Otitis media with effusion (Glue Ear) and Unilateral Deafness Policy

(3 March 2025)

Glue Ear

The National Institute for Health and Care Excellence (NICE) have produced guidelines regarding identifying and managing otitis media with effusion (OME), also known as ‘glue ear’, in children younger than 12 years. It aims to improve hearing and quality of life in children with OME.

NICE currently recommends grommets or hearing aids as effective treatments for glue ear. Hearing aids are used on a temporary basis for glue ear while waiting either for the glue ear to resolve or for grommet surgery. For children who have repeated difficulties with glue ear or are unable to have grommet surgery, hearing aids can be very helpful.

Good quality, digital hearing aids are available free of charge for all children on the NHS. Your child may also be offered a bone conduction hearing device.

Pre-school children

A minimum of two visits will be offered. These visits may consist of a session within the home and the child’s pre-school setting. Advice and strategies will be provided and a report written for parents/carers and setting colleagues. Training for pre-school staff may also be offered.

School aged children

School aged children with glue ear who are aided, with a unilateral or bilateral deafness will have at least one visit. Advice and strategies will be provided, and a report will be written for parents/carers and school colleagues. Training for school staff may also be offered.

Following these visits the majority of these children will be placed on our non-active caseload. For those children attending an educational setting a yearly ‘check-in’ email will be sent to the school or pre-school to ask whether any additional advice and support is required. Parents/Carers will be contacted for any children who are not attending a pre-school setting.

For a few children we will carefully consider maintaining them on the active caseload. Along with the National Sensory Impairment Partnership (NaTSIP) criteria, we will consider the following factors when deciding whether to keep a child on the active caseload:

- Level of deafness greater than a moderate hearing loss
- Significant speech delay
- Cleft palate
- Trisomy 21/Down Syndrome
- Transition to pre-school, Reception or Year 7

This is not an exhaustive list, and we will consider each case individually.

Persistent glue ear cases will be reviewed in line with advice from audiology. Once a young person's glue has resolved we will keep them in our advice caseload for six months before being discharged from the Service.

The Sensory Needs Service do not usually have capacity to visit children with glue ear in mainstream education who are not aided. If audiology requests a monitoring visit, and we have capacity, we will consider this on a case-by-case basis.

Unilateral Permanent Deafness

The Sensory Needs Service will visit children and young people (CYP) with a unilateral moderate to profound permanent deafness following diagnosis. These CYP will be visited a minimum of one time in the year following the initial audiology diagnosis.

If a CYP has a mild unilateral permanent deafness we will only visit if they are prescribed with a hearing device.

Following this visit the majority of these children will be placed on our non-active caseload. For those children attending an educational setting a yearly 'check-in' email will be sent to the school or pre-school to ask whether any additional advice and support is required. Parents/Carers will be contacted for any children who are not attending a pre-school setting.

For a few children we will carefully consider maintaining them on the active caseload. Along with the National Sensory Impairment Partnership (NaTSIP) criteria, we will consider the following factors when deciding whether to keep a child on the active caseload:

We will consider the following factors when deciding whether to keep the CYP on the active caseload:

- Significant speech delay
- Significant learning delay
- Additional conditions: microtia, atresia
- Trisomy 21/Downs Syndrome
- Transition to pre-school, Reception or Year 7

This is not an exhaustive list, and we will consider each case individually.

The Sensory Needs Service do not usually have capacity to continue to visit children with a unilateral permanent deafness in mainstream education who are not aided: If audiology request, a monitoring visit and we have capacity we will consider this on a case-by-case basis.

Key contacts

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