



Good Practice Guide

Reference resources for aged care hearing assistance programs

Version: September 2019

Deafness Forum Ltd 2019

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

Cover image courtesy of Cochlear Ltd.

Free Licence

Deafness Forum Ltd assigns the right to another party to reproduce this product for educational and training activities or customising to meet the specific needs of an aged care provider or hospital, except for commercial purposes where prior written approval must be sought from Deafness Forum of Australia. All other rights retained. info@deafnessforum.org.au

Contents

1. Background and Purpose	1
2. Hearing assistance program and staff roles	2
3. Underlying Arrangements	4
3.1 Staff knowledge and training	4
3.2 The principal hearing services provider (for residential facilities)	5
3.3 Additional information and suggestions	6
3.4 Hearing Services Program	8
3.5 Home care hearing assistance plans	10

Attachments

Attachment 1:	Tips for talking with a hearing impaired person
Attachment 2:	Alternative/Assistive Listening Devices - sources of information
Attachment 3(a):	Template - Revision Sheet for video <i>Hearing Assistance in Aged Care</i>
Attachment 3(b):	Template - Prompt cards for managing and troubleshooting a consumer's hearing aids
Attachment 4:	Template - Consumer Hearing Impairment Information and Assistance Needs form
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
Attachment 7:	Template - Some common indicators of hearing loss
Attachment 8:	Template - Hearing Aid Benefit Questionnaire
Attachment 9:	Template - Hearing Services Program Medical Certificate
Attachment 10:	Advice on insurance for hearing aids and cochlear sound processor
Attachment 11:	Cochlear implants and bone anchored hearing aids

1. Background and Purpose

This practical guide is endorsed by the Deafness Forum of Australia. The free 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 *Happy Hearing* app is a useful on-the-job reference available free from Google Play or the Apple App Store.

The *Good Practice Guide* was prepared primarily for use in **residential aged care**. 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 providers. It is therefore expected that providers 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 Hearing Australia 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 communicate 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. 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.
The champion may be an enthusiastic and respected personal carer. (Team Leaders and RNs seldom have time to also perform the champion role effectively.)
3. Hearing assistance needs are included in on-entry and subsequent periodic assessment of consumers and communicated to relevant care staff (including temporary staff).
4. Personal care staff receive necessary hearing assistance training and are aware of their responsibility to provide daily and weekly hearing assistance to consumers who need this support (see Prompt Card page 1 in Attachment 3b).
5. Supervisory staff have the skills to oversee provision of satisfactory hearing assistance expected of personal care staff and to undertake basic trouble shooting of hearing aids and identification of hearing impaired consumers (see Prompt Card page 2 in Attachment 3b).

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 appropriate 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. Ensure that non-replaceable batteries are never placed in recharging devices.
4. Implantable devices and 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 needs 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.

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

Including:

- Instructional video *Hearing Assistance in Aged Care*
- **Online training** HEARnet Learning version of instructional video incorporating multiple-choice quizzes. Completion certificate available.
- The *Good Practice Guide* provides a comprehensive reference on most aspects of hearing assistance.

The free *Happy Hearing* app provides a valuable on-the-job reference for hearing assistance. (Available in Google Play and in Apple App Store.)²

1. See section 3.2

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

3.2 The principal hearing services provider (for 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 including obtaining replacement batteries. 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: *Consumer 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. *Ready access to this information is essential.* 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 wax or 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.)
 - A 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.

-
1. The hearing services provider needs to be advised of the consumer's name and/or 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. Some aids/devices may have dehumidification boxes for storage overnight.

- 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 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 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 consumer may be eligible for free or subsidised assistance through the government Hearing Services Program. A GP will need to complete a Medical Certificate. (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 Hearing Australia. Please make arrangements for seeing these consumers directly with Hearing Australia.)

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 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 above 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 Hearing Australia 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 Hearing Australia if they are eligible for the Hearing Service 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 circumstance.

