



DEPARTMENT OF
**Communication Sciences
and Disorders**
UNIVERSITY OF WISCONSIN-MADISON

UWSHC Handbook Audiology

2020-2021

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Welcome

Welcome to graduate school! We are pleased that you have decided on a career as an audiologist. The next four years will be challenging and exciting as you gain the knowledge, skills, and independence to attain that career. Your first few clinical experiences will take place here in the UW Speech and Hearing Clinic (UWSHC). You will work closely with the clinical professors in gaining clinical competence. The clinical professors have a wealth of knowledge and experience and will be your mentors throughout the experience. There is so much to learn, and at times it may seem overwhelming. This manual is to help guide your work in the UWSHC and has many of the answers related to policy and procedure in the clinical setting. Remember to check here if you have a question. It is likely you will have questions that are not addressed in these pages, so check with your clinical professor, Au.D. clinic coordinator, clinic office manager, or the director of clinical education if you need an answer. Also, your Au.D. Student Handbook, located on the department's website, (<https://csd.wisc.edu/au-d.htm>), has information that has not been replicated here. You are responsible for the content in that handbook, and the answer may be there as well.

Training Mission

The mission of the UW-Madison Department of Communication Sciences and Disorders clinical training program is to provide the highest quality clinical training for students, instill the highest standards of professional ethics, and inspire a need for life-long learning, to best serve those who seek clinical services. This mission guides our services within the UWSHC.

Clinic Directory

	Email	Room	Work Number
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Jon Douglas	jon.douglas@wisc.edu	374	(608) 318-3493
Amy Hartman	amy.hartman@wisc.edu	373	(608) 262-6481
Amy Kroll	amy.kroll@wisc.edu	331	(608) 890-0992
Rachel Lee	rachel.lee@wisc.edu	338	(608) 262-6467
Speech-Language			
Kathryn Basco	kbasco@wisc.edu	342	(609) 890-3077
Kimberly Caul	caul@wisc.edu	326	(608) 262-1382
Elizabeth Delsandro	delsandro@wisc.edu	341	(608) 262-6474
Alyson Eith	alyson.eith@wisc.edu	366	(608) 262-6479
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Elizabeth Schnell	elizabeth.schnell@wisc.edu	TBD	TBD
Courtney Seidel	courtney.seidel@wisc.edu	471	(608) 265-4809
Administrative Support Staff			
Michael Block – IT Specialist and Building Manager	michael.block@wisc.edu	310	(608) 262-2718
Sherie Felicijan - Clinic Office Manager	sheryl.felicijan@wisc.edu	110	(608) 262-3951
Rhonda Jacobs – Program Assistant	rhonda.jacobs@wisc.edu	306	(608) 265-3101
Tim McCarty – Department Admin., HR	timothy.mccarty@wisc.edu	305	(608) 262-6462
Michele Myers – Financial Specialist	mmyers5@wisc.edu	302	(608) 262-6465
Amanda Talbert – Graduate Coordinator	atalbert@wisc.edu	318	(608) 262-6464

Clinic Space: Where's What in the UWSHC

At the fall orientation, you received a handout, Goodnight Hall Room Locations and Functions (see Appendix A). It is helpful to take time to check out the resource rooms to know what is available to you, especially as you begin to plan for your clinic sessions.

Clinical Clerkship Guidelines

Clinical clerkships in the Department of Communication Sciences and Disorders vary as to the age of the patients who are served, the types of communication delays, disorders, or differences the patients manifest, and the physical location of the school, medical facility, agency, or institution in which the experience is provided. Clerkship experiences vary among half-day, full-day, and several days a week.

The UWSHC is staffed entirely by clinical professors with appointments in the Department of Communication Sciences and Disorders. Some clerkships are with non-University facilities that invite student participation. These programs utilize their professional staff. Other programs are jointly funded and staffed by the University and cooperating organizations.

All clinical programs affiliated with the Department of Communication Sciences and Disorders have agreed to provide supervision according to the membership and certification guidelines for audiology or speech-language pathology (<http://www.asha.org/certification/>) and to subscribe to the [Code of Ethics](#) of the American Speech-Language-Hearing Association (ASHA).

Changes in the University and cooperating programs are natural occurrences of program development, staff turnover, and variation in the demand for services by patients. Consequently, the availability of clerkship sites varies. Clerkship sites can be both active and inactive sites on a semester basis. In addition, new sites are developed regularly.

