

For Consumers with Hearing Loss: A Kit For Better Health Care Access

The Health Care Committee of a.b.c., wishes to thank
Hearing Loss Association of America, (HLAA) of Bethesda, Maryland and
Lydia Cruzen for permission to reprint excerpts from the booklet
“Communication Access in Medical Facilities.”

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This kit is designed to help you achieve hearing accessibility in health care settings. It explains:

Your rights under the Americans with Disabilities Act	Page 1
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You Need to Take the Responsibility	Page 5 – 8
How to File a Complaint, Sample Letter	Page 9
Names and Addresses of Agencies to Receive Complaints	Page 9
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It also includes:

- Information on where to get the International Hearing Access Symbol Stickers
- Identification Placard for over a hospital bed or on a room door
- **Communication Tips** Sheets
- **This Patient Wears a Hearing Aid** sheet to give to the nursing staff during your hospitalization and link to instruction sheet
- **This Patient Has A Cochlear Implant** (if you have a cochlear implant it is most important for the Health care staff to have this information)
- Information on Accessing Interpreter Services.
- Link to **Ototoxic Medications: Drugs that can cause Hearing Loss and Tinnitus** (pamphlet) http://www.lhh.org/about_hearing_loss/understanding/OtotoxicBrochure.pdf

If you have any questions or require further assistance contact the Health Care committee of **a.b.c.** or the Center for Health Care Access (**CHCA**) at the Center for Hearing and Communication (address below).

a.b.c. and CHCA offer in-service training for hospitals and their health care personnel. This includes sensitivity training, a list of equipment necessary to assure hearing accessibility to patients, and other relevant materials.

*Please be an advocate for yourself and others.
Share this information with your hospital.
Have them contact a.b.c. or CHCA*

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YOUR RIGHTS UNDER THE AMERICANS DISABILITIES ACT

The Americans with Disabilities Act (ADA) was signed into law on July 26, 1990. As a consumer with a hearing and/or visual loss, this law gives you some very specific and important rights.

Title III of the Americans with Disabilities Act prohibits discrimination against people who are deaf, deaf/blind, or hard of hearing in places of *public accommodation*. Included within the definition of a *place of public accommodation* is the professional office of a health care provider, (regardless of the size of the office or the number of employees), as well as facilities that treat in-patients. The ADA therefore applies to doctors, dentists, psychiatrists and psychologists, hospitals, nursing homes, health clinics, and all other providers of mental and physical health care, public and private.

All health care providers (including doctors and dentists) must make sure that they can communicate effectively with their patients who are deaf, deaf/blind, or hard of hearing by providing *auxiliary aids and services*. This expressly includes the use of qualified interpreters, transcripts of services or written material, as well as one-to-one communicators. It may also include the provision of telecommunication devices for the deaf, (known as TTY's, TDD's or text telephones), telephone handset amplifiers, telephones compatible with hearing aids, and television decoders. This law, under certain limited and specific conditions, may also apply to family members.

EDUCATE yourself as to what your needs are to make communication easier and as to what you are entitled. **Your** job is to transmit this information to your physicians and health care providers. **EDUCATE them** about **your** needs and **their** responsibilities under the law.

REMEMBER

THE ADA HAS GIVEN YOU THESE RIGHTS!!

**THIS LAW WILL ONLY BE USEFUL
IF YOU MAKE IT WORK FOR YOU**

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GLOSSARY ON HEARING LOSS

Hearing Impaired – a general term used to describe all types of hearing loss, ranging from a very minute loss to profound deafness. Hearing impairment is the single most prevalent chronic physical disability in the United States, affecting one person out of every ten.

Deaf – a condition in which receivable sounds – including speech – have no meaning for ordinary life purposes.

Hard-of-Hearing – a condition where the sense of hearing is defective but functional, usually with the use of hearing aids, for most life purposes.

Amplified Telephone – a telephone equipped with a dial, slide, or button either on the handset, the base, or attached to the telephone externally. This enables the user to increase the volume of the in coming sound.

