Audiology Domiciliary Visits Guideline

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Date Guideline Created:	October 2025 – Reviewed July 2026
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Approved by:	Audiology Governance Team
Date of approval:	October 2025 – Reviewed July 2026
Guideline Review due:	This Guideline will be included in the Audiology Key Document Review Process. This is a 3 yearly cycle where there is an agreed date for all Audiology Documents to be reviewed. All reviews for this Guideline will take place on the next available agreed review date, and subsequent agreed review dates, which form the 3 yearly cycle of Audiology Key Document Reviews. 21st July 2029
Target Organisation(s):	Countywide Audiology Service at Worcestershire Acute Hospitals NHS Trust

Guideline Overview:
This Guideline applies to all Audiology Staff who carry out Domiciliary visits, Home Visits, on Housebound Patients. This Guideline is in place to support the safety and well being of Audiology Staff carrying out Domiciliary visits and the Domiciliary patients themselves. The Worcestershire Acute NHS Trust Lone Worker Policy must be read and takes priority, this Guideline is in addition to the Trusts Lone Worker Policy and is specific to Audiology Domiciliary Visits.

Please Note:
This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

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1. Introduction

This Guideline applies to all Audiology staff who carry out Domiciliary visits, Home Visits, on housebound patients. The safety and wellbeing of Audiology staff and patients needs to be considered and Domiciliary visits need to be carried out in a safe and competent manner to minimise any risks to the safety of themselves or others.

The Worcestershire Acute NHS Trust Lone Worker Policy must be read and takes priority, this Guideline is in addition to the Trusts Lone Worker Policy and is specific to Audiology Domiciliary visits.

This Guideline is in place to support the safety and wellbeing of Audiology staff carrying out Domiciliary visits and the Domiciliary patients themselves.

Benefits of following the Guideline include:

- To help maximise Health and Safety and to reduce the risk of injury or harm
- To ensure staff safety is monitored during Domiciliary visit days
- To help assure the same standards of Audiology including Domiciliary service
- To help ensure good practice
- To provide a learning tool to staff
- To identify areas for improvement
- To identify any training needs
- To contribute to the audit process

This document is designed to support Audiology professionals in their work. It should be used in conjunction with clinical judgement to attain optimal safety and optimal outcomes for our service users.

It applies to the Audiology Service of Worcester Acute NHS Trust for Domiciliary visits.

All Audiology staff who will be carrying out Domiciliary visits must

- Read and follow where clinically appropriate – Audiology Domiciliary Visits Guideline
- Read and Sign – Audiology Domiciliary Risk Awareness Record
- Read the Worcester Acute NHS Trust – Lone Worker Policy
- Ensure their mandatory training is maintained at 100% including Conflict Resolution

An Audiology Risk Awareness Record must be read and signed by Audiology staff carrying out Domiciliary visits and counter signed by a band 7 Audiologist or above, this document must then be saved in their personal file.

2. Definitions

Domiciliary visits are for patients who are housebound and requires a referral from the patients General Practitioner or a medical professional to confirm that the patient is housebound and requires a Domiciliary visit. The referral should include an outline of any disability, mental health issue, or anything considered a safe risk and the patients General Practitioner is obliged to outline any specific considerations and / or risks.
The Domiciliary referral letter must be saved in the patient documents.

3. Responsibility and Duties

It is the responsibility and duty of all Audiology staff who carry out Domiciliary visits to do so in a safe manner to minimise any risks to the safety of themselves of others.

It is the responsibility and duty of all Audiology staff who carry out Domiciliary visits to read and follow where clinically appropriate this Audiology Domiciliary Visits Guideline.

It is the responsibility and duty of all Audiology staff who carry out Domiciliary visits to read and sign the Audiology Domiciliary Risk Awareness Record. This document will then be signed and saved in the personal file.

It is the responsibility and duty of all Audiology staff who carry out Domiciliary visits to read the Worcester Acute NHS Trust – Lone Worker Policy.

It is the responsibility and duty of all Audiology staff who carry out Domiciliary visits to ensure their mandatory training is maintained at 100% including Conflict Resolution.

It is the responsibility of all Audiology staff who carry out Domiciliary visits to calibrate the Domiciliary visit Audiometer on the day of use prior to carrying out any audiometry.

It is the responsibility and duty of all Audiology staff who carry out Domiciliary visits to ensure that all of the equipment required to carry out Domiciliary visits is well maintained, functional and clean.

