

## Blackminster Hearing Centre

Since 2004 I have supplied leading products locally at low prices with friendly, professional service and excellent after-care



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# AUTUMN 2020 NEWSLETTER

## My New Normal for hearing aid supply and fitting ...

Hello everyone,

19<sup>th</sup> October 2020

My practice has been essentially closed since the COVID-19 lock-down started.

I would like to apologise to both new & current customers for being mostly unreachable for so long.

The private sector hearing aid industry has been in a state of confusion for several months.

NHS Audiology has also been essentially closed for months, and generally remains inactive.

However most private sector hearing aid dispensers and the hearing aid manufacturers are now slowly getting back to work ... but not quite as before!

My main aim in the COVID-19 era is to reduce the risk to my customers and myself from this virus.

Accordingly I have spent a lot of time and effort researching the risks from the virus.

I have then been looking for the best way of restarting my business safely in the face of COVID-19.

My research has shown me that the over-65s are the most at risk from the virus.

**The risk of severe illness and even death is significant if anyone over 65 catches COVID-19.**

COVID-19 is far more lethal than the flu, and can have very nasty short & long term effects.

Nobody should risk catching this virus .. and this applies especially to the over-65s.

**Most importantly, despite all the fuss in the media, there is absolutely no sign that the risk from COVID-19 to the over-65s will decline in the next year or two.**

**Vaccines will probably take many months to arrive and even then their effectiveness is unlikely to be very high or long lasting, especially with older people.**

As almost all my customers are over 65 I now need to be very careful when working with customers.

**However PPE (Personal Protective Equipment) is NOT a perfect defence against COVID-19.**

**Also, appointments carried out when wearing PPE become very 'cold' and very impersonal.**

In view of this I have decided to eliminate almost all face-to-face appointments.

I am now switching to making Remote Fittings over the Internet, so that clients need not leave home.

Luckily I used to be a mobile telephone designer, so I have the in-depth technical background to set up an effective, secure and reliable Internet based system to support my hearing aid customers.

Now a quick clarification of my current business status : Two leading manufacturer's have just released new Internet-compatible hearing aids which will be vital to my business.

I have received trial hearing aids for evaluation which I have been wearing to assess their performance. I am now in a position to recommend the latest models which perform well.

The rest of this rambling **Newsletter** cover the details of my "**New Normal**" for hearing aid fittings etc.

I also include many **Appendices** which include all sorts of possibly useful information.

If you have any questions etc please do not hesitate to contact me at [info@blackminster.co.uk](mailto:info@blackminster.co.uk) or call 01386 830100.

kind regards,

Richard Hathway *RHAD C.Eng*

# My “New Normal”

I have decided that, due to COVID-19 risks, my practice will now specialise in **Remote Fittings**, as follows:

