Florida Guidelines for Newborn Hearing Screening

According to 2018 data released by the Centers for Disease Control and Prevention (CDC), approximately 2 per 1,000 screened babies are born with a hearing loss each year. Across the country, universal newborn hearing screening programs have become the gold standard of care for hospitals and birthing centers. The goal of a successful newborn hearing screening program is early detection of hearing loss. This document provides guidelines, based on evidence-based recommendations from the Joint Committee on Infant Hearing (JCIH), for the early detection, identification, and intervention of hearing loss to improve communication, education, and overall social development for children who are deaf or hard of hearing.

Terminology
Terms used in this document are used to relay meaning to a diverse range of medical professionals and technicians performing hearing screenings and follow-up hearing testing. According to the JCIH 2019 Position Statement, terms like hearing loss, hearing impairment, and hearing level have different values or interpretations depending on one's cultural perspective. However, the term hearing loss is commonly used by the medical professional to clearly convey audiological concepts and conditions, including late onset and progressive types. As such, the term hearing loss is used throughout this document.

Additionally, to use clear and more precise language, use of the term *refer* for a hearing screening result that is a non-pass is combined with the term *fail* in this document. This was done to limit confusion about the meaning and implications of the word refer. While the use of the term fail has been discouraged in the past, it is a commonly used term in the medical profession to describe the outcome of a screening and therefore, the term fail is used.

Section 1: Chapter 383, Florida Statutes: Maternal and Infant Health Care

383.145: Newborn and infant hearing screening

(1) LEGISLATIVE INTENT:

The intent of this section is to provide a statewide comprehensive and coordinated interdisciplinary program of early hearing impairment screening, identification, and follow-up care for newborns. The goal is to screen all newborns for hearing impairment in order to alleviate the adverse effects of hearing loss on speech and language development, academic performance, and cognitive development.

(a) Each licensed hospital or other state-licensed birthing facility that provides maternity and newborn care services shall provide that all newborns are, prior to discharge, screened for the detection of hearing loss, to prevent the consequences of unidentified disorders.

(b) Each licensed birth center that provides maternity and newborn care services shall provide that all newborns are, prior to discharge, referred to a licensed audiologist, a physician licensed under Chapter 458 or Chapter 459, Florida Statutes, or a hospital or other newborn hearing screening provider, for screening for the detection of hearing loss, to prevent the consequences of unidentified disorders. The referral for appointment shall be made within 30 days after discharge. Written documentation of the referral must be placed in the newborn's medical chart.

Hospitals where maternity or newborn care services are provided, shall complete the newborn hearing screening prior to discharge, unless:

- A parent objects. When a parent refuses a hearing screening:

- Education material regarding hearing loss and potential delays in speech and oral language milestones should be provided.
- Documentation of the refusal must be signed by the parent and included in the newborn's medical record.
- Hearing screening refusals must be reported to the state Newborn Hearing Screening (NBHS) and Early Hearing Detection and Intervention (EHDI) Program.

- There are temporary staffing limitations. When this occurs, the screening must be completed within 30 days after discharge.

Birth Centers
According to section 383.145, Florida Statutes, when the hearing screening is completed at the birthing center, results shall be given to the parent. If one or both ears do not pass the hearing screening, parents shall be provided a referral for an appointment to an audiologist, physician, or other newborn screening provider for a second hearing screening before one month of age. Documentation of the referral shall be included in the newborn's medical record.

Home Births
According to section 383.145, Florida Statutes, health care providers in attendance at home births are responsible for coordinating referral to an audiologist, hospital or other newborn hearing screening provider. When a health care provider is not in attendance at a birth, the primary care provider is responsible for referral to an audiologist, hospital, or other newborn screening provider. The referral for appointment should be made within first 3 months after birth. To better meet the 1-3-6 benchmarks and to align with state law, the hearing screening should be completed within 30 days after birth.

