

British Academy of Audiology Response to Covid-19: NHS England Essential Activity for Audiology

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BAA strongly believes that maintaining access to good hearing for our patients/customers at this difficult time, particularly for those in self-isolation, self-distancing or key workers, is important.

Whilst there are significant safety implications for some, such as hearing alarms, announcements etc, being able to maintain good communication is essential for people's wellbeing.

Guidance will depend on local regulations from employers; local guidance regarding PPE must be adhered to.

Advice applies to patients of all ages if not specified

On the whole, no new activity is recommended unless falling into one of the following categories, patients may however, benefit from telephone consultation to ease anxiety, see below

Urgent:

BAA would recommend all services can lobby locally to maintain a skeleton emergency service (refer to BAA website for examples under Heads of Services News items for examples of how services are responding), in addition to online NHS 111, to support the following:

- Assessment of sudden sensorineural losses (current guidance from NHS England is to ring 111)
- Assessment of post-meningitic patients
- Follow up of bilateral newborn screen referrals

(initially by telephone, then managed on a case-by-case basis) A document providing further technical guidance for the Newborn Hearing Screening programme is available [here](#).

As there is a shortage of appropriate PPE for the front line staff dealing with confirmed and suspected Covid – 19 infections, BAA would recommend consulting with your employer to understand if an “urgent” case is identified whether it is possible to access PPE and whether it is permissible to see the identified case using PPE.

PPE

Given that this period of restricted activity and lack of PPE access is unknown, it should be recognised that audiology cases are unlikely to be prioritised compared to frontline services. Most audiology activity would routinely break the 2m social distancing rule set out by the government and therefore without PPE it is severely restricted in what services can be offered.

We urge our members and the wider audiology community to protect themselves and their patients at this time by maintaining the social distancing rules.

We accept that each employer has different access to PPE, but we strongly recommend that until you have had training on the use of PPE and local employer guidance on permissible activity, that you should not break the 2m rule. We anticipate further advice from NHS England on the use of PPE over the coming weeks and will update this guidance accordingly.

Essential:

Wherever possible it is recommended for audiology to set up services that can be delivered ideally by post to continue to limit journeys to essential travel only. Face to face appointments in clinics/stores/departments and drop off at a patient's home maintaining 2m social distancing rules should be a last resort.

- Hearing aid repairs for all current users – delivered remotely, by post service, where safe by drop-off/collection (either in department, from home, from agreed point in the community e.g. private provider)
- Consideration should be given to repairs for key workers, carers, paediatrics, vulnerable adults and those under end of life care
- Otoscopy / Impressions – cannot be conducted whilst maintaining a 2m safe distance from the patient and without appropriate PPE. For cases that are in need of urgent otoscopy currently you should follow the NHS guidance and direct them to 111 services online for further advice
- Replacement of lost aids –first choice would be using reprinted ear moulds, second choice use of domes/other instant fit mould. Restore last Noah session and advise unable to run feedback manager unless able to see patient connected at 2m. Services are alerted to the possibilities in some cases of remote programming support via certain devices (refer to examples under Heads of Services News items)
- Monitoring for ototoxicity patients, on Consultant request if safe for the patient and colleague with appropriate PPE.
- When it is not possible to issue new moulds or for an urgent request when the patient has no current hearing aids, consideration should be given to issuing a communicator.
- Wax removal should not be undertaken by audiologists at this current time.
- NICE guidance states that “The evidence showed that there was a clinically important benefit in using ear drops, specifically, water or sodium bicarbonate, compared with no treatment to remove impacted wax” BAA are recommending that advice at this current time should be for patients with suspected occluding ear wax and no known contraindications to be advised to use ear drops. This is in line with the best practice to maintain an appropriate social distance of 2 m

NICE Guidance 2019 <https://www.nice.org.uk/guidance/ng98/evidence/full-guideline-pdf-4852693117>

Alternative ways of working:

It is suggested that all patients, where appropriate, are triaged by telephone.

Many face-to-face appointments can be replaced with telephone/video consultations – e.g. tinnitus counselling, vestibular rehabilitation, hearing aid follow up, giving instructions to patients following hearing aids been fitted via coupler and posted. BAA & BTA have issued some guidance on remote tinnitus support click [here](#).

Services should look to maintain a skeleton staff and work in innovative ways to look after the patients on their existing caseload well.

Giving patients/customers access to online resources such as manufacturer's user videos and C2Hear to support self-management.

Please contact your own hearing aid manufacturer for signposting to appropriate online resources as we believe they have appropriate resources.

Many local Deaf Societies are offering video relay services for BSL interpretation.

Resources and references

C2Hear online <https://c2hearonline.com/>

The C2Hear interactive multimedia videos improve the lives of new hearing-aid users. Research funded by the UK's National Institute for Health Research created C2Hear. This comprises videos, animations, photos, and patient testimonials to provide valuable advice and information to help new hearing aid users to better use their hearing aids.

We would ask our members to consider the following document during times of potential redeployment examples under Heads of Services News items:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/letter-from-prof-powis-to-ros-and-mds-19-march-2020.pdf>

and to read the advice from the registration bodies here:

HCPC <https://www.hcpc-uk.org/covid-19/advice/registrants/>

RCCP <https://www.rccp.co.uk/articles/299/COVID19-Coronavirus-Statement-from-the-ARC>

We are seeking clarity on the home nations.

The Scottish Government state on their website:

Our approach is guided by the Chief Medical Officer, and we continue to monitor the situation closely and to work with the WHO and international community. We are working with the Welsh Government, Northern Ireland Executive, and the UK Government to respond to the ongoing outbreak.

NHS Wales are directing people to the UK government advice.

Audiology in **Northern Ireland** has been instructed to stop all routine service.

A 4 nations statement has been published by the CSO [office](#)

BAA Board will continue to collate evidence and examples of possible service models for the continuing provision of NHS Audiology services during these next few weeks and months.

We would encourage you to share your experiences with us: admin@baaudiology.org

Useful links

<https://111.nhs.uk/>

<https://www.gov.uk/coronavirus>

<https://www.gov.uk/government/organisations/public-health-england>

<https://www.gov.uk/government/organisations/public-health-wales>

<https://www.hps.scot.nhs.uk/>

<https://www.publichealth.hscni.net/news/covid-19-coronavirus>

<https://publichealth.ie/>