Patient Rights and Responsibilities

The UWSHC supports the equitable treatment of all patients. No individual shall be discriminated against based upon race or ethnicity, religion, age, gender, disability, or sexual orientation. The UWSHC uses multiple measures in assessment following recognized standards of ethical practice and relevant federal and state regulations. Treatment is planned with family, caregiver, and patient preferences in mind following an evidence-based practice approach.

Each patient is sent the *UWSHC Patient/Patient Rights and Responsibilities* handout before the initiation of services. This information is also posted in the clinic and contains the following:

<p>You have the RIGHT to:</p> <ul style="list-style-type: none"> • be treated with dignity, consideration, and respect without regard to your race, religion, national origin, age, sex, sexual orientation, or ability, or any other characteristic; • privacy and confidentiality; • receive high quality, humane treatment that respects your opinions and beliefs; 	<p>You have the RESPONSIBILITY to:</p> <ul style="list-style-type: none"> • treat UWSHC professional and support staff, trainees, and other patient/patients with respect and consideration; • keep your UWSHC appointments or cancel as far ahead as possible as repeated cancellations or missed appointments may result in dismissal from services;
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<ul style="list-style-type: none"> • know the name, title, and professional qualifications of the person (s) providing your care; • refuse observations by persons in a learning situation; • receive assistance and /or accommodation if you have a disability or need an interpreter; • be part of treatment decisions; • receive information regarding your condition, communication disorder and recommended treatment that is complete, to the degree known, and presented in a way that is understandable to you; • voice complaints or suggestions regarding the services you receive; • refuse to participate in research studies (if applicable); • receive information about your fees for service; • request information about UWSHC Policies & Procedures; • receive services from professionals practicing standard infection control methods; and • receive copies of and examine your clinical and billing records. 	<ul style="list-style-type: none"> • provide complete and accurate information about your health and communication status and history; • tell your provider if there are changes in your health or communication status; • ask questions if you do not understand your assessment or treatment plan; • be part of your treatment decisions; • tell your provider if you are unable or unwilling to follow a recommended treatment plan; • express your concerns and suggestions about your care; and • promptly pay any UWSHC fees.
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The initial patient correspondence also includes an accommodations statement:

The UWSHC will make every effort to honor requests for reasonable accommodations made by individuals with disabilities. Requests can be responded to more effectively if received as far in advance of the appointment as possible, preferably at least a week. Direct accommodation requests to Sherie Felicijan (608) 262-3951.

Patient Confidentiality Guidelines

This section describes how the UWSHC may maintain, use, and disclose confidential patient information and patient healthcare records. All employees, trainees, and students who have access to confidential patient information and/or patient healthcare records must familiarize themselves with and follow these guidelines (Last revised and reviewed by the UW-Madison Office of Legal Affairs, 2/7/2014).

A. DEFINITIONS

Patient healthcare records: Any recorded information, regardless of form (documents, photographs, audio/video recordings, etc.), prepared by employees, trainees, or students for purposes of treatment or billing that contains confidential patient information.

Confidential patient information: Medical or payment data that identifies or can be used to identify an individual patient. Identifiers include patient's name, name of any of patient's relatives, name of patient's

employer, social security number, birth date, age if over eight-nine years' old, medical record number, insurance account numbers, geographic location more specific than a state, phone numbers, fax numbers, email addresses, treatment dates, vehicle identifiers, device numbers, biometric information, photographs, and voices or images on tapes or electronic media. Confidential patient information includes spoken, written, and electronic information.

Patient's authorized representative: A patient's authorized representative is a person with authority under state law to act on behalf of the patient. Examples include a court-appointed guardian of the person, a person holding a valid and activated power of attorney for healthcare, and the parent of a minor. A parent who has been denied physical placement or legal custody of a child may not have a right to access his/her child's confidential patient information and patient healthcare records. Please contact the UW-Madison Office of Legal Affairs at (608) 263-7400 if you have questions about whether an individual constitutes an authorized representative.

B. PROTECT CONFIDENTIAL PATIENT INFORMATION

Take the following commonsense steps to prevent others in the clinic from seeing or overhearing confidential patient information, unless accessing that information is necessary to complete patient care, administrative functions, or assigned educational activities.