- **Remote fittings** : I will specialise in providing new hearing aids ‘remotely’. Following an initial assessment via email or phone, and a quick Web-based hearing test, I will send new hearing aids out by post. I will then work with the customer via the Internet to carry out precision hearing tests and hearing aid tuning. Luckily, in the last few weeks new models of hearing aids have been introduced which allow remote testing, tuning and later adjustments via the Internet using your Smartphone or tablet computer.  
*(I can also provide new hearing aids to customers who do not have a Smartphone or tablet computer .. but the fitting process will be different in such cases)*
- **Clinic visits** : I have decided that face-to-face visits need to be avoided if at all possible. Under no circumstances will I be able to have face-to-face appointments in the clinic with people in the *High Risk* category as shown in *Appendix 10* although home visits might be possible. In general the same applies to those in the *Moderate Risk* category as shown in *Appendix 11*. In the event of a face-to-face meeting being essential and medically acceptable, we will work through a brief health checklist on the day before the appointment. My office has been reworked to improve ‘*social distancing*’ and ventilation. I will wear a mask and other protective equipment during appointments. My clients will also wear a mask. Luckily my office is rural, with free parking, so my clients won’t be exposed to the risk of crowds in town or in busy High Street stores.  
*Appendices 6 & 7 cover the clinic visit process in more detail.*
- **Home visits** : In essential and medically acceptable cases, I can make local home visits to carry out hearing tests etc. In these cases the client will need a very well ventilated conservatory or similar room. I may be able to visit *High Risk* and *Medium Risk* clients as described in *Appendix 10 & Appendix 11*. For local clients, I can drop off hearing aids and spares if required. I can also pick up & return hearing aids needing repair. While-you-wait repairs & refurbishments might also be possible from my car. *Sadly I cannot visit care homes.*  
*Appendices 6 & 8 cover the home visit process in more detail.*
- **Basic ear canal health check** : It can sometimes be important to check for ear wax blockages or possible infections. If required I can do a very brief – but effective – examination of client’s ears in the safety of the fresh air i.e. outside. We will need to wear masks but we will not need to go through the rigmarole of a full PPE face-to-face appointment. I can do this at my office site. Alternatively I can make a flying visit to carry out this type of check at a client’s home.
- **Procedure for new customers who have modern Smartphones or tablet computers** : I will discuss your specific needs with you via the phone or via email. We will also work through a hearing questionnaire and also a quick Web-based hearing test. For local customers, we may arrange a brief meet-up at either my office or at your home to check the general health of your ear canals. I will then supply you with the latest Internet compatible aids. We will then test your hearing through the new aids via the Internet and make any required adjustments also via the Internet. We may also use a Skype or Zoom video link to assist the fitting process.  
*Note: Instead of using the post, I can offer a hearing aid drop-off / collection service at my office or at your home.*
- **Procedure for new customers without modern Smartphones or tablet computers:** I will discuss your specific needs with you via the phone or via email. We will also work through a hearing questionnaire. For local customers, we may arrange a brief meet-up at either my office or at your home to check the general health of your ear canals. If you have access to a Web browser I might ask you to take an online hearing test. Alternatively if you have an audiogram less than 2 years old, I can use that data to program your new hearing aids. Another approach is for me to borrow your existing hearing aids and retrieve your hearing data from them. I will then supply you with modern hearing aids programmed to suit your hearing loss via post. In such cases I will provide hearing aids which have volume controls so you can fine-tune the sound levels at home.  
*(Any new aids I supply will be Smartphone compatible, as you may get a Smartphone one day)*  
*Note: Instead of using the post, I can offer a hearing aid drop-off / collection service at my office or at your home.*

- **Procedure for existing customers** : I will not usually be able to offer face-to-face appointments for existing customers. Only if unavoidable, will I be able to arrange face-to-face appointments. Sadly most of my current customers will not have Internet compatible hearing aids. This means that I will not be able to adjust them remotely over the Internet. That said, I can service and maintain these older hearing aids by post. Based on reported problems, I can refurbish, repair, retune and adjust the hearing aids and return them to you by post. I can also provide spares by post. Also instead of using the post, I can offer a drop-off / collection service for repairs / spares/ refurbishment at my office or at your home. While-you-wait repairs & refurbishments might also be possible at my office or from my car at your home.  
*(If existing customers who have access to a Smartphone etc wish to upgrade their hearing aids I will supply modern models which fully support remote testing & tuning over the Internet)*
- **Spares & batteries** : I will be able to provide spares such as batteries and spare parts via post. Alternatively I can leave items for you on my office foyer table for collection.
- **Repairs** : I will be able to handle the repair and refurbishment of hearing aids via post. Or you could leave the faulty aids on my office foyer table for me to pickup. Alternatively I can often provide a while-you-wait repair or refurbishment service at my office. I can also carry out minor repairs etc in my car when visiting your house.
- **Wax removal** : I regret that my wax removal service will not be available until further notice. This is due to regulations & insurance relating to the risk of working physically close to clients.  
*Note: Some people find some of the de-waxing potions available at pharmacies to be effective.*
- **Ear impressions** : I regret that I cannot currently take resin impressions of ears to make acrylic ear-moulds or custom hearing aids. This is due to the risk of working physically close to clients.
- **Special hearing aid setups for COVID-19** : I can provide aids specially tuned to help reduce the muffling effects of other people's face masks. I can also provide accessories to improve hearing when talking across social distancing separations

