



## Infection Control in the Hearing Healthcare Practice

Some Little Bug Will Find You!



**WARNER**  
We make it simple.



**HHCANY**

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Infection Control in the Hearing Healthcare Practice is designed to provide participants with an understanding of the Infection Control process and a guideline for the preparation and execution of Infection Control procedures within an Audiology practice. The information presented is intended for educational purposes only and does not replace independent professional judgment. The facts and opinions offered are accurate up to the date of the actual presentation and are ever changing. For further updates and guidance contact your local health authorities and/or the CDC.

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## Agenda


- Setting the Foundation for Infection Control
- What Do We Need to Know for Hearing Healthcare?
- COVID-19 & Pathogens Facts and Figures
- Infection Control Best Practices
- Your Infection Control Plan – Protocols & Guidelines
- Summary and Additional Information
- Questions and Answers



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## Setting the Foundation for Infection Control



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## Objective of Infection Control

To **CONTROL** the Infection Process:

- It is impractical to completely eliminate
  - Infection
  - causes of infection.
- We can limit infection by
  - Controlling the environment and favorable conditions.
- Total absence of infectious organisms
  - Would be harmful
  - Desensitizes our immune systems
  - Leaves our natural defenses greatly weakened and ineffective.


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## Infection & Disease

### Around All Living Things

- **Millions of organisms**
  - Parasitic: compromise the host
  - Symbiotic: beneficial to both
- **Have always been with us**
  - Leprosy, rabies, plague, TB, Flu, etc.
- **Super Germs – Resistant**
  - Due to misuse of antibiotics
  - Organisms continually adapt through mutation
- **The human body**
  - is made up of approximately  $10^{13}$  cells or 10,000,000,000,000.
  - is home for approximately  $10^{14}$  bacteria or 100,000,000,000,000.
  - There are over 1,000 different types of bacteria growing on the skin alone.



**A 10:1 RATIO!**

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## Pathogenic Organisms Make Us Sick

### Disease Producing / Infectious

1. Viruses
2. Bacteria
3. Fungi

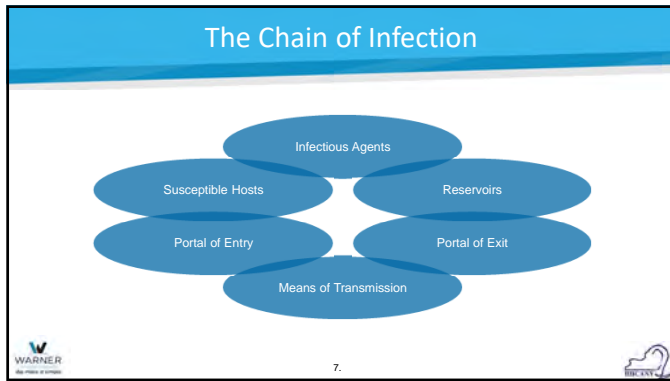
### Attributes Required to Produce Disease

1. Be infectious
2. Metabolize
3. Multiply
4. Be resistant

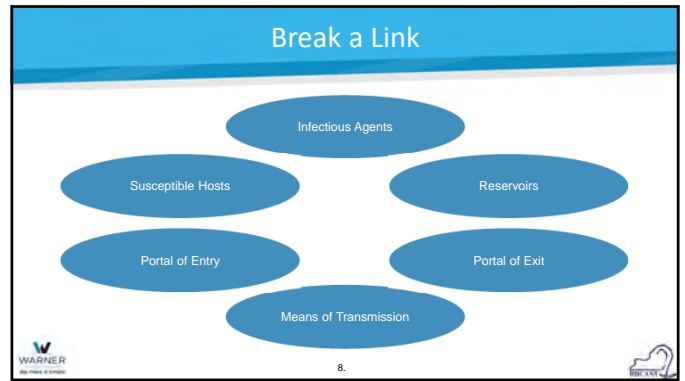


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- ### Our Defenses
- **Immune System**
    - ✓ Protects the host
    - ✓ Adapts as required
    - ✓ Natural selection
    - ✓ Vaccines pre-sensitize
  - **Antibiotics/Drugs**
    - ✓ Assist the immune system
    - ✓ Have been **abused** leading to many resistant strains such as MRSA, CRE, others.

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### What Do We Need to Know For Hearing Healthcare?

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### Most Critical Procedure

Hands Are Pathogen Magnets!

**Wash Your Hands!**  
Happy Birthday to You

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### Waterless Technique\*

**Use When Hands Are Not Visibly Soiled**

**Technique:**

- Remove rings or other jewelry – best to leave them at home.
- Use 1-2 pumps or a squirt about the size of a nickel to one palm.
- Spread over all surfaces of hands, fingertips, between fingers and back of hands.
- Rub until cleaner evaporates in 15-20 seconds.
  - Sing "Happy Birthday to You" twice!


\* 60% or greater ALCOHOL content

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## The Ear

**An Excellent Incubator**

- **FOOD**  
Oils, skin, foreign substances
- **MOISTURE**  
Sweat, trapped water
- **DARK**  
Enhances growth
- **WARM**  
Supports reproduction & growth



Outer Ear    Middle Ear    Inner Ear


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## Hearing Patients

**Immune System**


1. **Young**
  - Immature
    - Not fully developed
2. **Elderly**
  - Desensitized
    - Loses the ability to react
3. **Compromised**
  - Due to disease process, age, environment



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## Modes of Transmission



1. **Contact**
  - Direct Hands
    - Touching, breathing
    - cumulative from person to person
  - Indirect
    - Instruments/equipment, earmolds, dried residues
2. **Vehicle route**
  - Food, water, bodily fluids
3. **Airborne**
  - Droplets, spores, dust
4. **Vector borne**
  - Insects, animals

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## COVID VARIANTS, INFLUENZA & OTHER BUGS!



