

## **Working with Adults with a Hearing Impairment Practice Guidance Derbyshire County Council - Adult Social Care**

Derbyshire County Council (DCC) Adult Social Care publishes a range of practice guidance documents. They are written in plain language and give clear and precise guidance detailing how professionals and other relevant parties should respond when supporting adults.

This document contains practice guidance of relevance when working with people with a hearing impairment. It also gives details of 'useful resources' for people wanting to extend their knowledge further.

Derbyshire's public website also has a range of information of direct relevance here.

Other practice guidance relating to sensory disability is available separately for working with:

- [Working with Adults with Dual Sensory Loss/Deafblind](#)
- [Working with Adults with a Visual Impairment](#)

Services to people who are deaf and use Sign Language are currently under review and guidance will be produced when this is concluded.

This document will be reviewed on a regular basis – if you would like to make any comments, amendments, additions etc please email [ASCH.AdultCare.Policy@derbyshire.gov.uk](mailto:ASCH.AdultCare.Policy@derbyshire.gov.uk)

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## Introduction

The following information is for staff who work/plan to work with people who have a hearing impairment.

The information provided in this practice guidance aims to give you some idea of what you need to address when working with someone with a hearing loss/impairment and will support you in developing the competencies required in this area of work.

You should complement this with your own professional development and training, available to you from independent reading and our Adult Social Care Training department. It is recommended that you take time to invest in internet searches or visit an appropriate local voluntary agency.

We receive over 90% of our information through sight and hearing. It is difficult to gain an adequate picture of the world without these senses. People who are deaf or hard of hearing, who are dependent upon their vision, may develop a wide range of 'coping strategies' and receive education and training to live successfully in a world filled with people with 'ordinary' hearing.

People with visual and hearing problems receive 'imperfect' or unclear sensory information. Some people may not have a 'visual' memory', having always been blind or partially sighted. Others may never have heard most of the sounds around them and so are unable to work out their meaning. They may also need time to consider how to react.

We have a statutory responsibility to provide services and to adjust the environment and the way we do things, looking at our practice in the light of best practice guidelines etc. that underpin the rights and needs of clients with sensory impairments. If you want to find out more about legislation, search the web or join the departmental 'Community Of Practice – Sensory' group.

The accessible information standard aims to make sure that people who have a disability, impairment or sensory loss get information they can easily read or understand with support so that they can communicate effectively with us. All organisations that provide Adult Social Care or NHS care must follow the [Accessible Information Policy](#).

We all need to take individual responsibility to provide an inclusive and equal environment for all clients with whom we become involved.

## Sensory Competences for Community Social Work Teams

Generic community social work teams are responsible for assessment and any on-going casework that may be required to meet the assessed eligible Adult Social Care and support needs of all local people in their area. These competences outline the basic standard of knowledge and expertise community social work teams need to be able to provide, and the required standard of service response for local people with a sensory loss – capability to access relevant specialist services, sign-posting, information and advice, as well as the level of competency to be able to provide direct assistance when required.

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Achieving the basic standard is a professional development responsibility for individual practitioners, as well as a collective team responsibility. This should be addressed through professional supervision and my plan, as well as team development work.

Relevant specialist technical support will be provided to support professional practice development where this is needed. The accompanying set of competencies for knowledge of sight impairment is available in the document [Working with People with Sight Impairment Practice Guidance](#).

### **Knowledge of Hearing Impairment – impact and scope for support**

1. Personal social and psychological implications – learning from “experts by experience”.
2. Audiology:
  - care pathway for people pre and post appointment at audiology departments within local health services
  - how hearing aids work, telecoil, loop systems
  - equipment knowledge
3. Assistive animal support, e.g. hearing dogs, dual sensory dogs.
4. Sensory pathway within Adult Social Care services.
5. Voluntary sector services and organisations providing specialist support – who’s who in the local area.
6. Completion of assessment for people with sensory impairment and where the provision of a personal budget is the result, how to set up a simple direct payment for sensory equipment.
7. Welfare Benefits Information and Advice team, including completing claim forms – that can assist people with a hearing loss.
8. Support groups and universal offer – self run groups in the local area.
9. Advocacy services including Derby and Chesterfield law centres.

