

HEARING AID SUPPORT TRAINING



Housekeeping

- There are no silly questions, we're happy to answer anything that might be on your mind
- We'll have time for questions at the end but if you do want to ask a question during the session, raise your hand
- If anything isn't working, let us know as soon as possible



WELCOME



The RNID NY service provides support for people with their hearing aids:

- Replace tubing and batteries
- Clean aids
- Give information about maintenance.

Module 1

- What is audiology, the referral process and person's journey from GP to audiology.
- How hearing aids work, their benefits, and limitations; different types of hearing aids.
- Hearing aid controls and programmes.
- Health, hygiene, and PPE.
- Common issues, fault-finding techniques, signposting back to audiology.

By the end of the module, you should be able to:

- Understand what audiology is, the referral process to NHS audiology services and the person's journey through audiology.
- Understand how hearing devices work and their benefits and limitations.
- Have working knowledge of hearing aid controls and programmes.
- Understand the health and hygiene principles and procedures associated with hearing aid maintenance.
- Understand common issues experienced with the management of hearing aids and when to signpost people back to GP or audiology.

Learning outcome 1

Understand what audiology is, the referral process to NHS audiology services and the person's journey through audiology.



WHAT IS AUDIOLOGY?

Science of hearing and balance.

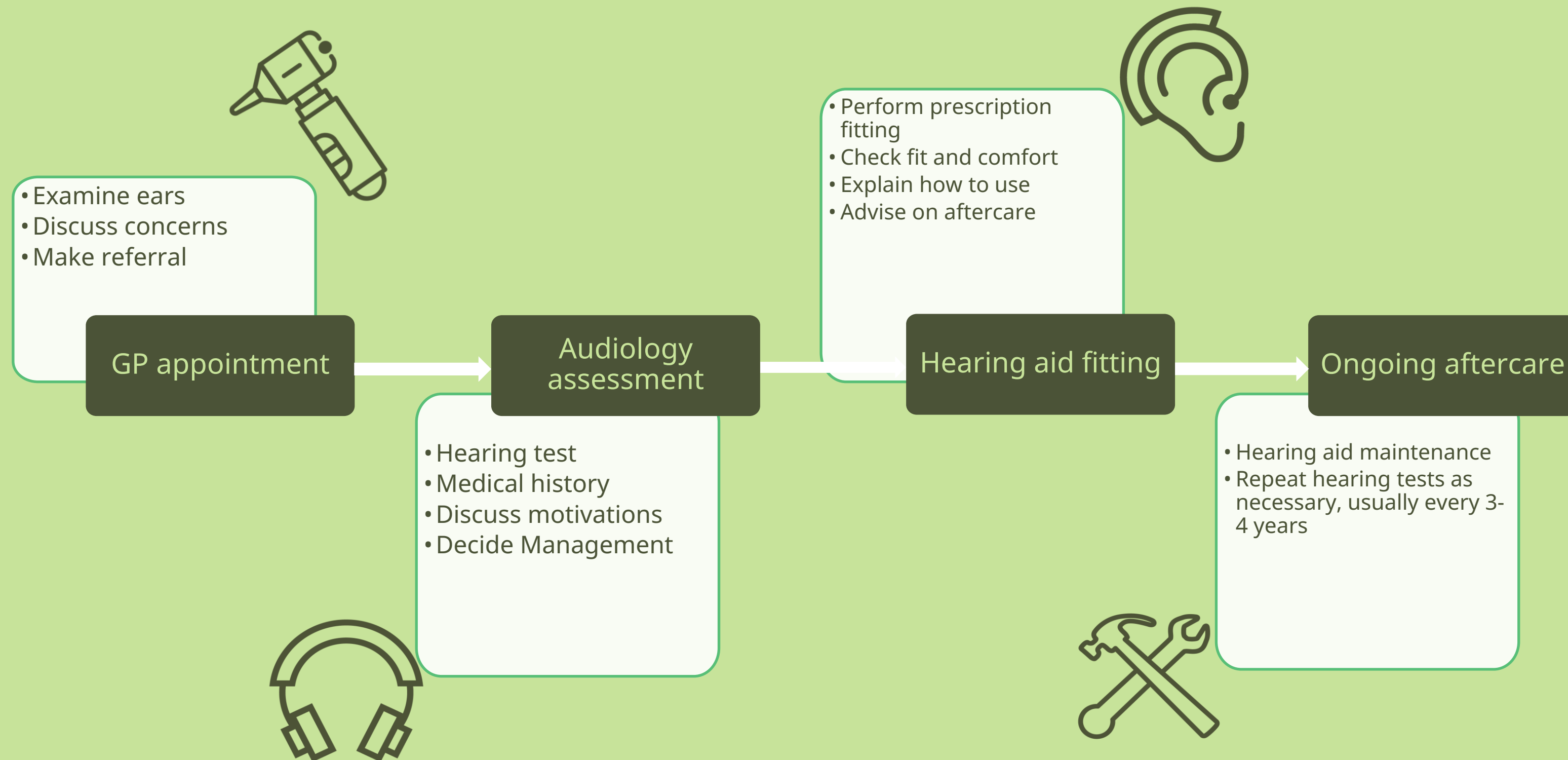
Service that tests, diagnoses and manages conditions of hearing and balance:

- Hearing loss
- Tinnitus
- Vestibular disorders

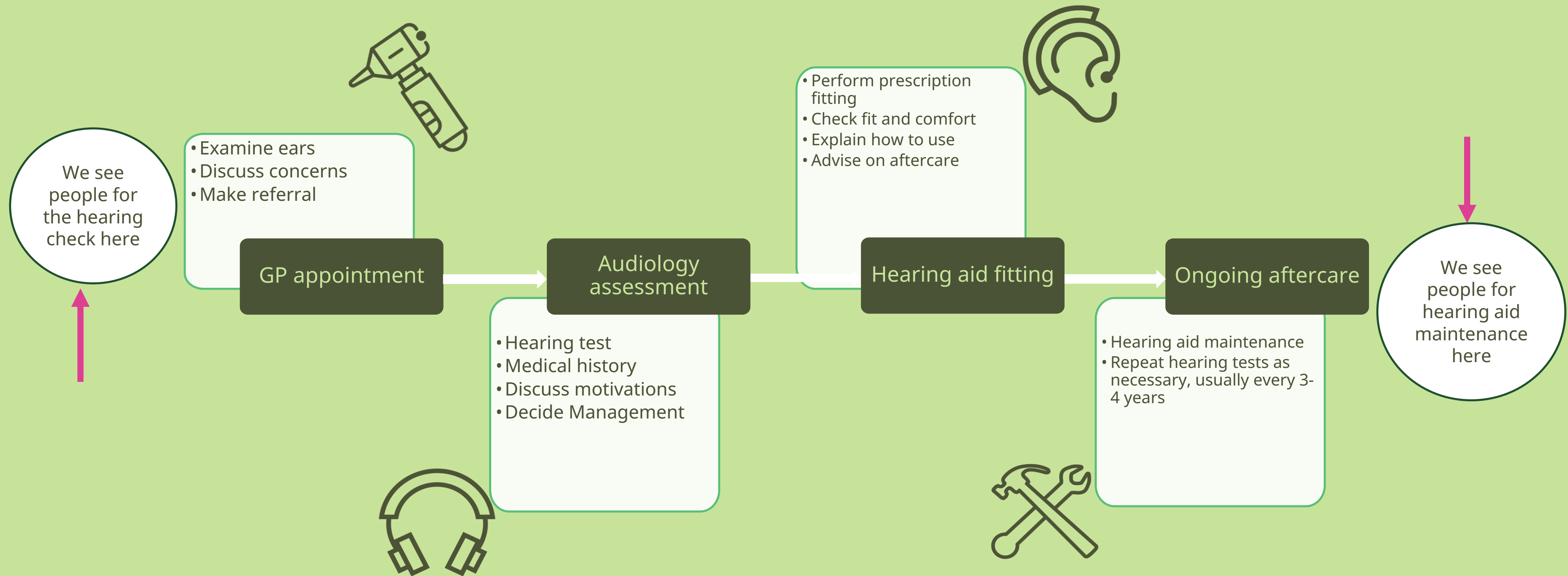
Adult Aural Rehabilitation

- Tests and diagnoses hearing loss
- Provides treatment – for most people this is hearing aids