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## Coronavirus

**Aerosol / Contact / Airborne**

- Coronaviruses are a group of viruses that cause disease in mammals and birds.
- Coronaviruses are enveloped viruses, which are among the easiest to kill with the correct disinfectant.
- In humans, coronaviruses cause respiratory tract infections that are typically mild, such as the common cold.
- They Mutate frequently and therefore are difficult to control.
- Rarer forms such as SARS, MERS, and COVID-19, Cicada and other Variants
- Symptoms vary in other species. In chickens, they cause an upper respiratory tract disease, while in cows and pigs they cause diarrhea.
- Currently there are vaccines available, however their effectiveness is dubious at best

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## COVID-19

- **Test kits are available**
  - Multiple strains have been identified and mutating
  - Some variants may not be detectable
  - High temperature >100.4° F primary screen
- **First identified in Wuhan, China**
- **Now spread to the entire world**
  - Fever, rash & other complications
- **Incubation period of 2-14 days**
  - Very problematic
- **Highly contagious New Variants**
  - Delta, Omicron, Cameroonian Variant, Latest variant: **Cicada**
    - It comes and it goes like a Cicada
- **Vaccine Administered worldwide**
  - Continues
  - Ever changing more focused
  - Anti-Virals released by Big Pharma
    - Helps reduce symptoms in high risk individuals
- **Public health emergency ended May 2023**
  - Still a poses a danger 3 years out.
  - Governments: precautions, travel restrictions, social distancing, masking and quarantine coming back!
  - Immuno compromised individuals need to be extra careful and should wear masks when in crowds or other confined areas such as airplanes, waiting rooms, buses and other similar situations.

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### COVID-19 vs INFLUENZA

**Symptoms (both)**

- Cause fever, cough, body aches, fatigue; sometimes vomiting and diarrhea
- Mild or severe, fatal in rare cases
- Can result in pneumonia, respiratory failure

**Incubation**

- INFLUENZA: 2-4 days after exposure
- COVID-19 Variants: 2-14 days post exposure
- SUPERFLU

**Symptoms COVID-19 Variants**

- Fever, dry cough, sore throat
- Shortness of breath/difficulty breathing
- Chills, repeated shaking with chills
- Muscle pain, headache, loss of taste or smell
- Kawasaki like symptoms in children
- Cardiovascular issues
- Neurological issues
- More being identified
- Long Covid
- Etc....

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### COVID-19 vs INFLUENZA

**Transmission**

**Both**

- By person to person through droplets from coughing, sneezing or talking
- Can be spread by an infected person for several days before symptoms appear
- Direct and Indirect Contact

**Difference**

- COVID-19 is also airborne
- Remains active for:
  - Hours in the air
  - Contact on surfaces
    - Not as bad as originally thought

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### Coronavirus Survival

	Length (hours)	Examples
Air	3	Depends on confinement, drafts, wind
Aluminum	2-8	Soda cans, tinfoil, water bottles
Cardboard	24 - 120	Shipping boxes
Ceramic	120	Dishes, pottery, mugs
Copper	4	Pennies, cookware
Fabric	24 - 48	Approximate
Glass	120	Drinking glasses, mirrors, windows
Surgical Gloves	up to 8	New CDC Guideline for reuse
Metal	120	Doorknobs, jewelry, utensils
Paper	<1 - 120	
Plastics	48 - >72	Light switches, elevator buttons, detergent bottles
Stainless Steel	48 - 72	Refrigerators, sinks, equipment
Wood	96	Furniture, decking

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### COVID-19 vs INFLUENZA

**Infections 2025/26**

- Influenza – Mutates Annually – Multiple Strains
  - Unusually more severe due to:
    - Mutated H3N2 subclade K strain
    - Reduced vaccine match
  - Estimated 1 billion cases Worldwide;
  - 39 million to 56 million cases in the US this year – Up from 2024/25\*
- COVID-19 – Continuously Mutates into New Variants
  - March 2<sup>nd</sup>, 2020 – 90,279 Worldwide; 100 US
  - March 22<sup>nd</sup>, 2026 – 776 Million Worldwide (Down); 103 Million US (Down)

\* Due to lack of Isolation, Masking and the Variant.

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### COVID-19 vs INFLUENZA

**Deaths 2025/26**

- Influenza
  - Worldwide - 290,000 to 650,000; Up from 2024/25
  - US - 21,000; Up from 4,900 for 2022/23 (Peak was 2017/18 with 51,000)
- COVID-19
  - March 2<sup>nd</sup>, 2020 – 3,085 Worldwide; 6 US
  - March 22<sup>nd</sup>, 2026 – 7.07 (Down) Million Worldwide; 1.2 Million US (Down)

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### COVID SEASON 2024-25

**Preliminary 2025-2026 U.S. COVID-19 Burden Estimates**

CDC estimates\* that, from October 1, 2025 through April 11, 2026, there have been:

3.7 million - 11.8 million

COVID-19 Illnesses

750,000 - 2.2 million

COVID-19 Outpatient Visits

110,000 - 230,000

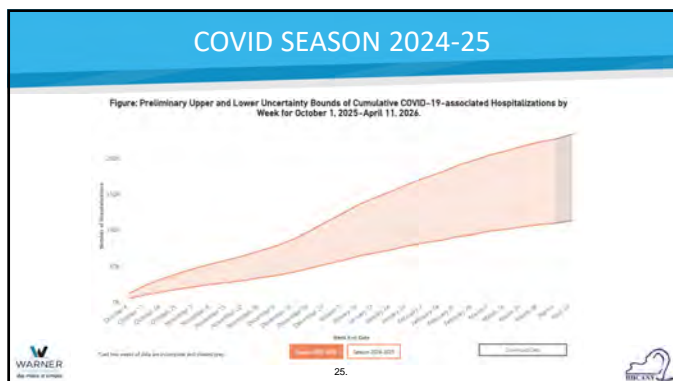
COVID-19 Hospitalizations

13,000 - 40,000

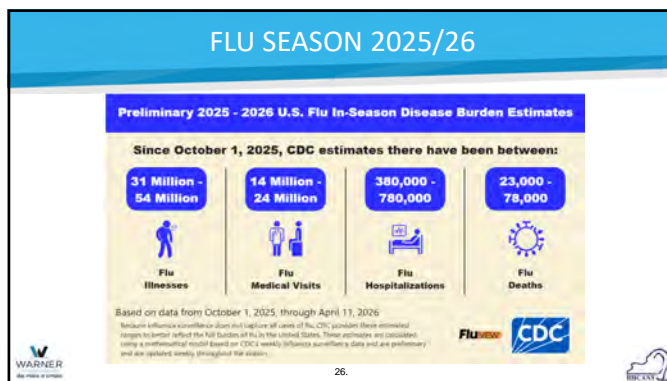
COVID-19 Deaths

\*Based on data from September 28, 2025 through April 11, 2026.

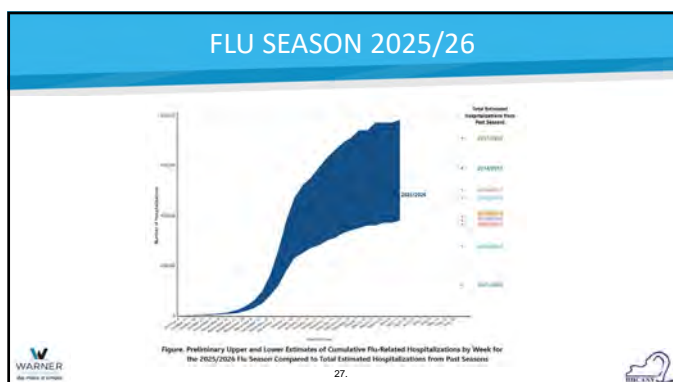
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### CHANGE IN STATUS

- The federal COVID-19 Public Health Emergency declaration ended May 11<sup>th</sup> 2023.
- Most tools, like vaccines, treatments and testing remain available. However no longer free of charge.
- CDC's ability to collect and share certain data has changed.
- CDC has updated its guidelines to align with data changes.

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### HOWEVER

*We may be done with Covid  
but Covid is not with us!*

- Covid is a corona virus and continues to mutate.
- People are still getting ill.
- People are still dying.
- Still needs to be "respected" as all Corona Virus.
- High-risk Individuals still need to exercise caution.
- **Long-Covid and hearing loss**
  - Article in The Hearing Review May 27<sup>th</sup>, 2024 issue.
  - Conclusion: "COVID-19 infections accelerate symptoms in individuals with pre-existing hearing loss"

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### COMMUNICABLE DISEASES

#### MEASLES

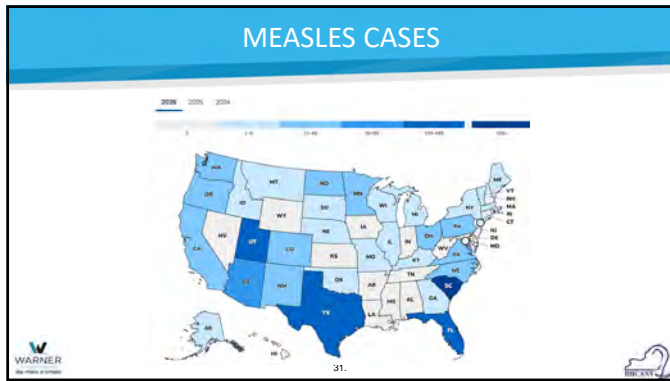
Aerosol/Contact

- Highly contagious viral infection: fever, rash and other complications.
- Anyone not vaccinated can get it at any age.
- Was rare in the US due to high vaccination rates.
- Common in other parts of the world
  - Europe, Asia, and Africa
- Brought to the US by unvaccinated travelers who return with measles infection.

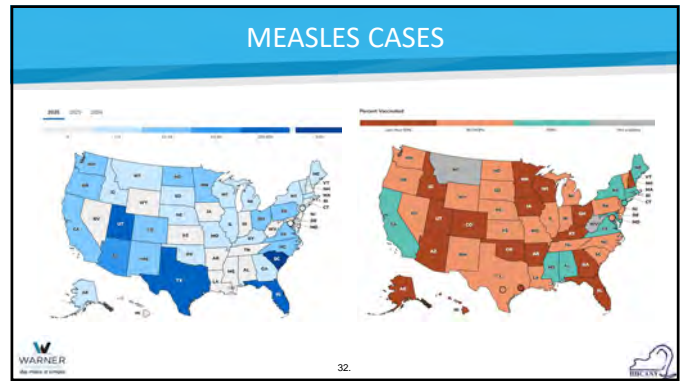
<https://www1.nyc.gov/site/doh/health/health-topics/measles.page>

