

State Board of Health
Newborn Hearing Screening Rules

CHAPTER 540. INFANT HEARING SCREENING

310:540-1-1. Purpose

The rules in this Chapter implement the Infant Hearing Screening Regulations, 63 O.S. 1991, Sections 1-543 through 1-545.

310:540-1-2. Definitions

The following words or terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Audiologist" means an individual holding certification in Audiology by the American Speech-Language-Hearing Association or its equivalent.

"Discharge" means the release of the newborn from care and custody of a perinatal licensed health facility to the parents or into the community.

"Hearing Screening Procedure" means the combination of physiologic hearing screening and risk factor tracking used to determine from the total population of infants born, the infants at risk for hearing loss.

"Other qualified individual" means an individual working under the guidelines developed by the responsible physician or audiologist.

"Parent" means a natural parent, stepparent, adoptive parent, legal guardian, or other legal custodian of a child.

"Physician" means an M.D. or D.O. licensed in the State of Oklahoma to practice medicine.

"Physiologic Screening" means the use of a bilateral physiologic screening technique to determine from the total population of infants born, the infants at risk for hearing loss.

"Risk Factors" mean conditions identified by the Joint Committee on Infant Hearing (JCIH 2000 Position Statement or later) which place a newborn at risk for hearing loss.

"Transfer" means release of the newborn from care and custody of one perinatal licensed health facility to another.

310: 540-1-3. Guidelines

(a) All newborns in Oklahoma will have a Hearing Screening Procedure completed unless the parent or guardian refuses because of religious or personal objections.

(b) Requirements for the Hearing Screening Procedure are as follows:

(1) For facilities with a two-year average annual birth census of 15 or greater:

a) All infants will receive a physiologic and risk factor screening prior to discharge.

b) Infants transferred to another facility will be screened by that institution prior to discharge.

(2) For facilities with a two-year average annual birth census of fewer than 15:

a) All infants will receive a physiologic and risk factor screening prior to discharge if physiologic screening equipment is available.

- b) Infants transferred to another facility will be screened by that institution prior to discharge.
 - c) If physiologic screening equipment is not available, the infant will be screened for risk factors and,
 - d) the parents will be directed to a regional site providing physiologic screening and encouraged to have the infant screened within the first month of life.
- (3) Out-of-Hospital Births:
- a) All infants who are not born in a hospital will have their hearing screened within the first month of life. The infant's physician or licensed or certified birth attendant is responsible for completing the risk factor screening and for referring the infant to a regional hearing screening site for a physiologic screen.
 - b) Physicians, other health care providers, or local county health department staff who examine a child within the first three months of life who was not born in a hospital, or who was born out of state, will verify that the infant's hearing has been screened. Infants not screened will be referred to a regional hearing screening site.
- (c) Hospital universal newborn hearing screening programs will be administered by an audiologist and/or physician.
- (d) The physiologic screening will include the use of at least one of the following:
- (1) Auditory Brainstem Response Testing (ABR);
 - (2) Otoacoustic Emissions Testing (OAE);
 - (3) any new or improved techniques deemed appropriate for use in hearing screening procedures by the Commissioner of Health.
- (e) The Hearing Screening Procedure will be performed by a qualified and properly trained individual, and the results provided to the primary care physician or other health care provider. Notification of the screening results to parents will be given prior to discharge or immediately following the Hearing Screening Procedure if conducted through a regional site.
- (f) Newborns will be referred to an audiologist for a diagnostic hearing evaluation for these reasons:
- (1) They did not pass the hearing screening prior to discharge;
 - (2) they passed the screening but were at risk for progressive or late onset hearing loss because of a risk factor identified by the Joint Committee on Infant Hearing.
- (g) The hospital personnel, audiologist, or primary care physician involved in the screening of a newborn will provide the parents with appropriate resource information to allow them to receive the medical, audiologic, and other follow-up services as necessary.
- (h) The hospital personnel, audiologist, or primary care physician involved in the initial Hearing Screening Procedure of a newborn will forward results to the Oklahoma State Department of Health in a manner and time frame deemed appropriate by the Oklahoma State Department of Health.
- (i) Audiologists or physicians involved in completing follow-up hearing evaluations will forward test results and recommendations to the Oklahoma State Department of Health

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(j) To facilitate the reporting of newborns and infants who have or are at risk for hearing loss, the reporting requirements will be designed to be as simple as possible and easily completed by nonprofessional and professional individuals involved in the program.

(k) The Oklahoma State Department of Health will utilize a tracking system to track infants identified at risk for hearing loss for a period up to one year in order to assure appropriate follow-up care.

(l) The Oklahoma State Department of Health will compile and report data collected from hearing screening procedures at least annually and will share such information as directed by the Commissioner of Health.