



Good Practice Guide

Reference resources for aged care hearing assistance programs

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Deafness Forum Ltd 2018

At the time of collating and subsequent revisions, all information contained in this guide was current.

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1. Background and Purpose

This practical guide is endorsed by the Deafness Forum of Australia. The Good Practice Guide together with the training and reference resources at www.deafnessforum.org.au/resources/training-resources-in-hearing-assistance-in-aged-care-services-and-hospitals/ will assist in establishing and maintaining an effective hearing assistance program.

The Good Practice Guide was prepared primarily for use in **residential aged care facilities**. The Guide should also be a useful starting point in developing hearing assistance in **home care**. Section 3.5 relates material in this Guide to home care.

The assistance and training needs stated in the first two pages of the Program section of this guide are essential. However, the organisational and operational arrangements for providing this assistance will vary with the size and circumstances of individual aged care facilities. It is therefore expected that facilities may modify these to suit their particular needs.

The Good Practice Guide is freely available for reference and training purposes. Any other use requires the prior written approval of the Deafness Forum of Australia.

The Guide is a pdf document. A copy in Word may be requested from info@deafnessforum.org.au to enable users to make local changes.

It is anticipated that the Guide will be regularly updated on the Deafness Forum website.

The Deafness Forum of Australia acknowledges the advice and generous assistance of Australian Hearing staff and is also grateful to aged care staff, consumers and volunteers who have participated in development of the hearing assistance program.

2. Hearing assistance program and staff roles

The following arrangements are critical for the welfare of hearing impaired consumers.

These arrangements also benefit staff and are not time consuming if undertaken effectively and systematically. (The following staff responsibilities are consistent with provider accreditation requirements.)

Staff hearing assistance responsibilities

- a) Use appropriate communication techniques when speaking with **all**¹ hearing impaired consumers.
- b) Identify, record and effectively communicate to personal care staff (including temporary staff) any hearing assistance needed by individual consumers.

Where needed by individual consumers –

- c) Timely daily insertion of hearing aids², ensuring that they are functioning satisfactorily. Removal and proper storage of aids³.
- d) Regular (normally weekly⁴) battery change and basic trouble shooting including, if necessary, clearing wax blockages in mould and tubing. Also noting signs of possible wax accumulation in the ear canal. Ordering replacement batteries⁵.
- e) Contacting a hearing services provider promptly to arrange hearing assessment, fitting, servicing and repair of hearing aids.
- f) Assist eligible consumers to access benefits under the government Hearing Services Program.

Pre-conditions for an effective hearing assistance program

1. Clear management support.
2. As part of their duties a suitable staff member is assigned responsibility for championing and advising staff (including new staff) on hearing assistance in a facility or section thereof.
A hearing champion may be an enthusiastic and respected personal carer. (Team Leaders and RNs seldom have time to perform the champion role effectively in addition to their existing responsibilities.)
3. Hearing assistance needs are included in on-entry and subsequent periodic assessment of consumers.
4. Staff need to understand their hearing assistance responsibilities and receive training as necessary.

Personal carers need to communicate effectively with hearing impaired consumers and, at a minimum, provide hearing assistance to consumers assessed as needing the support stated in (c) and (d) above. Please see Prompt Card p.1, Attachment 3(b)⁶.

Supervisory staff need to model appropriate communication skills when speaking to all hearing impaired consumers; undertake basic trouble shooting of hearing aids and, in the absence of the hearing champion, demonstrate hearing assistance skills expected of personal carers under their supervision. (Please see Prompt Card p.2, Attachment 3(b).

Please see notes on next page.

Notes:

1. Some 75% to 85% of aged care consumers experience hearing loss. Accordingly, it would be desirable for staff to use the communication techniques when speaking with all consumers unless they are known to have normal hearing.
2. Includes **alternative** listening devices used in lieu of hearing aids. This would not normally include **assistive** listening devices used specifically for TV etc.

In high care situations, especially where consumers suffer from significant dementia, it is generally difficult for them to commence using hearing aids. Alternative listening devices, such as personal communicators, may be more acceptable to these consumers. Use of such devices may need to be initiated by staff or visiting family members.

3. Ensuring that dry kits are functioning satisfactorily where needed for storing hearing aids.
4. Some hearing aids require regular changing of batteries more frequently than weekly. Routine battery changes should ensure consumers' hearing aids remain powered at a satisfactory level and that it should only be necessary for batteries to be changed at other times in isolated circumstances.

Consumers who manage their hearing aids independently should normally be encouraged to change their hearing aid batteries at an easily remembered time on the same day each week or more frequently if necessary.

5. Replacement batteries are normally requested from the consumer's hearing services provider when their spare batteries are down to one complete packet.
6. Management may decide that in a facility's circumstances a different allocation of responsibilities to that proposed in attached Prompt Cards p.1 is appropriate for personal carers.

3. Underlying Arrangements

3.1 Staff knowledge and training

Skill requirements and suitable training resources

Personal Care Staff

At a minimum staff need to be competent in the skills list in Prompt Card p.1 Attachment 3(b) and demonstrated in the video *Hearing Assistance in Aged Care* (Part A and Part B - Section 1).

Supervisory Staff

Staff need to model communication techniques; undertake basic hearing aid trouble shooting and identify hearing impaired consumers as listed in Prompt Card p. 2 and the video in full. Also see Attachment 7.

Hearing Assistance Champion

A champion need's to be able to undertake and demonstrate all the above skills; understand relevant government Hearing Services Program provisions and be able to give advice on suitable basic assistive listening devices. (See section 3.4 and Attachment 2 of this Guide.) A knowledge of Teaching-learning Module 3 and Module 4 sections 1.1 and 1.2 is also desirable.

Some staff may wish to view the video more than once. Viewing needs to be followed promptly by on-the-job practice and possibly supplemented with a hands-on in-service session conducted by a hearing services provider.

