# Audiology and otology guidance during Covid-19

## From the UK's audiology professional bodies

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BRITISH ACADEMY OF AUDIOLOGY


**Audiology and Otology Guidance during COVID 19**

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**Background**

Audiology services in any setting are essential services. As the UK moves to a lower level of infection level all types of services are able to see routine audiology patients in line with their local government and employer guidance.

This document is a guideline and should form the basis from which a local protocol can be developed, risk assessed and documented.

This 15th January 2021 guidance replaces our 1st September 2020 guidance.

The guidance is in line with official public health, NHS, and government advice on Covid-19 and has been prepared with input from the Infection Prevention Society (see appendix 1), ENT UK and content from WHO research.

This guidance will be updated and reviewed at regular intervals, but new research and advice may supersede this guidance. It is important that practitioners proactively consult the external links embedded within this document.

| Official Covid-19 government advice | Official public health advice | Vulnerable groups | Extremely vulnerable Groups | Retail guidance |
|---|---|---|---|---|
| • England<br>• Northern Ireland<br>• Scotland<br>• Wales | • England<br>• Northern Ireland<br>• Scotland<br>• Wales | • England<br>• Northern Ireland<br>• Scotland<br>• Wales | • England<br>• Northern Ireland<br>• Scotland<br>• Wales | • England<br>• Northern Ireland<br>• Scotland<br>• Wales |
| Infection prevention and control (IPC)<br>Official UK PPE guidance | | | | |

**Scope**

This document is aimed at practitioners working within audiology who hold a professional registration with HCPC, RCCP, AHCS, those normally working in the field of audiology alongside qualified/registered professionals, and those currently on an accredited training programme.

Audiologists should work within their scope of practice and keep up to date with official COVID-19 guidance contained in this document on how to adapt their practice to ensure care is always delivered safely.

**Clinical Activity Guidance**

As the pandemic continues, there is a need for restrictions at a country, regional, or local level. A graduated table you can use as part of your local risk assessment can be found in appendix 9.

**Audiological Service**

Services should be offered in line with any local employer guidelines.

Face-to-face appointments can be offered to all patients as required.

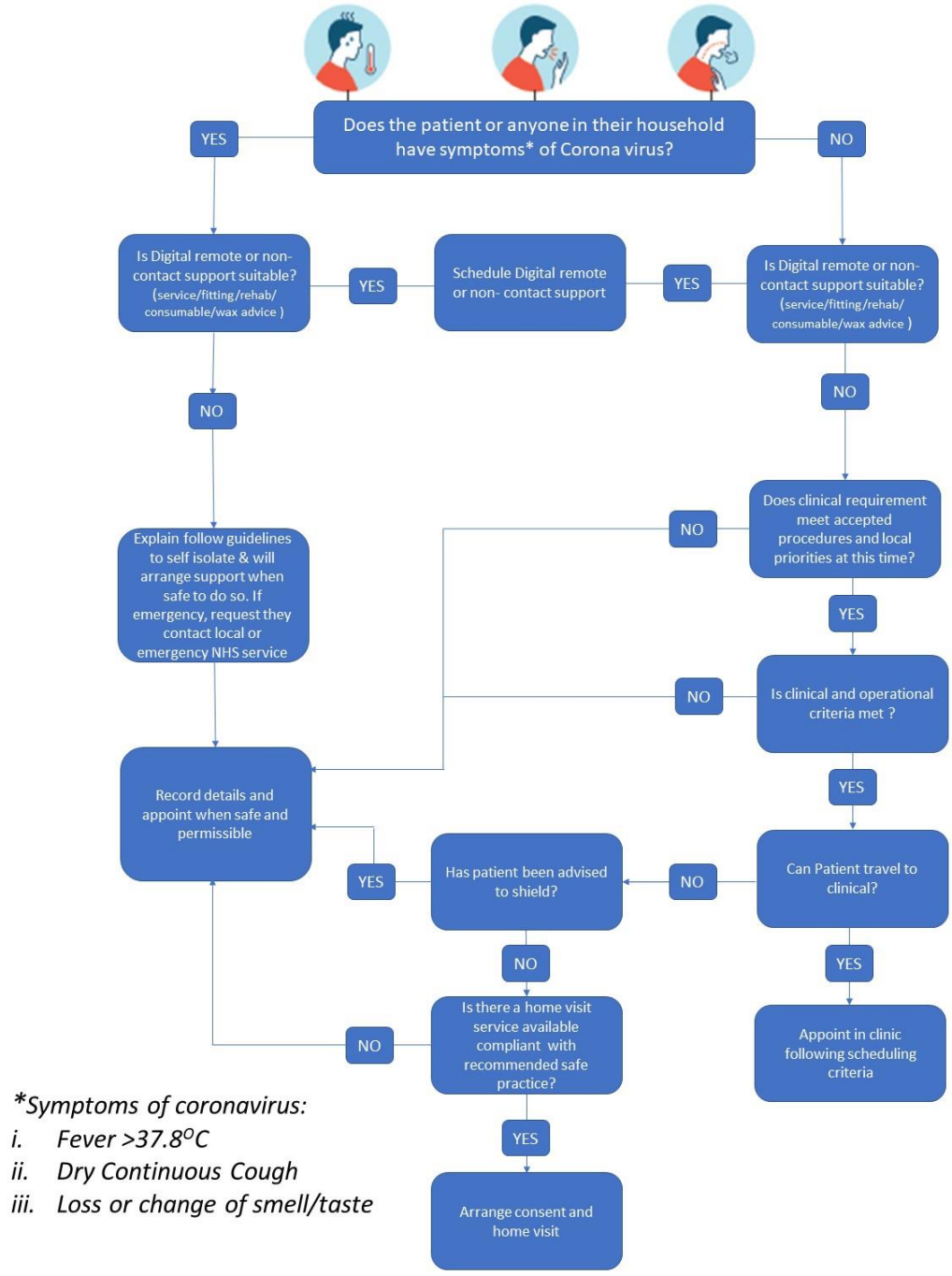
Strict triaging of appointments should continue and only those patients who are asymptomatic for COVID-19 should be offered face-to-face appointments. Symptomatic patients should be offered remote or digital only provision and if they have urgent aural care needs, they should be triaged to the appropriate ENT COVID-19 service.

A digital first approach should still be favoured, this can be using telephone, video, email and other forms of digital communication.

Where a face-to-face appointment is required, this should only be made when it is known that the clinic setting and operational criteria can be met (**refer to appendix 2**), using professional judgement on necessity and in line with local policy.

