Hearing Loss or Impairment
According to researchers, nearly two thirds of adults aged 70 years and older in the U.S. population experience hearing loss.\(^1\) Studies have linked this loss of hearing in elders to conditions, amongst other declines, like walking difficulties,\(^2\) falls,\(^3,4\) and social isolation\(^5\) making it very important for caregivers to identify when a client might be experiencing hearing loss, and may need to be assessed by a medical professional.

Reporting Guidelines
To effectively observe changes in a client, compare what you know of the client’s baseline to what you currently see. Good sources of baseline information include the client, the client’s care plan, other care team members, and a client’s health care provider. You should report to the client’s case manager or your supervisor what you observed when you have worries or questions about changes in a client’s condition. You should also report when the client develops a new problem and has personal care needs that are not being met. Afterwards, document what you have reported and to whom.

What are possible signs of Hearing Loss or a Change in Condition from baseline?
The client may be experiencing hearing loss when you observe the below listed behaviors, such as the client:

- Increases volume level on audio/video devices;
- Reports ringing in their ears;
- Speaks loudly;
- Is non-responsive to sound;
- Is unable to hear your voice, or has trouble hearing high-pitched sounds;
- Is unable to distinguish sound with background noise, or when two people are talking at once;
- Misunderstands communication, especially if mobility challenged; i.e., unable to turn to the speaker while seated in a wheelchair;
- Requires speaker to repeat the same thing multiple times;
- Asks you to speak more slowly, clearly and loudly;
- Acts withdrawn;
- Misses part or whole words;
- Tries to bluff when spoken to;
- Unable to hear the caller on the phone;
- Misses alerts, such as a kitchen timer;
- Is unable to hear another person in a different room;
- Struggles to follow what is being said;
- Reports missing phone calls;
- Reports that people are saying they’ve been outside their door knocking for an extended period of time.

The following are general tips when problem solving and helping a client identify that they may be experiencing hearing loss.

- Note if the client wears a hearing aid -- check to see that it is on, is clean, is operating, and that it has batteries.
- Review the care plan to learn of any temporary loss or permanent loss of client’s hearing.
- Check when client was last examined by medical provider; discuss with client whether they would like for you to arrange a medical provider examination (e.g. primary care physician, audiologist). Depending upon

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\(^2\) J Am Geriatr Soc. 2009;57(12):2282–2286
the caregiver’s work environment, there may be different ways of arranging for a medical provider examination.

- Discuss your observations with:
  - Client
  - Legal guardian
  - Supervisor
  - Case manager

What are ways to assist clients with hearing loss or impairment?

- Use hearing assistive technology; i.e., hearing aids (these allow for arm-range effectiveness in noisy environments);
- Refer client to captions on phones, TV;
- Slow down the conversation, focusing on one topic at a time;
- Identify background sounds, working with client to reduce or eliminate distractions; and
- Encourage client to request others to change behavior (e.g. ask speaker to face client).

Resource Directory

Deaf and Hard of Hearing Resources & Organizations:


  4820 156th Place SW, Edmonds, WA 98026-4846
  E-mail: info@hearingloss-wa.org

- Hearing Loss Association of America: [www.hearingloss.org](http://www.hearingloss.org)
  7910 Woodmont Avenue, Suite 1200, Bethesda, MD 20814
  301-657-2248
  E-mail: info@hearingloss.org

  E-mail: cheripz@gmail.com


- Identifying Symptoms of Hearing Loss: [http://www.hearingloss.org/content/symptoms-hearing-loss](http://www.hearingloss.org/content/symptoms-hearing-loss)

- How to Communicate with Someone Who Has Hearing Loss: [https://www.agingcare.com/articles/hearing-loss-communication-techniques-144762.htm](https://www.agingcare.com/articles/hearing-loss-communication-techniques-144762.htm)

- It Takes Two to Communicate: Two-Way Communication Tip Cards: [http://hearingloss.org/content/brochuresdvds](http://hearingloss.org/content/brochuresdvds)

- Hearing Assistive Technology. Hearing assistive technology can assist a person to hear better in situations where a hearing aid is insufficient. Also assisted listening devices, such as pocket talkers, enable one to communicate with a person with a hearing loss who does not have a hearing aid.
  - Harris Communications: [https://www.harriscomm.com/equipment/personal-listening.html](https://www.harriscomm.com/equipment/personal-listening.html)
• Washington State Office of Deaf & Hard of Hearing Services
  https://www.dshs.wa.gov/altsa/odhh/telecommunication-equipment-distribution
  (Distributes amplified and captioned telephones to persons who are deaf or hard of hearing.)