THE PATIENT JOURNEY



THE PATIENT JOURNEY



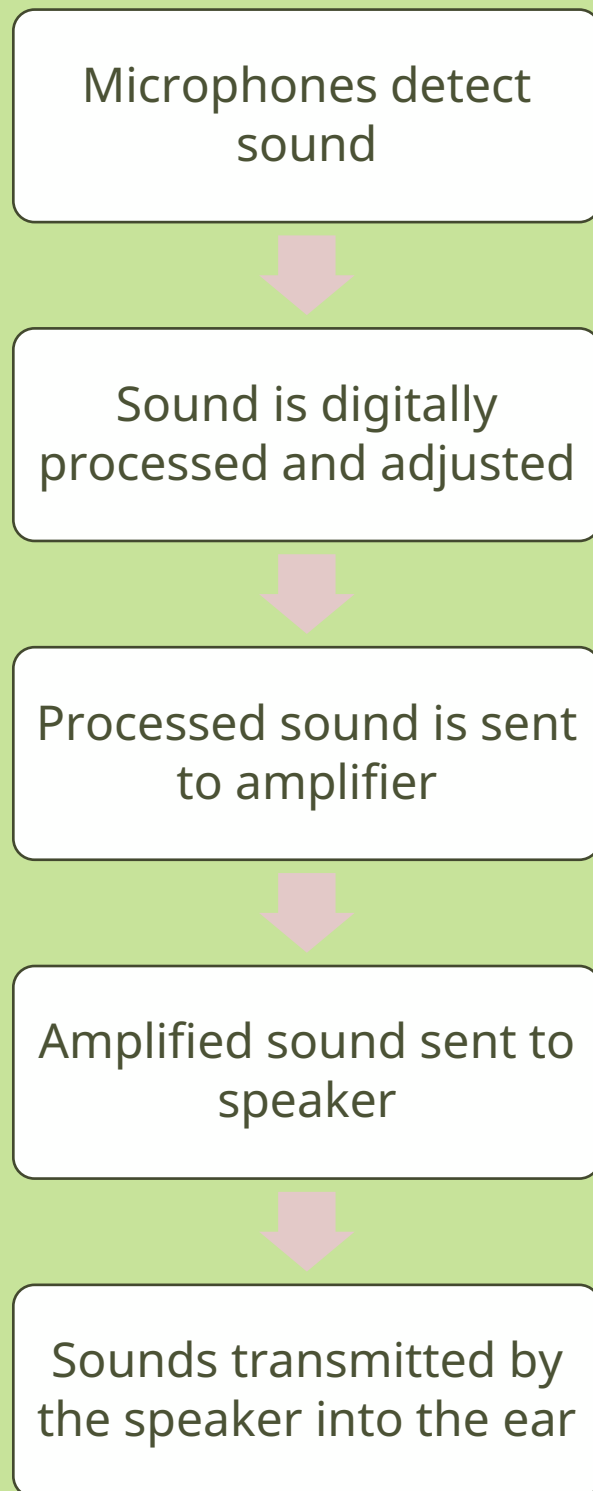
SELF-REFERRAL

- More audiology providers across the country are now accepting self-referral
- This means someone doesn't have to go to their GP if they think they have hearing loss
- This is only available in certain areas at the moment but will expand across England
- Normally people complete a questionnaire and audiology review if they meet criteria for self-referral
- If they have certain signs or symptoms they may need to go to ENT first

Learning outcome 2

Understand how hearing devices work and their benefits and limitations.

How hearing aids work:



All hearing aids are digital, meaning they can be “prescription fitted” to someone’s individual hearing needs



Types of hearing aids:

- Behind-the-ear with open fit
- Behind-the-ear with ear mould
- In-the-ear
- Receiver-in-the-ear



Slimtube



Earmould



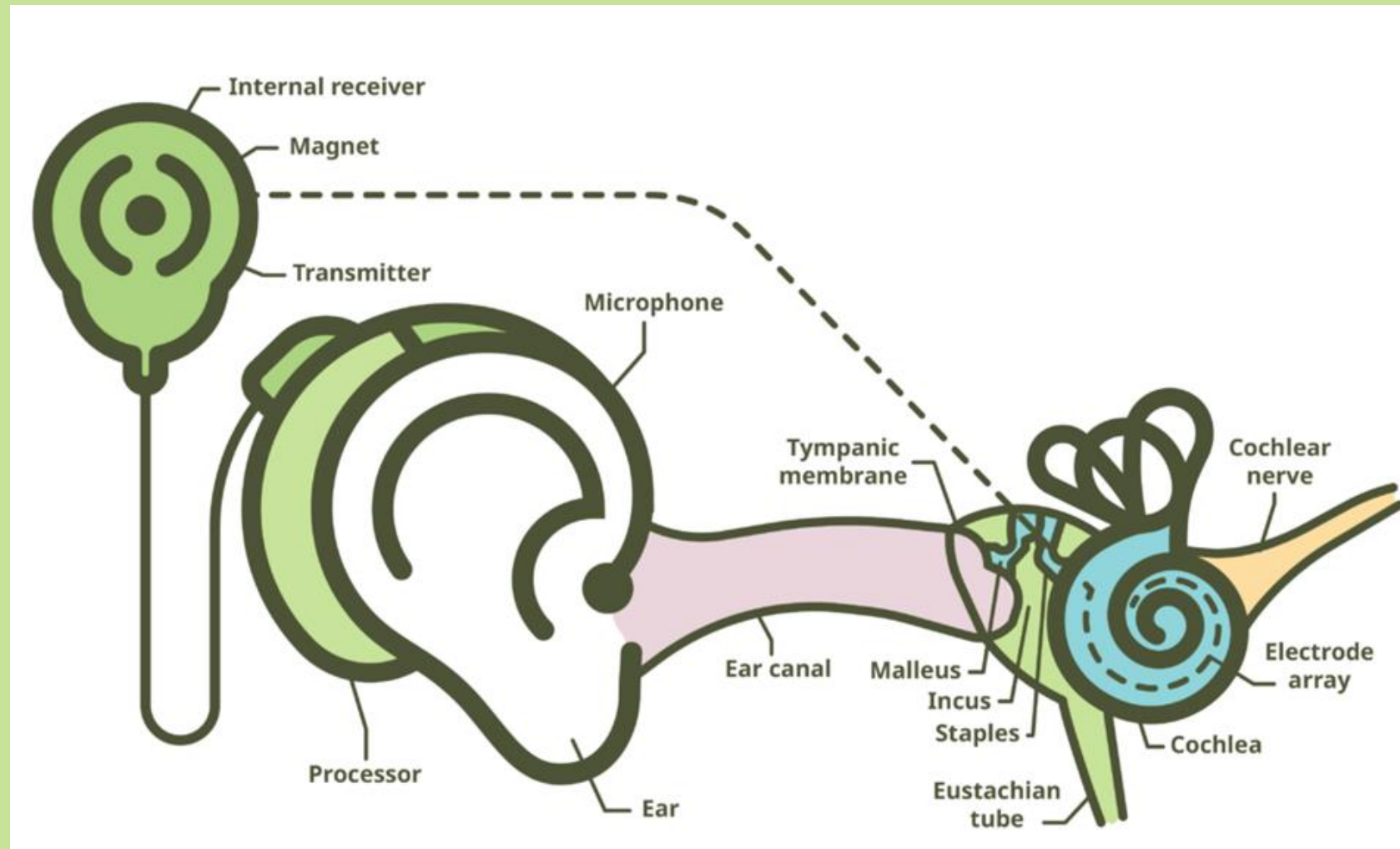


Benefits and limitations:

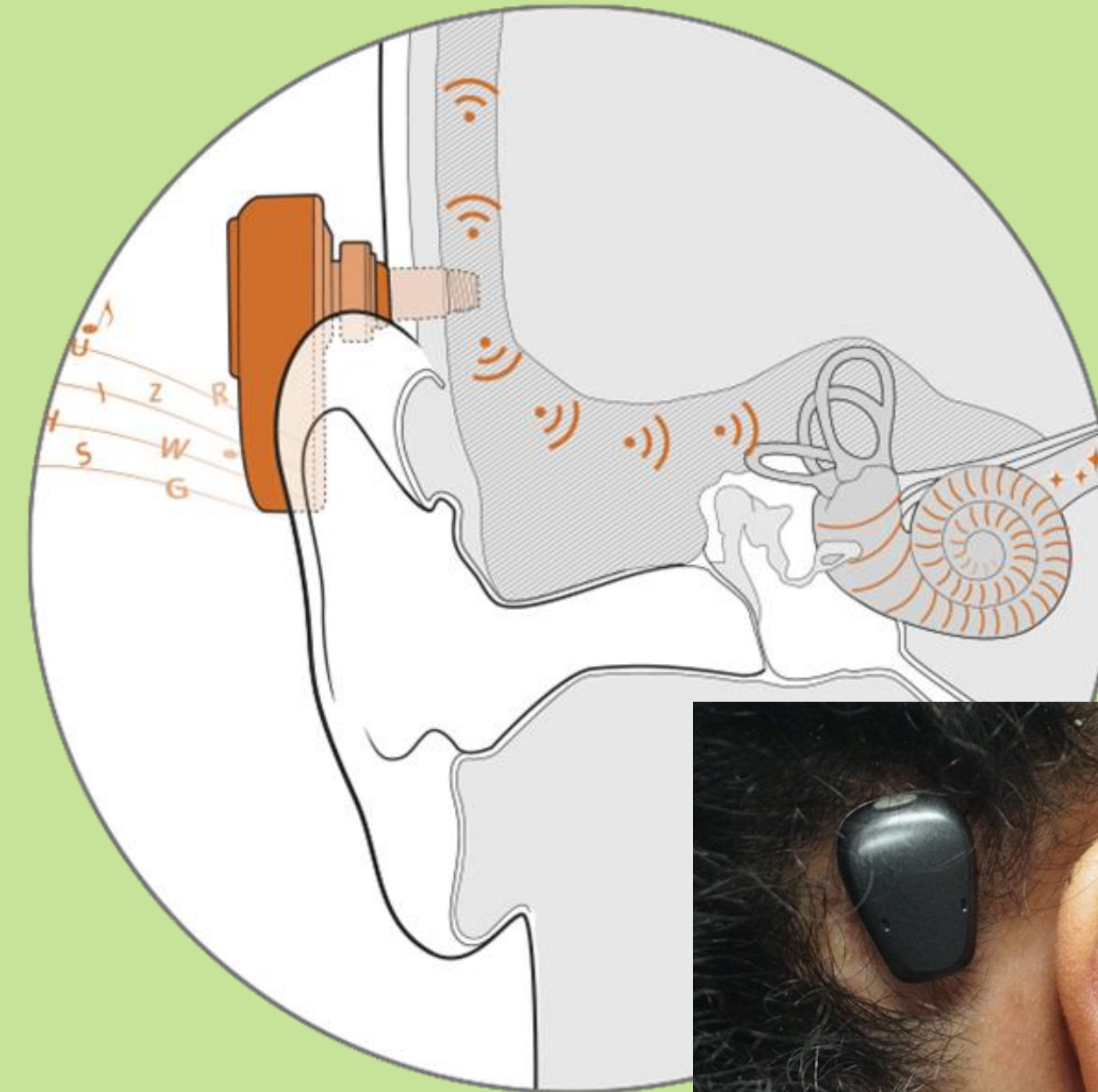
- **Improvement in hearing:**
Hearing aids amplify sound, making it easier to hear conversations, music and other sounds they might otherwise miss.
- **Limitations:**
While effective in lots of situations, hearing aids do not fully restore normal hearing. They require time to get used to wearing them and maintenance is necessary for optimum use.

It can take a few weeks of persistent use to fully adjust to them. Unfortunately, some people give up at this stage especially if they don't have the right support.

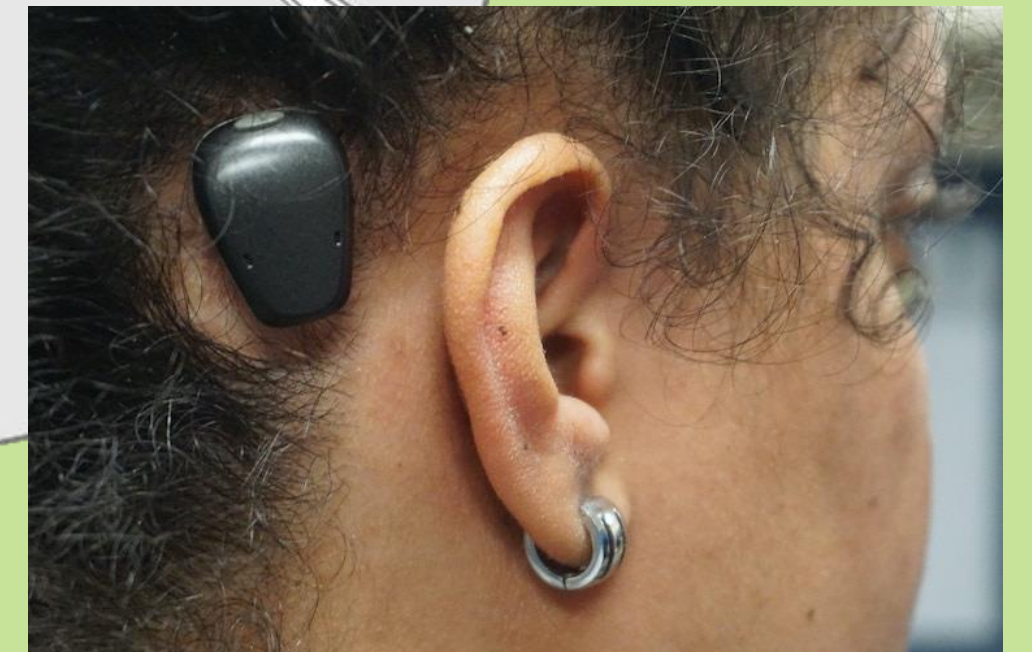
Other hearing implants



Cochlear implant



Bone conduction hearing implant



Learning outcome 3

Have working knowledge of hearing aid controls and programmes.

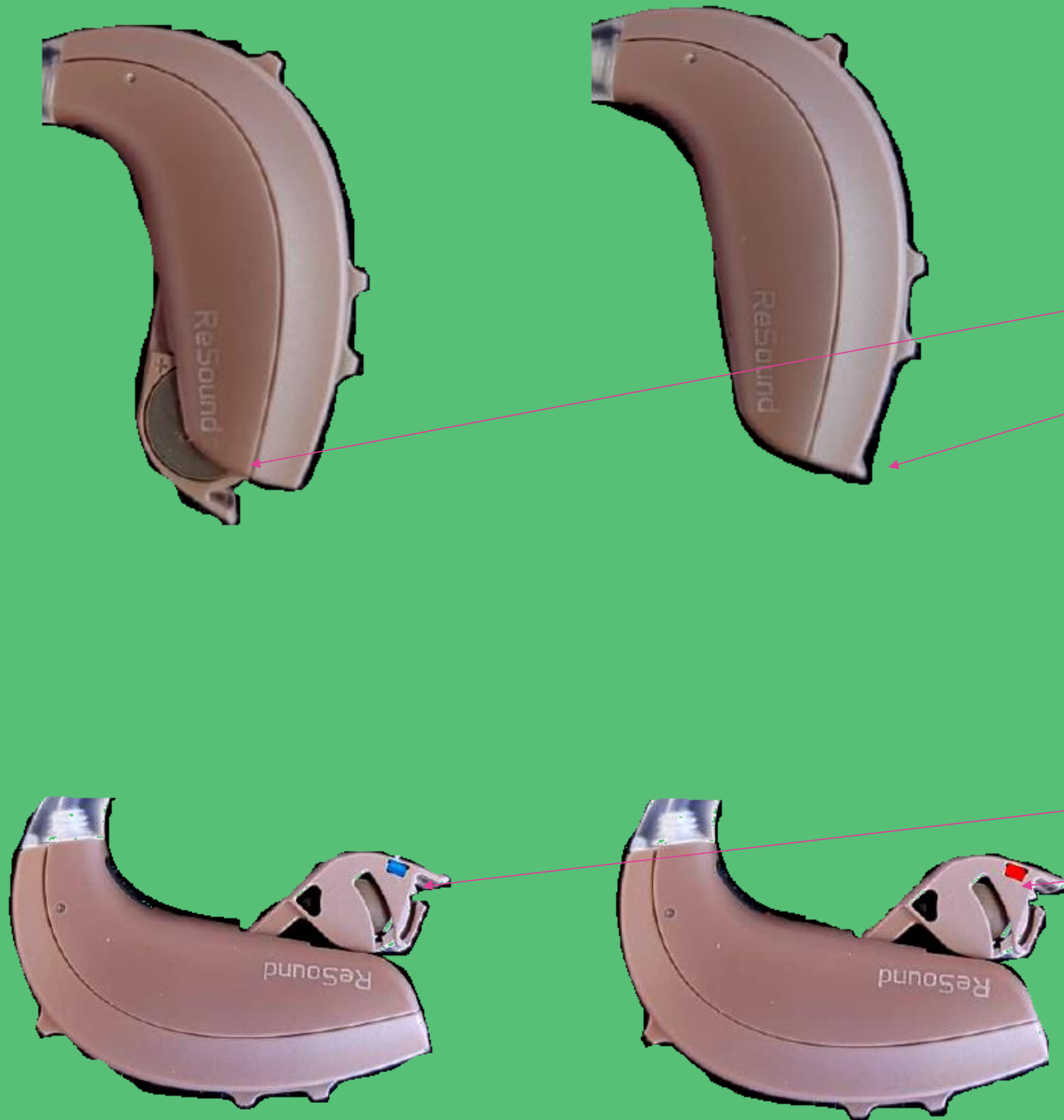
Controls:

On and off switch:

- Open OFF
- Closed ON

Identifying the Left and Right:

- Blue indicates LEFT
- Red indicates RIGHT



PROGRAMMES AND VOLUME

- Fully customisable depending on need
- Volume – usually controlled by a rocker switch or wheel
- Programmes
 - All have adaptive automatic programme
 - Extra programmes include, directional microphones and loop programme
 - Controlled by separate button or rocker switch depending on model
 - These are enabled based on someone's needs – the audiologist should discuss this beforehand



Learning outcome 4

Understand the health and hygiene principles and procedures associated with hearing aid maintenance

Hygiene:

Please ensure work surfaces and equipment are wiped down between people we support.

