Guidelines for Professional Links between Audiology and Education Services within a Children's Hearing Aid Service

Introduction

Health and education services are both involved with a hearing impaired child and their family regarding the child's audiological assessment and the management of the hearing loss. It is, therefore, of crucial importance to the child that proper channels of communication are established between health and education services within a paediatric audiology service for the efficient exchange of information regarding all aspects of the child's hearing care.

Flow of written information from Health to Education

Written information concerning audiological assessment and hearing aid management should pass from health services to education services, with the usual safeguards regarding parental consent.

Information should include;

- A copy of all letters sent to the child, parent or GP
- A copy of all audiological assessment data and hearing aid evaluation test results
- Information on the make, model and serial numbers of hearing aids fitted
- Detailed information on how the hearing aids have been programmed to include;
 - prescription procedure;
 - type of compression and output limiting circuits linear, non linear, WDRC or other;
 - o setting of compression time constants if known (slow/fast)
 - o real ear measures
 - volume control setting or status
 - o feedback management
 - o noise reduction
 - the number of programs activated and the features of each one.
- Details of any changes in the hearing aid fittings following a review
- Frequency Response Curves for 50dB, 65dB and 80 dB inputs, specifying the input signal.

Flow of information from Education to Health

Written information concerning audiological assessments and hearing aid management should pass from education to health services, with the usual safeguards regarding parental consent.

This should include;

- A summary of a child's general use of a hearing aid based on feedback and observations from the parents/carers, child and teacher or questionnaire
- A summary report based on the Common Monitoring Protocol, PEACH, LIFE, LSQ or similar questionnaires, detailing the child's listening abilities and use of the aids
- Results of speech tests
- Observations on any perceived changes in the child's hearing levels
- Use of FM system

All of the above information should be available for each of the child's hearing aid reviews, which should if possible be attended by the appropriate education team member.

Co-ordinated approach to Impressions and Earmoulds

The two services must agree co-ordinated systems for meeting the needs of children and families with regard to high quality earmoulds and fast earmould replacement as specified in the Guideline on Earmoulds and Impression Taking.

Aid breakdowns, exchange and loan systems.

The two services must establish a co-ordinated system to deal promptly with malfunctioning aids and the consequent issue of loan aids. This should take the form of a written agreement.

A system should be established for a fast and effective response to any fitting or breakdown problems. Possible systems include a one-day turnaround replacement by health services, drop-in emergency clinics or teachers of the deaf with specialist training and equipment. Local circumstances and geography for a particular health-education partnership will determine which one of these systems, or another system, is agreed.

Continuing professional development – joint events

All staff involved in providing a fully comprehensive children's hearing aid service need to be aware of the performance and features of the hearing aids fitted locally and the measures used to evaluate performance. This is a rapidly changing field and continuing professional development in the form of training updates is essential.

Joint training sessions provide the opportunity to share this information. They also serve to encourage closer liaison and an enhanced understanding of the various roles of staff within a comprehensive hearing aid fitting service.

Regular meetings between the two services

To facilitate communication and the above guidelines, there should be a mechanism for regular discussion and monitoring of the liaison between health and education services.

This might best be done under the authority of the local Children's Hearing Services Working Group.

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