The practitioner's priority must be to ensure that they operate safely and only provide services when it is in the best clinical interest of the patient and the benefits outweigh the assessed risks.

**Refer to the flow chart below when considering providing audiological support**




**Symptoms of coronavirus:*

*i. Fever >37.8°C*
*ii. Dry Continuous Cough*
*iii. Loss or change of smell/taste*

**Digital First - Remote / non -contact Services:**

In every case, try to deliver triage remotely in the first instance. Remote support can include the use of telephone, online meeting platforms (it would be a local decision which platform to use), website resources supplier online programming and testing platforms, online videos, and hard copy materials by post.

The RCGP has produced short podcasts on telephone consultations; the first two videos are particularly useful for audiologists. The first also includes GP advice on working with patients who have hearing loss [Here]

In order to screen for symptoms of COVID-19 all patients who are pre-booked should be contacted in some way before their appointment. This offers a good opportunity to triage the type of support required and appoint only those that require or want face-to-face support or procedures.

Services that can be delivered remotely include;

i. Hearing screening

ii. Replacement/upgraded hearing aids for experienced users

iii. Hearing aid adjustments

iv. Repair drop and collect

v. Rehabilitative advice and follow up care

vi. Vestibular assessment triage / Rehabilitation – including follow ups

vii. Tinnitus assessment and support

- urgent referral/triage as per NICE Guidance on tinnitus assessment and management or otherwise
- Remote Tinnitus assessment and treatment Link to BTA/BAA guidance.
- signposting to independent sources of information: e.g. resources BTA websiteRNID , NHS (England), NHS (Scotland), NHS (Wales), Health Service (Northern Ireland). You should plan how you are going to support those who are significantly affected by tinnitus.

viii. Triage e.g., people with sudden/rapid hearing loss that warrants either immediate audiological investigation or onward medical referral.

ix. Initial wax management advice – NICE's earwax CSK

**Face-to-face Clinic Services:**

Please refer to appendix 2 for more detail. You can also find a simple check list to print off and use in appendix 6.

Each employer should always carry out an individual risk assessment and tailor this advice to their own environment. Government guidance on the documents required and how to carry out the risk assessments is available (Link here)

For NHS services each NHS Trust will have their own guidance on risk assessments that must be followed for community and hospital settings.

Before conducting any clinics, practitioners should ensure they are fully competent with basic aseptic techniques and hygiene principles, hand and respiratory hygiene.
It is strongly recommended that practitioners are up to date with infection control procedures and should complete online training. Some example resources are suggested below:

Hand Hygiene (WHO) [Link here]
Public Health England – Hand Hygiene [Link here]
Infection Prevention and control - Level 2 (NHS England) [Link here]
Respiratory Hygiene/Cough Etiquette in Healthcare Settings [link here]

During an appointment the following must be observed:

- best practice hygiene (refer to appendix 2). Hands must be washed/sanitised consistently
- optimise distance and following your governments advice on physical distancing wherever possible, if this is not possible the use of physical barriers as agreed with local infection prevention should be considered
- use the correct PPE when within the physical distancing restriction advised by your government– see table below
- select equipment wherever possible that optimises separation (refer to appendix 5)
- perform routine components of the appointment by grouping procedures together where possible to minimise the need for PPE to be worn for long periods of an appointment.

After an appointment the following should be observed:

- Leave enough time to doff any PPE, to clean areas a patient has been in contact with, and to prepare for the next patient.
- Clean the environment in line with government guidance

The table below explains required PPE, based on-advice received from the Infection Prevention Society on Audiology specific procedures, (appendix 1).

Further evidence that the cough is not an AGP was recently published after a rapid evidence review by National Services Scotland (Link).

"Coughing in itself does not constitute an AGP. Coughing does create aerosols, as does talking and breathing, but it is not a medical procedure. Current infection prevention and control guidelines do not recommend AGP level PPE for contact with patients who are coughing." Page 7

| | Proximity | Activity | Hand & respiratory hygiene | Gloves ◆ | Aprons | Fluid-resistant surgical mask Type IIR (FRSM) | Eye protection |
|---|---|---|---|---|---|---|---|
| In Clinic | Where you can work in an area maintaining distance in line with gov advice | Case history, explanation, instruction, rehab & counselling etc | ✓ | ✗ | ✗ | ✗★ | ✗ |
| | Where working in close contact conducting procedures with low risk of splashes, droplets of blood or body fluids | Any audiological procedure other than those listed below | ✓ | ▲ optional | ▲ optional | ✓★ | ▲ optional |
| | Where working in close contact conducting procedures with high risk of ▲ splashes, droplets of blood or body fluids | Wax removal (any procedure) for a **NON PERFORATED** TM or known dry perforation. ***Use a non-fenestrated suction tube with micro-suction***<br>Caloric/vestibular chair<br>BAHA abutment site care<br>Case by case where risk identified | ✓ | ✓ | ✓ | ✓★ | ✓✦ |
| HV | Domiciliary setting where environment not under practioner control | Any audiological procedure | ✓ | ✓ | ✓ | ✓★ | ▲ optional |

▲ Risk assess refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids. Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session. NHS E [insert link]

★ Ask patient to wear face mask in line with government advice

✦ With regard to micro suction, consider whether the viewing apparatus e.g., microscope/loupes provides adequate eye protection & to use goggles/visor would impede view.

◆ consider risk of cross contamination and dexterity inhibited , good hand hygiene can negate need for gloves

Find this table also in Appendix 5

**Update January 2020** There is now evidence that the new Covid-19 Variant (VOC 202012/01) is more transmissible. (Link). If your patient is unable to wear a mask, we would strongly recommend eye protection with goggles or visor if you are in close patient contact situations.

**Clear masks**

The Department for Health and Social Care sourced and approved a clear mask for use in health settings. These first masks to be approved (www.theclearmask.com) come under the provision that CE marking is excepted for PPE that is organised by the UK Government where assessments have been undertaken by HSE.

They are approved for use in risk assessed situations, such as where Type IIR are currently used, but are not themselves Type IIR (as they are close fitting barriers, not filtering). These masks are an acceptable alternative in this guidance subject to your local risk assessments. Suitable additional measures considered as part of those risk assessments may include those detailed elsewhere in this guidance, such as use in controlled clinical areas, Covid screening in place, minimising close proximity work, patients wearing face masks and adequate ventilation.

The Welsh Government have also approved Clear face coverings for public use in their guidance to the public This guidance is here: Link

**Wax Removal**

Clinicians can offer wax removal using a range of approved methods (see - NICE NG98). However, this service should only be offered to those with intact tympanic membranes or those with known dry perforations.

