

Title	Demonstrate knowledge of the Universal Newborn Hearing Screening and Early Intervention Programme (UNHSEIP)		
Level	3	Credits	18

Purpose	<p>This unit standard is for hearing screeners working within the Universal Newborn Hearing Screening and Early Intervention Programme (UNHSEIP).</p> <p>People credited with this unit standard are able to demonstrate knowledge of: hearing screening and the difference between screening and diagnosis; the aim and goals of the UNHSEIP, and reasons for recording information in the prescribed manner; population-based programmes for newborn hearing screening, the significance of early screening, and the rights of consumers; ideal screening conditions for the UNHSEIP, and making sure the baby is settled in readiness for hearing screening; the aABR newborn hearing screening method; procedures for identifying and tracking a baby through the screening process; procedures related to informed consent, privacy and confidentiality, and for managing data; and information to be provided to parents, and communication with parents, related to newborn hearing screening.</p>
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Classification	Health, Disability, and Aged Support > Sensory Support
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Available grade	Achieved
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Explanatory notes

- Evidence generated for assessment against this unit standard must reflect the Universal Newborn Hearing Screening and Early Intervention Programme (UNHSEIP) and its National Policy and Quality Standards.
- References
 Ministry of Health. Universal Newborn Hearing Screening and Early Intervention Programme (UNHSEIP): National Policy and Quality Standards. 2nd ed., Ministry of Health, 2016. Available at <https://www.nsu.govt.nz/system/files/page/unhseip-national-policy-and-quality-standards-2nded-2016.pdf>.
 Ministry of Health. Universal Newborn Hearing Screening and Early Intervention Programme: National policy and quality standards: Diagnostic and amplification protocols. Wellington, 2016. Available at <https://www.nsu.govt.nz/publications/unhseip-diagnostic-and-amplification-protocols>.
 "WHO/UNICEF Ten Steps to Successful Breastfeeding." Baby Friendly Health Initiative. World Health Organization and UNICEF, 1 October 2018. Available at

<https://www.babyfriendly.org.nz/resource/whounicef-ten-steps-to-successful-breastfeeding>.

3 Definitions

The *Code* refers to the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996.

UNHSEIP refers to the Universal Newborn Hearing Screening and Early Intervention Programme.

NICU refers to Neonatal Intensive Care Unit.

SCBU refers to Special Care Baby Unit.

aABR refers to Automated Auditory Brainstem Response.

Outcomes and evidence requirements

Outcome 1

Demonstrate knowledge of the hearing screening process and explain the difference between screening and diagnosis.

Evidence requirements

- 1.1 The hearing screening pathway is described in terms of its sequence of steps in the process and what to do with the results.
- 1.2 The difference between hearing screening and diagnosis is described in terms of purpose, expected outcomes, and limitations.

Outcome 2

Demonstrate knowledge of the aim and goals of the UNHSEIP, and identify reasons for recording information in the prescribed manner.

Evidence requirements

- 2.1 The aim is described in terms of impacts on babies born with hearing loss.

Range evidence is required for two parts of the aim.
- 2.2 The goals are described in terms of hearing screening, diagnosis, and intervention.
- 2.3 Opportunistic hearing screening and nationally organised screening programmes are described in terms of their differences.
- 2.4 The benefits and potential harm of a nationally organised hearing screening programme are described in terms of health outcomes.

Range evidence is required for five benefits of screening and two areas of potential harm.

- 2.5 The reasons for recording information in the prescribed manner are described in accordance with the National Policy and Quality Standards of the UNHSEIP.

Range evidence is required for three reasons.

Outcome 3

Demonstrate knowledge of population-based programmes for newborn hearing screening, the significance of early screening, and the rights of consumers.

Evidence requirements

- 3.1 Population-based programmes for newborn hearing screening are described in terms of their potential to target inequalities in health outcomes.

- 3.2 Consequences for a baby if hearing loss is not diagnosed within the first six months are described in terms of the baby's future development.

Range evidence is required for three consequences.

- 3.3 The rights of consumers of hearing screening are described in terms of the UNHSEIP and the Code.

