

# Appendix 1

**Massachusetts Department of Public Health  
Universal Newborn Hearing Screening Program  
2012 Birth Facility Guidelines  
Protocol Checklist**

The following checklist provides the areas to be covered in your birth facility newborn hearing screening protocol. Please describe each broad area that is represented by a check mark and provide detailed description of each of the bulleted areas following the guidelines provided. The Universal Newborn Hearing Screening Program is available to assist you with any questions you have in developing your revised protocol by calling 1-800-882-1435 or e-mail at [newborn.hearing@state.ma.us](mailto:newborn.hearing@state.ma.us)

- ✓ **Staffing and Roles**
  - **Program Director**
  - **Audiologist**
  - **Hearing Screening Personnel**
  
- ✓ **Training and Supervision**
  - **Training**
  - **Oversight of Hearing Screening**
  
- ✓ **Information to Parent(s)/Guardian(s) Prior to the Newborn Hearing Screening**
  - **Information to be distributed prior to screening**
  - **Other important information to include**
  
- ✓ **Religious Exemption**
  - **Documentation of Religious Exemption**
  
- ✓ **Screening Process**
  - **Newborn Hearing Screening Procedure**
  - **Equipment**
  - **Supplies**
  - **Infection Control**
  - **Missed Hearing Screenings**
  - **Inconclusive/Unsuccessful Hearing Screenings**
  - **Rescreens**
    - ◇ **Inpatient rescreens**
    - ◇ **Outpatient rescreens**
  
- ✓ **Special Circumstances Relating to Newborn Hearing Screening**
  - **Performing Hearing Screening in the Neonatal Intensive Care Unit (NICU) and Level II Special Care Nursery (SCN)**
  - **Physiologically Unstable Infants**
  - **Transferred Infants**

- ◇ **Providing Screening Information to the Receiving Hospital or Birth Center**
- **Change of Hearing Screening Results During a Rescreen Procedure**
- **Out-Patient Hearing Screens for Children Born Outside of the Birth Facility**
  
- ✓ **Communication of Results**
  - **Oral Communication**
  - **Written Communication**
    - ◇ **Parent(s)/Guardian(s)**
    - ◇ **Primary Care Physician**
  
- ✓ **Newborn Hearing Screening Follow-up**
  - **Follow-up Procedures**
  - **Infants at Risk for Hearing Loss**
  
- ✓ **Documentation of Screening Results**
  - **Data Management**
  - **Medical Record, Electronic Health Record and Discharge Plan or Summary**
  - **Birth Certificate**
  
- ✓ **Quality Assurance**
  - **Massachusetts Department of Public Health Quality Assurance Data Reports**
  - **Birth Facility Quality Assurance and Quality Improvement Plans**
  
- ✓ **Billing**
  - **Responsibility of Health Insurance and Massachusetts Department of Public Health**
  
- ✓ **Signatures**
  - **Program Director and Audiologist Signatures**