• Hearing Professionals, Hearing Aids, and Hearing Centers Near You
  ✓ https://www.hearingtracker.com/hearing-aids/usa/washington
  ✓ Hearing Speech and Deaf Center: https://www.hsdcreach.org/ (Provides case management, advocacy and information to individuals who are deaf and hard of hearing)

• Financial Assistance for Hearing Aids
  ✓ Northwest Access Fund: http://washingtonaccessfund.org/hearing-aid-funding-resources/
  ✓ Hearing Speech and Deaf Center https://www.hsdcreach.org/
  ✓ University of Washington Speech and Hearing Clinic: https://sphsc.washington.edu/hearing-aid-assistance-program
  ✓ Hearing Health Research: https://hearinghealthfoundation.org/research
Foot Care Correction

These are changes to the text in the RFOC on page 40, Module 3, Lesson 1 Providing Personal Care (text that has been added is in red).

**Body care:** includes passive range of motion, applications of dressings and ointments or lotions to the body, pedicure to file or trim toenails and apply lotion to feet.

[New paragraph] Please be aware that body care **excludes** foot care for clients who are diabetic or have poor circulation and changing bandages or dressings when sterile procedures are required.

These are changes to the text in the RFOC on page 124, Module 7, Lesson 2 Skill Demonstration Checklist (additions are in red).

Please be aware that at the certification exam, nail trimming is not a performed step. Students are expected to demonstrate proper foot care procedures during skills training.

1. S.W.I.P.E.S.
2. Put on gloves (follow proper procedures for placement and removal on pages 66-67).
3. Inspect the client’s foot carefully before starting the procedure by checking between the toes and the heels of the foot. Inquire whether the client has any pain or sensitive areas before beginning.
4. Put water in basin, filling it no less than halfway full. Test water temperature and ensure it is safe and comfortable before placing client’s feet in water. Adjust if necessary.
5. Ask client if water temperature is comfortable before foot is completely submerged. Adjust if necessary.
6. Put the client’s foot completely in the water.
7. Supporting foot and ankle properly throughout procedure, remove foot from water, wash entire foot, including between toes, with soapy washcloth. **Keep water in basin soap-free for use as rinse water by:** (1) washing foot with washcloth with soap applied directly to the washcloth instead of adding soap into basin of water; or (2) using two separate basins of water: one for washing and one for rinsing.
8. Be sure to add the soap to the wet washcloth rather than directly in the water.
9. Rinse and then dry entire foot, including between toes. Pat, don’t rub dry.
10. Gently clean dirt out from under nails using orangestick. **Wipe the orange stick clean on the towel after cleaning each nail.**
11. File (or cut) nails straight across as needed to ensure smoothness with (clippers or) an emery board. [Note: Always verify the client’s care plan prior to performing foot care to determine whether the client’s foot care includes nail trimming. Nail trimming is not performed during the certification exam.]
12. Ask if client would like lotion applied. If so, put lotion in your hand and massage apply lotion to the client’s entire foot making sure to **not** put lotion in-between the toes. Remove excess lotion (if any) with towel.
13. Assist client to replace socks and shoes.
14. Empty, rinse, wipe bath basin, and return to proper storage.
15. Remove gloves and wash hands.
These are changes to the text in the RFOC on page 124, Module 7, Lesson 2 Body Care general tips (additions are in red).

The following are general tips when helping a client with foot care.

- Inspect your client’s feet regularly for changes in color (especially redness), temperature, blisters, cuts or scratches, cracks between the toes, or other changes. Document and report any swelling or redness you notice around the area.
- Monitor minor cuts and keep them clean.
- Do not put lotion in-between the toes - the lotion causes moisture that promotes fungal growth.
- For most clients, you will only be filing nails, and not trimming nails. Always verify the client’s care plan prior to performing foot care to determine whether the client’s foot care includes nail trimming.
- If the care plan indicates nail trimming, do not cut down the corners of a client’s toenails or dig around the nail with a sharp instrument for any client.
- If the care plan indicates nail trimming, never cut the nails too short as this may cause ingrown toenails. After cutting, file the nails downward.
- Cuticles act as a barrier to infection. Do not clip them.