

Hearing impairment or deafness

Subject

Instructions for screening clients who may be deaf or have a significant hearing impairment in the context of the Canadian immigration medical examination (IME).

Goal/Objective

These instructions are provided to ensure that panel physicians (PPs) follow a consistent and appropriate process for the following:

- Identification of clients with of deafness or hearing impairment;
- Further investigation of a client with significant hearing impairment or deafness in order to provide all the information that will allow the medical officer to assess potential social/medical service requirements for the client; and
- Completion and grading of an IME of a client with deafness or hearing impairment.

Instructions

The PPs must screen all clients for deafness or hearing impairment and provide additional details of any abnormalities that are identified. This screening is particularly important for children as they would likely be offered medical/surgical interventions as well as receive special education and/or other social services. The requirements for such services need to be well documented by PP through the IME. If an interpreter is used, the PP must select and ensure that the interpreter is unbiased and has no connection to the client. Family members or friends cannot act as interpreters for clients. The use of a professional interpreter is at the client's expense.

Hearing loss is a common birth defect, affecting about 6 out of every 1,000 babies. A number of factors can lead to hearing loss, and about half the time, no cause is found. Hearing loss can occur if a child:

- was born prematurely;
- stayed in the neonatal intensive care unit (NICU);
- had high bilirubin and needed a transfusion;
- was given medications that can lead to hearing loss;
- has a family history of childhood hearing loss;
- had complications at birth;
- had frequent ear infections;
- had infections such as meningitis or cytomegalovirus; or
- was exposed, even briefly, to very loud sounds or noises.

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Signs of hearing loss in children:

- child's "baby talk" is not progressing or speech/language development is delayed or difficult;
- child has difficulty locating sounds;
- child speaks too softly or too loudly;
- child turns up the TV volume to an excessively high level;
- child has behavioural or academic problems; is often classified as being inattentive or disruptive, especially during listening activities;
- child often asks, "What?";
- child's speech sounds different or child does not speak clearly; or
- child's language is characterized by a reduced vocabulary where words are often missing endings

Several methods can be used in a clinical context to test hearing, depending on a child's age, development, and health status. Behavioural tests involve careful observation of a child's behavioural response to sounds such as calibrated speech and tones. The behavioural response might be an infant's eye movements, a head-turn by a toddler, placement of a game piece by a preschooler, or a hand-raise by a grade schooler. Speech responses may involve picture identification of a word or repeating words at soft or comfortable levels. Very young children are capable of a number of behavioural tests. A specialist's opinion should be obtained if the physician has reasonable doubt that the child presents a significant hearing impairment.

The majority of adults will experience some degree of hearing loss with age. Not all adults with hearing impairment require special investigation as part of their IME. PPs should only investigate severe cases of presbycusis or incapacitating hearing loss that require special communication skills and assistance in activities of daily living (refer to IMEI on debilitating conditions).

For **children or adults with significant and incapacitating hearing impairment**, the PP must include the following additional information that will assist the Regional Medical Office in its assessment:

- communication skills used by the hearing impaired client such as lip-reading, signing, reading or writing;
- interpretation of formal audiological testing; and
- a report from a specialist that details the client's abilities and special needs e.g., speech therapy, hearing-aids and/or (cochlear) surgery.

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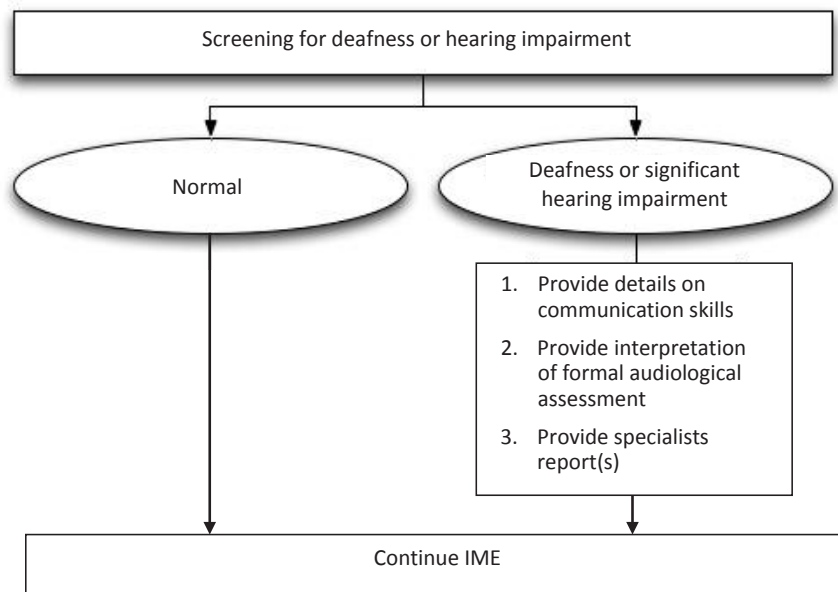
Reporting

- All additional specialist reports must be attached to the IME report.
- Any specialist reports that may be available from previous consultations should also be attached.

Grading

All IMEs with significant abnormal findings on the hearing examination must be graded B.

Algorithm



References

<http://www.thfc.ca/cms/en/ChildrenYouth/NewbornHearingScreening.aspx?menuid=106>

HB Approval and Authority

Director General, NHQ, Health Branch, CIC

Implementation Date

2012/11/01

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