National Community Hearing Association

Covid-19 framework for community audiology providers

Meeting aural health and hearing needs during the pandemic

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Disclaimer.

Contents

1. Background

The UK is currently experiencing the worst respiratory virus pandemic for over a century. The first peak may have passed, but there might be further peaks. In any event, the disease will be with us for some years, possibly alongside seasonal flu.

While doing everything to eliminate community spread of Covid-19 and keep the infection rate (R) below 1, it is also important to continue providing audiological care to mitigate the risk and impacts of hearing impairment and ear disease throughout the pandemic.

This framework, which is aligned with UK government guidance, helps members plan and respond more dynamically to Covid-19 as the pandemic progresses and changes. We have developed it based on the following overarching principles:

1. Patient, staff and public safety must remain the overriding priorities; and official public health advice should always be followed.
2. Clinical care should be prioritised to balance:
    a. Covid-19 risks – e.g. the threat level which may be country or regionally specific (See Section 3.5) against
    b. The benefits of audiological care – e.g. supporting aural health, hearing loss and social functioning.
3. At this stage of the pandemic, for planning purposes, a 'remote care first' approach should be taken – face-to-face care provided when it is clinically necessary and safe, i.e. adhering to social distancing, strict infection control procedures and appropriate PPE as specified in official infection prevention and control (IPC) guidance for the UK.

You should read this framework alongside government, public health, NHS and HCPC guidance, and clinical guidance issued by AIHHP, BAA, BSA and BSHAA and ENT UK. You can do this via our Quick access to official advice. This document will also be reviewed and updated frequently to reflect user feedback, new and changing government guidance and emerging knowledge about Covid-19. To help, we will also issue member alerts and updates when there are any significant changes you should know about.

2. Prepare for change and a dynamic response

As we move through phase two of the Covid-19 pandemic, UK governments have made it clear that there is no quick solution. Even developing effective immunisation, treatment, or another public health solution could take at least 12 to 18 months and possibly much longer for it to have an impact. Community audiology must therefore adapt and continue to meet aural health and hearing care needs safely during the pandemic.

Looking ahead, it is now clear the UK governments will base their decisions to ease restrictions on the prevalence of the virus and infection rate[i], and other local criteria.[1] As we move through stages of the pandemic we might also see a more regionalised response to local outbreaks – e.g. localised lockdowns/restrictions – to help mitigate the risk of an exponential increase in Covid-19 cases.[ii]

You should therefore also consider planning for the possibility that during different times of the pandemic, regions might continue to have different levels of lockdown with a direct impact on what care can be delivered locally (see section 3.5).

This framework can help you to meet this challenge and minimise both Covid-19 and non-Covid-19 harms. The NCHA (as part of the FODO Group) has created a '4Ps' matrix framework to help you assess and mitigate risk in your practice(s) and provide safe care:

1. **Practices/premises** – e.g. spacing furniture, health and safety protocols
2. **Professionals/practice staff** – e.g. training and education, social isolation
3. **Patients** – e.g. triage suspect/confirmed Covid-19 patients
4. **Procedures** – e.g. prioritising what is done to minimise the risk of cross-infection and making the best use of available capacity.

How to apply the 4Ps is set out in section three below.

Protection remains at the heart of the public health approach, which is the top priority and underpins all the above.

[i] R0 (R naught), referred to as R in the media, is the basic reproduction number of a virus. It estimates the average of cases of a virus – here Covid-19 – as the result of a single person being infected. It, however, is estimated based on a homogenous population and before widespread immunity/immunisation. Many factors therefore influence R0, including how it is measured. Nevertheless, it will remain an important metric for governments. Learn more about R0. Also see Section 3.5

[ii] See background detail.