Section 2: Early Hearing Detection and Intervention (EHDI)

The NBHS and EHDI Program, in conjunction with the Newborn Screening and Early Steps Programs, supports a comprehensive statewide hearing screening and follow-up referral system. Newborn hearing screening services are provided to identify newborns with hearing loss, ensure follow-up testing and referral for intervention services, in accordance with Chapter 383, Florida Statutes (383.145, 383.146). Additionally, Florida Administrative Code rule 64C-7.006 relates to the reporting of hearing testing. Since the rule was adopted, the NBHS and EHDI Program has implemented a web-based electronic reporting system called eReports.

The Florida NBHS and EHDI Program is responsible for:

- Collecting hearing screening data from hospitals, primary care physicians (PCPs), audiologists and birth centers.
- Following up with parents and health care providers of newborns who do not pass the initial hearing screening.
- Monitoring diagnostic hearing evaluations and collecting outcome results.
- Referring babies, birth to three years old diagnosed with hearing loss, to early intervention programs.
- Providing technical assistance and training to hospitals and birthing centers, audiologists, and PCP on:

- Best practices for newborn hearing screenings.
- Audiology support and resources.
- Timely and accurate screening and diagnostic reporting.

EHDI & Hearing Health Care Partners
All hearing care providers involved in the care of infants are essential partners with the Florida EHDI team. Together, the goal is to encourage early identification of hearing loss and provide every child the opportunity for early intervention based on the 1-3-6 benchmarks. These benchmarks include:

- Hearing screening by 1 month of age.
- Diagnosis by 3 months of age.
- Early intervention enrollment by 6 months of age.

EHDI staff track all newborns who do not pass the initial hearing screening to encourage rescreening and diagnostic testing, if needed. EHDI staff track all infants and young children, birth to three years old identified with hearing loss and those diagnosed with late onset hearing loss. All hearing screens and diagnostic test data are reported annually to the Centers for Disease Control and Prevention.

Section 3: Newborn Hearing Screening Program Oversight

One individual (preferably an audiologist) from each NBHS Program is to serve as the contact person for the newborn hearing screening and EHDI program. The designated contact person is responsible for:

- Ensuring persons who perform hearing screenings are sufficiently trained.
- Providing program oversight and participating in the writing of individual program screening policies and procedures.
- Providing re-education when needed and taking corrective action as necessary to improve and maintain the hearing screening program.
- Ensuring screening equipment is functioning according to manufacturer specifications and scheduling any necessary repairs and maintenance.
- Monitoring program statistics and quality assurance.
- Overseeing hearing screener schedules to ensure 365 days of coverage.
- Performing a case reconciliation every month to ensure all results are reported to the state NBHS and EHDI program.
- Coordinating services and follow up for infants who need further hearing testing, when possible.
- Ensuring effective communication of hearing screening results and the need for further testing, if necessary, is provided to families according to the Americans with Disabilities Act (ADA). For more information, visit www.ada.gov/effective-comm.htm

Section 4: Best Practices for Performing a Hearing Screening

Preparing for the Hearing Screen

- A hearing screen should be completed as close to hospital discharge as possible while allowing enough time for a single repeat screen if the infant does not pass the first screen.
- Attempt to schedule the hearing screening shortly after newborn's most recent feeding.
- Ensure the newborn is resting comfortably, preferably asleep.
- Prepare the test environment by:
    - Reducing environmental noise.
    - Requesting family members turn off electronic devices.
    - Minimizing potential test interruptions by medical staff, family members, or guests.
- Perform a visual check of the infant's head and ears:
    - To the extent possible, identify any ear or facial abnormalities, including each ear canal to determine if there is an opening.
    - If abnormalities are observed and/or the person performing the hearing screening is unsure if the ear canal is open, consult with the supervising audiologist or newborn's medical care provider before performing the hearing screen.
        - Newborns with congenital aural atresia in one or both ears or with visible pinna/ear canal deformity such as stenosis or severe malformation should not be screened in either ear, unless otherwise directed by the supervising audiologist or the newborn's medical care provider.
            - If instructed not to complete the screen, a referral for diagnostic audiologic evaluation and educational material explaining the need for follow-up hearing testing should be provided to the family.

