



PANDEMIC PRACTICE ADVICE 10: SOUND BOOTH CLEANING

EFFECTIVE:	MAY 27, 2020
REVISED - EFFECTIVE	

Please consult the website regularly for potential revisions to these documents.

These Information sheets are intended to help audiologists and speech-language pathologists (SLPs) to provide in-person patient care during the COVID-19 pandemic.

The information sheets include three different types of information:

- 1) **Requirements** – Legislation, regulations and College standards
- 2) **Principles** – Information from various agencies
- 3) **Suggestions** – Ideas on how to proceed

REQUIREMENTS:

- Offices and clinical spaces must have standard and routine protocols in place for general infection prevention and control, including environmental cleaning and equipment cleaning and disinfection ([CASLPO General Standards for Infection Prevention and Control, see standard 3](#))

PRINCIPLES:

Specific to the sound booth, follow the guidance from Public Health Ontario:

- [Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care 3rd Edition](#) (**pg. 158**, Appendix 1, *Risk Stratification Matrix to Determine Frequency of Cleaning*)
- [Infection Prevention and Control for Clinical Office Practice](#) (**pg. 46-49**, Section on *Control of the Environment*)
- Consult with manufacturers and follow their sound booth cleaning recommendations

Cleaning of the Sound Booth should occur as part of routine safety measures taken in the clinical setting for infection prevention and control. All surfaces in the booth and equipment that touches the audiologist or patient should be wiped down with a disinfectant similar to cleaning used in treatment rooms. This includes wiping the surfaces and equipment in the audiologist test area of the booth as well.

The Risk Stratification for sound booths applies as follows ([Appendix 21, pg. 158](#))

1. **Walls (low touch surfaces):**
Sound booth walls are considered "light". Once-daily *health care cleaning* plus more often if soiled is recommended. Alcohol solutions are recommended to avoid damage to the booth finishes. When using alcohol, a concentration of 60-80% is recommended by PIDAC (2018).
2. **Door handles, light switches etc. (high touch surfaces):**
Sound booth handles and light switches are considered "moderate" and need a minimum of once-daily *health care cleaning* plus more often if soiled. If frequently touched, cleaning between each patient is recommended.
3. **Equipment with frequent patient contact, e.g., patient response button, bone conductor, headphones, chair and handles (high touch surfaces):**
Due to frequency of contact through touch, cleaning of these surfaces between each patient is recommended.

SUGGESTIONS:

1. Prior to having patients enter the clinic or sound booth, *patient screening* should be completed to prevent symptomatic patients from entering the clinic space. See pandemic practice advice on [Covid-19 Screening](#).
2. Patients should be provided with hand sanitizer or hand washing area and directions on proper hand washing protocol to reduce transmission through high touch surfaces.
3. *Patients should be requested to wear a mask, or be provided with a mask*, prior to the clinical appointment to reduce the likelihood of transmission through droplet emanation.
4. Patients should keep shoes on during the appointment or be provided with booties.
5. Avoid purchase of, or remove where possible, chairs in the booth or other furniture that has soft surfaces and are difficult to clean.
6. Booths are constructed with soft surfaces built-in to provide appropriate acoustics. If the patient and staff are masked and patients are appropriately screened, the risk for contamination of sound booth walls is low. Once daily cleaning is still recommended. Follow manufacturer recommendations for cleaning of the sound booth walls.
7. If carpets cannot be avoided, Public Health Ontario recommends daily vacuuming with a HEPA filtered vacuum cleaner (PIDAC, 2018 p. 110). Consider vacuuming at the end of the day to avoid spewing of dust. Use PPE while vacuuming if deemed necessary.
8. Have a rapid response in place for cleaning of bodily fluid spills, should they occur.
9. Leave the booth empty with the door closed for a period between patients to allow for a full cycle of air exchange within the booth. This assumes the booth is attached to the HVAC system of the building (preferred set-up). Consult with the specific booth manufacturer and refer to the following AAA reference for more information on air exchange in the sound booth [AAA Booth Safety Covid 19 and Beyond](#).

10. For clinics with multiple testing rooms, booths and clinicians, have a system of indicating when clinic spaces still need to be cleaned, such as door signs with dry-erase markers (see example below).
11. Consider having a cleaning schedule with staff assigned responsibilities.



12. Consider minimizing use of the sound booth to reduce exposure to contamination and to facilitate physical distancing. The use of sound booths can be minimized by:
 - (a) using booth only for audiometric procedures
 - (b) move counselling or other procedures into spaces that are more readily cleaned
 - (c) completing audiometry outside the booth by air conduction if background noise levels permit accurate and reliable testing
 - (d) the procedures needed by the patient do not require a sound field

Suggestions (c) and (d) may be more useful for repeat audiometry, where the purpose is to confirm if hearing has changed and earphones (e.g., insert) with increased sound attenuation properties are used.

We cannot predict the consequences of the return to work, consequently further guidance may be added or changed. Also, as a self-regulated professional you must always use your professional judgement. The College's [Practice Advice team](#) is here to discuss issues with you.