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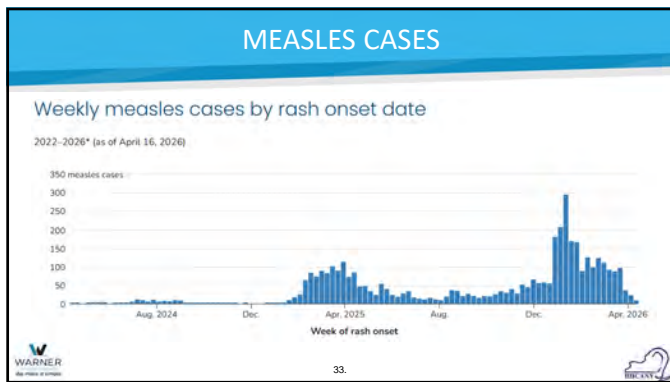
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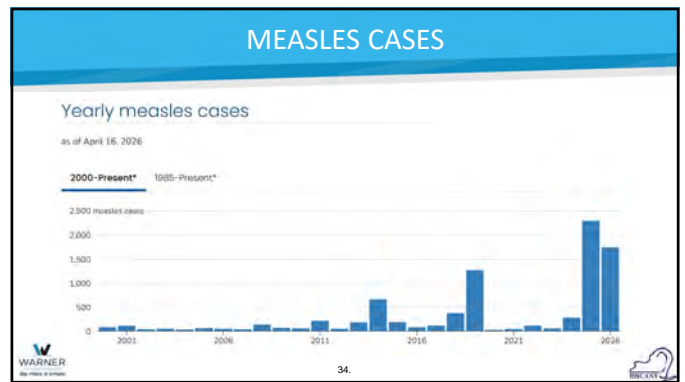
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**MEASLES**

**HOW MEASLES SPREAD**

Aerosol/Contact

- When an infected person
  - Talks, breathes, coughs or sneezes tiny particles containing infectious agents enter the air. (Aerosols)
- Tiny size, aerosols can travel long distances
  - Remain suspended in the air for minutes to hours.
- Very infectious - Rate of 93%+ when exposed
  - Droplets in the air or on surfaces may infect people entering a room well after an infected person has left
  - Inhaling, contact with hands, tissues and other articles.

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**SUPERBUGS**

***Candida* (a.k.a. *Candidozyma*) *Auris***

**Contact/Surfaces/Opportunistic**

**C. auris is a fungus (type of yeast) – 1<sup>st</sup> Identified in 2009**

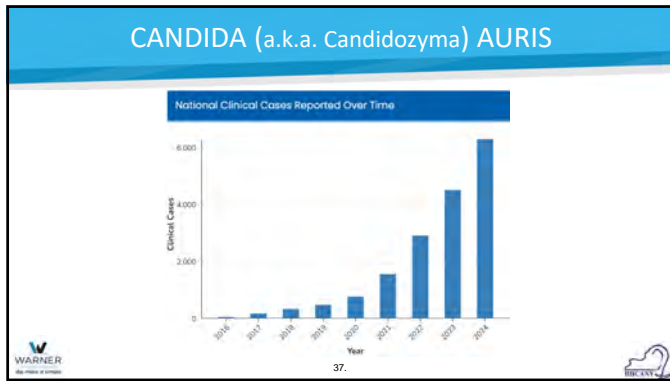
- ✓ Has evolved into a serious global health threat
- ✓ Multidrug resistant – standard treatments will not work.
- ✓ Difficult to identify – inappropriate management.
- ✓ Outbreaks in healthcare, clinics, hospitals, nursing homes.
- ✓ Found on the skin and transmitted through contact.
- ✓ Once in the bloodstream can be life threatening.

**Prevention/Control**

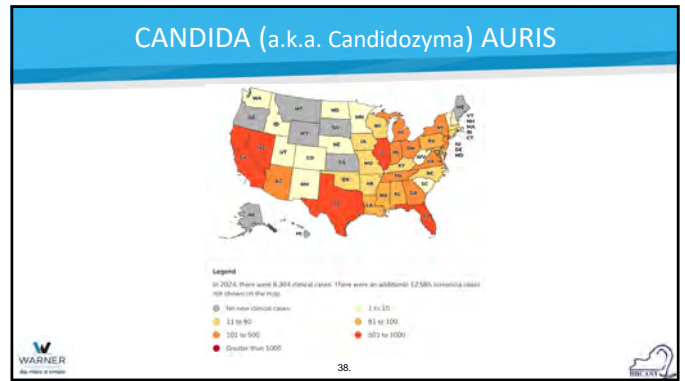
- ✓ Frequent Handwashing is key
- ✓ Disinfection of surfaces, linens, handrails, tables
- ✓ **KEEP IT CLEAN**

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### OUTBREAK NYS: ROTAVIRUS

#### Rotavirus (a Stomach Virus)

- Highly Contagious and common in infants, children and adults. Especially individuals with a weakened immune system.
- Rotavirus causes severe watery diarrhea, vomiting, fever, stomach pain and Dehydration.
- Dehydration symptoms include:
  - Decreased urination
  - Dry Mouth and Throat
  - Crying with few or no tears (Children)
  - Unusual sleepiness or fussiness
- Spread through contact with anything contaminated with stool.
- Prevention is by following the same protocols as with other viruses.
  - Hand washing
  - Vaccination (Lack of vaccinations is causing the surge)

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### IDENTIFICATION IS CRITICAL

#### NECROTIZING FASCIITIS

VERY RARE - A STAPH INFECTION!

