

# Good Practice Guide

Reference resource for aged  
care hearing assistance  
programs

Version: January 2016

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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**, and the accompanying training video **Hearing Assistance in Aged Care** which is part of an **In-service Training Pack**, are available online at

<http://www.deafnessforum.org.au/index.php/publications/112-uncategorised/240-never-too-late-to-hear-better>

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 Home Care has been added to assist in relating material in the 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 Guide refers to various categories of staff. Users of this guide will need to determine which of a facility's staff are to perform the relevant functions.

Users of this guide may find the **Modules** in the package of 'Hearing Assistance Teaching - Learning Resources' also on the Deafness Forum website provide useful additional explanatory information for reference and for in-service/ CPD purposes.

The Guide is freely available for educational 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](mailto: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. The Deafness Forum is also grateful to the staff and residents of the IRT William Beach Gardens aged care facility and volunteers of the LinkAGE Program Mater Hospital, Sydney for their participation in the hearing assistance program.

## 2. The Program

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

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**<sup>1</sup> hearing impaired residents.
- b) Identify, record and effectively communicate to personal care staff any hearing assistance needed by individual residents.

Where needed by individual residents -

- c) Timely daily insertion of **hearing aids**<sup>2</sup>, ensuring that they are functioning satisfactorily. Removal and proper storage of aids<sup>3</sup>.
- d) Regular (normally weekly<sup>4</sup>) 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 batteries.
- e) Contact a hearing services provider promptly to arrange hearing assessment, fitting, servicing and repair of hearing aids.
- f) Assist eligible residents to access benefits under the government Hearing Services Program.

### **Pre-conditions for an effective hearing assistance program**

1. Management support.
2. As part of their duties a suitable staff member (e.g. a team leader) is assigned responsibility for championing and overseeing hearing assistance in a facility or section.
3. Hearing assistance needs are included in on-entry and subsequent periodic assessment of residents.
4. Personal care staff receive necessary hearing assistance training and are aware of their responsibilities to communicate effectively and provide hearing assistance to residents assessed as needing the support stated in (c) and (d) above.

At a minimum, training of personal care staff to perform the above-mentioned responsibilities (a), (c) and (d) could be initiated using a free online video, which includes multiple choice quizzes and certificate of satisfactory completion, at:

<https://hearnetlearning.org.au/enrol/index.php?id=56>

Alternatively, the video, including the quizzes, can be uploaded to a Moodle compatible platform at: <https://deafnessforum.org.au/enabling-your-staff-or-volunteers-have-access-hearing-assistance-course-online>

Where online learning is not available or appropriate the above video may be accessed at: [www.deafnessforum.org.au/index.php/publications/112-uncategorised/240-never-too-late-to-hear-better](http://www.deafnessforum.org.au/index.php/publications/112-uncategorised/240-never-too-late-to-hear-better) and learning checked by demonstration of skills and/or use of the questionnaire in Attachment 3(a). The above training needs to be followed by on-the-job practical experience possibly supported by the prompt cards in Attachment 3(b).

Training resources for other aspects of hearing assistance can be accessed through the above Deafness Forum website.

*Please see notes on next page.*

Notes on The Program -

1. Some 85% of aged care residents experience hearing loss. Accordingly, it would be desirable for staff to use the communication techniques when speaking with all residents.
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 residents 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 residents. 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.

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### 3. Underlying arrangements

#### 3.1 Staff knowledge and training

Staff training should be based on the video *Hearing Assistance in Aged Care* which is freely available on the Deafness Forum of Australia website. The video can be viewed online or downloaded at

<http://www.deafnessforum.org.au/index.php/publications/112-uncategorised/240-never-too-late-to-hear-better>

DVDs can be purchased at cost from the Deafness Forum.

The principal hearing services provider<sup>1</sup> should if necessary be prepared to conduct practical 'hands on' in-service training supplementary to the instructional video for the senior hearing nurse(s)<sup>2</sup>, nurse educator/SDO and any other nurses with specific hearing assistance responsibilities.

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

The principal hearing services provider could be asked to conduct subsequent in-service updates from time to time, particularly if there are significant advances in hearing device technology.