It is the responsibility and duty of all Audiology staff who carry out Domiciliary visits to report any safety concerns or faults with the Domiciliary equipment immediately via email to the appropriate Principal and Countywide Audiology Manager.

It is the responsibility and duty of all Audiology staff who carry out Domiciliary visits to carry out the Audiology appointment in line with the standards set for each appointment within the Audiology department, as much as possible, in each individual Domiciliary situation and environment, and to have read and follow the Audiology guideline documents for each Audiology appointment they are undertaking.

It is the responsibility and duty of all Audiology staff who carry out Domiciliary visits to ensure that all patients journals, appropriate letters and administration are completed in a timely manner.

It is the responsibility and duty of all Audiology staff who carry out Domiciliary visits to undertake and engage with an annual Peer Review, for Adult or Paediatric Audiology service depending on the patients they see on Domiciliary visits.

It is the responsibility and duty of all Audiology staff who carry out Domiciliary visits to identify 2x members of staff, ideally senior where possible, who will be working within the Audiology Department at the time the Domiciliary visits are due to finish. They must inform both members of staff verbally and via email to expect a phone call halfway through the day and to expect a phone call or message at the end of the domiciliary visit day.

It is the responsibility and duty of all Audiology staff who carry out Domiciliary visits to phone and make contact with the identified members of staff to confirm their safety halfway through their Domiciliary visits day.

It is the responsibility and duty of all Audiology staff who carry out Domiciliary visits at the end of their Domiciliary visits day to either

- Return to the Audiology Department and inform the identified members of staff that they have safely returned to the department safely and return equipment when their home visit list are completed.
- If not returning to the Audiology Department they must ring the Audiology Department and speak to the identified members of staff to confirm they have finished their lists safely.
- In the event that neither of the identified members of staff are available they must then make contact with the Band 7 at their site to confirm their safety.
- In the event that the Band 7 at their site is not available they must make contact with an alternative band 7 or band 8.

It is the responsibility and duty of the 2x identified members of staff on the Domiciliary visits day to liaise with each other and if they do not receive a phone call halfway through the day they are to telephone the Domiciliary staff to confirm their safety.

It is the responsibility and duty of the 2x identified members of staff at the end of the Domiciliary visits day to liaise with each other and if they do not receive a phone call at the end of the day they must then telephone the domiciliary staff to confirm their safety.

It is the responsibility and duty of the 2x identified members of staff on the Domiciliary visits day that if they are unable to make contact with the domiciliary staff to confirm their safety they must then call each patient in turn from the last one seen, going down the list to identify the last place / property that their whereabouts / safety can be confirmed.

It is the responsibility and duty of the 2x identified members of staff on the Domiciliary visits day if the safety of the Domiciliary visit staff cannot be confirmed, at the end of the day, then they need to inform the Countywide Audiology Manager or available Principle so that the domiciliary staff members emergency contact information can be accessed and can be identified and contacted to confirm safety.

It is the responsibility and duty of the Countywide Audiology Manager or available Principle informed by one of the 2x identified members of staff, in the event that confirming safety fails, the police need to be contacted to inform them that a staff member carrying out domiciliary visits is missing and inform them of the last known whereabouts.

It is the responsibility of the Audiology Department to ensure appropriate time is allocated for Domiciliary pre-visit preparation, Domiciliary Audiometer stage A calibration, equipment maintenance before Domiciliary visits.

It is the responsibility of the Audiology Department to ensure appropriate time is allocated for Domiciliary post-visit journal completion and administration and Domiciliary equipment maintenance after Domiciliary visits.

It is the responsibility of the band 7, at the base site of the Audiology staff carrying out Domiciliary visits, to ensure that a signed copy of the Audiology Domiciliary Risk Awareness Record has been signed by the Audiology staff carrying out Domiciliary visits and has been saved in the personal file before Domiciliary visits are undertaken.

It is the responsibility of the band 7, at the base site of the Audiology staff carrying out Domiciliary visits, to ensure that the Audiology staff carrying out Domiciliary visits has 100% compliance with their mandatory training, including conflict resolution, before being accepted onto Audiology Domiciliary Team. 100% compliance can be given some consideration at the Band 7's discretion providing Conflict Resolution and Safeguarding Adults and Children have been completed.

4. Guideline detail

The Worcestershire Acute NHS Trust Lone Worker Policy must be read and takes priority, this Audiology Domiciliary Visits Guideline is in addition to the Trusts Lone Worker Policy and is specific to Audiology Domiciliary visits.