The principal services provider¹ should if necessary be prepared to conduct practical 'hands on' in-service training supplementary to the instructional video for the hearing champion/s, nurse educator/SDO and any other nurses with supervisory hearing assistance responsibilities.

The nurse educator/SDO should then be able to include hearing assistance in on-commencement training for new staff.

It would be helpful if designated ENs and RNs are proficient in the use of an otoscope to check for excess earwax accumulation. It would also be helpful if RNs could undertake syringing to remove wax - subject to visiting GPs concurrence and in accordance with organisation protocols.

1. See section 3.2

2. Where a facility has an online staff communication system based on tablets or iPads the app can be made available through the system.

Training resources may be viewed or downloaded free from the Deafness Forum of Australia website

www.deafnessforum.org.au/resources/training-resources-in-hearing-assistance-in-aged-care-services-and-hospitals/

- Instructional video *Hearing Assistance in Aged Care*
- **Online training** version of instructional video incorporating multiple-choice quizzes. Completion certificate available.
- The free *Happy Hearing* app provides a valuable on-the-job reference for hearing assistance. (Available in Google Play. Availability in Apple App Store awaited.)²
- This *Good Practice Guide* provides a comprehensive reference on most aspects of hearing assistance.

3.2 The principal hearing services provider (in residential facilities)

A consumer who holds a Hearing Services Voucher is entitled to be a client of any hearing services provider approved by the Office of Hearing Services.

The choice of hearing services provider should not impact on facility staff where a consumer is an independent hearing aid user or only needs daily assistance to insert and remove their aids, and where the consumer, or a family member, undertakes the remaining tasks necessary to manage their aids. However, where consumers need additional help in managing their hearing aids it can be easier if these consumers are clients of the same provider. Such a hearing service provider is referred to in this guide as the 'principal provider'¹.

In deciding on a principal provider, it is advisable for the facility to first establish that the provider is willing and able to supply certain services stated in this document, including:

- Ongoing in-service staff training sessions where appropriate to supplement the video *Hearing Assistance in Aged Care*;
- Supplying batteries to meet the needs of their clients, as well as providing other appropriate consumables free or at reasonable prices; and
- Making reasonably frequent visits to the facility where clients are unable to attend the provider's premises - for such purposes as screening tests, as well as for comprehensive hearing assessments, fitting, adjusting and servicing of hearing aids and alternative listening devices.

For a hearing assistance program to be successful – *the facility's staff will also need to meet their responsibilities*. Additionally, where the principal provider gives reasonable notice of a clinic at the facility, appointment times will need to be agreed and a suitable room made available. Staff will then ensure that consumers arrive on time for appointments with the provider unless they are confined to their bed or unit.

1. A principal provider or the facility does not have the right to restrict the access of other hearing service providers to a facility.

3.3 Additional information and suggestions

1. The hearing champion should advise and mentor personal care staff as necessary. Supervisory staff should conduct random checks of consumers' aids after insertion to ensure that they are functioning satisfactorily.
2. The **Personal Care files** (or online equivalent) of consumers who have an apparent hearing impairment – whether or not they use hearing devices - could be identified with the international hearing assistance symbol (which can be downloaded or an adhesive sticker purchased from SHHH, phone (02) 9144 7586). This should help to alert new or temporary staff to the consumer's hearing assistance needs. Attachment 4 - *Template: Client Hearing Impairment Information and Assistance Needs form*, or equivalent, should be completed for each consumer who is identified as having an apparent hearing loss – whether or not they use hearing devices. This form should be placed in the consumer's Personal Care file (or online equivalent) and kept up to date.
Other notes regarding hearing assistance action taken should be made in accordance with organisation protocols, e.g. in a consumer's Progress Record.
3. As a quality control measure, record the weekly battery change and related activities for each consumer assisted. Using for example, Attachment 5 - *Template: Routine hearing aid battery change, checking and cleaning record*.

If tubing for BTE aids becomes stiff it should be changed by the hearing services provider. BTE moulds and ITE shells should also be referred to the provider in the event of cracking or other apparent deficiency or otherwise for review after a period not exceeding two years. The thinner tubing and domes for 'open fit' aids need to be replaced more frequently as recommended in the training video.¹

A hearing aid sent away for repair should be placed in a rigid container, not just a padded envelope. A completed information form may be included to assist in expediting the repair. See Attachment 6 – *Template Form to accompany hearing aids sent to hearing services provider for repair*.

To meet these responsibilities staff, need ready access to a **portable kit** (in a small bag such as a school lunch box), containing:

- Puffer (for blowing moisture from tubing and holes in BTE aid moulds) *
- Alcohol wipes
- Tube of greaseless personal lubricant available from a supermarket, but preferably a type specifically for hearing aids*
- Magnet tipped wax cleaning brush* (for battery changing only. Consumers should each have a wax cleaning brush for their aids to avoid risk of cross-infection.)
- Clean cup may be needed to soak earmoulds of a BTE aid in warm water until wax is soft enough to be removed by flowing warm water through the tubing and mould. (See *Happy Hearing* app or *Hearing Assistance in Aged Care* instructional video.)

* These items may be obtained from a hearing services provider.

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1. The hearing services provider needs to be advised of the consumer's name and client ID as these items vary in size.

4. **Hearing aids when not in use should be stored in a suitable rigid container** (usually the container the aids were originally provided in) along with a wax cleaning brush and placed next to the consumer's bed. The aids and other items are usually supplied in a pouch or box where spare batteries can also be stored. Containers and accompanying pouches should be named, particularly in multi-bed rooms or where consumer has significant dementia. Ideally a bright coloured box (such as those typically found in bargain shops) should replace the pouch and be clearly labelled 'HEARING AIDS'. This would require the prior agreement of the consumer or their representative. The bright coloured box should attract the attention of staff (particularly casuals) especially at busy times.

