testing (see technology manufacturer's suggested procedures for details).
- Infants who are ready to be screened are transported to the designated hearing screening area.
- All transportation of infants should comply with hospital policy (personnel, means of transport, security, etc.).
- Screen infants according to the screening protocol outlined previously.
- Upon completion of the screen, return the infant to the location from which he/she was obtained unless otherwise specified by the nurse or family.
- The caregiver's name is noted for all babies.
- If the baby refers on one or both ear(s) for further evaluation, the entire follow-up page is completed.
- All infants completing screening receive a sticker on the crib card that indicates screening has been completed.

Communicating Results:

Written results are provided to the parent(s) documenting screening results regardless of outcome. Personal communication of the screening results to the family is recommended for all infants, particularly those infants who refer the initial birth admission screening.

- Infants passing the hearing screening receive written test results indicating a "pass" on the birth admission hearing screening.

- Infants who refer the hearing screening are transported back to the parent's room so that screening results may be provided directly to the parents. In addition, the need for follow-up evaluation in two weeks is explained and an appointment for such is scheduled and noted in the information management system.
- Follow-up information is placed in the TEHDI web-based information system, and verified for accuracy.

Required Program Documentation:

Results are documented on the chart note. General rules for documentation are per hospital policy.

Necessary Documentation:

- Chart notes per hospital policy (daily).
- Charge sheets for all hearing screening should be completed and submitted (daily).
- Stickers to indicate that screening has been completed are placed on crib cards (daily).
- Brochures and letters are distributed to parents (daily).
- Screening results are sent to primary care provider (daily).

Scope:

This policy applies to infant hearing screenings performed by {designated personnel} for newborn infants born at {Facility Name}.

References:

- *JCAHO, Comprehensive Accreditation Manual for Hospitals. 2008.*
- *Joint Committee on Infant Hearing 2007 Position Statement.*

Revisions:

This policy will be reviewed/revised as necessary but not less than annually.



Program Statistics Policy

Purpose:

To describe recommended statistics for the Universal Newborn Hearing Screening (UNHS) components of Early Hearing Detection and Intervention (EDHI).

Policy:

It is the policy of the {Department Name} to calculate statistics on a monthly and quarterly basis to provide feedback on the quality of the program. It is the policy of the {Department Name} to transmit data to the state or its designee upon request.

Standards:

Statistics Calculated (as needed)

- Number of births (live/expired)
- Number of infants screened on birth admission
- Number of infants who pass birth admission screen
- Number of infants who refer birth admission screen
- Number of infants who were screened before 1 month of age.
- Number of infants who do not get screened because of early discharge
- Number of infants not screened on birth admission who were scheduled for an initial outpatient screen
- Number of infants who passed using the initial screening technology (only pertains to 2 technology programs)
- Number of infants who passed using two screening technologies (only pertains to 2 technology programs)

Quarterly statistics (as applicable to your site) calculated are the same as the monthly statistics but reflect quarterly totals and may also include follow-up testing information such as:

- Number of infants who returned for follow-up screening.
- Number of infants who passed follow-up screening.
- Number of infants who referred follow-up screening.
- Number of infants who needed diagnostic audiologic assessment.

Information Stored:

The monthly statistics are reviewed via the information management system program reports.

Distribution of Reports:

Completed quarterly and annual reports should be maintained in the {Department Name} as well as submitted to the appropriate hospital or birthing center personnel.

Scope:

This policy applies for the statistics that are calculated on data collected for the UNHS Program.

Revision:

This policy will be reviewed/revised as necessary but not less than annually.



Follow-Up and Tracking Policy

Purpose:

To establish a mechanism for follow-up services and tracking for newborns and infants suspected of having a hearing loss.

Policy:

It is the policy of {Facility Name} program to provide tracking and access to follow-up services for all infants suspected of having a hearing loss. These infants will be detected through UNHS Program of {Facility Name}.

Additionally, infants from this facility may be referred for further evaluation.

General Information:

- Infants who were not screened or do not successfully complete the initial birth admission hearing screening will be identified as at risk for hearing loss and enrolled in the tracking system.
- Infants who do not successfully complete the initial birth admission screening procedure will/should be scheduled for outpatient screening.
- The information system is designed to ensure that appropriate follow-up and evaluation occur for infants who may have hearing loss.

Follow-Up Appointments:

Initial rescreening with OAE and/or AABR for each infant that did not pass the birth admission screening will be followed as detailed below:

1. Infant passes birth admission screening:
 - Parents are informed of screening results in writing.
 - Primary care physician is notified of screening results in writing.

