

TA 538-0520

## Army Hearing Program Best Practices for each Health Protection Condition During the COVID-19 Response

Department of Defense Instruction (DoDI) 6200.03 (Public Health Emergency Management (PHEM) Within the DOD, dated 28 March 2019), defines Health Protection Conditions (HPCONs) providing a framework to approach disease outbreaks, given the severity of disease and level of disease transmission in a local community. The Army Hearing Program (AHP) Best Practices are guidelines to follow at each HPCON level to provide uniformity and consistency for AHP operations across the enterprise.

The AHP Best Practices outline specific actions AHPs can take in response to a health threat. Regardless of the current HPCON level, always follow Commander guidance, as well as guidance from the local military treatment facility (MTF), installation, and local public health agencies. The AHP Best Practices are offered as a guide to treat patients while protecting the health and safety of health care providers, Families, and communities.

More detailed information on HPCONs and how they are determined is available on page 7.

### Contact the Army Hearing Program:

Call: 410-436-3797

Visit: <https://phc.amedd.army.mil/organization/cphe/Pages/HearingDivision.aspx>

Email: [usarmy.apg.medcom-aphc.mbx.army-hearing-program@mail.mil](mailto:usarmy.apg.medcom-aphc.mbx.army-hearing-program@mail.mil)



#### For current COVID-19 information:

<https://phc.amedd.army.mil/covid19>  
<https://www.coronavirus.gov/>

#### The Military Health System Nurse Advice Line is available 24/7:

Call 1-800-874-2273 option #1  
or visit <https://www.health.mil/1-Am-A/Media/Media-Center/NAL-Day-at-a-glance>

For more information, contact your installation's Department of Public Health.



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Army Public Health

#### The Army COVID-19 Information Hotline:

1-800-984-8523

Overseas DSN 312-421-3700

Stateside DSN 421-3700

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# ROUTINE

No community transmission

No health risks are present, other than diseases endemic to the local area.

## Follow AHP Best Practice Guidelines:

- Offer all AHP surveillance and diagnostic testing.
- Ensure AHP has sufficient supply of hand sanitizers, disinfecting wipes, tissues, and so forth.
- Wash (at least 20 seconds with soap and water) or sanitize hands before and after each patient. Avoid touching eyes, nose, and mouth.
- Cover cough/sneeze with a tissue, then throw it in the trash; cough/sneeze into elbow if tissues are unavailable.
- Ensure all provider immunizations are up to date, including seasonal flu shot.
- Stay home if sick, and avoid close contact with family members and pets.
- Follow established local infection control and staff health status standing operating procedures (SOPs).
- Continue standard disposition of medical waste, including disposal of poorly fit earplugs.
- Plan for operations during more restrictive HPCONs (supplies, schedule, clinic hours, staffing, physical up, etc.) to accommodate social distance requirements and appointment demands.

# ALPHA LIMITED

Community transmission beginning

There is awareness of a novel disease of possible concern, disease has the potential to move rapidly into and through the local area, and/or community transmission is beginning, but remains focal and sporadic.

## Continue all previous AHP Best Practice Guidelines and:

- Offer all AHP surveillance and diagnostic testing with enforcement of guidance below.
- Prepare to modify clinic hours to accommodate current demand or future surge during transition from HPCON 0 to Alpha, or Bravo to Alpha while following social distance guidelines.
- Enforce recommended social distancing guidelines for patient flow, waiting rooms, hallways, and inside multi-station booths for patients and providers. Post signs to remind patients of social distancing guidelines.
- Enforce a no cell phone and/or electronics use policy inside clinics for patients. Electronic devices may be used for completing web-based intake forms.
- Expand teleaudiology as much as possible (e.g., readiness hearing aid fittings, tinnitus referrals and classes, AHP training and education).
- Ensure patients wash or sanitize hands before and after the clinical encounter, including before and after appointment check in.
- Ensure maximum ventilation and patient dividers (as needed). Service members should face walls, as appropriate and able.
- Follow local infection control SOPs, Centers for Disease Control and Prevention (CDC) guidelines, and manufacturer instructions for use for disinfecting hand switches (if not using disposable sandwich bags as covers), cords, headphones (if not using disposable earcup covers), chairs, physical barriers, door handles, tablets, surfaces, intake instruments, and supplies, using products effective against COVID-19 after each patient use.
- Continue in-person training and education opportunities (e.g., Hearing Program Officer, Unit Hearing Health Education, Hearing Technician courses) while adhering to social distancing guidelines. Attendance is predicated upon space availability and the ability to adhere to social distancing guidelines.
- Develop patient information for appointment delays when moving from HPCON A to HPCON B and/or resumption scheduling when moving from HPCON B to HPCON A.
- Avoid unnecessary contact with patients, such as shaking hands and hugging.