1. **Fast Diagnosis is critical**
  - If suspected must immediately start treatment
  - Patient dead or critical by the time culture confirmation
2. **EXTRAORDINARY GROWTH RATE**
  - Can necrotize tissue at a rate of 1 inch per hour!
3. **TREATED WITH ANTIBIOTICS**
  - Usually responds if treated early enough
4. **CAUSE**
  - Exposure through a break in the skin
  - Insect bite (SPIDER)

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### Infection Control Best Practices

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### Benefits of Infection Control

A Clean Office Environment



1. **Better all-around health**
  - Patients, staff
2. **Reduced liability**
  - Patients/staff could get sick
3. **The alternative could mean**
  - Loss of patients
  - Loss of practice
  - Loss of reputation
4. **Regulatory requirements**
  - OSHA, PESH, state requirements

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### Goal of Infection Control




1. Reduce number of pathogens
2. Create an unfavorable environment
3. Prevent cross contamination
4. Have a viable plan of action

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### Infectious Substances

- Blood, Mucus, Skin, Tears, Saliva
  - From biting, scratching, kicking
  - Diapers, spitting, etc.
- Cerumen
  - When blood is present
  - When discharge is present






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### Hearing Aids



**PATIENT RESPONSIBILITY**

- Need to be Cleaned/Sanitized
  - ✓ An incubator or vessel for growth
  - ✓ Harbors and nourishes organisms
  - ✓ Sweat, offensive odors



**PRACTICE RESPONSIBILITY**



- Proper Fitting is Essential
  - ✓ POOR FIT CAN CAUSE:
    - Skin irritation, ulceration, laceration
    - Bleeding and an invitation to infection

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### OSHA Guidelines

1. Precautions — Preventative
2. Work Practices — Consistent
3. Infection Control Plan — **A Requirement!**






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### Precaution

**ALL PERSONNEL MUST**

- Use **Appropriate Barriers**
  - Nitrile or vinyl gloves; avoid latex!
  - Eye protection: face masks or goggles
  - Gowns or lab coats
- **Wash Hands Before Contact**
  - With patients
  - With earmolds or devices
- Clean and/or Drape Instruments
- Use Proper Waste Disposal


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### Work Practices

**Hazardous Zone Designation**

- Specific sink, tub, or box
- Decontamination area

**Proper Disposal**



- Sharps box (not applicable to Audiologic)
- Sealed bags

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### Exposure Classification (Personnel)



- Category 1 – PRIMARY CONTACT**
  - Not applicable to hearing healthcare practices
- Category 2 – SECONDARY CONTACT**
  - Audiologists, practitioners, etc.
  - Handling hearing aids, impressions, earmolds
  - Cleaning, cerumen contact
- Category 3 – NON-CLINICAL STAFF**
  - Receptionist
  - Does not handle hearing aids
  - Minimal patient contact
  - Front office, etc.

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### Annual Training



- In-Service Training**
  - Annual refresher
  - All personnel
- Train New Personnel**
  - As soon as possible
- Retrain to Reinforce**
  - As often as necessary

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### Incident Reports – What and When?



- Exposure Routes**
  - Puncture wounds
  - Harbor for infection
- Blood Contact**
  - Through cuts or abrasions
- Vomit, Bite, Scratch**
  - Contact
- Urine, Waste, Other Fluids**
  - Direct contact
    - Surfaces (e.g., chairs)

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### Spaulding Criteria (Equipment)

- 1. Critical Devices**  
Contact with normally sterile tissue
- 2. Semi-Critical Devices**  
Intended to touch mucous membranes and damaged skin
- 3. Non-Critical Devices**  
Intended to contact intact skin

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### Only Criteria 2 & 3 Apply to Hearing Practices

- Semi-Critical Devices**
  - When blood is present or broken skin
  - Curettes, specula, CICs, ITEs, probe tips...
- Non-Critical Devices**
  - Intended to contact intact skin
  - Same as above without blood or broken skin present

**GENERAL RULE OF THUMB**

Never reprocess single use items!  
They are not designed for reuse\*.



\*There have been exceptions to this rule due to supply issues (surgical gloves)

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### General Housekeeping

- 1. Cleaning/Sanitizing**
- 2. Disinfection**
- 3. Sterilization**

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### When and How to Clean/Sanitize

- Always the First Step**
  - Remove cross contamination
- Instruments**
  - In dishwasher, ultrasonic
- In the Sink**
  - Soap and water, detergents
- Surfaces**
  - Spray cleaners
  - Wet wipes



WARNER logo and slide number 55.

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### Disinfection

- Kills Germs/Infectious Agents**
  - Determined by kill rate on label
  - Household to hospital grade
  - Common germs vs. broad spectrum
- Sanitizing**
  - Makes surface less conducive to growth, disinfection kills
- Kill Rate is Limited**
  - Contact time, concentration, organism

WARNER logo and slide number 56.

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### When and How to Disinfect

- Items That Do Not Touch Blood or Infectious Substances**
  - Earmolds, specula, headphones, etc.
  - CICs, ITEs, BTEs
  - Keyboards, toys
- Use Spray Disinfectants**
  - Always note the dwell time indicated
- Wet Wipes**
  - Alcohol-based – Caution for equipment
    - Unfriendly to acrylics

WARNER logo and slide number 57.

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### Sterilization

<p><b>Traditional Sterilization</b></p> <ul style="list-style-type: none"> <li>Autoclave (Heat/Pressure) - Expensive                             <ul style="list-style-type: none"> <li>Eliminates all microorganisms &amp; spores</li> <li>Heat is <u>NOT</u> plastics friendly</li> </ul> </li> <li>Gas – Very expensive and impractical</li> </ul>	<p><b>VS</b></p>	<p><b>Cold Sterilization</b></p> <ul style="list-style-type: none"> <li>Chemical Sterilization/Ultrasonics                             <ul style="list-style-type: none"> <li>Effective method</li> <li>Typically only option to audiology</li> <li>Limited heat: Plastics-friendly</li> </ul> </li> </ul>
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WARNER logo and slide number 58.