Where staff have little prior experience in managing hearing aids, viewing the video should be followed by on-the-job practice and some mentoring by the senior nurse(s) and/or nurse educator/SDO if necessary.

It would be helpful if designated ENs and RNs are proficient in the use of an otoscope to check for excess ear wax 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.

Care management and relevant RNs need a general understanding of administrative aspects of the program covered in this Guide, as well as the basic skills demonstrated in the video *Hearing Assistance in Aged Care*. A general awareness of the matters covered in Modules 3 and 4 is desirable - in particular the identification of hearing loss (Module 3 section 3); a staged approach to adapting to use of hearing aids (in Module 4 section 1); and, monitoring hearing assistance outcomes (Module 4 sections 2 and 3).

It is desirable that senior hearing nurses understand much of the detail of this Guide together with the skills and approaches covered in Modules 1 to 4 as they will sometimes need to advise and mentor care staff in several of these matters.

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1. See section 3.2

2. See section 3.3

### 3.2 The principal hearing services provider

A resident 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 resident is an independent hearing aid user or only needs daily assistance to insert and remove their aids, and where the resident, or a family member, undertakes the remaining tasks necessary to manage their aids. However, where residents need additional help in managing their hearing aids it can be easier if these residents are clients of the same provider. Such a hearing service provider is referred to in this guide as the 'principal provider'.

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 visit to the facility, appointment times will need to be agreed and a suitable room made available. Staff will then ensure that residents arrive on time for appointments with the provider unless a resident is confined to their bed or unit.

### 3.3 Hearing assistance functions of unit staff, senior hearing nurse(s) and RNs

The following suggestions are provided to assist management in arriving at hearing assistance arrangements which meet the particular needs of a facility.

The functions listed below are performed by unit staff except where stated to be the responsibility of the senior hearing nurse(s) or RNs.

*A hearing assistance program is most likely to be implemented effectively and sustained if it is overseen and 'championed' by a senior nurse who has this responsibility as part of their formal responsibilities. The senior hearing nurse could be an Enrolled Nurse or an experienced certificated carer (e.g. as part of the role of a Team Leader for a group of units within a facility).*

Where residents use hearing aids or alternative listening devices:

1. The senior hearing nurse(s) should advise and mentor unit staff as necessary and conduct occasional random checks of residents' aids after insertion to ensure that this has been performed correctly.
2. The **Personal Care files** of residents who have an apparent hearing impairment – **whether or not they use hearing devices** - should be identified with the international hearing assistance symbol (which can be down loaded or an adhesive sticker purchased from SHHH, phone (02) 9144 7586). This should help to alert new or casual staff to the resident's hearing assistance needs.  
Attachment 4 - Template: *Client hearing impairment information and assistance needs* form to be completed for each resident who is identified as having an apparent hearing loss – **whether or not they use hearing devices**. This form should be placed in the resident's Personal Care file and kept up to date. Other notes regarding hearing assistance action taken should be made in accordance with organisation protocols, e.g. on the general Progress Sheet in the resident's Personal Care file.
3. **On the same day each week routinely change hearing aid batteries** where these are worn all waking hours as is usually recommended. Some aids need batteries routinely changed more frequently than weekly. Routine battery changes should ensure that residents' 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.  
Contact the principal provider to request replacement batteries (normally when the resident's spares are down to one complete packet), and if necessary also request drying agent, wax cleaning brushes and tools for that provider's clients.

Residents who are not clients of the principal provider 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 and order more batteries when down to one packet.

4. At the same time as the routine battery change **perform any necessary minor trouble shooting** as demonstrated in the training video including checking for wax or moisture accumulation in aid moulds or tubing. Request an Enrolled Nurse, RN or GP to check a resident's ears if there are indications that excess **wax accumulation** may be present in the ear canal. If excess wax has accumulated arrange ear drops and, if necessary, ask a doctor or authorised RN to syringe out the wax.

Check the performance of any alternative listening devices used in lieu of hearing aids.