Please ensure hands are washed or sanitiser used in between people.

Any concerns regarding ear infections- advise the person to see GP/Pharmacist



Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.



Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.



Snap waste ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.



Personal Protective Equipment (PPE)

To maximise safety for people we support, volunteers and staff, the PPE listed below may be used:

- Non-Latex gloves
- Masks
- Disposable Aprons
- Hand sanitiser
- Clinell wipes
- Blue Roll
- Black bin bags
- Disinfectant spray (Only for tables and chairs)

Hand hygiene:



Best Practice: How to handrub step by step images



Apply a palmful of the product in a cupped hand and cover all surfaces.



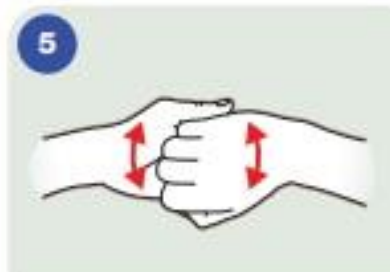
Rub hands palm to palm.



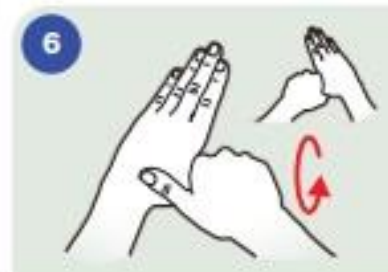
Right palm over the back of the other hand with interlaced fingers and vice versa.



Palm to palm with fingers interlaced.



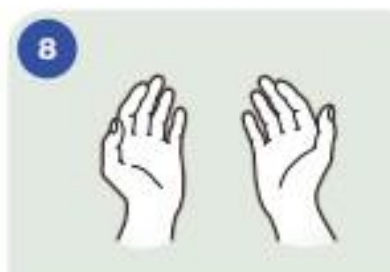
Backs of fingers to opposing palms with fingers interlocked.



Rotational rubbing of left thumb clasped in right palm and vice versa.



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



Once dry, your hands are safe.



Best Practice: How to hand wash step by step images

Steps 3-8 should take at least 15 seconds.



Wet hands with water.



Apply enough soap to cover all hand surfaces.



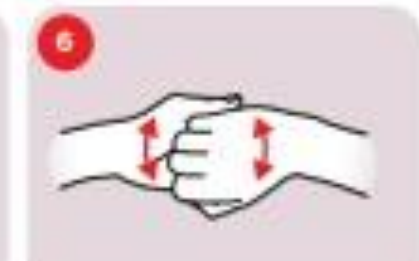
Rub hands palm to palm.



Right palm over the back of the other hand with interlaced fingers and vice versa.



Palm to palm with fingers interlaced.



Backs of fingers to opposing palms with fingers interlocked.



Rotational rubbing of left thumb clasped in right palm and vice versa.



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



Rinse hands with water.



Dry thoroughly with towel.



Use elbow to turn off tap.



Steps 3-8 should take at least 15 seconds.

... and your hands are safe*.

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*Any skin complaints should be referred to local occupational health or GP.

Learning outcome 5

Understand common issues experienced with the management of hearing aids and when to signpost people back to GP or audiology.

COMMON HEARING AID PROBLEMS

- No sound/not working after troubleshooting
- Feedback (whistling)
- Physically broken parts (ear mould, tubing, hook)
- Sound too loud or distorted

COMMON HEARING AID PROBLEMS

Feedback:

- The hearing aid not inserted into ear correctly, allowing sound to escape
- Wax blocking the ear, allowing sound to be reflected back out of the ear
- The ear mould may have become loose and requires replacing

No sound/not working:

- A blockage in the tube - wax, moisture or a (thin tube)
- Microphones are blocked
- The hearing aid is faulty and requires replacement

WHEN TO REFER BACK TO AUDIOLOGY

- Need a new ear mould (broken, loose, painful)
- The hearing aid is not producing any, or very little sound, even after troubleshooting
- The hearing aids sound distorted, too quiet or too loud
- Lost hearing aids
- Feel like their hearing has changed gradually over time

WHEN TO REFER BACK TO GP

- Ear infection
 - Pain
 - Discharge
 - Itchiness
- Change in hearing or tinnitus symptoms – sudden changes in hearing can be a medical emergency and need urgent attention.
 - 111 or urgent GP appointment is best
 - If not, A&E

Break

Practical session next



Module 2

- Changing hearing aid batteries and cleaning hearing aids
- Types of earmoulds and when re-tubing is needed
- Carrying out re-tubing and minor repairs
- Supporting self-management
- Wireless resources and smartphone apps

By the end of the module, you should be able to:

- Replace batteries and clean hearing aids.
- Understand the need for different types of earmoulds and recognise when and how to re-tube.
- Carry out hearing aid re-tubing, battery replacements and minor hearing aid repairs and parts replacement (hearing aid & mould).
- Carry out hearing aid re-tubing, battery replacements and minor hearing aid repairs and parts replacement (open fit).
- Be able to support people to self-manage and get the most out of their hearing aids.
- Have an awareness of Bluetooth technology and wireless resources which can be used with hearing aids.

Learning outcome 6

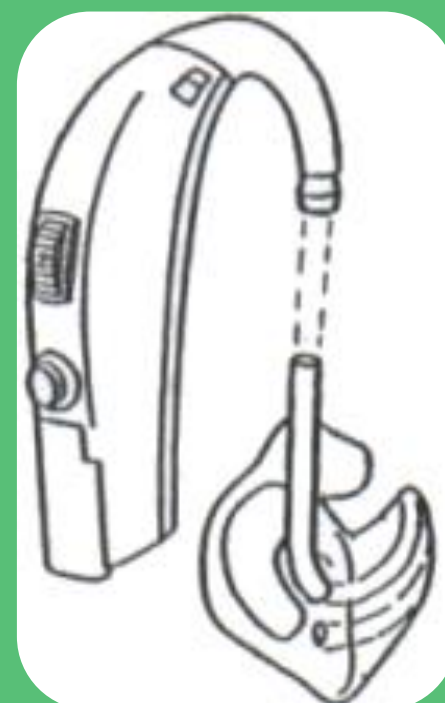
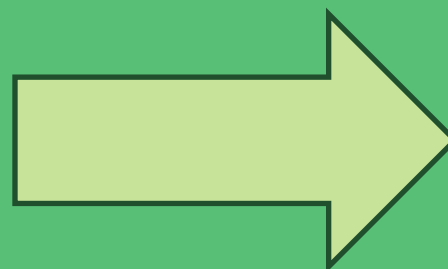
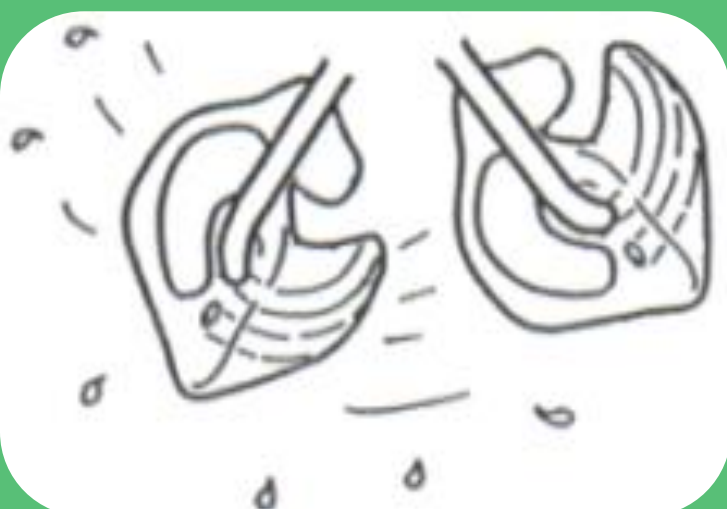
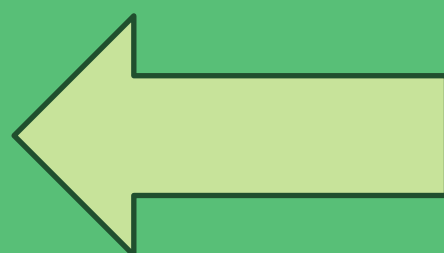
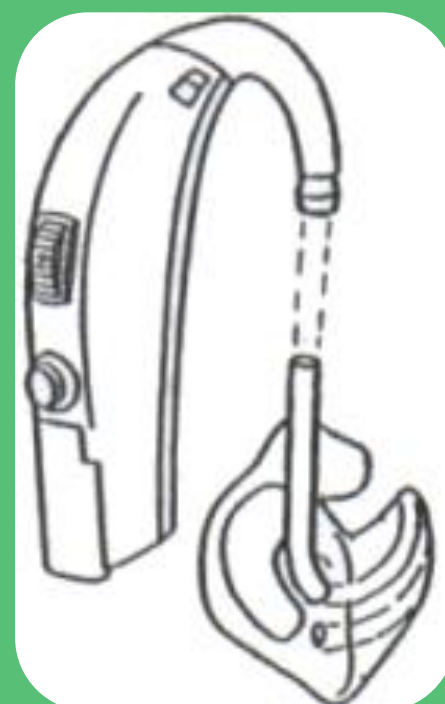
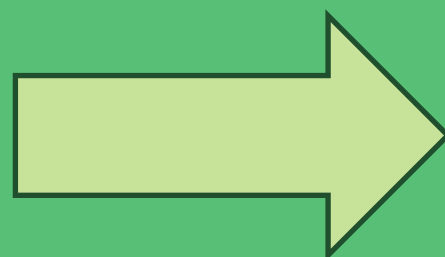
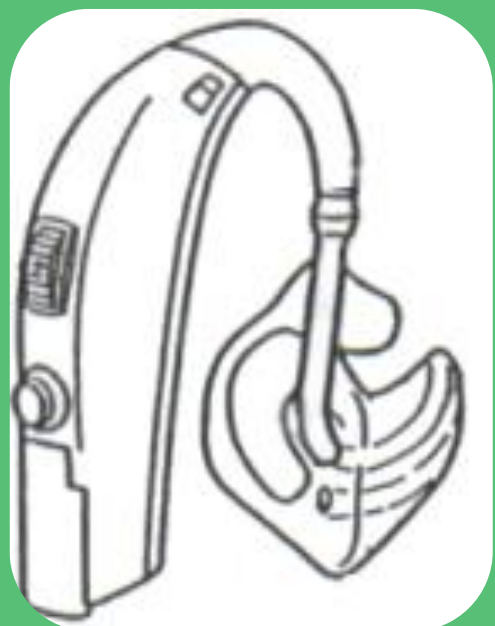
Replace batteries and clean hearing aid.

