COVID-19

Audiology services during the pandemic

Joint guidance from the UK's professional bodies

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Aim

At this moment of global crisis, it is recognised that audiology services do not engage in life-saving procedures. Consequently, for the NHS dealing with the COVID crisis, most audiology services would not be a priority. However, as hearing is one of the most important sense organs, audiology is identified as an essential service. The UK Government has released documentation to define this:

- COVID-19 Prioritisation within Community Health Services (public)
- Closing Certain Businesses and Venues (retail)

Regardless of the sector, audiological organisations/departments are likely to be called upon to provide a skeleton service, to ensure that urgent/essential audiological care is still provided.

However, all are called to stop routine face to face services. It should be noted that where services can be adapted and delivered remotely, this should be the preferred choice. The aim of this document is to provide a framework to inform clinicians on how they may provide minimum services to address essential and urgent audiological requirements, whilst reducing the risk of transmission of COVID-19. Patient contact should be limited to those who are not at high risk whilst maintaining physical restrictions and following Government guidelines for infection control.

All providers should use this document to develop a detailed local policy to reflect local priorities, resources, and service-specific urgent requirements. This document should not be used to facilitate breaking physical safe distancing restrictions without an essential or urgent need.

Where, for the purposes of meeting essential or urgent need, this involves being within 2m a of a patient, then it is recommended that personal protective equipment (PPE) is worn as outlined in the Four Nations, Public Health England and Academy of Medical Royal Colleges document for Recommended PPE for primary, outpatient, and community care setting, NHS and Independent sector.

Scope

This document is aimed at clinicians and practitioners working within audiology who hold a professional registration with HCPC, RCCP, ACHS; those normally working in the field of audiology alongside qualified/registered professionals; and those currently on an accredited training programme (https://nshcs.hee.nhs.uk/coronavirus-covid-19-information/workforce-response-to-coronavirus/)

Work conducted should be within the boundaries of experience and competence within the Audiology sector. It is recognised that during this pandemic, regulators have stated that – with specific training – audiology professionals may be asked to broaden their scope of practice using transferable skills to support areas in the wider healthcare system during the pandemic.

Your individual audiology service must be compliant with your organisation's guidance, where applicable. It is acknowledged that there may be local variations from this guidance and the accountability for this sits with each organisation and individual.

Introduction

Many patients rely on audiological diagnosis and support to remain connected and live well during this time. This document provides a framework to meet the needs of those people who have essential or urgent audiological care requirements as defined below.

Guidance will continue to evolve and keeping up with this dynamic guidance is the clinician's responsibility. This document will be updated in line with Government guidance and PHE's guidance changes and it is the clinician's responsibility to regularly review this document and its links within it to ensure they are up to date.

However, the COVID-19 pandemic is a challenging situation for healthcare professionals. Keeping yourself and your patients/clients safe is challenging at all direct and indirect contact points. As new research is published on the insights of the transmissions and effects of COVID-19 which may supersede this guidance, it is imperative that clinicians actively keep updated on changes in Government, regulatory and professional advice from various sources, and implement them in individual practices.

Urgent & Essential Services

Clinicians providing essential and urgent services must only do so using professional judgement and employer priority guidelines, informed with a thorough understanding and consideration of Government guidance and information provided in the references.

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

Remote Services

There are services which can be delivered remotely if staffing and local prioritisation allows. Remote support includes the use of telephone, online meeting platforms, website resources, supplier online programming and testing platforms, online videos, and posted hard copy materials.

Service that can be delivered remotely include:

- Hearing screening
- Hearing aid adjustments
- Rehabilitative advice and follow up care
- Vestibular assessment triage
- Tinnitus assessment and support
- Wax management advice

Essential/Urgent Services

Priority for all clinical services identified in this category must be agreed on a local level and on a case-by-case basis. These would include:

- Hearing device maintenance and repairs
- Replacement of lost hearing devices
- Implanted Bone Conduction Device maintenance and repairs
- Implanted Bone Conduction Device care of implant site
- Newborn hearing screening and follow up diagnostics, as per PHE guidance [link here]
- Cochlear Implant switch on
- Specific audiological clinical needs identified on a case-by-case basis
- ENT requests
- Post-meningitic assessment

Record Keeping

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 clinician, the HCPC standards of conduct, performance and ethics / Standard of Proficiency; RCCP Standards of conduct, performance

and ethics / Standards of Proficiency; 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.

Delivery of Urgent & Essential Services

When dealing with any request for essential or urgent appointment, the method of delivery should be considered by working through the stages described below to explore the simplest and safest stage that can be followed.

If PPE is required at any stage but is not available, then it is **not possible to continue with care within 2m.** If this occurs, the identified patient should be listed for priority intervention as soon as it becomes practicable.

All patients should be made aware of reduced service due to COVID-19.

Stage 1 - Triage

Triage should be conducted by an appropriately trained person via telephone or video call.