3.5 Home care hearing assistance plans

This section seeks to draw together material in this Guide that may be useful in making hearing assistance available for inclusion in home care packages. ***This is particularly important as it may be too late for a consumer to adapt to using hearing aids later in life.*** This section relates to standard home care packages and does not necessarily apply under some other funding arrangements for aged care recipients.

Identification of hearing loss and care planning

Home care providers need to establish the scope of hearing assistance to be offered by their service. Content in section 2 of this Guide may help in establishing what that scope may be in different home care situations. Accreditation 'Standard 3 (Personal care and clinical care) will only apply to organisations that provide personal care and/or clinical care. That is: Standard 3 will apply to providers delivering care and services in ... Home Care Packages ... providing nursing, personal care services. Standard 3 will not apply to providers only delivering services such as meals or other food services, transport, home maintenance or domestic assistance'. (Department of Health, July 2018) It would also be necessary to decide on the information and training needed by 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 consumer directed care plan. (See Attachment 7) The ACAT assessment may provide a starting point for discussion with the consumer and/or their family member/representative. Hearing assistance needs may also become apparent to personal carers in the course of their duties and interactions with the consumer and family members/ representative. It is important therefore that personal carers are familiar with common indicators of hearing loss.

In the 'Aged Care Quality and Standards Guidance and Resources for Providers' regarding Standard 1 - Consumer dignity and choice, dot point 'Dignity of risk' (p7) states that '... Organisations need to take a balanced approach to managing risk and respecting consumer rights. If a consumer makes a choice that is possibly harmful to them, then the organisation is expected to help the consumer understand the risk and how it can be managed. Together they should look for solutions that are tailored to help the consumer to live the way they choose.'

The Guidance (p52) states 'Hearing loss is a common condition in consumers. There is a clear link between hearing assistance and improving a consumer's quality of life. This includes less social isolation, stress and frustration, as well as reducing the risk of consumers developing medical conditions, such as depression.'

Dementia Australia states that:

- 'Age-related hearing loss is a factor that increases the risk of dementia ... however, hearing loss is only a risk factor, and having any form of hearing loss does not mean that a person will [necessarily] develop dementia.'
- 'Research suggests that people with mild symptoms of hearing loss may be twice as likely to develop dementia as those with healthy hearing. People with severe hearing loss may be five times more likely to develop dementia.'
- Taking corrective action (wearing hearing aids) over a substantial period helps to lessen the risk of developing dementia. This argues for commencing hearing aid use while receiving home care rather than deferring until later.

These are powerful considerations but staff must avoid pressuring a consumer to wear hearing aids against their wishes as this may result in abandonment of the aids. In such discussion it may be appropriate for the senior staff member to discuss possible assistance through the government Hearing Services Program. (See section 3.4) The staff member should also alert a consumer to possible insurance of aids purchased in part or whole by a consumer. (See Attachment 10)

Delivery of hearing assistance

If hearing assistance forms part of a consumer's care plan, direct care staff may need to be guided by the content of a *Client Hearing Impairment Information and Assistance Needs* form (or similar) completed as part of the care plan. (See Attachment 4)

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

Day to day assistance with hearing aids may not be feasible under 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.

For activity (ii) The *Routine Hearing Aid Battery Change, Checking and Cleaning Record* form (Attachment 5) may prove useful where a consumer needs assistance. 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.

For activity (iii)(a) Home care consumers may be clients of different hearing services providers and would normally be expected to be able to visit a provider's premises. However, home visits should be requested if necessary and feasible. With respect to activity (iii)(b) it may 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 eligibility requirements. Adequately informed direct care staff may be in a position to offer advice and to point the consumer or family member to government sources of information regarding the HSP. See www.hearingservices.gov.au (Section 3.4 of this Guide also outlines some current aspects of the HSP.)