Assistive Device – one of a large number of auxiliary aids such as amplifiers, captions, flashing lights, vibrating signalers, etc. that are helpful in communicating information to people who are deaf or hard of hearing.

Assistive Listening Systems – adjuncts to public address systems which bring sound directly to the ears of hard of hearing people. Infrared, FM and Audio Loop systems are the most widely used.

Cochlear Implant – a device which is surgically implanted and restores sound perception to people with severe to profound hearing loss. It consists of a microphone, speech processor, transmitting coil, and an implanted receiver stimulator and electrode array.

Computer Assisted Real Time (CART) – a system where the words of the speaker are transcribed onto a screen through the use of a computer.

Hearing Aid – a mechanical device which affords hearing assistance in varying degrees, but does not restore normal hearing.

Hearing–Aid Compatible Telephone – a telephone containing an induction coil compatible with the T-coil or “telephone switch” installed in many hearing aids.

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One-to-One Communicator – one of several similar devices that will allow most people with hearing loss, when their hearing aids are temporarily unavailable, to hear the voices of attending personnel.

Sign Language – a form of communication in which hand shapes represent entire words or phrases.

Sign-Language, Cued Speech or Oral Interpreter – a professional certified in interpreting speech into sign language or cued speech and vice versa, or who will silently mouth the speaker’s words to assist people with impaired hearing to understand what is being said.

Signaling Devices – flashing lights and pillow/bed/body-worn vibrators that signal when the telephone rings. These may also signal warning alerts such as a fire siren. The pulsing will differ or an indicator will show which signal is activated.

Speech/Lip Reading – the ability to use a person’s lip movements and facial and body gestures as an adjunct in comprehending speech. Skill in this ability varies considerably as only 30% of speech is visible on the lips.

Telephone Relay Service – enables hearing, deaf, hard-of-hearing, hearing impaired or speech impaired people to conveniently “talk”, by telephone (using a third party) any time of day or night. All calls are strictly confidential.

TTY (Teletypewriter for the Deaf) – a text telephone machine similar to a typewriter which is coupled to a telephone or is directly connected to a telephone line. It has message display for those who cannot hear over the telephone and or a print out (it may be called a TDD or a text telephone). It is also available with large print.

TV Closed Caption Decoder – (not needed for TV’s built after 1993 and only useful if the TV program has been captioned). Text will appear on the TV screen as it does when foreign movies are subtitled.

Voice Carry Over (VCO) – allows persons with hearing loss, who can voice their portion of a telephone conversation, to speak directly to the party they have called and receive a typed message back via the Relay Services operator.

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HEALTH CARE PROVIDER RESPONSIBILITIES

HOSPITALS

As a patient who is hard of hearing or deaf in a hospital, *in addition* to the rights that apply to all patients, you are also entitled to the following equipment (assistive devices) and services:

- a volume-controlled/hearing aid-compatible telephone.
- a text telephone known as a TTY.
- a visual/tactile telephone signaler.
- a visual/tactile fire/smoke alarm signaler.
- a TV caption decoder with all educational videos captioned.
- a one-to-one communicator.
- a qualified/certified oral/cued speech/sign/tactile language interpreter available at your bedside within 10 minutes for emergency conditions or 20 minutes for non-emergency conditions when medical information needs to be relayed.
- personnel sensitive to and trained in communicating with people with a hearing loss.
- personnel familiar with hearing aids, assistive listening devices and telephone relay services.

OTHER HEALTH CARE FACILITIES

As a patient with a hearing loss you are entitled to:

- personnel sensitive to and trained in communicating with people with a hearing loss.

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- personnel familiar with hearing aids, assistive listening devices and telephone relay services.
- a sign language/cued speech/oral/tactile interpreter for special or complex situations. These include the history and physical exam, discussing the diagnosis and treatment options, and the explanation of detailed information and/or procedures. This must be agreed to and arranged for with sufficient advance notice. You can not be charged an additional fee for this service. If your reading comprehension is sufficient, the health care provider may provide you with written instructions/information instead. *It is up to you not the health care provider to make the determination as to what services you feel you need for optimal understanding.*

YOU NEED TO TAKE THE RESPONSIBILITY

You are the patient. Ultimately, *you* need to take responsibility for *your* health care. Being a patient can be a frightening experience. Being informed of your medical condition, various options and expected outcomes can lessen the anxiety. Remember, you are entitled to these rights. Take advantage of them. Do not join the silence. You already live there!!