2. Infant refers on birth admission screening:

- Same as above.
- Infant is referred for follow-up screen or referred for a diagnostic audiological evaluation to evaluate hearing sensitivity.
- Appointment for further evaluation should ideally be scheduled before the infant is discharged from the facility.
- A referral will be made to the local Part C of IDEA Program (*Individuals with Disabilities Education Act (IDEA) Part C is federally funded*).

Documentation:

Use the web-based information management system for documentation of follow-up services and tracking.

Scope:

This policy relates to the follow-up and tracking of all infants referred to the EHDI at {Facility Name}.

References:

JCAHO. Comprehensive Accreditation Manual for Hospitals, 2008.

Revisions:

This policy will be reviewed/revised as necessary but not less than annually.



Information and Instructions Policy

Purpose:

To assure uniform delivery of information regarding the Universal Newborn Hearing Screening (UNHS) component of Early Hearing Detection and Intervention (EHDI) for parents of newborn infants.

Policy:

Each person who provides information regarding UNHS uses the same terminology and displays appropriate professionalism with all family interactions.

Standards:

It is important to provide the right information when discussing the program. The following are examples of “what to say” in certain situations.

Screener Understanding:

The following information will:

- assist the screener in answering questions about the program, and
- provide an understanding regarding the importance of newborn hearing screening.

Important Facts About Infant Hearing:

- As much as 50 percent of infants with hearing loss are born in the well-baby nursery with no known risk factors.
- Out of 1,000 babies screened, as many as three to five will have significant hearing loss.
- Hearing loss is more prevalent than all the other disorders combined that are also screened during the newborn period.
- A newborn whose hearing loss is detected and who receives intervention before 6 months of age has the potential for normal to near-normal language development.
- A newborn or infant that does not pass the hearing screening should receive an audiological evaluation before 3 months of age.
- A newborn whose hearing loss is detected should receive intervention (hearing aids, and/or sign language) before 6 months of age.

Differences Between OAE and ABR:

- An OAE evaluates the auditory system from the outer ear to the cochlea. It does not evaluate the neural pathways from the cochlea to the brain.
- An OAE is an evoked response because a stimulus is used to generate a response.
- It is an electrophysiologic response to an acoustic stimulus.
- The OAE does not evaluate an infant’s brainstem function.
- An ABR evaluates the system from the outer ear through the brainstem.
- The ABR is an electrophysiologic response that is generated in response to the auditory signal.
- ABR screening does not provide information about neurologic status.



Standard Scripts Policy

The following are example scripts to use in various situations in both “Passing” and “Did not Pass” screenings:

Informing Parents of the Hearing Screen

“Hi! Congratulations on the birth of your baby. You have received information that we provide hearing screening to all babies born. We are going to screen your baby now.”

Informing Parents of the Hearing Screen (Spanish)

“¡Hola! Felicitaciones por el nacimiento de su bebé. Usted recibió información sobre el tamizaje auditivo que le hacemos a todos los recién nacidos. Ahora vamos a hacerle el tamizaje a su bebé.”

Passing

“Congratulations on the birth of your baby. We just completed the hearing screen; the results are a pass. Here is a brochure that talks about development of speech and language. It is always important to monitor the progress of your baby’s development, especially their speech and language because your baby’s hearing can change any time. If you are ever worried that your baby can’t hear, talk to your baby’s doctor right away and ask for a referral to an audiologist that is skilled at testing infants and young children.”

Passing (Spanish): Pasó

“Felicitaciones por el nacimiento de su bebé. Acabamos de finalizar el tamizaje auditiva de su bebé y él/ella la pasó. Este es un folleto que trata sobre el desarrollo del habla y del lenguaje. Es importante observar el desarrollo de su bebé especialmente de su habla y lenguaje ya que la audición de su bebé puede cambiar en cualquier momento. Si usted está preocupado de que su bebé no pueda oír, hable con el médico pediatra inmediatamente y pídale que lo envíe a donde un audiólogo especializado en hacer pruebas a bebés y niños pequeños.”

Did Not Pass

“Congratulations on the birth of your baby. We just finished screening your baby’s hearing. Your baby did not pass the screen today. This does not necessarily mean that your baby has a permanent hearing loss, but without additional testing we can’t be sure. The screening results will be provided to your baby’s doctor. Please be sure you make or keep (depending on your hospital’s protocol) the appointment for further hearing testing.”