Some consumers may need an air-tight screw top storage jar which can house a drying agent to control moisture build-up in their hearing aids or tubing. Replacement drying agent can be obtained from a hearing services provider. (Dehumidification tablets as shown in the training video need to be changed when their colour fades.) Suitable airtight containers can be purchased from a general retailer if necessary.

5. **Possible hearing aid/ alternative device users**

A consumer with an evident hearing impairment may be encouraged to seek professional assessment with the possibility that hearing aids or an alternative listening device may be recommended. However, a person should not be pressured to do so even if there is an apparent need for such action. Motivation is the key factor in successful hearing device usage, and an unwilling hearing aid user is unlikely to persevere with hearing aid use during the sometimes difficult period while adapting to them. If family members are available and supportive they may provide valuable encouragement to the consumer.

Where a consumer will use hearing aids it needs to be established whether they can manage the aids independently or whether staff assistance will be needed and, if so, for which aspects of hearing aid management. Attachment 8 - Template: *Hearing Aid Benefit Questionnaire* (particularly Questions 1, 2 & 3) may assist in identifying these needs. If the resident consumer has ceased using hearing aids discussion based on other sections of the Questionnaire may help establish why this occurred and what the best course of action is now.

If a resident consumer is having trouble hearing, their ears should first be checked for excess wax accumulation. If this is not the cause, refer the resident to a GP who may request a hearing test with the possibility that the consumer may need a hearing aid or alternative listening device.

If a consumer appears to have a hearing loss which warrants professional assessment most hearing services providers will administer a screening test free of charge. If this indicates a need for further assessment and possible corrective action the resident consumer may be eligible for free or subsidised assistance through the government Hearing Services Program. (See section 3.4)

Those not eligible to receive HSP assistance must seek assistance from an audiologist in private practice.

3.4 Hearing Services Program

To be eligible for a Voucher through the HSP a consumer must hold a:

- Centrelink Pension Concession Card;
- Centrelink Sickness Allowance;
- DVA Pensioner Concession Card;
- White Health Repatriation Card (for hearing loss);
- Gold Health Repatriation Card;
- be a partner of a person in one of these categories; or
- be a NDIS participant.

(Aboriginal and Torres Strait Islander people over the age of 50 years, are also eligible for services through the CSO program with Australian Hearing. Please make arrangements for seeing these consumers directly with Australian Hearing.)

To apply for an HSP Voucher a consumer, *who has not previously received a Voucher*, or their power of attorney, needs to request a doctor (normally a GP) to complete and sign a prescribed 'Medical Certificate'. See Attachment 9: *Hearing Services Program Medical Certificate*. The form is also available from a hearing services provider. (The form includes a box headed 'Medical Practitioner Stamp'. Where doctors are visiting a consumer without their stamp it is sufficient that their provider number is written in the box.) Care staff can assist a consumer by arranging with a visiting doctor to complete the Medical Certificate. Upon receipt of the completed Medical Certificate a hearing services provider will process the Voucher on-line and then arrange for assessment of the client's hearing. In order to process the Voucher, the hearing services provider will also need the consumer's pension or DVA card number and date of birth. If a consumer does not wish to be a client of the principal provider, the hearing champion should advise the consumer or a family member to follow the same process.

An **annual maintenance fee** can be paid by people in the government Hearing Services Program to their hearing services provider to cover replacement batteries and, where necessary, servicing and repair of their hearing aids and in some cases ALDs, together with tubing and mould replacement. These services are subsidised by the government and the annual fee must be paid before the services can be provided. It is therefore important that consumers pay annual maintenance fee accounts promptly.

Vouchers are valid for three years. However, the holder of an expired voucher can continue to receive free hearing aid batteries providing an annual maintenance fee has been paid. The hearing services provider will advise when a new voucher is required. The consumer's verbal approval is all that is required for this action.

Where a consumer wishes to **transfer from one provider to another** – the consumer, their power of attorney or the hearing champion should contact the desired new provider.

Prospective cochlear implantees who meet the eligibility criteria listed at the top of the previous page cannot receive free **cochlear implants** or sound processors under the Hearing Services Program. They may however be eligible to apply for a government grant to receive a cochlear implant and an initial sound processor (Grants are normally subject to a waiting list). Cochlear implantees who meet the eligibility criteria listed on the previous page may - subject to payment of the annual maintenance fee - receive free replacement batteries and other services similar to those for hearing aid users.

In the above circumstances people are encouraged to contact Australian Hearing on 1800 131 339 or at www.hearing.com.au/About-hearing/General-Information/Cochlear-Implants/Cochlear-implant-support

Where a consumer is not eligible to receive a Voucher, the hearing champion should discuss with the consumer and/ or power of attorney the desirability of seeking an assessment through a hearing services provider ¹ if they may need to purchase hearing aids or an alternative listening device. ²

The hearing champion should advise consumers with privately purchased hearing aids, and Hearing Services Program members who make significant 'top up' payments, to consider taking out **insurance cover on their aids (or for the 'top up' sum)**. If the consumer has contents insurance the aids may be covered under that policy for an additional premium. See Attachment 10: *Advice on insurance for hearing aids and cochlear sound processors*

Replacement or up-graded **cochlear implant sound processors** are not available through the Hearing Services Program or government grants. Implantees are strongly advised to insure their sound processors against loss or damage (See Attachment 10). Private health insurers do not cover sound processors for loss or damage and usually apply an eligibility period for up-grades. Some funds also require specified audiological testing to establish that benefit would be gained from an up-grade.

Replacing a lost or damaged hearing aid or alternative listening device. If a consumer's hearing aid or ALD was fitted under the Hearing Services Program, and has been lost or damaged beyond repair, the consumer may be required to pay a small administration fee to have their aid replaced. Any 'top-up', will be an additional charge (regardless of whether a 'top-up' payment had been made towards the aids that are being replaced). This fee and possible 'top-up' charge is payable to the hearing services provider.