The Audiology Domiciliary Visits Guideline is in addition to the Trusts Lone Worker Policy and this Guideline Detail is specific to Audiology Domiciliary visits.

Patient Suitability for Domiciliary Visits –

Patients suitable for domiciliary visits should be considered house bound if they require a two-person ambulance transport service to get to the hospital. We accept referrals for new patients as well as existing patients whose health may have recently deteriorated. We will also see patients whose mental health may prevent them from leaving their home, in which case they will be seen by two members of staff. There is no minimum age for domiciliary referral.

AQP criteria still applies to Domiciliary visits and if patients are within the AQP criteria they are to be discharged to AQP providers and provided with an ICB discharge letter. (AQP Providers also have to provide Domiciliary service where required).

Audiology Domiciliary Referrals –

Referrals may come from the patients General Practitioner or other medical professionals.

Existing Domiciliary patients, with an existing Domiciliary Referral from their GP or Medical professional saved in their Documents, can also request a Domiciliary appointment or family members will often contact us on their behalf.

Audiology Domiciliary Referral Grading and Triage -

Domiciliary referrals are received in 3 ways but can be received at any site. Consistency needs to be ensured across all sites and timely grading and triage of all Audiology Domiciliary referrals need to be ensured to avoid delays to patient pathways.

Ensuring all records are electronic avoids risks associated with paper referrals, lost, overlooked etc.

With an electronic process it avoids the limitations of appropriate staff availability at any given site as grading and triage for all sites can be completed from any site.

The 3 ways Audiology Domiciliary referrals are received –

- Direct contact regarding an existing Domiciliary patient via Telephone, Email, Contact
- Electronic referrals
- Paper referrals

Direct Contact for Existing Domiciliary Patient –

The Administration team receive a direct contact, via telephone, email or other contact, to request a Domiciliary Visit.

The Administration Team note the request in the patient journal and then email any Domiciliary Visit requests for existing Domiciliary patients to

wah-tr.domiaudiologyreferrals@nhs.net with appropriate message from contact.

Electronic Referrals –

The Administration team monitor the wah-tr.AudiologyHearingServices@nhs.net inbox

On receipt of an electronic Domiciliary Referral the Admin Team save the referral into patient documents immediately to ensure it is in the Documents and saved for future reference.

Then the Admin team email the referral as an attachment to the Domiciliary Referrals Email Address for the Domiciliary Team to Grade – wah-tr.domiaudiologyreferrals@nhs.net

The Process then proceeds as per All Domiciliary Referrals Below

Paper Referrals -

The Administration Team monitor postal Domiciliary referrals received at any given site

The Administration team upon receipt of any paper referral scan the referral and save the referral into patient documents immediately to ensure it is in the Documents and saved for future reference.

Then the Admin team email the referral as an attachment to the Domiciliary Referrals Email Address for the Domiciliary Team to Grade – wah-tr.domiaudiologyreferrals@nhs.net

The Process then proceeds as per All Audiology Domiciliary Referrals Below

All Audiology Domiciliary Referrals -

Appropriate Domiciliary Audiologists monitor the wah-tr.domiaudiologyreferrals@nhs.net Inbox for referrals

On accessing the inbox the Audiologist will open Audiology Domiciliary referral emails

For each referral the Audiologist will check carefully on Auditbase to establish if it it is a new referral or an existing Domiciliary patient for information only.

- For a New Domiciliary referral
  - Confirm referral is for a Domiciliary Visit and is an appropriate referral
  - If referral has been submitted on incorrect form – Audiologist will Reject the referral see below for rejected referrals
  - If referral is inappropriate, for example AQP – Audiologist will Reject the referral see below for rejected referrals
  - If referral requests / specifies Hearing Assessment Only – Audiologist will fulfil GP / referrer request and grade as Direct Access Audiometry Only - DA
  - If referral is for hearing assessment Audiologist will grade as Direst Access Hearing Aid Provision - DAHAP
  - If referral is for Balance or Tinnitus, as these services are not provided as a Domiciliary appointment, – Audiologist will Reject the referral see below for rejected referrals

- For existing Domiciliary patient referral
  - Audiologist will check patients Journal, Audiogram and History