As a quality control measure, record the weekly battery change and related activities on a record sheet for each resident assisted. See Attachment 5 - Template: *Routine hearing aid battery change, checking and cleaning record*

Check that a wax cleaning brush is with each resident's hearing aid storage container. (To avoid risk of cross-infection a wax cleaning brush is only to be used for the aids of the resident to whom it has been allocated.) A blue cleaning wire may be used for more than one resident if cleaned with an alcohol wipe after each use.

To meet these responsibilities unit 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 and a wax cleaning tool \*

\* Items that may be purchased from a hearing services provider

**Note:** A clean cup may be needed to soak earmoulds of a BTE aid in warm (possibly soapy) water until wax is soft enough to be removed by flowing warm water through the tubing and the mould

If tubing for BTE aids becomes stiff it should be changed by the 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. Where moulds that have been re-tubed or replaced are returned by mail to the facility, the tubing needs to be cut to the appropriate length and attached to the friction hook on the aid as demonstrated in the training video. The thinner tubing and domes for 'open fit' aids need to be replaced more frequently as recommended in the training video.<sup>1</sup>

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*

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

**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 resident'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 a resident 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 resident or their representative. The bright coloured box should attract the attention of staff (particularly casuals) undertaking the busy pre-breakfast routine.

Some residents will need an air-tight screw top storage jar which can also house a drying agent to control moisture build-up in their hearing aids or tubing. If needed these jars and replacement drying agent should be provided on request by the principal provider for their clients. (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. Be alert to signs that a resident may be experiencing hearing loss.**

*Identification of apparent hearing loss should be part of the initial assessment of a new resident/ client. See Attachment 7: Some common indicators of hearing loss.* The senior hearing nurse(s) should check this aspect of the initial assessment and ensure that hearing is part of subsequent regular assessments of all residents.

A resident 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.

Where a new resident uses hearing aids it needs to be established whether the resident 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 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 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 resident may need a hearing aid or alternative listening device.

If a resident 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 may be eligible for free or subsidised assistance through the Government Hearing Services Program. Those not eligible to receive HSP services must seek assistance from an audiologist in private practice.

### 3.4 Hearing Services Program

To be eligible for a Voucher through the HSP a resident 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.

(All Australians under the age of 26, and 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 residents directly with Australian Hearing.)

To apply for a HSP Voucher a resident, *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 resident without their stamp it is sufficient that their provider number is written in the box.) Unit staff can assist a resident 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 resident's pension or DVA card number and date of birth. If a resident does not wish to be a client of the principal provider, the senior hearing nurse should advise the resident 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 residents 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 resident's verbal approval is all that is required for this action.

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

Prospective cochlear implantees who meet the eligibility criteria listed at the top of this 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.

**Where a resident is not eligible to receive a Voucher**, the senior hearing nurse should discuss with the resident and/ or power of attorney the desirability of seeking an assessment through a hearing services provider<sup>2</sup> if they may need to purchase hearing aids or an alternative listening device.<sup>3</sup>

The senior hearing nurse should advise residents 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 resident has contents insurance the aids may be covered under that policy for an additional premium. See Attachment 7: *Advice on insurance for residents' hearing aids*.

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 resident's hearing aid or ALD was fitted under the Hearing Services Program, and has been lost or damaged beyond repair, the resident 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 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.

The administration fee may be waived where the resident 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 resident has dementia.

The resident's circumstances need to be discussed with the hearing services provider when the above mentioned statutory declaration is lodged. The resident'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.

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<sup>2</sup> A person can only be a client of Australian Hearing if they are eligible for the Hearing Services Program.

<sup>3</sup> Alternative listening devices are generally a cheaper option than hearing aids but may be less effective depending on the nature of the resident's hearing loss and social circumstances.

### 3.5 Home Care

This section seeks to draw together material which may be useful in making hearing assistance available for inclusion in a consumer directed home care plan. This is particularly important as *it may be too late for a client to adapt to hearing aid use by the time they enter residential care.*

Home care providers need to decide the scope of hearing assistance to be offered by their service. Review of section 3.3 in this Guide, 'Hearing assistance functions of unit staff, senior hearing nurse(s) and RNs', should help in reaching this decision despite the different situation in home care. The provider also needs to decide on the information and training required by the staff who directly provide this assistance.