Battery replacement:



P13 (Orange) The most common type used



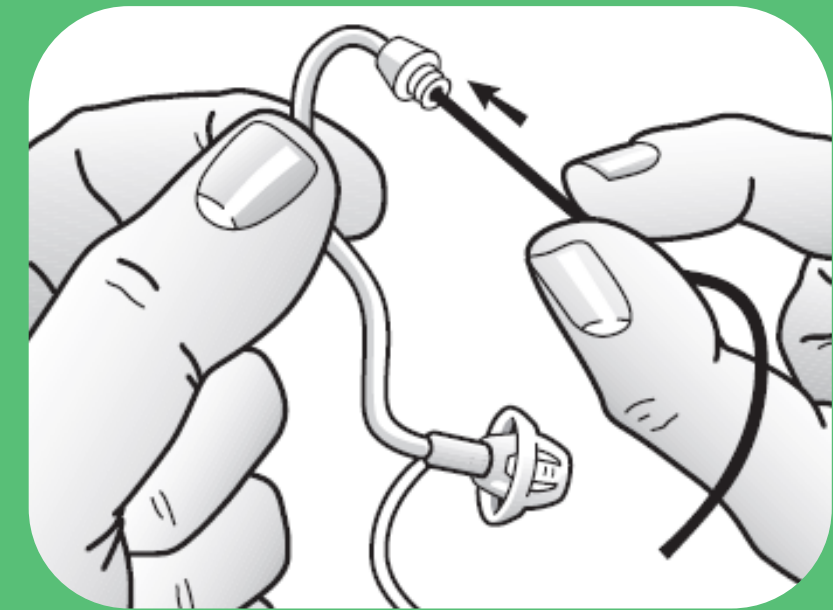
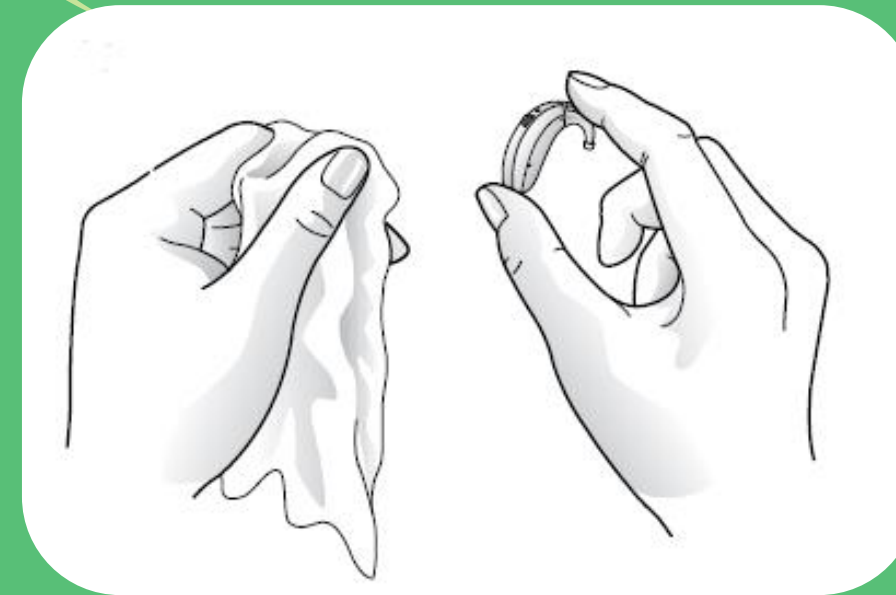


Cleaning hearing aids with moulds:

- Separate the ear mould from the hearing aid by gently pinching and pulling the tube away from the hook/elbow
- Either clean with clinell wipe or wash the mould in warm soapy water (*do not use harsh detergents or disinfectants, gentle hand soaps are best*)
- Shake or blow air down the tubing to clear any remaining water, leave in a warm place to completely dry off
- Fit mould back onto hearing aid as shown

Cleaning open fit hearing aids:

- Remove thin tubes from the hearing aids
- Wipe down the hearing aid with a tissue or clinell wipe – avoiding the microphones
- Gently wipe the thin tubes and domes with a tissue or clinell wipe
- Push the cleaning rod through the thin tube, beginning at the opposite end to the dome pulling all the way through
- Attach the cleaned thin tube



Learning outcome 7

Understand the need for different types of earmolds and recognise when and how to re-tube.