  - If referral is inappropriate, for example AQP – Audiologist will Reject the referral see below for rejected referrals and send patient and ICB AQP Discharge Letter
  - From Patient information Audiologist will grade referral appropriately for example for service, repair or reassessment
  - If referral is for Balance or Tinnitus, as these services are not provided as a Domiciliary appointment, – Audiologist will Reject the referral see below for rejected referrals

- For information only
  - When referral is for information only – Audiologist will grade as For Scanning Only

- Rejected Domiciliary Referrals
  - For any Rejected referral the audiologist must include the reason why the referral has been rejected in the body of the email – for example incorrect referral form used, no AQP contra-indications indicated
  - If the Rejected referral is for an existing patient that has been discharged to AQP then the Audiologist will also send an ICB letter to the patient as well as grading the Referral as rejected and include the reason why the referral has been rejected in the body of the email – for example incorrect referral form used, no AQP contra-indications indicated

To Grade the Domiciliary Referral / Domiciliary appointment request the Audiologist responsible for that location will grade the Appointment appropriately.

The Domiciliary Audiologist needs to include as part of grading –

- If the patient needs to be added to the Domiciliary Waiting list for future booking stating the appointment type needed

- If domiciliary visit is to be booked then –
  - the date they wish the patient to be seen (to prevent lists being over or under filled)
  - appointment type and duration (with special consideration to allow sufficient time in the patient's home to fully support their Audiological requirements and to have time to carry out as much as possible to avoid multiple visits to the same address)

Once the Domiciliary referral has been graded the Audiologist will FORWARD, please note that reply must be forwarded to ensure Referral information remains on the email, then email the referral to wah-tr.AudiologyHearingServices@nhs.net

Ensuring that all of the grading / triage information is in the body of the email along with their initials.

Graded Domiciliary Referral

The Administration Team monitor the wah-tr.AudiologyHearingServices@nhs.net inbox

On receipt of a graded and triaged Domiciliary referral the Administration team will, if not already, add the patient to Auditbase, perform a PAS refresh to ensure correct details are stored on the hospital system, resolve any discrepancies that arise, and action as directed in the email within 2 working days.

The Administration team will the process the referral by either

- Booking an appropriate appointment for the patient and send appropriate Domiciliary letter to the patient and save this appointment letter into Auditbase patient documents.
- Adding them to the appropriate waiting list.
- For Rejected referrals the Administration team will email the referrer with the reasons for rejection as stated by the Audiologist
- For scanning only the Administration team will save the document into patient documents for information only

Domiciliary visit appointment suitability -

Suitable Domiciliary Appointment types include -

Hearing Assessments

- DAHAP – Direct Access Hearing Aid Provision
- DA – Direct Access Audiometry
- RA – Reassessments

Hearing Aid Fittings and aftercare

- NPF – New Patient Fitting
- CO – Chance of Aid Fitting
- RV – Review of Hearing aid provision
- Service – Hearing aid servicing
- Repair – Hearing Aid Repair
- Imp – Aural Impression for an Earmould/s

May be suitable under specific conditions

Paediatric appointments – Providing this is agreed in advance with the Countywide Audiology Manager as these are generally unsuitable for domiciliary visits, however special exceptions can be made upon discussion with Countywide Audiology Manager.

Not Suitable Appointments for Domiciliary visits -

Balance Appointments as these need to be carried out in a clinical environment with specialist staff.

Tinnitus Appointments as these need to be carried out in a clinical environment with specialist staff.

Please see Audiology Guidelines for specific guidance and requirements for each appointment type.

Domiciliary Visits Staff requirements –

Staff who become part of the Domiciliary Visits Team need to comply to the following –

- To be qualified for the appointment types they will be carrying out
- To have read current Audiology appointment guidelines for each appointment type
- To have and maintain 100% compliance with their mandatory training including Conflict Resolution mandatory training
- To be aware of and have read the Violence and Aggression Policy and had Conflict Resolution training

- To ensure current knowledge is maintained regarding required policies as the policies are updated regularly and are best accessed via the Trust Key Documents to ensure the current/ most up to date version is accessed.
- To have read and comply to the Worcestershire Acute NHS Trust Lone Worker Policy
- To have read and agree to comply, where possible, to the Audiology Domiciliary Visits Guideline
- To have read and signed the Audiology Domiciliary Risks Record and that this document has been signed by a band 7 plus and saved in their Personal file
- To undertake and engage in Annual Peer Review in either Adult or Paediatric Service within the department and incorporate competencies, as appropriate and where possible, in the Domiciliary environment.
- To be aware that there is also information and further training available via the Suzy Lamplugh Trust regarding Personal Safety and Lone Working available online
- To have a fully charged mobile phone with them for the duration of the Domiciliary visits day
- To have an appropriate driving license
- To have access to a Taxed and MOT'd car with Business cover on their car insurance
- To comply with Trust uniform policy, this may be modified if required, for example with appropriate footwear for weather or different Domiciliary terrain, warm clothing for adverse weather conditions, etc
- To wear their Trust ID badge and to show Trust ID to patient upon request
- To ensure the Domiciliary first aid kit is in the Domiciliary kit with the Domiciliary equipment

