Audiology

Parent/Carer Declaration for not proceeding with tamperproof battery draw on hearing aid device

I ....., have decided not to use a

tamperproof battery door on my child ..... hearing aid.

I understand that button batteries can cause serious injury or death if swallowed or inserted into the nose or ear. Young children are at particular risk due to their tendency to explore objects by putting them in their mouths.

The risks of battery ingestion and the benefits of using a tamperproof battery door have been explained to me. Despite this advice, I wish to proceed without a tamperproof battery door.

I accept responsibility for the safe storage, handling, use, and disposal of hearing aid batteries and for ensuring appropriate supervision of my child.

I understand that this decision is contrary to the recommendations of the NHS National Patient Safety Alert (NatPSA/2019/003/NHSPS).

Parent/Carer Name: .....

Parent/Carer Signature: .....

Date: .....

Audiologist Name (witness): .....

Audiologist Signature (witness): .....

Date: .....

compassionate care

If you have any comments about this leaflet or the service you have received you can contact :

Audiology Outpatient Department

Telephone: 01484 343500

Website: https://www.cht.nhs.uk/services/clinical-services/audiology

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਜੇ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਬਿਸੇ ਹੋਰ ਪਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں.

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"