Wet Perforations

As outlined in ENT UK guidance (25/05/2020 Link), "procedures on a wet perforation may risk viral transmission in infected patients because the middle ear and mastoid mucosa may be virus bearing. There is no direct evidence as yet with respect to COVID-19 infection, but there is evidence from previous coronavirus studies. ENT UK consider the middle ear an extension of the upper aerodigestive tract. As such, procedures that create a forced air current across the surface of the film of liquid in the middle ear created by the wet perforation should be treated as a potential AGP;"

Non Aerosol Generating Procedures on a wet perforation can proceed as normal with standard precautions as detailed in the PPE table recommendations. This includes otoscopy, audiometry, REM, impression taking, and other diagnostic testing.

Tympanometry, air calorics, and wax removal should be considered a potential AGP ONLY when there is a known wet perforation present; wax removal or tympanometry should be delayed if

possible. If a wet perforation is discovered during a procedure, the procedure should be stopped immediately, and appropriate medical referral made for treatment of the cause.
If tympanometry or wax removal is required on a wet perforation this should be undertaken using increased levels of PPE, as detailed by Government guidance for PPE required during an aerosol generating procedure available here (Link)

**Room Ventilation**

Publication by the Health and Safety Executive June 2020 has stated that "The risk of air conditioning spreading coronavirus (COVID-19) in the workplace is extremely low.
You can continue using most types of air conditioning system as normal. But if you use a centralised ventilations system that removes and circulates air to different rooms it is recommended that you turn off recirculation and use a fresh air supply.
You do not need to adjust air conditioning systems that mix some of the extracted air with fresh air and return it to the room as this increases the fresh air ventilation rate. Also, you do not need to adjust systems in individual rooms or portable units as these operate on 100% recirculation.

If you're unsure, ask the advice of your heating ventilation and air conditioning (HVAC) engineer or adviser." Link **Record Keeping**

Records kept during this time should be clearly marked with COVID-19. Gathering and updating information for a patient record should be completed at a distance in line with your government advice or when the patient has left.

At all times accurate records of joint decision making, consent, and outcomes should be completed in line with employer ways of working as appropriate, and guidance on capturing outcomes and in line with, as relevant for each practitioner the:

HCPC standards of conduct, performance and ethics / Standard of Proficiency,

RCCP Standards of conduct, performance and ethics Standards of Proficiency, or

Academy of Healthcare Science standards of proficiency and

BSHAA guidance on record keeping.

Follow-up actions post COVID-19 should be clearly recorded, prioritised, and actioned.

**Home visit / Domiciliary**

Following the COVID-19 screening procedure as detailed for face-to-face appointments in clinic a home visit can be arranged as required, additional guidance on procedures at home visits can be found in appendix 4 of this document.

**Vaccination**

As a vaccination program is now being rolled out it is important that audiologists have a clear understanding of advice after vaccination.

It's important to understand that after you've had the vaccine you will still need to follow all the infection control and social distancing advice. The Vaccine confers protection on you however you can still act as a vector for spread of the virus, this is also the case for your patients.

The vaccine cannot give you COVID-19 infection, and 2 doses could reduce your chance of becoming seriously ill. No vaccine is completely effective and it will take a few weeks for your body to build up protection.

You will still need to follow the guidance outlined in this guidance .

To continue to protect yourself, your patients, your family, friends and colleagues you should follow the general advice. ( https://www.gov.uk/government/publications/covid-19-vaccination-guide-for-healthcare-workers/covid-19-vaccination-guide-for-healthcare-workers#further-information).

Government advice on vaccination for healthcare providers and post vaccination advice on the use of PPE is here:

England: Link

Northern Ireland: Link

Scotland: Link

Wales: Link

**References**


- Guidance for Households with possible coronavirus.
- Guidance on Shielding Extremely Vulnerable People
- Guidance for infection prevention and control in healthcare settings
- How to work safely in domiciliary care
- Donning and Doffing PPE
- NHS England
- Health Protection Scotland
- Public Health Wales
- Public Health Agency Northern Ireland
- World Health Organization
- C2Hear / M2Hear C2Hear and M2Hear interactive multimedia videos are free to use and comprise videos, animations, photos, and patient testimonials to provide valuable advice and information to help new hearing aid users to better use their hearing aids.
- ENT UK Guidance A graduated return to the provision of elective ENT services during the COVID-19 pandemic OTOLOGY
- Assessing the evidence base for medical procedures which create a higher risk of respiratory infection transmission from patient to healthcare worker Version Final. 12th May 2020.
- https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3055/documents/1_agp-sbar.pdf
- Business closure exemption England
- Business closure exemption Scotland
- Business Closure exemption Northern Ireland
- Business Closure exemption Wales
- Covid-19 Framework for community audiology providers

# Appendix 1

**Guidance Received on 23rd April 2020**

Infection Prevention Society

**Introduction**

The following questions were sent to Professor Jennie Wilson at the Infection Prevention Society for clarification in relation to Audiology specific procedures.

**Background context at time of publication**

Thank you for your email and we appreciate you contacting us for advice on this matter. You are correct to assume that the ENT guideline is over cautious - in part this is because they have extrapolated the potential risk from inappropriate sources of evidence (in particular they have drawn from references that demonstrate it is possible to find SARS-CoV-2 in blood (in very small quantities) and other upper respiratory tract samples (as would be expected) and the precautionary advice about using blood for transfusion. Risks of transmission have been extrapolated from this data but are not supported by all the other data that is available on a the actual risks of transmission.

The expert advice on transmission has a clearly defined list of procedures that potentially generate aerosols of respiratory secretions - these procedures are considered to present a risk because healthcare workers involved in performing them may inhale the small droplet nuclei generated during the procedure. Therefore higher filtration masks (FFP3 or FFP2 respirators) are recommended for these procedures. For respiratory droplet nuclei to be generated the procedure must involve the passage of air at considerable velocity over respiratory mucosa. The current list of aerosol generating procedures is contained in this government guidance (section 8):

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe

FAQs

1) Can you confirm that ear wax removal using micro suction and a cough reflex in an asymptomatic patient would not be considered to be an aerosol generating procedure (AGP) for infection control?

**Answer**

Yes. These types of suction procedures are not considered to be AGP.

2) If a patient was screened using questions about respiratory symptoms, temperature and if anyone else in their household had any symptoms and were asymptomatic would Audiologists be able to use standard hygiene methods for placing headphones, looking in ears and taking ear impressions? So no PPE but Hand hygiene, Safe disposal of waste, Clean equipment & environment.