### **Legislative Framework - Specific Relevance to Sensory Disability**

Local authorities’ functions relating to provision of care and support for adults are set out in part 1 of the [Care Act 2014](#). This replaced local authority responsibilities for adults previously contained in the National Assistance Act 1948 and the Chronically Sick and Disabled Persons Act 1970 (CSDPA 1970) – both of which had considerable reference specifically to supporting disabled people. (The CSDPA 1970 still applies to children).

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Section 77 of the Care Act 2014 and its associated regulations provide that we must keep a register of people who are SI (Sight Impaired) and SSI (Severely Sight Impaired).

Additionally, part 3 of the [Children and Families Act 2014](#) introduces a new statutory framework for local authorities and clinical commissioning groups, to work together to secure services for children and young people – up to the age of 25 – who have SEND (Special Educational Needs or Disability), including a new [Statutory Code Of Practice](#) which provides guidance on duties, policies and procedures, relating to meeting their needs.

**The Equality Act 2010**

The Equality Act 2010 protects people from discrimination in the workplace and in wider society.

It replaced previous anti-discrimination laws with a single act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone.

For more information visit

- [Equality Act 2010 Guidance](#)
- [Derbyshire County Council equality and human rights webpage](#)

Additionally, if you want to find out more about legislation search the web or join the departmental 'Community Of Practice – Sensory' group.

**Working with Clients who have a Hearing Loss**

Clearly, it is the impact of the hearing loss on the individual that is important. It is useful, however, to know the categories used to identify the degree of hearing loss and to have some idea how this usually affects an individual.

**Categories of Hearing Loss (by audiogram readings)**

There are four different levels of hearing loss, each defined by the quietest sound that people are able to hear. Hearing loss is recorded in decibels (dB) via an audiogram following a hearing test:

An audiogram that shows hearing at 25-39 dB taken over both ears is a 'mild' hearing loss - it can sometimes make following speech difficult, particularly in noisy situations.

An audiogram that shows hearing at 40 – 69 db taken over both ears is a 'moderate' hearing loss. Usually, people may have difficulty following speech without hearing aids. An audiogram that shows hearing at 70 – 94 db taken over both ears is a 'severe' hearing loss. Most likely people with this degree of loss are likely to need to lip read or use sign language, even with hearing aids.

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***A person with this hearing loss and higher would qualify for a bus pass from the local district council - the audiology department will be aware of this and complete the bus pass form or issue a letter. If Derbyshire County Council staff have the information on a person's hearing loss, they can also issue a letter to confirm that the person meets the requirements to qualify for a bus pass.***

An audiogram that shows hearing at 95db plus taken over both ears is a 'profound' hearing loss, people will usually need to lip read or use sign language. If a person wants to be identified in a category they will be asked to complete, and sign form SS/33 and details will be entered on MOSAIC.

People with a hearing loss are most likely to have an acquired hearing loss. An acquired hearing loss can affect anyone at any age. It can be a gradual deterioration or a sudden change following an accident or illness or trauma. Some people can develop a sudden profound hearing with the same decibel loss as someone who is part of the Deaf community, yet they will most likely remain part of the hearing community with spoken English remaining their first language.

<b>Types of Hearing Loss</b>
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There are two kinds of hearing loss.

**Bone Conductive Hearing Loss**

Bone conductive hearing loss is usually defined as damage within the ear canal to the ear drum and the small bones of the inner ear. Often this type of hearing loss can be corrected via hospital treatment at ENT (Ear, Nose and Throat). A conductive loss can be helped with hearing aids and by asking people to speak a little louder, but not shout!

**Sensory Neural Hearing Loss**

Sensory neural hearing loss is defined as nerve damage, often associated with noise induced deafness, a growing issue with younger people using headphones and constantly listening to loud noise. Once the damage has been done there is no way to reverse this. Hearing aids are given but can be of little help. With nerve deafness you may hear some of the sounds of speech but often not well enough to make out what is said.

People with a hearing loss may have developed coping mechanisms to assist with communication, for example lip reading. However, it is important to be aware of the limitations of lip reading. As a general rule 40% of information can be gained by lip reading (so 60% is missed!). This varies greatly between clients. You must **'ask'**.

Never assume that the information you have given will have been received correctly.

When someone lip reads you will need to research the skills and adjustments you need to make. You can do this by consulting with the Deaf Services team, contacting local voluntary organisations, looking at the web information and/or taking time to attend training. It is our responsibility to make any required adjustments.

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Hearing aids and community equipment may assist so again **‘ask’** and make the required adjustments or provide suitable equipment. *See section 5* for the process for getting a hearing test/hearing aid.

