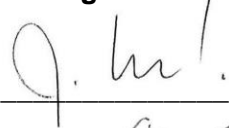
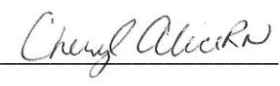


Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY: Resident Care	SUBJECT: Hearing Aid & Hearing Test Referrals	SECTION: H POLICY: 1
DATE: September 2004	Administrator: 	
REVISION DATES: January 2017, September 2022	Director of Care: 	

HEARING AID & HEARING TEST REFERRALS

POLICY:

To ensure residents who require hearing aid assessments or hearing tests receive the proper referrals to the Clear Hearing Centre in order to meet each resident's sensory needs, enable him/her to communicate and to be as independent as possible.

PROCEDURE:

- If repairs are necessary, the Registered Staff will notify the resident or resident representative and implement any required inventions i.e., fax to the notification to the supportive services for repair service. Staff are not to attempt to repair hearing aids. The microphones are very delicate, and any object inserted into the aid may damage it. Just clean the exterior of the aid if necessary.
- For those residents who need hearing aid assessments or hearing tests, fax a referral to Clear Hearing Centre.
- Referral forms are in the filing cabinet. Once faxed to the Clear Hearing Centre, the referral page is placed into the red binder with the Clear Hearing label on its spine, located at the 1st Floor tall cabinet. Stamp the referral with the date it was faxed, Clear Hearing Centre staff will use these forms to write their recommendations on. Contact family informing them a referral has been made and of schedule visit time on the clinic day.
- Clear Hearing Centre will conduct clinics in the first-floor lounge usually 1X per month (usually the 3rd Thursday of the month between 9:30 – 10:30 a.m.).
- If the supply of batteries is running low, fax the Clear Hearing Centre with the required size or sizes needed and they will bring them on their next visit, picked up by Leamington Mennonite Home or delivery arranged.

Clear Hearing Centre

243 Erie Street S. # 3

Leamington, Ontario

N8H 3C1

Tel: 519-398-8116

Fax: 519-398-8118

Date: _____

Resident Name: _____ Room #: _____

HC# _____ DOB _____

Family attending clinic appointment: _____

Reason(s) for Visit:

- Hearing Evaluation
- Minor Repair of Hearing Aid(s)
- Cleaning of Hearing Aid(s)
- Programming of Hearing Aid(s)

Additional

Comments:

LMH Staff Signature: _____

Appointment Scheduled for Clinic: _____ Time: _____



Clear Hearing Centre LMH
Clinic Day



1st Floor Lounge

Reserved

For Hearing Clinic

Oct 20/16

9:30 am to 10:30 am



Clear Hearing Centre LMH Clinic Day Schedule



Tel: 519-398-8116

Fax: 519-398-8118

Clinic Date: December 15, 2016

	Resident	Reason for visit	Clear Hearing Staff Sig to verify visit
1030h			
1045 h			
1100 h			
1115 h			
1130 h			