3. The 4Ps – practices, professionals, patients and procedures

The government has said:

- "You must carry out an appropriate Covid-19 risk assessment, just as you would for other health and safety-related hazards" and do this "in consultation with unions or workers".
- This is "not about creating huge amounts of paperwork".
- It is about reducing "risk to the lowest practicable level by taking preventative measures."[2,3]

Background

There are many ways you can analyse the risk of Covid-19. In this guide, we use a 4Ps matrix model – practices, professionals, patients and procedures – to cover the key domains. This section and our at a glance resources aim to help you address three key risk areas:

1. Control of infected people
2. Control of aerosol infection
3. Control of contact infection.

Implementing these three strands, which include social distancing, are likely to discharge your duties.[4] These resources are intended to help you, whatever risk assessment and planning model you choose to apply in your practice(s).

Putting the 4Ps into action

As an employer, you should do all that you can reasonably do to set up a system of safe work and then ensure implementation.[5] You should do five things:

1. Make a risk assessment specific to your workplace
2. Discuss and refine this with your professional and support staff as this helps create a culture of collaboration, trust and joint problem solving
3. Give all staff the opportunity to raise any concerns they have about planned work, the workplace and themselves – for example, government Covid-19 guidance recommends employers and workers should always come together to resolve issues[6]
4. Set up a safe system of work based on the risk assessment, including staff discussions. If five or more people are employed, the risk assessment must be in writing[7]
5. Make sure the system you set up is understood, appropriately facilitated and followed.[8]

You should make and keep a record of the actions you have taken – for example you can record actions you have taken using the tables in this framework and embedding your actions through staff meetings, reinforcing communications (e.g. signage) and training. You can then summarise actions in your risk assessment log – an example risk assessment sheet can be accessed here.

3.1 Practices

This section includes practice-based factors you might consider as part of your risk assessment. It also includes examples of actions you might take to help reduce the risk of Covid-19 transmission.

Main factor(s) to consider	Additional points to consider	Local record/action(s)
Can your practice support other local providers?	Community audiology practices should be non-Covid-19 sites. Having separate designated sites where no Covid-19 patients are seen makes it easier to reduce the risk of cross-infection compared with zoned sites.[9] See additional considerations for face-to-face care.	
Are people able to access the practice safely?	11 May government guidance advises everybody to "continue to avoid using public transport whenever possible".[10] Therefore, as part of your planning, think about whether people can travel to the practice in a way that aids social distancing. For example, cycling, walking and driving. Is there parking nearby that helps social distancing, does the entry/exit aid or inhibit social distancing etc.[11]	
How to maintain social distancing **outside the practice and on entry/exit**	Risk-assess the location and mitigate risks. For example: ▪ Book appointments to control the flow of patients/customers ▪ Mark 2 metre queuing zones outside the practice if required and/or ask people to book an appointment and/or attend at a different time etc. ▪ If possible/necessary implement one-way entry/exit points[12] ▪ Some patients may prefer to wait in their car until they are ready to be seen ▪ Consider using official public health posters to encourage compliance with social distancing and self-isolation etc.	
How to maintain social distancing **inside the practice**	Walk through the store and map staff movements and patient/customer journeys to assess pinch points and other obstacles that can be addressed to help support social distancing. For example: ▪ Temporarily move/remove furniture where it's safe/possible to do so	

	▪ Define the number of people (staff, patients and customers) that can be in the practice to allow social distancing. Think about total floorspace and pinch points and busy areas ▪ If you provide care at more than one site, estimate the maximum number of people that can safely be in each practice at any one time, plan staffing and clinical diaries accordingly ▪ Avoid all non-essential visitors – e.g. ask patients to attend alone whenever possible ▪ Only have the necessary number of staff on-site each day ▪ Try and arrange deliveries before opening/after you close ▪ Use secure (non-trip) tape to mark out two-metre distancing ▪ Provide hand sanitiser at the entrance and other stations ▪ Where possible use back-to-back or side-to-side working (rather than face-to-face).[13] Consider the benefits of installing screens at the reception desk – e.g. if space/procedures do not facilitate social distancing. This can help avoid the need to use other PPE in such scenarios. It can also minimise the need for use of face masks which can make it difficult for some people to communicate – e.g. those that depend on lip-reading. For further guidance and advice, read government guidance on social distancing in retail settings. Also read, keep up to date with and implement the joint AIHHP, BAA, BSA and BSHAA Audiology and otology guidance during Covid-19.	
Ventilation	If your premises were closed or partially closed, then government guidance advises that before opening you: ▪ Check "whether you need to service or adjust ventilation systems, for example, so that they do not automatically reduce ventilation levels due to lower than normal occupancy levels". ▪ "Most air conditioning systems do not need adjustment, however where systems serve multiple buildings, or you are unsure, advice should be sought from your heating ventilation and air conditioning (HVAC) engineers or advisers."[14]	

