

Audiology and Otology Guidance during COVID 19

From the UK's audiology professional bodies

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BRITISH ACADEMY
OF AUDIOLOGY

British Society of Audiology
Promoting excellence in hearing and balance



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Introduction

This 1st October 2021 guidance replaces our 1st June 2021 guidance.

Covid-19 has now been in the UK for over a year, during which time we have acquired a much greater understanding of the virus and the disease. The UK has an effective vaccine programme with 89% of adults who have now received at least one dose. The number of people infected with Covid-19 in the community is not decreasing significantly but the cases of severe disease and death are lower due to the vaccination policy. We appreciate how unpredictable and potentially lethal the infection can be and know that severe disease can manifest in any age group, but that older age groups are more vulnerable if infected.

The aim of this document is to provide concise guidance for the return of routine operation of all audiology services. Clinicians can use this document as the basis for their local risk assessments, inline with local restrictions and employer policies. This guidance will continue to 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	England	England	England	England
Northern Ireland	Northern Ireland	Northern Ireland	Northern Ireland	Northern Ireland
Scotland	Scotland	Scotland	Scotland	Scotland
Wales	Wales	Wales	Wales	Wales
Infection Prevention and Control (IPC)				
Official UK PPE guidance Revised Version 1.2 published 1 June 2021				

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.

Audiological Services

All audiological services should be offered following local risk assessments and in line with any local employer guidelines.

Face-to-face appointments can be offered to all patients after triage for Covid-19 symptoms is completed, in line with local protocols.

In response to the pandemic, many services have developed new pathways which include greater choice for the patient with remote appointment options available. The joint professional guidance supports the continued use of remote options in conjunction with joint decision making. The clinician and the patient should ensure the most appropriate pathway is selected for each individual need.

Clinical Activity Guidance

As we navigate through the pandemic, there may still be a need for restrictions at a country, regional, or local level.

A revised graduated table you can use as part of your local risk assessment can be found in the appendix.

Face-to-Face Clinic Services

In line with local and employer guidance, routine appointments in clinic and domiciliary settings should now be available. Audiology is considered a low-risk pathway. It is important that you ask the patient to confirm they and their household/bubble are well and have no symptoms of Covid-19 and are not self-isolating.

A simple statement on an appointment letter or website and signs at clinic entrances might be:
“Please DO NOT attend an appointment if you or any member of your household/bubble are suffering from any of the symptoms associated with COVID-19 or are self-isolating. For more information on symptoms, shielding and self-isolating please visit <https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/> If these apply to you, please contact us to discuss it so that we can reschedule your appointment for a different time”.

Questions you should ask to triage for Covid-19 symptoms

Do you or anyone in your household/bubble:

- I. have coronavirus?
- II. have a new continuous cough?
- III. have a high temperature (37.8oC or over?)
- IV. have a loss or change in your sense of smell or taste?

Have you or any member of your household/bubble been told to self-isolate after travel from a high-risk country or contact from test and trace?

During an appointment the following must be observed:

- Best practice hand hygiene
- The use of Type II R facemasks for staff and patients (if tolerated) is required.
- Physical Distancing of 2 metres remains best practice unless providing clinical care. If this is not possible the use of physical barriers as agreed with local infection prevention should be considered.
- Best Practice respiratory hygiene ([‘catch it, bin it, kill it’](#)) and avoiding touching your face with your hands is required.
- As our patient population often find opaque face masks, usually used as PPE, a barrier to communication it is suggested you 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 high touch areas a patient has been in contact with, and to prepare for the next patient.

- Clean the environment in line with government guidance

Home Visit / Domiciliary

Following the COVID-19 screening procedure as detailed for face-to-face appointments in clinic a routine home visit can be arranged as required.

Wax Removal

Wax removal services can now be offered in line with your normal scope of practice. Clinicians can offer wax removal using a range of approved methods (see - [NICE NG98](#)). Previous concerns over wax removal and microsuction on wet perforations have been superseded by guidance on infection control from Public Health England that states “Airborne precautions are NOT required for AGPs on patients/individuals in the low risk COVID-19 pathway, providing the patient has no other known or suspected infectious agent transmitted via the droplet or airborne route.”