# APPENDICES

## Appendix 1 - Key points on the future of hearing aid dispensing in the COVID-19 era

- NHS Audiology departments seem to be operating an “*Emergencies Only*” service.
- The hearing aid retail sector has been hit particularly hard by COVID-19, as a typical hearing aid wearer is precisely the class of person hardest hit by the virus. These people will likely stay safely at home until coronavirus concerns decline - which could take months or even years.
- UK hearing aid sales have plummeted by around 50%-80% due to COVID-19. This is exerting major economic pressure on both dispensers & manufacturers.
- Some private dispensers have recently left the industry, probably due to the new difficulties.
- High Street dispensing chains may need to lay-off staff due to COVID-19. They may even need to close some branches.
- Manufacturers seem to be implementing major cost cutting measures including shop closures.
- Some hearing manufacturers’ local offices do not seem to be fully back to work yet.
- Some manufacturers may have economic problems leading to hearing aid production issues. In view of this I will supply hearing aids from at least two different manufacturers.
- A few hearing aid manufacturers have released new models in the last few weeks. As a result of COVID-19 these models now include technology which allows hearing aid tests and tuning to be carried out over the Internet via a Smartphone.
- Further lockdowns may come and go. These may prevent my clients from leaving their homes and/or they may prevent me from opening my office or making home visits. High Street chains will also be affected. Luckily my new Remote Fittings can help bypass these problems.
- Many High Street chains and other dispensers will try to survive by implementing strict PPE measures in an attempt to protect their clients and staff. However in my opinion this approach is very impersonal and unpleasant for all concerned. It may also fail economically, as the PPE overhead will force dispensers to see far fewer clients than before thus reducing sales without any reduction in overheads. Even in pre-COVID times a hearing dispenser did not make huge profits. Any major reduction in business may lead to dispensers having to close. Additionally, surprise lock-downs might trap clients at home and/or force temporarily closure of High Street branches. Dispensers trying to use PPE to work in the ‘old way’ with face-to-face appointments will find it very difficult to survive commercially.
- In my opinion, the whole PPE focussed approach is really a numbers game.  
**It just takes one mistake to lead to disaster.**  
A tired employee, a faulty or poorly fitted mask or a super-spreader client could lead to an infection which infects several clients and staff – possibly resulting in severe illness or even deaths. Luckily my new way of working can avoid most of the risks of using PPE to try to defeat the virus. I now offer remote hearing tests and hearing aid tuning over the Internet. This means that clients need not risk leaving their homes in order to obtain & tune new hearing aids.

## Appendix 2 - Key points about COVID-19

- The COVID-19 virus is very easily spread between people.
- The main infection route seems to be via air droplets rather than contaminated surfaces.
- It seems that in poorly ventilated areas the virus can spread further than the recommended two metres minimum separation.
- Fewer than one in ten in the UK have been exposed to the virus. The economy has been badly damaged. We have a long way to go. Many more infections, and many months/years remain.
- Studies have shown that age is by far the key factor in the risk from COVID-19 infection.
- Around one in ten of people over 75 who get COVID-19 will die.
- Around nine in ten COVID-19 deaths are for those over 65.
- Around nine in ten of my customers are over 65.
- The virus will probably be around for at least two years – maybe a lot longer.
- There is more than one version of the virus, which can lead to reinfections & vaccine problems.
- Some people who survive a COVID-19 infection can have long term medical problems.
- Despite much discussion in the media about various medications, most of the proposed COVID-19 treatments have **not** been shown to be effective. That said, steroids may help in very severe COVID-19 cases. Vitamin D & other supplements might also help boost immunity.
- COVID-19 has a fatality rate among infected people that is 6–16 times higher than common flu.
- If you have flu at the same time as COVID-19, your risk of dying is doubled.  
Get a flu vaccination if at all possible! (I have also had a pneumococcal vaccination too)



### Appendix 3 - Some technical notes about immunity

- Some (maybe 9%) who get COVID-19 generate no antibodies so they may have poor immunity.
- A few people have been shown to have very little natural immunity and so can get reinfected with COVID-19 a second time quite quickly.
- It is unlikely that an effective and safe vaccine will be available for months, maybe years.
- Immunity from a vaccine or having been infected can be weak in people over 65.
- There are several COVID19 variants. Natural or vaccine immunity might not be effective against all of these – or against future random mutations.
- Repeated infections might become normal.
- Annual booster vaccines might be needed.
- Studies have suggested that immune responses to common-cold coronaviruses protect against reinfection for only a matter of months, although symptoms are often reduced during the second infection. The same limited immunity may also apply to the COVID-19 coronavirus.
- People aged 65 and older who are infected with the new coronavirus tend to show a disorganized immune response which can lead to a severe illness.
- The lesser known, but important, T-cell immunity mechanism is less effective with older people.
- Older people have a weaker ‘immunity memory’ than younger people.
- The possible lack of immunity from a COVID-19 infection may require vaccinations later on.
- In some (hopefully rare) cases, a second infection can be much more severe than the first due to *antibody-dependent enhancement*.