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

Day to day assistance with hearing aids - activities (i) and (ii) - would seldom be feasible under normal home care arrangements. However, activities (iii), (iv) and (v) - undertaken in conjunction with a client - 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 client needs assistance activity (iii).

A home care service's clients will seldom all be served by the same hearing services provider and would normally be expected to be able to visit their provider's office. The concept of a principal hearing services provider (included in section 3.2 of this Guide) is therefore not relevant to home care. It may however sometimes be necessary for home care staff to phone a hearing services provider on behalf of a client to request replacement hearing aid batteries or other minor services.

Based on Section 2. The Program, in this Guide.

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

- i. Inserting and removing hearing aids and checking that inserted aids are functioning satisfactorily;

Where a resident uses an alternative listening device in lieu of hearing aids any necessary assistance needs to be established;

- ii. Ensuring that aids are stored properly and that drying kits, where needed, are functioning satisfactorily;
- iii. Regular (normally weekly) changing of hearing aid batteries and minor trouble shooting, including clearing any wax blockages from moulds or tubing;
- iv. Contacting a hearing services provider promptly to arrange assessment, fitting, servicing and repair of hearing aids; and
- v. Assisting eligible residents to access benefits under the government Hearing Services Program.

With respect to activity (v) it could be helpful to a client and their family if a home care staff member, or their supervisor, is aware of important benefits available under the government Hearing Services Program and the general eligibility requirements. Presumably direct care staff should not offer advice - rather they should suggest to the client or family member government sources of information regarding the HSP. (Section 3.4 of this Guide outlines some current aspects of the government program.)

Where a client has to meet the full cost of hearing aids, or make a significant 'top up' payment for partially subsidised hearing aids, see Attachment 10 regarding insurance.

Direct care staff may have the opportunity to suggest to clients 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 - clients to address their 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 training Module 4: *Hearing assistance implementation and evaluation* (see below). However supervisors may need to consider the suitability of their staff on an individual basis.

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

Training for direct care staff is essential.

At a minimum, training of personal care staff to perform the above-mentioned responsibilities could be initiated using a free online video, which includes multiple choice quizzes and certificate of satisfactory completion, at: <https://hearnetlearning.org.au/enrol/index.php?id=56> Alternatively, the video, including the quizzes, can be uploaded to a Moodle compatible platform at: <https://deafnessforum.org.au/enabling-your-staff-or-volunteers-have-access-hearing-assistance-course-online>

Where online learning is not available or appropriate the above video may be accessed at [www.deafnessforum.org.au/index.php/publications/112-uncategorised/240-never-too-late-to-hear-better](http://www.deafnessforum.org.au/index.php/publications/112-uncategorised/240-never-too-late-to-hear-better) and learning checked by demonstration of skills and/or use of the questionnaire in Attachment 3(a). The above training needs to be followed by 'hands on' practice (e.g. in a respite centre) possibly supported by the prompt cards in Attachment 3(b) of this Guide customised to meet the arrangements of a home care provider.

Training resources for other aspects of hearing assistance can be access through the above Deafness Forum website.

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## 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. [See Attachment 10]
- **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 resident 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](http://www.shhhaust.org)

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

**Note:** If a resident 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](http://www.hearing.com.au)
- *Printacall* [www.printacall.com.au](http://www.printacall.com.au)
- *Word of Mouth Technology* [www.wom.com.au](http://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 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. 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 questions	Answers
18. What are three things that can easily damage hearing aids?	1. 2. 3.
19. Why may it be advisable for aids be placing in a de-humidifier container when they are not in use?	
20. What are the initials used to describe the two common types of hearing aids?	1. 2.
21. 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>	
22. When may “telecoils” be useful?	
23. 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?	
24. To avoid possible spread of infections, what should be done before handling someone’s hearing aid?	

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"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>
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"> <li>1.</li> <li>2.</li> </ol>

## 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?	
38. 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 client's hearing aids**

These sheets are designed as a practical aid for nurses and carers in managing and troubleshooting client's hearing aids.

It is recommended that the two sheets be copied double sided on a coloured sheet of paper and then laminated for reference on-the-job.

