P O L I C Y S T A T E M E N T

The aim of all sensory loss management plans is to:

- Encourage the elderly consumers to use sensory aids to maximise the ability to see, hear, smell, feel and perceive to achieve greater interdependence and enjoyment in life;
- Minimise the impact of sensory loss through the provision of a supportive environment; and
- Identify and manage sensory loss through the consultation with the client and/or representative, GP and allied health.

Direct Care Workers can assist and educate consumers on how to maintain and properly store sensory aids.

Staff members have a duty of care in advising the client and/or the representatives with ways to maximize the client’s sensory abilities but will respect his/her choice for not taking up the recommendations. Where staff has identified areas of risk due to non-compliance, this must be verbally explained to the client and/or representative and documented in the client’s agreement and care plan.

R E S P O N S I B I L I T I E S

The Program Manager is responsible for:

- Providing relevant staff with training or dispersing educational resources related to sensory loss in older adults;
- Recording completion of training related to sensory loss on the Staff Training Register.
- Co-producing a sensory loss management plan, where appropriate, in consultation with the client and/or representative;
- Liaising and coordinating care with the client’s preferred GP and allied health;
- Assist the client with budgeting for any external services or purchase of sensory aid;
- Conducting an environmental assessment of the client’s home and advising the client and/or representative of any strategies or changes to maximize the client’s sensory abilities.
- Reviewing the sensory loss management plan with the client and/or representative as part of the regular three monthly review of the individualised care plan or at the time of deterioration of health;
- Updating the care plan if there are changes to the client’s sensory loss management plan.
- Communicating with the care staff of any changes to the client’s sensory loss management plan.
The Direct Care Worker is responsible for:

- Following the client’s individualised care plan and check if the client currently use sensory aid;
- The provision of providing a supportive environment to maximise the client’s sensory abilities; and
- Encouraging independence with the use of sensory aid.

### PROCEDURES

<table>
<thead>
<tr>
<th>1</th>
<th>MAXIMISING SENSORY ABILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care staff can provide a physical environment to enhance the client’s sensory abilities through adequate lighting, cueing, reminiscence and sensory stimulation.</td>
<td></td>
</tr>
<tr>
<td>Care Staff and the Program Manager have the responsibility in evaluating the physical environment regularly with the input of the client and representative and /or allied health.</td>
<td></td>
</tr>
<tr>
<td>Care staff should communicate with the Program Manager if they observe any difficulties associated with the client’s sensory abilities despite using sensory aids as the client may need a reassessment by allied health.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Program Manager will train new staff on how to manage clients with sensory impairments and to assist clients in using and maintaining any assistive devices specific to the client’s needs during the first shift of providing direct care to the client.</td>
<td></td>
</tr>
<tr>
<td>The Program Manager can also provide training and information to the client and family on any sensory loss program that has been developed for the client so that it is consistently implemented.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>ASSESSMENT, PLANNING AND COORDINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>When a client is new to our home care services, the Program Manager will assess the client and co-produce an individualized care plan and a sensory loss management plan (where appropriate).</td>
<td></td>
</tr>
<tr>
<td>The sensory assessment is covered under the on-assessment record: communications domain.</td>
<td></td>
</tr>
<tr>
<td>The Sensory loss management plan will be re-evaluated when the client’s health deteriorates.</td>
<td></td>
</tr>
<tr>
<td>The Program Manager will evaluate the client’s living environment (on a three monthly basis), through the consultation with the client and/or family to minimise sensory deficit and consider communication methods to maximize engagement with the client (including lighting, equipment, cues, communication boards, CALD resources etc.) Refer</td>
<td></td>
</tr>
</tbody>
</table>
to Operation of Client Services Policy POL 07.08 Interpreting and Translating, for information related to communication aids.

Any changes to the sensory loss management plan will be documented in the progress note and care plan (in consultation with the client and/or representative).

The Program Manager can engage the client and/or representative in accessing appropriate external services for assessment and can arrange for the purchase (if there is allocated funding in the budget) of assistive device if the client has been assessed as requiring the assistive device.

---

4 HEARING IMPAIRMENT

Clients with a hearing impairment are encouraged to use their hearing aid to assist with effective communication and improving their quality of life.

The hearing assessment is covered under the on-going assessment record: communication domain.

4.1 Care Plan

All staff providing care to client’s with a hearing impairment must follow the client’s care plan to ensure he/she is aware of which side the client’s hearing is impaired and where to apply the hearing aid.

4.2 Application of the hearing aid

Step 1: Wash your hand

Step 2: Prior to inserting the hearing aid on the client, check to make sure it is functioning.

For Behind The Ear (BTE) hearing aids:

- Turn the hearing aid on, close the battery door completely or turn the volume control forward.
- Turn the hearing aid off, open the battery door most of the way to disconnect the battery or turn the volume control backwards until you hear a click and it will not turn further.