### Appendix 4 - Some notes about vaccines

- A vaccine will be needed to slow down the spread of COVID-19.
- Many vaccines are currently being worked on around the world.
- An effective vaccine might be found by Dec 2020.
- The fastest ever development of a vaccine was for mumps – at four years.
- We should expect no more than 75% effectiveness for any vaccine.
- Three different styles of vaccine are being developed. Two use well-understood technologies – but some use a novel technology which has never been used with humans before.
- There are several COVID19 variants. A vaccine might not be effective against all of these – or against future random mutations.
- A vaccine might need two separate doses to be effective.
- We should not expect lifetime protection from a vaccine – but it would be reasonable to expect at least one year's immunity (or partial protection).
- A booster shot might be needed each year.
- A vaccine might weaken the severity of the disease – but might not protect you from it.
- A vaccine might have mild side effects such as headaches (and, very rarely, serious illness).
- A leading vaccine manufacturer has warned that sufficient supplies of vaccines will not be available globally until 2024 or even later. That said, the UK government has ordered vaccines from six manufacturers, so at least one (possibly not fully tested) should be available for emergency cases and key workers within a few months.
- Young people may not be required to be vaccinated. Also many people are worried about the vaccine safety and so may delay taking it. This may prevent ‘*Herd immunity*’ being reached.
- Lack of a perfect vaccine effectiveness, together with many delaying in taking the vaccine, will likely lead to a significant reservoir of people with the virus.

### Appendix 5 – A view of the future

It seems to me that we should expect to be living with COVID-19 or variants for many years.

With a bit of luck we will eventually have vaccines which protect most of us over the coming years, as long as we have an annual booster.

Sadly some people will still be infected by COVID-19 each year – and some will be very ill or even die.

Most people should expect to catch COVID-19 once every few years.

The virus is most dangerous mainly for people over 65 – so it will become an increasingly worrying problem for younger people as they age and approach 65.

This means that I and most of my customers will need to stay very cautious.

I expect the use of Remote Fittings etc will continue for the foreseeable future.

## Appendix 6 - Pre-visit health checklist

As noted earlier, I am avoiding face-to-face appointments where possible. However if for any reason we plan to meet up, please could you check for the following in advance. I may phone you prior to the planned meeting to go through these with you.

If you answer yes to any of these questions you will need to self-isolate. You should also check the NHS website to find out what your next steps should be.

Once your symptoms have ceased we can rebook our planned appointment.

- Do you or anyone else in your household have Coronavirus?
- Do you or anyone else in your household have a new or continuous cough?
- Do you or anyone else in your household have a high temperature of 37.8 C or over?
- Do you or anyone else in your household have a loss or changed sense of normal smell or taste?

## Appendix 7 – Clinic appointments

I will holding far fewer face-to-face appointments than in the past. That said, if we do arrange such an appointment please check the following in advance:

- Please run through the pre-visit Checklist shown in *Appendix 6*. If you or anyone in your family is showing possible COVID-19 symptoms please do not attend the appointment.
- Please ask in advance any questions you have concerning your appointment, your hearing, your health or any other concerns. This will save time in the appointment itself.
- Please wait in the foyer on arrival. A mask and hand sanitiser will be provided.
- Please be on time for your appointment, to reduce the exposure to passers-by whilst waiting.
- Please note that it should be only yourself who attends the appointment. If this is not possible, a member of your household can come with you. They will however be required to wear a mask and socially distance. Ideally they should wait in the foyer or in the car during the appointment.

Upon arrival, in the foyer:

- You will be asked the health screening questions again.
- Your temperature will be checked using a non-contact scanner.
- You will asked to wear a face mask.
- Once the initial checks have been completed, the appointment will move to the practice room.

