

# Deaf, Deafened, Hearing Loss and Hard of Hearing Toolkit

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# Instruction Sheet for: “Toolkit for Deaf, Deafened and Hard of Hearing UHN Patients”


## To UHN Healthcare Provider:

- Please use this package with patients who are Deaf, deafened or hard of hearing.
- Please tape the; **I am Deaf** or **I am Hard of Hearing** or **Hearing Loss** in a visible place on the patients bed with consent.
- Please take four (4) Hearing Loss stickers from the package and put one on the spine of the patient’s chart, one on the patient’s Kardex, and one on the patient’s hospital ID band, with their permission. On the fourth sticker, write the patient’s name and room # on it and put it beside the Nurse Call system at the Nursing Station by the Ward Clerk.
- Hearing aid batteries may be purchased from Munk Hearing Centre at TGH 7 EN Room 820 Monday - Friday 8:00am - 4:00pm. For more information call 416.340.4800 ext 7067.

**Please call 416.340.3080 or 14-3080 to order Hearing Toolkits.**

## To UHN Employee: Place contents in this folder and staple this page to the outside of the envelope.

### Contents:

1. Sign – ‘I am Deaf’
2. Sign – ‘I have Hearing Loss’
3. I am Hard of Hearing 
4. Pictograms for Communication (only)
5. Pain Scale and General Rating Scale
6. Instructions, how to store Devices
7. Sticker with the Hearing Loss Symbol
8. Patient assistance required card – ordered through UHN
9. Plastic bag for hearing devices
10. Sheets of lined paper and a pencil or pen
11. Audiology Consultation to be used by Health Care Professional (inpatient)
12. Audiology decision chart
13. UHN Interpretation Information
  - ASL Interpretation at UHN - How to access an interpreter
  - Working with an interpreter
  - Communication Tips
  - Frequently Asked Questions
  - Glossary - Key Terms
  - Did you Know
14. Toolkit Survey

## How to get a Hearing Toolkit:

At UHN entrances and registration desks, the Patient Assistance Required card allows patients to identify their preferred method of communication to hospital staff. The card also informs the patient that they can request a toolkit from UHN employees at any time.

## Access to the Canadian Hearing Society:

The Canadian Hearing Society is a charitable agency and the leader in providing services, products, and information to remove barriers to communication, advance hearing health, and promote equity for people who are Culturally Deaf, oral deaf, deafened and hard of hearing. With regional offices all over Ontario, the agency provides accessibility consulting, interpreting services, and can help your hospital become more accessible and to provide solutions for interpreting services. To contact the Canadian Hearing Society office nearest you, please visit [www.chs.ca](http://www.chs.ca).

We hope that you will find this toolkit useful and may lead to a similar service at your organization. The feedback we have received from our culturally Deaf, oral deaf, deafened and hard of hearing community and our employees has been overwhelmingly positive.

Sincerely,



Emma Pavlov  
Executive Vice President, Human Resources  
& Organizational Development, UHN



Stephanus Greeff  
Interim President and CEO  
Canadian Hearing Society

## Dear Colleague:

University Health Network (UHN), in partnership with the Canadian Hearing Society, is pleased to provide the Toolkit for Deaf, Deafened, Hearing Loss and Hard of Hearing Patients. The toolkit provides patients and employees with processes to improve communication access, enhance patient safety and satisfaction for people who are Culturally Deaf, oral Deaf, deafened or hard of hearing.

### What is in the kit?

- **Instruction sheet:** in the inside of front folder.
- **Patient Assistance Required card:** These cards are available at UHN entrances and registration desks. Patients can identify their preferred method of communication and request a toolkit using the card.
- **4 stickers with the Accessibility Hearing Symbol (blue ear):** One sticker is to go on the patient's ID band with their permission to identify them as culturally Deaf, oral deaf, deafened or hard of hearing. The other stickers are to put on the patient's chart, kardex, and at the nursing station or ward clerk desk to alert that calls must be answered in person.
- **Signs:** Visibly placed on patients bed.



- I am Deaf
  - I am Hard of Hearing
  - I have Hearing Loss
- **Pictograms for Communication:** The visual tool offers a visual communication aide.
  - Pain Scale pictogram/General Scale pictogram: Provides patients with a visual guide to communicate their pain level to the healthcare provider.
  - **Hearing devices information:** For patients to notify employees they use hearing devices (hearing aids/cochlear implants)
  - **Information on storage of hearing devices:** This information provides details on the storage of devices.
  - **Plastic bag remove container:** Use bag remove container is used to store hearing devices.
  - **Sheets of Lined paper and a Pencil/Pen:** To assist in written communication (Notes are not kept for Patient chart).
  - **Toolkit Satisfaction Survey:** To be returned to Patient Relations.
  - **How to Request an ASL Interpreter:** For **urgent** and **emergency** requests.
  - **ASL Interpreters at UHN:** iPad information, FAQ's and Communication Tips.
  - **ASL Interpretation at UHN:** How to access an interpreter.

Please call 416.340.3080 or 14-3080 to order Hearing Toolkits.

