Audiology and otology guidance during Covid-19

From the UK's audiology professional bodies

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To be reviewed on 30 June

Audiology and Otology Guidance during COVID 19

Contents

Background

Retail Audiology services have been highlighted as an essential service throughout the U.K. to continue throughout the COVID-19 Pandemic (Link).

Within our health services routine audiology appointments were cancelled but remote care for existing patients has continued. We are starting to see an opening up of all types of services and this guidance is aimed to help all sectors to adopt safe practices.

This 1st June 2020 guidance replaces guidance on 1st May 2020. The main change is to the screening questions for Covid-19 symptoms and to bring the guidance in line with the A graduated return to the provision of elective ENT services during the COVID-19 pandemic updated on 25th May 2020. This guidance refers to how to deliver care safely and as clinically required. The emphasis remains on providing care remotely first and whenever possible only offering face-to-face care where it is clinically necessary and safe to do so.

This guidance provides a framework for audiology services during the pandemic. 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. As with all previous guidance the application of this guidance must be done in conjunction with employer risk assessment, safeguarding, and local priority guidelines.

Official guidance continues to be updated on a regular basis and we will keep this guidance under review throughout the pandemic. Readers should also keep up to date with the latest advice by following the relevant links below:

Official Covid-19 government advice	Official public health advice	Vulnerable groups	Extremely vulnerable Groups
• England • Northern Ireland • Scotland • Wales	• England • Northern Ireland • Scotland • Wales	• England • Northern Ireland • Scotland • Wales	• England • Northern Ireland • Scotland • Wales

Infection prevention and control (IPC)
Official UK PPE guidance

This guidance will be updated as new research is published on the insights of the transmissions and effects of COVID-19 and Government advice changes, but it is important to note that new research and advice may supersede this guidance. It is therefore important that practitioners proactively consult the external links embedded within this document.

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 and how to adapt their practice to ensure care is always delivered safely. It is also recognised that during this pandemic audiology professionals may be asked to support areas in the wider healthcare system, including taking on non-audiological roles with additional training and supervision where required.

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

Introduction

Many patients rely on audiological diagnosis, support and intervention to remain connected and live well. This is even more important during the COVID-19 pandemic when people depend on phone and video calls to access essential services – e.g. medical appointments and talking with family and friends. This document provides a framework to meet the needs of those people who have identified audiological care requirements.

It is the practitioner's responsibility to keep up to date by regularly reviewing this document and official guidance – appropriate links are included to support this process.

Audiological Service

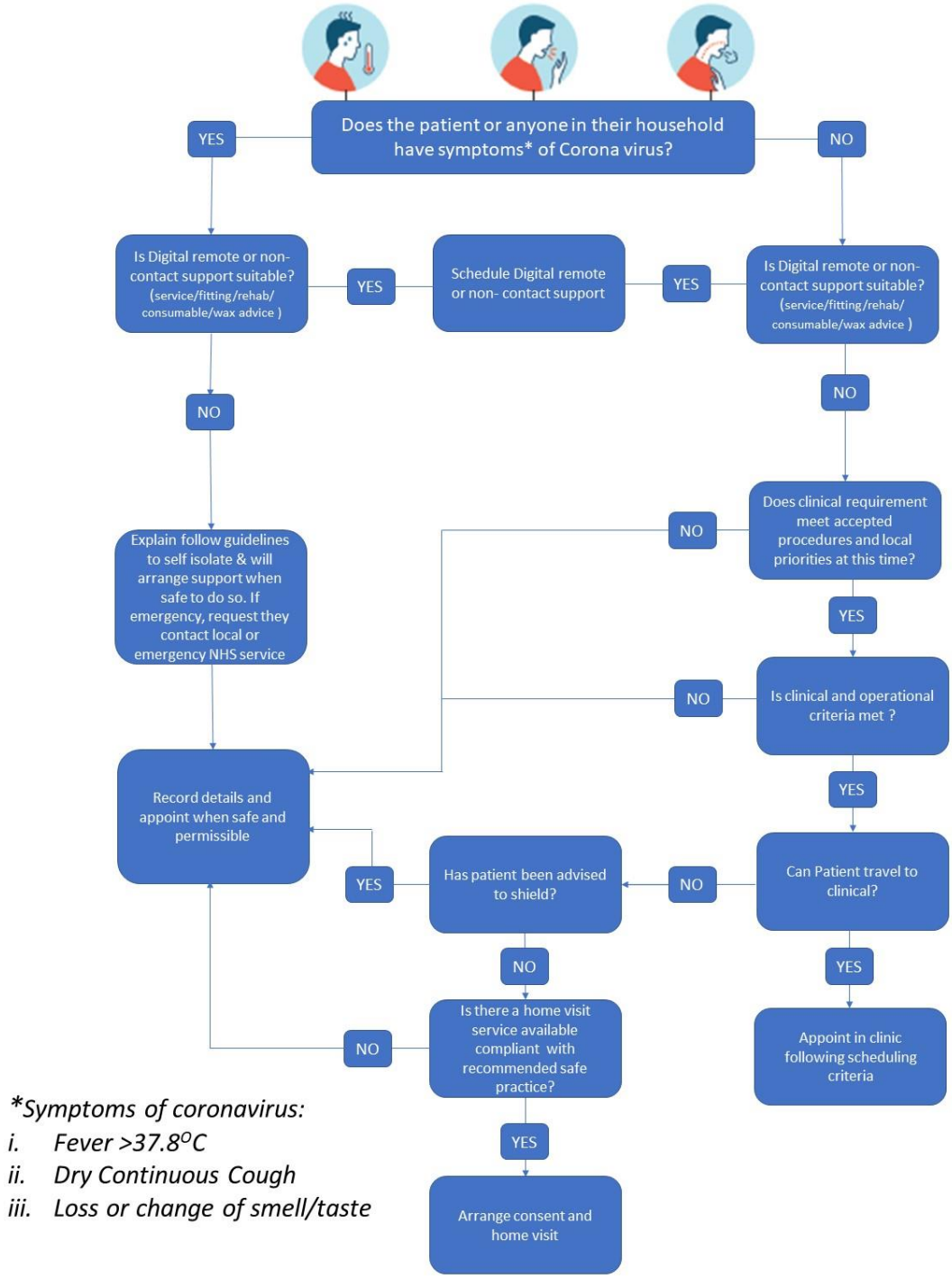
Services should be offered in line with any local employer guidelines.

