Royal Cornwall Hospitals
NHS Trust

Community Hearing Assessment Clinic (HAC) Standard Operating Procedure

V1.0

February 2025

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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1. Introduction

The community hearing assessment clinics (HAC) provide an invaluable service in assessing the hearing of children in convenient locations throughout Cornwall. While they are not suitable for full diagnostic assessment, they provide a triage assessment to ascertain if further investigation is needed. This requires the family to travel to 1 of the 4 locations whose accommodation allows a full diagnostic assessment.

2. Purpose of this Standard Operating Procedure

2.1. The document provides guidance to the audiologist in the HAC on the processes required and assessments to be provided. It will detail the timescales for the clinic and in conjunction with the HAC pathway support the audiologist in managing the clinics efficiently.

2.2. This document provides information on how competency will be assessed and provide clear guidance for the HACs.

3. Ownership and Responsibilities

3.1. This section gives details of roles responsible for the development, management, and implementation of the policy/procedure.

3.2. **Role of the Audiology Clinical Lead**

The Audiology Clinical Lead is responsible for:

- Ensuring all staff who work on HAC's are aware of this document and have access to the most recent version.
- Auditing compliance to the document and performing competency assessments.

3.3. **Role of Individual Staff**

All staff members are responsible for:

- Following this document and adhering to the guidance.
- With the support of the Clinical Lead maintaining competence in the clinical skills required for the HAC.

4. Standards and Practice

4.1. The Audiologist must ensure they have all the equipment required, if for any reason equipment is not available, they should notify the Clinical Lead or Head of Service.

4.2. The Audiologist is the Lead Clinician for the clinic and therefore has clinical responsibility for all aspects of the clinic. The Paediatric Hearing Screener is the Assist.

4.3. In discussion with the Paediatric Hearing Screener the Audiologist may wish to allocate some of the assessment to the Screener. This does not remove the clinical responsibility from the Audiologist. The assessments which can be allocated are:

4.3.1. Audiometry unmasked only.

4.3.2. McCormick.

4.3.3. Distractor when performing distraction testing.

4.4. **Assessments available to the audiologist are:**

4.4.1. Play / Pure Tone Audiometry (PTA).

4.4.2. Otoscopy.

4.4.3. McCormick.

4.4.4. Distraction.

4.4.5. Tympanometry.

4.4.6. Transient Evoked Otoacoustic Emissions (TEOAE) (depending on equipment availability).

All assessments should be performed as per British Society of Audiology (BSA) recommended procedures with adherence to any relevant local SOP (sec share/operational delivery/policies protocols procedures/SOP's/Paediatric SOP's).

4.5. The Local Clinical Pathway for HAC (secshare/Audiology Speciality Services/ Children's Hearing Services/ pathways) should be followed, including consideration of further assessment on a '3AT' or '5AT' clinic with 2 Senior Paediatric Audiologists if this is the second HAC appointment and no further results are able to be obtained.

4.6. Minimum discharge criteria as per the BSA and British Academy of Audiology (BAA) joint guidance shall be followed with local amendment given the possibility of increased noise floor in the test conditions:

- If Play Audiometry is appropriate for the child (using headphones or insert phones) $\leq$ 25dBHL obtained in at least 3 frequencies bilaterally shall be obtained which must include 500Hz and 4kHz.

- If full Pure Tone Audiometry (PTA) is appropriate for the child (using headphones or insert phones) all frequencies should be obtained, 500Hz-8kHz, obtaining $\leq$ 25dBHL to discharge.

- If tympanograms are normal but the child will not perform Audiometry, then TEOAE's may be attempted. A 'clear response' for a TEOAE is when $\geq$ 6dB SNR for 3 bands, from the half octave bands centred at 1.5kHz, 2kHz, 3kHz, 4kHz with a minimum response 0dBrms SPL.

- If the child has been unable to perform Audiometry on two occasions, TEOAE's clear responses in both ears can be used to discharge provided the risk is clearly explained to the parents/care givers and documented.

    - However, using only TEOAE's clear responses in both ears as discharge criteria should NOT be used if there are risk factors for hearing loss OR strong concerns from parents that hearing is not normal OR the child has very delayed or no speech OR the child is not observed to be responding to sound appropriately in clinic. In these cases, further assessment is needed and a '3AT' or '5AT' appointment should be offered, as per the HAC pathway (secshare/Audiology Speciality Services/Childrens Hearing Services/ pathways).

