

# Covid-19 FAQs

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



## FREQUENTLY ASKED QUESTIONS

### 1) Which types of mask are suitable and for which activities?

The guidance issued on 1<sup>st</sup> May has a table that explains the appropriate personal protective equipment (PPE) to use based on proximity and activity. This guidance recommends Fluid Resistant Surgical Mask Type IIR (FRSM) for the clinician and risk assessed for the client. No other type of mask is recommended based on this guidance.

### 2) Does the guidance recommend we move to a "Special measures Routine hearing tests" and can therefore dispense hearing aids as long we use Personal Protective Equipment?

The guidance recommends all normal appointment types can be carried out provided there is a clinical need but excludes face to face appointments at this time for adults without ear or hearing symptoms. All appointments should be carried out at over 2m distance where possible and all efforts should be made to reduce close contact time (within 2m).

For existing customers/patients 'routine' assessment as illustrated in the example below should be avoided. However, hearing assessments and dispensing of hearing aids can be carried out provided there is a clinical need.

#### Routine example:

Patient – 'I'm due my hearing check'

Audiologist – 'Did you have a hearing problem at your last check?'

Patient – 'No'

Audiologist – 'Do you feel your hearing has changed since your last test?'

Patient – 'No'

Audiologist – 'I'm afraid under the current pandemic guidance it wouldn't be appropriate to see you for your routine check at present. I would advise that we organise an appointment

when the need for physical distancing is reduced, if you feel anything changes before that please contact me again'

Example with a clinical need example:

Patient – 'I'm due my hearing check'

Audiologist – 'Did you have a hearing problem at your last check?'

Patient – 'No'

Audiologist – 'Do you feel your hearing has changed since your last test?'

Patient – 'Yes, since lock down I have been really struggling to hear my family on the phone and I can't always make out what is being said on the TV'

Further triage should then be conducted to see if it is safe to bring into clinic or remote advice can be given.

- 3) In the event of discovering the patient has a previously unknown perforated ear drum during suction, does the recommendation to evacuate the room for a minimum of 1 hour and clean the room thoroughly apply to *any* patient with or without Covid symptoms? And does it differ for patients who have a wet or dry tympanic membrane?**

The latest guidance from ENT UK (published 19<sup>th</sup> May) considers there is "no need to have a period to allow the air of the room to recirculate with such procedures as microsuction of intact TM, although cleaning of surfaces will be required, and that in the presence of a dry tympanic membrane perforation it is reasonable to follow the same recommendations as for an intact tympanic membrane. It also advises dry mopping a wet ear to look for a perforation prior to or instead of microsuction may be helpful. You can see the full guidance [here](#).

There is no evidence that suction of a wet perforation generates an aerosol, which would represent an increased risk of transmission. The guidance recommends that you screen patients for symptoms of Covid-19 and ask your infection prevention department for additional guidance for non-symptomatic patients having an aerosol generating procedure; the latter is not covered by the published guidance and so will need risk assessing locally. Guidance published on cleaning is [here](#).

**4) Should I temperature check all patients coming into Audiology?**

Routine temperature checking on entry to buildings has not been recommended but can be implemented following local protocols. Currently the triage process outlined in the joint guidance issued on 1st May is suitable for mitigating risk. Individuals / organisations can implement local policy decisions that go further than the guidance. The guidance issued includes the triage questions that are recommended by the NHS at the date of publication and reviews.

**5) In the consultation room if I am behind a screen for the whole duration of the appointment and the distance is less than 2 metres, would I still need to wear a mask?**

Yes a mask of Type IIR would still be required if you were within the 2 m distance as the screens carry out a similar function to visors but not the same as masks. The purpose of a mask is to reduce the chances of the wearer spreading the virus.

**6) Appendix 6 requires of the 1<sup>st</sup> May guidance required cleaning to be with gloves and an apron. If I suspect no infection is present do I still need to use gloves and an apron, as well as disinfectant spray?**

Guidance on cleaning a clinical environment is outlined in government advice and more detail can be found [here](#).

**7) How do I protect myself from COVID-19 when working with impressions to make ear moulds?**

The most effective way of protecting yourself from the virus in this case is through practicing good hand hygiene. Any time you handle an impression or ear mould you should wash your hands as per hand-washing guidance.

**8) If you have fabric surfaces (e.g. fabric chairs) in your service how do you ensure they are suitable for use?**

Unfortunately fabric coverings are not as easy to clean as plastic. Because COVID-19 may be present in society for quite some time it would be advisable to replace anything with a fabric surface with something that is easily wiped clean chairs. Some fabric surfaces such as chairs may be covered in plastic that can be easily cleaned.

You should consult manufacturer's instructions for effective cleaning of the fabric surfaces.

The virus is killed with steam cleaning and there are fabric disinfectants available.

There is also advice from the Infection Prevention Society in their training package for Care homes [here](#)

**9) Is there any guidance on cleaning carpets between patients, e.g. in paediatric test rooms?**

The guidance on this has varied between infection prevention departments at a local level. There is no evidence that asymptomatic patients would be leaving viable virus on the carpet that could be disturbed and cause an infection risk. The Infection Prevention Society have issued guidance to Care Home settings that soft furnishings and carpets should be routinely cleaned, and steam cleaning will remove the virus. It is best to seek advice from your local teams but this is generally considered a managed risk and sensible advice seems to be that children should not be allowed to crawl around the rooms, routine cleaning should be undertaken each day, not between patients and the fact that you do not routinely touch the carpet with your hands means this is very low risk. Improved hand hygiene, disinfecting toys which land on the floor and regular cleaning schedules are considered in our correspondence to be the most effective way of managing these risks. IPS training on care homes which includes advice on soft furnishings [here](#)

**10) As fluid resistant surgical masks are difficult to obtain can a surgical mask with a face shield provide an appropriate level of protection?**

The guidance issued on 1st May has a table that explains the appropriate personal protective equipment (PPE) to use based on proximity and activity. This guidance advises Fluid Resistant Surgical Mask Type IIR (FRSM) is recommended for the clinician and risk assessed for the client. No other type of mask is recommended based on this guidance with or without a face shield which is optional.

**11) Is micro suction the only procedure allowed for removal of wax?**

No. The PPE table in the document (Appendix 5) there is a section that states PPE for wax removal (any method).

**12) Is the guidance relevant to small practices?**

The guidance was written with all different environments in mind. Opening your business in a pandemic is a challenging decision and this guidance is only the starting point for you to understand if it is viable.

All organisations should use this document to develop their own standard operating procedures using all information available to ensure their service is safe for clinicians and patients.

Further information from the U.K. Government on reopening safely and carrying out your own risk assessments is linked [here](#).

**13) According to the current guidance should we be doing Real Ear Measurements?**

Real Ear Measurements are part of best practice fitting protocols and carry no additional risk to the clinicians if they are wearing the appropriate PPE to be within the 2m proximity of the patient. In a hearing instrument fitting this would be the main reason for being in that space apart from physically fitting the devices into the ear and otoscopy and so will not present an increased risk of exposure. The current guidance recommends what PPE to wear, and that these tasks should be grouped together to minimise the *number* of close interactions. As soon as these tasks are completed you should return a safe social distance (at least 2 m) to complete the remainder of the appointment, removing PPE appropriately.

**14) After a day in clinic can I go home in the clothes I have been practicing in?**

Yes, however it is advised that when you get home you remove those clothes and machine wash them at 60°C.