Performing a High-Quality Hearing Screen

Current hearing screening methods include automated otoacoustic emission (OAE) or automated auditory brainstem response (AABR). The use of either method is acceptable for screening well-nursery infants. However, the sole use of AABR is recommended for all infants receiving care in the neonatal intensive care unit (NICU).

- Once steps to prepare for the hearing screen are complete, perform a high-quality hearing screening using the appropriate screening method. It is necessary to ensure:
    - The infant is sleeping or resting quietly without movement during the screen.
    - Patency (opening) of the ear canal was established, to the extent possible, prior to initiating the screen.
- Allow the screen to continue, without interruption (stop the restart) until a pass/fail (refer) result is obtained by the equipment. In the event the infant wakes, begins moving or the test environment becomes too noisy, pause the screen until testing conditions return to an accepted level for performing a high-quality screen.
- When one or both ears do not pass the initial screen, avoid performing a repeat hearing screen immediately following the first screen. Whenever possible, wait 4-6 hours or as close to discharge before performing the repeat screen.
- Immediately after the final hearing screening is completed, communicate the results of each hearing screening with the parent or legal guardian.
- Hospital staff shall document hearing results in the infant's medical record and discharge summary, including the date and method used.

Section 5: Hearing Screening Results

Pass result (must include both ears)

Written and verbal results of the final hearing screen shall be provided to the family with education regarding developmental milestones.

- The CDC provides a developmental milestone tracker tool available online at https://www.cdc.gov/ncbddd/actearly/milestones/index.html.
- The Florida EHDI program offers reminder-style stickers available to all birthing facilities to help ensure results are communicated with families.
    - "Hearing Screen Complete, Share Results" stickers are free of charge and can be ordered online by visiting: https://floridanewbornscreening.com/toolkit/request-educational-materials-toolkit/.

Non-pass/fail or refer result (in one or both ears)

When a newborn does not pass the initial hearing screen in one or both ears, a single repeat hearing screen should be completed on both ears, prior to hospital discharge. Excessive screening to obtain a pass result after a valid refer has been recorded should be avoided.

- A single repeat hearing screen should be performed using the same best practices (see Section 4: Best Practices for Performing a Hearing Screen) used during the initial high-quality hearing screen.
- A single repeat hearing screen should not immediately follow the first screen. It is recommended to wait a minimum of 4 – 6 hours in between screens (regardless of technology) or as close to discharge, whenever possible.
    - For well-nursery infants needing a repeat screen, it is acceptable to use either OAE or AABR for the second screen. The recommendation to rescreen using only AABR technology for the newborn who does not pass the initial screen performed with AABR continues to be the preferred protocol (JCIH, 2019).
        - Regardless of the method used (OAE or AABR), a repeat hearing screen must include both ears, even when only one ear did not pass the initial screen.
    - For infants hospitalized in the NICU who do not pass the final AABR:
        - Refer directly to a pediatric audiologist for further hearing testing. A repeat hearing screen should not be completed in the medical home or PCP office.
        - For infants with prolonged NICU stays, it is recommended diagnostic testing be completed prior to discharge. Referral for additional testing (see Section 6: Follow Up Hearing Testing Needed).

Communicating Results to Families

Results of the final hearing screen shall be provided to the family along with education regarding the need for further outpatient hearing testing (see Section 6: Follow Up Hearing Testing Needed). Communication to families shall be offered in a manner that is culturally and linguistically appropriate and shall be provided verbally (with the use of a foreign language or American Sign Language (ASL) interpreter, as needed) and in writing.

Hospital programs shall have available communication scripts for medical staff and hearing screeners on how to relay hearing screen results to families**.** Examples of communication scripts are available online in English and Spanish languages. These scripts were developed by

the National Center for Hearing Assessment and Management (NCHAM) at Utah State University and can be found by visiting www.infanthearing.org.

