

Going to the Hospital? Bring a Hospital Kit With You

by Carol Granaldi

If you have any form of hearing loss and need to be sure that appropriate communication is available for you during your stay, here a few pointers:

1. In advance of surgery or procedure, contact the hospital's patient representative or patient advocate who should know what you need and want. He/she must follow your instructions for appropriate communication such as:
 - a. use of a sign language interpreter if you use sign language
 - b. use of appropriate assistive hearing devices if you use them
 - c. safeguard your hearing aids and cochlear implant processors and return them as soon as possible after surgery or your procedure.
 - d. Instruct the medical staff about your needs, by identifying yourself as either a Deaf person or hard of hearing patient. It is helpful to wear a medical alert bracelet with information that you are a D/deaf or hard of hearing person needing an interpreter, have a CI, or use hearing aids, in case of an emergency such as an accident or sudden illness.
2. Bring a Hospital Kit with you when you confer with the patient representative/advocate. Hospital Kits are now available through the HLAA Ocean-Monmouth Chapter. These are helpful to both the patient and staff.

The kits consist of:

- Dry erase board and pen for written communication
- Signage for above your bed – “Deaf” on one side, “Hard of Hearing” on the other side.
- Brochure: “KNOW YOUR HOSPITAL RIGHTS.”
- Printed form indicating the value of your hearing aid or processors, and that the hospital is responsible for its safekeeping.
- Printed request for an appropriate container for your hearing equipment with ID label.
- Picture chart so you can point to the image of your request such as “water, bedpan,” etc.
- “FACE ME” button to affix to your garment so medical staff will provide eye contact.

These Hospital Kits cost \$7 each, includes shipping cost and are available by emailing the Ocean-Monmouth HLAA chapter at: oceanmonmouthhla@yahoo.com or use form below.

Please return this form and make a check payable to: Ocean-Monmouth HLA.
Mail to: OC-Mon HLA Hospital Kits 714 Cedar St Lakehurst NJ 08733

PLEASE PRINT

Name:

Address:

City/ State/Zip Code: