



Ohio Administrative Code

Rule 3701-54-03 Screening procedures and equipment.

Effective: [October 16, 2025](#)

(A) Each hospital, freestanding birthing center, and newborn care nursery will conduct a critical congenital heart disease screening using pulse oximetry, on each newborn or infant born in, admitted to, or transferred into its facility, prior to discharge, and when the newborn or infant is at least twenty-four hours of age or shortly before discharge if less than twenty-four hours of age unless one of the following applies:

- (1) The newborn or infant has a known prenatal diagnosis of critical congenital heart disease;
- (2) The newborn or infant had a pediatric echocardiogram;
- (3) The newborn or infant's parent, guardian, or custodian objects in accordance with 3701-54-05 of the Administrative Code; or,
- (4) The newborn or infant is transferred to another hospital or facility before screening can be done.

(B) If a newborn or infant is transferred to another hospital or facility before screening can take place, the receiving hospital or facility will conduct and report the screening when it is determined to be medically appropriate.

(C) Screening will be conducted by individuals who:

- (1) Have pulse oximetry testing within their scope of practice;
- (2) Are trained in the use of pulse oximetry;
- (3) Are trained in the CCHD algorithm; and,
- (4) Regularly use pulse oximetry for other purposes.



(D) Screening will be done while the newborn or infant is alert, breathing room air, and at least twenty-four hours of age or shortly before discharge if less than twenty-four hours of age to avoid false positive screens.

(E) The pulse oximetry screening will be performed with a motion-tolerant pulse oximeter that reports functional oxygen saturation, has been validated in low-perfusion conditions, has been cleared by the food and drug administration for use in newborns, and has no worse than a two per cent root-mean-square accuracy.