



Module 1:

Core skills for hearing assistance

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Aim

To assist learners gain essential practical skills as a foundation for assisting hearing impaired clients.

By the end of this module learners should have an initial understanding of

- Important impacts of hearing loss
- Tactics and techniques to use when speaking to a hearing impaired person
- Basic hearing aid management and trouble shooting skills for commonly experienced problems

Note: To achieve proficiency in the skills demonstrated in this module on-the-job or work experience *practice* is essential.

Scope

The video and associated material is useful for pre-service and in-service training of nurses and other care staff in residential and home settings and in hospitals.

An effective hearing assistance program benefits staff as well as those they care for and if performed systematically should not be time consuming.

Related modules

- Module 2: Communicating with hearing impaired clients
- Module 3: Hearing assistance needs assessment and care planning
- Module 4: Hearing assistance implementation and evaluation

1. Hearing Assistance in Aged Care

Module 1 consists of training material useful for in-service and pre-service training of nurses and other care staff in residential and home care situations and in hospitals.

The module includes:

The **instructional video**, *Hearing Assistance in Aged Care*, can be shown in a 30 minute training session;

- A **questionnaire** designed to test essential knowledge gained from the video
- **Prompt cards** designed as a practical aid for care staff and nurses in managing and troubleshooting resident's hearing aids.

1.1 Hearing Assistance in Aged Care Video

The skills demonstrated in the *Hearing Assistance in Aged Care* video are essential to all aspects of hearing assistance.

Part A opens with aged care residents talking about their experience of hearing loss and how hearing impairment affects their quality of life. Their comments are applicable to other hearing impaired people. A brief explanation of the impact of high pitch hearing loss is given. The video then promotes effective ways of speaking to a hearing impaired person.

Part B demonstrates the basic skills needed by staff to assist clients with management of their hearing aids and to trouble shoot common problems.

Teaching Aid 1: Video

Run time: (26 min 34 sec)

PART A

- 6 min 45 sec:
Aged care residents talk about their experience of hearing loss and how hearing impairment has impacted on their quality of life.
- 2 min 54sec:
The video addresses effective ways of speaking to someone with a hearing loss via a series of pictorial cartoons and comments.

PART B

- 8 min 35 sec:
Section 1: Skills for managing hearing aids. Recommended for nurses and carers.
- 8 min 21 sec:
Section 2: Further trouble shooting.

Access: www.youtube.com/watch?v=O15xOkOkFVQ&feature

1.2 Assessment of Learning from the Video

The questionnaire to assess learning from the video, *Hearing Assistance in Aged Care*, is designed to test essential knowledge gained from the video as an aid to learning and as a benchmark for the basic skills needed in this area of personal care. The questionnaire may be used by a trainer with a group of learners or by an individual learner.

After viewing the video 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.

Exercise 1: Video focus questions

Learners to answer focus questions in Assessment of Learning Questionnaire

Support materials:

Assessment of Learning Questionnaire handout (See Appendix 1).

1.3 Managing and Troubleshooting Residents Hearing Aids Prompt Cards

The **prompt cards** in Appendix 2 are designed as a practical aid for care staff and nurses in managing and trouble shooting residents hearing aids.

It is recommended that the two sheets are photocopied double sided and then laminated for reference on-the-job.

Appendix 1: Exercise Handout – Questionnaire: Assessment of Learning from video *Hearing Assistance in Aged Care*

(Cover Page)

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

PART A

Focus questions	Answers
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 questions	Answers
<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 questions	Answers
10. What are three things that can easily damage hearing aids?	1. 2. 3.
11. Why may it be advisable for aids be placing in a de-humidifier container when they are not in use?	
12. What are the initials used to describe the two common types of hearing aids?	1. 2.
13. What other programs are commonly available? <i>When a hearing aid is first turned on it will be on a program that is generally suitable.</i>	
14. When may “telecoils” be useful?	
15. If a BTE aid has a wheel with which to change the volume, which way is it turned to make it louder? and which way on an ITE aid?	
16. To avoid possible spread of infections, what should be done before handling someone’s hearing aid?	