Domiciliary preparation

The Domiciliary staff should have sufficient administration time to prepare for the appointments, this is to ensure –

- Preparation of Domiciliary administration and individual patient preparation
- Patient Domiciliary referral letters and journals are read to ensure that the patient they are seeing does not have a history of mental health problems or violence. This should have been done when the audiologist received the initial referral however it is sensible to check again. The General Practitioner would be obliged to inform us on the home visit referral form if they were aware of any risks.
- If any concern arises from patients journal or Domiciliary referral letter notify Countywide Audiology Manager and a 2 Audiologist Domiciliary visit will need to be booked to ensure staff are not Lone working in this situation.
- Identify 2x members of staff, ideally senior where possible, who will be working within the Audiology Department at the time the Domiciliary visits are due to finish. Inform both members of staff verbally and via email to expect a phone call halfway through the day and to expect a phone call or message at the end of the domiciliary visit day
- Patients must be on Auditbase in the order that they will be visited during the day
- Mobile phone is fully charged and will be on hand throughout Domiciliary visits day
- Domiciliary Audiometer has Stage A Calibration carried out and this is documented
- Domiciliary equipment is all present, clean, in working order and all required stock is available
- Domiciliary first aid kit is stocked

Risk assessment

Audiology Domiciliary staff can decline travel on days of extreme weather conditions e.g. storms, snow etc and head to their closest main department.

Staff must carry out a risk assessment before entering each individual property and for each individual situation and they can refuse to enter a property if they feel unsafe. They can then arrange another visit with two members of staff or if the risk is too high or we can refuse a visit altogether.

If at any stage the staff member feels threatened or they feel the patient's behaviour is unpredictable they must not enter the property or must leave the property as soon as possible. Equipment can be abandoned if necessary and collected by 2 members of staff at another time.

Any incidents at all, near miss or otherwise, must be reported on Datix on return to the department or at the earliest available opportunity.

In the event of a medical emergency with the patient or patients carer/relative, and if appropriate, Audiology staff are to call 999 for an ambulance, for example found unconscious or has a suspected heart attack.

In the event of a medical emergency with the Audiology staff themselves, if possible and if appropriate, they are to call 999 for an ambulance or ask for someone to do this if they are able.

In the event of a safety emergency for the patient, patients carer/relative, and if appropriate, Audiology staff are to call 999 for police, for example patient is attacked by a relative or visitor.

In the event of a safety emergency with the Audiology staff themselves, for example attack/assault, if possible and if appropriate, they are to call 999 for police.

In the event of fire whether at the patient property or in Audiology staff vehicle while commuting they are to call 999 for fire service.

Staff understand any incidents or near misses MUST be reported via Datix.

Audiology Domiciliary staff must ensure that the Domiciliary first aid kit is kept with the Domiciliary kit and is regularly checked and maintained. This is for their own personal use only.

The Domiciliary Audiology Appointment

Staff must carry out a risk assessment before entering each individual property and for each individual situation and they can refuse to enter a property if they feel unsafe. They can then arrange another visit with two members of staff or if the risk is too high or we can refuse a visit altogether.

The patient should have received an appointment letter which includes the name of the member of staff who is to visit them the date of the appointment and the appointment should have been confirmed by the Administration team giving an approximate time frame of the visit patient therefore should be expecting the Audiologist arrival within a given time frame.

Audiology Domiciliary staff can request that patients stop smoking before entering a property for the duration of the appointment. If the patient refuses for any reason the staff member can decline the visit.

Audiology Domiciliary staff can request that animals are put into a different room for the duration of the appointment. If the patient refuses for any reason the staff member can decline the visit.

The appointment should be conducted following current Audiology Appointment Guidelines and BSA recommended procedures where possible.

Infection control techniques must be maintained in a Domiciliary environment.