	If your practice is at risk, also put protocols in place to mitigate the risk of Legionella and Legionnaires' disease before reopening – for example, if there are any lapses in flushing regimes, systems may need to be cleaned/disinfected before opening again.[15] Learn more about this on the HSE website. Even if you did not close your premises: • Air conditioning is not generally considered as contributing significantly to the spread of Covid-19. Switching off air conditioning is not required to manage the risk of Covid-19. For organisations without air conditioning, adequate ventilation is encouraged, for example, by opening windows where feasible[16] However, you should still: 1. Check whether you need to service or adjust ventilation systems, for example, so that they do not automatically reduce ventilation levels due to lower than normal occupancy levels 2. Contact the system engineers, if your premises include an air conditioning system that also serves other premises, to ensure that the design of the system does not create a risk of spreading Covid-19. At this stage, the government has not issued specific guidance regarding temperature or other settings for air conditioners. If you do not have air conditioning, then ventilation might be achieved by opening windows where feasible etc. If you have additional health and safety questions, members can email hr@the-ncha.com.	

First line of defence – triage suspected and confirmed cases of Covid-19, so they do not attend the practice	Have clear protocols to reduce the risk of somebody with a confirmed or suspected case of Covid-19 entering the practice. This includes patients, staff, and all visitors. For example, have official posters at entry points to advise people to stay at home and follow local NHS advice if they have Covid-19 symptoms or live in a household where somebody else does. • Download a screening flow diagram for staff • Download screening questions for patients/customers.	
Support best-practice handwashing and respiratory hygiene throughout the day	Organise patient flow to ensure mandatory and regular handwashing and/or use of hand sanitiser and breaks between patients. Provide hand sanitiser at multiple locations in addition to washrooms.[17] PHE recommends that hand sanitisers should have 60% or higher alcohol content to be effective against the Covid-19 virus[18]. • Download a summary of standard precautions and a staff training table • Download a standard precautions poster	
Stay up to date and compliant with official infection prevention and control (IPC) guidance and other applicable guidance	Follow UK-wide IPC guidance for healthcare settings[iii] to mitigate the risk of cross-infection. This also includes ensuring team members are trained in effective PPE donning, wearing, using and doffing (also see section 3.2). In the consulting room, have a clear protocol for cleaning between patient appointments – e.g. have enhanced cleaning protocols of all surfaces and equipment. For example, wipe down all surfaces with alcohol-based wipes following a consultation and allow additional time for this and other infection control processes. Where possible, simplify procedures to aid compliance. Establish regular cleaning routines for the practice – e.g. regular cleaning of all surfaces that are touched, such as handheld devices, equipment such as rulers, and door handles etc.[19] See our at a glance guide to cleaning and disinfection	

[iii] UK wide Covid-19: infection prevention and control (IPC) guidance for healthcare settings, https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

