Royal Cornwall Hospitals
NHS Trust

Paediatric Air Conduction Hearing Aid Fitting Standard Operating Procedure

V1.0

May 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 UK 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 UK 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 UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1 The Royal Cornwall Hospitals NHS Trust Audiology Service provides hearing aid fittings for all ages. This document provides the audiologists involved with providing paediatric Air Conduction hearing aid (ACHA) fittings the minimum elements to be included in the appointment.

1.2 The first fitting appointment of ACHA to a Permanent Childhood Hearing impaired child (PCHI) are currently provided at the Royal Cornwall Hospital by a Audiologist/Clinical Scientist (Band 7 or 8). The first fitting appointment of ACHA to a child with Otitis Media Effusion (OME) are currently provided at the Royal Cornwall Hospital, St Michaels Hospital, Bodmin Hospital, West Cornwall Hospital and St Austell Community Hospital by a Band 6 Audiologist or above.

2. Purpose of this Standard Operating Procedure

This document provides protocol for all clinical staff who perform paediatric Air Conduction hearing aid fittings to ensure accuracy and quality of procedure.

3. Ownership and Responsibilities

3.1. Role of the Managers

The Clinical Lead is responsible for:

- Cascading this SOP to the Audiology paediatric team.
- Ensuring the SOP is followed by all Audiology paediatric staff and find resolution where compliance is not met.
- To be the point of escalation regarding this subject.
- To ensure an up-to-date copy of the SOP is always available on the Audiology shared drive.

3.2. Role of Individual Staff

Audiology paediatric team members are responsible for:

- Understanding and adhering to the SOP and to escalate to the Clinical Lead where these standards are not met.

4. Standards and Practice

4.1. Protocol for Fitting

Type the hospital CR number into the client screen in Audit base to call-up the patient record, ensure the record is refreshed using the Patient Administration System (PAS) refresh button.

4.2. Review any history on Audit base, read any referral letter and check the ENT section in the notes for any relevant history if not included in Audit base.

4.3. Check the patient details and introduce yourself and anyone else in the appointment. Explain the purpose and outline the objectives for the appointment to ensure consent to continue. Complete the estimated hearing levels from the Auditory Brainstem Response (ABR) assessment OR repeat the Visual Reinforcement Audiometry (VRA) or Play Audiometry as appropriate, to ensure as accurate thresholds as possible for the hearing aid fitting.

4.4. Perform Otoscopy as per British Society of Audiology (BSA) recommended procedure.

4.5. PCHI fittings - Perform Real Ear Measurement (REM) or Real ear to Coupler Difference (RECD) verification of the hearing aid fitting as per BSA recommended procedure; OME fittings – use average RECD measurement due to fluctuating nature of disease.

4.6. If verification via REM or RECD is not possible record in the Audit base the reason why (ie: wax occlusion). In this case, verification is done using the Coupler using predicted RECD measurements, with the Clinician being mindful of the limitations of this measurement.

4.7. The prescription formula Desired Sensation Level (DSL) Version 5 should be used for the verification target measurement, using Bone Conduction thresholds as appropriate. Ensure the output from the hearing aid matches the target curve generated from the prescription formula, using the appropriate verification method. Ensure 100% prescription is used and use the program option suitable for the child and their needs.

4.8. Temporary OME hearing losses will be fitted with Phonak Bolero M70 M / Naida M70-SP hearing aids.

4.9. Permanent hearing losses (PCHI) will be fitted with Phonak Sky M70 M /Sky M70-PR /Sky M70 SP – Offer rechargeable hearing aids (PR) if hearing loss is within its fitting range and is appropriate.

4.10. Consider Bluetooth settings and adjust these as appropriate, considering age and requirements of the child.

4.11. Ensure the aid is tamper resistant for all children under 5 years and consider if there are siblings under 5 or who have complex needs. Document this in Audit base, including if the family decline.

4.12. Ensure the parents are informed of the risks for both ear mould and battery ingestion along with appropriate action should this occur and document this in Audit base.

4.13. Check the performance of the hearing aid. This could be using live voice assessment, distraction assessment or observation assessment or Parrot/McCormick/BKB; adjust the aid, if necessary, after assessment, consider adjustment for comfort for older children if they report concern over the volume of sound. For all early years fitting please ensure 100% prescription.

4.14. Explain the hearing aid to the child and accompanying adult/s. Provide details on how to access Paediatric Audiology (provide email address and phone number). Issue and go through a paediatric hearing aid maintenance pack.

