

Newborn Hearing Screening- Inpatient Automated Auditory Brainstem Response (Aabr) 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

Babies who require an automated auditory brainstem response screen for the following reasons:

Inpatient on NICU for >48hrs

Referred on AOA twice

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	Equality Impact Statement included	N/A

INTRODUCTION

Procedure for Aabr screening on the ward to ascertain possibility of hearing impairment

DETAILS OF PROTOCOL

Complete QA checks if not already done.

Introduce yourself and your role.

Identify mum of the baby.

Explain Aabr to mum. Ask if any questions.

Recheck consent. If declines, decline form needs signing. Copy of this for us and for GP/HV. Let her know that she can change her mind within 3 months, but the earlier it is done the better.

Check details on pro forma.

Check baby is well. Double check risk factors if Aaoe was not done on the same day.

Check mum is happy to proceed.

Clean equipment according to infection control.

Enter details onto accuscreen.

Set out consumables needed.

Wash hands according to infection control policy.

Check sensor placement areas prior to prepping them to make sure it is ok to go ahead with the screen.

Prepare sites – hold skin taut and use 3-5 firm wipes either with dot tape or cotton wool and Nuprep.

Connect correct leads to sensors:

Forehead – White

Shoulder – Black

Nape of neck – Red

Place sensors on correct sites:

Forehead – up to, but not in hairline

Nape – up to, but not in hairline

Shoulder – on fleshy area, at 2cms away from nape sensor

Place transducers into headphones.

Place headphones over the correct ears, trying to stay clear of any hair if possible:

Red=Right

Blue=Left

Check baby's ears are completely enclosed by the headphones and transducers all the way in. Double check that they are on the correct ears before starting screen.

Check impedances and myogenic levels

If baby is settled and surroundings are as quiet as possible, press start. Can either do the ears separately or both together.

If conditions change pause the screen until settled again.

Complete screen.

Explain results to mum – ask if any questions.

Remove sensors gently by walking them off

Remove headphones in the same way.

Dispose of sensors and headphones in a yellow bin.

Fill in red book, page 7

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

If bilateral Clear Response 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 bilateral or unilateral No Clear Response –Book for ABR diagnostic test. If a well baby, book ABR for 2 weeks following the screen. If a NICU baby arrange ABR for when they reach 40 weeks corrected age. Check where the most convenient site for this appointment would be.

Check and clean accuscreen and leads.

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?
Rate of referral to Audiology for diagnostic testing following a referral from Newborn Hearing Screen	Percentage of babies referred to Audiology for diagnostic testing	Quarterly	Local Manager for Newborn hearing Screen	Antenatal and Neonatal Board	Biannually

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 Interim 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

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"/>

Name of Lead for Activity	Kim Doughty
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Kim Doughty	Newborn Hearing Screen Manager/Interim Lead	Kim.doughty@nhs.net
Date assessment completed	22.01.2024		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Clinical Guidance			
What is the aim, purpose and/or intended outcomes of this Activity?	Assist screeners with Aabr's			
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"/>	<input type="checkbox"/> Staff Communities <input type="checkbox"/> Other _____	
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity			

	<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

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		✓		

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
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)	2026 when guidance reviewed			

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.

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



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.