

HEARING LOSS:

*a manual for staff
in aged care facilities*

Information for working with residents
who are hard of hearing.

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About this Manual

The following information is designed as a practical guide for staff working with residents who are living with hearing loss. Hard of hearing/hearing impaired residents may or may not use hearing aids.

This Manual follows the format of Hearing Link education sessions that can be provided to staff, carers and family members in aged care facilities and the community. The content of both this manual and the sessions has been developed in response to questions, requests and inquiries from carers, staff and volunteers who work with people who are hearing impaired. The information provided is of practical and applicable benefit to staff and workers and applying the information can greatly enhance a hard of hearing individual's social interactions and quality of life.

HEARING LOSS

Hearing loss is a common problem among all of us. At least 1 in 6 Australians report that they have a significant hearing loss. As we age hearing is more likely to deteriorate. The age at which deterioration starts and how quickly it proceeds depends on factors such as general health, level of noise exposure and any history of disease.

Statistics show that 1 in 3 people over the age of 65 can expect to have trouble with their hearing and 2 out of 3 people in aged care facilities have significant hearing impairment that affects their quality of life, comprehension of information and relationships.

Impact of hearing loss

Hearing loss among the elderly is particularly common and can be misinterpreted as a problem of cognitive function rather than difficulty with hearing. Unidentified hearing loss can lead to a gradual withdrawal from previous activities, poor relationships with family and a feeling of inadequacy and/or shame. Depression is a serious and common complaint amongst hard of hearing people.

Hearing loss has been identified as a factor in accelerated onset and symptoms of dementia.

Hearing loss can be hard to recognise

When hearing deteriorates slowly the individual often finds ways of minimising the effects of fading hearing such as lip reading, avoiding social situation where there is a lot of background noise and becoming good at using non-verbal cues such as facial expressions body language and gestures. Hearing loss may not be recognised because of these coping strategies and because loss happens gradually. In fact other people often notice the hearing loss before the person who has it. These coping strategies require a lot of concentration and the ability to continue compensating for hearing loss can be compromised during illness or with vision loss.

What do hard of hearing people hear?

When it comes to hearing loss, misunderstandings abound. A person who cannot hear well is likely to experience frustration and impatience from others. Difficulty in understanding speech is one of the major problems for older people with hearing loss. This is most noticeable during group conversations, listening to TV or radio, in meetings, church or theatre. Background noise can interfere with comprehending speech and this is even worse when wearing a hearing aid.

When hearing deteriorates with age, sensitivity to high-pitched sounds fades first. This means that sounds like “s”, “f”, and “t” will be harder to hear than others. So words that are quite different can sound the same like, *tea/pea/key, shop/shot/shock, fine/shine/sign*. Sentences such as “*Do you sleep well?*” and “*Do your feet swell?*” may sound the same for people with hearing loss.

COMMUNICATION TIPS WHEN SPEAKING WITH PEOPLE WHO ARE HARD OF HEARING

1. Get the person's attention

Touch their arm or call their name

2. Look at the person as you talk

Don't turn away
Don't cover your lips
Don't eat or smoke
Don't walk around the room

3. Speak naturally although at a slightly raised volume but don't shout as this often distorts sound

4. Use simple language

Rephrase your message if it is not understood
Don't use unnecessary words
Don't use long sentences

5. Avoid background noise

Turn down radios etc
Move away from any loud noise

6. Give clues

Use your hands
Use facial expressions
Gestures help a lot

7. Move into light

Don't stand with your back to a window or bright light
Keep your face out of shadows

8. Be patient

Take time to make sure that you are understood and be prepared to repeat your self
Don't be afraid to ask the person to repeat what you have said

9. Identify your topic

Say the key word first

10. Use open ended questions

Questions should require a response not just yes or no answers

11. Respond to inappropriate responses

Don't repeat but rephrase
Ask them to repeat what they heard

HEARING AIDS

Most, although not all, residents who are hard of hearing will have hearing aids. Overwhelmingly, one of the main issues faced by staff when working with hard of hearing residents is that they either refuse to wear their hearing aids or are extremely uncomfortable wearing them and “fiddle” constantly.

This may be for a number of reasons:

- The aids are not working properly (see “Troubleshooting Common Faults With Hearing Aids”)
- The amplified sounds are too confusing or distorted to clearly distinguish speech (see “Communication Tips”)
- Cracking or sores in or around the ear so that wearing aids hurt.

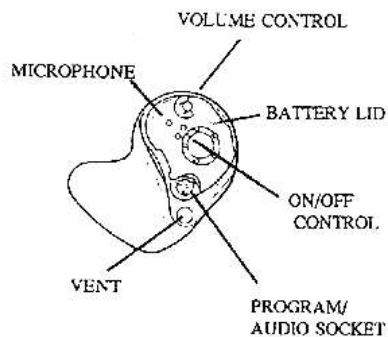
What does a hearing aid sound like?