**Answer**

If the audiology procedure are being performed in a hospital setting most local IPC guidance will recommend that a fluid resistant surgical mask should be worn for contact within 2m of any patient. This is recommended because both patient and staff may be infected with COVID19 but asymptomatic. In this period of sustained community transmission, most hospitals will be recommending this for contact with any patient. The surgical mask protects both patient and staff while they are in close contact - the mask will prevent respiratory droplets being expelled from the respiratory tract of the staff member or those from the patient landing onto the mucous membranes of the staff. Gloves would not be required and hand hygiene performed before and after patient contact will be a perfectly effective infection control measure (along with the usual cleaning of equipment and waste disposal that you mentioned).

In community settings the same principles should be applied - certainly whilst we are required to exercise social distancing i.e. audiologists to wear a fluid-resistant surgical mask for close contact with the patient whilst performing audiology procedures. If considered by the government as an essential service so it is perfectly reasonable to continue to see patients, ensuring the principles of social distancing are applied for appointments and waiting room, and using the mask to in order to minimise the risk of onward community transmission between patient and staff.

3) During wax removal where there is a possibility of coming into contact with ear wax from splash back in irrigation or micro-suction methods would additional precautions be required?

Answer

Disposable gloves are recommended for direct contact with body fluid but are not necessary for any other contact with the patient. Even if gloves are not worn, the virus (and any other pathogen) will be easily removed from the hands by washing with soap and water and this should be performed before and after each patient contact, or contact with body fluid. These should be removed and hands decontaminated immediately after the procedure. A fluid resistant surgical mask would be advised as above.

4) Can you also tell me in an asymptomatic baby would additional precautions be required if the audiologist might come into contact with dribble, or would standard hand hygiene and room cleaning be sufficient.

**Answer**

No additional precautions would be required - respiratory secretions may contain a variety of viruses (including COVID19, although infection is rare in children) so the same principles apply. Gloves advised for direct contact with body fluid but hand hygiene is perfectly effective for removing contamination.

**Appendix 2**

**Clinical Setting and Operational Guidance**

**This document is intended to provide suggestions on safe practice, it is not an exhaustive list and interpretation will be required to meet local situation and organisational guidelines.**

**Triage**

- Pre- appointment all patients should be communicated with to offer as a first choice a digital remote support, postal, or drop off & collect service for repairs.

If considering appointment in clinic – triage service must:

- Question on COVID-19 symptoms – if yes to any of the below, defer contact appointment until safe to do so;
    I. **Do you or anyone in household have coronavirus?**
    II. **Do you have a new continuous cough**
    III. **Do you have a high temperature (37.8$^{o}$C or over?)**
    IV. **Does anyone in your household have a new, continuous cough or high temperature?**
    V. **Do you or anyone in your household have a loss or change in your sense of smell or taste?**

- Consult local guidance for any addition specialty questions for paediatric patients.
- Only offer appointments to asymptomatic people who have not been advised to shield or are in self-isolation. No appointments should be offered for anyone with symptoms or living with someone with symptoms.
- Request that the patient travels by car or otherwise avoids peak travel times on public transport.
- Request that the adult patient attends alone unless accompanied by someone from the same household. If the companion is present in the appointment you must be able to maintain a distance in line with your government advice at all times. Consideration should be given to offering the companion a mask.
- Provide instructions to the patient on which entrance to use (where available & relevant use a quieter entrance route) and where to wait on arrival. This may be on arrival, to call clinic and await instructions to stay in car until specific time or when notified or to wait in a specified location.
- Patients should be advised that physical distancing is being observed and to sit where indicated and not to move furniture.
- Patients should be advised not to enter a consultation room until invited.

- Hand sanitizer/hand washing facilities should be made available and patients asked to clean their hands on arrival. It is recommended to include a poster in the same area to promote best practice hygiene.
- Although a digital first approach should still be favoured individual risk assessments may now allow walk in patients who are asked standard Covid-19 screening questions before entering the clinical areas. It is advisable to display a notice prominently outside your premises asking people not to enter if they have Covid-19 symptoms Patients should be advised that they will be questioned on arrival with regard to their wellness and may have their temperature checked.

**Appointment scheduling**

- Appointments should be scheduled so that for a single clinic there is no overlap of waiting patients.
- Appointments should be staggered for a site offering multiple clinics so there is no overlap of waiting patients in a "waiting area place".
- Intervals should be left between appointments to allow equipment and surfaces to be cleaned.
- Appointment lengths should be adjusted for the content of appointment and to allow for donning & doffing of PPE as required.

**Waiting areas**

- Patients should be encouraged to arrive in time for their appointment to reduce time in waiting room.
- Chairs should be arranged to optimise spacing and excess chairs removed to discourage breaking of physical distancing requirements.
- Ideally mark floor to indicate spacing in line with government advice.
- Signs should display local guidance and request not to move chairs and to clean hands on arrival.
- No magazine, newspapers or information leaflets should be freely available in common areas.
- No water machine/fountains, tea or coffee should be available, only bottled drinks can be offered, which the recipient could clean the outside (have wipes available) if they wish to partake. They should take the bottle away with them.
- All surfaces that patient has been in contact with whilst waiting should be cleaned in line with guidance here.

## Conducting face-to-face Appointments

- Practitioners should ask patients to wash or sanitize hands and do self-assessment for any COVID-19 symptoms before conducting appointment.
- Provision should be made for the "dialogue, case history, explanations, results & rehab to be conducted in a space that allows for privacy and optimises physical distancing. If this is not possible PPE or risk assessed physical barriers should be in place whilst conducting these components. Consideration should be given to conducting some components remotely prior to appointment.
- Best practice hand hygiene should be observed throughout the appointment. This might include hand washing several times for the same patient visit in addition to donning and offing PPE.
- Content requiring contact within physical distancing restrictions should be clustered together to optimise use of PPE in single appointment.
- Clinic surfaces should be kept clutter free to aid easy cleaning. It is recommended to use alcohol-based disinfectants (ethanol, propan-2-ol, propan1-ol) in concentrations of 70-80%. Refer to guidance on cleaning as here.
- Reusable equipment should be decontaminated following the guidance here (Link)

## Personal Hygiene

- Practitioners should be reminded that the availability and use of PPE does not replace the need for robust hand and respiratory hygiene including avoiding touching face, nose, and eyes.
- Practitioners should be confident and informed on safe hygienic principles, donning and doffing PPE procedures, and safe disposal of clinical waste including used PPE. Practitioners are reminded that donning & doffing of PPE should be at a distance from patient in line with government guidance, and hand hygiene must be performed before and after.
- If using a fluid resistant surgical mask (FRSM type IIR) continuously (i.e. for more than one patient/consultation) it cannot be removed or touched until the usage period is concluded. Masks should be replaced as soon as damaged, soiled, damp, uncomfortable, causing skin irritation, or become difficult to breathe through.
- Due to communication requirements of many people seeing an audiologist it may not be practicable to retain mask in-situ between patients.
- Consideration should be given for written test procedures to show the patient during the appointment.
- Eye protection is often reusable but must be cleaned in between patients and should never be shared between practitioners. (please consult local Infection Prevention Teams for local advice

on reusing eye protection) If damaged, soiled, or uncomfortable, or becomes a skin irritant eye protection should be replaced with new.