Face-to-face appointments should not be offered at this time to **adults without** ear or hearing symptoms. These patients should be offered remote digital only provision.

For all other patients you should use digital first approach, this can be using telephone, video, email and other forms of digital communication. Where face-to-face appointment is clinically necessary 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 if it is in the best clinical interest of the patient and the benefits outweigh the risks.

Refer to the flow chart below when considering providing audiological support



Symptoms of coronavirus:

i. *Fever >37.8^{O}C*
ii. *Dry Continuous Cough*
iii. *Loss or change of smell/taste*

Before conducting any clinics, practitioners should ensure they are fully competent with basic aseptic techniques and hygiene principles, in particular 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]

Digital First - Remote / non -contact Services:

In every case, try to deliver care remotely in the first instance. Remote support includes 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]

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 guidelines tinnitus assessment and management or otherwise

- signposting to independent sources of information: e.g. resources BTA website, Action on Hearing Loss, 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. Link to BTA/BAA guidance.

viii. Triage e.g., people with sudden/rapid hearing loss that warrants immediate medical referral

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

Face-to-face Clinic Services:

Following updates from the Infection Protection Society, Gov.UK, and in alignment with ENT UK & BSO, it is possible to arrange appointments for those who have an identified audiological need that cannot be met remotely.

A suitable telephone or video call triage system should be used by an appropriately trained person to eliminate any people symptomatic with COVID-19 or those that should be otherwise self-isolating because a member of their household has symptoms. Before appointing refer to these screening questions (Appendix 2):

Do you or anyone in your household:

- have coronavirus?
- have a new, continuous cough?
- have a high temperature (37.8°C or over)?
- have a loss or change to your sense of smell or taste?

If they answer yes to any of the above questions, ask:

• Do you feel you can cope with your symptoms at home?

If they answer yes, advise the patient they should self-isolate and follow the NHS COVID-19 advice. They should be advised to contact the service again once recovered and any required period of self-isolation is complete or if their audiological need increases.

During an appointment the following must be observed:

- best practice hygiene (refer to appendix 2). Hands must be washed/sanitised consistently
- optimise distance and stay at least 2m apart wherever possible

- the correct PPE should be used when within 2m of patient – see table below
- minimise time within 2m when using PPE e.g. cluster all close contact procedures and upon completion separate to safe distance
- select equipment wherever possible that optimises separation (refer to appendix 5)
- perform essential components only to make informed clinical decisions. E.g. delay any additional tests or information which can wait until a later date.

The table below explains required PPE-following advice received from the Infection Prevention Society on Audiology specific procedures. Further evidence that the cough is not an AGP was recently published after a rapid evidence review by National Services Scotland (Link)

	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 2m separation	Case history, explanation, instruction, rehab & counselling etc	✓	✗	✗	✗	✗
	Where working in close contact (within 2m) 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 (within 2m) 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*** Caloric/vestibular chair BAHA abutment site care 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 where possible

✦ 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 in Appendix 5

Also refer to Clinic Readiness checklist – appendix 6

For specific guidance on vestibular assessment see appendix 7.