# BRAVO MODERATE

Increased Community transmission

**An enhanced threat is defined by increased community transmission, to include increased risk of exposure or imminent spread of disease in the local area.**

**Continue all previous AHP Best Practice Guidelines and:**

- Consider reducing routine AHP activities (e.g., Fitness for Duty (FFD) testing, hearing aid evaluations, FitChecks, vestibular, in-processing and elective earmold impressions).
- Offer follow-up testing with baseline reset and profile determination.
- Offer diagnostic hearing testing for imminent deployment (e.g., Contingency Reaction Force, Quick Reaction Force, Global Response Force) and certain patients (e.g., those with sudden hearing loss or trauma; Hearing Readiness Classification (HRC) 3A or B; pre/post deployment with auditory injury complaints or HRC 4 identified during mobilization/demobilization for Component 2 (National Guard)/3 (Army Reserve); Fitness For Duty for aviation flight status and as required by other specialties; special schools, accessions, boards; new employee baseline; separation; among others).
- Defer high risk procedures that increase risk of infection via coughing or emesis (e.g., earmold impressions, cerumen management, vestibular evaluations) unless required for readiness. Ensure providers and patients wear masks. Implement vestibular screening to identify acute vestibular dysfunction.
- Postpone or reduce routine annual hearing medical readiness testing IAW local public health and CDC guidelines to accommodate social distancing recommendations unless a Service member is scheduled for imminent deployment (FRAGO 24 to HQDA EXORD 144-20 Army Wide Preparedness and Response to Coronavirus (COVID-19) Outbreak).
- Limit otoscopy to documented or subjectively reported hearing changes.
- Ensure all patients report to existing MTF/clinic triage before reporting for AHP appointments.
- Ensure providers wear approved personal protective equipment. Ensure patients wear approved face coverings and maintain proper earcup seals.
- Ensure providers avoid entering occupied multi-station booths unless absolutely required.
- Wear scrubs or a separate uniform and change clothes at work (launder separately).
- Maximize teleaudiology (e.g., Progressive Tinnitus Management, remote hearing aid evaluations) and distance learning for patient education and training (e.g., Hearing Program Officer and Hearing Technician Courses, unit hearing health education).
- Offer limited AHP activities (e.g., unit range inspections), which comply with social distancing guidelines.
- Prepare to modify clinic hours to accommodate future demands during transition from HPCON Bravo to Charlie, or Bravo to Alpha, IAW social distancing guidelines.
- Disseminate appointment delay or resumption scheduling information.

# CHARLIE SUBSTANTIAL

Sustained Community transmission

**This high threat is due to sustained community transmission of a high-morbidity disease and continued disease spread in the local area.**

**Continue all previous AHP Best Practice Guidelines and:**

- Suspend all routine AHP activities (e.g., FFD testing, hearing aid evaluations, FitChecks, vestibular, in-processing and elective earmold impressions) unless the Service member is scheduled for imminent deployment.
- Prepare to make changes to work practices such as teleworking or modifying clinic hours to accommodate demand for required, acute, or urgent appointments.
- Consider creative socially distant patient care and AHP activities (e.g., mail-in or drive-through hearing aid repair, virtual Progressive Tinnitus Management classes, remote hearing aid adjustments and follow-up appointments, conduct patient histories telephonically).
- Maximize teleaudiology (e.g., Progressive Tinnitus Management, remote hearing aid evaluations) and distance learning for patient education and training (e.g., Hearing Program Officer and Hearing Technician Courses, unit hearing health education).
- Prepare to modify services and/or clinic hours to accommodate demand or future surge during transition from HPCON Charlie to Bravo to permit social distancing as local conditions allow.

# DELTA

# SEVERE

## Widespread Community transmission

**This very high threat is characterized by wide-spread community transmission of a high-mortality disease and continued disease spread in the local area.**

**Continue taking all previous actions and:**

- Continue suspension outlined in HPCON Charlie.
- Expect to telework for extended periods of time as movement in the community may be restricted and patients may be directed to stay at home.
- Follow all directives and guidance from the Command, local, state and Federal authorities; public health actions are intended to protect the health and safety of Service members, Family members, providers, and patients.

## Additional Information on HPCONs

HPCON changes typically occur at the local level in response to prompts that may impact a defined locality such as an installation, surrounding community, or region. However, the DOD and Military Departments are also inter-connected functional communities based on shared mission requirements. Changes to the HPCON may be directed by the Secretary of Defense or the Secretaries of the Military Departments to be applicable DOD or Military Department-wide.

Installation and MTF Commanders or Directors employ the HPCON framework to identify appropriate responses to a public health emergency or incident of public health concern based on the scope and severity of the situation. Providing suggested actions for standardized (yet scalable and flexible) actions within HPCON designations ensures a measured response.

HPCONs may be synchronized with the installation Force Protection Condition (FPCON). This synchronization may address installation access, appropriate Force Health Protection (FHP) measures, and limitation of non-critical activities. The HPCON is to be coordinated with the surrounding local communities to ensure consistent messaging and unity of effort.

Any determination to elevate or lower the HPCON will be made by the Installation Commander in consultation with the Public Health Emergency Officer (PHEO), MTF Commander or Director, unless authority has been withdrawn to a higher level.

This framework may be updated during the response to the COVID-19 public health emergency, to include considerations for lowering the current HPCON designation, as new information or guidance becomes available. Actions may be discontinued at the termination of the public health emergency, unless renewed by the Installation Commander for a specified period of time.

Please refer to the Memorandum, Office of the Under Secretary of Defense for Personnel and Readiness, dated 25 February 2020, Subject: Force Health Protection Guidance (Supplement 2) Department of Defense Guidance for Military Installation Commanders' Risk Based Measured Responses to the Novel Coronavirus Outbreak, for additional information.