- If you see a patient healthcare record in public view where patients or others can see it, cover the file, turn it over, or find another way to protect it.
- If you talk about patients as part of your job, try to prevent others from overhearing the conversation. Whenever possible, hold discussions about patients in private areas.
- When patient healthcare records are not in use, store them in offices, on shelves, or in filing cabinets. Lock these areas when possible, especially after business hours.
- Remove documents that contain confidential patient information from fax machines, copiers, and printers as soon as you can.
- When you throw away documents that contain confidential patient information, put the documents in confidential bins for shredding.
- Allow patients to make reasonable requests for alternative means of communication. For example, a patient may ask a receptionist to contact the patient at work rather than leave a message on the patient's home voicemail.
- Do not leave detailed information about patient's medical condition or healthcare on an answering machine or in a voicemail. State only that the patient should return a call to the clinic.
- Discourage patients from communicating with the clinic by email.
- Do not remove patient healthcare records (or copies of patient healthcare records) from the clinic.
- Do not save confidential patient information to portable zip drives, or any other portable media.
- Students are only permitted to create/edit documents containing confidential patient information on computers in the clinic or in the computer technology lab. Those documents may be saved to the student server.

C. USE OR DISCLOSE ONLY THE MINIMUM NECESSARY INFORMATION

Use or disclosure of confidential patient information to Clinic employees, trainees, and students is permitted as necessary to carry out patient care, administrative functions, and assigned educational activities. Use or disclosure of confidential patient information outside of the clinic is permissible under

certain circumstances, which are described later in this handout. When using or disclosing confidential patient information, use or disclose only the minimum information necessary to accomplish the task for which the information is being disclosed.

Example:

A receptionist is asked to schedule an appointment for a patient, and the receptionist recognizes that the patient is a neighbor.

The receptionist may open the patient's medical record and write the appointment time inside. The receptionist should not read the patient's medical history because it is not necessary to record the appointment time.

D. DISCLOSURES THAT DO NOT REQUIRE PATIENT CONSENT

Wisconsin law permits and sometimes requires, the disclosure of confidential patient information. Listed below are the most common scenarios in which confidential patient information may be disclosed without patient consent. Before disclosing confidential patient information outside of the clinic (without written patient consent) in other circumstances, please contact the UW-Madison Office of Legal Affairs at (608) 263-7400.

1. Disclosure amongst Clinic employees, trainees, and students for the purposes listed below. When using or disclosing confidential patient information for reasons other than patient care, use or disclosure only the minimum necessary information.
 - Patient care
 - Clinic operations, including scheduling, billing, and business planning
 - Record keeping
 - Development of Clinic guidelines
 - Evaluation of patient outcomes for clinical (not research) purposes
 - Evaluation of employees, trainees, and students
 - Assigned educational and training activities
2. Disclosure to governmental or accreditation bodies carrying out legally-authorized audits or program monitoring. (A private pay patient may deny access to governmental bodies by annually submitting to the clinic a signed form denying access, which is obtainable from the WI Department of Health Services.)
3. Disclosure pursuant to a lawful order from a court of record. A subpoena for medical records, unaccompanied by written consent from the patient/patient's authorized representative or an order signed by a judge, does not meet this standard. Such subpoenas should be referred to the UW-Madison Office of Legal Affairs.
4. If the patient/patient's authorized representative is incapacitated, a limited amount of confidential patient information (not patient healthcare records) may be released to help ameliorate the emergency if, in a licensed staff member's professional judgment, release is in the best interest of the patient.

Example: A patient suffers a heart attack during an appointment, loses consciousness, and is transported to a hospital by ambulance. It is permissible to call the patient's family member or friend to notify them of the situation and provide information about the patient's condition and location if, in the opinion of a licensed speech-language pathologist or audiologist, it is in the best

interest of the patient to do so. It would not be permissible to provide the patient's friend or family member a copy of the patient's healthcare records under these circumstances.