The percentage of people over 65 who will have a hearing loss is around 40%. This percentage will rise with age. Over the next few years this percentage will grow. Most will have been fitted with hearing aids.

Unfortunately, for the majority of clients experiencing hearing loss there is no method or system to reinstate hearing. Hearing aids and other specialist equipment can be helpful, dependent upon the degree of hearing loss. **Hearing aids do not reinstate hearing.**

The local audiology department or AQP (Any Qualified Provider) can give information and advice on the use and care of hearing aids, including the replacement and supply of batteries. Alternatively visit the [Action on Hearing Loss](#) web pages.

If you work with a client who you feel could benefit from a hearing aid, they need to contact their doctor.

### Considerations When Working with a Client with Hearing Loss

Do not assume that hearing aids are like glasses and that wearing a hearing aid can “correct” hearing - no hearing aid will give hearing back as it was and is never as ‘normal’ hearing - sometimes they are of little use and clients may just not wear them.

Hearing aids need a level of maintenance and it is very important to establish ‘who’ will attend to this and record it in all support plans. A supply of batteries and how to get new ones will need to be established. If your client also has a sight loss, spare hearing aids will be provided by the audiology department. It is imperative that someone who has a visual impairment and a hearing loss has good hearing aid care and regular checks at the audiology department.

Be aware that hearing aids will amplify **all** noise and can be extremely distressing to use in any noisy environment. Background noise needs to be removed or the client be offered a move to a quiet place to help in conversations. Hearing loops will help but only if they are fitted correctly and there is awareness of how to use them

If a client seems tired or does not appear to understand what you are saying, then offer to revisit or give/ask the information at another time.

Never assume that because a client does not want to wear a hearing aid or that when they switch ‘off’ that they are choosing not to hear. Hearing aids are very difficult to adjust to and some clients find they cannot adjust.

There are headphones that can be used to amplify hearing that can be used for short conversations and it would be appropriate to have one available.

All clients with a hearing loss will lip read to some extent and some almost completely, Therefore, you must be sure you face the client at all times during conversations.

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When someone is lip reading they will need good lighting and soft furnishings. Remember, only limited information will be available via lip reading, around 30%. It is extremely tiring so you must allow time and breaks. Giving people written reports of conversations will really help.

There are lip reading classes that will help clients to gain skills in lip reading. To find out more contact your local voluntary agency or contact [The Association of Teachers of Lipreading to Adults](#).

Hearing aids often have a 'T' (Telecoil) setting. This is a setting on the hearing aid that allows clients to pick up a 'loop system' or to use the 'T' switch on a telephone. You need to be aware of how to switch from 'T' back to the normal setting - if you leave a hearing aid on 'T' the user will only be able to hear a loud buzz

More information on hearing aids/loop systems and how they work can be found on the ['Action on Hearing Loss'](#) web pages; from audiology department or from a local voluntary agency (see useful resources section for details).

If a person is watching TV or DVD's remember to advise use of 888 to access subtitles or set up your system to show the subtitles.

[Communication Unlimited](#) currently receives a grant from Derbyshire County Council and should be approached in the first instance where support is needed when communicating with people who use sign language.

Communication will be greatly improved by the use of a 'note taker service.' This is a service that allows the person with the hearing loss to read 'conversations.' As the note taker will type or write down what is being said - this service is slowly being recognised as a required adjustment for people with a hearing loss. As such, funding for this service may/should be available.

You can find out more about note taking by emailing the Deaf services team or accessing the web. For example, the [Action on Hearing Loss](#) website contains some useful guidance for people needing to use a note taking service

It would be good practice to use an appropriately qualified note taker and these can be found on the [Association of Note Taking Professionals website](#),

For registered BSL interpreters go to the [National Registers of Communication Professionals Working with Deaf and Deafblind People](#).

## **Deafened People**

Some clients may come to us because they have become 'deafened'. The word deafened is used because it is a sudden severe hearing loss; the person has become 'deafened'. This can happen due to accident or illness. It is very distressing for individuals who lose all their hearing in this way and a lot of support will be needed.

## Related conditions

### Meniere's

Meniere's disease is a disorder of the inner ear that can lead to attacks of giddiness with nausea and vomiting. The extent or severity of each symptom can vary considerably, and not everyone suffering from this condition will necessarily experience all of them. It is important that medical help should be sought to get a correct diagnosis and advice. For more information you can contact the [Meniere's Society](#) on **01306 876883**.