Did Not Pass (Spanish): No Pasó

“Felicitaciones por el nacimiento de su bebé. Los resultados del tamizaje auditivo que le hicimos hoy a su bebé indican que él/ella no lo pasó. Esto no necesariamente significa que su bebé tenga una pérdida auditiva permanente, pero sin hacer pruebas adicionales no podemos estar seguros. Los resultados del tamizaje le serán enviados al médico de su bebé. Asegúrese de hacer una cita para hacer más exámenes auditivos o acudir a esta (dependiendo del protocolo de su hospital).”

Inconclusive

“Although we attempt to provide newborn hearing screening to all babies born at our hospital, we were unable to complete the screening on your baby. It is important that your baby be screened as soon as possible. Let’s schedule a time for the screening to be completed within the next 2 weeks.”

Inconclusive (Spanish): No Concluyente

“Aunque tratamos de hacerle un tamizaje auditivo a todos los recién nacidos en nuestro hospital, no pudimos completar el tamizaje de su bebé. Es importante hacerlo lo más pronto posible. Hagamos una cita para terminar de hacerle la prueba durante las dos semanas entrantes.”

Not Passing Outpatient Rescreen

“Your baby did not pass the second screen. The screening does not tell us whether your baby has a hearing loss; it just tells us that further testing should be done as soon as possible. The next



step is to get a diagnostic ABR as soon as possible. This should be discussed immediately with your baby's doctor who may need to help you with obtaining a referral to a pediatric audiologist."

Not Passing Outpatient (Spanish): No Pasó El Segundo Tamizaje Auditivo

"Su bebé no pasó el segundo tamizaje auditivo. Esto no significa que su bebé tiene una pérdida auditiva; solamente nos indica que se deben hacer más pruebas lo más pronto posible. El siguiente paso es realizar una prueba de potenciales evocados auditivos del tronco cerebral (conocida por sus siglas en inglés ABR). Hable de manera inmediata con el médico de su bebé quien puede ayudarlo a conseguir una cita con un audiólogo pediatra."

High Risk: Passing

"Congratulations on the birth of your baby. We screened your baby's hearing and the results are a pass. However, because your baby has had some medical problems at birth, there is a chance that your baby can develop a hearing loss after you leave the hospital. Your baby's hearing is critical for normal speech and language development, so it is important that you speak to your baby's doctor who can help you in knowing when your baby should have further tests with a pediatric audiologist and can also help you to monitor for normal speech and language development."

High Risk: Passing (Spanish)

"Felicitaciones por el nacimiento de su bebé. Su bebé pasó el tamizaje auditivo que le realizamos. Sin embargo y debido a que tuvo algunas complicaciones médicas durante su nacimiento, existe la posibilidad de que desarrolle una pérdida auditiva después de que sea dado de alta del hospital. La audición es importante para el desarrollo normal del habla y lenguaje de su bebé. Es importante que hable con el médico de su bebé quien le puede indicar cuando debe ser visto por un audiólogo pediatra y también le puede ayudar a hacer el

seguimiento del desarrollo del habla y lenguaje de su bebé."

High Risk: Not Passing

"Congratulations on the birth of your baby. Your baby received a hearing screen and the results show that your baby did not pass. There can be simple reasons for this, but without further testing with a pediatric audiologist, I cannot tell you what your baby hears. Because your baby has had some medical problems at birth, your baby is at a greater risk for a hearing loss. Please discuss these results with your baby's doctor and ask them to help you schedule diagnostic tests with a pediatric audiologist as soon as possible. Finding out about hearing issues as early as possible will help to ensure that your baby has the best chance to develop normal speech and language."

High Risk: Not Passing (Spanish)

"Felicitaciones por el nacimiento de su bebé. Su bebé no pasó el tamizaje auditivo que le realizamos. Las razones no son necesariamente complicadas pero sin tener resultados de exámenes realizados por un audiólogo pediatra no puedo informarle cual es la capacidad auditiva de su bebé. Debido a que su bebé tuvo algunas complicaciones médicas durante su nacimiento tiene una mayor posibilidad de desarrollar una pérdida auditiva. Es importante que discuta estos resultados con el médico de su bebé, él le puede ayudar a hacer una cita con un audiólogo pediatra lo más pronto posible. El diagnóstico de problemas auditivos lo más temprano posible ayudará a que su bebé tenga una mejor oportunidad para desarrollar un habla y lenguaje normal."

Scope:

This policy is applicable to the individuals performing the Infant Hearing Screening at {Facility Name}.

Revisions:

This policy will be reviewed/revised as necessary but not less than annually.