# ASSISTANCE REQUIRED



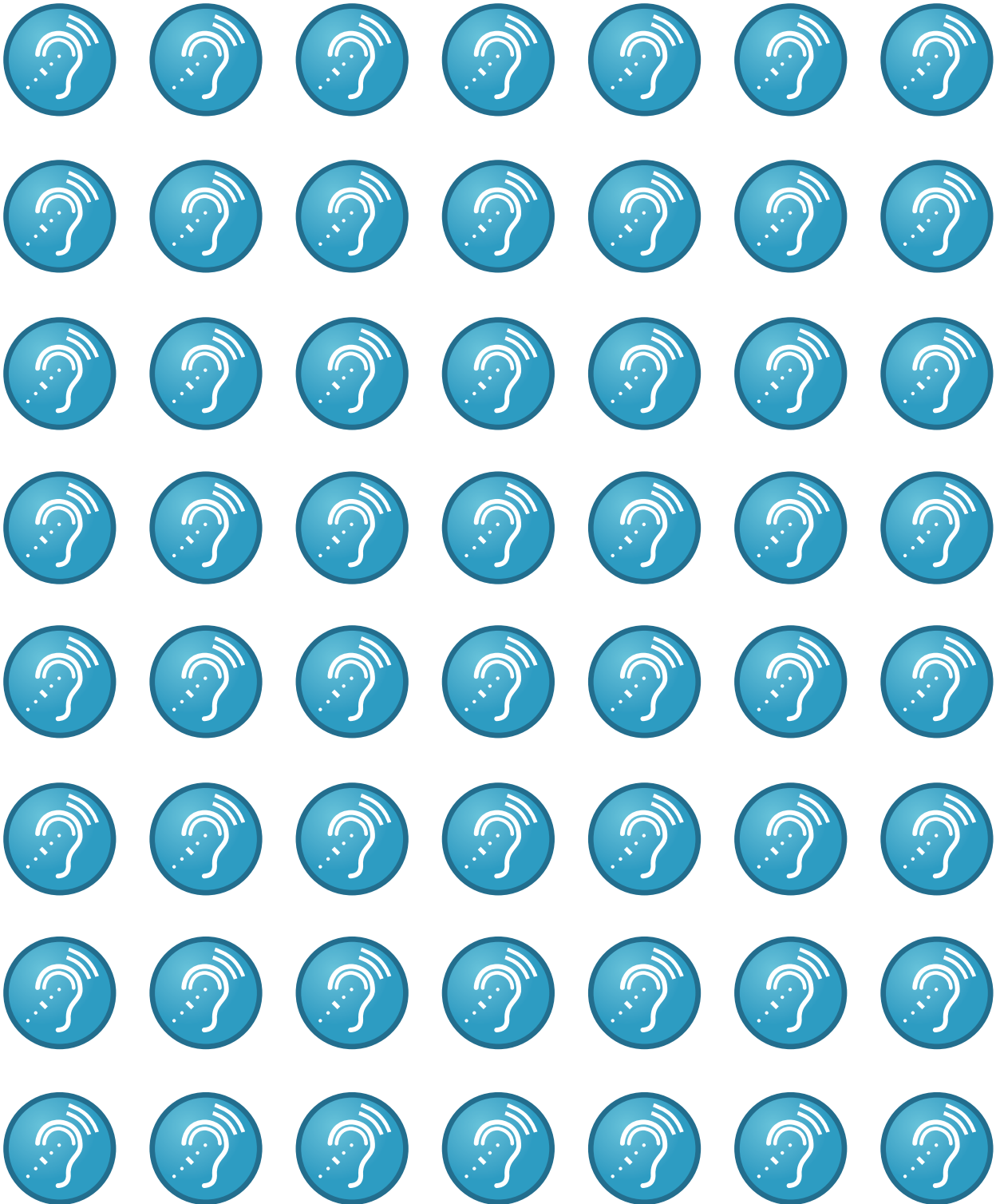
- I am culturally Deaf/Oral Deaf
- I am deafened
- I am hard of hearing
- I use hearing aids/cochlear implants



## TO COMMUNICATE:

- I need a sign language interpreter  
*(employees call 416.603.5800 ext. 6400 to book interpreter)*
- In the waiting room, please notify me of my turn in person
- Face me when you speak to me
- Remove your face mask if possible
- Answer my call bell in person
- Use writing if necessary
- Please provide me with a kit for Patients with Hearing Loss

# Stickers/Labels



# Patients with Hearing Devices

Please use the information below to tell hospital employees about your devices and communication needs:

Check and/or circle all that apply:

I use:

- 1 or 2 hearing aids       Right    Left    Both Ears
- 1 or 2 cochlear implants    Right    Left    Both Ears  
(highly sensitive to magnetic fields)

I can understand:

- Sign language
- Speech Reading
- Cued speech
- Other \_\_\_\_\_

Other communication needs:

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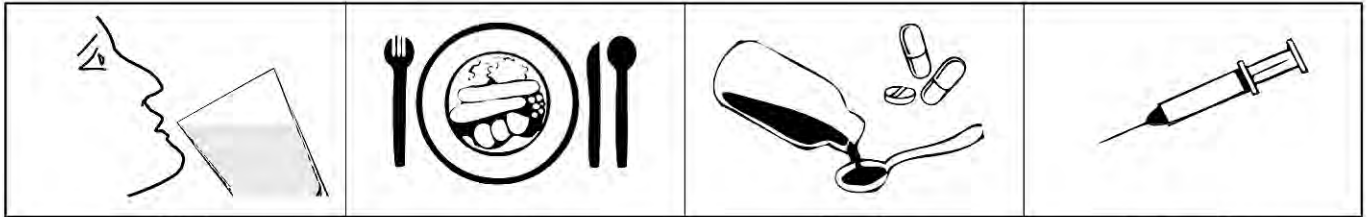
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**To wake me, blink the light or tap my arm/foot gently.  
Without my hearing aid(s) or cochlear implant(s),  
I lose understanding.**



# Hearing Kit Patient Communication Card – English

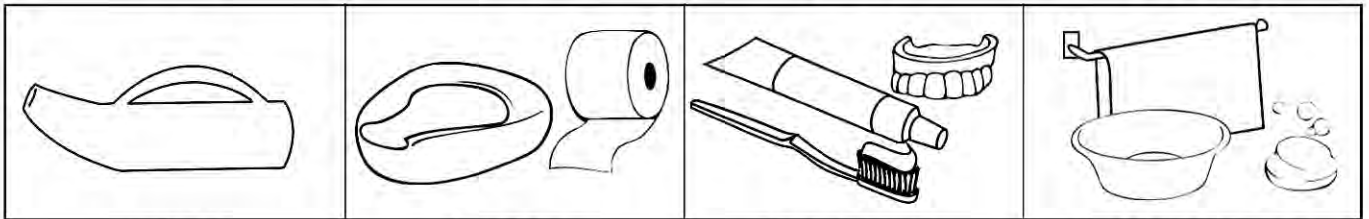


**drink**

**eat**

**medications**

**injection**

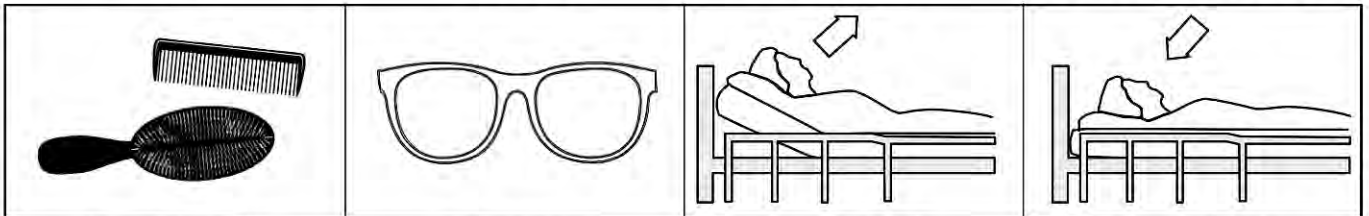


**urinal**

**bedpan**

**brush teeth**

**wash face/body**

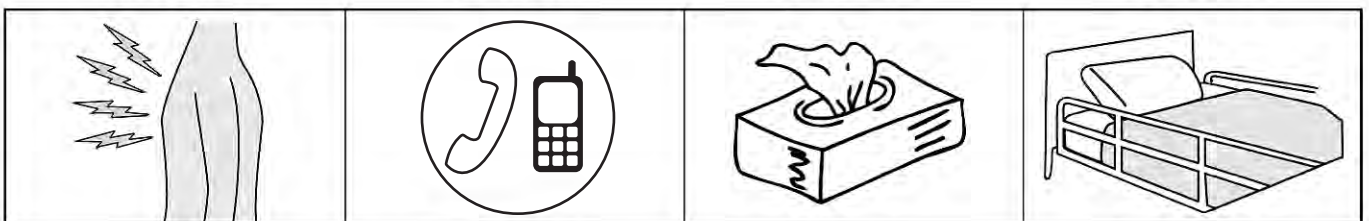


**brush/comb**

**glasses**

**raise bed**

**lower bed**



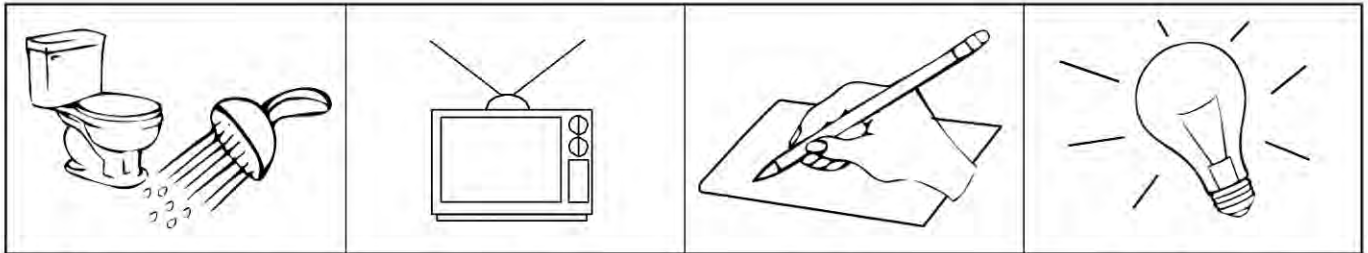
**pain**

**telephone**

**tissue**

**bed/sleep**

# Hearing Kit Patient Communication Card – English

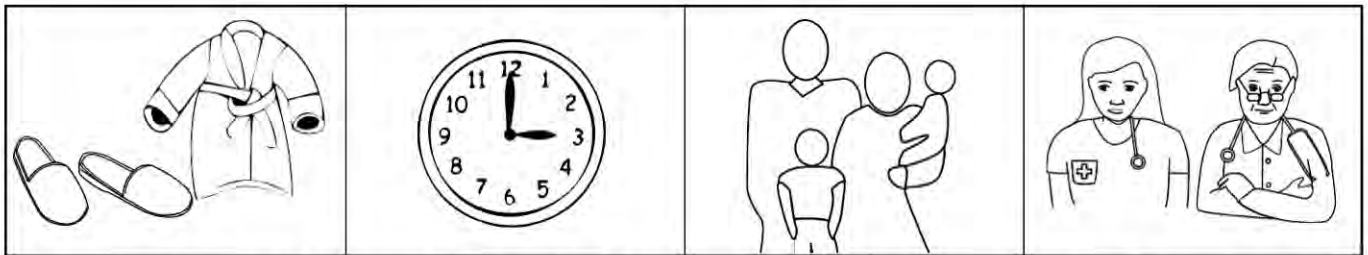


**toilet/shower**

**television**

**writing**

**light on/off**

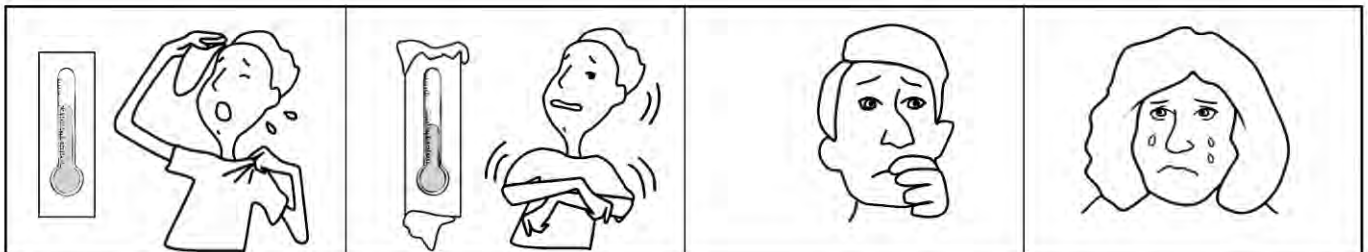


**slippers/housecoat**

**what time is it?**

**call family**

**call doctor/nurse**



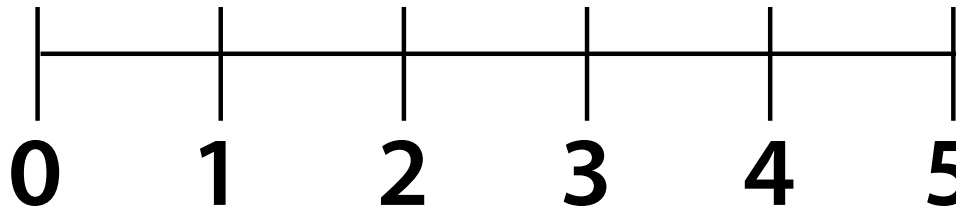
**hot**

**cold**

**worried**

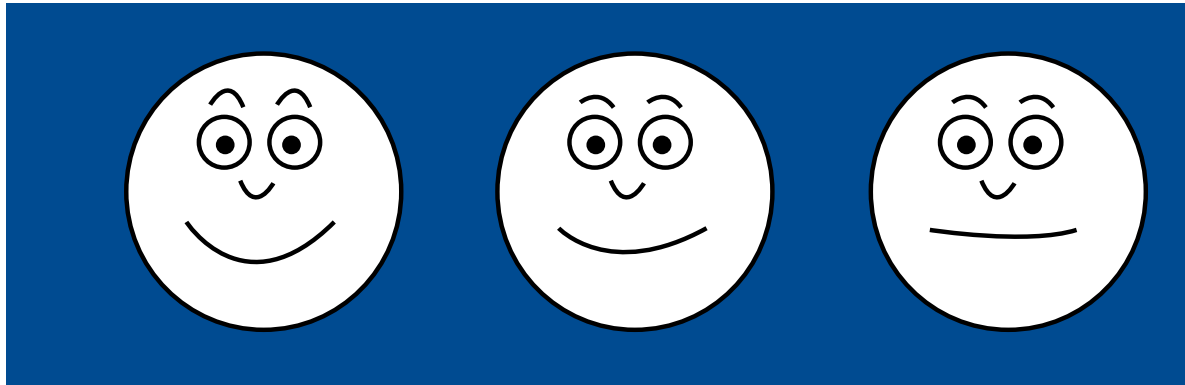
**sad**

# Pain Scale

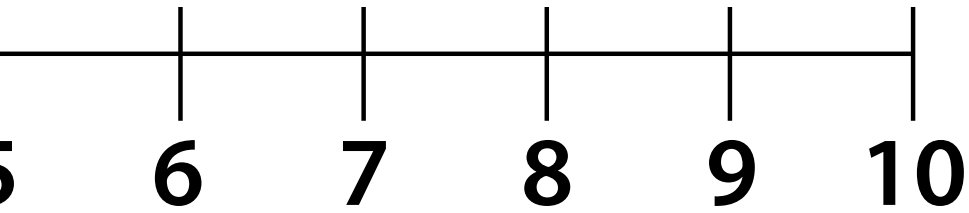


**No pain**

**Moderate**

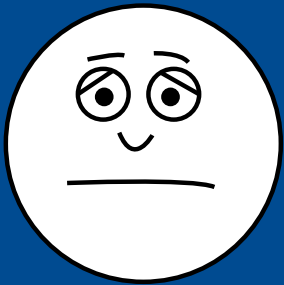


# General Rating Scale



Least pain

Worst pain you  
can imagine