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### When and How to Sterilize

- Items That Come Into Contact with **Blood**
- Items Which May Cause **Bleeding**
  - Curettes, scoops, loops, etc.
- Use 2% or Greater Glutaraldehyde Solution
  - A minimum 10-hour soak kills them dead!
  - Toxic chemical, requires safe handling
  - Gloves, covered tray, rinse excess with sterile water
  - Concentration of active is essential for kill
  - Test strips, good record keeping is essential
- A More User-Friendly Alternative: Sporox®


**Disposal Note:** The solution to pollution is dilution!

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### Alternatives

- Stainless Steel**
  - Can be autoclaved
  - Durable but expensive
  - Reusable
- Disposables**
  - Relatively inexpensive
  - Pre-sterilized
  - Least problematic
  - Reuse not supported!



WARNER logo and slide number 60.

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### Infection Control and Exposure Plan

<p><b>Establish a Positive Mindset</b></p> <ul style="list-style-type: none"> <li>✓ Everyone needs to be on the same page</li> </ul> <p><b>Responsible Coordinator(s)</b></p> <ul style="list-style-type: none"> <li>✓ Assign responsibilities</li> </ul> <p><b>Identify Risks in Your Practice</b></p> <ul style="list-style-type: none"> <li>✓ Patient and personnel histories</li> </ul>	<p><b>Classify Personnel by Category</b></p> <ul style="list-style-type: none"> <li>✓ Determine exposure and risks</li> </ul> <p><b>Keep Records</b></p> <ul style="list-style-type: none"> <li>✓ MDS sheets on file for all items</li> <li>✓ Incident reports</li> <li>✓ Handling instructions/protocols</li> </ul>
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**Wash Your Hands!**

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### MOST CRITICAL PROCEDURE

**Wash Your Hands!**

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### Hand Washing General Guidelines

- **Alternate Active Ingredients**
  - Prevents resistant organisms from forming
- **Medical Grade Lotion Soaps**
  - Contain moisturizers
  - Prevents chapping and skin cracking
- **Waterless, Alcohol Based Cleaners (99.9%)**
  - Must have moisturizers to prevent chapping
  - After 4 to 5 uses you need to wash your hands
  - With disinfectant soap and water to remove residue

<https://www.cdc.gov/handwashing/index.html>

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### Objective of Hearing Healthcare

**Private Practice**

vs.

**“KIOSK” (OTC’s)**

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### PRIVATE PRACTICE vs. “KIOSK” OTC’s

**Widely available OTC ‘Hearing Aids’**

- “Kiosk” approach is not specialized
  - Lack of regulatory oversight
  - Value-added service not available at “Hearing Aid Counters”
  - Quick buck vs. true patient care
- OTC’s are not suitable for many patients
  - Problematic for 30%+ of the population
  - Potentially damaging to patients
- OTC’s need to be more closely regulated
  - Infection control and standards of conduct - Training
  - Fine tuning – One size does not fit all
  - It’s not a cell phone!!!

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### HEARING HEALTHCARE IS A SPECIALTY

**Hearing Healthcare Professionals Provide**

- Personalized, professional patient care
- Customized hearing devices
- Proper fit and amplification level adjustments
- Fine tuning to patient requirements
- Training to recognize the need of medical attention
- After sale support, counseling and follow-up

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## Your Infection Control Plan

**Your Infection**      **Control Plan**

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## Disease Transmission Prevention Strategies

### Universal Precautions

- Personal barriers – gloves, masks, etc.
- Wash hands before and after contact
- Touch/splash surfaces pre-cleaned
- Instruments appropriately pre-cleaned
- Proper waste disposal

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## Guideline

### Wash Hands Immediately

- After contact with bodily fluids, any contaminated items
- If skin becomes contaminated or injured
- After removing personal protective gear, such as gloves
- Whenever contamination is suspected

### Before and After

- Direct patient contact
- Dirty/clean activities (post cerumen removal/before an audiogram)
- Eating, application of cosmetics, bathroom visits and other personal functions
- After handling money or other possibly contaminated items

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## Hands

### Use Gloves — Effective Barrier

- Latex vs. Nitrile, Vinyl, Plastic, etc.
- Many people are allergic to latex
- Patients should know if they have allergy
- Can be fatal to some individuals
- Verify patient sensitivity/allergy
- Very common allergy
  - Safest is to avoid latex!

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## Face, Hands and Mouth

<h3>Face</h3> <ul style="list-style-type: none"> <li>• Full shield</li> <li>• Goggles</li> <li>• Glasses</li> <li>• Oxygen tank</li> </ul> <p>Space Suit?</p>	<h3>Hands</h3> <ul style="list-style-type: none"> <li>• Disposable gloves</li> </ul>	<h3>Mouth</h3> <ul style="list-style-type: none"> <li>• Disposable masks</li> <li>• Inexpensive, easy to use</li> <li>• Many types - N95</li> </ul>
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## Mask Guidelines\*

### AROUND THE EAR N95

- Straps tend to break
- Nose shaper tends to come off
- Staples and glue work
- Can use elastic band with buttons to keep loop off ear