The Audiology Domiciliary staff should set up the environment before they start appointment. Staff need to consider the individual Domiciliary risks, for example is the patient at the right height to get access to both ears, can the patient move to another location in the house they would provide easier access and space are there any tripping hazards that need to be removed e.g. tables, mats, cables. Where is the nearest plug if laptops require charging.

Audiology Domiciliary Staff Safety Plan

Audiology Domiciliary staff ensure that their domiciliary patient list on Auditbase in the order they see the patients. So that the Audiology Department know the likely area the staff member was last in, in the case of an emergency.

Audiology Domiciliary staff must have identified 2x members of staff who will be working within the Audiology Department at the time the Domiciliary visits are due to finish. They must inform both members of staff verbally and via email to expect a phone call halfway through the day and to expect a phone call or message at the end of the domiciliary visit day.

Halfway through the day the Domiciliary staff must phone and make contact with the identified members of staff to confirm their safety.

At the end of the Domiciliary visit day staff should either

- Return to the Audiology Department and inform the identified members of staff that they have safely returned to the department and return equipment when their home visit list are completed.
- If not returning to the Audiology Department they must ring the Audiology Department and speak to the identified members of staff to confirm they have finished their lists safely.
- In the event that neither of the identified members of staff are available they must then make contact with a Band 7 or above to confirm their safety.

The 2x identified members of staff are to liaise with each other and if they do not receive a phone call halfway through the day they are to telephone the Domiciliary staff to confirm their safety.

At the end of the day if the end of the day phone call is not received the 2x identified members of staff are to liaise with each other and must then telephone the domiciliary staff to confirm their safety,

If the 2x identified members of staff are unable to contact with the Domiciliary staff to confirm their safety at the end of the day they must then call each patient in turn from the last one seen, going down the list to identify the last place / property that their whereabouts / safety can be confirmed.

If their safety cannot be confirmed, then they need to inform the Countrywide Audiology Manager or available Principle so that the domiciliary staff members emergency contact information can be accessed and can be identified and contacted to confirm safety.

In the event that confirming safety of the Audiology Domiciliary staff fails the police need to be contacted by the Countywide Audiology Manager or Principal to inform them that a staff member carrying out domiciliary visits is missing and inform them of the last known whereabouts.

Domiciliary Day Completion

Ensure without fail at the end of the Domiciliary visit day the 2x identified members of staff who are working within the Audiology Department at the time the Domiciliary visits finish have been informed of Audiology Domiciliary staff safety. If they are not available contact a band 7 to confirm safety.

The Domiciliary staff should have sufficient administration time, either at the end of the Domiciliary visit day or as soon as possible on the next available working day, to complete all actions from the appointments, this is to ensure –

- Completion of individual patient journals
- Completion of Domiciliary administration including
- Update Auditbase
- Send impressions
- Request that all Domiciliary impressions are scanned by manufacturers and held on file
- Hearing Aid administration
- Arrange any further appointments or request Administration Team to add waiting list entries
- Send appropriate letters
- Make any necessary referrals
- Complete any other tasks relating to individual patients
- Any risk factors identified on Domiciliary visit are noted in red in the patient journal
- If any concern arises from Domiciliary visit notify Countywide Audiology Manager and add an alert in red in patient journal to specify that a 2 Audiologist Domiciliary Visit will need to be booked in the future to ensure staff are not Lone working in a specific situation.
- Domiciliary Audiometer and Domiciliary equipment is all present, clean, in working order and stored appropriately
- Domiciliary first aid kit is replenished if anything has been used

Audit

An Audit will be carried out to monitor the process for efficiency and accuracy and to monitor its impacts on the Audiology Staff Safety, Service and Patients.

The Audit will
- Evaluate the safety record of Domiciliary visits
- Be used to provide a learning tool to staff
- Be used to identify areas for improvement
- Be used to identify gaps in process and address any training needs

The Audit process will also assist to monitor and identify any gaps in process, any areas for improvement and any additional training needs.

5. Implementation

5.1. Plan for Implementation

This Guideline will be implemented as soon as it has been approved by the Audiology Governance Team and disseminated to all appropriate Audiology Staff.

5.2. Dissemination

As soon as this Guideline has been approved by the Audiology Governance Team it will be –

- saved into the Audiology Shared Drive
- emailed to all appropriate Audiology Staff
- added to the Audiology Document Read Compliance sheet for appropriate staff
- added to Worcestershire Acute NHS Trust key documents Audiology web page
- discussed at Countywide Audiology meetings or most appropriate equivalent meeting

5.3. Training and Awareness

Any training needs will be identified by individual Audiology staff and their Line Manager, appropriate training will then be discussed and provided as required.