# I am Deaf



- Prefer writing**
- Cannot lip read**
- Can lip read**

## **PLEASE:**

- Get my attention and face me before speaking
  - Remove your mask when possible
  - Answer my call bell in person
- For short conversations write basic English
- For more detailed discussions contact Sign Language Interpreter

***Thank you***



# I have Hearing Loss



## **PLEASE:**

- Get my attention and face me before speaking
  - Remove mask when possible
  - Speak clearly
- Write for clarification

***Thank you***



# I am Hard of Hearing



(I am oral deaf or deafened)

## **PLEASE:**

- Get my attention and face me before speaking
- Remove audio distractions (if possible).
- Speak clearly at a moderate pace.
- Remove mask when possible.
- Write for clarification.
- Rephrase when you are not understood.

***Thank you***





**Hearing & Balance Centre**  
**Toronto General Hospital**  
**7EN 213 - 200 Elizabeth Street**  
**M5G 2C4**  
**Tel: (416) 340-3666**  
**Fax: (416) 340-3745**

**Audiology  
 Consultation  
 (Inpatient)**

Addressograph

**Appointment Information (for H&B office use only):**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**1. Referring Physician:**

\_\_\_\_\_ (Please print name and CPSO #)

**2. Please indicate the following (for physician):**

- a) **Request type:**  Routine  Urgent\*  