### Tinnitus

Tinnitus is described as experiencing noises in the ears and can be distressing, but it is not usually a symptom of anything being seriously wrong, simply a slight defect in the hearing system. In most cases there is no specific cure, but it is important to visit the GP.

For details on local tinnitus support groups check out the Derbyshire directory or contact the audiology department in the local hospital.

## Hearing Aids and Batteries

In general, hearing aids are provided free 'on loan' from the NHS or qualified providers, for as long as someone needs one/them. They remain the property of the NHS.

All the batteries needed for hearing aids are supplied free of charge. There are a number of outlets from which batteries can be collected. You can find out where by contacting your local audiology department or the local agency supporting people with hearing loss (see useful resources section below). Batteries can be applied for by post. To get replacement batteries you need to have/include the individual's record card, which will detail the number and type of batteries required.

Hearing aids need looking after and audiology services will repair or replace hearing aids. This is a free service. However, if damage or loss is caused by neglect or misuse a charge can be made. If you work with clients who are hearing aid users, it is important to record on all support/care plans/information points the type and current state of the hearing aids and the date of the last contact with the audiology department.

It is recommended that hearing is checked every 2 years. The tubing and the ear molds need regular check-ups and tubing should be changed regularly. The named person responsible for this needs to be identified and their contact details recorded in a relevant documentation/case management system (currently MOSAIC).

The hearing aid generally consists of the aid itself. These aids are mostly digital. The aid will have a switch to allow users to switch from the microphone which allows improved amplification; to the 'telecoil' T pickup which allows the hearing to improve sound via special listening equipment such as an induction loop. **The switch will show O on; T telecoil; M microphone.** It is important to check that the aid is returned to the

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M switch after using the T switch). If you want to find out more look at the Action on Hearing Loss web pages

The ear mould holds the hearing aid in place and channels sound from the aid into the ear. Therefore, it is very important that the mould and tubing is correctly fitted and kept clear and flexible. Some people can have a heavy wax build-up and the aid needs to be cleared regularly of wax. If a person appears to find the mould uncomfortable, it is best to book a revisit to the repair clinic.

If someone has a private hearing aid you will need to consult the documentation provided with the aid. If you think an NHS aid is required then arrange a GP visit. It does take time to get used to and adjust to using a hearing aid, but support from social care staff can really help. Remember hearing aids do 'not' give hearing back, but some improvement will take place with time and patience.

Useful information is available from [Hearing Help](#) who are contracted to provide support to people with hearing loss on our behalf. See useful resources section for contact details.

## Sensory Equipment

Under the universal offer, Adult Social Care' currently has an agreement with [Hearing Help](#) Derby Road (Amber Valley), tel: 01773 741145.

This organisation can offer advice and information and they can demonstrate a small amount of assistive equipment for people who have a hearing loss. They can organise for this equipment to be provided via a 'simple service process' in conjunction with Call Derbyshire. Call Derbyshire will order the suggested equipment from [Medequip](#) and ensure the equipment is in place and then close the case.

When you are undertaking an assessment and looking at the universal offer you can refer a client to one of these charities, depending on where they live. If the equipment is not available via the simple service the organisation / charity will refer the person back to Adult Social Care, where an assessment will need to be undertaken by the area worker.

The 'equipment only assessment' can then be used and equipment ordered via Medequip.

For someone with a hearing loss you should suggest that the person contacts the fire service or the handy van where a specialist fire alarm can be provided, if appropriate.

## Lip Reading

### What is Lip Reading?

Many people with hearing loss use lip reading skills to help them to understand what others are talking about. They have to do lots of guesswork to know what someone is talking about, but it is very tiring.

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Lip reading is reading the visual information of the spoken word. This includes how the lips, tongue and jaw move, as well as facial expressions. When someone is speaking, their facial movements, gestures, and body language give clues to help follow what is being said. Many hard of hearing people find lip reading helps to understand more of the conversation.

### Limitations to Lip Reading

Some things make lip reading much more difficult - poor lighting; poor speech, fast speech and hidden speech. To lip read you need to be able to see the speaker's lips clearly, so good lighting is very important. Some people do not speak clearly, with an accent, or speak very quickly - this will cause difficulties. If someone turns away or hides their mouth, or the mouth is hidden, then it is impossible to lip read correctly.