6. Monitoring and Compliance

Section number:	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out?	Responsible for carrying out the check:	Results of the check reported to: *(Responsible for also ensuring actions are developed to address areas of non-compliance)*	Frequency of reporting:
No.	**WHAT?**	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
Relevant section number	These are the 'key' parts of the process that we a relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms, such as, '10 times a year' instead of 'monthly'.
All	Appropriate time is to be allocated for Pre Domiciliary Visit Preparation and Post domiciliary Visit Completion. To include and record any safety risks and or issues.	This will be scheduled by the Auditbase timetable team and monitored by individual Audiology Domiciliary Visit staff involved.	Annually	Named individual carrying out Audiology Domiciliary Visits and overall responsibility is the Countywide Audiology Manager.	Named individual carrying out Audiology Domiciliary Visits and report results and findings during their PDR and to the Countywide Audiology Manager	Annually
All	Domiciliary Equipment, Including Audiometer and all	Monitored by the Audiology	Annually	Named individual who is responsible	Named individual who is responsible	Reported as soon as faults or issues

	equipment in Domiciliary Kit are present, working and in good working condition.	Domiciliary Visit Team before and after every domiciliary visit day.		for checking equipment before and after their Domiciliary visit day and overall responsibility is the Countywide Audiology Manager.	for checking equipment before and after their Domiciliary Visit day and report results and findings to the Countywide Audiology Manager	are identified, otherwise Annually
All	To ensure Domiciliary risk awareness - All Audiology staff who will be carrying out Domiciliary Visits will have read and signed an Audiology Domiciliary Risk Record which will be signed and saved in their personal file.	All Audiology staff who will be carrying out Domiciliary Visits will need to read and signed an Audiology Domiciliary Risk Record which will monitored by being signed and saved in their personal file.	When this new guideline is approved and then when document has been reviewed or when New members of the Audiology Domiciliary Team start	Appropriate Audiologist band 7 or above will also sign the Audiology Domiciliary Risk Awareness Record and overall responsibility is the Countywide Audiology Manager.	Countywide Audiology Manager who receives Datix reports.	When this new guideline, or subsequent reviews, are approved and then when any New members of the Audiology Domiciliary Team start
All	Staff and Patient and Others Safety and Risk exposure MUST be monitored	Any and All Risks / New Misses / Concerns / Events are to be monitored via Datix reports and any reports made to the Countywide Audiology Manager.	As and when Datix reports are received and Annually	All Audiology Domiciliary Staff Carrying out Domiciliary Visits are responsible for reporting any Risk / New Miss / Concerns / Events via Datix and Countywide Audiology Manager.	Countywide Audiology manager	When Datix reports are received and Annually

7. Guideline Review

Countywide Audiology Guidelines will be reviewed every 3 years by the document author, where appropriate, or another designated member of Audiology Staff.
Overall responsibility for ensuring Review is undertaken is the responsibility of the Countywide Audiology Manager.

8. References

Worcester Acute NHS Trust – Lone Worker Policy
Suzy Lamplugh Trust regarding Personal Safety and Lone Working
Good Practice

9. Appendices

Audiology Domiciliary Risk Awareness Record

10. Approval Process

This Guideline is submitted to the Audiology Governance Team for approval, and Guideline Approval will be included in the relevant Audiology Governance Meeting minutes.

11. Version Control

On each occasion where this Guideline is Reviewed – any key amendments will be included in the table below and Guideline Version Number will be updated on the Guideline.

Key Amendments to this Document

Date	Amendment	Approved by:
July 2026	Document changed to Audiology Standardised Template by Original Author	Audiology Governance Team

12. Equality Requirements – Equality Impact Assessment Form

To be completed by the key document author and included when the document is submitted to the Audiology Governance Team for consideration and approval.

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Joanne MJ Stanley and Edward Southan**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Edward Southan	**Countywide Audiology Manager**	**edward.southan@nhs.net**
	Joanne Stanley	**Senior Clinical Audiologist**	**joanne.stanley2@nhs.net**
Date assessment completed	**Initially – at date document created then reviewed at each Document Review**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: Audiology Domiciliary Visits Guideline**
What is the aim, purpose and/or intended outcomes of this Activity?	This Guideline is in place to support the safety and wellbeing of Audiology Staff carrying out Domiciliary visits and the Domiciliary patients themselves.