IN A HOSPITAL (if it is not an emergency)

Notify the Admissions Office/Patient Representative **at least one week in advance** of your entering the hospital as to which equipment and services you will need. **Do not let the hospital discourage or refuse your request.** You may also ask your physician's office to assist with the request if you experience any difficulties.

Ask that a copy of **TIPS FOR COMMUNICATING** be placed on the inside cover of your medical record. You may also wish to have a copy placed on the door of your room and another over your bed next to the placard "I Have A Hearing Loss."

Ask that the **INTERNATIONAL SYMBOL OF DEAFNESS** sticker be attached to your chart, wristband, and on the intercom switch for your room at the nursing station. These stickers can be ordered from HLAA (Hearing Loss Association of America).

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Since different health care personnel will be seeing you it will be necessary to keep reminding them of your hearing and/or visual loss and telling them how best to communicate with you. Do not become frustrated with this constant repetition.

Be sure you clearly understand any medications given to you including dosage, purpose, and precautions. Repeat instructions to make sure you understand them fully. Ask for written instructions/directions if that will be more reassuring to you, or if you have any questions concerning your health.

Along with your hearing aids, and/or cochlear implant take a storage container and extra batteries, a pen and paper, and your personal communication equipment (e.g. one-to-one communicator) with you. Although the hospital is required to provide most assistive devices, it is much easier if you bring your own. This way, you know for certain that you have it. Remember, the hospital may not be responsible for any loss of equipment.

It is also in your best interests to check with a patient representative at you local hospital and at any other hospitals with which your doctors are affiliated to be certain they are aware of the needs of people who are deaf, deaf/blind, or hard of hearing, and to make sure that these entitlements are available.

IN OTHER HEALTH CARE FACILITIES

Ask each of your health care providers to attach the **TIPS FOR COMMUNICATING** sheet to the inside of your patient record. An **INTERNATIONAL SYMBOL OF DEAFNESS** sticker should be placed on the outside of your chart. This will ensure that anyone who picks up your record will immediately be aware of your communication needs.

IN A WAITING ROOM

Tell the receptionist that you have a hearing and/or visual impairment and that you may not hear your name when called. If you have vision, seat yourself so that you may see the face of the receptionist if possible. Explain how they can best communicate with you, that they need to get your attention and that they may have to come into the waiting room to get you when it is your turn to be seen.

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IN THE RADIOLOGY DEPARTMENT

If you have a cochlear implant be aware of possible damage to the implant by certain procedures (See this Patient Has a Cochlear Implant sheet). Technicians often give instructions from another room or to your back. Explain that you are deaf/hard of hearing and that you cannot understand unless you can see his/her face. Suggest that a light be used to signal when to take a deep breath/hold, and again when you may resume normal breathing. Be sure you understand all instructions/directions before a procedure begins. If you are blind, suggest that they tap your shoulder when you should hold your breath, and tap you again when you may continue breathing.

UNDERGOING A SURGICAL PROCEDURE

Find out about the policy of wearing your hearing aids during surgery. You may be able to keep them. Be sure your doctor, surgeon, and anesthesiologist are aware of your hearing loss. Inquire about any procedure or medication that might affect your hearing. Be sure to read the Center for Hearing and Communication's pamphlet OTOTOXIC MEDICATIONS, and bring a copy with you to show your physician. Indicate that you may not be able to understand anyone wearing a surgical mask. Ask to receive any directions or instructions prior to the doctors putting on their masks. Once their masks are on and they are sterile, they may not remove their masks. If you have a question after the doctors are masked and dressed, ask one of the operating room staff to write down the answer for you so that you may read it.

EYE EXAMINATION

Explain to the examiner that you may not be able to see his or her face in a darkened room or without your glasses. Suggest that hand or finger gestures be used to indicate when you need to look up, down, read the chart, and so forth.