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 2m distance 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

Refer to flow chart

If a remote / no contact solution is not suitable and a patient is unable to attend clinic, or you are a domiciliary only practitioner, then in line with an organisation's safeguarding and priority guidance a domiciliary visit can be considered for any of the above procedures. If the patient is shielding an individual risk assessment should be carried with the client by telephone or video chat before proceeding and only conducted if the patient or their usual carer determines that the appointment is absolutely essential (refer to appendix 4 for exception guidance). Refer to the guidance listed below to adapt a locally provided service that meets required safeguarding standards.

Refer to official Personal protective equipment (PPE) – resource for how to work safely in domiciliary care. See Appendix 4 for operational guidelines for this setting.

Risk Assessment

UK wide guidance on PPE includes guidance on risk assessment and can be found here.

Risk assessment is about reducing the risk of transmission of COVID-19 from the patient to practitioner or vice versa and should be done before any procedure is undertaken. Risk assessments must also be in line with organisation's approach. Transmission risk is significantly reduced by only seeing COVID-19 asymptomatic people.

In ALL cases scrupulous hand hygiene, infection control procedures, and physical distancing are the first line of defense.

Patients with COVID-19 symptoms (or patients who have a household member who has been self-isolating) should not attend clinic. Anyone in this category with an audiology emergency should be advised to contact NHS 111 or equivalent.

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
- 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
- Community Health Services SOP
- Aerosol Generating Procedures (AGPs) Health Protection Scotland 22/5/2020
- 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

Appendix 1

Guidance Received on 23rd April 2020

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- appointments all patients should be communicated with to offer as a first choice a digital remote support first, 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 2m distance at all times. Consideration should be given to offering the companion a mask if within 2m.
- Request that the paediatric patient attends with only one parent/guardian.
- 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.
- Patients should be advised that they can only be seen with a pre-arranged appointments; there is no walk in service.
- 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 a 2m spacing and excess chairs removed to discourage breaking of physical distancing requirements.
- Ideally mark floor to indicate 2m spacing.
- 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 ideally at 2m.
- 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 2m should be clustered together to optimise use of PPE in single appointment and actual time at close proximity should be minimised.
- Critical components for diagnostic and informed onward management should be conducted only, and methods that allow some separation, such as video otoscopy, wireless programming and impression guns, should be used in preference wherever possible.
- 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 2m away from patient, 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 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 reusable but must be cleaned in between patients and should never be shared between practitioners. 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 is advised if fabric surfaces are touched or items dropped on the carpeted floor good hand hygiene and object disinfection before next use will further reduce risk.

