

# **FOR YOUR PROTECTION**

## **Standard for Infection Control in Hearing Aid Dispensing Clinics**

### **Background**

Professionals working with clients and hearing aids are involved in procedures that expose them to body fluids and consequently to infectious agents (3). The average dispenser sees several clients per day, and uses multiple pieces of equipment. Professionals and clients are considered possible carriers for infection or are at risk of becoming infected. Organisms and infection can be transmitted several ways. Contact transmission is the most common in dispensing settings, and includes direct contact, indirect contact and droplet contact.

The normal ear canal contains many organisms and is more prone to bacterial infections than any other part of the body (5). These organisms can cause opportunistic infection in immune compromised clients (1) (2).

All body fluids are considered as possibly infectious. Body fluids include blood, drainage from scrapes and cuts, feces, urine, vomit, nasal discharge and saliva. Cerumen is not considered infectious unless contaminated with blood or mucous. However, the colour and viscosity make it difficult to see dried blood or drainage. Therefore, cerumen is treated as an infectious substance (2).

Hearing aid surfaces have been found to have light to moderate amounts of different bacteria and fungi (4). Each individual hearing aid had a unique array of bacteria creating an ideal opportunity for cross-contamination. Although cerumen has antibacterial properties, these are less effective in hearing aid users, since the warm, moist environment raises the pH of the ear canal and provides an ideal environment for bacterial growth (5).

# Standard for Infection Control in Hearing Aid Dispensing Clinics

## Standard

It is the responsibility of hearing professionals to conduct their business in a manner to reduce or eliminate opportunities for direct or indirect transmission of microorganisms from person to person. The consistent use of Universal Precautions, gloves, masks, single-use items, and proper cleaning, disinfection and sterilization of equipment and surfaces decreases risk significantly. Current best practice dictates the following procedures:

Hands are cleaned between clients, using either an antimicrobial soap or an alcohol-based hand rub. Hands are also cleaned after contact with contaminated objects, after using a restroom, and before eating.

Gloves are used when handling items contaminated with blood or moisture.

Objects, instruments and surfaces in the clinic, which are not visibly contaminated with bodily fluids, are cleaned and disinfected before re-use. Hospital grade disinfectants should be used, and applied through a wipe, a spray or a soak.

Objects, instruments and surfaces that are potentially contaminated with bodily fluids and objects that are capable of breaking the skin, are cleaned and sterilized before re-use.

Single use or disposable items are used as recommended by the manufacturer or supplier.

Safety glasses and disposable masks are used when the dispenser or client is at risk of airborne contamination.

Products for cleaning, disinfecting and sterilizing are utilized according to manufacturer's specifications, and monitored for effectiveness.

## REFERENCES

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