5. Disclosure to child protective services or law enforcement for purposes of reporting child abuse or neglect or abuse of an unborn child.
6. Disclosure to designated county agencies for purposes of making an elder abuse report or an adult at risk report.
7. If a patient poses a foreseeable risk of harm to him/herself or others, you may have a legal duty to take steps to mitigate the risk. Therefore, if a patient engages in violent conduct during an appointment or threatens to harm him/herself or others, you should contact the police and provide the minimum information necessary to address the situation. If information is to be disclosed in such a situation, please contact the UW-Madison Office of Legal Affairs at 273-7400 prior to disclosure, if practicable, or as soon after the disclosure as possible.
8. The following information (not complete records) may be disclosed to a treatment provider outside of the clinic without written consent if necessary to coordinate care. Complete records may be disclosed with written consent from the patient/patient's authorized representative.
 - Patient's name, address, date of birth
 - Name of provider at the clinic
 - The date of services provided at the clinic
 - List of the patient's medications, allergies, diagnosis, diagnostic test results, and symptoms

E. DISCLOSURES THAT REQUIRE SPOKEN CONSENT

Generally, before discussing confidential patient information with a patient in the presence of the patient's family member or friend, the patient must give spoken permission (except in emergency situations when the patient is incapacitated as described above).

Example: A patient is driven to the appointment by his/her spouse. Best practice would be to ask the patient whether it is okay to discuss care in front of the spouse before doing so.

F. DISCLOSURES THAT REQUIRE WRITTEN CONSENT

There are certain things Clinic employees, trainees, and students cannot do with confidential patient information or patient healthcare records, unless the patient/patient's authorized representative consents in writing.

- Research activities (unless there is an IRB waiver of consent)
- Marketing activities
- Fundraising communications
- Making disclosures to a patient's attorney or employer

Blank written consent forms are available at the clinic. If a patient/patient's authorized representative signs a written consent form drafted by a third party, the consent must contain the following elements to meet the requirements of Wisconsin law:

- The name of the patient whose confidential patient information or patient healthcare records is to be disclosed;

- The type of information to be disclosed;
- The individual or category of individuals authorized to make a disclosure (e.g., Dr. Doe or UW-Madison Speech and Hearing Clinic);
- The purpose of the disclosure, such as for an insurance application, to obtain payment of an insurance claim, for a disability determination, for a vocational rehabilitation evaluation, for a legal investigation, or other specified purposes;
- The individual, agency, or organization to which disclosure may be made;
- The signature of the patient/patient's authorized representative and, if signed by the patient's authorized representative, the relationship of that person to the patient or the authority of the person (e.g., parent, legal guardian, or activated health care power of attorney);
- The date on which the consent is signed; and
- The time period during which the consent is valid.

The clinic shall retain a copy of any written consent for disclosure of confidential patient information or patient health records for the same time period that it keeps the healthcare records of the patient to whom the permission pertains.

G. KNOW PATIENTS' RIGHTS TO USE AND INSPECT THEIR RECORDS

- 1. The right to look at (and obtain copies of) records.** A patient/patient's authorized representative can ask to inspect the patient's medical and billing records and have copies made. Copies of video recordings requested will incur charges to the patient/patient's authorized representative.
- 2. The right to ask for changes to medical and billing records.** The clinic should evaluate and respond to any such request in writing within 30 days. If the request is denied, the patient/patient's authorized representative shall be allowed to submit one statement about the information at issue and the statement shall become part of the patient healthcare record and released whenever the information at issue is released. The patient's provider may respond once to the statement, which shall also become part of the patient's healthcare record.
- 3. The right to receive a list of certain disclosures.** The clinic shall record disclosures outside of the clinic of confidential patient information or patient healthcare records, including disclosure of patient healthcare records to the patient/patient's authorized representative. A list of such disclosures made regarding a particular patient should be made available to the patient upon request. For each such disclosure, the clinic shall record:
 - The date and time of the request for disclosure;
 - The individual or agency to which information was disclosed;
 - The date and time of the disclosure;
 - A description of the information disclosed; and
 - The purpose of the disclosure.

H. REDISCLOSURE

Confidential patient information and patient healthcare records received by the clinic from another healthcare provider may only be disclosed if:

- The patient/patient's authorized representative provides written consent to the redisclosure of those records;
- A court orders redisclosure; or
- Redisclosure is limited to the purpose for which the confidential patient information or healthcare record was initially received.

Confidentiality in the UWSHC Treatment Rooms – Sound System

When a conversation is occurring in the UWSHC room and can be heard in the hallway because speakers in the observation room have been left on and the door is open, close the observation room door. If there are conversations in a treatment or observation room that are heard in the hallway, respectfully close the door. Remember to turn off the sound system in the observation room when not in use.

