



PRACTICE ADVICE

COVID-19 FAQs FOR AUDIOLOGISTS

EFFECTIVE: APRIL 28, 2020

These FAQs apply to current patient care. Please stay in contact with the College. We will inform you if any of the answers change because of Ministry directives.

Here at CASLPO we have received questions from audiologists on how to manage patient services during the COVID-19 pandemic. We have included four FAQs here and will develop others as questions arise. Always remember, prevent transmitting the virus, keep your patients safe and keep yourself safe.

Question: How can we address services for patients whose needs become essential or urgent in the coming weeks knowing that physical distancing measures will remain for an indeterminate period?

Answer:

While Ontario remains in a state of emergency, CASLPO continues to advise audiologists as per CMOH Directive #2 provided on March 20th. The only in-person care that should be provided at this time is urgent/essential. The intention is to provide care only for time-sensitive issues that pose an imminent threat to a patient's health or safety.

We recognize that in the coming weeks, services that were able to be delayed may become essential. The principles in these two documents will continue to guide you to make decisions around essential vs. non-essential services.

1. [Directive #2 for Health Care Providers \(Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals\)](#)

The Directive includes the principles of *proportionality, minimizing harm to patients, equity and reciprocity* that assist in making decisions around essential and non-essential services (see pg. 4).

2. [Essential vs. non-essential services practice advice update](#)

It is expected that audiologists will use the principles described along with their clinical judgement to make on-going decisions around patient services that can be deferred versus those that are time-sensitive and qualify as essential. The patient's best interests and taking precautions to contain the spread of the virus must be prioritized.

The College strongly recommends that only registrants who are using a screening protocol and adequate PPE should be providing in-person urgent care. Registrants without PPE can answer patients' questions by e-mail, phone or other virtual means and triage urgent cases to other regulated professionals who are able to provide care.

Question: How can we plan for providing services when restrictions regarding clinic closure and physical distancing are gradually lifted?

Answer:

The Ministry of Health's directives are still focused on reducing the spread of the COVID-19 virus and ensuring the safety and health of each person. Whenever possible, the provision of services using alternate mediums such as virtual care/telepractice is appropriate. CASLPO, and other health professional regulatory Colleges, rely on information from the Ministry of Health in order to inform registrants during the Covid-19 pandemic. The College will inform you of relevant Ministry updates as they become available.

Question: If I have adequate information about a patient's hearing loss, can I load settings or do a "first fit" using the software and do simulated real-ear measurement (S-REM) followed by mailing hearing aids to patients or organizing a "curb-side" pick-up?

Answer:

At this time, this type of hearing aid service should be limited to only essential/urgent cases. For some patients, this service can continue to be deferred and patient support could be provided virtually, similar to other regulated health care services like optometry, physiotherapy, occupational therapy, etc. Carefully consider each patient's circumstances and limit this service to patients for whom it is essential and a matter of safety.

Staff who need to be in the clinic to carry out this work should implement physical distancing and use appropriate infection prevention and control measures to reduce virus spread. Take precautions when asking patients to leave their homes for "curb-side" pick ups.

Keep in mind that routine hearing aid fittings using S-REM with no in-person patient contact for verification does not meet the current [Practice Standards for the Provision of Hearing Aid Services by Audiologists](#). Ensure that patients understand that this service deviates from generally accepted practice and obtain and document their informed consent to proceed. Also, document your rationale for deviating from the standard, which would include the degree of urgency and risk to the patient.

Ongoing support can be provided using virtual practice (i.e. telepractice). This may include remote programming, check-ins, counseling or aural rehabilitation.

Audiologists are expected to obtain and document informed consent for virtual care services and ensure that selected virtual care platforms are PHIPA compliant. See our [FAQs on Telepractice](#).

Question: What infection prevention and control measures should I take if I determine that I need to see a patient in the clinic?

Answer:

Many reliable sources are referenced in CASLPO's [General Standards for Infection Prevention and Control](#), which you are encouraged to review.

The College provides the following additional advice:

Screening

Prior to in-person appointments, screen patients for COVID-19 symptoms.

- The Ministry of Health provides this [guidance document for screening](#).
- Patients can access a [self-assessment tool from the Ministry of Health](#).

Staff should also be screened routinely.

Office Measures

The following measures are recommended:

1. Implement physical distancing at your office, which can include taking a case history and performing as much of the assessment as possible virtually to reduce the length of the visit and allowing only one patient in at a time.
2. During the in-person assessment, use the minimum amount of equipment needed.
3. Following the appointment, disinfect equipment and the office following standard procedures.
4. It is recommended that clothing worn at the appointment be removed prior to entering the main living area of your home.

Personal Protective Equipment

Consult with your managers and professional practice leaders and follow the measures and protocols that are in place and required for your particular practice and setting. Employers, like hospitals or larger clinics, may have established protocols or regional IPAC teams who can be consulted.

Public Health Ontario provides this [technical brief](#) with IPAC and PPE recommendations (pg. 5).

We advise you to refer to these resources:

- [Ministry of Health Guidance for the Health Sector](#)
- [Public Health Ontario](#)
- [Infection Prevention Control Canada](#) (ipac.ca)