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Newborn Hearing Screening- Home Visit Protocol

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

Home visits will be offered to new parents for their baby to have a hearing screen if the baby has not been screened in hospital prior to discharge and the mother is medically unfit to attend an outpatient appointment for her baby.

This guideline is for use by the following staff groups:

Lead Clinician(s)

Kim Doughty Local Manager

Team Leader

Approved by ENT Directorate on: 15th November, 2023

Approved by Medicines Safety Committee on: NA

Review Date: 15th 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 included	N/A

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DETAILS OF PROTOCOL

If a guardian requests a Home Visit she must ask her GP/HV to fax us a request to do this.

Fax number 01905 733028 is to be used.

If after the request is received by the local manager the screener has any reservations about the visit, it should be discussed with the local manager and the lead screener in order to resolve any issues.

The fax from the GP should be scanned and added to the patient's documents. Add a note to their journal.

If a home visit is agreed, admin is to contact the parent/guardian and arrange a date and time for the visit. This must be within daylight hours to ensure safety. Update Auditbase with home visit alert.

All home visits should be telephone confirmed preferably on the day of the visit, if it is an early morning visit the day before will suffice.

Staff will use their own vehicle for the visit. To be able to claim back travel expenses they must show proof that their car is taxed, mot'd and that their insurance provides business class cover. All relevant documentation must be checked and verified by the Audiology Manager or the Deputy Audiology Manager before using the car for work purposes.

Travel expenses can be claimed back by inputting details on EPay. All receipts for parking should be retained as proof.

Staff undertaking home visits should have completed the following:

Manual Handling, Safeguarding children and adults, Basic life support and Conflict Resolution.

Staff should be familiar with Lone Worker Policy and Aggressive behaviour policy.

Staff undertaking the visit should make sure that they have a charged mobile phone with them and that the Audiology Reception admin staff have this number, if not they are to take the departmental mobile with them. They also need to carry the department personal alarm and the travel first aid box

Staff will wear their trust uniform and take their trust ID badge to the visit.

Do QA checks and check that they have all needed consumables before leaving the department.

When the visit is complete the screener must call a designated member of staff, decided before the visit, to confirm safety. If a screener fails to call in within 15 minutes of the time allocated admin must phone the member of staff. If no answer alert a senior member of staff.

If a screener feels unsafe or wary of a situation they should inform the guardian that they are not able to continue and leave. The guardian will be contacted by the local manager.

If parent/guardian fails to answer the door for the pre-arranged visit:

Phone the guardian from outside the property.

Look through available windows to see if they can see anyone.

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Phone Audiology Department to see if they have cancelled the visit, ask them to check that you have the correct details and if all ok to check Oasis to see if they have been readmitted or have an appointment elsewhere.

Return to hospital if no sign. Try and contact them once back in the department. Contact GP to explain situation.

Discuss with lead screener or Local Manager as to next step.

Equipment should be cleaned. Hand gel/gloves should be used according to infection control policy.

After the visit.

Journal the results on Auditbase.

Download results on to Smart4Hearing

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Monitoring

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: (Responsible for also ensuring actions are developed to address any areas of non-compliance)	Frequency of reporting:
HOW?	WHEN?	WHO?	WHERE?	WHEN?
Audits on medical records to ensure policy has been implemented	Biannually	Local Manager for Newborn Hearing Screening	Team Leader for Newborn Hearing Screening	Biannually
	confirm compliance with the Policy: HOW? Audits on medical records to ensure policy has been	confirm compliance with the Policy: the check will be carried out: HOW? Audits on medical records to ensure policy has been the check will be carried out:	confirm compliance with the Policy: the check will be carried out: the check will be carried out: the check: the check will be carried out: WHEN? Audits on medical records to ensure policy has been implemented the check will be carrying out the check: the check will be carried out: the check will be carried out: the check will be carried out the check: The check will be carried out the check: The check will be carried out the check: The check will be carried out the check:	confirm compliance with the Policy: the check will be carried out: the check: the check: the check: the check: the check: (Responsible for also ensuring actions are developed to address any areas of non-compliance) HOW? Audits on medical records to ensure policy has been implemented the check will be carried out: the check: WHO? WHERE? Team Leader for Newborn Hearing Screening Hearing

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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;

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Who will be affected by

implementation of this

the development &

activity?

Is this:

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

Section 1 - Name of		•	nes when completing t	his form
	ire & Worcestershire		Herefordshire Council	Herefordshire CCG
Worcestershire Acute Hospitals NHS Trust		√	Worcestershire County Council	Worcestershire CCGs
Worcestershire Hea	llth and Care		Wye Valley NHS Trust	Other (please state)
Name of Lead for A	Activity	Kim De	oughty	
Details of	Name		Job title	e-mail contact
individuals completing this assessment	Kim Dough	ty	Newborn Hearing Screen Manager/Interim Lead	Kim.doughty@nhs.net
Date assessment completed	22.01.2024			
Section 2				
Activity being assess (e.g. policy/procedure, docu service redesign, policy, stra etc.)	procedure, document, Guidance			
and/or intended			ne visits and to protect s	afety

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Review of an existing activity

Service User

Patient

Carers

Visitors

Staff

Other

Communities

✓ □



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	□ New activity□ 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.	Local guidance
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.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups

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Please the potential impact of the potential impact of the 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	Potential	Potential	Please explain your reasons for any
	positive impact	<u>neutral</u> impact	negative impact	potential positive, neutral or negative impact
A	impact		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 positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Other		✓		
Vulnerable and Disadvantaged				
Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health		✓		
Inequalities (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
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	November 2024 a	t guidance review.		

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.

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

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

























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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.

	Title of document:	Yes/No
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.

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