- Gloves and apron should only ever be single use.
- Practitioners are reminded that they should keep their fingernails short, and false nails and nail polish are not to be used.
- To ease hand hygiene practitioners should have no clothing below the elbow.
- It is recommended that clothes worn in clinic are changed/washed daily and washed separately from other clothes.
- Ties and fashion scarfs should not be worn at this time.

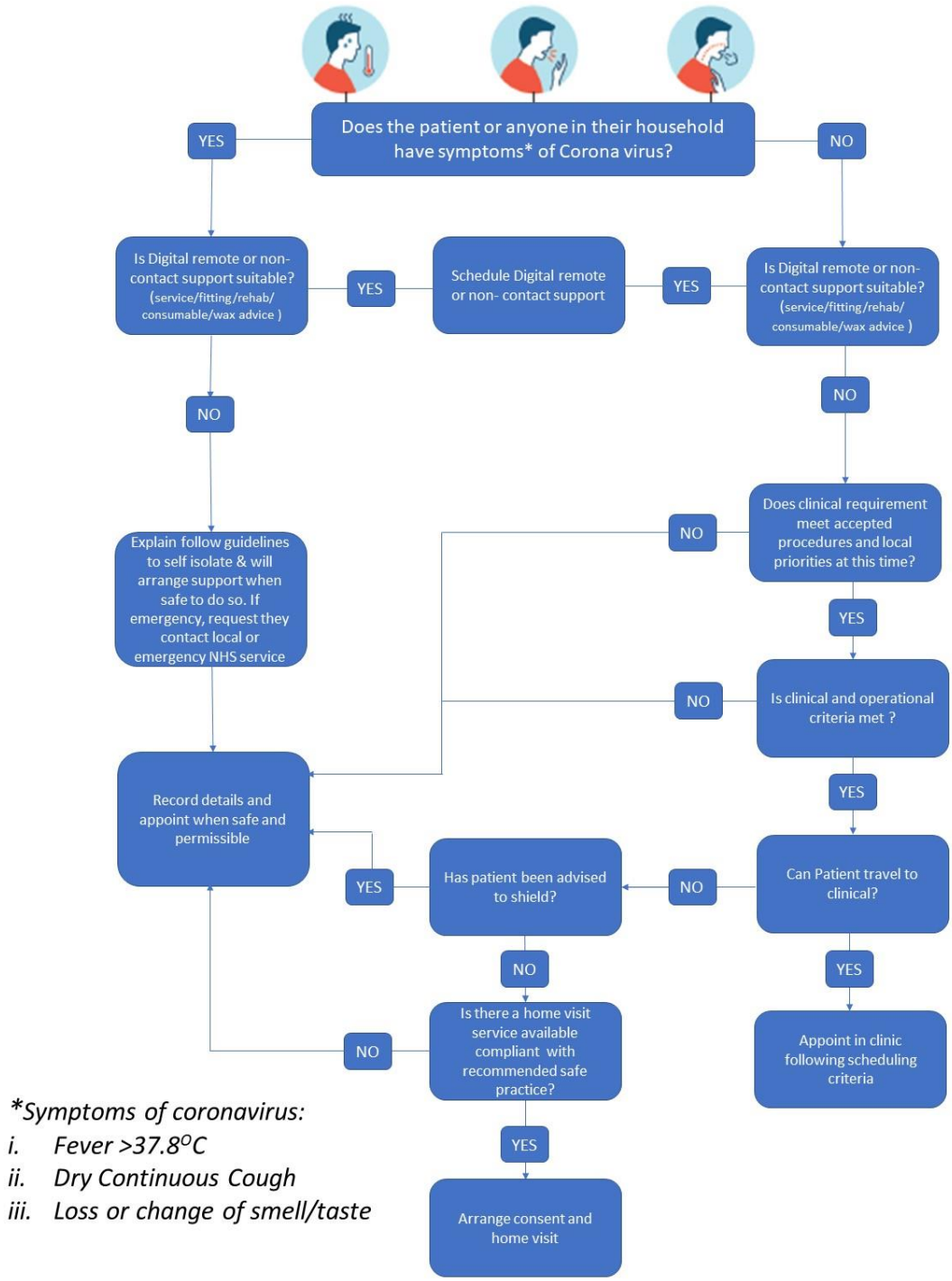
**Environmental Cleaning Fabric and Carpets**

Fabric walls and carpeted floors are commonplace in Audiology Clinics due to the need for sound absorption.

Standard infection prevention advice if fabric surfaces are touched or items dropped on the carpeted floor good hand hygiene and object disinfection before next use will reduce risk.

Good advice on cleaning and disinfecting the acoustic and soft furnishings common in Audiology can be found from Quiet Star Link

**Appendix 3**




*Symptoms of coronavirus:*

*i. Fever >37.8$^{O}$C*

*ii. Dry Continuous Cough*

*iii. Loss or change of smell/taste*

**Appendix 4**

**Guidance on providing Domiciliary a Service**.

**This document is intended to provide suggestions on safe practice, it is not an exhaustive list, and interpretation will be required to meet local situation and organisational guidelines.**
**This supplementary note should be used in conjunction with the official guidance on Personal protective equipment (PPE)**

**When is it appropriate to offer a home visit?**

- If digital remote solution not applicable
- If no-one available for a drop off and collect for repairs
- If a repair/service cannot be carried out as a doorstep service
- If patient cannot attend clinic for reasons other than COVID 19 symptoms.
- If patient is shielding a risk assessment should be carried out before proceeding and only conducted if the patient determines that the appointment is absolutely essential.
- If no other inhabitants have COVID 19 symptoms. In the case of a care/ residential facility a "safe clean" room must be available to see the patient and the practitioner must comply with the organisations requirements to minimise transmission risk.