Focus questions	Answers
17. How can you know if an aid is for the user's left ear?	
18. 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>	
19. Once settled into the ear how is it turned on?	
20. If an ITE aid then whistles, what should you do to stop it whistling?	
21. 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?	
22. What should be done if a BTE aid whistles after the mould has been correctly inserted into the ear?	
23. 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?	
24. After turning a BTE aid off, how do you withdraw its mould from the ear?	

Focus questions	Answers
25. 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)?	
26. What are the brush and pick (wire loop) on a cleaning tool used for?	
27. Why must a cleaning tool, and wipes used to clean the outside of an aid, only be used for one person's aids?	
28. What is the small magnet on the end of a cleaning tool used for?	
29. Why is it important to document and report frequent removal of wax from a BTE mould or an ITE aid?	
30. What is an easy way to check if an aid is working?	
31. If an aid is not working, what are the three checks you should make first?	<ol style="list-style-type: none"> 1. 2. 3.
32. 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
33. How can corrosion be removed from battery contacts?	
34. What are the steps in washing the mould of a BTE aid and what precautions are necessary?	
35. 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?	
36. If applying lubricant to a BTE mould or an ITE aid what should be avoided?	
37. What should and should not be done if an aid gets wet?	
<p>38. How should new tubing on a BTE aid mould be cut to the right length for the user?</p> <p><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></p>	

Appendix 2: Managing and Troubleshooting Residents Hearing Aids Prompt Cards

(Cover Sheet)

Prompt Card: Daily Hearing Assistance from Personal Carers

Effective communication

- Speak clearly – if necessary a little slower and louder. *Don't shout.*
- Reduce background noise – turn off TV, music etc.
- Face client at same eye level about 1m apart.
- Have light on your face and not in client's eyes.
- Keep your hands away from your face.
- If you're not understood, 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 and brush away any wax from mould, using client's **own** wax brush.
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* - **personal carer should advise supervisor promptly.**
4. Insert mould 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 mould is sitting snugly in the correct ear and if volume can be adjusted try turning it down.
 - *If whistling continues* - **personal carer should advise supervisor promptly.**
5. Ask the client one or two straight forward questions in a normal voice.
 - *If not understood and volume can be adjusted* - try turning it up.
 - *If still not understood* - **personal carer should advise supervisor promptly.**

Personal care note: Do not use hairspray or dryer/blower near hearing aids. Turn off, and preferably remove aids while face shaving with electric razor.

Removing and storing aids

(Normally undertaken at bedtime 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 mould 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.

To perform basic trouble shooting see over page

Prompt Card: Basic Trouble Shooting

Routine weekly assistance

- Clean aids with an alco wipe and moulds/tubing with brush or pick. If necessary wash moulds and tubing.
- Order replacement batteries for clients needing this assistance.
- Update records.

Trouble shooting

Trouble shooting is often carried out in conjunction with the **routine (normally weekly) battery change** undertaken on the same day each week (or more frequently if necessary).

Washing mould and tubing

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

1. Disconnect tubing from aid (holding the hook, not body of the aid). Keep aid away from water.
2. Place mould and tubing in a container, e.g. a small tea strainer or cup. Flow warm water through the tubing and mould until clear of wax. If necessary use soapy water and rinse thoroughly afterwards.
Blow moisture from tubing and mould 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 mould 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 mould fitted correctly in the ear?
- If volume can be adjusted, is it too high?
- Is the mould too loose? Sometimes a light smear of ear lubricant on sides of the mould 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, client's hearing may have deteriorated and need reassessment.

If trouble shooting is unsuccessful

- Contact the client'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 to clear wax.

Monitor all clients for signs of hearing loss

If necessary arrange hearing assessments and assist eligible clients 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 the need for testing:

- 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