Patients under the Care and Custody of the State of Wisconsin

When persons who are under the care and custody of the State of Wisconsin are patients at the UW Speech & Hearing Clinic these procedures will be followed:

- Depending upon the policies of the State facility where patients reside, patients may be accompanied by one or more escorts (depending upon security level). It is the responsibility of the State facility to inform the clinic of its security requirements.
- When appropriate, as determined by the State facility where the patient resides, escorts will be permitted to be present with the patient at all times to allow the escort to observe the patient.
- It is the responsibility of the escorts to monitor the patient's restraints and monitor the surroundings to ensure that anything that might pose a risk is out of the reach of the patient.
- A graduate student, under the supervision of a clinical professor, meets the patient and their escort/s to provide a parking pass.
- Patients are escorted into the clinic using the entrance to the right of the UWSHC lobby entrance and brought into a separate waiting area or the clinic room.
- Patients in wheelchairs due to disability or restraints are brought into the lobby entrance via the ramp. Patients are roomed immediately, instead of going to the lobby waiting room.
- Patients in restraints are directed to use the bathroom in Room 111 (unless the room is otherwise occupied by other Clinic staff, visitors, or patients). In this case, patients in restraints will be directed to the Men's Room off the front lobby.

Patients Using Paratransit

A number of our patients use paratransit agencies to provide transportation services as they cannot access the public transit system due to their disability. If your patient uses paratransit, by contract the transportation service has a 15-minute grace period (patients can arrive 15 before or 15 minutes after their scheduled appointment).

Late Arrival: If your patient has not arrived within the 15 minutes of scheduled arrival time, contact the ride service and report the delay. They will be able to inform you of the estimated time of arrival. If you need to go into the therapy session to begin services with other patients, notify the clinic office manager

of the patient's estimated time of arrival and ask that she notify you when the patient's van arrives. Meet your patient in the lobby and proceed with services. On a rare occasion, the ride will indicate that the patient was not picked up. Contact the patient's broker/case manager immediately and report the absence.

Late Pick-up: If your patient has not been picked up within the 15 minutes of the scheduled pick-up time, contact the ride service, and report the delay. They will be able to inform you of the estimated time of arrival. If the service cannot guarantee pick-up within 30 minutes of the scheduled pick-up time, contact the patient's broker or case manager so that alternative transportation can be arranged. Inform the clinical professor of the transportation issue. Someone (either you or your supervisor) must monitor the patient while he/she is waiting in the lobby. If you are able to stay with the patient, you can use this time to continue addressing clinical goals informally while waiting in the lobby if that is appropriate.

Managing Threatening Confrontations

Sometimes clinicians may provide services to a patient with challenging behaviors. Before initiating services, the student clinician and clinical professor should discuss pro-active supports and review any existing behavioral support plan for the patient. It cannot always be predicted when challenging behaviors from our patients may occur. If a situation arises that may result in personal injury or an inappropriate violation of your space, follow these suggested guidelines:

- Remain calm and maintain a "neutral presence."
- Gain distance between yourself and the patient.
- Remove all materials that may result in injury.
- If a caregiver, supervisor, or team member is watching the session, ask that he/she step into the room and lend support.
- Open the therapy door and ask for help.
- Use a calm voice and visual supports, if they are available, speak calmly to the patient and provide reassurance to decrease behavioral escalation.
- Report the incident immediately to your clinical professor so an incident report can be filed. She will contact the patient's team to discuss additional behavioral support strategies or arrange for modifications in the treatment service delivery plan as deemed necessary.

If you feel you need more information or practice on managing threatening confrontations, talk to your clinical professor. We may seek consultation on the topic or suggest you attend a workshop such as those provided through the Waisman Center on campus (see <https://cow.waisman.wisc.edu/training/behavioral-support/>). If you have an incident when providing services to your patient with threatening or challenging behaviors, follow the procedures outlined in the section above.

Patient Allergies

Remember that patients may have allergies that can affect the materials you use in your treatment or assessment sessions. If the medical history of your patient indicates any type of allergy (food, latex, etc.) be mindful of this when selecting materials. Always check with the patient, caretaker, or guardian before using food in your treatment sessions.