DENTAL OFFICE

Advise your dentist that you are unable to see his or her face when he/she using a face mask. Urge him/her to use a transparent shield. Suggest s/he write or diagram the plan so that you understand the procedures at the outset. We suggest removing your hearing aids prior to the start of a dental procedure, as the amplified noise of a dental engine is uncomfortable and could possibly cause additional hearing loss.

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Most health care providers are eager to help you understand, but may need to be told how to best help you. Be cooperative and pleasant, but be assertive and persistent in relating your communication needs.

REMEMBER:

THE ADA IS ONLY USEFUL IF YOU MAKE IT WORK FOR YOU.

IT'S YOUR RESPONSIBILITY AS WELL AS YOUR RIGHT!

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HOW TO FILE A COMPLAINT, SAMPLE LETTER NAMES AND ADDRESSES OF AGENCIES TO RECEIVE COMPLAINTS

If you have been hospitalized and denied the equipment and/or services to which you were entitled and were not able to resolve the problem during your hospital stay, you should write a letter to the Hospital Administrator.

If a satisfactory reply still is not received within a reasonable period of time, you can register your complaint with the other agencies listed below. Attach a copy of your original letter to the hospital. You can use the sample letter below as a guide.

SAMPLE LETTER

Dear Sir or Madam,

I was a patient at (the name of the facility) at (address) from (day of admission to day of discharge). I am (hard of hearing, deaf, deaf/blind), and despite my request for certain specific services, I did not receive them. Specifically, I requested (list the equipment or the services asked for). Under the Americans with Disabilities Act, by Federal Law, I am entitled to these services.

I would appreciate your investigating this matter and advising me of the disposition of my complaint. Thank you for your assistance.

Sincerely,

Letters should be sent to:

Public Access Section
Civil Rights Division
U.S. Department of Justice
P.O. Box 66738
Washington, DC 20035-6738

In New York, with a copy to:
Commissioner of Health
New York State Dept. of Health
Corning Tower, Empire State Plaza
Albany, NY 12237

advocates for better communication would also appreciate your sending them a copy of all correspondences and results.

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CHECKLIST TO EVALUATE HOSPITAL ACCESSIBILITY

Use this form as a guide to find out if your hospital meets your needs

HOSPITAL CHECKLIST

Date: _____
 Hospital Name: _____ Address: _____
 Contact Person: _____ Telephone: _____

	YES	NO
Is a symbol used for patient identification:	<input type="checkbox"/>	<input type="checkbox"/>
over patient's bed with patient's permission?	<input type="checkbox"/>	<input type="checkbox"/>
on patient's wristband?	<input type="checkbox"/>	<input type="checkbox"/>
on all records?	<input type="checkbox"/>	<input type="checkbox"/>
Is 24-hour access to qualified sign/oral language interpreters available?	<input type="checkbox"/>	<input type="checkbox"/>
Are the following devices available?		
patient Amplified & Hearing-Aid-Compatible telephone	<input type="checkbox"/>	<input type="checkbox"/>
patient Text Telephone also known as TTY or TDD	<input type="checkbox"/>	<input type="checkbox"/>
signal devices on patient telephones	<input type="checkbox"/>	<input type="checkbox"/>
one on one communicator (Pockettalker, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Are there Public amplified and Hearing-Aid-Compatible Telephones & TTYs		
in the Emergency Room area?	<input type="checkbox"/>	<input type="checkbox"/>
in the Main Lobby?	<input type="checkbox"/>	<input type="checkbox"/>
in the Surgical Waiting Area?	<input type="checkbox"/>	<input type="checkbox"/>
TTY (Text Telephones) for incoming calls are:	<input type="checkbox"/>	<input type="checkbox"/>
where? _____		
Does the hospital have an Audiology Department/Program	<input type="checkbox"/>	<input type="checkbox"/>
Is a Patient Information Booklet available?	<input type="checkbox"/>	<input type="checkbox"/>
Does it contain a description of special services for patients who are deaf and hard of hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Is it distributed to all patients?	<input type="checkbox"/>	<input type="checkbox"/>