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

- i. Timely daily insertion of hearing aids and ensuring that they are functioning satisfactorily. Removal and proper storage of aids.
- ii. Regularly (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;
- iii. (a) In conjunction with consumer, family/ representative and/or supervisor: contacting the principal hearing services provider promptly to arrange assessment, fitting, servicing and repair of hearing aids; and

(b) Assisting eligible consumers to access benefits under the Government Hearing Services Program.

Direct care staff may, where appropriate, have the opportunity to suggest to consumers and family members sources of possibly useful information on assistive listening devices. (See Attachment 2) 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 teaching-learning Module 4: *Hearing assistance implementation and evaluation* at

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

However, supervisors need to consider, on an individual basis, the suitability of their staff to provide such support.

As in residential care, *all 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 the free online Hearnnet Learning video, which includes multiple choice quizzes and certificate of satisfactory completion. Enrolment is short and uncomplicated. This video may be accessed through the above Deafness Forum resources webpage.

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 Revision Sheet 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) 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 and 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.

Adapted from Australian Hearing 'Tips for Family and Friends' NRF 3309 DEC

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 be purchased to assist with other hearing needs.

For general advice

See Hearing Matters Australia (formerly SHHH Australia) website www.shhhaust.org

Hearing Australia can also help decide which assistive device is right for a consumer www.hearing.com.au/Hearing-products/Accessories

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

- delivery charges; and
- returns policy.

Generally, any 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 - Revision Sheet for video *Hearing Assistance in Aged Care*

The Revision Sheet 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 Revision Sheet section by section and check responses by again viewing the relevant section of the video before moving on to the next section.

Revision Sheet on the *Hearing Assistance for Aged Care* video

PART A

Question 1

What is the number one enemy of hearing impaired people that is likely to interfere with their easy participation in a conversation?

Select one:

- A. Boring conversation
- B. Groups larger than two
- C. Background noise
- D. Being yelled at

Question 2

Draw a line to the correct word to complete the following statements about the most unfortunate side effects of hearing loss.

- Struggling to hear in social situations can cause withdrawal, ...
- Misunderstandings can cause confusion and even be mistaken for signs of ...
- Incorrectly responding to a conversation or noise can cause ...
- People speaking fast and mumbling can cause ...

Question 3

Which of the following behaviours is **not** typically an indication that a person may have a hearing loss?

Select one:

- A. Watching a speaker's face and gestures intently.
- B. Listening to the TV or radio on a low volume.
- C. Frequent requests for repetition.
- D. Difficulty understanding conversation in groups.

Question 4

Wearing hearing aids is often abandoned because the return of forgotten sounds, especially background noises can be overwhelming. True or False?

Select one:

- A. True
- B. False

Question 5

Which of these sayings particularly applies to hearing?

Select one:

A. The greatest gift you can give another is your attention.

B. It's a rare person who wants to hear what he doesn't want to hear.

C. Use it or lose it

D. No one is as deaf as the one who will not listen.

Question 6:

Communication is a two-way responsibility. Use the list of words at the side, to complete the following sentences about important tactics and techniques you can use to help a hearing impaired person more easily understand what you are saying:

- Speak _____ - if necessary a little slower rather than louder
- Reduce _____ noise – turn off TV, music, etc.
- Face client at same _____ level about one metre apart
- Have _____ on your face and not in client's eyes
- Keep your _____ away from your face.
- If you're not understood, say the same thing _____ – don't just repeat it.

light
differently
hands
clearly
background
eye

Question 7

Which of the following statements is false?

Select one:

A. When hearing loss is associated with aging it usually affects high pitch sounds first.

B. When a client has trouble hearing consonants using different words rather than shouting can help.

C. Vowels are more important than consonants in giving words their meaning.

D. Consonant are more affected when high pitched speech sounds are not heard clearly.

Question 8

If a hearing impaired person has difficulty understanding what is said, what is the critical question to ask oneself?

Select one:

A. Is it worth pursuing this line of conversation?

B. What could I have done differently?

C. Should I have tried to engage in conversation with this person?

PART B SECTION 1

Question 1

Draw a line to match the underlying causes of hearing aid damage with the following activities.