*\*For urgent requests (<1 week for results), please send fax and then call office number to book. Please list reason and requested timeline for test completion: \_\_\_\_\_*
- b) **TM status of patient:**  Intact  Not intact
- c) **Cerumen management required?**  Yes  No
- d) **Ambulation:**  Ambulatory  Assistance Required\*  
*\*A nurse may need to accompany the patient. Please call office.*
- e) **Mode of transportation:**  Wheelchair  Stretcher\*  
*\*If patient is arriving by stretcher, we can only accept them if the call type is put into the dispatcher as "1-RP-return patient".  
 Transportation booked by: \_\_\_\_\_*
- f) **Isolation?**  Yes\*  No  
*\*If yes, fax referral and call office to book.  
 Type: \_\_\_\_\_  
 Patient location: \_\_\_\_\_  
 Contact phone number: \_\_\_\_\_*
- g) **Interpreter needed?**  Yes  No
- h) **Behavioural/cognitive issues:**  Yes  No
- i) **State:** Alert\_\_ Confused\*\_\_ Drowsy\*\_\_ Unresponsive\*\_\_  
*\*A nurse must accompany the patient.*

**3. On oxygen?**  Yes\*  No

*\*NOTE: O<sub>2</sub> greater than 50% will require nurse to accompany patient.*

**4. Reason for Referral:** (please check all that apply)

- Hearing loss (gradual)
- Hearing loss (sudden)
- To monitor hearing loss pre/post treatment (please indicate treatment in notes section)
- Hearing aid services\*  
*(\*fee-for-service, please call 416-340-4800 x.7067)*
- Other:

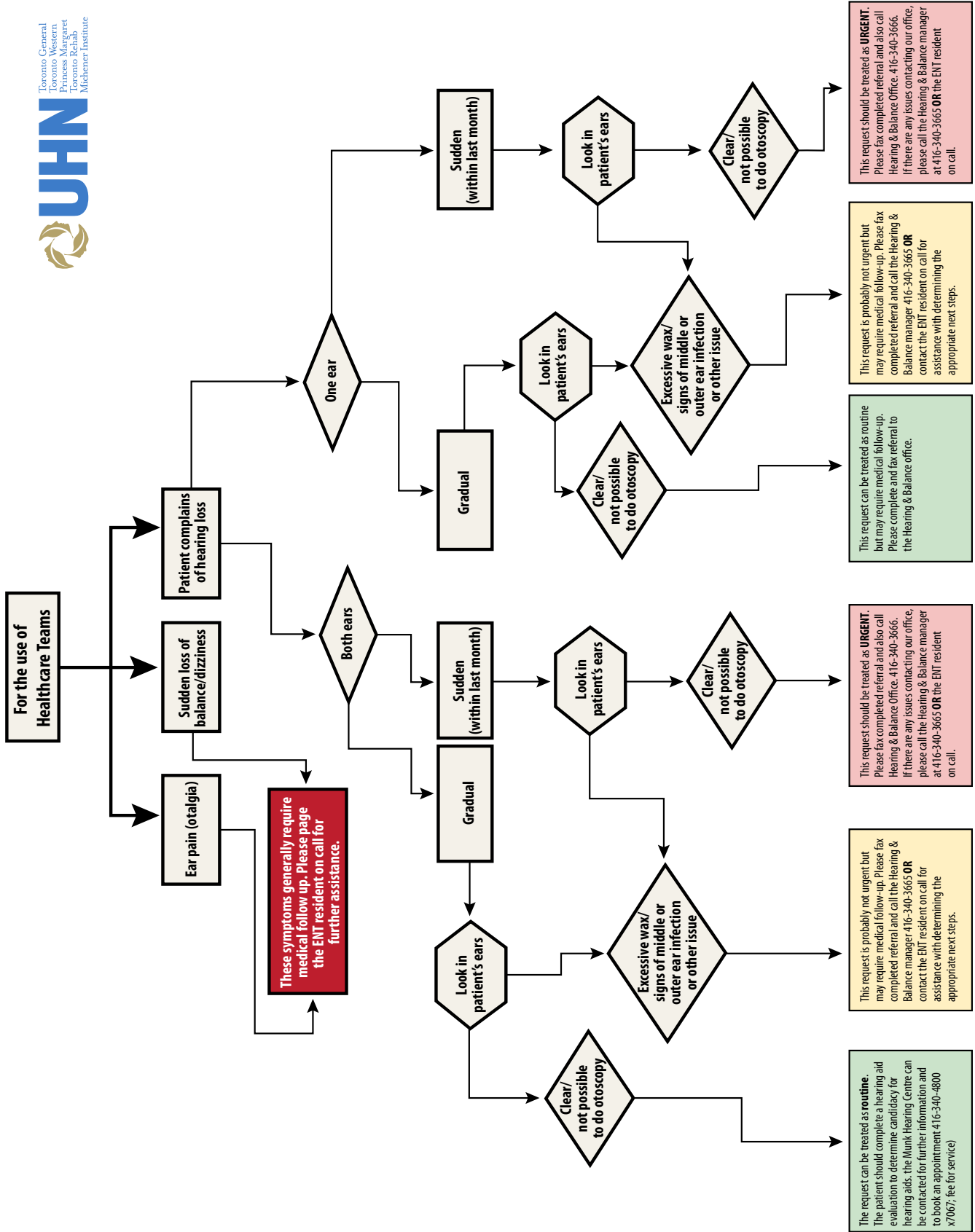
**5. Results: Test results will be faxed immediately following the test according to the following information:**

**Fax number:** \_\_\_\_\_  
**Contact Phone:** \_\_\_\_\_  
**Contact name (attn.):** \_\_\_\_\_

Physician notes:

**NOTES (for H&B office use only):**





# Toolkit Satisfaction Survey

**We value your feedback and want to be sure this kit met your needs during your recent hospital stay. Please take a few minutes to fill out this survey.**

**Please return completed surveys to member of your care team. Thank you!**

1. How did the toolkit help you?

- Helped my communication with employees
- Helped keep my hearing aid(s) safe
- Helped employees recognize my hearing loss

**Other comments:**

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2. Please select the most appropriate statement below as it applies to you:

- I needed to ask for the kit
- The kit was given to me without asking for it

3. What other items would you like to see added to the toolkit?

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***Please send this survey to Patient Relations***

# ASL

## Interpretation at UHN

### How to access an interpreter:

1. Monday to Friday, **between** 8:30am and 4:00pm call 416-603-6400 and press 1.
2. Monday to Friday, **between** 4:00pm and 8:30am and on the weekend/holidays please see the charge nurse.

*Thank you*

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## How to Store Hearing Devices

### Note to Patient:

- If you remove your Hearing Aids or Cochlear Implants, please do not wrap hearing devices in a tissue as they can be lost or discarded by mistake.
- Put devices inside the bag provided for safe storage as damage to device is reduced if dropped.
- Write your name and room number on blank label.
- Put the completed label with your name and room number and an access symbol sticker on the bag.
- **Prior to surgery/X--Ray/MRI**, fill out label, attach access symbol sticker and secure elastic band of hearing device bag around wrist, clothing item or chart for safekeeping.
- Let health care provider know when you want to put the device(s) back on.
- For bedside storage, put labeled hearing device container/bag containing device on top of or inside drawer of bedside table.
- Hearing aid batteries may be purchased from Munk Hearing Centre at TGH 7 EN Room 820 Monday - Friday 8:00am - 4:00pm. For more information call 416.340.4800 ext 7067.

# Working with an Interpreter

- **Speak at a natural pace** but be aware that the interpreter may wait to see/hear a complete thought before beginning to interpret.
- **Take turns in a conversation** in order to allow the interpreter to process the information, understand it, and put it in the appropriate grammatical structure of the language into which they are translating.
- **Look at and speak directly to the person** with whom you are meeting and listen to the interpreter. The deaf person will glance back and forth between the person speaking and the interpreter.