Who will be affected by the development & implementation of this activity?	❑ X X ❑	Service User Patient Carers Visitors	X ❑ ❑ ❑	Staff Communities Other _____	
Is this:	X Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?				
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Current process reviewed, Worcester Acute NHS Trust Lone Worker Policy, Suzy Lamplugh Trust regarding Personal Safety and Lone Working, Good Practice.				
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Consultation with Countywide Audiology Manager				
Summary of relevant findings	Implementing this is a necessary step to help ensure the safety of Audiology Staff, Patients and Others as much as possible in the Domiciliary environment. Relevant findings include that until now there was no initial plan to ensure staff safety at the end of a Domiciliary visit day and since it's introduction this Guideline has and will incorporate this as a requirement.				

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	X	X		Audiology Domiciliary visits are carried out regardless of this Equality Group. Implementing the guideline will hopefully contribute to greater Safety of this activity.
Disability	X	X	X	Audiology Domiciliary visits are carried out regardless of this Equality Group. Implementing the guideline will hopefully contribute to greater Safety of this activity to service users. However – regarding Audiology Staff carrying out Audiology Domiciliary Visits and the unpredictability of the Domiciliary environment - Any staff who have a disability and may be carrying out this activity will need to discuss any potential risks of this activity with their Medical Professional and / or Occupational Health.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				Implementing the guideline will hopefully contribute to greater Safety of this activity.
Gender Reassignment	X	X		Audiology Domiciliary visits are carried out regardless of this Equality Group. Implementing the guideline will hopefully contribute to greater Safety of this activity.
Marriage & Civil Partnerships	X	X		Audiology Domiciliary visits are carried out regardless of this Equality Group. Implementing the guideline will hopefully contribute to greater Safety of this activity.
Pregnancy & Maternity	X	X	X	Audiology Domiciliary visits are carried out regardless of this Equality Group. Implementing the guideline will hopefully contribute to greater Safety of this activity to service users. However – regarding Audiology Staff carrying out Audiology Domiciliary Visits and the unpredictability of the Domiciliary environment - Any Pregnant staff who may be carrying out this activity will need to discuss any potential risks of this activity with their Medical Professional and / or Occupational Health. Implementing the guideline will hopefully contribute to greater Safety of this activity.
Race including Traveling Communities	X	X		Audiology Domiciliary visits are carried out regardless of this Equality Group. Implementing the guideline will hopefully contribute to greater Safety of this activity.
Religion & Belief	X	X		Audiology Domiciliary visits are carried out regardless of this Equality Group. Implementing the guideline will hopefully contribute to greater Safety of this activity.
Sex	X	X		Audiology Domiciliary visits are carried out regardless of this Equality Group. Implementing the guideline will hopefully contribute to greater Safety of this activity.
Sexual Orientation	X	X		Audiology Domiciliary visits are carried out regardless of this Equality Group. Implementing the guideline will hopefully contribute to greater Safety of this activity.
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	X	X		Audiology Domiciliary visits are carried out regardless of this Equality Group. Implementing the guideline will hopefully contribute to greater Safety of this activity.
Health Inequalities (any preventable, unfair & unjust	X	X		Audiology Domiciliary visits are carried out regardless of this Equality Group.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				Implementing the guideline will hopefully contribute to greater Safety of this activity.

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	Potential Negative impacts may apply to any Disabled or Pregnant staff who may be carrying out this activity.	Any Disabled or Pregnant staff who may be carrying out this activity will need to discuss any potential risks of this activity with their Medical Professional and / or Occupational Health.	The Disabled or Pregnant staff who may be carrying out this activity are responsible for discussing potential negative impacts with their Medical Professional and / or Occupational Health	As required
How will you monitor these actions?	Any changes in service provision is monitored by the Countywide Audiology Manager			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	**Each time the Guideline is Reviewed.**			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation
1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.
1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Name of person completing EIA	Joanne MJ Stanley
Date signed	July 2026
Comments:	Originally completed October 2025
Name of the Countywide Audiology Manager who is the Lead Person for this activity	Edward Southan
Date signed	July 2026
Comments:	Originally completed October 2025

13. Financial Impact Assessment

To be completed by the key document author and included when the document is submitted to the appropriate committee for consideration and approval.

ID	Financial Impact:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
Other comments:		
None		