

ONLINE FEATURE | Re-Opening in a Post-COVID World

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This is an unprecedented time, but with preparation and attention to detail, we can continue to safely care for our patients, our profession, and ourselves.



Re-opening your audiology practice after the COVID-19 pandemic can be both exciting and stressful for you and your patients. Being able to offer audiological services in a safe manner will be a step in the right direction to achieving our “new normal,” will reinstate some form of revenue for your practice, and most importantly, will bring much-needed service back to your patients who rely on their hearing to stay in touch with their family and friends, now more than ever.

Keep up to date with frequent reviews of the Centers for Disease Control and Prevention (CDC) website and keep a close eye on your professional associations. Recommendations and information are updating faster than it can be published (Cavitt, 2020; Kornak, 2020). Review the following steps and fine-tune them for your situation to stay calm and confident as you step back into your practice.

Before Opening Your Practice

- *Allow your patients to know what you have prepared to keep them as safe as possible.*

This knowledge will help them feel more comfortable and keep their appointment. Post this on your website and e-newsletters. Ask your front staff to relay this information when scheduling and confirming appointments.

- *Be prepared with at least one facemask per staff member per day and enough gloves to have a new set for each patient.*

Consider using facemasks with clear portions to allow your patients who are deaf and hard-of-hearing to use speechreading cues during your appointment.

- *Prepare your staff with your new schedule and routines.*

Give your staff advance notice for any changes to your schedule, routines, or protocols. Knowledge will allow them to feel safer and open the door to ask questions or offer suggestions.

- *Prepare your waiting area to ensure safe social distancing.*

Keep chairs at least 6 feet apart. Have only a few chairs available to discourage lingering. Mark 6 feet increments anywhere that a line may form, such as check in and check out. Supply hand sanitizer and/or a sink with soap for patients to wash their hands.

Post information on teleaudiology services and related technology so patients can familiarize themselves with it while they wait.

Before Appointments

- *Reduce your case load to allow for thorough cleaning between patients.*

Resist the urge to fill your schedules with the same volume as before the pandemic. You will need extra time to thoroughly clean between each and every patient, and this will be more stressful if you have a waiting room full of patients who must stay 6 feet away from each other (Cavitt, 2020).

Consider bringing half of your staff at first, with two booths or work areas prepared in case there is a backup of patients. You can move a patient into your second workspace to get them out of the waiting room while you clean the first area.

Your workspaces should be prepared ahead of time by removing as many surfaces as possible. Follow your clinic's cleaning protocol from before the pandemic, knowing that current hospital-grade cleaning processes and supplies are adequate. Remember that COVID can live on metal surfaces for 8-12 hours and porous surfaces for a few hours, so allowing time for your cleaning protocol between patients is critical (Chandrasekhar, 2020).

- *Pre-screen your patients over the phone the day before their appointment.*

The screening must include, at minimum (Chandrasekhar, 2020):

- "Have you lost your sense of taste/smell, even if only temporarily?"
- "Do you have a fever at or above 100.4°?"
- "Have you been exposed to anyone who has or may have COVID-19?"

If the answer is yes to any of these questions, the patient should be referred to their primary care

provider, and the appointment should be cancelled.

Use this time to remind the patient of your policy on bringing others to the appointment. Allow only one family member into the appointment, including the waiting room, and only if the patient is underage or requires a guardian.

Ask them to arrive on time, but not early, to reduce the likelihood of groups forming in the waiting area. Remind patients of teleaudiology options to consider now and in the future.

On the Day of Appointments

- *Screen patients for COVID symptoms before coming into the office.*

Ask the same questions as the pre-screen, take temperatures, and provide face masks. Be prepared with a referral plan if anyone does not pass this screening.

- *Do not allow unnecessary people, including clinicians, students, and non-essential family members into the workspace.*

Only allow one necessary family member into the appointment if the patient is underage or requires a guardian. Do case history, give instructions, etc. with at least 6 feet between the clinician and patient as much as possible.

This might mean having conversations with the clinician in the hallway, on the control side of the booth, or talking over headphones. All parties, even young children, should wear masks during this and all portions of the appointment.

If a child can do conditioned play audiometry, he or she can wear a mask. It should be noted that with masks, interaction within 3 feet is considered safe by the CDC if both parties are not known COVID positive (CDC, 2020).

- *The clinician should be prepared to have a mask, gloves, and eyewear on at all times.*

Between each patient, the clinician must discard their gloves, thoroughly wash his/her hands, and replace gloves. The clinician should wear some type of eye covering, even if this is typical glasses.

If available, the clinician should wear scrubs that he/she changes into at work and out of before leaving. Gowns are not necessary (Chandrasekhar, 2020). If scrubs are not available, the clinician should bring extra clothes in a bag to change into at work and out of before he/she leaves.

After Leaving the Practice

- *Shoes should be removed before the clinician enters his/her house.*

COVID can live on shoes for several hours (Chandrasekhar, 2020). Operating room booties are not necessary. The clinician should shower immediately once he/she arrives home from work.

- *Continue teleaudiology and distance services.*

You want to keep in-person contact at a minimum while still serving your patients. Consider curbside drop off and pickup for hearing aid, implant, and accessory cleanings and repairs.

Become comfortable with remote hearing aid programming via software that is built into many hearing aids already. Prepare videos and e-references for patients to consult from home to troubleshoot their devices with

your guidance over a teleaudiology platform.

- *Share your successes and challenges with your colleagues.*

There are many creative and business plans evolving through this worldwide pandemic (Kornak, 2020), and we should aim to work together for the good of our patients. Now more than ever, we can be stronger together.

Conclusion

This is an unprecedented time, but with preparation and attention to detail, we can continue to safely care for our patients, our profession, and ourselves.

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References and Resources

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Topic: [COVID-19](#), [Practice Management](#), [best-practice standards](#), [infection control](#), [business](#)