If the device is lost a Statutory Declaration will be supplied by the hearing services provider for completion outlining the circumstances of the loss.

The administration fee may be waived where the consumer holds a DVA Gold Repatriation Card or a DVA White (hearing specific) Repatriation Card.

The fee may also be waived where:

- the hearing device has been lost or damaged by the facility or hospital staff - this must be certified by the responsible staff member
- the device has been lost by Australia Post or another courier
- the device has been lost in hospital; or
- the consumer has dementia.

The consumer's circumstances need to be discussed with the hearing services provider when the above mentioned statutory declaration is lodged. The consumer's continuing eligibility for the Hearing Service Program will be checked by the Office of Hearing Services from which further information or advice can be obtained on 1800 500 726.

Further information on the Hearing Services Program may be obtained at www.hearingservices.gov.au

1.A person can only be a client of Australian Hearing if they are eligible for the Hearing Services Program.

2.Alternative listening devices are generally a cheaper option than hearing aids but may be less effective depending on the nature of the consumer's hearing loss and social circumstances.

3.5 Home care hearing assistance plans

This section seeks to draw together material in this Guide which may be useful in making hearing assistance available for inclusion in a home care plan. *This is particularly important as it may be too late for a consumer to adapt to using hearing aids if they later enter residential care.*

Home care providers would need to decide the scope of hearing assistance to be offered by their service. Review of section 2 of this Guide may help in reaching this decision despite the different situation in home care. It would also be necessary to decide on the information and training needed by the staff who would directly provide this assistance.

When drawing up a home care plan a supervisor or other assessor needs to identify a consumer's possible hearing assistance needs for discussion with the consumer in developing their care plan. (See Attachment 7) If hearing assistance forms part of a consumer's care plan direct care staff would need to be guided by the content of a 'Client Hearing Impairment Information and Assistance Needs' form (or similar) prepared as part of the care plan. (See Attachment 4)

Section 2 of this Guide lists the *basic* hearing assistance which a consumer in residential care may need.

Day to day assistance with hearing aids would seldom be feasible under normal home care arrangements. However, activities listed in the adjacent box - undertaken in conjunction with a consumer - could be valuable, especially if suitable family support is not available or family members have limited knowledge of hearing assistance. The *Routine Hearing Aid Battery Change, Checking and Cleaning Record*' form (Attachment 5) may prove useful where a consumer needs assistance activity (i).

A home care service's consumers are likely to be clients a number of different hearing services providers and would normally be expected to be able to visit a provider's premises. It may sometimes be necessary for home care staff to phone a hearing services provider on behalf of a consumer to request replacement hearing aid batteries or other minor services. With respect to activity (iii) it could be helpful to a consumer and their family if a home care staff member is aware of important benefits available under the government Hearing Services Program and the general eligibility requirements.

Basic assistance which may be required to meet the needs of individual hearing aid users:

- i) Regular (normally weekly changing of hearing aid batteries and minor trouble shooting, including clearing any wax or moisture blockages from moulds or tubing. Noting signs of possible wax accumulation in the ear canal. Ordering replacement batteries. Ensuring that drying kits, where needed, are functioning satisfactorily;
- ii) Contacting the principal hearing services provider promptly to arrange assessment, fitting, servicing and repair of hearing aids; and
- iii) Assisting eligible consumers to access benefits under the Government Hearing Services Program.

Presumably direct care staff should not offer advice - rather they should suggest to the consumer or family member government sources of information regarding the HSP. See www.hearingservices.gov.au (Section 3.4 of this Guide outlines some current aspects of the HSP.)

Direct care staff may have the opportunity to suggest to consumers and family members sources of possibly useful information on assistive listening devices. (See Attachment 2 of this Guide) They may also have the opportunity to encourage - but not pressure - consumers to address an apparent hearing loss and then encourage them to persevere while adapting to using hearing aids or an alternative listening device. Some direct carers may be able to provide the type of support explained in sections 1.1 and 1.2 of Module 4: *Hearing assistance implementation and evaluation* at www.deafnessforum.org.au/resources/training-resources-in-hearing-assistance-in-aged-care-services-and-hospitals/ (See teaching-learning modules section.) However supervisors may need to consider on an individual basis the suitability of their staff to provide such support.

As in residential care, home care staff should use **appropriate communication techniques** when speaking with **all** hearing impaired consumers, whether or not they use hearing aids, and regardless of whether hearing assistance is a specified part of a consumer's care plans. (See Attachment 1)

At a minimum, **training** of care staff to perform the above responsibilities could be initiated using a free online video, which includes multiple choice quizzes and certificate of satisfactory completion. Enrolment is short and uncomplicated. See <https://hearnetlearning.org.au/enrol/index.php?id=56>

Where the above training is not available or appropriate the video may be viewed at www.youtube.com/watch?v=O15xOkOkFVQ&feature and learning checked by demonstration of skills and/or use of the questionnaire in Attachment 3(a). The above training needs to be followed promptly by hands-on practice (e.g. in a respite centre) and/or by a practical workshop conducted by a hearing services provider and possibly supported by the Prompt Cards in Attachment 3(b) of this Guide customised to meet the arrangements of a home care provider.

The free *Happy Hearing* app is a valuable on-the-job reference available from Google Play. Application is being made for it to also be available from the Apple App Store.

Attachments

Attachment 1: Tips for talking with a hearing impaired person

It can be difficult for people who have a hearing loss to communicate with those around them. Wearing an aid will help them reconnect with the world, but they also need patience and understanding from people speaking with them.

