

SUBJECT: AUDITORY SERVICES

EFFECTIVE DATE: 08/02/2021

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**I. PURPOSE:**

The purpose of this health services bulletin (HSB) is to establish uniform procedures for the provision of auditory care to inmates. This shall include the treatment and/or provision of appropriate corrective systems to inmates; proper evaluation services to those inmates who experience a hearing problem or deficiency; and to attempt to prevent or minimize further deterioration to hearing acuity.

**Note:** All care for impaired and/or disabled inmates must be provided in accordance with HSB 15.03.25, *Services for Inmates with Auditory, Mobility, or Vision Impairment and Disability*, and, as applicable, DOC Procedure 604.101, *Americans with Disabilities Act Provisions for Inmates*. Inmates identified with a hearing disability will be referred to the institution's ADA coordinator.

Prior to conducting all screenings, the inmate will be provided reasonable accommodations or auxiliary aid(s) or service(s) based on their disability as identified by the inmate or observed by the health care staff.

***These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.***

**II. ACTION:**

A. Hearing care, including the treatment and/or the provision of appropriate corrective systems, shall be made available to inmates.

1. Reception Centers will provide screening within 48 hours and treatment will be scheduled or provided if appropriate in accordance with HSB 15.01.06 *Health Care Reception Process for New Commitments*.
  - a) Screening will include objective screening and questionnaire. If inmate meets the objective screening criteria (See section II.C), inmate will be seen by a specialist before transfer to permanent facility. A medical hold will be placed until seen by specialist.
  - b) If an emergent or urgent problem with the inmate's hearing or ear/s is identified, inmate will be placed on medical hold and care/treatment will be provided before transfer to permanent facility.
  - c) If a problem is identified, services will be rendered to ensure there is no further deterioration to their condition. Appropriate treatment may include wax removal, antibiotics, etc.

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- d) A physician follow-up appointment will be entered on OBIS to be seen at permanent facility and a specialty consult initiated if appropriate.
- e) Any deficiency that is disabling beyond the normal expectations will be grounds for consideration to refer the inmate to the impaired inmate services coordinator for further evaluation, consideration, and placement.
- f) If an inmate comes into custody with a hearing aid(s) he/she may retain their personal device(s) once it is determined by security and medical that it poses no compelling, health, or safety concern. The inmate may retain the personal device(s) and maintenance of the device(s) will be at their personal expense.  
If maintenance of a personal device(s) becomes necessary, the inmate will be given the choice to:
  - 1. defray expenses for repair,
  - 2. send the device(s) home, or
  - 3. relinquish possession to the state and will be issued a new device.

If the hearing device is not cleared by security and medical staff then the inmate will be issued a replacement device by medical staff. The inmate will then be given the choice to send the device home or place it in storage. Documentation of the security, health or safety concerns should be made in the inmate's medical record.

- 2. Institutions will follow-up on identified hearing problems of any new inmate intake to include evaluation, treatment, outside consultation referral and services that are appropriate to ensure no further deterioration, of condition as well as services appropriate to meet communication needs and/or sound awareness and safety needs. The needs will be communicated to the appropriate departments.
- B. Those inmates who experience a hearing problem or deficiency will be properly evaluated and rendered services that are appropriate to ensure that there is no further deterioration to their condition, and to ensure a lifestyle quality such as normally experienced by other inmates.
- C. Hearing Evaluation/Hearing Aid Evaluation:
- 1. Inmates identified with a hearing deficiency will receive a yearly screening or more frequently if appropriate.
  - 2. When a hearing deficiency has been identified through the screening process, a hearing evaluation and the need for hearing aids can be established through referral to the audiologist, otolaryngologist, otologist, or hearing aid specialist for evaluation and testing.

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3. The referral is both for evaluation for the degree of hearing loss and to determine need for hearing aids, including bilateral hearing aids, The evaluations will guide in the selection of equipment that meets the inmate's needs.
4. Types of Hearing Loss
  - a) **Conductive hearing loss:** a problem in the ear canal, eardrum, or the middle ear prevents the sound waves from carrying to the inner ear.
  - b) **Sensorineural hearing loss:** this most often happens from damage to the hair cells in the inner ear, but it can also be caused by damage to the auditory nerve, or the brain.
  - c) **Mixed hearing loss:** this is a combination of conductive and sensorineural hearing loss. Hence, there may be a problem in both the outer or middle ear, as well as the inner ear and auditory nerve. Hearing loss can affect one or both ears. It can happen suddenly or gradually get worse over time.

## D. Hearing Loss Criteria:

The need(s) of hearing aid(s) will be determined by audiologist, otolaryngologist, otologist, or hearing aid specialist.

## E. Hearing Aid Fitting, Dispensing, and Maintenance:

1. Fitting and dispensing of a hearing aid is to select, order, and fit a hearing aid that meets the needs of the inmate.
2. A hearing aid can only be dispensed to inmates who have a currently signed written statement from a physician indicating that the individual's hearing loss has been medically evaluated and s/he is a candidate for a hearing aid.
3. The department will provide hearing aid(s) as clinically indicated. **Note:** Inmates will not be issued devices from non-FDC sources or vendors without prior approval from the Chief Clinical Advisor or the Health Services Director.
4. Up to one (1) pair of hearing aids is authorized in any three (3) year period. Those required more often will be paid for by the inmate unless required by a change in the inmate's hearing acuity as determined by audiologist.
5. Lost or damaged hearing aids will be replaced at the expense of the inmate unless an Incident Report (DC6-210) documents the intentional destruction or damage beyond the inmate's control as witnessed by a staff member.
6. Follow up evaluation frequency will be determined by the specialist.
7. Fitting and dispensing services may be supplied only by the specialist.