### MB100 Medium or Large

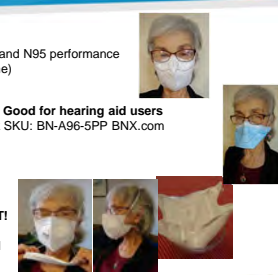
- Good fit good contact all around the face,
- Nose clip (internal) bends easily to contour to the nose
- Comfortable easy to breathe and
- Ear loop clip secures the fit on faces of all sizes

WARNER  
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### Mask Guidelines\*

- aerX KF94>95 PPE-R/02.075 version**
  - NIOSH 42 CPR 94 performance classification and N95 performance
  - Comfortable and Good (can be too big for some)
  - Ear loop clip secures the fit on faces
- Cords above & below the ear: avoids the ear-- Good for hearing aid users**
  - BNX A96 Particulate Filtering Protective Mask SKU: BN-A96-5PP BNX.com
  - Fits well and it breathable
  - Fits nose well; two head bands stretch
    - one on top of the head
    - one at the nape of the neck
- PROTEKX N95 Respirators ONE OF THE BEST!**
  - Foldable with adjustable straps
  - Showing internal Premium Grade Silicone seal
  - NIOSH TC-84A-8131




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### Mask Guidelines\*

- PROTEKX N95 Respirators One of the Best!!**
  - Foldable with adjustable straps
  - Internal Premium Grade Silicone seal
  - NIOSH TC-84A-8131
- Closed space health care offices etc.**
  - Double mask and glove if near the patient
  - Add a face shield and or goggles for eye protection
- Commonly used blue face mask**
  - Single use 3-layer Flat mask with ear loops --- **NOT N95**
  - Must Double up for protection**
  - OR as a single if in the open air with a vaccinated person




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### Mask Guidelines

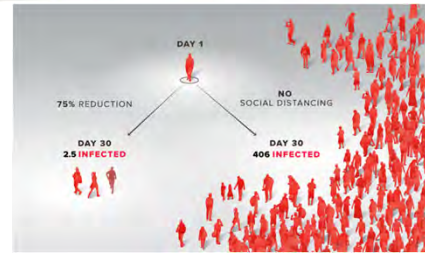
- DO NOT USE (unless no other options exist)**
  - Cloth masks, even with 3 layers
  - Vented cloth masks
  - Scarves, etc...
- DO NOT USE**
  - N95 vented masks - unless you double mask
  - Vented protects the wearer but not the others nearby the wearer
  - Unless tight over-the-head straps and face fit is tight and doubled



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### Social Distancing



6 Feet apart, recently changed by the CDC to **3 Feet for schools??**


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### A Guideline

#### Outside Office

- Toys
  - Avoid fuzzy stuffed toys - Difficult to clean
- Smooth surfaces are best
  - Hard plastic, Formica surfaces: Non-absorbent
- Charts, reading materials
  - Laminate - easy to clean



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### A Sample Protocol

#### HANDLING ITEs, CICs, AND EARMOLDS

- Have patient place hearing aid or earmold in a disinfectant towelette and wipe it clean.
- Have patient place appliance in a bowl or dish. Then disinfect with a wipe.
- Have patient place earmold directly into an ultrasonic cleaner containing disinfectant.
- Always wear gloves when handling devices.

**IF BLOOD:**

- Is present**
  - Sterilize picks, probes and tools
- Is NOT present**
  - Disinfect picks, probes and tools
- Never use a diagnostic stethoset on a hearing aid that has not been properly disinfected
- Always err on the side of caution, if you think an item is contaminated assume that it is

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## A Sample Protocol

### SURFACE DISINFECTION

#### A Two-Step Process

**Select a Hospital Grade Disinfectant Cleaner Available in Spray or Wipe**

1. Spray surface and wipe away gross contamination, brush if required.
2. Spray or wipe the surface for a **SECOND TIME** leaving the surface wet for the recommended **DWELL TIME** to ensure the kill.



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## A Sample Protocol

### STERILIZATION

- Wear gloves and eye protection throughout.
- Prepare cold sterilant of choice in a covered stainless steel or other approved vessel
- Clean off all gross contamination before beginning:
  - ✓ 10-30 minutes to disinfect
  - ✓ 7-10 hours to sterilize (depending on sterilant)
- Remove instruments and rinse with sterile water or wipe with disinfectant towelette.
- Change solution as indicated.
  - ✓ Use test strip/kit to determine potency.

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## A Critical Procedure

### PRE-SCREENING PATIENTS (and staff)

**By Telephone**

1. Do you or anyone in your immediate family have a fever, cough, difficulty breathing or other cold symptoms?
2. Have you or an immediate family member or friends been in contact with anyone who has had symptoms of a cold or COVID-19?
3. Have you or anyone in your immediate family or friends traveled outside of the US, within the last 14-21 days?
4. Are you in general good health and feeling well?

**If the answer is Yes to any of the above:**

1. Postpone the appointment for 14 - 21 days
2. If postponement is not an option direct the patient to arrive wearing a surgical mask.
  - ✓ Patient should be separated from other patient contact and isolated in an examining room.
  - ✓ Patient should be examined immediately to minimize the office visit.
  - ✓ Examining room surfaces must be disinfected immediately after the patient leaves. Be sure to include doorknobs and anything else they may have touched during the visit.