- **Face the person directly**
Talk face-to-face. Try to be at the same eye level whenever possible.
- **Avoid shouting**
Shouting will make your words less clear. Speak normally, although you may need to slow down somewhat. Clarify important information.
- **Say it a different way**
If you are not making yourself understood, find a different way of saying the same thing – rephrase rather than simply repeat the same words.
- **Let the person see all of your face**
Do not put your hands in front of your face, and try not to eat, drink, smoke or chew while talking. People use physical cues to help them understand speech, such as lip movements, facial expressions and gestures.
- **Reduce background noise**
Turn off the television or radio or move to a quieter place.
- **Make sure your own face is in a good light**
This will ensure they can see you properly, which will allow them to use visual cues to help figure out what you are saying. Don't have a light shining in their eyes.
- **Be patient**
Try not to become irritated if they cannot understand you. Be aware that they may have difficulty understanding speech even with a hearing aid.
- **Consider their needs**
Think about ways to help the person hear when organising social events. If possible seat them in a quiet spot in the dining room.
- **Give cues when talking in groups**
You will make a conversation easier to follow when everyone knows what is being discussed. Try to give some warning of topic changes. You might say something like: "I want to tell you about what happened down the street yesterday" to introduce a change of topic.
- **Talk to the person about how you can help improve their hearing experience**
By working together, you will be able to enjoy better communication.

Attachment 2: Alternative/Assistive Listening Devices - sources of information

If appropriate, **alternative** listening devices can be fitted instead of hearing aids where a consumer has a Hearing Services Program Voucher.

Assistive listening devices can also be purchased to assist with other hearing needs.

For general advice

See SHHH Australia website www.shhhaust.org

- SHHH Information Sheets (in left box)
- Sheet #9 'Assistive Listening Devices' (which includes contact details for some suppliers)

Note: If a consumer cannot visit the display room of an assistive listening devices provider, check:

- delivery charges; and
- returns policy.

Generally, a trial period is limited and returned devices must be in sale condition with undamaged packaging. A return/restocking fee normally applies.

The following providers are members of the Deafness Forum -

- *Australian Hearing* www.hearing.com.au
- ClearaSound (formerly Printacall) www.clearasound.com.au
- *Word of Mouth Technology* www.wom.com.au

Attachment 3(a): Template - Questionnaire: Assessment of learning from video *Hearing Assistance in Aged Care*

This questionnaire is designed to test essential knowledge from the video as an aid to learning and as a benchmark for necessary skills in this area of personal care. This questionnaire may be used by a trainer with a group of trainees or by an individual learner.

After viewing the video in full it may be appropriate to complete the questionnaire section by section and check responses by again viewing the relevant section of the video before moving on to the next section.

**Questionnaire: Assessment of Learning from video
*Hearing Assistance in Aged Care***

PART A

Focus Question	Answer
1. What number one enemy of hearing impaired people is likely to interfere with their easy participation in a conversation – even with a mild hearing loss?	
2. What are some of the most unfortunate side effects of hearing loss?	
3. What are some common behaviours that indicate a person may have a hearing loss?	
4. Why is getting used to a hearing aid often difficult?	
5. Is it true that the old saying “use it or lose it” applies to hearing?	

Focus Question	Answer
<p>6. What are important tactics and techniques to use to help a hearing impaired person more easily understand what you are saying?</p> <p><i>Remember: Practice is the key to applying these techniques.</i></p>	
<p>7. Are vowels or consonants more affected when high pitched speech sounds are not heard clearly?</p>	
<p>8. Are vowels or consonants more important in giving words their meaning?</p>	
<p>9. If a hearing impaired person has difficulty understanding what is said, what is the critical question to ask oneself?</p>	

PART B: Section 1

Focus Question	Answer
10. How can you know if an aid is for the user's left ear?	
11. Before inserting an ITE aid how will you normally know that it is the right way up? <i>An aid should be turned off before it is inserted into the ear.</i>	
12. Once settled into the ear how is it turned on?	
13. If an ITE aid then whistles, what should you do to stop it whistling?	
14. After the mould of a BTE aid is inserted into the ear canal, why is it then twisted towards the back of the head before being fully fitted into the outer ear?	
15. What should be done if a BTE aid whistles after the mould has been correctly inserted into the ear?	
16. After an aid has been correctly inserted into the ear and any whistling stopped, what should be the final check to ensure that it is functioning satisfactorily?	
17. After turning a BTE aid off, how do you withdraw its mould from the ear?	

Focus Question	Answer
18. Once settled into the ear how is it turned on?	
19. If an ITE aid then whistles, what should you do to stop it whistling?	
20. After the mould of a BTE aid is inserted into the ear canal, why is it then twisted towards the back of the head before being fully fitted into the outer ear?	
21. What should be done if a BTE aid whistles after the mould has been correctly inserted into the ear?	
22. After an aid has been correctly inserted into the ear and any whistling stopped, what should be the final check to ensure that it is functioning satisfactorily?	
23. After turning a BTE aid off, how do you withdraw its mould from the ear?	

Focus questions	Answers
24. When a hearing aid is not being used and is placed in its storage box or dehumidifier container, why should the battery compartment be left open (with the battery in it)?	
25. What are the brush and pick (wire loop) on a cleaning tool used for?	
26. Why must a cleaning tool, and wipes used to clean the outside of an aid, only be used for one person's aids?	
27. What is the small magnet on the end of a cleaning tool used for?	
28. Why is it important to document and report frequent removal of wax from a BTE mould or an ITE aid?	
29. What is an easy way to check if an aid is working?	
30. If an aid is not working, what are the three checks you should make first?	<ol style="list-style-type: none"> 1. 2. 3.
31. What are the two things about a new battery which should be checked before it is placed in an aid's battery casing?	<ol style="list-style-type: none"> 1. 2.