Parents have the right to decline the hearing screen. However, with proper communication regarding the importance of providing a newborn hearing screen, many parents will decide to have the hearing screen completed before leaving the hospital or birthing center. In the unlikely event a parent does decline, signed documentation of the hearing screen refusal must be included in the newborn's medical record. All parent refusals can be reported to the NBHS and EHDI Program on the newborn screening specimen card or electronically through the eReports system.

Section 6: Follow-up Hearing Test Needed

At the time of discharge for newborns and infants who did not pass (fail/refer) the final hearing screen in one or both ears, it is recommended the hospital ensure:

- A written copy of the hearing screen results and the need for further hearing testing information is provided to the parent or legal guardian.
- Hearing screen results and the need for follow-up hearing testing are documented in the discharge summary and provided to the infant's PCP.
- When possible, the outpatient appointment is scheduled prior to discharge, including the location, date, and time for follow-up rescreen or diagnostic hearing testing.
    - To locate a pediatric audiologist in your area, it is recommended the family
        - Speak with the infant's primary care physician.
        - Contact the insurance carrier.
        - Be directed to a web-based list of pediatric hearing audiology facilities. This online resource was designed to help families find where to go for hearing tests and other hearing-related services. The list of pediatric audiology facilities, known as Pediatric Audiology Links to Services (PALS) can be found online at: www.ehdi-pals.org/default.aspx.
- Parents are provided educational materials regarding the need for follow up hearing testing that includes milestones specific to speech and language development.
    - The CDC provides a developmental milestone tracker tool available online at https://www.cdc.gov/ncbddd/actearly/milestones-app.html.
    - *Does your baby need another hearing test packet?* The packet is free of charge and can be ordered online by visiting the Florida Newborn Screening website at https://floridanewbornscreening.com/toolkit/request-educational-materials-toolkit/.

Section 7: Missed Hearing Screen

Every effort shall be made to complete the mandated hearing screening prior to hospital discharge. When a hearing screen is not completed and a newborn is discharged before an initial hearing screen, a process will be in place for the hospital or birthing facility to contact the family and arrange for an outpatient hearing screen within 30 days.

To avoid missed hearing screens, hospitals will establish a contingency plan to ensure hearing screens are provided during events when:

- Hearing screening equipment is being repaired or replaced.
- Inclement or severe weather, such as a tropical storm or hurricane, is forecasted to impact the region in which the facility is located.

- The facility experiences an extended power outage.
- Facility construction or maintenance occurs causing hearing screening service interruption.
- A widespread health crisis negatively impacts a birthing facility's ability to perform a high-quality hearing screen prior to discharge.

The EHDI Program maintains a small hearing screening equipment lending program for short-term loans while facilities are having equipment repaired or replaced. In the event a facility is unable to provide a high-quality hearing screen, contact the EHDI Program within 48 hours at 866-289-2037 or send an email to CMS.NBHSHearing@flhealth.gov to report the issue.

Hearing screening equipment loaned to birthing facilities may not be utilized for budget-related insufficiencies as a means to satisfy the obligation of a birthing facility to provide hearing screens, but rather to serve as a temporary resolution when an urgent event occurs.

- All loaned hearing screening equipment is monitored and tracked for prompt return to the state EHDI Program at the end of the agreed loan period.
- All hearing screening equipment loaned to birthing facilities remains the property of the Florida Department of Health and must be returned to the EHDI Program by a trackable delivery service paid for by the birth facility.

Section 8: Infants Readmitted to the Hospital

Infants with conditions present that are associated with potential hearing loss (i.e. hyperbilirubinemia requiring exchange transfusion, culture results of sepsis or meningitis, and/or exposure to ototoxic medications) that require hospital readmission within the first month of life should receive a repeat hearing screen prior to discharge. When an infant has been readmitted and the hearing screener is unsure if an infant needs a repeat hearing screen, consult with the audiology supervisor or with the infant's medical provider.