For In The Ear (ITE) hearing aids:

- To turn the hearing aid on or off, rotate the wheel on the battery lid
- You may hear a whistling if you hold your hand over the hearing aid microphone, which indicates the hearing aid is working.

4.3 Hearing Aid (Volume)

Some hearing aids will automatically adjust the volume and some you need to automatically adjust it through the volume control.
If the noise is echoing, turn the volume slightly. If the noise sounds quite, turn the volume up slightly.

The client should hear clear noise and is comfortable with the volume.

Ensure the client does not have ear wax build up in the ear canal, which may affect the quality of the noise. If so, advise the client to see the GP for the management of ear wax build up in the ear canal.

4.4 Hearing Aid (Ear Moulds)
Fitted ear moulds should be snugly fitted in the client’s ear and should eliminate any squalling/whistling noise.

The ear mould may become blocked with wax, hence ensure you remove any buildup of ear wax from the ear mould, by using the ear mould hook.

4.5 Hearing Aid (Battery)
Batteries should be changed on a regular basis (according to the client’s specific hearing aid instruction).

The frequency of the battery change should be indicated in the client’s care plan.

The client will be advised to keep spare batteries on hand.

Some batteries are re-chargeable, hence follow the client’s hearing aid instruction.

When the hearing aid is removed from the ear, leave the batteries in but the battery doors should be open to eliminate moisture and the battery running too quickly.

4.6 Hearing Aid (Cleaning)
Advise the client to inspect the hearing aid at the end of the day and wipe the hearing aid with a soft cloth.

4.7 Hearing Aid (Storage)
Hearing aid should be stored clean in a cool and dry place.

4.8 Hearing Assessment
The client with hearing impairment are encouraged to have regular hearing assessment.

The Program Manager will communicate with the external services (if required) in regards to the frequency of review and follow up plan.

The hearing assessment information is updated on the client’s care plan as required.

5 | VISUAL IMPAIRMENT

Clients with visual impairment are encouraged to use optical aid (if applicable) to assist with their ability to see and any aid (ie. cane).
5.1 Care Plan

All staff providing care to client’s with a visual impairment must follow the client’s care plan to ensure effective management of the client’s visual impairment that is specific to the client’s needs.

5.2 Instruction on the use of Optical Aids

- Glasses should be kept in a protective case when not in use.
- The frame of the glasses should sit straight on the client’s nose.

5.3 Cleaning Instruction

- The lenses can be dipped into soapy water and using the fingers, gently rub the lenses.
- Glasses can be run under warm water.
- The frame and lenses can be wiped with a clean cloth.

5.3 Visual Assessment

The client with visual impairment are encouraged to have regular visual assessment (as indicated by the ophthalmologist).

The Program Manager will communicate with the external services (if required) in regards to the frequency of review and follow up plan.

The visual assessment information is updated on the client’s care plan as required.

6 RISK TAKING BEHAVIOUR

If the client’s wish expose them to potential risk(s), all staff have the duty of care by explaining to the client in a manner and language that they can understand of the risk(s) and suggest an alternative or follow the client’s preferred way.

Document in the progress note, the risk(s) the client wish to take and your recommendation on how to reduce the risk(s) and verbally inform the Program Manager.

The Program Manager will discuss with the client and/or representative about the changes (risks that the client or representative wish to take) and suggest strategies on how to minimize the risk; and amend the care plan in consultation with the client and/or representative.

The client and/or representative will need to sign DOC 09.09 Risk Taking Behavior Consent Form.
**EXPECTED OUTCOME**

- All staff actively encourages the client with the use of sensory aid(s).
- The sensory aid is appropriate for the client’s need and functional to allow the client to perform activities of daily living and improve the quality of life.
- Incidents and injuries are minimized through the proper use of sensory aids.
- 100% staff in direct care with the client receive training related to the sensory aid that is specific to the client.

**RELATED DOCUMENTS**

- AGREEMENTS AND DISCLAIMERS DOCUMENT: DOC 09.09 RISK TAKING BEHAVIOUR CONSENT
- INFORMATION SYSTEMS DOCUMENT: DOC 06.05 CLIENT CARE PLAN

**RELATED POLICIES**

- Corporate Governance Policy: POL 05.01 Integrated Risk Management
- Workplace Safety Policy: POL 01.06 Duty of Care
- Clinical Care Policy: POL 01.09 Clinical Assessment Planning & Coordination

**RELATED REGISTER**

REG 31.13 Staff Training Register

**REFERENCES**

- AGED CARE ACT 1997.
- AUSTRALIAN GOVERNMENT, GUIDE TO AGED CARE LAW, 2014.
- Department of Health and Aging, NATFRAME –a National Framework for Documenting Care in Residential Aged Care Services.