

HEARING HEALTH CARE PROGRAM FOR MEDICAL FACILITIES

Updated October 2008

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ADVOCATES FOR bETTER cOMMUNICATION

Center for
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HEARING HEALTH CARE PROGRAM

FOR MEDICAL FACILITIES

Program Description	Page 1
Americans with Disabilities Act Guide	Page 2, 3
Glossary on Hearing Loss	Page 4, 5
Equipment for A.D.A. Compliance	Page 6 – 9
Interpreters – Oral/Sign – Instructions Sheet	Page 10
Text Telephones Technical Bulletin	Page 11
New York Relay Service – Explanation	Page 12
Medical Facility Checklist for ADA Compliance	Page 13, 14

ADDITIONAL MATERIALS:

- 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 League for the Hard of Hearing (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.

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1.

Hearing Health Care Program for Medical Facilities

This program is simple and comprehensive. It is based on the following facts:

- Hearing loss is the major disability in the United States today. It is estimated that 1 out of 10 people has or will develop some degree of hearing loss. By the age of 65 this number increases to a ratio of 1 out of 3.
- Being in a health care facility can be a disturbing experience.
- Anxiety is multiplied for a person with a hearing loss due to:
 - a. fear of misunderstanding or missing vital information
 - b. loss of necessary means of communication:
 1. hearing aid(s) or other amplifying device
 2. sign language interpreter
 3. assistive devices used at home such as amplified telephones or TTY's, light or tactile signals to alert them to telephone calls and smoke alarms, captioned TV programs, etc.
- Personnel are frequently stressed and strained when dealing with patients who have a hearing loss.

There is a possibility of litigation to a facility due to inadequate or faulty communication with a patient who is deaf or hard of hearing.

With the help of *a.b.c* Health Care Program medical facilities can remedy these problems by:

1. **IDENTIFYING** the patient with hearing loss:
 - a. Place an identifying symbol on all forms and charts, wristband, over the patient's bed, on the door of patient's room and on the intercom at the nurses' station.
2. **TRAINING** all personnel and staff:
 - a. Make them aware of and sensitive to hearing loss.
 - b. Inform them about communication strategies.
 - c. Teach them about assistive devices and hearing aid maintenance.
3. **SUPPLYING** the necessary communication equipment.

These three steps will satisfy the requirements of the Americans with Disabilities Act (ADA) regarding persons with hearing impairments.

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2.

A.D.A. Guide for Medical Facilities

The ADA requires that medical facilities find ways to ensure that people with hearing loss can communicate and are safe while in their facility. This can be achieved by providing auxiliary aids and services and removing barriers.

Existing Medical Facilities

According to the ADA medical facilities are categorized as Service Establishments and are covered by Title III, Public Accommodations. Effective date of Title III was January 26, 1992.

Auxiliary Aids and Services

Medical facilities are required to provide auxiliary aids and services to ensure effective communication with persons with hearing loss.

If provision of a particular auxiliary aid or service would result in a fundamental alteration in the nature of the goods, services, facilities, advantages, or accommodations being offered or is an undue burden i.e., significant difficulty or expense, the facility shall provide an alternative auxiliary aid or service, if one exists, that would ensure full participation by the person with hearing loss.

Medical facilities shall make reasonable modifications in policies, practices, or procedures to ensure persons with hearing loss be included unless making the modification would fundamentally alter the nature of the goods, services, facilities, privileges, advantages or accommodations.

Auxiliary aids and services that help people with hearing loss include: qualified interpreters, notetakers written materials, computer aided transcription, telephone handset amplifiers, assistive listening devices, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, TTYs and other effective methods of making aurally delivered materials available to individuals with hearing impairment. Qualified interpreter means an interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary.

The Department of Justice strongly encourages health care personnel to consult with persons with hearing loss in the choice of the auxiliary aids or services. Individuals with hearing loss may not be charged for auxiliary aids and services.

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3.

Telephones

In a medical facility when a voice telephone is made available for outgoing calls on more than an incidental convenience basis a TTY must be made available, e.g., in patient rooms, emergency department, recovery room, waiting area, outpatient clinic. Likewise, to make outgoing calls possible for people who are hard of hearing, amplified handsets and hearing aid compatible phones should be provided.

Captioning

Where television is provided for patient use, closed captioning shall be made available. Any information imparted verbally through soundtracks on films, video tapes, or slide shows is required to be made accessible to persons with hearing loss e.g., self examination of breast for women. Captioning is the best means of making this information accessible. A written script is another, less satisfactory means.

Maintenance

Medical facilities shall maintain in operable working condition any features of their facility and equipment that are required to be readily accessible to and usable by persons with hearing loss e.g., charge batteries, in assistive listening devices, maintain TTYs, etc.