## 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.

**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*

**CLIENT 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 \_\_\_\_\_



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

*By courtesy of IRT William Beach Gardens*

(The William Beach Gardens schedule has been amended to provide a generic version)



**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 resident**.....

Client ID #..... If no ID # please state Dob     /     / 19

Date dispatched     /     / 20

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

Other.....  
.....

ear hurts (please draw where)



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**Return arrangements**

- Collect
- Post to (contact person's name)

Attention:.....Phone:.....

Address.....  
.....

.....Postcode.....

**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 client (or if necessary a family member) can be asked:<sup>1</sup>

- 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 clients it is essential not to mistake some of these behaviours as signs of dementia

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.<sup>2</sup>*

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.<sup>2</sup>*

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.

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1. Australian Hearing Information Sheet NFR143  
2. World Health Organisation definition

**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)

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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...

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**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...

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## **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](http://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](http://www.hearingservices.gov.au), email [hearing@health.gov.au](mailto: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)

## **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 client has contents insurance and “specifies” the aids under the policy.

If a person 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 the client is 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: Essential reference information on basic operation of cochlear implant sound processors

(With brief reference to other implantable hearing assistive devices.)

- **Cochlear implants** are the most common hearing implants in Australia and can help some people with moderate sloping to severe or profound sensorineural hearing loss in the inner ear.
- **Other implantable devices** can help some people with conductive, mixed or single side hearing losses in the outer or middle ear.

Both types of devices have an external sound processor and an implant under the skin behind the ear.

Implantable hearing devices will be encountered increasingly in hospitals and aged care. There are several makes and models already on the market and technology is advancing rapidly. Some clients will require assistance to manage these devices and sometimes family or friends will not be available to help them. Staff will need to provide that assistance.

### 1. How implantable hearing assistive devices work

A basic knowledge of how the devices work may help in understanding the operation of their external components.

The following links may be of assistance:

#### 1.1 Cochlear implants

- *How a cochlear implant works* (1 min 54 sec)  
<https://www.youtube.com/watch?v=zeg4gTnYOpw> (1min 54 sec)  
<https://www.youtube.com/watch?v=Ojx9M2vpcAU> (45 sec)

*Hybrid cochlear implant system - combined implant and hearing aid system*

<http://www.cochlear.com/wps/wcm/connect/au/home/discover/cochlear-implants/the-nucleus-6-system/six-reasons/use-natural-hearing>

[www.medel.com/au/cochlear%20implants](http://www.medel.com/au/cochlear%20implants) (first 2 min 15 sec of video)

Scroll down to 'Med-el videos', click on 'Watch our videos' and go to 'EAS'.

#### 1.2 Other implantable devices

- *Bone conduction implants*  
[www.cochlear.com/wps/wcm/connect/au/home/discover/baha-bone-conduction-implants](http://www.cochlear.com/wps/wcm/connect/au/home/discover/baha-bone-conduction-implants)
- *Middle ear implants* (first 2min 5sec of video)  
[www.medel.com/au/vibrant-soundbridge](http://www.medel.com/au/vibrant-soundbridge)

## 2. Basic operation of cochlear implants

1. Identify the make and model of implantable hearing device.
2. Refer to the relevant hearing implant manual. The manuals are generally lengthy but contents lists facilitate ready access to relevant operational matters. For some models there are also useful quick reference guides.

### 2.1 If the client has a Cochlear Ltd cochlear implant

**Cochlear Ltd** pioneered the manufacture of cochlear implants and has produced several models as technology advanced.

If unsure of a client's Cochlear Ltd sound processor model it can be checked against Chart 1.