**Scheduling Home visit**

- Follow triage questions to identify it is safe for patient and practitioner to visit.
- Ensure have consent to visit, consider sending written/email confirmation pre-visit. Update records regarding source of request and who agreed to the visit. Where appropriate ensure family member informed of intended visit.
- Where a visit takes place in a residential care facility ensure that the management of the facility are informed of request and are in agreement for the visit to happen.
- Follow own organisation's guide on scheduling, use of transport and timing.
- Patients to be advised who is calling, when, and that they will require optimum space, will use PPE and wherever practicable to have no one else present in the same room when the visit occurs. Where another person needs to be present all effort must be made to optimise distance.

**Preparation for Home visit**

Practitioners are advised wherever possible;

- to use "online/offline synchronisation" record keeping systems in preference to paper records.
- to update records at a distance in line with your government advice or outside of the home environment.
- to familiarise with all planned visits and purpose.
- to pre-programme hearing aids.
- to ensure all anticipated consumables & accessories are pre-assembled and bagged to take into home to avoid taking whole stock into house.
- to ensure adequate PPE for number of visits.
- to ensure hand sanitiser available for use in car pre & post visits.
- to ensure they have adequate waste bags and disposable covers.

**Hygiene**

- Robust hand and respiratory hygiene must be observed.
- Practitioners are reminded that they should keep their fingernails short, and false nails and nail polish are not to be used.
- To ease hand hygiene practitioners should have no clothing below the elbow.
- It is recommended that clothes worn in clinic are changed/washed daily and washed separately from other clothes.
- Ties and fashion scarfs should not be worn at this time.
- Clearly, practitioners cannot control the environment in which they are visiting therefore single use PPE per home or in the case of care home, per resident is recommended. If seeing multiple asymptomatic residents in a care setting for instance for hearing aid maintenance it is permissible to leave PPE on for duration of visit provided it is not removed until the visit ends or it becomes damaged, damp, or soiled.

- PPE required for all visits is FRSM (type IIR), apron & gloves. Eye protection should be used if concerned.
- PPE should be donned before entering premise or at distance in line with government advice away from patient.
- Practitioners should carry disposable covers such as plastic/paper sheeting to lay down upon which they can place their equipment. Practitioners must also carry two waste bags per visit.
- Practitioners should not accept any refreshments when in a home and where possible avoid using toilet facilities in a patient's home.
- Upon completion of a visit and before leaving the residence PPE must be doffed and placed in a disposable waste bag, knotted, and then this bag placed inside a 2nd waste bag to also be tied securely, these bags should be left at the home but requested to be kept separate from other waste and put aside for at least 72 hours before being put in the usual household waste bin. Remember hand hygiene post doffing.
- Equipment should be carried to the car in the disposable covering, cleaned before placing in the car, and the disposable cover placed in a rubbish bag and knotted. At the end of the day all knotted bags should be placed in one larger bag and tied securely. This should then be kept separate from other household or clinic waste and put aside for at least 72 hours before being disposed of in usual waste. Hand sanitizer must be used each time this procedure is completed.

**Appendix 5**

| | Proximity | Activity | Hand & respiratory hygiene | ◆ Gloves | Aprons | Fluid-resistant surgical mask Type IIR (FRSM) | Eye protection |
|---|---|---|---|---|---|---|---|
| In Clinic | Where you can work in an area maintaining distance in line with gov advice | Case history, explanation, instruction, rehab & counselling etc | ✓ | ✗ | ✗ | ★ ✗ | ✗ |
| | Where working in close contact conducting procedures with low risk of splashes, droplets of blood or body fluids | Any audiological procedure other than those listed below | ✓ | ◀ optional | ◀ optional | ★ ✓ | ◀ optional |
| | Where working in close contact conducting procedures with high risk of ◀ splashes, droplets of blood or body fluids | Wax removal (any procedure) for a **NON PERFORATED** TM or known dry perforation. ***Use a non-fenestrated suction tube with micro-suction***<br>Caloric/vestibular chair<br>BAHA abutment site care<br>Case by case where risk identified | ✓ | ✓ | ✓ | ★ ✓ | ★ ✓ |
| HV | Domiciliary setting where environment not under practioner control | Any audiological procedure | ✓ | ✓ | ✓ | ★ ✓ | ◀ optional |

◀ Risk assessrefers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids. Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session. NHS E [insert link]

★ Ask patient to wear face mask in line with government advice

✦ With regard to micro suction, consider whether the viewing apparatus e.g., microscope/loupes provides adequate eye protection & to use goggles/visor would impede view.

◆ consider risk of cross contamination and dexterity inhibited , good hand hygiene can negate need for gloves

## Appendix 6

## COVID-19 Audiology Face-to-face Clinic Services Readiness Checklist

| Activity | Completed |
|---|---|
| **Hygiene** | |
| All colleagues are trained on good hygiene and handwashing and are doing this regularly. | |
| All colleagues are familiar with the cleaning procedures required to minimise risk of infection in patient contact areas | |
| **Services: Pre-Consultation** | |
| Use notices provided to remind everyone to keep their distance and of the key public health messages. | |
| Encourage patients to attend alone | |
| Thoroughly clean the consultation room at the start of the day following localised/ Government cleaning Guidance. Apron and gloves must be worn during cleaning. | |
| The room to be used for treatment should have;<br>• Access to a sink with soap and water or hand sanitizer<br>• At least two waste bags for disposal of PPE<br>• All equipment necessary to provide the service<br>• If the service does not require use of the equipment in the room, consider covering (e.g. disposable rubbish bag) to enable a swift clean up | |
| Prior to entering the consultation room, screen the patient at a safe physical distance to ensure they are well and have not recently been exposed to COVID-19 since triage and booking. This can be done in an arrival area when the patient presents or over the phone pre- arrival on day of appointment.<br>• Do you or anyone in your household have coronavirus?<br>• Do you have a new, continuous cough?<br>• Do you have a high temperature (37.8°C or over)?<br>• Do you have a loss or change in your sense of smell or taste?<br>• Does anyone in your household or bubble have a new, continuous cough or a high temperature?<br>• Or a loss or change in the sense of smell.<br>• If they answer yes to any of the above questions, ask them to rearrange their appointment once recovered and the appropriate period of quarantine is completed according to government guidelines<br>If there are any concerns for your safety or the safety of your patient and colleagues, do not proceed with the consultation and request the patient rearranges the appointment.<br>Note: for domiciliary patients, contact them prior to the visit to ask the above screening questions. | |
| Risk assess the consultation – deliver dialogue, explanation, counselling elements safely and confidentially at a safe distance from the patient in a suitably private part of the clinic or remotely. | |
| Inform the patient of the measures that will be in place during the consultation to ensure the consultation is conducted in a safe and effective manner e.g. use of PPE, potential to perform part of the consultation over the phone or outside of the consultation room. Gain their co-operation and obtain verbal consent. Inform if relevant that when the consultation is complete and no further dialogue is required, that the patient they may leave and thank them for their co-operation in supporting safe practice and that you will follow up remotely if applicable. | |
| PPE for conducting a consultation:<br>• As per table (page 8)<br>Note: gloves are no substitute for good hand hygiene due to the risk of cross contamination and can inhibit manual dexterity. Aprons are not necessary where there is no risk of body fluid splashes or sprays. | |
| Put on the PPE. Follow the correct procedure for donning PPE, including the order of the process and the need for frequent hand hygiene. | |