- 3.4 Family-centred hearing screening procedures are described in terms of the National Policy and Quality Standards and the Code.

Range evidence is required for four procedures.

Outcome 4

Demonstrate knowledge of ideal screening conditions for the UNHSEIP, and making sure the baby is settled in readiness for hearing screening.

Evidence requirements

- 4.1 Description of ideal screening conditions relates to baby, mother, and timing for different settings.

Range settings may include – maternity ward; home; clinic; NICU/SCBU; must include three.

- 4.2 Approaches a screener may use to resettle babies are described.

Range five approaches.

Outcome 5

Demonstrate knowledge of the aABR newborn hearing screening method.

Evidence requirements

- 5.1 The aABR screening method is described in terms of what it measures, and its benefits and limitations for newborn hearing screening.
- 5.2 Reasons why auditory brainstem responses may not be recorded during aABR screening are described in accordance with the National Policy and Quality Standards.
- Range evidence is required for six reasons.

Outcome 6

Demonstrate knowledge of procedures for identifying and tracking a baby through the screening process.

Range evidence is required for babies from: hospital births; birthing unit or early discharge births; home births.

Evidence requirements

- 6.1 The procedure for physically locating a baby and verifying the baby's identity is described in accordance with the National Policy and Quality Standards.
- 6.2 The procedure for tracking a baby through hearing screening is described in accordance with the National Policy and Quality Standards.

Outcome 7

Demonstrate knowledge of procedures related to informed consent, privacy and confidentiality, and for managing data.

Evidence requirements

- 7.1 The reasons that informed consent is required, and who it is obtained from prior to screening, are described in accordance with the National Policy and Quality Standards.
- 7.2 The procedures for managing the offer and acceptance of informed consent are described in accordance with the National Policy and Quality Standards.
- 7.3 The procedures for managing situations where informed consent is declined are described in accordance with the National Policy and Quality Standards.
- 7.4 Procedures for handling personal information are described in accordance with the National Policy and Quality Standards.
- 7.5 The procedures for informing parents about the proposed use of their personal information are described in accordance with the National Policy and Quality Standards.

- 7.6 Procedures for recording, distributing, and storing data at the completion of the hearing screening are described in accordance with the National Policy and Quality Standards.

Outcome 8

Demonstrate knowledge of information to be provided to parents, and communication with parents, related to newborn hearing screening.

Evidence Requirements

- 8.1 Communication strategies to be used by hearing screeners when interacting with parents are described in terms of the information being conveyed and the situation in accordance with the National Policy and Quality Standards.

Range strategies include but are not limited to – providing and explaining pamphlets and/or other informational documents, use of empathy, cultural sensitivity, use of interpreters.

- 8.2 Communication with parents of babies in NICU and in SCBU is described in terms of babies' specific needs.

- 8.3 The benefits of effective communication of results to parents are described.

Range evidence is required of three benefits.

Replacement information	This unit standard replaced unit standards 26730, 26732, 26734, and 26736.
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Planned review date	31 December 2021
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Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	21 July 2016	N/A

Consent and Moderation Requirements (CMR) reference	0024
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This CMR can be accessed at <http://www.nzqa.govt.nz/framework/search/index.do>.

Please note

Providers must be granted consent to assess against standards (accredited) by NZQA, before they can report credits from assessment against unit standards or deliver courses of study leading to that assessment.

Industry Training Organisations must be granted consent to assess against standards by NZQA before they can register credits from assessment against unit standards.

Providers and Industry Training Organisations, which have been granted consent and which are assessing against unit standards must engage with the moderation system that applies to those standards.

Requirements for consent to assess and an outline of the moderation system that applies to this standard are outlined in the Consent and Moderation Requirements (CMRs). The CMR also includes useful information about special requirements for organisations wishing to develop education and training programmes, such as minimum qualifications for tutors and assessors, and special resource requirements.

Comments on this unit standard

Please contact Toitū te Waiora at ttw.standardsreview@toitutewaiora.nz if you wish to suggest changes to the content of this unit standard.