Professionalism

The following description of professionalism is excerpted from an article by Michael R. Chial, Ph.D., Professor Emeritus, Department of Communication Sciences and Disorders at University of Wisconsin-Madison and should be read in full on our CS&D website. Dr. Chial writes:

Audiology and speech-language pathology are professional disciplines. Professions require certain behaviors of their practitioners. Professional behaviors (which may or may not directly involve other people) have to do with professional tasks and responsibilities, with the individuals served by the profession, and with relations with other professionals. Included among professional tasks are education and training. The following conveys expectations about the behaviors of those who seek to join these professions.

- i. You show up on time.
- ii. You show up prepared.
- iii. You show up properly attired.
- iv. You show up in a frame of mind appropriate to the professional task.
- v. You accept the idea that “on time,” “prepared,” “appropriate,” and “properly” are defined by the situation, by the nature of the task, or by another person.
- vi. You accept that your first duty is to the ultimate welfare of the persons served by your profession, and that “ultimate welfare” is a complex mix of desires, wants, needs, abilities, and capacities.
- vii. You recognize that professional duties and situations are about completing tasks and about solving problems in ways that benefit others, either immediately or in the long term. They are not about you. When you are called upon to behave as a professional, you are not the patient, the customer, the star, or the victim.
- viii. You place the importance of professional duties, tasks, and problem solving above your own convenience.
- ix. You strive to work effectively with others for the benefit of the persons served. This means you pursue professional duties, tasks, and problem solving in ways that make it easier (not harder) for others to accomplish their work.
- x. You properly credit others for their work.
- xi. You sign your work.
- xii. You take responsibility for your actions, your reactions, and your inaction. This means you do not avoid responsibility by offering excuses, by blaming others, by emotional displays, or by helplessness.
- xiii. You do not accept professional duties or tasks for which you are personally or professionally unprepared.
- xiv. You do what you say you will do. By the time you said you would do it. To the extent you said you would do it. And to the degree of quality you said you would do it.
- xv. You take active responsibility for expanding the limits of your knowledge, understanding, and skill.
- xvi. You vigorously seek and tell the truth, including those truths that may be less than flattering to you.

- xvii. You accept direction (including correction) from those who are more knowledgeable or more experienced. You provide direction (including correction) to those who are less knowledgeable or less experienced.
- xviii. You value the resources required to perform professional duties, tasks, and problem-solving, including your time and that of others.
- xix. You accord respect to the values, interests, and opinions of others that may differ from your own, as long as they are not objectively harmful to the persons served.
- xx. You accept the fact that others may establish objectives for you. While you may not always agree with those goals, or may not fully understand them, you will pursue them as long as they are not objectively harmful to the persons served.
- xxi. When you attempt a task for the second time, you seek to do it better than you did it the first time. You revise the ways you approach professional duties, tasks, and problem solving in consideration of peer judgments of best practice.
- xxii. You accept the imperfections of the world in ways that do not compromise the interests of those you serve, or your own pursuit of excellence.
- xxiii. You base your opinions, actions and relations with others upon sound empirical evidence, and upon examined personal values consistent with the above.
- xxiv. You expect all of the above from other professionals.

Dress Code Policy

Students and faculty shall be clean and dressed professionally when providing services within the UWSHC. Wear your name tag in an easily viewable location. **Nonprofessional attire includes:** low cut/low rise pants, shirts or dresses with low necklines, denim (including any denim capris or skirts), sweatshirts, sweatpants, tops that expose the midriff or back, shorts (including Bermuda shorts), t-shirts with printed pictures or words, short skirts and dresses, tank tops, thin or “spaghetti-style” straps on tops, bandanas, hats, sneakers/vans/athletic shoes, and plastic or rubber flip-flops. Undergarments should never be visible. Clothing should not have rips, tears or frayed edges. Oral or facial piercings (tongue, lip, eyebrow, nose, etc.) must be removed. Students at off-campus sites must adhere to the dress code of the facility at which they are placed. If a student violates the dress code, the following steps are taken:

First violation: a verbal and written (documented in student file) warning is given to the student following the clinic session.

Second violation: 3 percentage points are deducted from the student’s clinic grade.

Additional violations: 3 additional percentage points are deducted from the student’s clinic grade for each violation.

If the student attire is deemed unprofessional by the clinical professor and this policy, the student may be asked to not participate in the clinic session.