Moisture

Drying hair with a hair dryer.

Rubbing

Sleeping in bed at night with aids on.

Heat

Having a bath or shower.

Question 2

Use the list of words at the side, to complete the following statements about protecting hearing aids from moisture.

- Hearing aids are exposed to body warmth and _____ when worn.
- If moisture regularly accumulates in the mould or tubing it may help to store aids in an _____ container with a drying agent.
- The battery compartment should be left _____ with the battery in it when in the dehumidifier container.
- Drying agents will need to be _____ periodically and are available from hearing service providers.

Replaced

open

air-tight

sweat

Question 3

Draw a line to match the label to the correct type of hearing aid.



BTE (Behind The Ear) aid



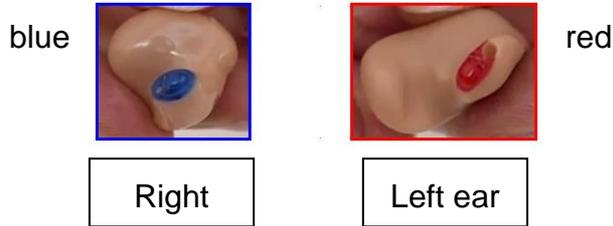
ITE (In The Ear) aid

Question 6

Before inserting a hearing aid into the ear it is important to:

- Check that the aid's battery is functioning satisfactorily by closing the battery compartment then cupping hand around the aid. If it whistles the battery is satisfactory.
- Check the colour indicators to ensure the aids are inserted in the correct ear.

Draw a line to match the labels to the correct images.



Question 7

Number from 1 - 5 to show the order in which the following steps should be carried out when inserting an ITE aid.

Steps for inserting a ITE aid

Order
(1 being the first step and 5 being the last)

- Wash hands with water or alcohol wipes and check for any blood, discharge or broken skin.
- If the aid whistles when turned on in the ear repeat the insertion process.
- Give the ear lobe a gentle pull down to make sure the aid is seated correctly in the ear.
- Check colour indicator to ensure the aid is inserted in the correct ear.
- Insert the aid the right way up so that the curve of the aid follows the curve of the ear. A removal line or air vent should sit in the forward bottom corner of the ear.

Question 8

Use the list of words at the side, to complete the following statements describing the procedure for inserting a BTE aid.

- After washing hands and asking permission of the client, check for any signs of broken skin, _____ or discharge.
- When inserting a BTE aid into the ear canal twist the mould towards the _____ of the head.
- Make sure that the top of the mould goes _____ the lip of the ear to avoid discomfort for the wearer and possible _____ irritation.
- If the aid _____ try to settle the mould better into the ear.

- whistles
- under
- blood
- back
- skin

Question 9

After an aid has been inserted and any whistling stopped what should be the final check to ensure that the aids are working satisfactorily?

Select one:

A. Stand behind the client and note if they can hear you clapping.

B. Check that the client is using their aids on your next scheduled visit.

C. Whisper and observe if the client can understand what you are saying.

D. Turn aside from the client and ask them a straightforward question in a normal voice.

Question 10

Which of the following statements about removing an aid is false?

Select one:

A. Before removing the BTE mould, gently lift the aid slightly clear of the top of the ear and then gently withdraw the mould.

B. When an ITE or BTE aid is placed in its storage box or dehumidifier container, the battery compartment should left open with the battery in it.

C. Gently withdraw an ITE aid by pulling on the removal line (if there is one) and lifting it up as you take the aid out.

E. Gently remove the mould of the BTE aid by pulling on the tubing.

Question 11

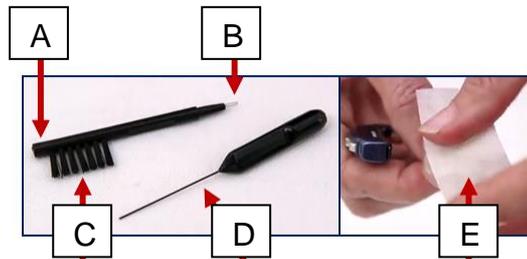
Use the list of words at the side, to complete the following statements about the use of lubricants.