PART B - Section 2

Focus questions	Answers
32. How can corrosion be removed from battery contacts?	
33. What are the steps in washing the mould of a BTE aid and what precautions are necessary?	
34. Why should <i>only</i> the pick (wire loop) on a cleaning tool be used to remove wax from an ITE aid's sound hole?	
35. If applying lubricant to a BTE mould or an ITE aid what should be avoided?	
36. What should and should not be done if an aid gets wet?	
37. How should new tubing on a BTE aid mould be cut to the right length for the user? <i>Note: Replacement tubing and domes for "lose fit aids" are supplied in the correct length and size for the individual user so no adjustments are necessary.</i>	

Attachment 3(b): Template - Prompt cards for managing and troubleshooting consumer's hearing aids

These sheets are designed as a practical reference for nurses and carers in managing and troubleshooting consumer's hearing aids and for training purposes

Prompt Card: Hearing Assistance from Personal Carers

Effective communication

- Speak clearly – if necessary a little slower and louder but *don't shout*.
- Reduce background noise if possible – turn off TV, music etc.
- Face consumer at same eye level about 1m apart.
- Have light on your face and not in consumer's eyes.
- Keep your hands away from your face.
- If you're not understood be patient, say the same thing differently – don't just repeat it.

Inserting hearing aid into ear

1. Wash hands or wipe with antibacterial gel.
2. Wipe aid with tissue. Brush away any wax from earmould and if necessary pick wax out of openings in earmould, using consumer's **own** wax cleaning tool which has a brush and pick.
3. Close battery casing carefully then cup hand around aid. It should whistle. (If necessary hold close to your ear to check for a quiet whistle.)
 - *If no whistle* - open battery casing and check that battery has been inserted correctly then fully close battery door and cup hand check again for whistle.
 - *If still no whistle* - change battery.
 - *If still no whistle* - **advise supervisor/ hearing champion promptly.**
4. Insert earmould carefully and snugly into correct ear (Red - Right, blue –left).
With a behind the ear aid, ensure that tubing is not twisted or pinched and that aid sits comfortably behind ear.
 - *If an aid continues to whistle after insertion* - ensure earmould is sitting snugly in the correct ear and if volume can be adjusted try turning it down.
 - *If whistling continues* - **advise supervisor/ hearing champion promptly.**
5. Ask consumer one or two brief straight forward questions in a normal voice.
 - *If not understood and volume can be adjusted* - try turning it up.
 - *If still not understood* - **advise supervisor/ hearing champion promptly.**

Personal care note: Do not get the hearing aids wet (remove aids before showering). Do not use hairspray or dryer/blower near hearing aids. Turn off, and preferably remove aids while face shaving with an electric razor.

Removing and storing aids

Normally undertaken before sleep or if aid is malfunctioning.
If aid is not in the client's ear or storage container look for it before it is lost!

1. Open battery casing with thumb nail.
2. Gently withdraw earmould from ear and place in storage container ensuring battery door is partly open and battery remains in the casing.

Changing a battery

If battery lost or fails between routine changes

1. Open battery casing carefully with thumb nail.
2. Remove and discard battery, if possible using magnetic tip of wax brush to lift it out.
3. Check battery size and use by date.
4. Peel new battery off vinyl tab in packet and insert into casing with flat side (marked +) facing upwards, then gently close battery door fully.
5. Cup hand check for whistle.

Routine battery change

Normally weekly or more frequently if necessary

Clean aids with an alcohol wipe and clear wax from moulds and openings with cleaning tool brush or pick. If unsuccessful **advise supervisor/ hearing champion promptly.**

1. Order replacement batteries for consumers needing this assistance.
2. Update records.

Prompt Card: Basic Trouble Shooting

Washing mould and tubing

Wash the earmould and tubing of a behind the ear aid where wax cannot be removed with consumer's wax cleaning brush, pick or a blue wire. Wash one mould at a time to ensure moulds are re-attached to correct aids.

1. Disconnect tubing from aid (holding the hook, not body of the aid). Keep aid away from water.
2. Place earmould and tubing in a container, e.g. a small tea strainer or cup. Flow warm water through the tubing and earmould until clear of wax. If necessary use soapy water and rinse thoroughly afterwards.
3. Blow moisture from tubing and earmould with a small puffer until completely dry. (Otherwise shake firmly and drain overnight in a secure place with a note.)

No sound

- Does battery need to be changed?
- Open then close battery door to re-set to start program (in case T-switch on).
- Is battery fitted correctly and battery door fully closed?
- Is earmould and/or tubing blocked by wax and/or moisture? If unsure, *carefully* disconnect tubing from aid (holding the hook, not body of the aid). If aid then whistles there is a blockage in the mould or tubing.

Whistling

- Is earmould fitted correctly in the ear?
- If volume can be adjusted, is it too high?
- Is the earmould too loose? Sometimes a light smear of ear lubricant on sides of the earmould will stop the whistling.
- An old mould or tubing may have shrunk or cracked. If so, send to hearing services provider for replacement.
- Is ear canal blocked by wax?

Sound weak

- Does battery need changing?
- If volume can be adjusted, is it too low?
- Is mould and/or tubing partly blocked by wax or moisture?
- Is tubing twisted, pinched or shrunk with age? If necessary send to hearing services provider for replacement.
- Is there too much wax in the ear canal?
- If none of the above, consumer's hearing may have deteriorated and need reassessment.

If trouble shooting is unsuccessful

- Contact the consumer's hearing services provider.
- If aid needs repair mail to hearing services provider in a rigid container.
- Ear canals must be reasonably clear of **WAX** before hearing can be assessed or hearing aids fitted. Wax can also cause temporary hearing loss and cause aids to whistle. Arrange for ear drops and if necessary syringing or similar procedure to clear wax.

Monitor all consumers for signs of hearing loss

If necessary arrange hearing assessments and assist eligible consumers to apply for a Hearing Services Voucher – starting with obtaining the prescribed Medical Certificate.