## Communication Tips

### To ensure patient safety:

- **Ask the person** if your surroundings are suitable and if you can be seen or heard clearly.
- **Choose a well-lit area** to make speechreading easier.
- **Get the person's attention** before you speak. A shoulder tap is appropriate if the person is near you, or wave your hand if s/he is at a distance.
- **Remove visual distractions** for someone who is deaf (e.g., don't stand in front of a bright window), and audio distractions for someone who is hard of hearing (e.g., stand away from office equipment including photocopiers, computers, etc.).
- **Maintain eye contact.** Don't look down or sideways.
- **Speak clearly and naturally,** and at a moderate pace – don't shout.
- **Keep your hands away from your face** and do not chew gum or cover your mouth with your hand or any other object.
- **Be patient** and be prepared to write things down if you are not being understood or if you don't understand.
- **Be animated:** body language helps to project the meaning of what you're saying. Use facial expressions/gestures when appropriate.
- **Rephrase** when you are not understood.
- **Talk to the person,** not about him/her.
- When in doubt, **ask how** to improve communication.

# FAQ's

## Working Effectively with an Interpreter Frequently Asked Questions

### Do I need to speak/sign slowly?

- Speak/sign at your natural pace.
- The interpreter will let you know if you need to repeat something or slow down.
- It is important to take turns in a conversation to allow the interpreter to process the information, understand it, and put it in the appropriate grammatical structure of the language into which they are interpreting.
- In meetings, we recommend someone keep a speakers list to ensure effective turn taking.

### Where do I look? Who should I speak to?

- The hearing person should look at and speak directly to the Deaf person and listen to the interpreter.
- The Deaf person will glance back and forth between the person speaking and the interpreter.

### Where should I stand or sit?

The best position for the interpreter is to stand/sit next to the hearing person, opposite the Deaf person. This allows the Deaf person to clearly see both the interpreter and the person they are meeting with

### What seating arrangements are best in group situations?

- Semi-circle seating arrangements are best for discussion formats. This enables the Deaf person to see what is happening around the group (e.g. who is speaking).
- For conferences or performances, the interpreter should be on stage and a seating area near the front should be reserved for Deaf participants.
- Reserved seating should offer clear sightlines to the interpreter(s).
- For a large stage, a solid, dark coloured backdrop is recommended.

### Can I trust an interpreter will keep information confidential?

- Yes, the interpreters employed by the Canadian Hearing Society follow the Association of Visual Language Interpreters of Canada's (AVLIC) Code of Ethics and Guidelines for Professional Conduct. Interpreters must remain impartial and keep the content of all assignments and preparation materials in strict confidence. AVLIC's Code of Ethics and Guidelines for Professional Conduct can be found online at [www.avlic.ca](http://www.avlic.ca).

# FAQ's cont'd.

## What preparation material does an interpreter need?

- The interpreter needs to become familiar with the information that will be discussed in order to prepare how best to interpret the information into each language.
- The assignment coordinator (or interpreter) will ask for information about the assignment and request materials to review several days/weeks in advance.
- The more people involved in the assignment and/or the more complex the material, the more information the interpreter will require.
- Materials requested can include agendas, speeches, topics and names, technical vocabulary, handouts, PowerPoint slides and background information.
- Meeting with the interpreter 15 to 30 minutes before the assignment begins is highly recommended. This brief meeting is an opportunity to clarify information and to ensure that the visual and auditory set-up of the room is adequate.

## Do I need visual aids?

- Handouts or overheads can be a tremendous help to both the interpreter and to the participants of a meeting/ presentation.
- Visual aids enable people to see the English/French that is associated with the ASL/LSQ interpretation, while acting as a convenient reference for issues being discussed.
- It is important to remember that it is not possible to simultaneously follow the ASL/LSQ interpretation and look at visual references. Pausing periodically allows Deaf participants the opportunity to look between the interpreter and the visual reference, as well as allowing participants time to absorb the material.

## Other considerations:

- Adequate lighting is important for all participants to see each other and interpreter(s) clearly.
- Lighting should not be too dim or too bright to prevent eye strain for both interpreters and Deaf consumers.
- Visual distractions in the background or foreground are not recommended. They make it difficult for the person who is signing and interpreters as they must work harder to concentrate.
- If slides or movies with or without captions are to be shown, ensure the interpreter is sufficiently lit.
- Meeting venues should be physically comfortable, with adjustable chairs with good back rest (without arms).
- If water or other refreshments are provided to people at the meeting/event, please consider the interpreter when arranging quantities.

# Glossary – Key Terms

**American Sign Language (ASL):** is a visual language with its own grammar and syntax, distinct from English, used by Deaf people primarily in Canada and the United States. Meaning is conveyed through signs that are comprised of specific movements and shapes of the hand and arms, eyes, face, head and body posture. In Canada, there are two main sign languages: ASL and la langue des signes québécoise (LSQ).

**Assistive listening devices (ALDs):** help reduce background noise and compensate for poor room acoustics or distance from the sound source. ALDs can be portable or permanently installed. They include FM, Infrared and loop systems. They are designed to connect to the public address system or any audio sound source and send the signal directly to hearing aid and wireless receivers worn by people with hearing loss. The receivers allow individuals to adjust the volume to their comfort level and can be used with a variety of headsets or neckloop listening accessories for those who have a T-switch compatible hearing aid. They are recommended for all meeting assemblies including tours, lectures, small to large meeting venues, classrooms, places of worship, etc.

