

The following work practice control document is intended to provide an outline of suggested infection control precautions when performing real-ear measurements for the purpose of minimizing the spread of disease.

Clinicians would be wise to consider a range of infection prevention concepts and work practice controls including but not limited to:

- Personal protective equipment (PPE), such as masks, gloves, lab coats, and eye protection should be used in accordance with occupational safety guidelines, as well as disease control and prevention guidelines.<sup>1</sup>
- Hand hygiene should be practiced: before and after each appointment, after glove removal, and between each audiological task (for example: between otoscopy and handling probe tubes for REM).<sup>2</sup>
- Use of hospital-grade disinfectants on all items and surfaces that contact the client, as well as on all items and surfaces that may have been contaminated from clinician contact, fluids, or airborne contamination.<sup>3</sup>



1. Receive hearing instrument using a contact barrier, such as disinfectant towelettes, tissues, or gloves, avoiding direct contact with bare hands and place hearing instruments on a hard surface that can be easily disinfected.
2. Clean the hearing instruments using tissues, wipes, paper towel or other cleaning methods that remove contaminants.
3. Disinfect contact surfaces of hearing instruments prior to testing using disinfectant wipe/towelette.
4. Attach new or cleaned and disinfected speculum to otoscope prior to otoscopy.
5. After otoscopy, disinfect or dispose of speculum using contact barrier if speculum cannot be removed by ejection.
6. Gather new single-use probe tubes and attach to probe microphones / probe modules.
7. Gather new single-use foam insert tips if WRECD measurements are being conducted.
8. Attach probe modules / probe dock onto patient per usual technique.
9. Insert probe tubes, foam insert tips and/or hearing instruments into patient's ear canals per usual technique.
10. Clean, wash and/or disinfect hands once the patient is setup for REM.
11. Dispose of single-use probe tubes immediately upon completion of REM.
12. Dispose of single-use foam insert tips immediately upon completion of WRECD measurements.
13. After completing REM, hearing instruments should be disinfected again prior to returning them to the patient.
14. Clean and disinfect the probe dock between each patient, including the attachment clip and cable using a disinfectant wipe / towelette.
15. Clean and disinfect the probe modules between each patient, including the lanyards and cables using a disinfectant wipe / towelette while avoiding the ingress of liquid into the probe microphone or reference microphone openings.
16. Clean and disinfect the wireless mouse, monitor headphones, display screen, and the equipment casing if there is a possibility of contamination.

## References:

1. Centers for Disease Control and Prevention. Protecting Healthcare Personnel. (2014, August 18). Retrieved June 10, 2020 from <https://www.cdc.gov/hai/prevent/ppe.html>
2. Bankaitis, A. (2014). Infection Control: What To Do and How To Do It. Retrieved June 10, 2020 from <https://www.audiologyonline.com/articles/infection-control-what-to-do-12953>
3. American Academy of Audiology. (2019). Infection Control in Audiological Practice. Retrieved June 10, 2020 from <https://www.audiology.org/publications/guidelines-and-standards/infection-control-audiological-practice>

## Appendix:

### Definition of Infection Control Terms:

- **Cleaning** is the removal of gross contaminants without killing germs. This may be accomplished using methods such as: paper towels or tissues, wipes, brushes, or rinsing with water.
- **Disinfection** is the removal of virtually every pathogenic microorganism, but not necessarily all microbial microorganisms. This may be accomplished using methods such as: disinfectant wipes/towelettes, disinfectant spray and tissues or soaking trays.
- **Sterilization** is the removal of all microbial microorganisms. This may be accomplished using methods such as: cold sterilization with chemical and soaking tray, heat sterilization with an autoclave, or a UVC light emitting cleaning and drying device.

### Helpful Resources:

- Speech-Language & Audiology Canada (2020). Infection Prevention and Control Resources for Audiologists. Retrieved June 10, 2020 from <https://www.sac-oac.ca/news-events/news/infection-prevention-and-control-resources-audiologists>
- Government of Canada (2020). Hard-surface disinfectants and hand sanitizers (COVID-19): List of disinfectants with evidence for use against COVID-19. Retrieved June 10, 2020 from <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>
- United States Environmental Protection Agency. List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19). Retrieved June 10, 2020 from <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

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