Some common indicators of hearing loss - any one of which could indicate need for professional assessment:

- Repetition frequently requested
- Loud volume of TV or radio
- Difficulty understanding conversation in groups or noise
- Watches speaker's face and gestures intently
- Misses what is said, especially if speaker is not facing them
- Difficulty hearing phone 'rings' and / or hearing a speaker on the phone
- Responds only to loud speech or sounds and responses sometimes inconsistent with conversation.
- Withdrawing from social activities.

**Attachment 4: Template - Client Hearing Impairment
Information and Assistance Needs form**

Client Hearing Impairment Information and Assistance Needs

Client _____
Location _____



Tick as appropriate and date any changed information in the future

Client is hearing impaired but does not use hearing aid(s) or alternative devices
Client has not brought their hearing aid(s) or alternative device to hospital / respite care
Best side for communicating Both ears Right ear only Left ear only

OR

Client uses

Behind the ear hearing aid(s) In the canal hearing aid(s)
In the ear hearing aid(s) Other device _____

Worn in

Both ears Right ear only Left ear only

Battery Size

312 675
13 Other

Degree & type of hearing loss if known _____

Hearing Service Provider _____

Phone Number _____

Client Card ID # _____ *If applicable, otherwise provider may request pension # or DOB*

REQUIRES THE FOLLOWING ASSISTANCE FROM STAFF

None Inserting Aids

Removing Aids Changing Batteries at least weekly

Combined with cleaning aids(s), including cleaning any wax or moisture blockages

Volume Control *Level at which set or instructions for changing*

Comments on volume _____

Changing programs

Telecoil / T-Switch Other _____

Does client suffer from **significant tinnitus**?

Yes No

If yes, what mitigating practices and / or devices are used?

**Attachment 5: Template - Routine Hearing Aid Battery Change,
Checking and Cleaning Record form**

Attachment 6: Template - Form to accompany hearing aids sent to hearing services provider for repair

To accompany hearing aids sent to a provider for repair

Name of client: _____

Client ID #: _____

If no ID # please state Dob / / 19

Date dispatched / / 20

Items enclosed

- Right Left Hearing aid/s
 Right Left Earmould/s
 Hearing aid storage container (*Note: please mail in a rigid container*)
-

Problem/s

- weak sound got wet
 intermittent sound whistling
 dead broken shell / casing
 crackle / static / fuzzy sound volume control not working
 stuck battery/damaged battery door program control not working
 telecoil/T-switch directional/noise re-tube

Other _____

- ear hurts (please draw where)



Return arrangements

- Collect
 Post to (contact person's name)

Attention: _____

Address _____

Phone _____

Attachment 7: Template - Some common indicators of hearing loss

Some common indicators of hearing loss and its severity

Signs observed in clients that may indicate a hearing loss include:

- Frequent requests for repetition
- Does not respond when name is called or back is turned
- Loud volume on TV or radio
- Difficulty understanding conversation in groups or noise
- Responds only to loud speech or sounds
- Misses what is said, especially if speaker isn't facing them
- Responses are inconsistent with conversation
- Watches speaker's face and gestures intently
- Difficulty hearing door bell, phone 'rings' and/or difficulty hearing speaker on the phone
- Withdrawing from social activities.



If at the time of an admission assessment there has been insufficient opportunity to observe such behaviours a consumer (or if necessary a family member) can be asked:¹

- Can you hear but sometimes not understand conversation?
- Do you find it much harder to hear in noise or groups of people?
- Do you have difficulty understanding what people say unless they are facing you?
- Do you think people mumble or slur their words?
- Do you have to ask for repeats a lot?
- Do you need the TV or radio up louder than others?
- Do you find you have misunderstood the topic and are embarrassed when you say the wrong thing?
- Do you avoid group meetings, social occasions, and even family gatherings because you have difficulty hearing?
- Do you hear the phone or doorbell ring?

When assessing older consumers, it is essential not to mistake some of these behaviours as signs of

Clients with a **mild to moderate** degree of hearing loss should be identified as being hearing impaired as such loss can lead to social withdrawal and reduced quality of life.

*With a **mild hearing loss**, a person should be able to understand words spoken in quiet in an average conversational voice at a distance of one metre.²*

When speaking to a person who has even a mild loss it is important to remember that background noise and distance will make hearing difficult therefore appropriate communication techniques need to be used.

*With a **moderate hearing loss**, a person should be able to hear and understand words spoken in a raised voice [not shouting] at a distance of one metre.²*

Speech at an average conversational level will sound very soft and there will be more difficulty understanding speech at distances greater than a metre. Particularly among older people high-pitch speech sounds may not be heard making understanding difficult. Reliance on visual clues will be required to fill in what is missed. There will be difficulty following what is said in large open areas such as community rooms and outdoors unless there is close proximity to the speaker and their face can be seen.

1. Australian Hearing Information Sheet NFR143

2. World Health Organisation definition

Checklists for some common indicators of hearing loss and its severity

Name: _____ Date: _____

Signs observed in consumers that may indicate a hearing loss include:

- Frequent requests for repetition
- Does not respond when name is called or back is turned
- Loud volume on TV or radio
- Difficulty understanding conversation in groups or noise
- Responds only to loud speech or sounds
- Misses what is said, especially if speaker isn't facing them
- Responses are inconsistent with conversation
- Watches speaker's face and gestures intently
- Difficulty hearing door 'bell', phone 'rings' and/or difficulty hearing speaker on the phone
- Withdrawing from social activities.

If at the time of an admission assessment there has been insufficient opportunity to observe above behaviours a consumer (or if necessary a family member) can be asked:¹

- Can you hear but sometimes not understand conversation?
- Do you find it much harder to hear in noise or groups of people?
- Do you have difficulty understanding what people say unless they are facing you?
- Do you think people mumble or slur their words?
- Do you have to ask for repeats a lot?
- Do you need the TV or radio up louder than others?
- Do you avoid group meetings, social occasions, and even family gatherings because you have difficulty hearing?
- Do you hear the phone or doorbell ring?

