

Considerations for the Use of Support Personnel for Newborn Hearing Screening

American Academy of Audiology Task Force on Early Identification of Hearing Loss

Considerations for the Use of Support Personnel for Newborn Hearing Screening was prepared by the American Academy of Audiology Task Force on Early Identification of Hearing Loss. Task Force members who contributed to this document include (in alphabetical order): Kathryn Albright, Brandt Culpepper (chair), Allan Diefendorf, Rebekah Fallis, Terese Finitzo, Karen Johnson, Thomas Mahoney, Judith Marlow, Patricia McCarthy (Board Liaison), Linda Rose Pippins, Yvonne Sininger, Vickie Thomson, and Wende Yellin.

Introduction

Early identification of hearing loss has been recognized by audiologists as a worthy goal for more than three decades. Since 1990, this goal has been articulated in public documents that serve as guidelines for the delivery of hearing health care services and as a catalyst for the development of the prevailing standard of care in this area. Health People 2000 (1990) and Healthy People 2010 (2000), the National Institutes of Health (NIH) Consensus Statement on the Early Identification of Hearing Impairment in Infants and Young Children (1993), and the 2000 Position Statement of the Joint Committee on Infant Hearing (JCIH) support universal early detection of hearing loss and recommended screening programs in the newborn nursery in order to ensure optimal access to the infant population.

Achieving the goal of universal detection poses significant challenges to audiologists. With approximately four million infants born annually, personnel available for screening in the nation's newborn nurseries are strained. Questions have arisen as to how an audiologist's time is best spent, particularly with regard to screening versus follow-up, diagnostics, and intervention services. The economic demands of managed care programs, the need for daily screening coverage, and the broadening scope of audiology practice have increased interest in the use of support personnel for hospital-based newborn hearing screening programs. Additionally, it must be recognized that not all of the nation's birthing hospitals (nearly 3,500) have on-site audiology services and personnel. Clearly, achieving the goal of universal detection through screening in all hospital nurseries will require the use of support personnel. The purpose of this document is to identify the issues that must be considered in implementing cost-effective newborn hearing screenings programs using support personnel and to suggest strategies and practices which will ensure accessibility to newborn hearing screening while maintaining the highest quality of care.

The AAA Task Force on the Early Identification of Hearing Loss agrees that the use of support personnel in newborn hearing screening programs is an appropriate and often necessary strategy to achieve universal detection of congenital hearing loss. The roles and responsibilities of support

personnel should be clearly defined. Support personnel should be supervised, preferably by a licensed/certified audiologist. The supervising audiologist should be experienced in both the development and maintenance of a universal newborn hearing screening program, including an understanding of technology options. The audiologist must have specific expertise with the technology selected to complete the screening in order to provide appropriate training and supervision of support personnel. Competency-based training of support personnel in all areas specific to their defined job performance is essential and should be accompanied by routine supervision and pertinent continuing education activities that are regularly scheduled and documented. The supervision professional bears the legal and ethical responsibility for the activities and performance of support personnel. All efforts to maintain respect for the needs of the consumer and protection of consumer rights must remain paramount in all newborn hearing screening programs.

Guidelines

These guidelines are intended specifically for support personnel in newborn hearing screening and are not intended to replace guidelines for audiology support personnel issued by state regulatory departments. When support personnel are utilized for multiple purposes in the delivery of hearing health care, these guidelines may serve as a supplement to principles, recommendations, and procedures outlined on other documents, such as the Consensus Statement on the Use of Support Personnel in Audiology (ASHA, 1997).

Definitions

Hearing Screening is the process of applying rapid, inexpensive, sensitive, and specific tests "to detect, among apparently healthy persons, those individuals who demonstrate a greater probability for having a disease or condition, so they may be referred for further evaluation" (ASHA, 1997, p.6). Screening is not a diagnostic procedure, but selects those persons who should be referred for diagnosis, and, if necessary, appropriate treatment.

Support Personnel are individuals who are selected and trained to operate devices used to screen the hearing of newborns. For purposes of this document, support personnel may include audiology assistants, technicians, health care assistants, other allied health personnel, and volunteers.

Supervising Audiologist is the audiologist licensed by the state and/or certified by the American Speech-Language-Hearing Association (ASHA) who has completed at least nine months of full-time practice or its equivalent after meeting educational and clinical requirements necessary to obtain the license and/or certification.

Qualifications of Support Personnel

1. Must be eighteen years of age or older.
2. Hold a high school diploma or equivalent.
3. Be free of communicable diseases with current immunizations.
4. Able to work independently to complete specific procedures consistently.

5. Complete training with adequate demonstration of competency-based skills necessary to perform the specific tasks assigned.
6. Willingness to follow hospital policies, regulations, and procedures.
7. Able to communicate and interact with hospital and medical staff reliably and maturely.
8. Able to meet the physical demands of the screening process (e.g. - able to stand, walk, and handle equipment for prolonged periods of time, able to see and read small print on infant ID badges and to comprehend English).
9. Able to remember a precise sequence of instructions for the screening protocol.
10. Able to handle and operate electrical equipment and to safely apply small objects to infant ears and head to accomplish the hearing screening.