- If a child is discharged, their referral will be considered for an open referral period of 6 months post discharge (added to Patient Initiated Follow Up (PIFU) on PAS for date reference). After this time, a new referral will be required.

4.7. During the clinic the Audiologist and Screener should also follow the following Trust protocols.

4.6.1. Infection prevention and control. Infection and Prevention.

4.6.2. Positive patient identification. Positive Patient ID.

4.6.3. Decontamination Policy .Decontamination Policy.

4.6.4. Code of conduct for employees in respect to confidentiality.Code of Conduct.

4.6.5. Policy for consent to Examination or Treatment.Consent to Examination.

4.6.6. Was Not brought (WNB) policy. Was not Brought.

4.6.7. Clinical Guidelines for what to do if you are worried about the welfare of a child or young person aged under 18. Worried about Welfare of Child/Young Person.

4.6.8. Health and Safety general policy. Health and Safety Strategy.

All Trust protocols can be found in the document library.

4.7. Hot key number 28 'HAC' in Audit Base (AB) should be used with all parts completed as fully as possible, including the 'Individual Management Plan' which should be agreed with the parent/carer and detail what happens next as per the HAC pathway (secshare/Audiology Speciality Services/Children's hearing services/pathways).

4.8. At the end of the clinic, it is the Audiologist's responsibility to ensure that Patient Administration System (PAS), Audit base journal and reporting requirements, using the HAC template for the admin team (Secshare/Admin/Audiologist Clinic letters/Adult and Paed letter drop down), are completed. The AB journal and

PAS should be done on the day of the appointment, the letter requirements within 3 working days of the appointment. If the Audiologist is not able to meet these requirements, they should notify the paediatric audiology admin team.

4.9. All staff within the HAC clinic will have a competency check at least once every two years. The Audiologist and Screener will be assessed by the Clinical Lead. The competencies assessed are detailed and saved on secshare/Restricted/Governance/Audit/Staff Competency).

Uncertainty of measurement:

Whilst all efforts will be taken to ensure as high a degree of accuracy in the HAC as possible, it is acknowledged that there is some uncertainty in the tests performed.

This could include the test environment, or the equipment used, not meeting the appropriate standards for testing. For example, the noise floor of the test rooms being beyond the control of the testers. This may lead to the inability to accurately test hearing levels, which may in turn lead to an inaccurate indication of a hearing loss. To ensure as accurate test conditions as possible, a sound level meter will be used to measure the noise floor of the test environment prior to beginning the assessment to ensure it does not exceed 25dB(A) as documented in BSA Practice Guidance 'The Acoustics of sound field Audiometry in Clinical Audiological Applications', 2019.This will be documented in the clinical notes. Daily calibration (Stage A checks; BS EN ISO 8253-2:2009) on the equipment to be used will be performed and documented in the services Team's spreadsheet. Annual calibration (Stage B checks; BS EN ISO 8253-2:2009) of the equipment and sound field be carried out and documented for traceability and accuracy in the Calibration folder on the Audiology shared drive.

There could also be an uncertainty of measurement if the child is not cooperative or if there is tester bias. An example of this is where the tester/s incorrectly decide the child's response to the presented sound is a true one, when it is in fact a false positive response. This could lead to a hearing loss being misdiagnosed or missed. Equally, the child may be deemed to not hear the sound as they fail to respond, when in fact they are choosing not to respond (a false negative) – and would thus perhaps be better suited to a different type of assessment. This could lead to raised thresholds inaccurately indicating a hearing loss. To mitigate the risk of misinterpretation of response, comments on how the child responds (and reliability) will be documented in the clinical notes. At the end of the test, the first frequency will be returned to and a sound presented at 5dBHL above the obtained threshold, to ensure repeatability and reliability of the assessment.

Whilst the Clinicians performing the HAC assessment are highly skilled in their work, there is a possibility that they inadvertently cue the child to a response. This may lead to the child giving thresholds at a lower intensity than they are truly hearing, thus a hearing loss being missed or misdiagnosed. To mitigate this risk of inaccuracy, communication between the testers (and sometimes the parent/carer) can be useful for agreement of responses. Regular peer review (at least once every two years) will be carried out to ensure consistency and accuracy of test technique. This will be documented in the 'Staff competency' spreadsheet on the shared drive.