Note: When assessing older consumers, it is essential not to mistake some of the above behaviours as signs of dementia. If in doubt consult an audiologist.

1. Australian Hearing Information Sheet NFR143

Attachment 8: Template - Hearing Aid Benefit Questionnaire

Hearing Aid Benefit Questionnaire

Client _____

Location _____



Please tick the best answer for each question

QUESTION 1 Do you usually wear....

One hearing aid Two hearing aids

QUESTION 2 On average how often do you wear your hearing aid(s)?

4 to 8 hours per day (*more than half of each day*)

1 to 4 hours per day (*less than half of each day*)

Occasionally (*less than 1 hour per day but more often than 1 hour per week*)

Seldom (*less than 1 hour per week*)

Never wear the hearing aid(s)

Please tell us why you never wear your hearing aid(s)

How would you describe your satisfaction with your hearing aid(s)?

Very Satisfied Satisfied Dissatisfied Very Dissatisfied

QUESTION 3 Do the following actions cause you difficulties?

	YES	NO
A Do you have difficulties positioning or removing the hearing aid(s)?	<input type="checkbox"/>	<input type="checkbox"/>
B Do you have any difficulties changing the batteries?	<input type="checkbox"/>	<input type="checkbox"/>
C Do you have any difficulties adjusting the controls of the hearing aid(s)?	<input type="checkbox"/>	<input type="checkbox"/>
D Do one or both aids whistle when in your ear and set at a comfortable hearing level?	<input type="checkbox"/>	<input type="checkbox"/>
E Does the fit of one or both hearing aids or earmoulds cause you discomfort?	<input type="checkbox"/>	<input type="checkbox"/>
F Do the hearing aids make sudden loud noises unbearably loud (not just annoying)?	<input type="checkbox"/>	<input type="checkbox"/>
G Does your own voice sound loud, hollow or as if it is echoing?	<input type="checkbox"/>	<input type="checkbox"/>
H Do other people help you adjust or handle your hearing aid(s)?	<input type="checkbox"/>	<input type="checkbox"/>

QUESTION 4 How much does your hearing aid help you with the following activities? In addition, please rate activities in order of importance to you.

	A Lot	A Little	Not at all	Help not needed	Level of Importance
Family	<input type="text"/>				
Small group conversation	<input type="text"/>				
Gatherings (e.g. meetings/church)	<input type="text"/>				
Social Activities (e.g. shopping/bowls)	<input type="text"/>				
Television an /or radio	<input type="text"/>				
Telephone	<input type="text"/>				

QUESTION 6 & 7 are for aged care recipients or hospital patients receiving assistance from staff.

QUESTION 6 How satisfied are you with the assistance you receive in managing your hearing aid(s)?

Very Satisfied Satisfied Dissatisfied Very Dissatisfied

If you are dissatisfied with the service you receive please tell why...

QUESTION 7 If you are a client of

(name of aged care facility's principal hearing services provider), how satisfied are you with their service?

Very Satisfied Satisfied Dissatisfied Very Dissatisfied

If you are dissatisfied with the service you receive please tell why...

Attachment 9: Template - Hearing Services Program Medical Certificate

Note: Include applicant's Pension/DVA card number on the Medical Certificate before forwarding the completed form to the hearing services provider.

(There is no box for this information on the Medical Certificate form.)



Australian Government

Department of Health

Hearing Services Program Medical Certificate

The Australian Government Hearing Services Program provides eligible people with access to hearing services. Services may include hearing assessments, information and support, hearing devices and fittings, and contributions to the maintenance and repair of hearing devices.

Before you can have a hearing assessment, you will need to:

- ask your Doctor to complete this form and confirm that you can be fitted with a hearing device if you need one.
- apply for the program. You can do this online at the www.hearingservices.gov.au or your hearing services provider can assist you.
- take this form to your chosen hearing services provider.

If you require further information, you can visit www.hearingservices.gov.au, email hearing@health.gov.au or call us on **1800 500 726**.

All fields are mandatory unless specified

APPLICANT DETAILS

Family Name

Given Name

Date of Birth

(dd/mm/yyyy)

MEDICAL PRACTITIONER CERTIFICATION

Practitioner Name

Medical Practitioner Stamp
(Must include Medicare
Provider Number)

Medicare Provider Number

Contact Number

Are there contraindications to the fitting of a hearing device?

YES

(may still be eligible for other hearing services)

NO

Medical Practitioner Signature

Date

(dd/mm/yyyy)

www.hearingservices.com.au

Attachment 10: Advice on insurance for hearing aids and cochlear sound processors

Hearing aids

Where a hearing aid is lost or damaged during the period covered by a Hearing Services Voucher, and the annual maintenance fee has been paid to the hearing services provider, the aid may be replaced at a nominal cost, subject to certain declarations.

This benefit does **not** however apply to any “top up” payment for a replacement hearing aid or to a hearing aid purchased privately.

Hearing aid users may therefore wish to take out insurance cover on privately purchased aids or for the amount of a significant “top up” payment made on aids provided under the Hearing Services Program.

Such insurance may be available, at an additional premium, if the aid user has contents insurance and “specifies” the aids under the policy.

If an aid user is not confined to their home or facility he/she may wish to consider taking out the cover on their aids as a “specified *portable* item” (or equivalent) to ensure that the cover applies whether inside or outside their home or facility.

Cochlear implant sound processors

Replacement cochlear implant sound processors are **not** available through the Hearing Services Program or through government grants.

Private health insurers do not cover sound processors for loss or damage. Some funds may however make an *ex gratia* partial contribution towards the cost of a replacement. However, insurance cover as outlined above for hearing aids is more certain. Some general insurers offer specific sound processor cover. An implantee’s cochlear implant services centre may be able to recommend an appropriate policy.