| | |
|---|---|
| Reminder of when and how to use face masks:<br>Face masks can be worn for a session, where a session refers to a period of continued time where a practitioner is undertaking duties in a specific care setting/exposure environment. A session ends when the practitioner leaves the care setting/exposure environment. Once a mask is touched or removed from face it must not be reused and should be disposed of safely. Hand hygiene must be used once removed. In Audiology the frequency of donning & doffing masks may be per patient to aid communication ease.<br>Note: If Face masks and eye protection are used for a "session" there is no need to doff PPE after each patient encounter. Only doff the mask if it moist, damaged or soiled or if you have reached the end of a session. Follow doffing guidance after a session, ensuring hand hygiene is performed. | |
| Wash hands for more than 20 seconds with soap and water if no sink available in the consultation room. | |
| **Services: Consultation** | |
| Upon entering the room, wash your hands for more than 20 seconds with soap and water or sanitizer (if no sink is available). | |
| Request the patient uses the hand sanitizer/hand wash facility available in the room and use it yourself before and after every episode of patient contact. | |
| Use sanitising wipes to clean down any surfaces in use during the consultation. | |
| | |
| Wash your hands after the consultation and encourage the patient to use the hand sanitiser once more prior to leaving the consultation room. | |
| If further dialogue is needed outside of the consultation room request the patient waits for you in a designated area while you doff the PPE and use a sanitizing wipe to clean the surfaces within 2m of the patient, plus any surfaces that may have been touched by you and/or the patient. | |
| **Services: Post Consultation** | |
| Dispose of used masks and sanitising wipes in a waste bag reserved for clinical waste. Double bag it and quarantine (at the end of each day) for 72 hours prior to disposal. | |
| Wash your hands/sanitise them prior to leaving the consultation room. | |
| It is best practice to thoroughly clean the consultation room at the end of the day following localised/ Government cleaning Guidance. Apron and gloves must be worn during cleaning. At the start of the next day if known that the room has not been used since last clean then no necessity to clean at start of day – if unsure, best practice is also to clean at start of next day. | |
| **NOTE: if at any point during the consultation you suspect the patient may have symptoms of coronavirus, send them home immediately to isolate and conduct a thorough clean of the consultation room.** | |

## Appendix 7: Specific personal protective equipment and infection prevention and control recommendations for vestibular assessments 30th May 2020

### Introduction

It was highlighted within the BSA Balance Interest Group that certain vestibular assessment procedures, notably BPPV assessment and caloric irrigation, may trigger nausea, coughing and in some instances, retching and vomiting. It was agreed within the group that considerations regarding the proximity, duration and risks involved in vestibular assessment needed closer review of adequate personal protective equipment (PPE) and infection prevention and control (IPC).

Following a literature review and personal communication with Professor Jennie Wilson of the Infection Prevention Society, we are reassured that the risks of COVID-19 transmission from the patient to the clinician caused by a cough or breathing are low, hence the specific PPE recommendations here align with that already given in this joint guidance. Where the evidence is sparse for certain situations, we have made suggestions.

### Recommended PPE for specific vestibular assessments

In line with the guidance listed in this joint document, due to the close proximity required during vestibular assessments between the patient and the clinician, it is recommended that the appropriate PPE is worn for the duration of that appointment or session respectively.

<table>
<tr><th rowspan="2">Test</th><th colspan="3">PPE for clinician</th><th rowspan="2">PPE for patient</th></tr>
<tr><th>Gloves</th><th>Apron*</th><th>Mask</th><th>Eye protection</th></tr>
<tr><td>vHIT</td><td rowspan="8">Yes</td><td rowspan="8">FRSM Type IIR</td><td rowspan="6">Optional**</td><td rowspan="8">FRSM Type IIR</td></tr>
<tr><td>VNG</td></tr>
<tr><td>Office testing (including HIT & mCTSIB)</td></tr>
<tr><td>Rotatory Chair</td></tr>
<tr><td>Posturography</td></tr>
<tr><td>O/CVEMPs</td></tr>
<tr><td>All BPPV assessment and treatment manoeuvres</td><td>Yes***</td></tr>
<tr><td>Calorics (air**** and water)</td><td></td></tr>
</table>

Legend:

FRSM: Fluid Resistant Surgical Mask Type IIR.

*In some Trusts scrubs/tunics/uniforms are recommended during clinical sessions instead of usual clothes. We suggest clinicians follow their individual Trust policy.

**Where a patient is **unable or declines to wear an FRSM**, we recommend clinicians wear eye protection (goggles are sufficient), due to the increased risk if the patient were to cough or vomit.

***This is recommended due to both the proximity to the patient and test duration.

**** Currently, we do not recommend undertaking caloric testing in the presence of a perforated tympanic membrane (TM) due to the procedure being classed as an AGP. Although referrals to perform an air caloric test on a perforated TM or TM with a grommet in situ are rare, if such a request is received, then we recommend that clinicians liaise with their ENT team and consider alternative tests such as vHIT, which may identify residual function in individual canals. In cases where it is deemed air caloric testing on a non-intact TM is essential, this should be undertaken following a risk assessment in line with local guidance and liaison with the ENT referrer.

**IPC cleaning of equipment**

We recommend that clinicians follow their Trust policies regarding adequate cleaning of clinical rooms and equipment, however for some items of vestibular equipment with material straps, e.g. VNG and vHIT goggles, closer consideration is needed to reduce the risk of transmission between patients.