Personal Protective Equipment (PPE)

PPE Required for Standard Infection Control Protocol (SICP) when following low risk pathways:

SICPs/PPE (all settings/all patients/in individuals)	Disposable gloves	Disposable apron/gown	Face masks	Eye/face protection(visor)
If contact with blood and/or body fluids is anticipated	Single use	Single use apron (gown if risk of spraying / splashing)	FRSM Type IIR for direct patient care and surgical mask Type II* for extended use	Risk assess and use if required for care procedure/task where anticipated blood/body fluids spraying/splashes

*sessional/extended use of facemasks apply across the UK for HCWs in any health or other care settings

NB. Airborne precautions are NOT required for AGPs on patients/individuals in the low risk COVID-19 pathway, providing the patient has no other known or suspected infectious agent transmitted via the droplet or airborne route.

Taken from GOV UK COVID-19: Guidance for maintaining services within health and care settings
Infection prevention and control recommendations.

Clear Masks

A new technical standard has been developed for transparent facemasks and we are starting to see production of masks verified to this standard. The standard is available to read in full here ([link](#)) and states “In the opinion of the group, a transparent mask complying with the design and performance requirements of this document could therefore provide an equivalent level of wearer protection against droplets and splashes to a Type IIR medical mask, as specified in BS EN 14683:2019 for medical 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 ([link](#)) 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.

Clear Masks 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.

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.

HSE state “You should be maximising the fresh air in a space and this can be done by: natural ventilation which relies on passive air flow through windows, doors and air vents that can be fully or partially opened mechanical ventilation using fans and ducts to bring in fresh air from outside, or a combination of natural and mechanical ventilation, for example where mechanical ventilation relies on natural ventilation to maximise fresh air.

You should consider ventilation alongside other control measures needed to reduce risks of transmission as part of making your workplace COVID-secure, such as social distancing, keeping your workplace clean and frequent handwashing.

If you’re unsure, ask the advice of your heating ventilation and air conditioning (HVAC) engineer or adviser.” [Link](#)

Vaccinations

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.

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 advice outlined in this guidance.

To continue to protect yourself, your patients, your family, friends, and colleagues you should follow the general advice. ([link](#)).

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](#)

Working in Nursing Homes

The Department of Health and Social Care (DHSC) have amended the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 so that, from 11 November 2021, all care home workers and other visiting professionals will need to be fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

The professional bodies advise hearing care professionals working in any social care setting to ensure they discuss with the facility management the requirements for entry.

Yellow Card Scheme

As Audiologists we routinely see many patients with hearing loss and tinnitus. Therefore, we have a responsibility to contribute to research and information gathering around our specialist area. One area we should be aware of in response to Covid-19 is the reporting system for medications called the Yellow Card Scheme.

Any member of the public or health professional can submit suspected side effects through the Yellow Card scheme. The nature of Yellow Card reporting means that reported events are not always proven side effects. Some events may have happened anyway, regardless of, for example, vaccination. This is particularly the case when millions of people are vaccinated, and especially when most vaccines are being given to the most elderly people and people who have underlying illness.

You are welcome to direct patients who suspect hearing loss or tinnitus symptoms which they may relate to their vaccination, to the scheme or report the findings yourself by following this [link](#).

Resources

- [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](#)
- [Assessing the evidence base for medical procedures which create a higher risk of respiratory infection transmission from patient to healthcare worker](#)

- [Public Health England – Hand Hygiene](#)
- [Clear Face Mask Specification](#)
- [ENT UK revised guidance](#)
- [Rapid review of the literature: Assessing the infection prevention and control measures for the prevention and management of COVID-19 in health and care settings](#)
(<https://www.hps.scot.nhs.uk/web-resources-container/rapid-review-of-the-literature-assessing-the-infection-prevention-and-control-measures-for-the-prevention-and-management-of-covid-19-in-healthcare-settings/>)

Appendix 1: 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	Face to face routine care for those with new or existing hearing needs. Remote options available. Screening Programmes and routine wax removal available.	Face to face routine care for those with new or existing hearing needs. Remote options available. 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. Normal infection control procedures implemented.	Covid symptom check for clinic/home visits. Best practice hand hygiene. Good respiratory hygiene. Room cleaning, PPE and physical (social), 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. Walk in services available in line with local risk assessment.	Open for 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. Locked door policy in place. 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.	Emergency face to face appointments only if remote options not possible. Remote/postal/drop off /collect services. Urgent wax referred to NHS 111 services.

