

UTAH NEWBORN HEARING SCREENING STANDARDS***

- 100% of all newborns* are appropriately screened on time:
 - Hospital-born infants: Before discharge**
 - Out-of-Hospital-born infants: Before 10 days of age.**
 - Newborns who have been in the NICU > 5 days must have an Automated ABR to rule out a neural hearing loss.
- 90% of needed follow-up complete before 14 days of age.**
 - The outpatient rescreening must include the testing of both ears, even if only 1 ear failed the inpatient screening.
- Upon failure of outpatient rescreening or if first screening failure occurs at = 14 days of age, primary care physician is notified to allow for CMV testing before 21 days of age.
- 90% of all diagnostics completed before 3 months of age.**
- 100% of all Infants with hearing loss are referred to appropriate early intervention (USDB Parent Infant Program- ph: 801-629-4768 or fax: 801-629-4777; or Baby Watch Early Intervention: 1-800-961-4226) no longer than 7 days of completed diagnostic evaluation as recommended by the Utah Infant Audiologic Assessment and Amplification, JCIH, and AAP protocols.

* It is understood that special populations of newborns exist, including those residing in the NICU, where this may not be possible

** *Use adjusted age for premature infants*

*** *Approved by the Newborn Hearing Screening Advisory Committee*

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UTAH NEWBORN HEARING SCREENING REGULATIONS

The following is a summary of State rules and regulations for the hearing screening legislation (Utah Code 26-10-6. Newborn Screening and R398-2. Newborn Hearing Screening).

INFORMATION HOSPITALS ARE REQUIRED TO GIVE TO PARENTS AND PRIMARY CARE PROVIDERS

- Purpose of screening, procedures used, benefits, and consequences of hearing loss
- Whether baby was screened, results, and follow-up procedures, if necessary
- For babies requiring additional screening:
 - Written notice of availability and importance of re-screening
 - 2nd written notice, if necessary
 - Notify by fax, phone or other means of communication, the PCP and State EHDI of failed initial hearing screening
- For babies who do not pass complete screen, written notice of
 - Results
 - Recommended diagnostic procedures (what and where)
 - Resources for infants and children with hearing loss
 - Notify by fax, phone or other means of communication, the PCP of failed second hearing screening
- Reasonable Efforts within 30 days to locate babies who need additional procedures if the baby:
 - Does not return within 15 days
 - Is “lost to follow-up”
- To be considered a “reasonable effort” there must be documentation of at least:
 - Two attempts to contact parents by phone or memo
 - One attempt to contact infant’s primary care provider
 - Contacts may be by phone, mail, or via health care provider

REGULATIONS (continued)
EACH SCREENING PROGRAM MUST REPORT:

- Weekly to State’s **E**arly **H**earing **D**etection and **I**ntervention (**EHDI**) Program
 - For each live birth, “identifying information” and the status of the hearing screen
 - For babies who do not pass or who are not screened (missed) or who are *transferred to another facility prior to completing screening procedure:
 - § Mother’s first and last name
 - § Address
 - § Phone number
 - § Primary care physician
 - § Infant’s birth weight
 - § Hospital where infant was transferred*
 - Any information the program has about results of follow-up activities or diagnostic Procedures
- Every two years and within 30 days of changes to the screening program:
 - A summary of procedures (called the Program Summary) used in the screening program, including:
 - § Name of program director and supervising audiologist
 - § Equipment
 - § Screening protocols
 - § Referral criteria
 - § Parent education materials
- Hospitals receiving “transferred babies” must report screening results to birthing hospital and to the State EHDI office.

To facilitate improved follow-up procedures, please comply with the following guidelines:

- Submit screening data to Utah EHDI Data Coordinator weekly
- Hospitals must submit data using Hi*Track system.
- Data for babies that are transferred prior to completing the screening procedure must include:
 - mother’s first and last name
 - baby’s birth weight
 - hospital where baby was transferred

NEED ASSISTANCE?

- With any questions regarding data or audiology matters contact the Utah EHDI office at 801-584-8216 or 801-584-8215.
- For technical assistance on Hi*Track software, screening and equipment call the National Center for Hearing Assessment and Management (NCHAM) 435-797-3584