



## **TIPS AND STRATEGIES FOR WORKING THROUGH THE COVID-19 PANDEMIC IN AN INFANT HEARING SCREENING SETTING**

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### **— ABSTRACT —**

There are national regulations that govern the procedures for newborn hearing screening programs. Even during the COVID-19 Pandemic, these regulations must be followed. This article is designed to highlight the clinical modifications made by a managing audiologist in order to meet the requirements. Information regarding staff education, changing communication policies, patient safety, and clinical service modification will be presented.

*Keywords:* Newborn Hearing Screening, Service Delivery, Audiology, Early Identification

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### **Introduction**

Working in a newborn hearing screening program during the COVID-19 pandemic presented a challenge to newborn hearing screening technicians and the audiologists who supervise them. Newborn hearing screening is mandated throughout the United States and, as such, is an essential service. All newborn babies must be tested prior to leaving the hospital as stipulated by national regulations (Joint Committee on Infant Hearing, 2019). During the COVID-19 pandemic, many birthing mothers were admitted to the hospital with unknown COVID-19 status or with symptoms, exposure and/or a positive diagnosis of COVID-19. While this was troubling to all service providers, it was of particular concern to the hearing screening technicians who were limited in their medical knowledge and often were misinformed about the likelihood of contracting the virus and passing it on to family members. The result was generalized anx-

ety and miscommunication. The rapidly changing recommendations regarding reacting to the virus in the healthcare setting also contributed to this sense of fear, as technicians were often forgotten when new policies and procedures are implemented. This article will address the challenges faced by newborn hearing screening technicians and ways to enhance service delivery while keeping the technicians and patients safe in the work environment.

In order to assure the smooth continuation of newborn hearing screening services during the COVID-19 pandemic, audiologists who supervise newborn hearing screening programs may find specific strategies to be beneficial.

### **Education**

Staff education was essential to alleviating the anxiety experienced by many hearing screening technicians. Technicians were educated about COVID-19;

the ways in which it is spread; procedures to minimize the likelihood of contracting it; and the low viral load of patients under investigation (PUI) or infants who are COVID-19 positive. The managing audiologist, neonatologists, and other physicians provided education through in-service training on these topics to staff. Informal huddles at the beginning of each day, email communication, and lecture-based presentations were utilized. This educational process reduced the technicians' misunderstanding of the virus which also reduced their resulting fears.

### Communication

Communication was a critical step in positively managing newborn hearing technicians. Changes to Centers for Disease Control and Prevention (CDC) guidelines governing COVID-19 and hospital policies were communicated to the managing audiologist who then conveyed the information to the technicians. In the constantly evolving climate, changes were often made on a weekly, if not daily basis. This led to establishing a weekly meeting specifically to address evolving issues surrounding the COVID-19 Pandemic.

### Personal Protective Equipment (PPE)

The technicians were confused about enhanced PPE and were provided with training on the appropriate PPE selection, donning, and doffing. Additionally, they were made aware of the policies and procedures of use and reuse of PPE. Checklist resources were provided which could be accessed as just-in-time reminders throughout the workday.

### Modified Screening Procedures

The COVID-19 pandemic required some changes to the means by which technicians provided services. One crucial factor was that the COVID-19 status of all infants and parents was shared with the technicians. While universal precautions were always implemented in newborn hearing screening, a COVID-19 positive or PUI status necessitated the use of additional PPE, such as face shields, gowns, and hair coverings. Policies to minimize staff contact with PUI or positive patients by delaying screening were made also. Additionally, test results were communicated to parents and guardians via telephone rather than in-person communication.

Early on, institutions implemented strict guidelines governing visitors' entrance into the hospital, allowing the mother of the baby and only one support person. No other visitors were allowed during the COVID-19 Pandemic. This practice required modifications to new born hearing rescreening practice to meet regulations. The following procedures were developed to reinstitute two week rescreens:

- Only one parent was allowed to accompany the infant to the hearing rescreen;
- Masks were required to be worn at all times in the hospital;
- Parents were called with the following screening questions the night prior to their appointment:
  - Have you had any household contact with a COVID-19 positive patient?
  - Do you have any of the following symptoms – recent fever, shortness of breath, cough, sore throat, diarrhea, or vomiting?
  - Do you have a loss of taste or smell?
- No waiting was allowed in the hospital; therefore, upon their arrival for services, parents were instructed to call the hearing screening program from the car;
- Technicians met the family in the lobby where they received a temperature screen and were escorted to the hearing screening room; and
- When the screening was completed, parents were instructed on how to exit the hospital.

This process allowed for the completion of two week rescreens, with minimal contact between outpatients, newborns, and their mothers.

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## Summary

Providing clinical services during the COVID-19 pandemic highlighted the changes that were necessary to meet the national regulations for in-hospital newborn hearing screening while engaging hearing screening technicians at a high level of effectiveness. The managing audiologist was able to extend education, enhance communication, facilitate appropriate PPE use, and modify procedures in order to meet program requirements and maximize performance and engagement of technicians. These modifications may serve as a model for other newborn hearing screening programs and can be implemented in a timely manner, ensuring the safety of patients and staff.

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## References

Joint Committee on Infant Hearing. (2019). Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. *Journal of Early Hearing Detection and Intervention*, 1-44. doi:10.15142/fptk-b748

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