In the practice room:

- The windows will be open to improve air flow, so maybe wear warm clothes on a cold day!
- The customer and the dispenser will be separated for most of the time by a long table.
- All close patient contact will be done using PPE, and rapidly, to reduce exposure.
- A powerful filtered fan may be turned on during close contact examinations to sanitise the air.
- Sadly there will be little time for chatting in order to keep the exposure time as low as possible.
- As little equipment as possible will be used, to reduce risk.
- If extra tests and/or close contact are needed a new appointment will be booked.

General points:

- The audiologist will wash and/or sanitise his hands before, during and after your appointment.
- Wherever possible, the audiologist will remain at the recommended 2m distance or more.
- PPE will be used at all times.
- The practice room has been adapted to help maintain safe distances.
- Equipment will be cleaned and sterilised after every appointment.
- Patient records will be written as normal. There will be extra information recorded on the procedures and equipment were used and what hearing advice etc was provided. This information is needed to show that the practice is being operated correctly according to current COVID-19 regulations.

## Appendix 8 – Home visits

I will be holding far fewer face-to-face appointments than in the past. That said, if we do arrange such an appointment please check the following before I visit you at your home:

- Please run through the pre-visit Checklist shown in *Appendix 6*. If you or anyone in your family is showing possible COVID-19 symptoms please phone to cancel the appointment.
- Please ask in advance any questions you have concerning your appointment, your hearing, your health or any other concerns. This will save time in the appointment itself.
- You will be asked to confirm that you agree to the home visit and that all family members are aware that the appointment has been arranged.
- Please wear a mask when I arrive.
- Please organise a well ventilated room or conservatory for the visit.
- I will be wearing a mask and will bring hand sanitiser.
- Please ask other household members to avoid the room to be used to reduce exposure risk.
- Please note that it should be only yourself who attends the appointment. If this is not possible, a member of your household can come with you. They will however be required to wear a mask and social distance. Ideally they should wait in an adjacent room during the appointment. Upon arrival, at your front door:
  - You will be asked the health screening questions again.
  - Your temperature will be checked using a non-contact scanner.
  - You will be asked to wear a face mask.
  - Once the preliminary checks have been completed, we will move to the room you have set up for the appointment.
  - Be aware that if I regard the safety of the home visit to be inadequate I may abandon the visit.

In your chosen room:

- Ideally we will open the windows to improve air flow. Maybe wear warm clothes on a cold day!
- We will try to maintain a 2m separation whenever possible.
- All close patient contact will be done using PPE, and rapidly, to reduce exposure.
- All preparation for the appointment will be done beforehand to reduce the duration of the visit.
- Sadly there will be little time for chatting in order to keep the exposure time as low as possible.
- The audiologist will not be able to accept refreshments during the home visit.
- As little equipment as possible will be used, to reduce risk.
- If extra tests and/or close contact are needed a new appointment will be booked.
- After I leave, please wipe down all surfaces, door handles etc with a cleaning solution.

General points:

- The audiologist will wash and/or sanitise his hands before, during and after your appointment.
- Wherever possible, the audiologist will remain at the recommended 2m distance or more.
- PPE will be used at all times.
- Equipment will be cleaned and sterilised after every appointment.
- Patient records will be written as normal. There will be extra information recorded on the procedures and equipment were used and what hearing advice etc was provided. This information is needed to show that the practice is being operated correctly according to current COVID-19 regulations.

## **Appendix 9 – “Flying visits”**

There will be times when I need to provide clients with spares, repaired hearing aids etc.

There will also be times when customers need to leave hearing aids etc with me.

We can do this by using the normal Royal Mail service.

*(For high value items such as hearing aids, the insured Special Delivery service is recommended)*

Or we can use the table in my office foyer as a post box.

One person can leave a package, the other can collect it a bit later.

We can also make similar transfers at customer’s front doors.

Such transfers can be quick and will not require full PPE precautions.

Anti-viral foam, alcohol etc can minimise the risk of virus transfer on the items being handled.

I can even carry out while-you-wait repairs and refurbishments using this scheme, either at my office or at your home

I may also arrange a brief meet-up either at my office or at your home to check the general health of your ear canals.

