Hearing aid loss incident form

Confidential once completed. Complete on paper or in your care home's approved systems, and store securely in line with your data protection policy. Never enter resident information on this website.

⚠ Could it have been swallowed?

If the hearing aid or its battery may have been swallowed, call 999 or go to A&E immediately and take the battery packet.

Resident _____ **Room** _____

Hearing aid: left / right · make, model, colour

_____

Supplier (NHS service or private provider) and phone number

_____

When and where

Date and time last seen, and where _____ **Date and time found missing** _____

What was happening at the time (personal care, meal, laundry, hospital transfer, other)

_____

_____

Search

- ☐ Bed, pillowcases and bedding
- ☐ Chair, cushions and floor
- ☐ Clothing and dressing gown pockets
- ☐ Laundry
- ☐ Meal trays, napkins and tissues
- ☐ Bins
- ☐ Bathroom
- ☐ Staff who last helped the resident asked

Found? Yes / no · where

_____

Reporting

Senior or manager informed (name, time) _____ **Resident and family informed (name, time)** _____

Supplier contacted for replacement (date, reference, any charge)

_____

Learning

Why did it happen, and what will change? (for example: retention cord, storage, laundry checks)

Completed by (name and role)

Date