

## Newborn Hearing Screening- Inpatient Oto Acoustic Emission (Aoe)

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

### Introduction

All babies born in Worcestershire Royal Hospital will be offered a hearing screen with Otoacoustic emissions where possible. Those who a discharged will be offered an outpatient appointment for the procedure.

**This guideline is for use by the following staff groups :**

#### Lead Clinician(s)

Kim Doughty Local Manager/Team Leader

Approved by ENT Directorate on: 15<sup>th</sup> November 2023

Approved by Medicines Safety Committee on: NA

Review Date: 15<sup>th</sup> November, 2026

This is the most current document and should be used until a revised version is in place

#### Key amendments to this guideline

Date	Amendment	Approved by:
15/11/2023	First Document	ENT Directorate Committee
02/02/2024	Completed Equality Impact Assessment Tool included	N/A

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### INTRODUCTION

All babies born in Worcestershire Royal Hospital will be offered a hearing screen with Otoacoustic emissions where possible. Those who a discharged will be offered an outpatient appointment for the procedure.

### DETAILS OF PROTOCOL

Complete QA checks – x4 if an Aabr kit or 3 if just an Aoae kit.

Check leads

Clean equipment.

Wash hands according to infection control policy.

Identify babies awaiting screen.

Print pro forma's

Introduce yourself and your role to mum

Identify mum.

Explain screen to mum.

Obtain consent. Unless baby is under social services care, consent can only be obtained from mum. If declines screen, mum to sign decline form. Copy of this for us and for GP/HV. Let her know that she can change her mind within 3 months of baby's gestational age, but the earlier it is done the better.

Check details on pro forma, address, phone number etc.

Check if any risk factors, has baby been well?

Enter details on accuscreen.

Wash hands.

**If doing an Aoae 2 – double check on Smart 4 Hearing for previous result so you know if both ears or just the one, and which one, needs rescreening.**

Stand on the same side of the baby as the ear you will be screening so that you can observe the ear properly.

Select appropriate earpiece, generally start with the blue tip.

If baby settled and mum happy, go ahead with the screen.

Hold and open the ear.

Insert earpiece and give it a ¼ turn making sure that the lead is going up and away from the baby.

Assess fit – it should stay in place without any support. If not fitting properly try a different size.

If baby still settled and not too much extraneous noise, check that you have the correct ear and press start.

If baby becomes restless/cries or background noise increases stop screen and wait for conditions to settle. You can have up to 3 attempts on each ear if screen does not complete,

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but obviously best for everyone if you can obtain screen on first try so check conditions before starting the screen.

Go to the other side of the baby so the other ear can be assessed. Repeat to screen the second ear.

Check again that the correct results have been saved to the correct ears.

Explain results to mum.

Fill in red book, page 7.

If bilateral Clear responses and no risk factors – discharge. Show mum check lists in red book, pages 58 and 59.

If bilateral Clear Responses but risk factors present - – explain 8 month check and that the appointment will be in the post. Check where the most convenient site for this appointment would be. Show mum check lists in red book pages 58 and 59.

If unilateral or bilateral No Clear Responses – Explain need for Aoa2 and why we wait 5 hours to do this screen – if going home arrange outpatient appointment at the most convenient site for mum.

Clean equipment.

Dispose of used tips in yellow bin.

Wash hands according to infection control policy.

Complete pro forma and file in baby's notes.

**Monitoring**

Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
Percentage of babies having their hearing screen prior to discharge	Audit check on Smart 4 Hearing	Quarterly	Local manager for newborn hearing screen	Team Leader for Newborn Hearing Screen and Public Health England	Quarterly

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### References

Newborn Hearing Screening Programme (NHSP) operational guidance. Published November 2016. Updated 26 July 2018. Public Health England.

### Contribution List

#### Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Kim Doughty – Newborn Hearing Screen Lead
Steve Lewis – Clinical Lead ENT and Audiology

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
ENT Directorate

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**Supporting Document 1 - Equality Impact Assessment Tool**

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



**Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form**  
Please read EIA guidelines when completing this form

**Section 1 - Name of Organisation** (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input checked="" type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

<b>Name of Lead for Activity</b>	<b>Kim Doughty</b>
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Kim Doughty	Newborn Hearing Screening Manager/ interim lead	Kim.doughty@nhs.net
<b>Date assessment completed</b>	<b>22/01/2024</b>		

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title: Clinical Guidance</b>		
What is the aim, purpose and/or intended outcomes of this Activity?	Assist hearing screeners on how to complete an Aoae		
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity		

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	<input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	NHSE
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Discussed at ENT directorate meeting
Summary of relevant findings	No changes needed to guidance

**Section 3**

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.**

Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		
Disability		✓		
Gender Reassignment		✓		
Marriage & Civil Partnerships		✓		
Pregnancy & Maternity		✓		
Race including Traveling Communities		✓		
Religion & Belief		✓		
Sex		✓		
Sexual Orientation		✓		



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Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		

**Section 4**

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
<b>How will you monitor these actions?</b>				
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	<b>November 2026 when guidance needs reviewing</b>			

**Section 5** - Please read and agree to the following Equality Statement

**1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat

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them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	K.Doughty
<b>Date signed</b>	22.01.2024
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	K.Doughty
<b>Date signed</b>	22.01.2024
<b>Comments:</b>	



## Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.