Section 9: Outpatient Repeat Hearing Screens

Outpatient repeat hearing screens should be performed according to Best Practices (see Section 4: Best Practices for Performing a Hearing Screen). Screens can be completed at the birth hospital, medical home (PCP), or by a pediatric audiologist or clinic that provides high quality hearing screens. It is recommended outpatient hearing screens:

- Be completed before one month of age, or for older infants, as soon as possible after discharge.
- Include both ears regardless of the previous screening method used (OAE or AABR), even when only one ear did not pass the initial screen.
- Be reported to the state EHDI Program electronically through the eReports system (see Section 11: Reporting Results to the NBHS and EHDI Program).

Section 10: Screening in the Medical Home

Initial Hearing Screen

The American Academy of Pediatrics (AAP) recommends the first newborn hearing screen test be completed at the birthing hospital (AAP, 2014a). However, providing hearing screens in the medical home is acceptable in some circumstances. Acceptable reasons include newborns born at home, infants whose parent declines the hospital-based screen, but later consented to the screen or when the hearing screen is missed prior to hospital discharge.

If, on these rare occasions, the first newborn hearing screen is performed in the infant's medical home, all the guidelines concerning equipment needs, screening techniques, follow-up, and reporting of results to the EHDI Program apply (AAP, 2014a, 2014b).

Repeat Hearing Screen

- Infants who received care in the NICU and did not pass the final hearing screen prior to discharge should be referred directly to a pediatric audiologist and not given a repeat screen in the medical home.
- Staff at the medical home performing a repeat hearing screen must be appropriately trained in the use of the equipment.
- Repeat hearing screens must be performed using an automated physiologic measurement (OAE or AABR).
- A single, high-quality repeat screen should be completed.
- For well-nursery infants, when a refer/fail result is obtained in one or both ears, refer to a pediatric audiologist for diagnostic testing.
- Results of the hearing screen must be reported to the state EHDI Program (see Section 11: Reporting Results to the NBHS and EHDI Program), including referral provider information, whenever possible.

For additional information, EHDI has made available for download a printable EHDI Tip Sheet that can assist medical home providers with promoting early hearing detection and intervention. The tip sheet provides checklists and screening algorithms for the birth to 6-month period using the *Bright Futures Guidelines*, *4th Edition*.

Section 11: Reporting Results to the NBHS and EHDI Program

There are three methods to report hearing screen results to the Florida EHDI Program. Final hearing screen results are to be reported within 7 – 10 days after birth for a well-baby and on same day for a NICU and outpatient screen**,** in one of the following methods:

- Enter results directly on the newborn screening specimen card. To learn more, click the following link**:** **How to Complete the Hearing Section of the Blood Card**
- Submit electronically through the **eReports system**. For new user accounts, please complete the eReports registration form and email it to **eReports@flhealth.gov**
- Enter results through the Newborn Screening Web Order Application if your facility participates in this system.

eReports Online Portal

The electronic online reporting system, eReports is a secure online portal that accepts both hearing screen and diagnostic hearing results. Hospitals should designate specific individuals in both the well-baby nurseries and NICU who are responsible for entering hearing screen results daily. The system incorporates a safe, password protected account for each designee to enter final hearing screen results directly to the state NBHS and EHDI Program.

Reporting Results

Each hearing screening program shall ensure at least two staff members are trained on the eReports system. Ensuring more than one user is trained and able to enter screen results is necessary to ensure state reporting is not interrupted by staff changes.