- A water-based personal lubricant can be smeared onto the mould to assist with the _____ of the ear mould.
- Care needs to be taken to ensure the lubricant does not get into the _____ on the end of the mould or ITE aid.
- To avoid possible cross-infection do not let the _____ of the tube come into contact with the mould, particularly if the lubricant is being used by more than one person.

holes
insertion
tip

Question 12

Match the names of hearing aid cleaning tools with the letters in the images below:



Letter	Cleaning tool
	Wire loop
	Magnet
	Cleaning wire
	Tissue or alcohol wipe
	Brush

Question 13

Match the hearing aid cleaning tools listed below with the statement that describes their function.

cleaning wire	magnet	tissue or alcohol wipe	wire loop	brush
---------------	--------	------------------------	-----------	-------

Hearing aid cleaning tool	Function
	For picking wax out of the sound holes of an ITE aid.
	For removing the battery from the aid.
	For cleaning the outside of the mould.
	For brushing wax out of holes in the mould and removing debris.
	For sliding up and down the air vent in BTE and ITE moulds to remove wax.

Question 14

Use the list of words at the side, to complete the following statements describing the steps to take if a hearing aid is not working.

- Step 1: Check the aid is turned _____.
- Step 2: Check that the battery is fresh and working by cupping the aid in your hand and then hold it up to your ear where it should _____.
(Flat batteries is the most common reason for aids not working.)
- Step 3: If the aid doesn't whistle, check if the tubing or mould is _____ by disconnecting the tubing from the aid and repeating step 2.
- If the aid whistles the battery is working but there is a blockage in the _____ or tubing which needs cleaning.

Whistle
blocked
mould
on

Question 15

Which of the following statements about changing the battery for a hearing aid is false?

Select one:

A. Never force a battery into the compartment as this may damage the casing.

B. All types of aids take the same sized batteries.

D. Dispose of old batteries immediately to avoid confusion with the new battery.

PART B Section 2

Question 1

If wax cannot be removed from the mould or tubing of a BTE aid with a cleaning tool, the mould and tubing may need to be washed. Show the order in which you would carry out the following steps for washing a BTE mould and tubing.

Steps for washing the mould and tubing of a BTE aid

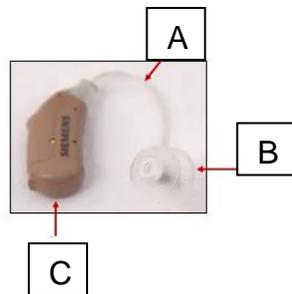
Order

(1 being the first step and 4 being the last)

- Reattach the mould to the aid, ensuring the curve of the mould and the curve of the aid follow the same line.
- Carefully detach the tubing from the aid holding the hook, not the body of the aid. Keep the aid well away from water.
- Dry the mould and tubing thoroughly with a soft cloth. Blow moisture from the tubing and mould using a small puffer until completely dry. (Otherwise tap the mould on a soft cloth and drain overnight.)
- Wash the mould in warm soapy water and rinse in running water.

