



Last updated July 1, 2021

COVID-19 Policies and Procedures, The Hearing Loss Clinic

In accordance with public health advice, COVID-19 spread can be minimized through a combination of overlapping strategies working in concert to minimize and control hazards/risks. Policies and procedures will be listed under each of the six strategies for ease of reference.

Minimize the Risk of Contact

- 1) Clinicians must defer services for clients who have symptoms or who have been confirmed as having COVID-19. Services can resume once the minimum requirements for self-isolation have been met.
- 2) Continue to offer virtual assistance and curbside pick-up/drop-off when appropriate.
- 3) Continue to pre-screen clients on the phone prior to their appointment.
- 4) In addition to the pre-screening, all clients who come into the office (regardless of the results of their pre-screening questionnaire) must also complete the Point of Care Risk Assessment (Appendix A). Please verbally ask clients these questions and record the results in Blueprint – they do not need to physically fill out the form.

Social/Physical Distancing

- 1) Every effort must be made to maintain 2m of separation between all people in the clinic - this includes staff members, clients, and family members:
 - a. Space waiting room chairs 2m apart when possible.
 - b. Place client chairs in treatment rooms 2m away from clinician when possible.
 - c. Use signage to clearly show clients and staff the distancing rules.
 - d. Follow the Personal Protective Equipment (PPE) guidelines when distancing is not possible (see section on PPE).
 - e. Staff will continue to wear medical masks while in the clinic, even when the mask mandate is lifted, in order to protect the safety and comfort of our clients. Clients will be encouraged, although not required, to wear masks when the mandate is lifted.

Handwashing, Personal Cleanliness/Sanitization, Personal Hygiene and Respiratory Etiquette

- 1) All staff must be washing their hands regularly (for 20 seconds with soap and water) and often throughout the day. Hands should be washed before starting and leaving work, before and after providing any services to a client, before and after donning and doffing PPE, after handling equipment or waste, after performing cleaning, after using the toilet, after blowing your nose, sneezing or coughing, after eating, drinking, or smoking and after handling money.
- 2) Display hand-washing signs at every sink.
- 3) Glove use alone is not a substitute for hand hygiene. Hands must be cleaned before and after using gloves.
- 4) Use gloves for any client contact where transmission of bodily fluids is possible.
- 5) Ask clients to use hand sanitizer upon entering and exiting the clinic.
- 6) Staff should make every effort to ensure respiratory etiquette. It is imperative to shield coughs and sneezes to prevent the spread of droplets. Cough or sneeze into a tissue, immediately dispose of the tissue, and then wash your hands immediately. If this isn't possible, be sure to cough or sneeze into your elbow. Clients should be encouraged to follow respiratory etiquette.
- 7) It is important to avoid touching your eyes, nose and mouth, particularly when conducting client care or when with clients.

Cleaning and Disinfecting Surfaces and Contact Areas

Cleaning refers to the removal of visible soil. Cleaning does not kill germs but is highly effective at removing them from a surface. Disinfecting refers to using a chemical (Lysol) to kill germs on a surface. Disinfecting is only effective after surfaces have been cleaned. Cleaning and disinfecting are two steps; surfaces and contact areas should be cleaned first, then disinfected.

- 1) Clean and disinfect common areas regularly and clinician office surfaces and contact areas after each client visit. Surfaces that must be disinfected include, but are not limited to:
 - a. Desks
 - b. Keyboards/mice/monitors
 - c. Worktables/workstations
 - d. Countertops
 - e. Shelves
 - f. Printers/photocopiers
 - g. Doorknobs/handles
 - h. Pens (and other shared objects)
 - i. Light switches
 - j. Chairs – including armrests, backs and seats
 - k. Sinks (including faucets), toilets (including flush handle), towel bars
 - l. Railings
 - m. Cash machines/pin pads
 - n. Oscopes/Otolights/Impression Syringes
 - o. Response button
 - p. Verifit
 - q. Headphones
- 2) HLC will be using Lysol, as it is an approved disinfectant according to Health Canada. Wear gloves when disinfecting surfaces.

Cleaning and Disinfecting Equipment

- 1) Wash hands prior to touching any equipment.
- 2) Follow existing cleaning and disinfecting procedures for all reusable items.

Personal Protective Equipment (PPE)

- 1) Any staff who is involved in direct or non-direct client care, and who is unable to maintain the required 2m physical distancing, must wear a disposable surgical/procedural mask.
- 2) Use gloves for all client contact where bodily fluids may be transmitted.
- 3) Gloves are to be worn for single tasks only. Once the task is completed, the gloves are considered to be contaminated, and must be disposed of.
- 4) Hands **MUST** be washed prior to putting gloves on and immediately upon removal of gloves.
- 5) All staff must follow correct donning and doffing guidelines. Gloves must be removed first, then hands must be washed immediately, then the mask can be removed, and hands must be washed again immediately. Please refer to these AHS posters for the correct way to don and doff all PPE:
 - a. Donning PPE: <https://www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ipc-donning-ppe-poster.pdf>
 - b. Doffing PPE: <https://www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ipc-doffing-ppe-poster.pdf>

Additional Requirements:

- 1) Post information on the following topics at entrances, in public/shared washrooms, and in treatment areas:
 - a. Physical distancing
 - b. Hand hygiene (hand washing and hand sanitizer use)
 - c. How to help limit the spread of infection
- 2) Post information on donning and doffing technique in lab areas where all staff can see (see links to posters in PPE section).
- 3) Staff must stay home if they are exhibiting any symptoms, even if they are mild, or if they meet the criteria for self isolation due to travel or close contact.
- 4) Document the names and contact information in Blueprint of any non-client who comes into the clinic, as well as continuing to document drop-in clients and regularly scheduled appointments. This includes caregivers, support workers etc. who may accompany a client to an appointment.
- 1) If a staff member, client, or non-client who has entered the clinic is confirmed to have COVID-19, and it is determined that other people may have been exposed to that person, AHS will be in contact with the workplace to provide the necessary public health guidance. Records/contact lists will be requested for contact tracing and may be sought for up to two days prior to the individual becoming symptomatic.