- Hospitals, birthing centers, outpatient audiology clinics and PCPs shall report hearing screen results to the state NBHS and EHDI Program no later than 10 days after birth.
- Outpatient audiology programs providing follow-up hearing testing shall report each follow-up hearing screen result and all follow-up diagnostic test results, including each no show and cancelled appointment.
- Results are reported electronically through either the hearing screen or diagnostic module in the eReports system.
- Infants admitted to the NICU who are not medically stable for a hearing screen must be reported as "**NICU not screened**" in the eReports system.
    - For infants with greater than five-day NICU stays, the NICU risk factor should be reported on the newborn screening specimen card or under Risk Factors in the eReports system.
    - Results of the final hearing screen are to be entered into the eReports system the same day as the screen unless a repeat screen is necessary.

Infants Born Out of State

Infants born out of state will not be found in the eReports system. To report hearing screen results, please complete the **Hearing Screen Form** and fax to the NBHS/EHDI Program at 866-289-2037.

Section 12: EHDI Program Quality Indicators (JCIH 2007, 2019)

- Screened by 1 Month: Percentage of all newborn infants who are screened by 1 month of age at the hospital or birthing facility: > 95% (age correction for preterm infants is acceptable).
- Refer Rate for Audiological Evaluation: Percentage of all newborn infants who do not pass the initial hearing screen and fail any subsequent rescreen prior to referral for outpatient comprehensive audiological evaluation < 4%.
- Missed Prior to Discharge: Percentage of all newborn infants discharged prior to receiving a newborn hearing screening = 0
- Not Reported to Newborn Hearing Screening/EHDI: Percentage of non-reported hearing screen results to the state EHDI Program = 0

Section 13: Risk Factor Classification

Hearing screening programs should include risk factor information in the medical record since the presence of risk factors places the child at increased risk of late-onset hearing loss. Currently, the following risk factors should be reported to the state EHDI Program either on the newborn screening specimen card or entered electronically into the eReports system. For risk factors not entered during the initial hearing screen reporting, please contact the NBHS/EHDI Program at 866-289-2037 or send an email to CMS.NBHSHearing@flhealth.gov.

- Family history of childhood hearing loss
- Extracorporeal membrane oxygenation (ECMO)

- Exchange Transfusion (Hyperbilirubinemia)
- Persistent Pulmonary Hypertension of the Newborn (PPHN)
- Low Birth Weight (<1500 grams)
- NICU (> 5 days)

An infant who has a passing result on a newborn hearing screen may develop, or show evidence of, childhood hearing loss. In 2019, the JCIH released a revised list of risk factors (Table 1) which includes recommendations for follow up and evaluation for infants who pass the newborn hearing screen. The updated list includes 12 separate risk factors divided into subgroups of perinatal (risk factors 1 – 9) and postnatal (risk factors 10 – 12).

Table 1
Risk Factors for Early Childhood Hearing Loss: Guidelines for Infants who Pass the Newborn Hearing Screen

