**Section 662.30 Hospital Screening**

a) Population

1) All hospitals performing deliveries will provide bilateral hearing screening to infants born in their institution. In the event that a newborn does not pass, the hospital shall provide another screening (rescreening). These screenings shall be provided prior to discharge.

2) If a newborn is placed in the neonatal intensive care unit (NICU) or transferred to another hospital without written documentation of a completed hearing screening, the hearing screening will be completed by the receiving hospital, prior to discharge.

3) All hospitals performing deliveries will make provisions for outpatient screenings for infants born in the home or other location outside the hospital when requested by the parents or the child's physician.

b) Parental Information/Consent

1) The provisions of the Act shall not apply when the newborn's parent or guardian objects in writing on the grounds that the screening conflicts with his/her religious beliefs or practices and presents a written objection to a physician or other person whose objective it is to obtain the screening.

2) All hospitals shall provide information about newborn hearing screening to the parents/guardians that shall include: the purposes and benefits of newborn hearing screening, indications of hearing loss, what to do if the parent/guardian suspects a hearing loss, and procedures used for hearing screening.

c) Documentation

1) The hospital shall provide written information to all parents giving birth or transferred to its facility and to the infant's primary care provider, when identified, that includes procedures used for hearing screening, limitations of screening procedures, and results of the hearing screening.

2) In the event that an infant does not pass the screenings, the hospital shall provide written information to the parents recommending further diagnostic testing and explaining how diagnostic tests may be obtained.

3) The hospital shall maintain written documentation in the infant's clinical record. The documentation shall include: procedures used for hearing screening, time and location of the screening, individual administering the screening test, outcome of the screening, and recommendation for further testing.

d) Personnel

1) Newborn hearing screening shall be performed by an individual, including but not limited to a licensed professional, who is appropriately trained and supervised, according to guidance provided by the Illinois Newborn Hearing Screening Program.

2) Each hospital shall identify a liaison to the Illinois Newborn Hearing Screening Program at the Illinois Department of Public Health.

e) Equipment

1) Technology for screening as set forth in this Part must:

A) measure a physiologic response;

B) be implemented with objective response criteria;

C) use a procedure that measures the status of the peripheral auditory system and that is highly correlated with hearing status;

D) be designed for newborn hearing screening.

2) The methodology used shall detect, at a minimum, all infants with unilateral or bilateral hearing loss equal to or greater than 35dBHL.

3) The methodology used should have a false-positive rate (the proportion of infants without hearing loss who are labeled incorrectly by the screening process as having significant hearing loss) of 3% or less.

4) The methodology used should have a false-negative rate (the proportion of infants with significant hearing loss missed by the screening program) approaching zero.

(Source: Recodified from 89 Ill. Adm. Code 504.30 to 77 Ill. Adm. Code 662.30 at 47 Ill. Reg. 11013)