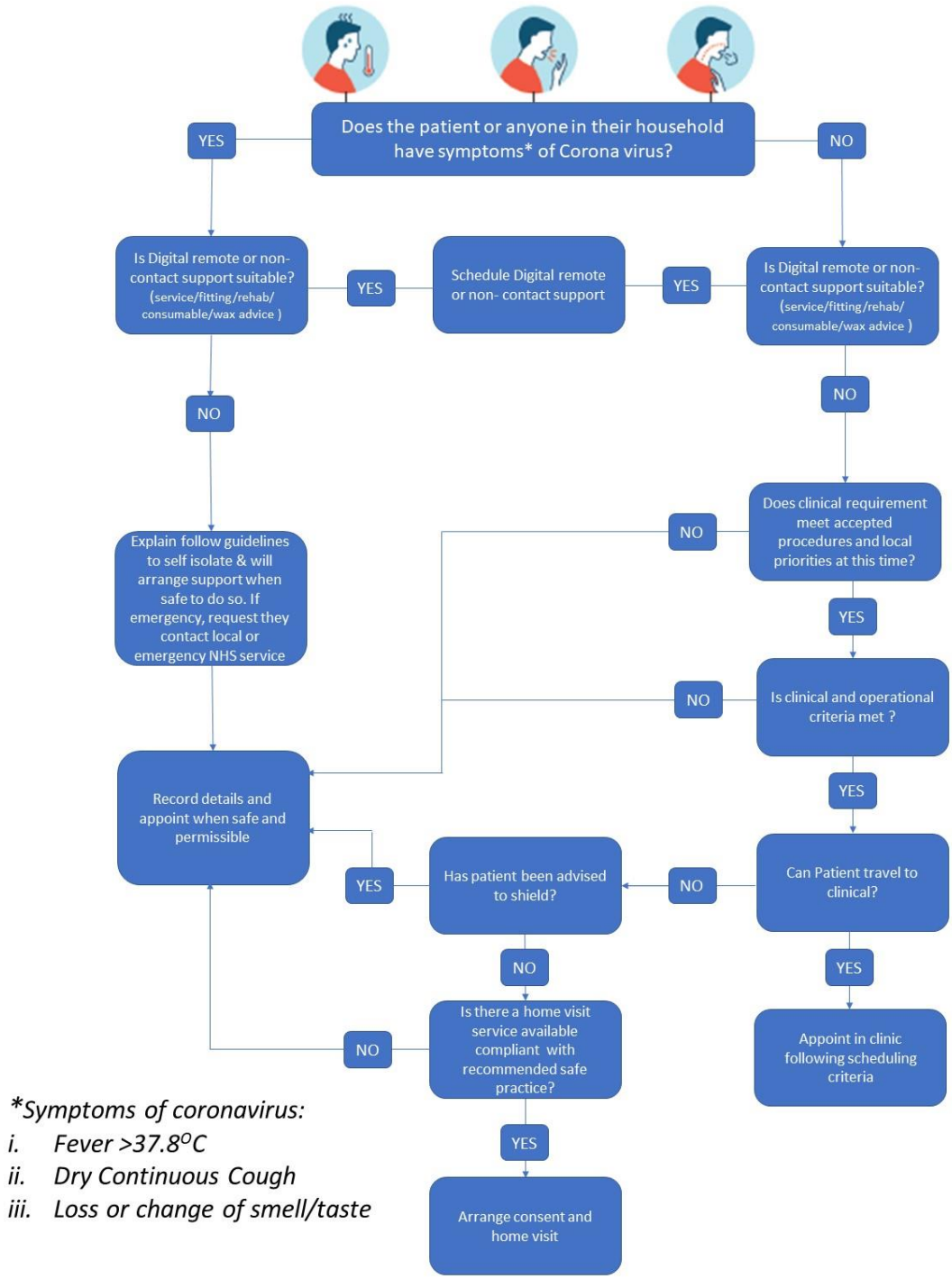
Advice on cleaning of fabric is limited as they are used rarely in other healthcare settings.

Although guidance should be sought from local infection control departments reviewing the advice in these documents may enable an informed discussion.

It is advised to review the guidance for cleaning suggested by the IPS for care homes on cleaning upholstery and carpet – that can be accessed here: (link IPS Training Package for Care Homes)

Advice is also available for non-healthcare settings, including advise on cleaning fabric here (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) – resource for care workers delivering homecare (domiciliary care)

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 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 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.

- As per clinic appointments contact time should be minimised.

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 >2m distance 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 2m 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 2m separation	Case history, explanation, instruction, rehab & counselling etc	✓	✗	✗	✗	✗
	Where working in close contact (within 2m) 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 (within 2m) 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*** Caloric/vestibular chair BAHA abutment site care 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 where possible

✚ 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; • Access to a sink with soap and water or hand sanitizer • At least two waste bags for disposal of PPE • All equipment necessary to provide the service • 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. • Do you or anyone in your household have coronavirus? • Do you have a new, continuous cough? • Do you have a high temperature (37.8°C or over)? • Do you have a loss or change in your sense of smell or taste? • Does anyone in your household have a new, continuous cough or a high temperature? Or a loss or change in the sense of smell. If they answer yes to any of the above questions, ask: • Do you feel you can cope with your symptoms at home? If they answer yes, advise the patient they should self-isolate and follow the NHS COVID-19 advice. . They should be advised to contact if their service once recovered or if their audiological need increases. If a frontline worker, have they been exposed to COVID-19 while not wearing adequate PPE? 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. By screening the patient in advance over the phone, the appointment can be rescheduled with no potential risk of exposure. 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 2m 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, minimised contact time, 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: • As per table (page 8) 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: 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. 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 sink 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.	
Try and minimise close contact time with the patient. When the consultation is underway at close contact points do not conduct a conversation while performing the procedure to minimise transfer of droplets from saliva.	
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. There is no need to isolate as a result of contact with a possible or confirmed case unless symptoms develop.	

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.

Test	PPE for clinician				PPE for patient
	Gloves	**Apron***	**Mask**	**Eye protection**	
vHIT	Yes		FRSM Type IIR	Optional**	FRSM Type IIR
VNG					
Office testing (including HIT & mCTSIB)					
Rotatory Chair					
Posturography					
O/CVEMPs					
All BPPV assessment and treatment manoeuvres				Yes***	
Calorics (air**** and water)					

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.