	Risk Factor Classification	Recommended Diagnostic Follow-up	Monitoring Frequency
	Perinatal		
1	Family history* of early, progressive, or delayed onset permanent childhood hearing loss	by 9 months	Based on etiology of family hearing loss and caregiver concern
2	Neonatal intensive care of more than 5 days	by 9 months	As per concerns of on-going surveillance of hearing skills and speech milestones
3	Hyperbilirubinemia with exchange transfusion regardless of length of stay	by 9 months	
4	Aminoglycoside administration for more than 5 days**	by 9 months	
5	Asphyxia or Hypoxic Ischemic Encephalopathy	by 9 months	
6	Extracorporeal membrane oxygenation (ECMO)*	No later than 3 months after occurrence	Every 12 months to school age or at shorter intervals based on concerns of parent or provider
7	In utero infections, such as herpes, rubella, syphilis, and toxoplasmosis	by 9 months	As per concerns of on-going surveillance
	In utero infection with cytomegalovirus*	No later than 3 months after occurrence	Every 12 months to age 3 or at shorter intervals based on parent/provider concerns
	Mother + Zika and infant with no laboratory evidence and no clinal findings	Standard	As per AAP (2017) Periodicity schedule
	Mother + Zika and infant with laboratory evidence of Zika + clinical findings Mother + Zika and infant with laboratory evidence of Zika – clinical findings	AABR by 1 month AABR by 1 month	ABR by 4-6 months or VRA by 9 months ABR by 4-6 months Monitory as per AAP (2017) Periodicity schedule (Adebanjo et al., 2017)
8	Certain birth conditions or findings: • Craniofacial malformations including microtia/atresia, ear dysplasia, oral facial clefting, white forelock, and microphthalmia • Congenital microcephaly, congenital or acquired hydrocephalus • Temporal bone abnormalities	by 9 months	As per concerns of on-going surveillance of hearing skills and speech milestones
9	Over 400 syndromes have been identified with atypical hearing thresholds***. For more information, visit the Hereditary Hearing Loss website (Van Camp & Smith, 2016)	by 9 months	According to natural history of syndrome or concerns
	Perinatal or Postnatal		
10	Culture-positive infections associated with sensorineural hearing loss***, including confirmed bacterial and viral (especially herpes viruses and varicella) meningitis or encephalitis	No later than 3 months after occurrence	Every 12 months to school age or at shorter intervals based on concerns of parent or provider
11	Events associated with hearing loss: • Significant head trauma especially basal skull/temporal bone fractures • Chemotherapy	No later than 3 months after occurrence	According to findings and or continued concerns
12	Caregiver concern**** regarding hearing, speech, language, developmental delay and or developmental regression	Immediate referral	According to findings and or continued concerns

Note. AAP = American Academy of Pediatrics; ABR = auditory brainstem response; AABR = automated auditory brainstem response
*Infants at increased risk of delayed onset or progressive hearing loss
**Infants with toxic levels or with a known genetic susceptibility remain at risk
***Syndromes (Van Camp and Smith, 2016)
****Parental/caregiver concern should always prompt further evaluation

Reference: The Joint Committee on Infant Hearing. Year 2019 Position Statement: Principles and Guidelines for Early Detection and Intervention Programs. *The Journal of Early Hearing Detection and Intervention, 2019*; *4*(2): 1-44

Addendum A

Hospital-based Newborn Hearing Screening Start-up Checklist:

Identify program oversight designee and notify NBHS and EHDI Program to provide contact information. The oversight designee shall:

- ❑ Develop training criteria and competencies for newborn hearing screeners and document dates of training for each person who performs hearing screens.
    - Florida EHDI Program partners with the National Center for Hearing Assessment and Management (NCHAM), Utah State University to provide an **online training course** for hearing screeners.
    - All training curriculum should include a post evaluation and certificate of completion.
    - An annual competency evaluation shall be completed for each person who performs hearing screens.
- ❑ Develop and implement protocols, policies, and procedures available for state review that provide operational details of the facility's newborn hearing screening program.
    - Staff training curriculum and annual competency documentation.
    - Ensure screening equipment is functioning according to manufacturer specifications and schedule any necessary repairs and maintenance.
    - Order and maintain adequate equipment supply.
    - Referral for follow-up procedures.
    - Follow-up testing of infants who were discharged before receiving a hearing screen.
    - Report screening results in each individual child's medical record.
    - Report hearing screen results directly to the NBHS/EHDI Program via the **eReports system.**
    - Provide parents with hearing screen results.
    - Document final screen prior to discharge, refusals and missed screens, transfers out, NICU not screened and risk factors.
    - Provide parent education regarding follow up testing provided by the Florida Newborn Screening Program.
        - Culturally and linguistically appropriate information is available, free of charge through EHDI's website **Florida Newborn Screening/ToolKit.**
- ❑ Ensure all **final** hearing screen results are reported to the state EHDI program.
    - No later than 10 days following birth for a well-baby.
    - Same day (via eReports) for all NICU results.
    - Reconcile monthly reports sent by the EHDI Program with 10 business days.
    - Designate a back-up contact person to serve as liaison to the NBHS/EHDI Program when the program oversight designee is not available.