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IDENTIFICATION STICKERS INTERNATIONAL HEARING ACCESS SYMBOL

- These stickers can be useful in identifying you as a patient with hearing loss. This removes the need to tell each person with whom you come in contact that you are hard of hearing or deaf. These can be ordered from HLAA (Hearing Loss Association of American) <http://www.hearingloss.org/bookstore/index.asp>
- Upon admission to the hospital it is suggested that the Admission Desk place a sticker on your hospital chart and on your identification wristband.
- When you are assigned to a room, a sticker should be placed on your room intercom at the nursing station since you may not be able to hear via the intercom. This will alert staff that you have a hearing loss.

IDENTIFICATION PLACARD

The next sheet is illustrated below:



This placard is intended for use over your bed and/ or on the hospital room door. You can print out a copy of this placard on the next page.

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**I have a hearing problem!
Please face me when you speak!
*Thank you!***

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TIPS for COMMUNICATING WITH SOMEONE WHO IS HARD of HEARING or ORAL DEAF



GET THE PERSON'S ATTENTION FIRST!



FACE THE PERSON – HAVE LIGHT ON YOUR FACE



SPEAK UP, BUT DO NOT SHOUT



**SPEAK SLOWLY AND CLEARLY – DON'T
OVEREMPHASIZE**



**CUT OUT BACKGROUND NOISE BY TURNING OFF TV OR
RADIO**



**DON'T HIDE YOUR MOUTH WITH YOUR HAND OR AN
OBJECT**



**REPHRASE RATHER THAN REPEAT A MISUNDERSTOOD
SENTENCE**



**WRITE IMPORTANT INFORMATION TO BE SURE IT IS
UNDERSTOOD**



**HAVE THE PERSON REPEAT VITAL FACTS TO BE SURE
THEY ARE CORRECT**

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TIPS for COMMUNICATING WITH SOMEONE who is DEAF & USES SIGN LANGUAGE



GET THE PERSON'S ATTENTION – A WAVE, A LIGHT TAP ON THE SHOULDER, OR OTHER VISUAL SIGNALS ARE SUGGESTED.



FACE THE PERSON AND POSITION YOURSELF SO THE LIGHT IS IN FRONT OF YOU. BE SURE YOU ARE CLEARLY VISABLE.



KEEP HANDS AND OBJECTS AWAY FROM YOUR MOUTH AND FACE WHILE SPEAKING.



INFORM THE PERSON WHEN THE TOPIC UNDER DISCUSSION IS CHANGED.



TO FACILITATE COMMUNICATION, USE PAPER AND PENCIL, TTY, OR COMPUTER TO WRITE MESSAGES BACK AND FORTH.



TO BE SURE THE PERSON IS UNDERSTANDING, REPHRASE AND ASK FOR FEEDBACK. USE BODY LANGUAGE AND FACIAL EXPRESSIONS TO SUPPLEMENT YOUR COMMUNICATION.



USE A QUALIFIED OR CERTIFIED SIGN LANGUAGE INTERPRETER WHEN COMMUNICATING MEDICAL INFORMATION.

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Should you be hospitalized it may be helpful to give an instruction sheet about hearing aid care. The New York Chapter of the Hearing Loss Association has a very helpful website at http://www.nysashhh.org/hearing_access/. Specifically, a poster called, “**THIS PATIENT WEARS HEARING AIDS**” which can be printed directly from their website at http://www.nysashhh.org/hearing_access/this_patient_poster.htm and distributed to hospital personnel. The full document contains visuals of various hearing aids and batteries.

The text of the document is as follows:

THIS PATIENT WEARS HEARING AIDS

HOW TO OPERATE

- 1) The hearing aid should be removed every night and inserted in the morning.
- 2) Before it is inserted, check that it is working. Turn the aid full-on and cup it in your hands. If you hear a whistle (feedback), the aid is working.
- 3) Set volume and switches. Some hearing aids have both a volume control wheel and a switch with letters such as O (Off), T (Telephone), and M (Microphone = On). Others have the on-off switch built into a rotating volume control wheel.
- 4) Insert the aid into the patient’s ear. First check to see that you have the correct ear; then use a gentle twisting motion to seat it well. If possible, check with the patient for optimal volume and comfort.