4.15. If the fitting is from a Newborn Hearing Screening Program assessment provide appointments for moulds and follow-up appointments for the next 6 months, on PAS code PAAUD/5AT. For all other appointments provide a follow up appointment in 6-8 weeks (add to PAS code PAAUD/AID).

4.16. Discuss the support services available to the family, including the Special Educational Needs (SEN) team and seek consent for involvement. If agreed upon, ask caregiver to complete consent form for SEN involvement (secshare/Audiology Speciality Services/ Children's hearing services/ToD) scan to the SEN team SEN Business Support (senbusinesssupport@cornwall.gov.uk) and upload this document to Audit base.

4.17. Provide all supporting information on the hearing aid and contact details along with any appropriate written information (e.g. leaflets from National Deaf Children's Society).

4.18. Complete the Hearing Aid Individual Management Plan (IMP) noting the hearing aid type, settings, colour, controls, and comment on the results of the testing, both unaided and aided.

5. Dissemination and Implementation

5.1. After the Consultation - complete any action agreed if not already done so.

5.2. If parental agreement for support services has been given, please provide hearing tests and hearing aid settings to them via the internal senbusinesssupport@cornwall.gov.uk.

5.3. Write any referral letters needed.

5.4. Complete Smart 4 Hearing (S4H) as appropriate.

5.5. Outcome the appointment on PAS including all procedure codes required, book a further appointment/Add to pending list as necessary.

6. Monitoring compliance and effectiveness

This document will be disseminated through the Audiology paediatric team immediately following agreement and will be stored on the shared drive/policies procedures protocols/ SOPs.

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	All the policy to be monitored.
Lead	Audiology Clinical Lead.
Tool	Audit and review tool to assess compliance with fitting procedure and timeframes.
Frequency	Monitoring will be an ongoing practice with annual audits.

Information Category	Detail of process and methodology for monitoring compliance
Reporting arrangements	Any concerns regarding the ongoing implementation of this procedure should be reported back to the Audiology Clinical Lead who will investigate and report back to the Audiology staff.
Acting on recommendations and Lead(s)	Any recommendations/changes to this procedure will be reported at the Audiology team monthly meetings and appropriate changes implemented.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 6 weeks. The Clinical Lead will take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

7. Updating and Review

This procedure will be reviewed every 3 years or with a significant change of practice recommended by the BSA.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion and Human Rights Policy' or the Equality and Diversity website.

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

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Paediatric Air Conduction Hearing Aid Fitting Standard Operating Procedure V1.0
This document replaces (exact title of previous version):	New document.
Date Issued/Approved:	February 2025.
Date Valid From:	May 2025.
Date Valid To:	May 2028.
Author/Owner:	Demelza Wake, Audiology Clinical Lead, Specialist Services and Surgery.
Contact details:	01872 25490.
Brief summary of contents:	Local policy for fitting hearing aids (air conduction) to paediatrics.
Suggested Keywords:	REM, RECD, PCHI, OME.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Care Group Governance Meeting.
Manager confirming approval processes:	Ian Moyle-Browning, Head of Nursing (HoN), Specialist Service and Surgery (SSS).
Name of Governance Lead confirming consultation and ratification:	Michele Reed, Governance Manager, SSS.
Links to key external standards:	https://www.thebsa.org.uk/resources/guidance-on-the-verification-of-hearing-devices-using-probe-microphone-measurements/ https://www.thebsa.org.uk/resources/recommended-procedure-ear-examination/ https://www.baaudiology.org/app/uploads/2022/07/BAA-Paed-QS-v1-2022.pdf

Information Category	Detailed Information
Related Documents:	SOP for Paediatric Bone Conduction hearing aid fitting.
Training Need Identified:	Yes – refresh on RECD – training to be led by Clinical Lead.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical/Audiology.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
May 2025	V1.0	Initial issue.	Demelza Wake, Clinical Lead, SSS.

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:	Paediatric Air Conduction Hearing Aid Fitting Standard Operating Procedure V1.0.
Department and Service Area:	Audiology, Specialist Services and Surgery.
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, Audiology 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 fit hearing aids to paediatric patients in the Audiology department.
2. Policy Objectives	To clarify procedure for the fitting of air conduction hearing aids to children.
3. Policy Intended Outcomes	Clear and consistent process of fitting air conduction hearing aids to children.
4. How will you measure each outcome?	Audit of clinical appointments and documentation.
5. Who is intended to benefit from the policy?	Patients and their families who are fitted with air conduction hearing aids.

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 Audiology clinical staff, 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, Specialist Services and Surgery (SSS).

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