



## **Sensory Impairment Service (SIS), June 2020**

### **Guidelines for Schools for the Safe Use of All Types of Hearing Aid Devices during Swimming and PE**

#### **Physical Education (PE)**

##### **PE with a Cochlear Implant or Bone Anchored Hearing Instrument (BAHI):**

Always use a safety line in sport lessons.

##### **Widened Vestibular Aqueducts (WVA) / Enlarged Vestibular Aqueducts (EVA):**

If a child has the condition Widened Vestibular Aqueducts (WVA), sometimes known as Enlarged Vestibular Aqueducts (EVA), then you **MUST** consult with your Qualified Teacher of the Deaf (QToD). There are strict management guidelines for these children as any knock to the head has the potential to permanently worsen their hearing loss.

##### **Non-Contact Sports (Such As Tennis):**

Cochlear implants can be worn but must be protected from knocks.

##### **Vigorous Sports (Such As Football):**

- **Cochlear Implant Users:** Seek individual advice from the Auditory Implant Centre (AIC). They might recommend the use of a rugby skull-cap.
- **Bone Conduction Hearing Instrument (BCHI) Users:** BCHI users can participate with a safety line.

##### **Contact Sports (Such As Judo):**

Cochlear implant or BCHI users should not participate, since blows to the head are likely or inevitable.

## **Trampolining and Assault Courses:**

**Cochlear Implants (In Line with Advice Given by the AIC):** We recommend removing equipment, and limiting number of people on a trampoline to minimise any chance of bumping heads. If head gets knocked in any way, follow normal medical school procedures (e.g. ice pack) and seek advice if they have any concerns. Any sign of redness/impact to implant site or reports of pain to contact the Auditory Implant centre directly who may request photographic evidence to be sent to the centre for checking by nurse to follow up on.

## **Helmet sports (Such As Cycling):**

The external parts of cochlear implants can be worn with a comfortable, well-fitting, good-quality helmet. BCHIs should be removed.

## **Gymnastics:**

- **Cochlear Implant Users:** Seek individual advice from the Auditory Implant Centre (AIC).
- **Bone Conduction Hearing Instrument (BCHI) Users:** If the individual is rolling on the head, external equipment should always be removed if working on plastic mats to avoid static electricity.

## **PE with Hearing Aids: Behind-the-Ear (BTE), In-the-Ear (ITE), or Bone Conduction Hearing Aid (BCHA) on a Band**

### **Contact Sports (Such As Judo):**

Hearing aids should be removed when there is a high risk of contact to the head. Generally speaking, hearing aids can be worn for most other sports activities as long as they don't cause the wearer discomfort – seek hospital advice for specific queries either directly or through the QToD.

## **Trampolining and Assault Courses:**

For users of hearing aids, including low-incidence types such middle ear implants (MEI) - discuss the activity with your QToD.

## **Swimming**

### **Swimming with Hearing Aids:**

All types of hearing aid need to be removed before swimming and kept dry at all times.

## **Swimming with Cochlear Implants:**

All cochlear implant (CI) devices are only considered waterproof when used with the appropriate manufacturers additional equipment (an aquatic attachment kit) Advice on how to use equipment appropriately is supplied by each manufacturer.

Many cochlear implant users may have an 'aquatic kit' that enables them to use their CI under water, speak with your QToD for advice.

Always use rechargeable batteries.

## **Swimming with Grommets:**

Hospital advice should be sought following surgery. Generally it may be safe to go swimming from one month after grommet insertion - seek hospital advice.

Do not swim in any pool which is not chlorinated.

Swimplugs are not required for grommets unless the individual is swimming beyond a depth of 1 metre. In which case, seek hospital advice.

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**Class teachers and schools are responsible for the physical activity a deaf child participates in and may need to do a risk assessment in conjunction with the QToD in terms of the safety of the deaf child or young person and their peers.**

Finally, if you have any additional queries always go to your QToD first. They can either give you the answers or signpost on the best way to obtain an answer. There is also a Glossary attached to this information leaflet for your assistance.

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