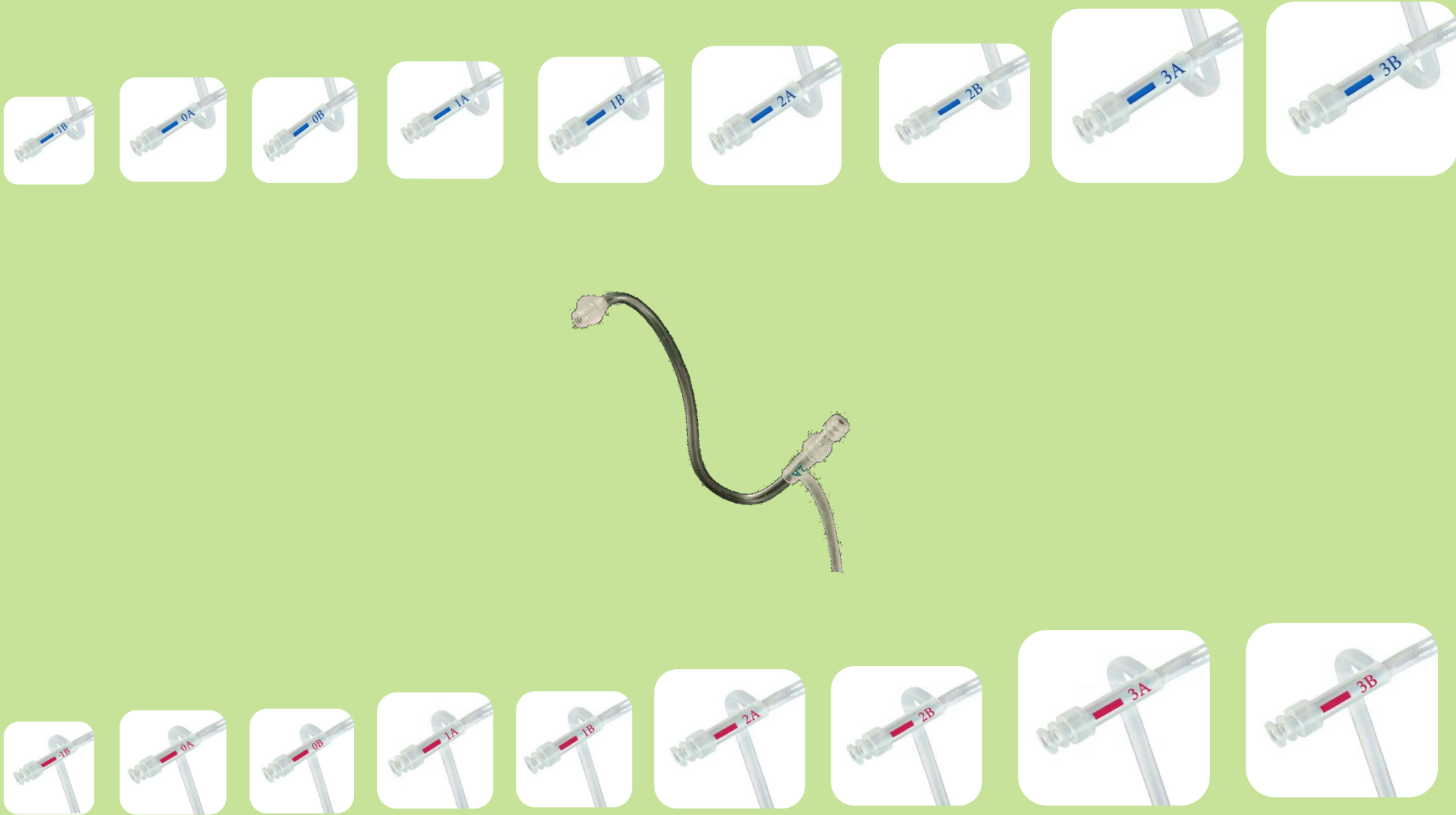
Ear mould tubing

There are 6 different sizes of ear mould tubing:

- Standard
- Medium
- Thick
- 3mm Libby Horn
- 4mm Libby Horn
- Stay-dry – useful in the summer months when people may perspire more

Best to replace like for like

Open fit tubing



RETUBING: WHEN AND WHY

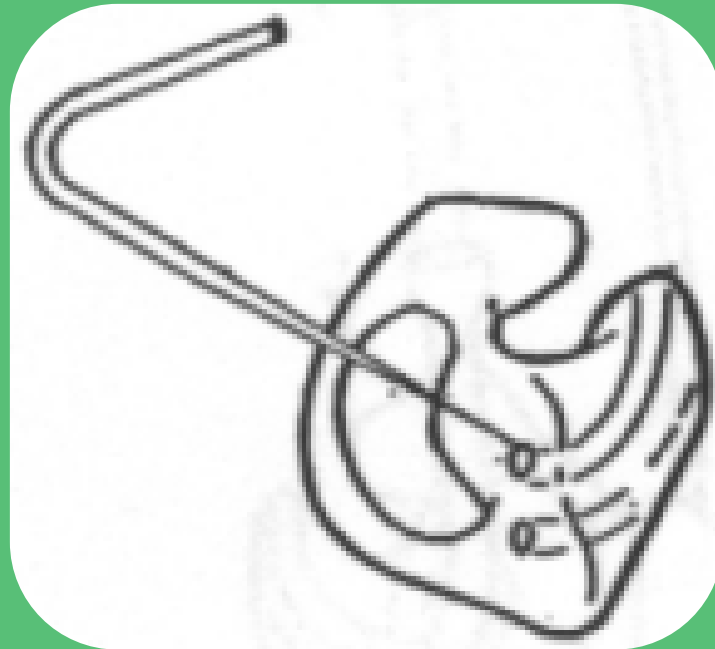
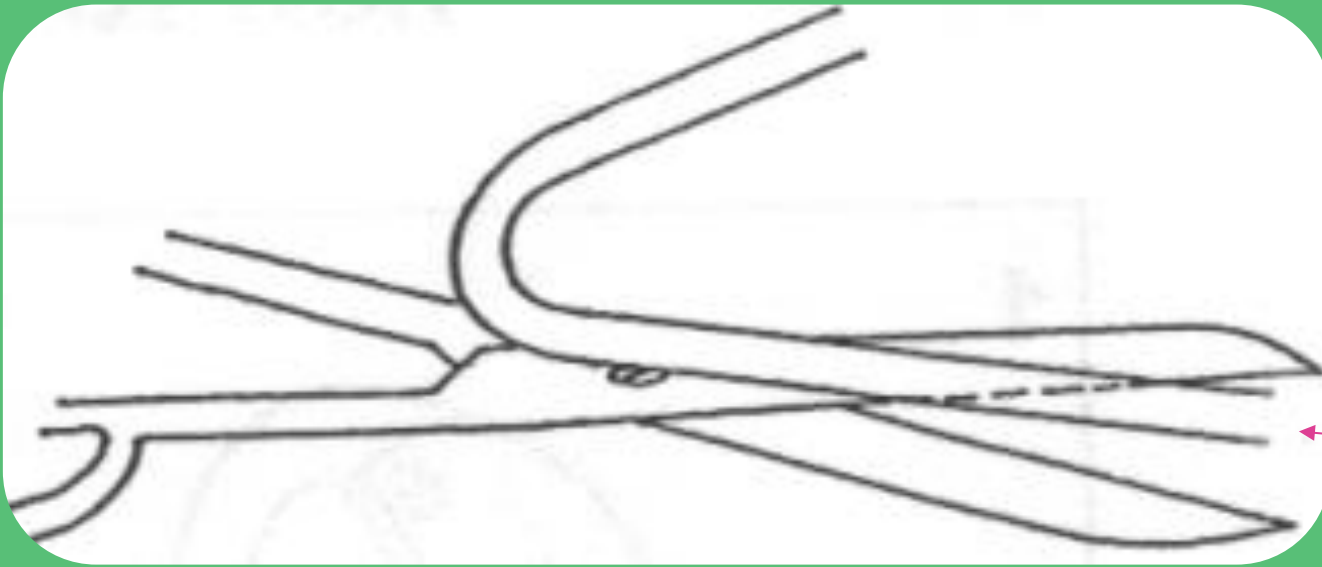
- Degrades over time
 - becomes brittle and hard
 - affects sound quality – can become very quiet
 - shrinks and might become loose in the mould
- Becomes blocked
 - moisture
 - wax
- Broken

Learning outcome 8

Carry out hearing aid re-tubing, battery replacements, minor hearing aid repairs and parts replacement (hearing aid & mould)

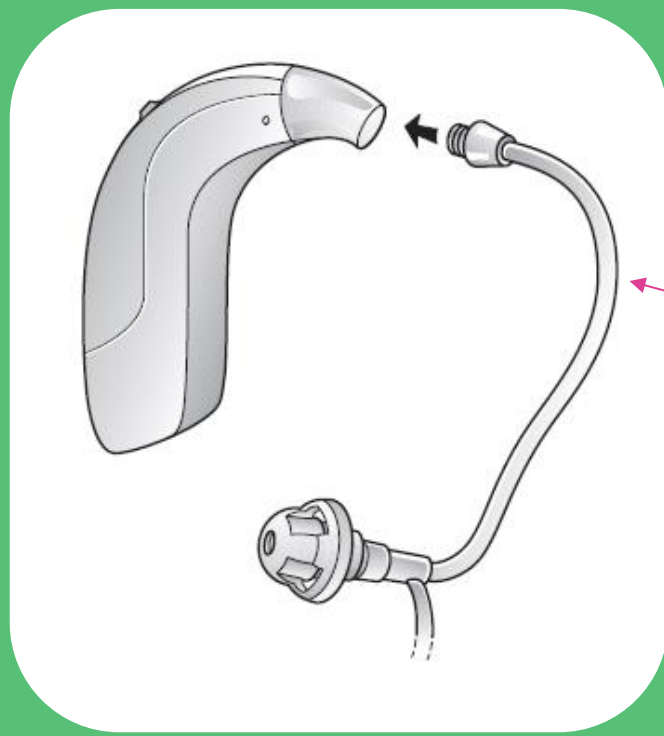
Retubing an earmold:

- Pull the old tubing out of the mould and KEEP it aside! Take the new piece of tubing which mostly come pre-tapered but if not cut a taper in the last inch as shown.
- Thread the tapered end through from the outside of the mould as shown
- Pull the tubing through the mould until the tapered end has passed right through, and the other end is flat against the outside of the mould



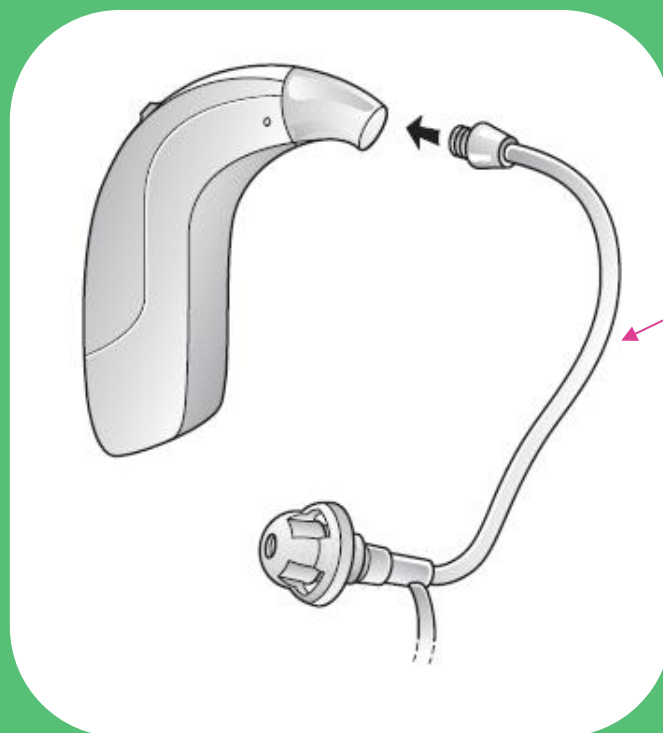
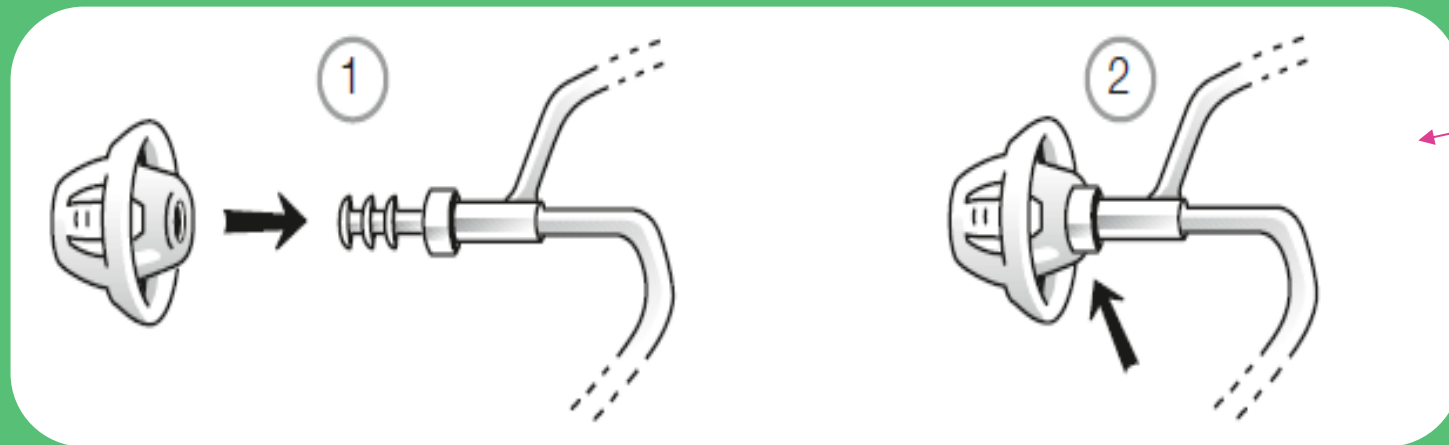
Learning outcome 9

Carry out hearing aid re-tubing, battery replacements and minor hearing aid repairs and parts replacement (open fit)



Replacing an Open-Fit tube and dome

- Remove thin tubes from the hearing aids
- Push the dome over the “teeth” and ensure a secure fit to prevent the dome coming off in the ear canal
- Attach the replacement thin tube



Learning outcome 10

Be able to support people to self-manage and get the most out of their hearing aids.

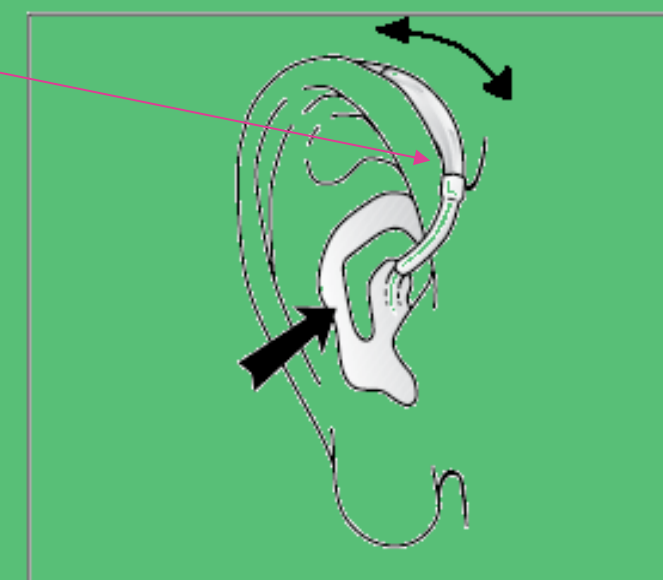
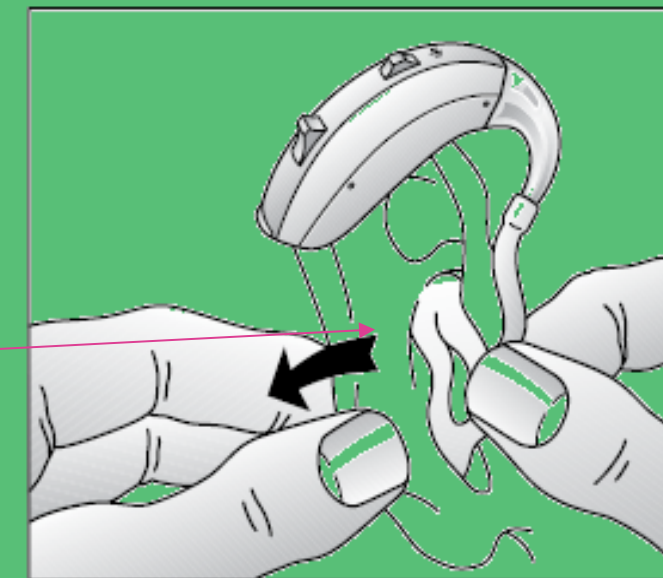
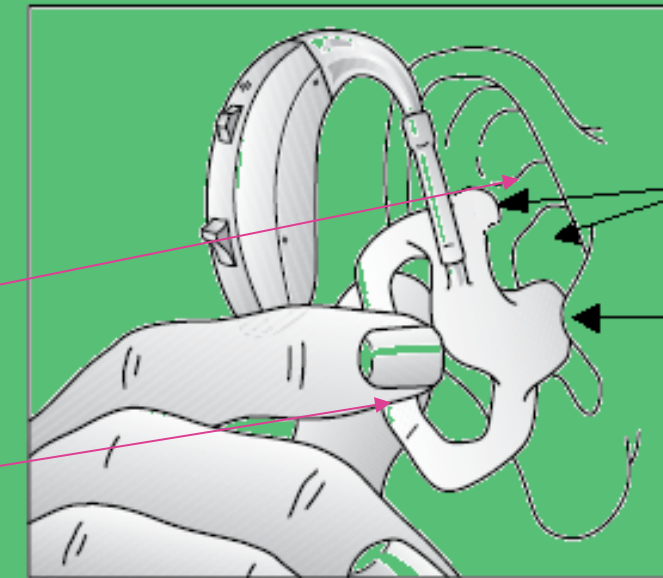
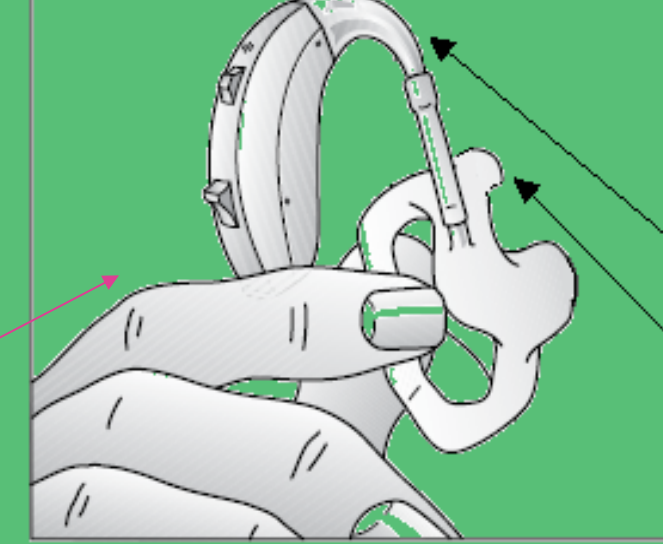
Self-managing?