**Aural:** is a term that means of or relating to the ear or to the sense of hearing.

**Cochlear implant:** is an electronic device that can help to provide a sense of sound to someone who is deaf or hard of hearing. It consists of an external piece that sits behind the ear as well as a second piece that is surgically implanted under the skin and sends and receives electronic impulses from the auditory nerve to the brain. The sensation of sound from a cochlear implant is unique and requires people who use them to learn new ways of processing sound. Each implant user will experience different levels of success in processing sound and hearing spoken language.

**Communication Access Realtime Translation (CART):** is the professional word-for-word transcription of speech to text in real time and provides people who are culturally Deaf, oral deaf, deafened and hard of hearing full access to the spoken word.

**Culturally Deaf:** refers to individuals who identify with and participate in the language, culture, and community of Deaf people, based on a signed language. Deaf culture does not perceive hearing loss and deafness from a pathological point of view, but rather from a socio-cultural linguistic point of view, indicated by a capital 'D' as in "Deaf culture." Culturally Deaf people may also use speech, residual hearing, hearing aids, speechreading and gesturing to communicate with people who do not sign.

**Deaf:** is generally used to describe individuals with a severe to profound hearing loss, with little or no residual hearing. Some deaf people use a spoken language and speechreading, combined with their residual hearing and hearing aids, communication devices, and/or cochlear implants to communicate. Others use a signed language, such as American Sign Language (ASL) or la langue des signes québécoise (LSQ).

**Deaf culture:** is the culture of Deaf people based on a signed language and values, traditions and behaviour norms specific to the Deaf community. Deaf culture offers a strong sense of belonging and takes a socio-cultural point of view of deafness, rather than a pathological perspective.

# Glossary – Key Terms cont.

**Deafened:** describes individuals who grow up hearing or hard of hearing and, either suddenly or gradually, experience a profound hearing loss. Deafened adults usually use speech with visual cues such as Communication Access Realtime Translation (CART) or computerized notetaking, speechreading or a signed language.

**Hard of hearing:** is generally used to describe individuals whose hearing loss ranges from mild to severe, and occasionally profound. Hard of hearing people use speech and residual hearing to communicate, supplemented by communication strategies that may include speechreading, hearing aids, a signed language and communication devices. The term “person with hearing loss” is also used by this constituency.

**Hearing:** describes a person who does not have a hearing loss.

**Hearing aids:** are devices worn behind the ear, in the ear or in the ear canal and composed of a microphone, amplifier, receiver, battery, earmold (or the casing), hook and the tubing. Hearing aids amplify sound – all sound. Although they amplify spoken language, they do not improve the clarity of how speech is heard by someone with a hearing loss. Even when sound and speech are amplified, it is not always possible to discern distinct words. Unlike glasses that can restore 20/20 vision, hearing aids do not restore hearing; they amplify sound. An imperfect solution to a complicated problem, hearing aids are effective in managing hearing loss for many people.

Advancements continue to be made in hearing aid design to improve the ability to understand and differentiate between speech and sound, and to determine the direction from which they are coming.

**La langue des signes québécoise (LSQ):** (Quebec Sign Language) is a visual language with its own grammar and syntax, distinct from French, used by Deaf people primarily in Quebec and other French Canadian communities. Meaning is conveyed through signs that are comprised of specific movements and shapes of the hand and arms, eyes, face, head and body posture. In Canada, there are two main sign languages: LSQ and American Sign Language (ASL).

**Oral deaf:** is generally used to describe individuals with a severe to profound hearing loss, with little or no residual hearing. Most use speech to communicate, using their residual hearing and hearing aids, communication devices or cochlear implants, and lipreading or speechreading. Some oral deaf people use a signed language such as American Sign Language (ASL) or la langue des signes québécoise (LSQ) to communicate.

**Residual hearing:** is hearing available to a deaf or hard of hearing person.

**Speechreading:** is a communication support in which an individual watches a speaker’s lips, teeth and tongue, along with many other cues, such as facial expressions, gestures, context and body language. When used alone, the effectiveness of speechreading varies since more than half the movements involved in sound formation occur within the mouth and cannot be detected by the eye. Forty to 60 per cent of English words are homophenes (i.e. words which look identical on a speaker’s face) and there is not a single sound that has a distinct lip/jaw movement/position of its own.



## DID YOU KNOW...

**DEAF** patients have the RIGHT to a professional American Sign Language-English Interpreter?

**It is the Law.** The Supreme Court of Canada (Eldridge v. BC, 1997) ruled that sign language interpreters **MUST** be provided in the delivery of medical services to ensure effective communication between care providers and Deaf patients.

**Failing to do so can lead to:**

- worsened medical conditions
- unmanaged care
- misunderstandings
- misdiagnosis and mistreatment
- liability issues for the Hospital

For the safety of patients and to ensure the effectiveness of treatment, interpreters are a **valuable part of the healthcare team.**

