Kansas Administrative Regulations

Department of Health and Environment

Article 4.—Maternal and Child Health

28-4-604. Responsibilities of medical care facility's hearing screening manager or coordinator.

Each manager or coordinator shall be responsible for the following:

(a) Writing and implementing a medical care facility policy for the newborn hearing screening program in consultation with the facility's medical director, staff audiologist or consulting audiologist, obstetrics nurse manager, and nursery nurse manager, and with the hearing screening state program coordinator;

(b) providing for the maintenance and accurate operation of the hearing screening equipment;

(c) developing a back-up hearing screening plan to ensure continuation of hearing screening if the equipment malfunctions or when there is a change in personnel administering the hearing screening;

(d) ensuring that the hearing screening is performed by appropriately trained and supervised personnel, as specified in K.A.R. 28-4-608;

(e) overseeing data management and reporting to the department, as specified in K.A.R. 28-4-605; and

(f) ensuring that the following requirements of the hearing screening program are met:

(1) Coordinating the supervision of or supervising the personnel who provide hearing screening, including the ongoing monitoring of their competency and retraining;

(2) monitoring the results of the screening program, including the number of newborns discharged before screening and the referral rates;

(3) before the newborn's or infant's discharge, informing the parent of the results of the hearing screening and providing a copy of the results;

(4) before or upon discharge of any newborn or infant who has passed the hearing screening, providing the child's parent with written information describing the following:

(A) The purpose, benefits, and limitations of hearing screening;

(B) the procedures used for hearing screening;

(C) the risk indicators for delayed-onset, progressive, and acquired hearing loss; and

(D) normal infant developmental milestones regarding hearing, speech, and language;

(5) before or upon discharge of any newborn or infant who has not passed the hearing screening, providing the child's parent with written information describing the following:

(A) The purpose, benefits, and limitations of hearing screening;

(B) the procedures used for hearing screening;

(C) the factors that could result in a referral for further hearing screening, including debris in the ear canal and fluid in the middle ear;

(D) the effects of hearing loss on infant development, including speech and language development;

(E) the risk indicators for delayed-onset, progressive, and acquired hearing loss;

(F) the recommendation for follow-up hearing screening;

(G) a list of options of personnel or sites that provide follow-up hearing screening; and

(H) a timeline for follow-up hearing screening in accordance with accepted medical practices;

(6) before or upon discharge, informing the newborn's or infant's primary medical care provider of the results of the hearing screening and the recommendations made to the child's parent;

(7) retaining the hearing screening results in the newborn's or infant's medical record; and

(8) if a newborn or infant is discharged before hearing screening or if a newborn or infant needs additional procedures to complete the hearing screening, ensuring that the following requirements are met:

(A) Informing the parent of the need for hearing screening;

(B) providing a mechanism by which hearing screening can occur at no additional cost to the family;

(C) making a reasonable effort to ensure that the newborn has a hearing screening before the child is 30 days old. To be considered a reasonable effort, the manager or coordinator shall document at least two attempts to contact the newborn's parent by mail or phone. If necessary, the manager or coordinator shall use information available from the facility's own records, the newborn's primary medical care provider, the local public health office, or other agencies; and

(D) notifying the newborn's primary medical care provider after two unsuccessful attempts to contact the newborn's parent.

(Authorized by and implementing K.S.A. 65-1,157a; effective July 2, 2004.)