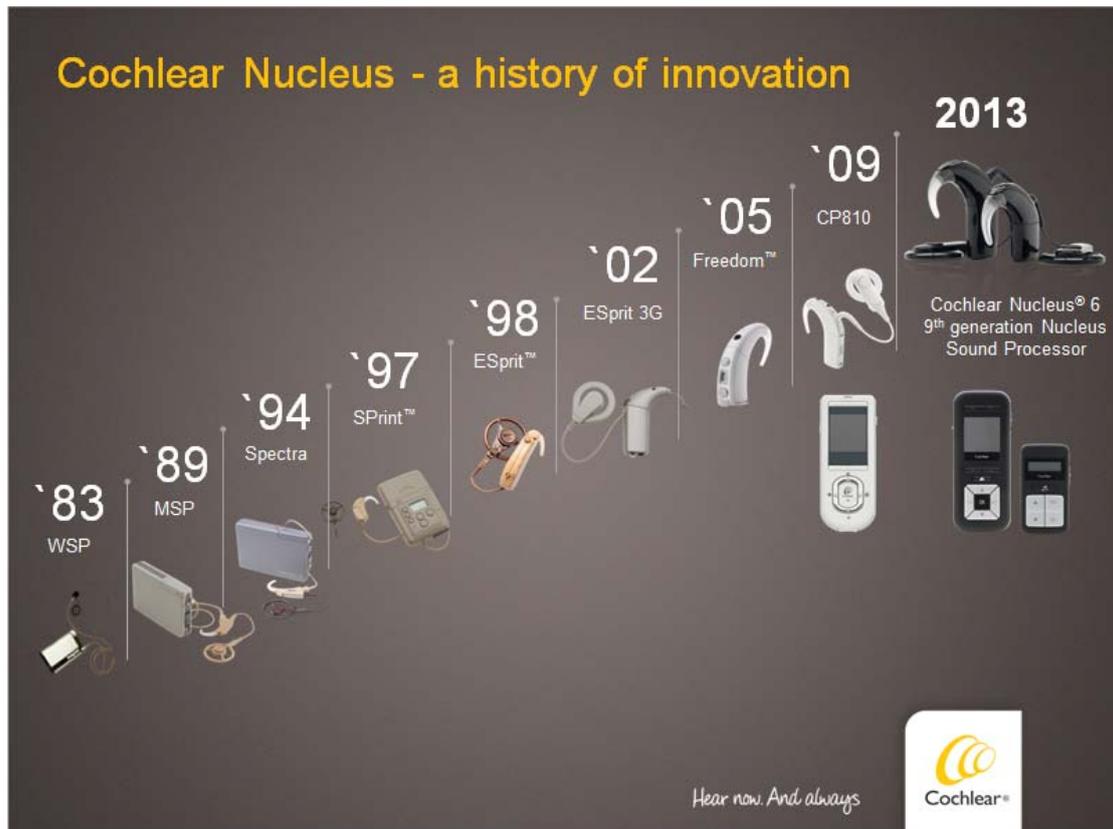
### Cautions!

- Before an **MRI** scan is undertaken cochlear implant safety and imaging considerations need to be considered.

Also check regarding other devices creating an electromagnetic field near an implant.

- Sound processors are delicate and expensive devices and should be handled with the same care as hearing aids.
- Be aware that when a cochlear implant sound processor is turned off and/or removed from the client's head the user is unlikely to hear anything through the implanted ear. When a hybrid cochlear implant system is used it would be prudent to establish in advance whether the user can reliably hear unaided speech when the device is removed.
- Other cautions may be listed in the user guides.

Chart 1: Nine generations of Cochlear™ Nucleus® Sound Processors <sup>4</sup>



**Note on the chart:**

- CP810 is the **Nucleus 5** sound processor together with its **Remote Assistant**.
- At 2013 the **Nucleus 6** sound processor is accompanied by its **Remote Assistant** and its **Remote Control**.

<sup>4</sup> Courtesy of Cochlear Limited

Once you have identified the model go to Cochlear website support page at [www.cochlear.com/wps/wcm/connect/au/home/support/cochlear-implant-systems/other-generations](http://www.cochlear.com/wps/wcm/connect/au/home/support/cochlear-implant-systems/other-generations) for further information such as user manuals, quick reference guides and check guides

**Other generations**

Information on the everyday use, care and maintenance of the Nucleus® Freedom®, ESPrit™ 3G, ESPrit™ / ESPrit™ 22 and the SPrint™.

