

## **UTAH NEWBORN HEARING SCREENING** **MINIMUM STANDARDS\***

- 100% of all newborns are appropriately screened prior to hospital discharge or, for infants born at sites other than a hospital, prior to 1 month of age.\*\*
- At least 95% pass initial screening.
- At least 90% complete needed re-screen follow-up by 1 month of age.\*\*
- 95% of all diagnostics completed by 3 months of age.\*\*
- Infants with hearing loss are referred to appropriate early intervention (Baby Watch 1-800-961-4226) within 2 weeks of completed diagnostics as recommended by the Utah Infant Audiologic Assessment and Amplification protocols and those of the AAP.

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

\*\* *Use adjusted age for premature infants*

December 21, 2006

## **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
  - 2<sup>nd</sup> written notice, if necessary
- 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
- 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:**

- Monthly to State’s Hearing, Speech and Vision Services Program
  - For each live birth, “identifying information” and the status of hearing screen
  - For babies who do not pass or who are not screened:
    - Mother’s first and last name
    - Address
    - Phone number
    - Primary care physician
  - Any information the program has about results of follow-up activities or diagnostic Procedures
- Every two years and within 30 days of changes:
  - A summary of procedures 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

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

- Submit screening data to Hearing, Speech, and Vision Services (HSVS) by the 10<sup>th</sup> of each month
- Hospitals with over 200 annual live births must submit data in an electronic format compatible with the State Hi\*Track database

- Utilize the NCR forms provided to hospitals by HSVS (Referral for Diagnostic Audiological Evaluation and Documentation of Newborn Hearing Screening for Transferred Babies) See *Section 9*
- 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