Additional suggested procedures in recruiting and selecting support personnel include:

1. Personal interview with appropriate hospital staff (e.g., Director of Volunteer Services, Director of Maternal Child Health, Nurse Manager of the Nursery) as well as the supervising audiologist.
2. Completion of written application forms documenting educational background, work experience, volunteer experience, experience with infants, and personal references.
3. Background checks prior to acceptance for training.
4. Mandatory membership in the hospital auxiliary (for volunteers).
5. Evidence of liability insurance eligibility and coverage by the hospital policy prior to initiating training.
6. Additional requirements may be dictated by the nature of the facility and specific needs of the newborn nursery.

Training

A formal training program for support personnel should be in place under the direction of the supervising audiologist who should conduct the training. The content of the training program should exceed mere instruction in the operation of the screening equipment and should address all aspects of screening responsibilities. Specific competency-based training through formal instruction and supervised practice should be included. The amount of time required for training of support personnel will vary according to the structure of the program. New programs will require an initial training period that is longer than that required for well-established programs and additional support personnel. Instruction in all assigned responsibilities and clear definition of limits in the role and function of support personnel should be included. Individual observation/assessment to determine the ability of the support person to perform duties associated with newborn hearing screening safely and competently should be completed with documentation or certification of proficiency. Personnel should complete a recertification of proficiency every two years, as a minimum, with ongoing assessment and re-training as needed.

Areas of training include:

1. Safety and infection control procedures, including universal precautions for blood- borne pathogens and tuberculosis, according to guidelines of the Occupational Safety and Health Association (OSHA).
2. Hospital and nursery emergency procedures.
3. Patient Bill of Rights
4. Confidentiality requirements.
5. Understanding and completing screening procedures, including documentation of screening.
6. Understanding and use of specific equipment, including test devices, telephones, computers.
7. Risk management and incident reporting procedures.
8. Effective communication skills to provide accurate, appropriate information to hospital staff and patient families.

Duties and Responsibilities

Support personnel for newborn hearing screening may perform only those tasks specified by the supervising audiologist. Although the duties of support personnel may vary slightly, their primary responsibility is the completion of hearing screening procedures for all designated infants prior to discharge. Suggested duties required of support personnel include:

1. Reporting to the nursery each week at the scheduled time(s).
2. Selecting and preparing infants for screening based upon program policies and nursery requirements.
3. Operating a screening device according to manufacturer's instructions and instructions received in the screening training and/or certification program.
4. Recording results of screening and disseminating information to appropriate personnel.
5. Maintaining equipment in good condition.
6. Notifying the program supervisor of low supplies or equipment problems.
7. Maintaining strict patient confidentiality.
8. Wearing hospital identification at all times with name and title clearly visible.
9. Following strict guidelines for patient/parent identification.
10. Completing records or logs as required.
11. Interacting appropriately with infants, parents, and other caregivers.
12. Recognizing unusual occurrences or potential problems and reporting these to the supervising audiologist and/or nurse manager.

13. Cleaning and disposing of supplies for screening; Observing infection control procedures.

Support personnel may not engage independently in the following activities:

1. Interpreting test results or clinical data.
2. Providing screening results or patient information either verbally or in writing to anyone without the approval of the supervising audiologist.
3. Recording personal observations or comments in the hospital record.
4. Referring a patient's family to other professionals or agencies without a clear protocol established by the supervising audiologist.
5. Representing training or competency exceeding the operation of a screening device.
6. Signing any document other than those specified in the screening protocol.
7. Instructing the family or others regarding screening outcome, follow-up, management, or service issues without the specific consent of the supervising audiologist.

Supervision

It is recommended strongly that every program have a written protocol clearly outlining the newborn hearing screening process. The protocol should cover all steps in the screening and reporting process and should identify the individuals responsible for each component. Ideally, every newborn hearing screening program should be supervised by a certified and/or licensed audiologist who has primary responsibility for all administrative activity associated with the screening program and its personnel, including the hiring, training, competency examination, ongoing supervision, continuing education, and performance evaluation of all support personnel. Additional resources for program management should include close association with the risk management department of the hospital.

The supervising audiologist shall determine the specific tasks to be performed by support personnel and shall monitor and approve any additional instructions from other hospital personnel when they involve procedures related to hearing screening. At no time shall the supervising audiologist delegate tasks which require interpretation of diagnostic test data or results, professional judgment, clinical measures unrelated to screening, or recommendations for follow-up or treatment.

The amount of time required for adequate supervision and the intensity of that supervision will vary with the experience and skill of the support person, the type of nursery setting, the screening technology selected, and the patient population served. Implementation of a new screening program and introduction of new personnel will require a significant commitment of time and effort on the part of the supervising audiologist. Changes in protocol, screening equipment, and nursery routines will similarly demand increased supervision even after a program is well established. Flexibility and accessibility are key factors in successful supervision of support personnel in newborn hearing screening programs.

Newborn hearing screening programs will vary by size, and the number of support personnel required will depend upon the annual census, time available for screening, infant schedules, number of screening devices, and other factors. The number of support personnel who can be adequately trained and supervised in a program will depend upon the above factors as well as the knowledge, skills, and abilities of the supervising audiologist who is ultimately responsible for the delivery of quality hearing services. The supervising audiologist is responsible for assuring that the goals of the screening program and its practices are in the best interest of the infants and families served and that the program is consistent with the applicable Code of Ethics established by the professional organization of the supervising audiologist.

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