- Nucleus® Freedom®
  - Freedom interactive troubleshooting guide (For all sound processor wearing options including the BTE, behind the ear, Mini BTE, Bodyworn and Babyworn.)
  - User manual - Nucleus Freedom Speech Processor with BTE, Mini BTE, Bodyworn and Babyworn Wearing Options
  - Quick start guide - Nucleus Freedom Speech Processor with BTE, Mini, Bodyworn and Babyworn Wearing Options
  - Troubleshooting guide - Nucleus Freedom behind the ear sound processor
  - Troubleshooting guide - Nucleus Freedom body worn sound processor
- ESPrit™ 3G
  - User manual - ESPrit 3G sound processor and accessories
  - Quick reference guide - ESPrit 3G sound processor
  - Quick check - ESPrit 3G sound processor
- ESPrit™ / ESPrit™ 22
  - User manual - ESPrit / ESPrit 22 sound processor and accessories
  - Quick check - ESPrit / ESPrit 22 sound processor
- SPrint™
  - User manual - SPrint sound processor and accessories
  - Quick reference guide - SPrint sound processor
  - Quick check - SPrint Sound Processor
- Spectra
  - Quick check - Spectra Sound Processor

**Support**

- Rehabilitation resources
- Cochlear Implant systems
  - Nucleus® 6 system
  - Nucleus® 5 system
  - Other generations
  - Upgrade to Nucleus® 6 System
  - Living with your device
  - Care and Maintenance
  - Cochlear™ Wireless Accessories
  - Accessories
  - Warranty
- Baha® System
- Cochlear™ Wireless Accessories
- Hybrid™ System
- Service Plans

## 2.2. If a client has an **Advanced Bionics** cochlear implant

- *Naida CI Q70 User Guide*  
[https://www.advancedbionics.com/content/dam/ab/Global/en\\_ce/documents/recipient/AB\\_Naida\\_CI\\_Q70\\_User\\_Guide.pdf](https://www.advancedbionics.com/content/dam/ab/Global/en_ce/documents/recipient/AB_Naida_CI_Q70_User_Guide.pdf)
- *Neptune User Guide*  
[https://www.advancedbionics.com/content/dam/ab/Global/en\\_ce/documents/recipient/AB\\_Neptune\\_User\\_Guide.pdf](https://www.advancedbionics.com/content/dam/ab/Global/en_ce/documents/recipient/AB_Neptune_User_Guide.pdf)

## 2.3. If a client has an **Med-el** cochlear implant

- *Support information*  
<http://www.medel.com/au/user-support>  
<http://www.medel.com/easyguide-app>
- *For Sonnet audio processor (Me 1310)*  
[https://cochlearimplanthelp.files.wordpress.com/2015/07/aw31902\\_10\\_sonnet-user-manual-en-english-us.pdf](https://cochlearimplanthelp.files.wordpress.com/2015/07/aw31902_10_sonnet-user-manual-en-english-us.pdf)
- *For Rondo audio processor (Me 1100)*  
<https://cochlearimplanthelp.files.wordpress.com/2014/05/med-el-rondo-user-manual1.pdf>
- *For Opus 2 audio processor*  
<https://cochlearimplanthelp.files.wordpress.com/2012/03/med-el-equipment-guide.pdf>
- *Opus 2 audio processor trouble shooting*  
<http://s3.medel.com/pdf/22365.pdf>

## 3. Other implantable devices

Cochlear Ltd and Med-el **outer and middle ear** implants are available in Australia.

The following websites may be helpful starting points:

- *Cochlear's range of solutions*  
[www.cochlear.com/wps/wcm/connect/au/home/discover](http://www.cochlear.com/wps/wcm/connect/au/home/discover)
- *Implant Solutions* [www.medel.com/au/implantsolutions](http://www.medel.com/au/implantsolutions)

## 4. Useful contacts in Australia

- [www.cochlear.com/wps/wcm/connect/au/contact](http://www.cochlear.com/wps/wcm/connect/au/contact) Phone 1800 620 929
- [info.australia@advancedbionics.com](mailto:info.australia@advancedbionics.com) Phone 02 8858 1600
- [www.medel.com/au/contact](http://www.medel.com/au/contact) Phone 1300 744 782