Barrier Removal

Medical facilities shall remove architectural barriers, including communication barriers that are structural in nature, where such removal is readily achievable, e.g. flashing alarm lights, installation of sound buffers, etc.

For further information about Title III contact:

U.S. Department of Justice
950 Pennsylvania Avenue, NW
Civil Rights Division
Disability Rights Section, NYA
Washington, DC 20530

800-514-0301 (Voice)
800-514-0308 (TTY)

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4.

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 brings sound directly to the ears of people who are hard of hearing. 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.

Helpful Information on Hearing Loss:

Deafness of any degree is no indication of intelligence. While deafness can affect a person's ability to learn or to comprehend English, people who are deaf or hard of hearing have the same range of intelligence as people who can hear normally.

Speech intelligibility, too, has no correlation with a person's intelligence. A person must be able to hear speech well in order to speak well.

Sign language, specifically American Sign Language (ASL), has its own syntax, vocabulary and idioms; it is a complex, complete language. Most deaf people who use ASL learn English as a second language.

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6.

Suggested Equipment for Medical Facility Compliance with the Americans with Disabilities Act (ADA)

This is a partial listing. Information may change without note and new products may enter the market place. Mention does not imply *a.b.c.* endorsement nor does omission imply disapproval. *a.b.c.* is not responsible for consequences of using this list or any of the products.

It is suggested that members of a facility's Audiology or Speech and Hearing Department be consulted regarding choices of equipment. The League for the Hard of Hearing maintains an assistive devices center where various assistive devices are displayed and demonstrated.

Telephone Equipment

Amplified telephone handsets usually incorporate either a numbered dial or depressible buttons that allow the user to increase the volume of the incoming call by as much as 20db. These are different models to fit most types of telephones. These are also in-line amplifiers that operate on their own power to supply which can be attached to any telephone with modular handset, including most types of electronic phones.

Amplified Telephone Handsets or In-line Amplifiers

Source:

Soundbytes

or

Radio Shack Retail Stores

P.O. Box 9022

Hicksville, NY 11802

888-816-8191 (call for the free catalog)

www.soundbytes.com

Cost: \$35.00 up, dependent on model needed to fit type of telephone system in use and/or the company purchased from.

Number Recommended: A minimum of six.

Coin Operated Amplified Telephones: Installation can be arranged through your local telephone company.

Number Recommended: At least one in the immediate area of the Emergency Room as well as in all public lobbies and waiting rooms and on in each bank of phones elsewhere. The ADA has clearly defined requirements.

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7.

TTYs (Also known as TDDs or Test Telephones)

TTYs resemble typewriters with similar keyboards, but they incorporate a modem in which the telephone handset is placed when making or receiving a call or they can be directly connected to a telephone line. All information is typed by the two parties alternately and the LED display shows the messages being typed on both machines. Some more expensive models are equipped with printers.

Source:

Soundbytes
P.O. Box 9022
Hicksville, NY 11802
888-816-8191 (call for free catalog)
www.soundbytes.com

or

Ultratec, Inc.
450 Science Drive
Madison, WI 53711
800-482-2424 (call for free catalog)
www.ultratec.com

Cost: \$200.up, depending on model chosen.

Number Recommended: minimum of four for in-patient use, several for use in key patient contact department areas: Admissions, Emergency, Social Services, Recovery Room, Accounting, etc.

Coin Operated Text Telephones

Source:

Harris Communications
15155 Technology Drive
Eden Prairie, MN 55344
800-825-6758 Voice
800-825-9187 TTY
www.harriscomm.com

Number Recommended: Follow ADA requirements. At least one in the immediate area of the Emergency Room as well as in all public lobbies and waiting rooms and one in each bank of phones elsewhere.

Relay Services: Telephone relay services for hearing and speech impaired individuals are available in New York State 24 hours a day, seven days a week. Contact numbers for Relay Services should be placed on each text telephone. Information and paste-on labels are available from the New York State Relay Service at 1-800-676-3777 (TTY/Voice) or see their website at www.nyrelay.com. To make a relay call just dial 7-1-1.

Television Equipment: All television sets 13 inches or larger which are manufactured after July 26, 1993 must incorporate a built-in decoder.

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Closed Caption Decoders: Closed caption decoders are small boxes similar to cable boxes which unscramble the signals sent by broadcasters when a program is closed captioned. The captions appear on the television screen in the same fashion as those used on foreign films. Pre-existing television sets without built-in decoders must be equipped with closed caption decoders.

Source:

Harris Communications
15155 Technology Drive
Eden Prairie, MN 55344
800-825-6758 Voice
800-825-9187 TTY
www.harriscomm.com

or

HITEC
8160 S. Madison Street
Burr Ridge, IL 60527
800-288-8303 Voice
800-536-8890 TTY
www.hitec.com

One-To-One Communicators

There are varying types of this equipment. For the limited needs of the transient patient who is hearing impaired and with out personal hearing aids, the simplest type of communicator is usually satisfactory. This consists of a box the size of a Walkman radio and a pair of health phones. It works on batteries, incorporates a microphone, amplifier and a volume control. It amplifies all sounds in the immediate vicinity.