	To aid the above processes, walk through the branch: ▪ Where possible remove additional materials (e.g. magazines/leaflets) to aid social distancing and cleaning ▪ Minimise contact points – e.g. use contactless payments, avoid the use of pens where possible (or have staff/patients bring their pens).	
Personal protection equipment (PPE)	If you cannot adequately control risks, e.g. by maintaining a 2m distance, then suitable PPE must be provided. In the UK, for health settings, official PPE guidance must be followed.[iv] See our PPE at-a-glance resource.	
Have a plan in place in case somebody develops Covid-19 symptoms while at work	You should not see patients with Covid-19 and staff with symptoms of Covid-19 should not attend work. However, you should have a clear process in place to manage a scenario in which an employee or customer/patient starts to demonstrate signs of Covid-19 while on the premises and how to clean the premises in this scenario. Planning will help you reduce risk and reopen promptly. For example: **Managing people** ▪ Isolate the individual and help them to a designated isolation area via a clear route, keeping at least a 2m social distance. Ensure they do not touch surfaces ▪ If practical/safe to do so, provide the individual with a face mask while maintaining a 2m distance ▪ Help the individual exit the practice and return home while social distancing, and seek medical help by following local NHS advice. **Cleaning and disinfection** Download cleaning and disinfecting at-a-glance.	

[iv] UK wide Covid-19 PPE guidance https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe

Waste disposal	In community-based practices – i.e. where no Covid-19 cases are seen – double-bag PPE waste and store it safely for 72 hours and then dispose of it in the regular trade waste stream.[20]	
Comply with local Health and Safety Executive advice	**England, Wales and Scotland** Understand RIDDOR reporting of Covid-19 and other Health and Safety Executive Covid-19 guidance **Northern Ireland** HSENI reporting cases of Covid-19 at work and keep up to date with HSENI Covid-19 advice	
Useful resources: ▪ Health Protection Scotland, Covid-19 guidance for primary care ▪ NHS England, Covid-19 SOP community health services		

3.2 Professionals/Practice staff

This section focuses on additional considerations and detail on how to manage Covid-19 related risks in your practice by working in collaboration with professionals and practice staff. Members who need HR support can also contact us by emailing hr@the-ncha.com.

Main factor(s) to consider	Additional points to consider	Local record/action(s)
Jobs that can be done from home	If employees can work from home, this remains the preferred option. However, as we move through phases of the pandemic, this will become increasingly difficult for frontline health professionals as face-to-face care becomes increasingly necessary owing to delays during the early stages of the pandemic.	
Can staff get to work safely?	Advise employees to plan their route to work so they can socially distance when travelling from door to door. Also, see section 3.1, 'Are people able to access the practice safely?'	
Staff should self-monitor for Covid-19 each day before leaving for work	Staff must self-screen for Covid-19 before leaving for work. • Download a screening flow diagram for staff.	
Plan your practice team to ensure you aid social distancing, minimise risk, protect staff who are more vulnerable to Covid-19 and comply with the Equality Act 2010	Government guidance advises that you: ▪ Use the appropriate number of people needed on-site to operate safely and effectively. If possible, back-of-house workers should work from home[21] ▪ Reduce the number of people each person has contact with by using 'fixed teams' – i.e. so each person works with only a few others [22] ▪ Protect individuals who are clinically vulnerable and clinically extremely vulnerable to Covid-19. Please also note that there might be people who say they need to shield even though they are not on the official list – e.g. some people might have been omitted from the official lists or they may be shielding others, so take care when	

	assessing risk.[23] When making these assessments, you need to comply with duties to those with protected characteristics.[24] We appreciate that implementing these measures might involve complex employment law and health and safety considerations. Members can email hr@the-ncha.com for additional support.	
Education and protocols to maintain social distancing inside the practice and infection control procedures – including PPE	Good communication is key to ensuring a safe return to work. Ensure staff have an appropriate induction – especially returning furloughed staff – and understand new protocols. Make sure everybody understands the key actions to prevent cross-infection. Also, everybody should understand the importance of compliance with infection prevention and control (IPC) guidance for healthcare settings – this includes standard precautions and using the correct PPE and using it correctly. You can do this by using this framework and the at-a-glance resources that support it. Make sure that all staff understand the difference between official guidance for healthcare settings and general retail/branches. For example: ▪ Government guidance refers to the use of "face coverings", but this is **not** PPE ▪ It is therefore essential that a "face covering" is not used in health care settings where a surgical mask (IIR) is required. Learn more about the limitations of face coverings.[25]	
Support best-practice handwashing and respiratory hygiene throughout the day	▪ Access videos and posters ▪ Download a new poster to help reduce the risk of virus transmission	