Attendance and Punctuality

Attendance and punctuality is required for all clinic sessions and meetings with your clinical professor. Any absences must be approved by your clinical professor. Students are responsible for contacting all appropriate individuals in the case of an absence. Students should first attempt to contact a classmate to cover the session. They must then contact the clinic receptionist (608-262-3951) and their clinical

professor when unable to meet an appointment. It is your responsibility to be prepared and ready to start the clinic before the scheduled appointment time.

Absences on clinic days just before or immediately following university recesses are not permitted. Students are expected to be present for the entire period the clinics are in operation.

Attendance at Head Start Screenings: All audiology graduate students are expected to participate in the Head Start Speech-Language and Hearing Screening program. Top priority is given to second-year graduate students who need ASHA Clock hours by their graduation date.

Audiology and speech language pathology graduate students are required to perform a number of head start screenings to gain competency in these skills. The number is typically five but may vary based on the discretion of the clinical professors. Students may also participate in another equivalent task to gain competency with these skills. Students are required to attend the screening times for which they have been scheduled. Should a student need to miss a planned Head Start screening session with advance notice, it is that student's responsibility to find another student to fill in for them. Further, the student is required to inform the Audiology Head Start Coordinator of the switch in the schedule before the date of the screening. Once the Audiology Head Start Coordinator has acknowledged the schedule change, the student who is filling in is now considered the student assigned to the screening slot. The student who is filling in is required to attend the screening, and the policy and procedure for missed screenings apply to him/her.

A no-show for an assigned screening slot will result in a lowered clinic practicum grade. A no-show is defined as an unexcused absence from a Head Start screening session.

Students are expected to attend assigned screenings. Excused absences will be granted for reasons such as illness or family emergencies.

In order for an absence to be excused, the student MUST notify the Audiology Head Start Coordinator and the front desk (608-262-3951) by 8:00 am on the day of their absence. If an emergency or illness develops after 8:00 am, notify the Audiology Head Start Coordinator and the front desk as soon as possible.

A student's failure to attend an assigned screening without an excused absence will result in a lowered grade for his/her clinical practicum (CS&D 891, CS&D 892, and CS&D 790) for the semester. The student's final grade will be lowered one half of a letter grade for each unexcused missed Head Start screening (e.g., a final grade of A will be lowered to a grade of AB).

Accident/Incident Report Policy and Procedure

It is the policy of the UWSHC to document and track accidents that occur in the Clinic space. All UWSHC students, faculty, and staff are responsible for reporting all accidents or incidents that result in injury or illness, regardless of the severity.

If an accident or incident occurs in the UWSHC, it is the responsibility of all clinicians, students, or other faculty/staff members to fill out the Clinic's Accident/Incident Report. The Accident/Incident Report is saved on the UWSHC drive in the Clinic Policies/Procedures file under Accident Report. There are hard copies of this form as well as the protocol in the front office. Fill out the form, place a copy in the patient's chart, and give a copy to the Director of Clinical Education.

Infection Control Procedures and Procedures for Patient/Patient Safety

It is important to protect your health and safety as well as the health and safety of the clients you serve during your practicums and clerkship experiences in the UWSHC.

Due to the increased prevalence of infectious diseases and the expanded scope of practice for speech-language pathologists and audiologists, infection control and prevention of disease transmission are crucial concerns for the practicing clinician.

The department has a set of standard precautions that should be used when providing services in the UWSHC. See Appendix B: Infection Control Policy and Procedures.

UWSHC clinic rooms are compliant with the American with Disabilities Act of 1990 standards and the Rehabilitation Act of 1973 relevant to the year of their construction. All UWSHC clinic rooms are accessible to persons with disabilities, inclusive of the Clinic entrance, bathrooms, and waiting room. The doors for rooms 165 and 125 are widened to allow easy access and egress for group sessions for patients in power chairs.

Emergency Procedures

If you are in a patient session and have concern for the patient's health or well-being (e.g., neurological signs or suicidal ideation), alert your clinical professor immediately. If the clinical professor is observing remotely, ask aloud that she/he join you in the treatment room. If you are unsure whether or not you are being observed by your assigned clinical professor, ask anyone in the observation room to alert the clinic office manager to contact your clinical professor. Alternatively, open the treatment door and get the attention of a fellow student or clinical professor or if you have a phone contact the front desk to ask for assistance. Do not let the patient leave the UWSHC without alerting your clinical professor to your concerns about the patient.