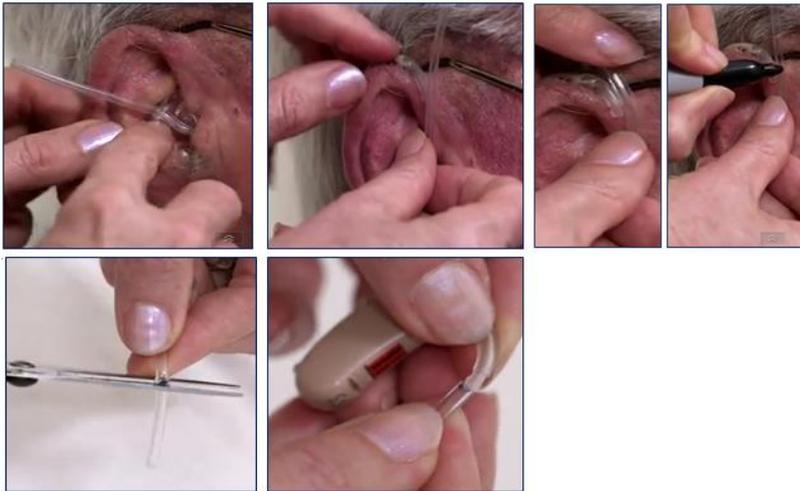
Question 2

Increasingly small light BTE aides are being fitted with very narrow tubing and 'domes' instead of moulds. Match the correct labels with the letters on the image of a small BTE aid.



Letter	Label
	Aid
	Dome (replaces the mould)
	Narrow tubing

Question 3



If the tubing or mould of a BTE aid has been replaced by a hearing service provider a mould with an attached length of tubing may be mailed back for attachment to the aid.

Use the list of words at the side, to complete the following statements describing the steps for attaching tubing to an aid.

- Step 1: Insert the _____, with attached tubing, into the ear correctly.
- Step 2: Place the _____ behind the ear in the correct position.
- Step 3: Mark tubing with a pen allowing sufficient overlap over the _____ of the aid (about 5mm).
- Step 4: Remove the mould from the ear and cut the tubing on the _____ side of the mark.
- Step 5: When attaching the new tubing to the aid ensure the curve of the mould _____ the curve of the hearing aid so it fits comfortably.

aid
matches
higher
mould
ear hook

Attachment 3(b): Template - Prompt cards for managing and troubleshooting a 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 1: 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.

For further information see free "*Happy Hearing*" app

If a client shows some common signs of hearing loss (see Prompt card 2) and advise supervisor promptly.

Prompt Card 2: 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 the battery need to be changed?
- If volume can be adjusted, is it too low?
- Is the 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 - Consumer Hearing Impairment
Information and Assistance Needs form**

Consumer Hearing Impairment Information and Assistance Needs

Consumer _____
Location _____



Tick as appropriate and date any changed information in the future

Consumer is hearing impaired but does not use hearing aid(s) or alternative devices

Consumer 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

Consumer 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*

CONSUMER 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 consumer 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 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 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 dementia.

Consumers 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. See "cerebral atrophy" on the following page.

With a **mild hearing loss**, a person may not hear soft noises. Understanding speech becomes difficult in groups, noise or at a distance.

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**, 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

Attachment 8: Template - Hearing Aid Benefit Questionnaire

Hearing Aid Benefit Questionnaire

Consumer _____

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)?

B Do you have any difficulties changing the batteries?

C Do you have any difficulties adjusting the controls of the hearing aid(s)?

D Do one or both aids whistle when in your ear and set at a comfortable hearing level?

E Does the fit of one or both hearing aids or earmoulds cause you discomfort?

F Do the hearing aids make sudden loud noises unbearably loud (not just annoying)?

G Does your own voice sound loud, hollow or as if it is echoing?

H Do other people help you adjust or handle your hearing aid(s)?

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

Medicare Provider Number

Contact Number

Medical Practitioner Stamp
(Must include Medicare
Provider 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.