Have systems in place to support frontline workers onsite and those working remotely – be particularly mindful of staff anxiety and stress providing face-to-face care	Monitor the wellbeing of people – including those working from home – to help them stay connected to the rest of the team. Engage with staff to get their views and take part in the mobilisation process. It is good practice to start each day's team briefing by checking how colleagues are coping both outside and inside work. Make mental health resources available to everyone working in the practice. Here are some resources you might find useful: ▪ CBI – mental health during Covid-19 webinar and FAQs (webinar 12 mins 20 secs) – provides guidance and support for business leaders ▪ AoMRC Covid-19 – mental health and wellbeing for healthcare professionals' resource – tips and resources for healthcare professionals ▪ Mind Covid-19 resource – includes supporting a team at work, managing stress, wellbeing advice and more ▪ NHS – mental wellbeing while staying at home – covers a wide range of advice and tips on wellbeing.	
Have plans in place for increased rates of absence	Have contingency plans in place to manage services in the event of increased rates of staff unable to work. Given the health impacts of Covid-19, some employees might not be able to return to work for some time, depending on the severity of the infection. You should make provisions to allow recovery and a safe, and possibly phased, return to work. You can also contact us with HR-related questions by emailing hr@the-ncha.com.	
First aid cover and qualifications during the pandemic	Read a short guide by the HSE on how to review your first aid needs assessment during the pandemic. Also, read Covid-19: advice for first aiders by St John Ambulance.	
Uniform/clothing	In all healthcare settings, staff should consider wearing sleeves that do not extend beyond the elbow to facilitate frequent and thorough handwashing and to prevent garment contact with patients.	

	In community audiology settings it is not necessary (for reasons noted above) to change into and out of uniforms at work. For example, the UK's official infection prevention and control (IPC) states the following about staff uniforms: ▪ "It is best practice to change into and out of uniforms at work and not wear them when travelling; **this is based on public perception rather than evidence of an infection risk**. This does not apply to community health workers who are required to travel between patients in the same uniform."[26]	

Useful resources:

- Cloisters – Cloisters Toolkit: Returning to work in the time of coronavirus 2nd edition– explores a wide range of employment law and health and safety issues in a helpful and easy to read Q&A format
- NHS Employers – tips on communicating with staff and risk assessments for staff

3.3 Patients

The steps taken above will also help protect patients. In this table we expand on this.

Main factor(s) to consider	Additional points to consider	Local record/action(s)
Triage suspect and confirmed cases of Covid-19	First line of defence – triage suspected and confirmed cases of Covid-19 so they can be directed to the care they need through appropriate pathways and do not attend primary eye care settings. • Download screening questions for patients/customers.	
Provide remote care first. Have clear protocols/policies in place to offer safe and effective remote care	Read, keep up to date with and implement the joint AIHHP, BAA, BSA and BSHAA Audiology and otology guidance during Covid-19. The BAA has also published remote working guidance for audiologists.	
Have clear protocols/policies in place to manage face-to-face care	Clinical care should be prioritised to balance: ▪ Covid-19 risks – e.g. the threat level which may be country and/or regionally specific – against ▪ The benefits of aural care – e.g. preventing hearing loss and supporting social functioning. **Covid-19 risks** Triage suspected or confirmed Covid-19 cases to a specialist Covid-19 service as clinically necessary – i.e. do not see them in a community-based practice setting (see above). Also, use posters and other signage to aid compliance. ▪ Access official posters and other resources **Aural health** ▪ Read, keep up to date with, and implement the joint AIHHP, BSA and BSHAA Audiology and otology guidance during Covid-19	