Hearing aids do not replace normal hearing and amplify sound and deliver it directly to the ear. Generally aids do not distinguish between loud and soft sounds or relevant and irrelevant sounds. For example, somebody speaking and the sound of paper rustling may be heard at the same level of loudness. Additionally, as hearing loss generally happens quite slowly, the sudden avalanche of noise when wearing an aid can be distressing and/or tiring.

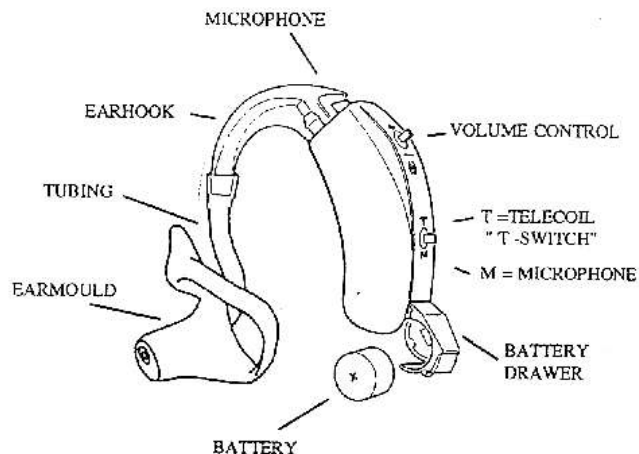
Types of hearing aids

Hearing aids may be worn behind the ear or completely in the ear.

AN IN-THE-EAR AID



A BEHIND-THE-EAR AID



Typical behind-the-ear and in-the-ear aids are illustrated:-controls and marking will vary on aids of different manufacture. The smaller the aid the smaller the switch and volume controls. The battery is also smaller. Some aids have remote control units that may help manipulate the controls more easily. Generally all aids are digital although analogue aids may suit some forms of hearing loss.

It is recommended that residents handle the hearing aid and try all the controls before making a decision about the type of aid to be chosen.

It is also recommended that aids be fitted with a telecoil or “T” switch. This feature allows for aids to be used in conjunction with assistive listening devices and places where there are “loops” are found such as community halls, cinemas and the telephone receiver.

So what is this T switch people talk about?

The T stands for telecoil. It indicates that the aid has the capacity to pick up sound directly from the magnetic field created by feeding sound into a coil or loop of wire – an audio induction loop.

In an induction loop system, sound from microphones, public address systems, home TV or radio or other sound sources is fed through an amplifier and then to a loop of wire placed around the perimeter of a room or public hall. The total area or part of the room or hall maybe looped. Smaller areas such as a bank teller’s booth or ticket office can also be looped. An individual loop worn around the neck or an induction plate worn next to the aid are other alternatives.

The small coil in the earpiece of modern telephones also serves the same purpose.

When switched to the T position, the hearing aid responds only to the sounds coming from the loop. This means that the microphone of the aid is not operating, so unwanted and distracting noise is not picked up, which can often be a distinct advantage. When using a T switch the volume of the aid may need to be increased.

TROUBLESHOOTING COMMON FAULTS WITH HEARING AIDS

Hearing Aid not working	
Battery	Is it flat? Wrong type in aid? Inserted wrongly? No battery at all?
Mould	Is it blocked with wax? Is there moisture in the tubing? Is the tubing twisted?
Switch	Not ON? On "T" position? Is it broken?
Ear Hook	Is it squashed?

Whistling or "Feedback"	
Mould	Is it in correctly? Is the mould on the wrong aid (ie. left instead of right?) Is the mould split Is the tubing loose? Is the mould a poor fit?
Tubing	Is it loose? Is it split? Is it broken?
Ear Hook	Is it loose? Is it split?
Ear	Is there excess wax in the ear?
Hearing aid	Is the volume too high? Is the aid faulty?

Hurts ear	
Mould	Is it correctly placed in the ear? Is it in the correct ear? Is it a poor fit? Is the surface of the mould rough?
Tubing	Is it too short? Is it split? Is it brittle or hard?
Ear Hook	Are there allergies to the mould material? Are there infections or sore spots?

Intermittent (goes on and off)	
Hearing Aid	Is the switch loose?
Battery	Are the contacts corroded or dirty? Are vents blocked on battery?
Mould	Is it partially blocked (eg with moisture)?

Distorted , unclear, muffled or buzzing sound	
Mould	Is it partially blocked with wax or moisture?
Hook	Is filter partially blocked with moisture?
Tubing	Is it kinked? Is it blocked with wax or moisture?
Client	What are their expectations and listening conditions?
Hearing Aid	Is the aid faulty? Did the aid get wet? Is it on "T" switch?

Low Power	
Ear	Does the client have a cold (that is hearing poorer than normal)?
Mould	Is it partially blocked with wax or moisture?
Tubing	Is it partially blocked with wax or moisture?
Hearing Aid	Is it the client's aid or someone else's? Is the volume turned down?
Battery	Is it the wrong type? Is it flat or nearly flat?
Ear Hook	Is it squashed? Is it blocked with wax or moisture?
Client	If nothing wrong with aid hearing may have deteriorated and a retest is required which is free of charge for a voucher client.