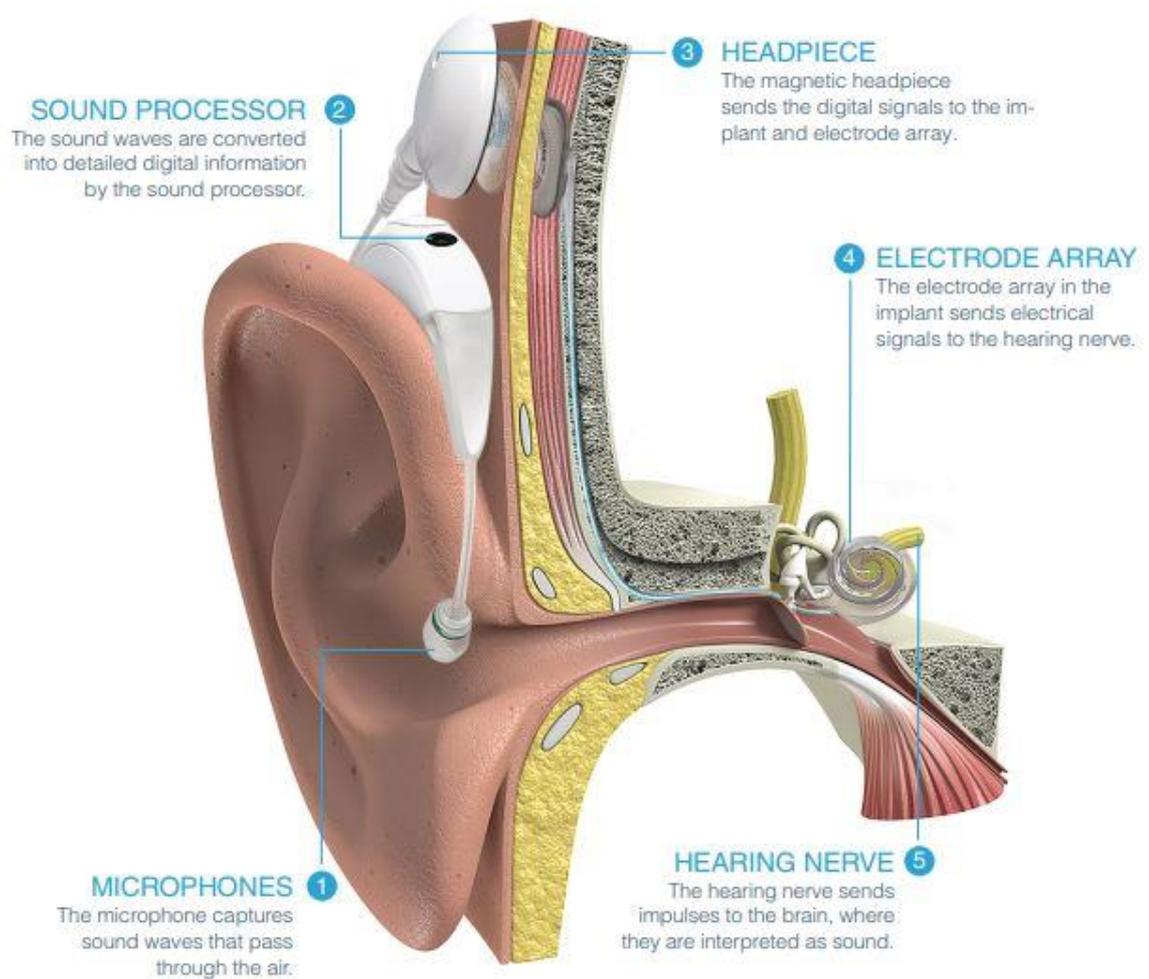
Cochlear implant sound processors

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.

