

## **Summerside Primary Academy Audiology Policy**

### **Rationale**

We aim to make maximum use of children's residual hearing to develop their spoken language. We promote children's independence in the management of their audiological equipment and enable the development of their confidence and self-esteem by encouraging them to learn to take responsibility for all aspects of their deafness.

The staff of Summerside Primary Academy Deaf Provision are committed to enabling our pupils to become effective managers of their own deafness. Developing an understanding of audiology early on will benefit children throughout their lives. We believe that parents, school, clinic/hospital staff, Speech & Language Therapist and other agencies should all work in partnership together in order to maximise the child's audiological potential.

### **Aims**

- To keep staff informed about developments in audiology and to enable all staff to use the equipment effectively.
- To carry out basic audiological and acoustic assessments.
- To encourage and advise parents in their understanding of the functions and benefits of the equipment.
- To promote access to the curriculum through the optimal use of the equipment.
- We aim to make maximum use of each pupil's residual hearing through consistent use of appropriate amplification e.g. hearing aids, cochlear implant processors and radio aids.
- We aim to provide an enhanced listening environment through acoustically treated rooms and the use of Soundfield systems.
- We aim to maintain all amplification systems to ensure optimum listening conditions for all pupils in the school.
- By maintaining amplification systems, pupils will achieve the best possible access to speaking and listening.

As pupils progress through the school, they are given increasing independence for the management of their own deafness. The purpose of training audiological awareness is to facilitate the independence of each pupil. This enables pupils to understand the audiological care they receive from clinic and hospital staff. Developing early understanding now may benefit them in later life. We consider parents and clinic/hospital staff (external/multi agencies) to be in partnership roles with school staff in regards to children's audiological care.

### **Use of Equipment**

- Radio aids are used on a daily basis as appropriate. Children are encouraged to signal if there are problems with hearing aids, cochlear implants or radio

aids *at any time* and in the case of the older children, to trouble shoot and solve simple problems themselves.

- All staff are trained in the use of radio aid equipment and the importance of it functioning correctly.
- All hearing aids, cochlear implants and radio aids are tested each morning when the children arrive in school. They are checked both independently and in conjunction with the radio aids. Problems with flat batteries, ear moulds, tubing, coils, wires and shoes are dealt with as quickly as possible.
- If a fault with a personal aid is detected then parents are requested to arrange repair with their hospital.
- A record of audiological equipment and serial numbers is kept and updated regularly.

### **Pupil's responsibilities**

- Pupils are expected to take an active part in equipment checks and are encouraged towards being independent in taking out and replacing their hearing aids / cochlear implants, ensuring the programme and volume control is set correctly (if necessary), detecting and replacing flat batteries and in the case of hearing aids removing wax and condensation from their ear mould tubing.
- Pupils are expected to very quickly become independent at ensuring their FM systems are plugged in, switched on, the teacher is wearing or is going to wear the appropriate transmitter and that they can hear clearly. Management skills relating to audiology are written into the children's I.E.P's when this is felt appropriate.
- Pupils are encouraged to report if their technology sounds wrong, they hear distorted sounds or cannot adequately hear the teacher, indicating a problem.

### **Staff responsibilities**

- To identify training needs for new staff at Summerside.
- To liaise with parents, hospitals, clinics, cochlear implant centres, speech and language therapists, audiologists, technicians, audiological scientists, GPs etc regarding audiological issues for the children and to read reports and audiograms that the school receives.
- To attend courses to keep knowledge updated through BATOD, NATSIP, Mary Hare School and Frank Barnes School.
- To ensure new staff understand how the FM system works and how to change frequency.
- To keep up to date with deaf awareness literature containing information about audiology; for example OneinSeven (RNID), Talk (NDCS), SENJIT newsletters, BATOD journals and web pages, and material published by manufacturers of audiological equipment.
- An FP35 test box is used to ensure the correct functioning of personal hearing aids, cochlear implants and radio aids. The test box is calibrated annually and the software updated every 5 years. If changes are made to any of the children's personal equipment, such as a change to the internal settings or a

new model is provided, then gain curves should be taken and the radio aid should be checked and balanced as soon as possible afterwards.

- To keep a daily written log of listening checks include using LING sounds with each child and to record and respond to any issues arising.

### **School responsibilities**

- To adhere to the Quality Standards for FM document (NDCS 2018)
- To provide and update FM equipment as appropriate for children's changing technological and audiological needs within a reasonable time frame.
- To work in partnership with a range of audiological services.

### **Parent's responsibilities**

- Ear-moulds are cleaned and re-tubed as necessary. It is the responsibility of the parents to arrange for new mould impressions to be made when needed at their hospital audiological department.
- Parents are encouraged to ensure their child makes full use of their personal. Queries relating to hearing aids are usually addressed via the home-school book, personally or over the telephone and done in accordance with the lowered thresholds for safeguarding for deaf children.

### **Appendix 1 - Resources**

The following resources are used to support pupils and staff to develop audiological awareness:

- Sterile wipes
- Stetoclips (with attenuators as required)
- MLXi, Roger X receivers
- Roger Inspiro and Roger Touchscreen transmitters
- Paddles for testing implant devices
- Various audio input shoes (according to each pupil's aids/implants)
- Fonix FP35 test box
- Soundfield systems in all classrooms
- Spare batteries (provided by parents)
- Puffers
- Silicon cream

### **Appendix 2 – Technical support**

**Hearing aids** (test daily with stetoclip (listening device) – be aware that some hearing aids are very loud, so protect your ears with the attenuator on the stetoclip.

- No sound – dead battery – change it
- Still no sound – separate tubing from aid, if processor is making a noise then the problem is in the tube or mould. Clean tubing using a wax picker or wash

mould and tubing only in soapy water – dry and puffer (aids themselves must be kept dry)

- Still no sound – aid broken (unusual, but not impossible) - contact parents to ring hospital urgently.
- Whistling when in ear – loose mould – contact parents to make hospital appointment for new moulds (child may be having growth spurt). They may take two weeks to come!
- Split mould – new one needed – as above
- Difficult (hurts) to get mould into ear – apply tiny amount of silicon (magic) cream to end of mould.
- Condensation in tubing - puffer

### **Cochlear Implant processors**

- Look at individual manufacturers tables of light colours and flashing patterns to determine the problem. Follow the recommended steps to rectify the problem if possible. Spare battery covers to replace rechargeable units with battery powered ones are kept with the audiology equipment in the PDC
- Child receives bang to head – contact parents urgently.

### **MLXi or Roger X FM radio aids** (with Inspiro Roger or Roger touchscreen transmitter) powered from child's hearing aid.

- Visibly broken or lost shoe onto hearing aid or implant, replace as soon as possible.
- Child reports sound very quiet – check balancing with test box, change batteries then seek further advice from Phonak or from hospital.
- Child reports no sound – reconnect the transmitter, hold it very close to the receiver when doing this. Clean connections between shoe and hearing technology. Take off and reattach shoe, take off and reattach transmitter. In the case of new aids, check that audiology have enabled FM and put it to auto connect or give the number of the programme that FM enablement is using.
- No image on transmitter when switched on – recharge
- Still no image – unit failed – return to Phonak (makers) for repair
- Sound very quiet – child's unit may have been turned down and needs adjustment using test box – seek further advice.

- No light or sound despite all other options explored (may be on either teacher's microphone or child's receiver) – unit has failed – replace with spare one or buy new.

Updated January 2021 by Kerry White