Manufacturers differ in their recommendations regarding adequate cleaning of VNG and vHIT material headband straps and there is also no clear consensus between infection control recommendations across different departments, hence, the following recommendations are made:

- For vHIT and VNG, the patient wears a single use bouffant cap to prevent the vHIT / VNG strap from touching their hair. This may increase the likelihood of goggle slippage, during vHIT and therefore one suggestion is to use the 'jawbone' approach for generating head impulses, rather than the 'top of head' approach.
- Alternative options to protect the strap include a plastic sleeve which can be attached to the strap and wiped accordingly after each patient. However, it must allow adequate tightening of the strap on the patient's head. Clinicians are advised to consider local options in sourcing possible sleeves.
- Some departments have sourced additional straps which can be routinely washed and dried after each clinic, or single use 'Teleflex' straps.
- Follow your manufacturer's guidance on how to clean the lenses for vHIT and VNG goggles.
- For those departments with a rotatory chair and/ or posturography, IPC in the form of the patient wearing a gown, or a protective sleeve covering the seatbelt and harness should be considered.
- Patients with recent onset BPPV (or a strong history of motion sickness/ migraine) could be advised to discuss the potential use of an anti-emetic with their GP, prior to their attendance, in order to reduce the risk of vomiting in clinic.

**Appendix 8: Paediatric Clinic Additional Guidance**

Whilst much of this guidance is generic there are several Paediatric specific points that are worthy of note and including as specific references.

**Screening questions for Covid-19 Triage**

Some symptoms display differently in paediatric populations Link Consult local guidance for any addition specialty questions for paediatric patients.

**Additional Considerations**

- Request that the paediatric patient attends with only one parent/guardian to enable easier physical distancing.
- Consider the use of video conferencing with parents and child for routine follow up of patients.

**Out-patients advice from ENT UK British Association of Paediatric Otolaryngologists Link**

- Children are less likely to be tolerant of wearing a mask when seen in outpatient. They are more likely to cough and sneeze uncontrollably. They may not maintain a 2m distance from others and may not be able to be fully controlled by their parents.
- This increases risk of viral transmission to others in the outpatient environment.
- Availability of PPE should take this into consideration.
- Non-essential objects, such as toys, should be removed.
- Staff PPE should be strictly adhered to.
- There should be awareness that staff in masks and visors may cause distress or anxiety for children.
- It may be appropriate for children and parents to wait outside the OPD in their car, and then
- be called in by text to the OPD area.
- This would mean less risk of cross contamination, especially with younger children who may not be able to be kept still or distancing.

Refer to guidance documents on conducting services related to the **NHSP** Link

FAQ's

- Q. Is disinfection of varnished wood items is as effective as on plastic items?
- A. Yes – provided the surface is hard and reasonably smooth then it can be adequately cleaned. Soap and water would be adequate but if you prefer to use disinfectant then chlorine based disinfectants are the best for general decontamination – just be careful to dilute them correctly as otherwise they will damage equipment and check with the manufacturer what is safe to use on medical equipment.

- Q. Paediatric audiologists are concerned that they cannot use varnished wooden toys with children due to infection control.
- A. As above, the key principle of decontamination of this type of low risk, shared equipment is that provided the surface is hard and can be washed or wiped with detergent and/or disinfectant then this is adequate to minimise the risk of cross infection

- Q. Also they are worried about equipment that is only used by the tester.
- A. For equipment that is just handled by the tester then I would recommend that they always decontaminate their hands (alcohol gel is fine) before and after handing the equipment as this will ensure that the risk of pathogens picked up on the hands from touching the patient do not get transferred to the equipment. These items can then be wiped down to clean them at the end of the day.

Guidance provided by Infection Prevention Society Professor Jennie Wilson August 2020 by email.

## Appendix 9: Clinical Activity Guidance table

Risk assessment categories to be considered on a local basis.

| Category descriptor | Stage A – Covid 19 is no longer present in general circulation in the U.K. no physical distancing is in place. | Stage B – The number of cases and transmission are low, minimal social distancing | Stage C- Covid 19 is in general circulation but cases not rising exponentially | Stage D- High and rising level of Covid-19 transmission in general population. Enforced closures of non-essential retail and stay at home orders in place. | Stage E – Covid-19 transmission in general population. Uncertainty over supply chains for PPE. Concerns regarding protection of clinicians or patients when using PPE. |
|---|---|---|---|---|---|
| Clinic Response | Remote options available. Face to face routine care for those with new or existing hearing needs. Screening Programmes and routine wax removal available. | Remote options available. Face to face routine care for those with new or existing hearing needs. Screening Programmes and routine wax removal available. | Triage remotely. Remote appointment options available. Face to face care for routine with home visits available. | Remote/Telehealth contact first. All appointments should be triaged Face to face care in clinic or home visit for those with a hearing need only. Wax removal if first line drops have failed to resolve. Routine follow ups remotely or postponed after telehealth check. | Remote care as default. Face to face care for emergency needs only. |
| Infection prevention control | Best practice hand hygiene. Good respiratory hygiene. Room cleaning. PPE in line with government requirements. | Covid symptom check for clinic/home visits. Best practice hand hygiene. Good respiratory hygiene. Room cleaning, PPE and physical distancing in line with government requirements. | Covid symptom check for clinic/home visits. Best practice hand hygiene. Good respiratory hygiene. Room cleaning, PPE and physical distancing in line with government requirements. | Triage need for assistance and discuss options with patient. Covid symptom check for clinic/home visits. Best practice hand hygiene. Good respiratory hygiene. Room cleaning, PPE and physical distancing in line with government requirements | Triage need for assistance and discuss options with patient. Covid symptom check for clinic only. Best practice hand hygiene. Good respiratory hygiene. Room cleaning, PPE and physical distancing in line with government requirements |
| Clinic structure | Normal Operation | Open for normal operation and switch off any covid adapted approaches | Open for booked appointments. Access to clinical rooms after covid screening questions completed | Booked appointments only. Consider some modification of appointment to reduce contact time to essential close contact only in line with local procedures. | Booked appointments for emergency care only where remote care cannot support<br>Locked door policy in place.<br><br>Modified and shortened appointments for essential elements of care only. |
| Appointment types | All appointment and support types operational | All appointment and support types operational | All appointment and support types operational after covid screening. Remote care should still be offered as an option to patients. | Digital first approach if possible. Face to face appointments after covid screening, for those reporting/with known hearing and balance issues only. No face to face screening if signs of hearing loss not present in adults. | Remote/postal/drop off /collect services. Emergency face to face appointments only if remote options not possible. Urgent wax referred to NHS 111 services. |