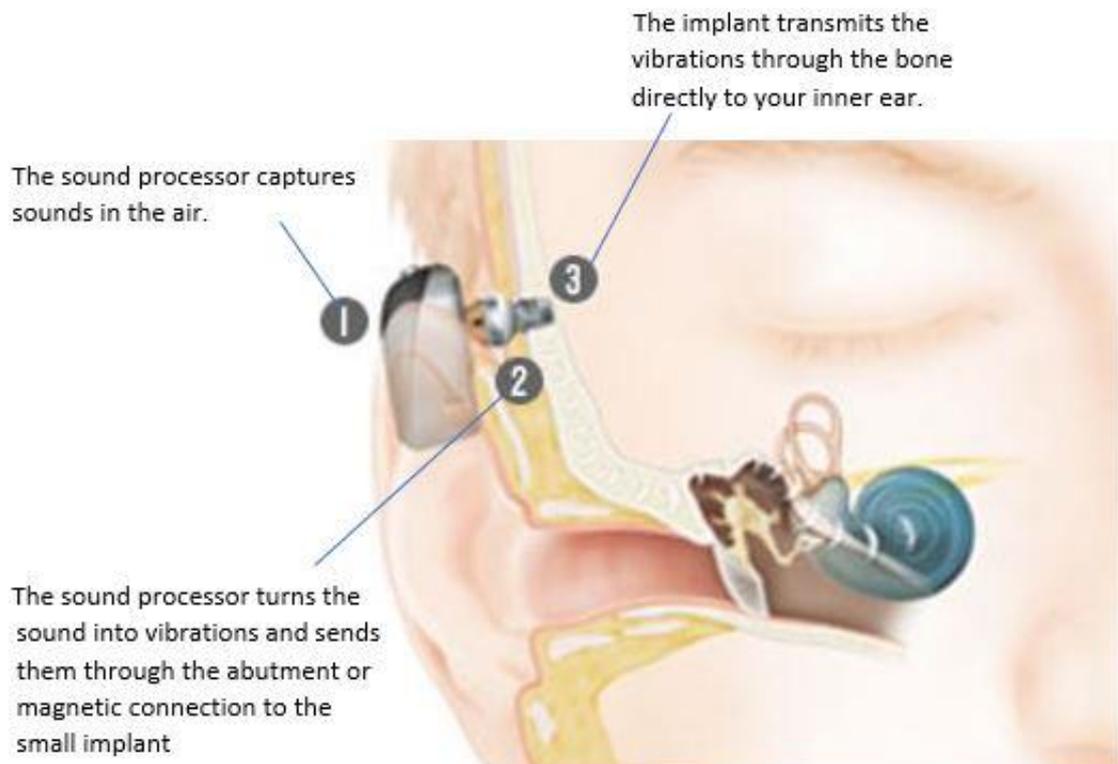
Attachment 11: Cochlear implants and bone anchored hearing aids implants

How a cochlear implant works



Courtesy of Advanced Bionics

How a bone anchored hearing aid implant works



www.cochlear.com/in/home/discover/baha-bone-conduction-implants

Information likely to be needed for basic operation of a sound processor

- How to turn processor on and off
- Positioning processor on user's head
- Volume control
- Battery options and how to change them

Diagram of placing a sound processor coil on client's head



Place the processor on the ear, letting the coil dangle.



Move the coil sideways and onto the implant (which is under the skin).

www.cochlear.com/928e32a8-f071-4d4c-a196-d014ad8c6629/en_product_cochlearimplant_nucleus_cp910andcp920_soundprocessor_user_guide_withacousticcomponent_390443_iss9_sep13_9.10mb.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=928e32a8-f071-4d4c-a196-d014ad8c6629

Cautions needed when assisting an implantee

- Check any necessary precautions before an implantee undergoes an MRI.
- Do not over-wind coil magnets to secure coil (e.g. when worn in bed) as this can result in pressure sores needing antiseptic treatment and is a potentially serious risk if not attended to satisfactorily. A 'snugfit' may help secure a sound processor worn at night.
- When a sound processor is turned off shouting into an implantee's ear will not be heard but is likely to alarm the implantee.
- Don't let sound processors be used in the shower or be exposed to hair spray or significant heat.
- Sound processors are delicate and expensive. When changing batteries etc hold them over a soft dry surface in case they are dropped.
- Ensure sound processors are either in use or in their storage container/ battery charger, and that
- non-rechargeable batteries are never put into a recharger.
- If a sound processor is mislaid search for it immediately in case it is lost or in the laundry!

Links to relevant implant providers

Cochlear Limited www.cochlear.com/au/home/support

Medel www.medel.com/en-au/support

Advance Bionics <https://advancedbionics.com/au/en/home/support/set-up-guides.html>