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8. Inmates will be provided with replacement hearing-aid batteries in exchange for used batteries. Issuances of batteries can also be accomplished at the weekly supply line, at which time hearing aids will be evaluated and cleaned by healthcare staff.
  9. Access to sick-call for replacement batteries does not generate a co-pay charge. It is considered a follow-up for a chronic condition. However, if additional complaints are addressed during the visit (other than emergencies), a co-payment will be charged.
  10. Hearing aid(s) shall be repaired or replaced within 60 days of being advised of the need, unless due to the severity of the repair more time is necessary, in which event the repair shall be completed within a maximum of 90 days. In the event that repairs are necessary, necessary accommodations will be provided to facilitate communication.
  11. Recipients of hearing aid(s) will be initially issued storage case to ensure proper storage of device. Lost, broken or stolen cases will be the responsibility of the inmate to replace at his/her expense. Indigent inmates will be issued replacement hearing aid storage case free of charge.
- F. Health Care Grade Classification for Hearing: Categories/Degrees of Hearing Impairment or Disability per HSB 15.03.13. *Assignment of Health Classification Grades to Inmates.*
1. Assignment of a health grade will take place at the following points if warranted:
    - a) During reception process before transfer out of institution.
    - b) Following diagnosis by otolaryngologist or otologist.
    - c) At any encounter with clinician where the status of the hearing health grade should be reevaluated

**Note:** An inmate who is assigned a Hearing Health Grade that is not designated as “disability” may still be considered disabled under the Americans with Disabilities Act and be entitled to any needed accommodations.

2. Hearing Health Grades:

**H1: Mild hearing loss:**

- Ranges from 26 to 40 decibels for the four-frequency pure tone average of 500, 1000, 2000 and 4000 Hz for the better ear, i.e., the quietest sounds that individuals with mild hearing loss can hear with their better ear are 26-40 dB HL. This is about as loud as rustling leaves. One-on-one conversations may be fine, but these individuals have difficulties keeping up with conversations, especially in noisy surrounding. Although they may benefit from the use of hearing

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aids or auxiliary devices, they can generally perform all activities of daily living without those devices.

**H2: Moderate hearing loss:**

- Ranges: from 41 to 55 decibels for the four-frequency pure tone average of 500, 1000, 2000 and 4000 Hz for the better ear, i.e., the quietest sounds that individuals with moderate hearing loss can hear with their better ear are 41-55 dB HL. They may understand normal conversation in a quiet environment, but will have difficulty understanding what is said from a distance or in the presence of background noise. These individuals have difficulty keeping up with conversations, when they are not using a hearing aid. They often need to ask people to repeat themselves during conversations in person and on the phone. They may benefit from the use of hearing aids and auxiliary devices.

**HD3: Moderately severe hearing loss (DISABILITY):**

- Ranges from 56 to 70 decibels for the four-frequency pure tone average of 500, 1000, 2000 and 4000 Hz for the better ear, i.e., the quietest sounds that individuals with moderately severe hearing loss can hear with their better ear are 56-70 dB HL. They may understand normal conversation in a quiet environment, will have difficulty understanding what is said from a distance or in the presence of background noise. Also, they may not understand speech when they are not using a hearing aid, if they are a hearing aid user. They may rely on auxiliary devices for TV and telephone use. They benefit from the use of hearing aid, and auxiliary devices. They may also use manual communication as needed.

**HD4: Severe hearing loss (DISABILITY):**

- Ranges from 71 to 90 decibels for the four-frequency pure tone average of 500, 1000, 2000 and 4000 Hz for the better ear, i.e., the quietest sounds that individuals with moderately severe hearing loss can hear with their better ear are 70-95 dB HL. These individuals depend on powerful hearing aids. They will have difficulty understanding what is said in a normal conversation even with the use of hearing aids and auxiliary devices. They often rely on lip-reading when they are using hearing aids, in order to supplement their hearing. They may also use manual communication as needed.

**HD5: Profound hearing loss or deaf (DISABILITY):**

- Range is greater than 90 decibels for the four-frequency pure tone average of 500, 1000, 2000 and 4000 Hz for the better ear, i.e., the quietest sounds that individuals with profound hearing loss can hear with their better ear are from 95 dB HL or more. They cannot

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understand speech even with powerful hearing aids, although they may have sound awareness in order to make out loud sounds such as a truck that backfires or an airplane taking off. They can use a hearing aid or other auxiliary devices for sound awareness and safety. Some individuals may use a cochlear implant. Common communication modes include manual communication, most notably through sign language and/or lip-reading.

H9: Hearing Evaluation in Progress

- The inmate will be placed on hold until seen by the specialist and accommodations are provided unless the inmate already has a working hearing aid.

**III. RELATED FORMS AND DOCUMENTS:**

- A. Appendix A, *Auditory Screening*
- B. HSB 15.01.06 *Health Care Reception Process for New Commitments*
- C. HSB 15.03.25, *Services for Inmates with Auditory, Mobility, or Vision Impairment and Disability*
- D. HSB 15.03.13. *Assignment of Health Classification Grades to Inmates.*
- E. Procedure 604.101, *Americans with Disabilities Act Provisions for Inmates*

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Health Services Director

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Date

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This Health Services Bulletin Supersedes:

HCS 25.07.09 dated 10/1/89  
TI 15.03.27 dated 10/23/92, 7/14/93,  
5/1/95, 10/12/97, 3/25/02 and 01/14/03.  
HSB 15.03.27 dated 01/23/09,  
04/09/14, 2/2/18, 11/1/18, AND  
12/15/2019

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