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## A Critical Procedure

### PATIENT ADMITTANCE (and staff)

The objective is to isolate the patient from the practice

**At Reception – Before entering practice!**

1. Confirm pre-Screening
2. Patient Must:
  - ✓ Wear a mask
  - ✓ Wash hands with waterless cleaner upon arrival (soap and water is best but impractical at your entrance)
  - ✓ Put on a pair of gloves (if they arrive wearing gloves they must be removed and disposed of; wash hands and have them put on a new set of gloves)
3. Check temperature using a none contact forehead scanner. Must be less than 100.4° F

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## A Guideline

### TO MINIMIZE EXPOSURE



1. **Wash your hands** often for at least 20 seconds. 2 verses of "Happy Birthday to You".
2. **Use an alcohol-based hand sanitizer** in conjunction with hand washing. Alcohol concentration must be greater than 60% concentration.
3. **Do not touch** your eyes, nose, and mouth with unwashed hands.
4. **Wear an appropriate barrier** when examining patients:
  - A. Change surgical gloves & wash hands between patients.
  - B. New gloves for each patient now optional, see CDC new guidelines.
    1. Due to shortage in gloves other disposable barriers can work.
      - a. Plastic freezer bags over each hand.
      - b. Whatever barrier works for you.
  - C. Mask - N95, N99 or greater afford protection
    1. From patient coughingsneezing - Spreads by droplets and contact.
    2. Residue can be active for a few hours and possibly up to 9 days.
  - D. Face eye shield - in conjunction with or without masks is very effective.
    1. Full face shield can be effective if a surgical mask is not available.
5. **Avoid close contact** with patients especially those who exhibit symptoms or are sick.

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## IN CONCLUSION

You Don't Have to be a Genius to Create and Implement an Effective Infection Control Plan

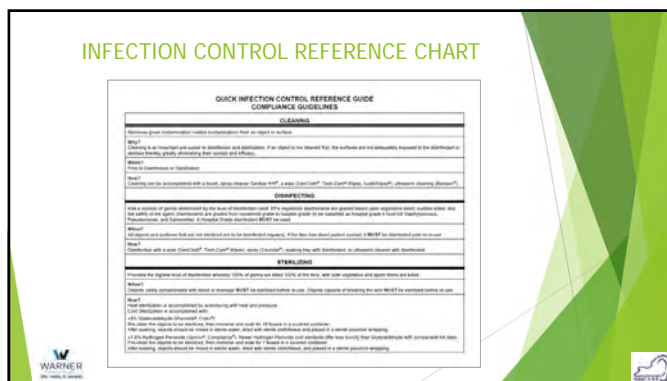



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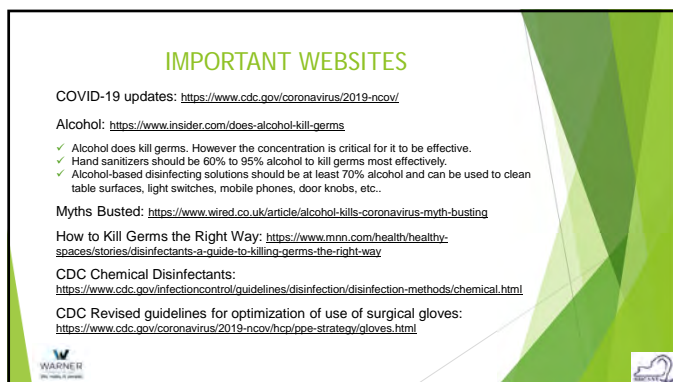
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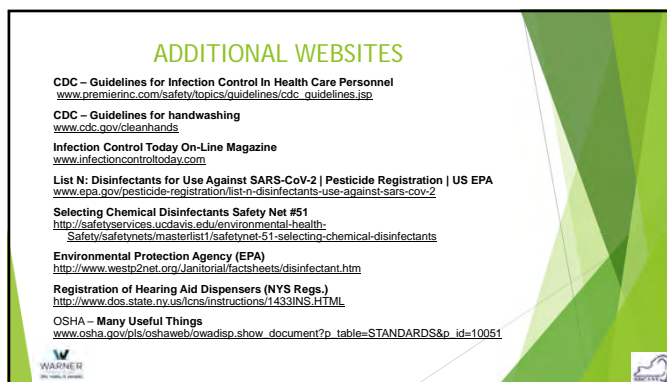
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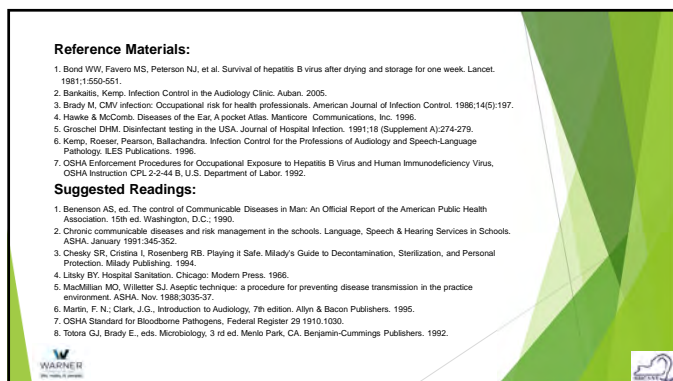
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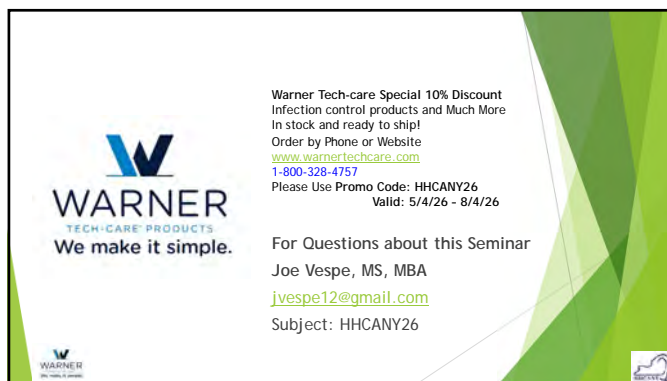
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