## **Appendix 10 - People at high risk (clinically extremely vulnerable)**

The government believes that you are at high risk from coronavirus if:

- You have had an organ transplant
- You are having chemotherapy or antibody treatment for cancer, including immunotherapy
- You are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- You are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- You have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- You have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- You have been told by a doctor you have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- You have a condition that means you have a very high risk of getting infections (such as SCID or sickle cell)
- You are taking medicine that makes you much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- You have a serious heart condition and are pregnant

## **Appendix 11 - People at moderate risk (clinically vulnerable)**

The government believes that people at moderate risk from coronavirus include those who:

- are 70 or older *(the World Health Organisation suggests 60 or older)*
- have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40 or above)
- are pregnant



## Appendix 12 – Long term effects of a COVID-19 infections

There are indications that a COVID-19 infection can lead to long term health problems such as:

- Long-term severe fatigue & weakness (very common – sometimes called “*Long COVID*”)
- Heart related problems associated with COVID-19 include: inflammation and damage to the heart muscle itself, known as myocarditis, or inflammation of the covering of the heart, known as pericarditis. These conditions can occur by themselves or in combination. Heart damage may be an important part of severe disease from COVID-19, especially in older people with underlying illness. Heart damage like this might explain some frequently reported long-term symptoms like shortness of breath, chest pain, and heart palpitations.
- Respiratory symptoms and conditions such as chronic cough, shortness of breath, lung inflammation and fibrosis, and pulmonary vascular disease
- Protracted loss or change of smell and taste
- Mental health problems including depression, anxiety, post-traumatic stress disorder and sleep disturbance
- Cognitive difficulties e.g. memory and concentration
- Inflammatory disorders such as myalgia, multisystem inflammatory syndrome, Guillain-Barre syndrome, or neuralgic amyotrophy
- Gastrointestinal disturbance with diarrhoea
- Continuing headaches
- Liver and kidney dysfunction
- Clotting disorders and thrombosis
- Lymphadenopathy
- Skin rashes
- Low grade fever
- Consequences of thrombo-embolic events such as pulmonary embolism, heart attack, stroke
- Pain in join and muscles
- ??? early onset Parkinsons expected in the future ??? (only a suggestion so far)

## Appendix 13 – COVID-19 symptoms

The ‘standard’ publicised symptoms include:

- high temperature
- a new, continuous cough
- a loss or change of smell or taste.

However the following may also be symptoms:

- shortness of breath
- fatigue
- loss of appetite
- muscle pain
- sore throat
- headache
- nasal congestion
- diarrhoea, nausea and vomiting
- skin rash
- in older patients : delirium and reduced mobility

Researchers suggest that the following ‘clusters’ of symptoms are common:

- **A ‘flu-like’ cluster with no fever.** Characterised by headache, loss of smell, muscle pain, cough, sore throat, chest pain.
- **A ‘flu-like’ cluster with fever.** Characterised by headache, loss of smell, cough, sore throat, hoarseness, fever, loss of appetite.
- **A ‘gastrointestinal’ cluster.** Characterised by headache, loss of smell, loss of appetite, diarrhoea, sore throat, chest pain, no cough.
- **A ‘severe level one’ cluster.** Characterised by headache, loss of smell, cough, fever, hoarseness, chest pain, fatigue.
- **A ‘severe level two’ cluster.** Characterised by headache, loss of smell, loss of appetite, cough, fever, hoarseness, sore throat, chest pain, fatigue, confusion, muscle pain.
- **A ‘severe level three’ cluster.** Characterised by headache, loss of smell, loss of appetite, cough, fever, hoarseness, sore throat, chest pain, fatigue, confusion, muscle pain, shortness of breath, diarrhoea, abdominal pain.

## **Appendix 14 – On-line hearing test**

I have just setup an on-line hearing test in conjunction with Phonak.

This Web based test gives a rough indication of your hearing loss, if any.

You will immediately receive an automated email with the results at the end of the test.

The test can be found at:

<https://hearing-screener.beyondhearing.org/BlackminsterHearingCentre/t2fPiu>

Please let me know if you need help with the test or its results.

*Note: The numerical data mentioned in this document has been collected from mixed sources. It is believed accurate – but please let me know if you detect any inaccuracies or errors. Thanks.*

V4 19 Oct 2020

Please give me a call on **01386 830100** to discuss the best way forward for your specific situation.

**Blackminster Hearing Centre** Quiet rural practice with free parking