**CHECKLIST FOR FACILITY CERTIFICATION: CATEGORY A**

ASSESSMENT TOOL FOR FACILITY CERTIFICATION

CATEGORY A: NEWBORN HEARING SCREENING CENTER

1. **FACILITY INFORMATION**

|  |  |
| --- | --- |
| Name of Facility |  |
| Complete Address |  |
|  | No. & Street Barangay |
|  |  |
|  | City / Municipality Province Region |
| Contact Number of Facility (if any) |   |
| E-mail Address of Facility (if any) |  |
| Name of Owner  |  |
| Name of Facility Manager |  |
| Cellphone of Manager |  |
| Email of Manager |  |
| NHSRC Facility Code (if renewal) |  |
| Classification According to |  |
|  Ownership: | [ ] Government [ ] Private |
|  Institutional Character: | [ ] Free-standing [ ] Institution-Based |

1. **TECHNICAL REQUIREMENTS**

Instruction to the Applicant: Please prepare all the necessary documents enumerated below.

Instruction to the Inspector: In the appropriate box, place a check mark (✓) if the facility is compliant or X mark (X) if it is not compliant.

|  |  |  |
| --- | --- | --- |
| **STANDARDS AND REQUIREMENTS** | **COMPLIANT** | **REMARKS** |
| 1. **PERSONNEL**

A Category A Facility shall be managed by either a physician or a Clinical Audiologist. Screener/s must be at least 19 years of age, High-school graduate and computer literate. Both manager and screener/s must comply with the minimum requirements set by the NHSRC. |
| 1. Manager
 |
| 1. Diploma in Masters in Clinical Audiology for Clinical Audiologists

OR Valid PRC ID for Physicians |   |  |
| 1. A valid certificate of Category A Newborn Hearing Screening Personnel Certifying Course
 |  |  |
| 1. Facility ID/ Memorandum of Agreement/ Contract of Appointment or Designation (for employees)
 |  |  |
|  2. Screener (1) |
| 1. Valid ID (PRC license for healthcare professionals/ company ID)
 |  |  |
| 1. A valid certificate of Category A Newborn Hearing Screening Personnel Certifying Course
 |  |  |
|  Screener (2) |
| 1. Valid ID (PRC license for healthcare professionals/ company ID)
 |  |  |
| 1. A valid certificate of Category A Newborn Hearing Screening Personnel Certifying Course
 |  |  |
|  Screener (3) |  |  |
| 1. Valid ID (PRC license for healthcare professionals/ company ID)
 |  |  |
| 1. A valid certificate of Category A Newborn Hearing Screening Personnel Certifying Course
 |  |  |
|   **B. EQUIPMENT** |
| **Hearing Screening Equipment 1** Type: [ ] Otoacoustic Emission (OAE) [ ] Automated Auditory Brainstem Response (AABR) |
| 1. Brand / Model:
 |  |  |
| 1. Serial Number:
 |  |  |
| 1. Annual calibration certificate
 |  |  |
| **Hearing Screening Equipment 2** Type: [ ] Otoacoustic Emission (OAE) [ ] Automated Auditory Brainstem Response (AABR) |
| 1. Brand / Model:
 |  |  |
| 1. Serial Number:
 |  |  |
| 1. Annual calibration certificate
 |  |  |
|   **C. PHYSICAL FACILITY** Every hearing screening facility shall have a physical facility with adequate areas in order to safely, effectively and efficiently provide hearing screening services to the newborns. |
| 1. Sufficient space for 1 chair or bassinet and a table enough to carry hearing screening equipment, laptop/desktop and printer
 |  |  |
| 1. Ambient noise should not be more than 50 dBA
 |  |  |
|  **D. OPERATIONS**  |
| 1. Refusal Form
 |  |  |
| 1. Educational material / brochure
 |  |  |
| 1. Records of newborns screened
 |  |  |
| 1. Monthly report submitted to NHSRC
 |  |  |

 **III. DEMONSTRATION**

Instruction to the applicant: The following item should be demonstrated in the video recording.

Instruction to the Inspector: In the appropriate box, place a check mark (✓) if the facility is compliant or X mark (X) if it is not compliant.

|  |  |  |
| --- | --- | --- |
| ITEM | Place a check mark (✓) if the facility is compliant or X mark (X) if it is not compliant . | EVALUATOR’S COMMENT (IF NON-COMPLIANT)(REASON FOR NOT EARNING SCORE) |
| **INTRODUCTION**1. Name
2. Position
3. Name of facility

**Camera View: Face the camera, remove facemask and introduce yourself and the facility.** |  |  |
| **ROOM MEASUREMENT** |
| 1. **OAE/ AABR Room-**

Sufficient space for 1 chair or bassinet and a table enough to carry hearing screening equipment, laptop/desktop and printer. **Camera View: Show actual room with complete equipment.** |  |  |
|  **AMBIENT NOISE** |
| 1. Should not be more than 50 dBA for OAE/AABR

**Camera View: Show actual sound level meter while measuring the ambient noise of the room.** |  |  |
|  **DEVICE CHECK** |
| **OAE/ AABR** machine check if it is in good working condition.**Camera View: Show actual parameters in a clear view and test a sample patient to check if the machine is working properly.** |  |  |
| **RESULT TEMPLATE:*** OAE or AABR Screening following the recommended format in the MOP.

**Submit the following in PDF forms.** |  |  |
| **OTHER REQUIREMENTS:**PPE, cotton, alcohol**Camera View: Show actual materials.** |  |  |
| **MONITORING AND VALIDATION OF INFORMATION** |
| * I hereby confirm that the information provided by me is true and correct. By signing below I acknowledge that the inspectors assigned to our facility can check and verify the information I have given.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name and Signature |

**Inspected by:**

|  |  |  |
| --- | --- | --- |
| Printed Name | Signature | Position / Designation / Office |
|  |  |  |
|  |  |  |
|  |  |  |

**Received by:**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_