	▪ Be familiar with applicable ENT UK guidance including A graduated return to the provision of elective ENT services during the Covid-19 pandemic Also, see section 3.5, which includes more detail on clinical prioritisation during the pandemic.	
Know how best to access ENT advice and reduce unnecessary/avoidable patient journeys whenever possible	Many ENT departments have established telephone support. It is good practice to check that all staff are aware of these. With local agreement and wherever clinically feasible and safe to do so, share diagnostic information with ENT/GPs. For example, sharing video otoscopy and audiometry and other diagnostic information to see whether a patient can be co-managed without the need for additional travel and repeat visits.	
Other ▪ Patient anxiety – addressing barriers to seeking help	The Academy of Medical Royal Colleges has expressed concerns about people not seeking essential and urgent healthcare because they are anxious about "making a GP appointment or going to hospital" as they have concerns about "catching Covid-19". [27] Audiologists may often be the first to experience patient anxiety about accessing healthcare for non-Covid-19 matters. You should seek to rebuild confidence and reassure patients to seek care, especially where it is for a hearing/life-threatening condition – e.g. during phone triage, reassuring patients that local ENT services have infection control protocols in place to minimise the risk of Covid-19 infection.	

3.4 Procedures (face-to-face care)

This section will also require significant input from your clinical staff who will need to keep up to date with guidance from the AIHHP, BAA, BSA and BSHAA as appropriate. Members can also contact us for advice at any time by emailing info@the-ncha.com.

Main factor(s) to consider	Additional points to consider	Local record/action(s)
Map patient journeys to minimise contact time, collect clinical information required to reach a decision	Adopt a 'remote-first' approach. If a face-to-face appointment is necessary, minimise face-to-face time by carrying out as much of the consultation remotely in advance – e.g. history and symptoms – and rapid confirmation while social distancing on arrival. This might not be suitable in all cases – e.g. where a patient also a hearing disability and struggles to use a phone and does not have video conferencing support.	
List procedures that are suspended on safety grounds and remove the equipment, and list and prioritise alternative/preferred procedures to deliver safe/effective care during Covid-19	Ensure your clinical teams are familiar with ▪ AIHHP, BAA, BSA and BSHAA Audiology and otology guidance during Covid-19 ▪ ENT UK – A graduated return to the provision of elective ENT services during the Covid-19 pandemic Note: controlling aerosol risk is one important way to reduce the risk of cross-infection.	
Understand the appropriate PPE and infection control for specific procedures	The UK has established a single set of infection control procedures for healthcare, which includes a common approach to PPE. You can do this by using this PPE at a glance resource.	

3.5 Clinical prioritisation

Government:

"**This is not a short-term crisis**. It is likely that Covid-19 will circulate in the human population long-term, possibly causing periodic epidemics. In the near future, large epidemic waves cannot be excluded without continuing some measures." The UK will implement "smarter controls" in phase two until there is a reliable treatment.[28]

You should now plan to manage Covid-19 related risks on a more long-term basis[30] by taking a dynamic risk assessment approach. For example, given the changing evidence and risk levels related to Covid-19, we would recommend you consider scenario planning using a RAG (Red, Amber, Green) approach to planning.

3.5.1 Background detail

The government announced plans for a UK Joint Biosecurity Centre (JBC) on 10 May. The JBC will have an independent analytical function and provide real-time analysis of infection outbreaks at a community level. The JBC will do this by setting the new Covid-19 Alert levels to communicate risk. These are:

- Level 1: Covid-19 is not known to be present in the UK
- Level 2: Covid-19 is present in the UK, but the number of cases and transmission is low
- Level 3: Covid-19 epidemic is in general circulation
- Level 4: Covid-19 epidemic is in general circulation; transmission is high or rising exponentially
- Level 5: As level 4 and there is a material risk of healthcare services being overwhelmed.

The goal will be to prevent "hotspots from developing by detecting outbreaks at a more localised level and rapidly intervening with targeted measures".