TECHNOLOGY

There have been significant developments in technology recently that can assist people with hearing loss to hear more easily and to therefore participate more fully and for longer in their normal activities. Some technology is designed to enhance safety and is tailored specifically for people with significant sensory loss including hearing loss.

Assistive Listening Devices

There are a variety of assistive listening devices (ALDs) currently available. These devices assist with hearing and generally use infra red or FM technology. Some of these can be used in conjunction with hearing aids or as a replacement for aids

ALDs have been demonstrated to be extremely helpful for hard of hearing residents to hear televisions and radios or speech at a volume that is comfortable for others in the room.

Feedback indicates that ALDs can often be more useful for residents than hearing aids as the sound is clearer, controls are easier to use and they are considered to be more comfortable to wear.

Smoke detectors, door bell alarms, telephone alerts

These devices provide visual signals or vibrate to alert hard of hearing people to any alarms or visitors.

Telephone and mobile phone aids

A variety of aids are available to assist hard of hearing individuals to use the telephone or a mobile phone. Often the telephone is a vital link to family for residents and these aids can help residents continue to use the phone for longer.

Captions

Captions are available on most television programs, television commercials, videos, DVDs and cinema screenings. They recreate the entire sound track in text format usually at the bottom of the screen so that the viewer can read it.

Captions are coloured and positioned on the screen to show each characters speech. Sound effects, music and other audio cues are also incorporated in the captions so that all relevant information is available to the viewer. This is the main difference between captions and subtitles because subtitles just show a translation of the dialogue into English.

To use captions for TVs you will need a teletext TV press the 8-0-1 on the remote or purchase and install digital set top box.

ENTITLEMENTS

Commonwealth Hearing Services Program

A free hearing assessment and provision of hearing aids OR Assistive Listening Devices are provided under this Program. For a small yearly charge hearing aids can be serviced and batteries regularly supplied.

To be eligible for the Hearing Service Voucher that will provide this service, individuals must submit a photocopy of one of the following cards as proof of eligibility:

- Pensioner concession
- Centrelink Sickness Allowance
- DVA Pensioner Concession
- White Health Repatriation Card
- Gold Repatriation Card

Department of Veteran Affairs Rehabilitation Appliance Program

Tasdeaf has an arrangement with the Department of Veteran Affairs to provide advice, testing and supply of Assistive Listening Devices (ALDs) to Gold and White card holders. Tasdeaf have a range of the most up to date ALDs and clients test the devices before ordering. Clients referred for this service are provided with an individual appointment to trial the most appropriate ALD, are followed up for suitability and then arrangement is made for direct delivery of the chosen ALD.

This service requires a referral letter from the client's audiologist to Hearing Link. This letter can be faxed (6249 8818) or emailed to info@hearinglink.com.au

Other safety equipment such as door alarms can be considered for DVA gold and white card holders

Telstra Disability Equipment Program

This program has been designed to provide eligible customers with specialised equipment so they can access the standard telephone service. To be eligible a customer must pay a Telstra bill/Telstra client. Just call 1800 068 424 and request a telephone to assist hearing loss and/or sight difficulties

SUPPORTS TO HELP STAFF MAINTAIN HEARING AIDS and ASSIST HARD OF HEARING RESIDENTS

1. Check the admission file – does a resident have hearing loss and wear hearing aids, and who is to be responsible for the care and maintenance of aids?
2. Enter any information or action regarding hearing aids into Nurses' notes.
3. Consider having cleaning tools, battery tester and perhaps purchasing an assistive listening device to be stored at the Nurses' station.
4. Be aware of efficient communication methods when working with people who are hearing impaired (see Communication Tips).
5. Maintain awareness of the use of appropriate assistive technology such as ALDs and Telstra Disability Equipment Program and of DVA entitlements for residents.
6. Consider the environment in terms of “hearing friendliness”. For example the amount of light, carpeting, non-metal furniture and use of tableclothes.

Possible Admission File Information example:

COMMUNICATION

HEARING

Is there a hearing impairment? Yes No Left Ear Right Ear
Degree of impairment? Mild Moderate Profound
Has your hearing been tested? Yes No How long?.....
Do you wear hearing aids? Yes No Left Ear Right Ear
Who provided your hearing tests?.....
Who provided your aids?.....
When did you last see your service provider?.....
Are your aids to be managed by staff? Yes No

INFORMATION RE AIDS AND CARE OF AIDS

What size batteries do the aids take?.....
How often are the batteries changed?
Cleaning regime?

LANGUAGE/COMMUNICATION

Primary Language.....
Are there problems with comprehending what is being said? Yes No
Are there problems with use of words? Yes No
Is there a diagnosed problem? Aids?.....