

Written evidence submitted by Action on Hearing Loss (CVD0018)

In addition to the written and oral evidence already given by Action on Hearing Loss, the below gives a brief update on one of the key issues discussed.

Disabled people's access to healthcare services, including treatment for COVID 19 and access to other healthcare services:

As outlined previously, people who are deaf or have hearing loss rely heavily on visual cues for effective communication. This includes body language, gestures, facial expressions and lip reading. Being able to see lip patterns and facial expressions is also vital for those who communicate through British Sign Language. People who are deaf or have hearing loss have told us that they are struggling to communicate with health and social care professionals during face to face consultations and interactions as a result of visual cues being masked by Personal Protective Equipment (PPE). Those health and social care professionals who themselves have hearing loss are also struggling hugely with this barrier. Whilst we of course want to keep people as safe as possible and advocate following current public health guidance to ensure this, for some people with hearing loss in health and social care settings a safety risk can also be presented by inaccessible communication.

As all hospital staff are now required to wear Type 1 or 2 surgical masks at all times, and all hospital visitors and outpatients are expected to wear face coverings, this challenge has been significantly exacerbated. [Recent advice issued by the World Health Organisation](#) states that if a policy of targeted continuous medical mask use is adopted, the disadvantages that this brings to people who are deaf or hard of hearing should be 'carefully taken into account.'

As also outlined, we called on the Government to provide urgent clarity for health and social care providers on how to fulfil duties under the Accessible Information Standard in the context of widespread PPE use. With a number of designers and manufacturers around the world developing transparent masks that enable lip reading, we also called on the Government to assess the safety and viability of these products for use in health and social care services in the UK.

We are pleased, therefore, that a Type 2R [transparent mask](#) has now been approved for use in health and social care settings in the UK. We are pleased also that guidance, in relation to extended mask use in hospital settings, has been issued to NHS Trusts. The guidance for hospitals states the barrier that PPE presents to those with hearing loss and gives tips on how to communicate with people with hearing loss when wearing PPE. The guidance says that where possible, clear masks should be used by staff to communicate, or alternative communication methods such as speech to text apps and video relay can be used. The guidance also allows for exceptions to be made to the wearing of face coverings on an individual basis.

Whilst this progress is extremely welcome, the Government is yet to reveal details of how services can access the approved transparent mask and how the initial limited supply will reach those who would benefit from it the most. Guidance on how to communicate with people with hearing loss when wearing PPE must also be issued urgently to all health and social care providers, as this is a challenge that goes beyond hospital settings.

Recommendations:

The Government should provide urgent clarity on how to access the transparent mask approved for use in clinical settings and details of how they intend the mask to reach those who would most benefit from its use.

The Government should urgently issue guidance to all health and social care providers on how to fulfil duties under the Accessible Information Standard in the context of widespread PPE usage.

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