COVID-19: SIDELINING OF D/DEAF STAFF

Covid-19: lack of guidance on PPE for hearing impaired doctors

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Given the likely ongoing need for personal protective equipment (PPE) in healthcare settings, I question whether facemasks alone are satisfactory in the long term. Alternatives, such as visor-like facial coverings, could provide better communication in low risk settings for all, none more so than healthcare workers and patients with impaired hearing who rely on lip reading.1 Masks, with their ear loops, are not ideal for hearing aid wearers. Visors are sturdier, attach around the head, and allow lip reading. They are less claustrophobic for all users and more appealing to patients who rely on non-verbal cues, as the authors of this article allude to.2 Yet because they lack a good facial seal peripherally, face shields cannot be used as primary protection for preventing respiratory disease transmission.3 Innovation is needed.

As we adjust to living with covid-19, the ongoing need for facial protection is likely to shift from high volume, cheap, and disposable coverings to a need for fewer but reusable and recyclable items, similar to theatre scrubs and clogs. Cost effectiveness and sustainability require more than shoddy and cheap.

Not just the communication needs of hearing impaired doctors are being forgotten, but also specific policy regarding the use of PPE with assisted hearing devices. Nowhere in any guideline have I found information on how to wear or use PPE with hearing aids—in my case, the need to remove my aids to use my stethoscope, while gowned and gloved up. I am anxious and concerned about returning to the wards with no guidance on how to keep patients and myself as safe as possible.

If we can provide advice on PPE use for 36 different styles of facial hair,3 I ask Public Health England and the US Centers for Disease Control and Prevention why there has not yet been any advice on how best to use PPE with assisted hearing technology. It is time to break that silence.4

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