Some words look the same and are impossible to make out. Words like push; much; mush, or post; boast; most, look the same, so if someone is struggling just change the word or sentence.

When you struggle to hear, clear speech can just make that difference. Look at this rhyme and see what some people will hear:

**“Humpty Dumpty sat on a ball, Humpty Dumpty had a weight fall,  
All the things courses and all the things men, wouldn't put Humpty  
together amen.”**

Well of course this is not what is being said, but with clear speech and being able to lip read we have a better chance of knowing what is said. However, **remember that even the best lip reader will on average only pick up 30% of the conversation.**

If you take the time to make adjustments, you will be making your conversation more inclusive.

Don't be surprised if people get tired. Lip reading needs intense concentration and people will need frequent breaks. For more information check out the website [Association of Teachers of Lipreading to Adults](#) or contact one of the local voluntary organisations for details on local lip reading classes.

Remember only around 30% of speech is visible on the lips and even the best lip readers cannot follow everything that is said. Back up information with written information. Take regular breaks.

When someone is lip reading you need to be sure you are in the persons view and that other people do the same. Do not allow people to speak over each other as it will be impossible for someone who lip reads to follow two people at the same time. For someone who requires a 'lip speaker' for a meeting etc. there is an organisation called '[Communication Unlimited](#)' who are supported and funded by us to offer this service (see Useful Resources section). A lip speaker will use silent clear speech to repeat what is being said at a pace that is comfortable for the person who lip reads.

## Useful Resources

### Community of Practice – Sensory Group

This group consists of colleagues who can support you to develop knowledge, skills and confidence in working with people with sensory impairments. It consists of both DCC employees and voluntary sector representatives. The group is open to all. For further details, and to find out about the learning sets/road shows please contact [deafteam@derbyshire.gov.uk](mailto:deafteam@derbyshire.gov.uk).

### Local Organisations

The following details are correct on going to print but are subject to change over time.

#### Communication Unlimited

[Communication Unlimited](#) is an organisation providing lip speaking services, Full contact details are also available on the [Derbyshire County Council \(DCC\) website](#).

#### Hearing Help

156 Derby Road, Ripley, Derbyshire, DE5 8HU Tel 01773 570976

Hearing Help are a local voluntary organisation that supports people with a hearing loss in the Amber Valley area. They offer advice and support as well as free batteries. They also carry out some repairs and maintenance of hearing aids. Visit the [Hearing Help website](#) for full details of services provided including outreach clinics.

### National Organisations

[Action on Hearing Loss](#) - formerly known as the Royal National Institute for the Deaf (R.N.I.D.)

### Factsheets

For more information please refer to our [Deaf and Hearing Impaired](#) information available on the DCC external website.

### Dual Sensory Loss

If you become aware that the person you are working with has a visual impairment, then they are to be considered as having a 'dual sensory loss'. Please now refer to the

- [“Adults with a Visual Impairment Practice Guidance”](#)
- [Adults with Dual Sensory Loss/Deafblind Practice Guidance](#).

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**Remember**

Remember that all the people we have covered here are people with a disability. All people with a disability are protected under our equality duty. It is YOUR responsibility under equality legislation to adjust your practice to include all. It is YOUR responsibility to have in place communication support and to provide information in the required accessible format.

## Appendix 1 Quiz

A Short Quiz - answers are found by reading above!

1. How do you get a hearing aid?
2. Who/what is an audiologist?
3. How can lip reading help, what are the limitations?
4. Can someone with a hearing loss get a bus pass?
5. How can someone with a hearing loss obtain a bus pass?
6. What is the 'T' switch?
7. What is a hearing loop?
8. How can a hearing loop help?
9. How can you help the communication process?
10. What is a note taker and how can they help?
11. How can the equality duty assist and what is your responsibility?
12. What is the chronically sick and disabled persons act and what are your responsibilities?

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<b>Author History</b>
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**Authorisation and Approval History**

Authored by Sue Mitchell & Jenny Hudson Senior Practitioner & Service Manager      September 2013

Approved by Quality Assurance Group      September 2013

**Change History**

Version 1	September 2013	Sue Mitchell / Jenny Hudson	Development of 4 new practice guidance documents to replace 'Sensory Disability Manual'
Version 2	September 2017	Sue Mitchell	Review and update to reflect current practices
Version 3	June 2021	Tracie Bonnicci	Review and update removal of provider names no longer contracted to DCC