5. Dissemination and Implementation

5.1. This document will be discussed at a staff meeting, stored on Secshare/Operational delivery/policies protocols procedures/SOP's/Paed SOP's and sent via email to staff involved in the HAC clinics.

5.2. This document should reflect current practice but a refresher on discharge criteria and PIFU addition on PAS will be required.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Clinical Practice, Time frames detailed in 4.7.
Lead	Clinical Lead.
Tool	Clinical practice to be assessed via direct observation. Documentation detailed in 4.7 will be monitored and reported on by retrospective audit.
Frequency	Clinical Practice assessed at least once every 2 years. Documentation times detailed in 4.7 audited every 6 months.
Reporting arrangements	Competency check reported on staff record and to senior team only. Documentation audit to be reported direct to staff involved, senior team meetings, Paediatric team meetings, as well as general figures reported at full staff meetings.
Acting on recommendations and Lead(s)	Any action required will be detailed in an action plan at the senior team meeting. Timescales will be agreed depending on findings.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within agreed timeframe. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

7. Updating and Review

This policy will be reviewed every three years or sooner if circumstances suggest this may be necessary.

8. Equality and Diversity

5.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

5.2. Equality Impact Assessment.

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Community Hearing Assessment Clinic (HAC) Standard Operating Procedure V1.0.
This document replaces (exact title of previous version):	New Document.
Date Issued / Approved:	September 2024.
Date Valid From:	February 2025.
Date Valid To:	February 2028.
Author / Owner:	Demelza Wake, Clinical Lead.
Contact details:	01872 254907.
Brief Summary of contents:	Guidance for Audiologists at HACs and Procedures to be carried out.
Suggested Keywords:	Paediatric audiology, community, hearing assessment.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Specialty Meeting, Care Group Governance meeting.
Manager confirming approval processes:	Ian Moyle, Head of Nursing (HON), Specialist Services and Surgery (SSS).
Name of Governance Lead confirming consultation and ratification:	Michele Reed.

Information Category	Detailed Information
Links to key external standards:	https://www.thebsa.org.uk/wp-content/uploads/2024/01/Recommended-Procedure-Pure-Tone-Audiometry-2018.pdf. https://www.thebsa.org.uk/wp-content/uploads/2013/10/OD104-35-BSA-Recommended-Procedure-Tympanometry-and-ART.pdf. https://www.thebsa.org.uk/wp-content/uploads/2023/10/OD104-54-BSA-Recommended-Procedure-Ear-Examiniation-February-2022.pdf. https://www.thebsa.org.uk/wp-content/uploads/2023/10/OD104-54-BSA-Recommended-Procedure-Ear-Examiniation-February-2022.pdf.
Related Documents:	British Society of Audiology Recommended Procedures for Clinical Procedures.
Training Need Identified:	Yes- to be disseminated at Paediatric Audiology Team Meeting. New colleagues to be trained as part of induction; Refresh of discharge criteria and PIFU timescale.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Intranet Only.
Document Library Folder/Sub Folder:	Clinical / Audiology.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
February 2025.	V1.0	Initial issue (previous local versions saved on shared share).	Demelza Wake, Clinical Lead.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team. rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Community Hearing Assessment Clinic (HAC) Standard Operating Procedure V1.0.
Department and Service Area:	Department/Speciality and Care Group or Corporate Group.
Is this a new or existing document?	New.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Demelza Wake, Clinical Lead.
Contact details:	01872 254907

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Clinical staff who assess children in the Community Hearing Assessment clinics.
2. Policy Objectives	To clarify assessment, discharge criteria, timescale for PIFU and uncertainty of measurement in HAC's.
3. Policy Intended Outcomes	Clear and consistent process and discharge criteria for HAC appointments.
4. How will you measure each outcome?	Audit of clinical caseload and documentation.
5. Who is intended to benefit from the policy?	Patients and their families who are assessed on HAC's.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: Yes • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Paediatric Audiologists and Hearing Screeners and Local CHSWG members.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender Reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or Belief	No	
Marriage and Civil Partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and Maternity	No	
Sexual Orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Demelza Wake, Audiology Clinical Lead.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

Section 2. Full Equality Analysis