Stage 2 – Remote support

This should be used to understand information about the problem, and guidance on how to resolve it should be given over the phone, posting out appropriate information as hard copy or directing to instructional videos online to help with cleaning and servicing hearing aids, for example.

Remote or telecare should be provided if available to your clinic. If this does not resolve the issue, then this should be documented in the patient records and you should move to Stage 3.

For wax issues: advice should be given on wax management using over-the-counter remedies following NICE guidelines.

For urgent appointments, all clinical questions that can be performed over the phone or remotely should be done this way to minimise face-to-face contact at later stages.

If this stage is not successful in resolving the issue, you need to assess the risk of moving to Stage 3.

Stage 3 – Hearing Aid Drop-Off

Posting of hearing devices for servicing/repair is preferred but when this is not suitable, offering a hearing aid drop-off facility should be considered.

If you are inviting patients and/or their support into clinic, then you must have made any necessary adjustments to your premises to support physical distancing and infection control measures. Hand sanitiser and wipes that are effective against coronavirus should be available.

Book this as an appointment and ensure that no more than one drop-off is happening at a time.

Provide a grip seal bag (or similar) for the hearing aid to be placed in and left at an identified drop-off place. Ensure patients understand how to identify that the hearing aid is theirs if not waiting.

Observe infection control measures when servicing the device.

When returning device to the patient/customer, place in drop-off point for them to retrieve, with the clinician staying at a safe distance.

If this stage is not successful in resolving the issue, you need to assess the risk of moving to Stage 4.

Stage 4 – Appointment In Clinic: 2 Metres Physical Distance

Only one customer/patient should be allowed into clinic at a time.

Clinics should consider operating a locked door policy and only allow pre-arranged appointments (no walk-ins). At all times, a 2m distance should be maintained and a process for hearing solutions should be developed and tested before allowing a patient to enter your clinic. All infection control measures should be taken.

If Stage 4 does not resolve the issue, then this should be clearly recorded. Movement to Stage 5 should only be made when you assess the risk of doing so.

Stage 5 – Appointment In Clinic: Where 2m separation is not possible

The principles should be:

- contact time minimised within appointment length
- maximise distance wherever possible
- essential components only to make informed decision.

The procedures that require this could include otoscopy, placement of inserts / headphones / BC headband, electrodes, lyric removal/placement and impressions.

Any choice to proceed with these procedures must be justified as an urgent clinical need and should be carried out as efficiently as possible to reduce contact time, and only with appropriate PPE as outlined below.

Contact time within 2m should be designed to get essential clinical information required at this time to make a clinical judgement on continued management.

Where possible, all efforts should be taken to maintain as much distance as possible throughout an appointment. Modifying BSA-recommended procedures may be required at this time and should be documented as appropriate, e.g. performing video otoscopy rather than standard otoscopy.

Urgent Wax Removal

Wax management **should not** be performed, and over-the-counter medications should be recommended. There may be times that wax removal is required; this should only be performed at the request of ENT and under their supervision. ENT UK guidance on undertaking otological procedures during COVID-19 pandemic can be found here.

Impressions

If you are unable to replace a lost hearing aid with the use of previous scans, then consider an alternative fitting approach using a choice of tube/receivers and domes.

Impressions should be regarded as a potential aerosol-generating procedure due to the risk of eliciting a cough reflex and therefore should be avoided at this time. If there is a justifiable clinical need with no other option, then closed jaw, up to 1st EAM bend only, could be completed, but only with full PPE along with the requirement for the patient to wear a face mask.

Tinnitus

All tinnitus guidance should be given over the phone / video chat / email with clear signposting to the resources on the BTA website. You should plan how you are going to support those who are significantly affected by tinnitus.

See BTA/BAA guidance

PPE

A clinician shall ensure that appropriate PPE is worn to reduce the risk of transmission of infection.

If PPE is required at any stage but is not available, then it is not possible to continue with care. Alternative care at a previous stage should be offered and the patient identified for urgent intervention as soon as it becomes practicable.

Stage 1 – None

Stage 2 – None

Stage 3 – Use the Government's COVID 19 Infection prevention and control

Stage 4 – Use the Government's COVID 19 Infection prevention and control

Stage 5 – Use the Government's COVID 19 Infection prevention and control

Any PPE worn must be properly put on (donning) and removed (doffing) and disposed of in line with relevant clinical waste guidance.

References

- Guidance for Households with possible coronavirus.
- Guidance on Social Distancing and Protecting Vulnerable People
- Guidance on Shielding Extremely Vulnerable People
- Decontamination In Non-Healthcare Settings
- Guidance for infection prevention and control in healthcare settings
- When to use a surgical face mask or FFP3 respirator
- Donning and Doffing PPE
- NHS England
- Health Protection Scotland
- Public Health Wales
- Public Health Agency Northern Ireland
- World Health Organization