Sources:

Williams Sound Corp.
10321 W. 70th Street
Eden Prairie, MN 55344
800-328-6190
<http://www.williamssound.com>
Item: Pocketalker

Radio Shack Outlets
Item: Amplified Listener
also needs headphones
www.radioshack.com

Soundbytes
P.O. Box 9022
Hicksville, NY 11802
888-816-8191 (call for free catalog)
www.soundbytes.com
Item: Pocketalker
Cost: \$35. - \$200.

Number Recommended: Minimum of one for each nurses' station and key departments: Emergency, X-Ray, Admissions, Accounting, Social Services, Testing Laboratories, etc.

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9.

Visual/Tactile Notification Devices

These consist of either flashing lights or vibratory devices that alert the patient with impaired hearing to a ringing telephone or smoke and fire alarms.

Source

Soundbytes
P.O. Box 9022
Hicksville, NY 11802
888-816-8191 (call for free catalog)
www.soundbytes.com

Ultratec, Inc.
450 Science Drive
Madison, WI 53711
800-482-2424 (call for free catalog)
www.ultratec.com

Harris Communications
15155 Technology Drive
Eden Prairie, MN 55344
800-825-6758 Voice
800-825-9187 TTY
www.harriscomm.com

Silent Call Communications Corporation
5095 William Lake Road
Waterford, MI 48329
800-572-5227 Voice/ TTY
www.silentcall.com

Cost: \$30.00 up, depending on the type and source of equipment
Number Recommended: Minimum of 3 for in-patients

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10.

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 following:

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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11.

Text Telephones Technical Bulletin

United States Access Board

A Federal Agency Committed To Accessible Design

Click on the following link:

<http://www.access-board.gov/adaag/about/bulletins/ttys.htm>.

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12.

New York Relay Service – Explanation

Click on the following link:

http://www.nyrelay.com/pdfs/NYRelay_brochure.pdf

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13.

MEDICAL FACILITY CHECKLIST

Date: _____

Name of Facility: _____

Location: _____

	YES	NO
At first contact (Admitting? _____ or Nursing? _____), is patient asked if he/she has a hearing loss?	<input type="checkbox"/>	<input type="checkbox"/>
Is the deaf or hard patient notified of available assistive services? How? (please check) <input type="checkbox"/> Booklet <input type="checkbox"/> Verbally <input type="checkbox"/> Signs <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
Is 24-hour access to qualified sign/oral language interpreters available?	<input type="checkbox"/>	<input type="checkbox"/>
Is a symbol used for patient identification? 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"/>
Other _____		
Are the following devices available?		
Patient Amplified and Hearing-Aid-Compatible Telephones	<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 (i.e. Pockettalker, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Public Amplified and Hearing-Aid-Compatible Telephones	<input type="checkbox"/>	<input type="checkbox"/>
Public TTY also know as TT/DD)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Emergency Room area <input type="checkbox"/> Main Lobby <input type="checkbox"/> Other _____		
TTY (Text Telephones) for incoming calls: where? _____	<input type="checkbox"/>	<input type="checkbox"/>
Captioned Television	<input type="checkbox"/>	<input type="checkbox"/>

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14.

	YES	NO
Visual Alert Fire Alarm System:		
Patient Rooms	<input type="checkbox"/>	<input type="checkbox"/>
Public Areas	<input type="checkbox"/>	<input type="checkbox"/>
Is in-service training provided for all staff on communication skills with people who are hard of hearing or deaf?	<input type="checkbox"/>	<input type="checkbox"/>
When? _____		
By whom? _____		
Is in-service training provided for nurses and aides in basic operation and maintenance of hearing aids and assistive listening devices?	<input type="checkbox"/>	<input type="checkbox"/>
When? _____		
By whom? _____		
Does the hospital have an Audiology Department/Program	<input type="checkbox"/>	<input type="checkbox"/>
Are assistive devices available for demonstrations?	<input type="checkbox"/>	<input type="checkbox"/>
Are services and equipment for persons with hearing loss coordinated by a single department?	<input type="checkbox"/>	<input type="checkbox"/>
Which department? _____		
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/books.asp#stickers> or call 310-657-2248 voice/tty.
- 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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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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ADVOCATES FOR bETTER cOMMUNICATION

Center for
Hearing and
Communication

Connect to Life™

50 Broadway, 6th floor, New York, NY 10004

917-305-7809 Voice 917-305-7999 TTY 917-305-7818 Fax www.chchearing.org URL

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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Ototoxic Medications Brochure

Click on the following link:

http://www.lhh.org/about_hearing_loss/understanding/OtotoxicBrochure.pdf

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