Based on the government briefings to date, Level 1 is doubtful for the foreseeable future. It is more likely the government will aim to keep the threat level in any region below 4 – although the precise details are to be confirmed.[v]

The government has also set out how with increased testing and tracing it hopes to move towards "smarter controls", for example instead of a nationwide lockdown there might be local responses based on the risk level. [29]

It is, therefore, possible there could be a different Covid-19 risk level in Manchester and Birmingham for example and that this might influence what aural and hearing care can be provided in each region. By applying the RAG approach, you can better plan for the impacts of such changes in advance.

[v] This will be based on the estimated R (infection rate) estimate. At the beginning of the pandemic, R was between 2.7 and 3.0 and it has taken the prolonged lockdown to get this to between 0.5 and 0.9 on 11 May 2020. When R in any regions exceeds 1, the virus spreads exponentially and there is likely to be a need to raise the risk threshold in that area and take additional preventive measures.

3.5.2 RAG model

Consider what actions you might take in the following scenarios – for example, if there is a red alert in Manchester, a level 3 Amber alert in Glasgow and a level 2 Amber alert in Cardiff etc.

	5	4	3	2	1
Official Covid-19 alert level[31]	As level 4 and a material risk of healthcare services being overwhelmed	Covid-19 is in general circulation. Transmission is high or rising exponentially	Covid is in general circulation	Covid-19 is present, but the number of cases and transmission is low	Covid-19 is not known to be present
What is likely to be happening – i.e. 'real world status'	Lockdown – with specific exemptions		Phased reopening with social distancing and infection control	Most services reopen with social distancing and infection control	New normal
Local referral criteria for ENT?	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Face to face care provided with PPE and infection prevention and control measures in place	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Hearing and aural care for people in high and extremely high-risk Covid-19 groups	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Home care	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	

Since the NCHA proposed a RAG model to the Hearing Loss and Deafness Alliance in July, AIHHP, BAA, BSA and BSHAA have helpfully updated their guidance to reflect this recommendation. You can now access a sector specific RAG table here.

4. Additional support and advice for members

We have created the following at a glance resources to help you communicate with colleagues and to aid in compliance with infection prevention and control measures.

Access:

- **Flow diagram – four stages to safer care**
- **Staff – screening flow diagram/questions**
- **Patients – screening questions**
- **Standard precautions summary and training log**
- **Standard precautions poster**
- **Cleaning and disinfecting at a glance**
- **PPE at a glance**
- **Risk assessment template**
- **Additional considerations for face-to-face care**
- **Quick links to official guidance**

We are always on hand to support you with additional advice on:

- Communications with professionals/staff
- PPE estimates
- Planning to ease transitions between phases of the pandemic – bespoke support depending on whether you are a locum, single practice, regional or national provider
- How to think about and analyse flow, maximising clinical time while maintaining social distancing and infection control procedures
- Employment law and health and safety support and advice – e.g. transitioning from furlough, contract changes, consultations with employees. Help and support on supporting those who are clinically vulnerable or clinically extremely vulnerable
- Training and education – including training placements
- Economic/financial scenario analysis and support
- General tax and VAT matters.

We are here to support you throughout the crisis. Please do not hesitate to get in touch in the usual way by emailing info@the-ncha.com or calling us on 020 7298 5110.

Disclaimer

This is a non-exhaustive document and contains general information and a framework for community audiology.

It is based upon UK government, Health & Safety Executive, public health, NHS, and sector guidance, including joint guidance from AIHHP, BAA, BSA and BSHAA and ENT UK. It is current as at the date of publication.

While we make every effort to ensure that its contents are accurate and up to date, nothing in these pages should be construed as, relied upon or used as a substitute for advice on how to act in a particular case. As is always the case, specific advice should be commissioned for specific situations.

The particular circumstances of each of our members (whether individual or organisation), and any situation with which they are dealing, will differ. You should take appropriate and specific professional advice where necessary.

All and any liability which might arise from this document and your reliance upon it is hereby excluded to the fullest extent permitted by local law.

References

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