- People get the most benefit from their hearing aids if they can use them consistently and confidently
 - Inserting and removing hearing aids
 - Cleaning hearing aids
 - Getting used to sound
 - Operating controls
 - Changing batteries
 - Retubing
- We have a role to play in ensuring people can use their hearing aids



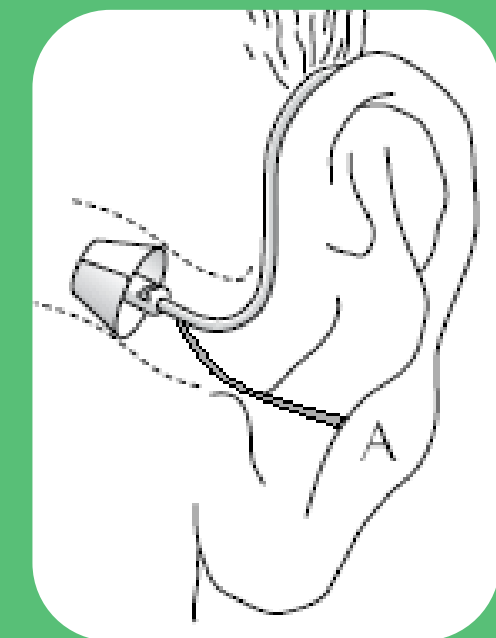
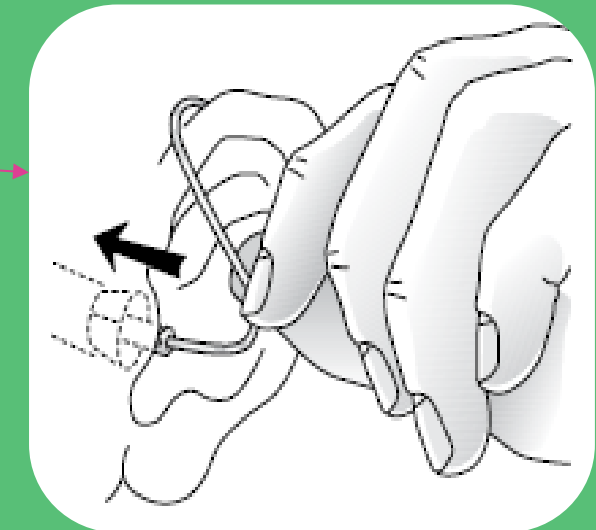
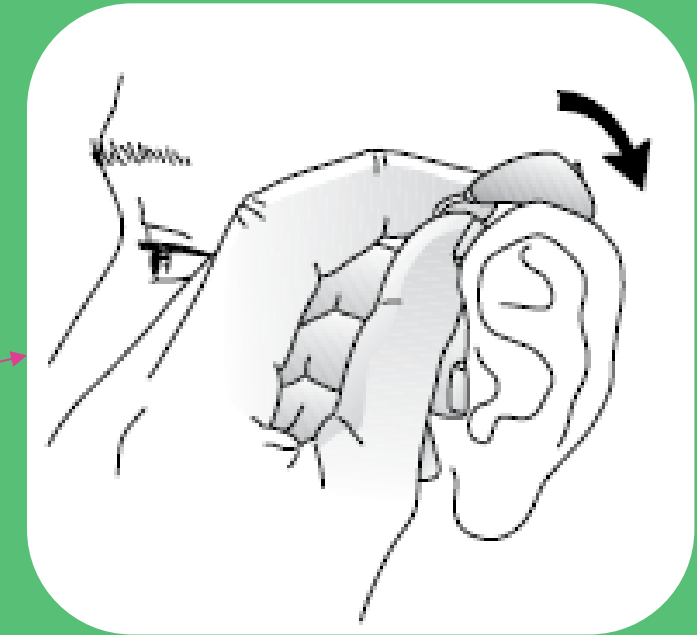
Inserting an ear mould:

- Pinch the back curve of the ear mould with your finger and thumb. Keep the arch of the hearing aid to the top.
- Tuck under the fold of skin.
- Gently push into the ear canal, pulling back ear if needed
- Push the back curve of the ear mould backwards, into the bowl of the ear.
- Tuck the hearing aid over the ear, by pushing upwards and sliding it behind the ear.



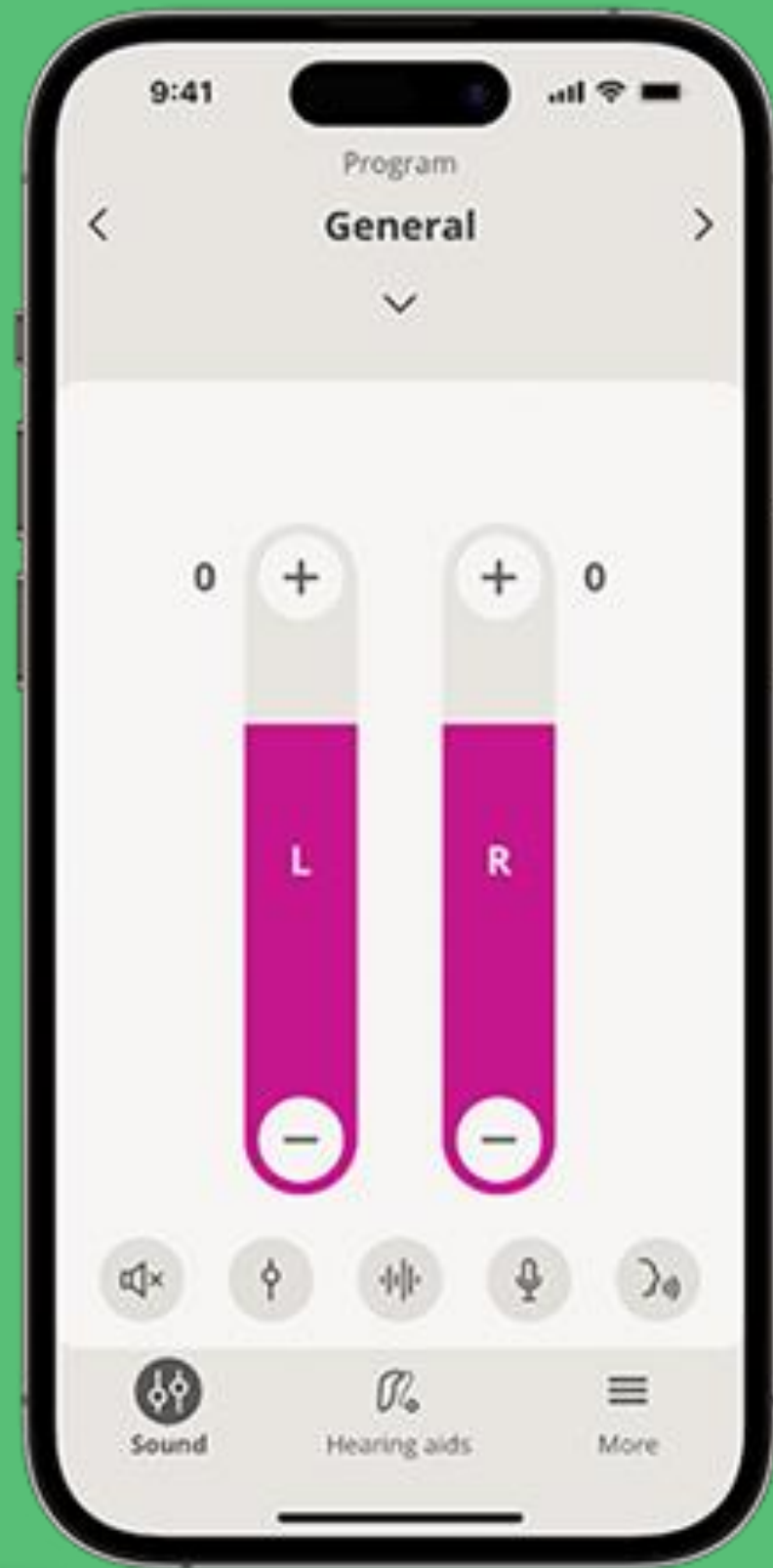
Inserting an open-fit:

- Hook the hearing aid behind the ear
- Gently push the tube and dome into the ear
- Push the tube deeper into the ear until the tube lies flush with the cheek/face. You may find pulling the back of the ear is helpful as it will straighten the canal. Place the small plastic stick/tail (See diagram A) into the bowl of the ear into the bowl of the ear



Learning outcome 11

Have an awareness of Bluetooth technology and wireless resources which can be used with hearing aids.



BLUETOOTH

- Modern hearing aids have Bluetooth connectivity
- Connect to each other
- Smartphone Apps to control volume and programmes
- Connect to accessories

WIRELESS TECH

- Induction loops
- Remote microphones





Useful videos

Patient information - Custom mould
(c2hearonline.com)

Patient information - Open fit
(c2hearonline.com)

Hearing aid mould care



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Inserting hearing aid mould



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Hearing aid open-fit care



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Inserting hearing aid open-fit



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Any questions?



CONTACT RNID

We're open 8:30am to 5pm, Monday to Friday.



Chat to us on the RNID website: www.rnid.org.uk



Call: 0808 808 0123



Email: contact@rnid.org.uk



Book a BSL video call via our partners at Sign Live: create an account at the SignLive website or download the SignLive app for Android or the SignLive app for iOS



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