



Ohio Administrative Code

Rule 3701-40-06 Hearing screening and equipment requirements for hospitals.

Effective: December 1, 2019

(A) Each hospital shall designate a hearing screening coordinator who is responsible for the coordination of the facility's hearing screening program. The coordinator shall be an individual with staff privileges at the facility and either:

(1) A physician or audiologist; or

(2) An individual working under the supervision of or in collaboration with a physician or audiologist.

(B) Each hospital required to conduct a hearing screening on a newborn or infant shall, before discharge, conduct a hearing screening on each ear of every newborn or infant born in, admitted to or transferred into a hospital, through the use of a physiological test.

(C) The hospital shall conduct a second screening on a newborn or infant, if the first screening in either ear was a non pass. The screening shall include:

(1) Otoacoustic emissions screening testing as a first and/or second screening test, but shall not be used after auditory brainstem response screening testing.

(2) Newborns and infants admitted to neonatal care services level II, III, or IV shall receive hearing screenings conducted with auditory brainstem response screening equipment.

(D) The second screening shall:

(1) Be a physiological test;

(2) Test both ears; and



(3) Be completed prior to discharge.

(E) The hospital shall conduct a maximum of two hearing screenings prior to discharge unless there is clearly an equipment error or an error in administering the screening. Additional screening is only acceptable if medically necessary. Only two complete hearing screenings shall be reported to the director.

(F) The equipment used for screening shall be capable of giving reliable results, maintained in good working order, and calibrated annually per manufacturer's guidelines.

(G) The hospital shall communicate the results of the hearing screening for every newborn or infant to the attending physician, certified nurse-midwife, certified nurse practitioner, primary care physician, or designated medical home to include:

(1) Results of the hearing screening for each ear;

(2) Types of hearing screening; and

(3) Risk factors for hearing loss, if any.

(H) The hospital shall report the following categories of newborns and infants to the attending physician, certified nurse midwife, certified nurse practitioner, primary care physician, or designated medical home within forty-eight hours of discharge for:

(1) Newborns or infants who did not pass a hearing screening; and

(2) Newborns or infants who were discharged from the facility without a hearing screening.

(I) The hospital shall provide the parent, guardian, or custodian of every newborn with printed information provided by the department as outlined in paragraph (D) of rule 3701-40-10 of the Administrative Code.

(J) The hospital shall communicate verbal and written results of the newborn or infant's hearing



screening to the parent, guardian, or custodian prior to discharge to include:

- (1) Results of the hearing screening for each ear;
- (2) Type of hearing screening; and
- (3) Risk factors for hearing loss, if any.

(K) The hospital shall provide the parent, guardian or custodian of a newborn or infant that did not pass the hearing screening with the following prior to discharge:

- (1) A referral to audiologist for diagnostic hearing evaluation;
- (2) Assistance in scheduling an appointment for diagnostic hearing evaluation before discharge;
- (3) Information on the importance of making and keeping an appointment for a diagnostic hearing evaluation; and
- (4) A list of audiology facilities where newborn diagnostic hearing evaluations are conducted.

(L) The hospital shall notify the director of the name and contact information of the individual designated as the hearing screening coordinator, the supervising physician or audiologist, the birth clerk, and the hearing clerk on an annual basis and whenever changes occur.

(M) The hospital shall report the following categories of newborns and infants to the director, in the manner and format prescribed, within seventy-two hours of initial screening, discharge, or transfer:

- (1) Newborns or infants who did not pass final hearing screening.
- (2) Newborns or infants who were transferred to or from another hospital.

(N) The hospital shall report the following categories of newborns and infants to the director, in the manner and format prescribed, within ten days of initial screening, discharge, or transfer:



- (1) Newborns or infants who received a hearing screening and the results of the hearing screening including risk factors;
 - (2) Newborns or infants who did not receive a hearing screening and the reason(s) not screened; and
 - (3) Newborns or infants whose parents, guardian, or custodian objected to a hearing screening.
- (O) The hospital shall report to the director, for each newborn and infant, the name and address of the primary care physician, the certified nurse-midwife, certified nurse practitioner, or medical home where the parent will take the newborn or infant for care after discharge.
- (P) Each hospital shall develop a written protocol following the recommendations of the joint committee on infant hearing for these criteria:
- (1) Conduct hearing screenings for both ears on all newborns or infants born, admitted, or transferred into a hospital prior to discharge, or when determined to be medically appropriate.
 - (2) Conduct a second hearing screening for both ears when the newborn or infant does not pass the first hearing screening in one or both ears.
 - (3) The hospital shall have a contingency plan included within a written protocol for continued provision of hearing screening when equipment is malfunctioning or awaiting repair or replacement.