Operational guide for use of patient personal listening devices

Promoting Hearing Therapy and Patient & Public Involvement

Improving Trust wide communication
Inpatient personal listening devices

For the benefit of patients and of staff involved in their care, personal listening devices are to be available on every ward in our hospitals (except for Women’s and Children’s wards).

Each ward will have one or two devices, depending on the specialism, with an accompanying guidance booklet (with a loan log in the back).
Device box contents

- **Neck loop** (worn by hearing aid wearers)
- **2 x AA batteries**
- **Device stand** (optional)
- **Device** (with colour contrasted stickers applied, for a patient who also has visual impairment)
- **Headphones** (worn by people who do not wear hearing aids)
- **Ear buds** (5 x spare sets)
Important

• Listening devices mainly help people with mild to moderate hearing loss. Lack of sound clarity can be an issue for some people which is why it is important to speak clearly and write down key information to clarify.

• Each personal listening device is powered by two AA batteries, each with approximately 90 hours of charge.

*Each ward is responsible for replacing the batteries as needed.*
Taking extra care

Some patients may be considered ‘high risk’ or vulnerable, so a risk assessment must be carried out before giving a device to a patient. The device set has small parts, a neck loop and cabling (potential ligature), which could be hazardous.

Patients who deliberately self-harm or who have cognitive impairment for example, may need to be accompanied whenever they are using the device, for their own safety.

Patients with pacemakers or in-dwelling cardiac devices must not use the device. (Copper wire in neck-loop).
When to offer a listening device to your patient

• If hearing loss is declared or suspected, offer the use of the listening device for the duration of the patient’s stay

• People who are not hearing aid wearers, use the device while wearing the headset with a new set of ear-buds for each patient

• Hearing aid wearers wear the neck loop, which has an induction loop inside, switching their hearing aid to the ‘T’ position (see Slide 6)

*Remember to complete the device loan log and ensure they are returned and cleaned on patient’s discharge
How to wear the device

Hearing aid users wear the neck-loop

The hearing aid should be switched to the ‘T’ setting:

People who do not use hearing aids wear the headset

The jack plug on the end of the neck-loop and headset cables connect to the device.

*If you would like to learn more about hearing aids, please complete the e-learning course ‘Introduction to Hearing Aids’
When to use the device

- A hearing aid user may choose to wear the neck loop all day with the device switched on, but this is not encouraged due to battery life.

- It is recommended that the patient switches on the device just when approached by a member of staff, or when talking with visitors or other patients.

- Patients not wearing hearing aids may choose to have the device and head-set to hand to use when they need to.

*If there are risk issues, the patient must not use the device when unattended.*
How to use the device

On/off switch and volume control

The green light shows that the device is on

Tone adjuster

Connector in the socket with the headphones symbol

Microphone

Make sure the device dial is in the ‘off’ position (shown above right) before patient’s first use, as the volume level rises steeply on adjustment.
Guidance on cleaning

• Remove the batteries and wipe clean the outer casing, the head-set or neck-loop with detergent wipes such as Clinell

• Remove the ear-buds and dispose of them after each patient has finished using the device

• If there is an infection control concern, follow the steps above then clean the device and its components with Actichlor

*If you have any queries, please contact Infection Control for advice
Introducing #hello my name is...

The Trust has joined the nationwide campaign to change the way staff communicate with patients, which was initiated by a terminally ill doctor called Kate Granger, following a stay in hospital which left her feeling dehumanised.

The aim is for staff to be more ‘personable’ when arriving at a patient’s bedside, by making eye contact, introducing themselves by name and role and briefly explaining the purpose of their visit.

*Contact the Trust’s project lead Julie Bruce-Watt, Lecturer Practitioner on extension 5634 (GRH) for further information*
Good communication and the use of alert signs

**Hearing loss:**
Always introduce yourself #hello my name is..., addressing the person by name to get their attention and moving into their line of sight. Make eye contact and **speak clearly** in their view. Don’t shout. If the patient does not understand you, try a different approach: re-phrase or make greater use of gestures.

**Sight loss:**
Address the person by name to get their attention. Always introduce yourself #hello my name is..., saying which department you are from and the purpose of your visit/conversation. Talk through your actions as you carry out your procedure(s).

**Altered cognition:**
The purple butterfly alerts staff to a patient’s need for extra support due to a cognitive impairment. It is appropriate to display the purple butterfly for a patient with dementia or a learning disability, for example, follow Trust protocol for use.
Remember . . .

✓ Always introduce yourself  #hello my name is...

✓ Consent is needed before displaying the hearing loss, sight loss or butterfly sign

✓ All wards have ‘The Hospital Communication Book’, which is helpful to use with people whose first language is not English, or who have a learning disability or impaired cognition

✓ Translators, including British Sign Language translators, can be contacted from each ward through the Translation and Interpreting Service at The Big Word on 08007 573100
Further help

- Carol McIndoe
  Disability Equality Officer
  Monday to Friday, 8.30am – 4.30pm

- Joanne Dutton
  Advanced Hearing Therapist
  Monday to Wednesday, 8.00am – 1.00pm

- Lynne McEwan
  Senior Nurse / Safeguarding Vulnerable Adults
  Monday to Friday, 8.30am – 4.30pm

- Julie Bruce-Watts
  Monday – Friday, 8.30am – 4.30pm

- Infection Control
  Monday to Friday, 8.30am – 5.00pm