A hearing aid is not supposed to whistle when worn. If it does, be sure the earmold and/or hearing aid is seated properly (and in the correct ear). If the whistle cannot be eliminated by fit, you may have to turn the volume down to eliminate the whistle. In case of problems, consult an audiologist. Wax or other obstructions in the ear, or in the aid, can be a cause of feedback.

IF THE AID DOES NOT SEEM TO WORK:

- 1) Check switch and volume control settings.
- 2) Check to be sure earmold/tubing are not blocked with wax or other foreign matter.
- 3) Try a new battery. The battery must be installed correctly (“+” on battery matches “+” on door).

When the aid is put away, turn off and open battery door; store aid in its case in a cool, dry place.

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Should you be hospitalized it is essential that the attached information about a cochlear implant – **This Patient Has A Cochlear Implant** – be given to your medical team.

THIS PATIENT HAS A COCHLEAR IMPLANT

WHAT IS A COCHLEAR IMPLANT?

A cochlear implant is a device which restores sound perception to children and adults with severe to profound hearing impairment. It consists of an external headpiece and a speech processor which may be worn either on the body or behind the ear. A transmitting coil is attached to the outside of the scalp, a receiver is surgically implanted under the scalp and an array of electrodes is inserted into the cochlea which directly stimulates the nerve fibers.

MEDICAL CONSIDERATIONS

There are certain medical procedures which need to be carefully considered because of possible damage to the implant. The implanted magnets may lose their magnetism if subjected to an MRI. More importantly, because the electrodes are metallic, there is the possibility of movement. **For this reason, an MRI should not be performed unless: 1) radiographic information must be obtained which is crucial to the care of the patient, and; 2) there is absolutely no other way of obtaining the information e.g. CAT, etc.** If an MRI is performed and the magnet becomes demagnetized, the implanted magnet will have to be surgically removed and a new functioning magnet implanted in its place. There is no contra-indication to having your heart electrically shocked to fix an abnormal beat. **Prior to using electrosurgical instruments, diathermy, electroconvulsive shock therapy, and ionizing radiation therapy, a Cochlear Implant Center should be consulted.**

COMMUNICATION AND CARE CONSIDERATIONS

To ensure proper functioning of an implant the batteries must be charged, the headpiece correctly aligned to the implanted stimulator, and all wires appropriately attached. If a battery runs out, or the headpiece falls off, or a wire becomes unattached, the person loses whatever hearing s/he would have from the implant. If the implant is not operative the patient will have increased difficulty understanding oral communication and will rely on speechreading, sign language, or written communication. If the external hardware is removed, it must be carefully stored and returned to the patient as soon as possible.

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IF YOU REQUIRE AN ORAL/SIGN LANGUAGE INTERPRETER

Frequently, a health care provider or medical facility may not know how to obtain the services of a qualified interpreter to be present for your appointment(s).

Provide your health care professionals with a copy of the following information on how to use and obtain the services of an oral/sign language interpreter.

Oral/Sign Language Interpreters

Deaf and hard of hearing consumers in medical facilities may request the assistance of a oral/sign language interpreter who will translate to facilitate communication.

The sign language interpreter will translate everything that is spoken orally into sign language for the deaf person. The oral interpreter will silently mouth the speaker's words to assist the person who is hard of hearing to understand.

The interpreter will reverse interpret for the hearing person, translating the deaf person's signs into spoken English, if the deaf person's speech is unintelligible to the hearing person.

When using an interpreter, look directly at the person who is deaf or hard of hearing.

Speak in a normal voice at a normal rate.

Only qualified oral/sign interpreters should be engaged.

A directory of oral/sign interpreters is available from the

REGISTRY OF INTERPRETERS FOR THE DEAF

333 Commerce Street
Alexandria, Virginia 22317
703-838-0030 VOICE
703-838-0459 TTY
703-838-0454 FAX
www.rid.org

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