In case of an emergency in which outside medical or other intervention is needed the *UW-Madison Police Emergency Procedures Guide, 2012 Edition* (www.uwupd.wisc.edu) provides the following advice.

You should call 911 in ALL emergencies. An emergency is any immediate threat to life and/or property that requires immediate response from police, fire, or EMS. Some examples of emergencies are crimes in progress, any kind of fire, or a serious injury or illness. If you are not sure if an incident falls into an emergency classification, feel free to call 911 when an immediate response is needed. When reporting an emergency:

- Stay on the line with the dispatcher.
- Provide the address, location and a description of the emergency.
- Provide the phone number at your location.
- Provide a thorough description of the incident to assure appropriate resources are dispatched.

Throughout the clinic there are posted evacuation routes in the event of an emergency. Familiarize yourself with how to evacuate yourself and your patients.

Tornado Warning Alarm – If a tornado is identified, the outdoor emergency sirens will sound a steady tone for three minutes or longer if there is danger in the immediate area. Take the following actions:

- **SEEK IMMEDIATE SHELTER.** Go with your patients to the basement level via the stairways. Stay in the hallways away from outside walls, exterior doors, and glass windows or partitions. If you or

your patients do not have the ability to take the stairs to the basement, move to the women's or men's room, which are away from outside walls, exterior doors, and glass windows or partitions.

- When safe to do so, leave badly damaged buildings. Elevators may not work in damaged buildings (the electrical power may be out or there may be damage to the elevator equipment).
- If you are surrounded by debris, be aware that removing some of it can cause other debris or part of the building to collapse. If it is not safe or possible to leave the area, stay there until assisted out.
- DO NOT attempt to turn on or off any utilities or other equipment.
- Report all injuries and damage to the University Police by calling 911. Give the following information:
 - Your name
 - Building name
 - Type of injury or damage
 - The location of injured person(s) or building damage
 - Room number you are calling from

Fire Alarm – If the fire alarm sounds, immediately follow the evacuation route posted in the clinic. Assist your patients away from the building. Wait until the emergency personnel gives you the approval to reenter the building.

UWSHC Etiquette

The UWSHC is a professional space. Here are some general policies to follow in the Clinic lobby:

- Greet your patients and make sure they have checked in at the front desk.
- Discuss any issues or home assignments before entering the lobby.
- Collect the patient's parking permit at the end of the session.
- Keep conversations with your fellow student clinicians to a minimum.
- Do NOT use a patient's name in any public conversation or forum.
- Do NOT discuss a patient's case with ANYONE except the responsible supervisor.
- Have a seat in the lobby when waiting rather than sitting on counters.
- Enter and exit the patient rooms quietly.
- Use clinic phones for patient-related reasons (e.g., emergencies, contacting tardy patients, or checking on patient transportation). Texting and personal calls are not allowed.
- Do NOT see a patient at an external site without the knowledge of the responsible supervisor.
- Do NOT terminate a patient's services without a thorough discussion with and agreement from the responsible supervisor.
- Wait with patients who are transported by parents, guardians, care staff, or transport company (see p. 13 for Patients Using Paratransit) until you are sure the patient's transportation has arrived. If they are late and you or your clinical professor cannot wait with them:
 1. Do not leave them alone.
 2. Ask the clinic office manager to contact the person responsible for transporting.
 3. Have the clinic office manager contact another clinical faculty member who can assist.

Use of Clinic Rooms

Clinic rooms are to be left in order and free of equipment and materials upon completion of all sessions. Return all materials and equipment to their assigned storage spaces, so others can readily locate and use them. Use infection control procedures as listed in the clinic room. At UWSHC, after completing an appointment, **close the windows and turn off the lights**. If you brought furniture into the room from another room, return it immediately upon completion of the session. Make sure the sound system in the observation room is off. You must efficiently clean and vacate the room for the next clinician to set up. Do not use tape of any sort or Velcro on the painted walls in the clinic rooms (or hallways).

UWSHC Clinic Room Cleaning Schedule

Each student clinician is charged with cleaning the clinic room in which they have had a session. This includes always following infection control procedures. To ensure that all clinic spaces stay clean and organized, students who are scheduled for morning clinic sessions are responsible for calibration. Students scheduled for afternoon sessions are responsible for cleaning all probe tips and other equipment. Inquiries about supplies, damaged items, or other concerns should be brought to the attention of your clinic professor or clinic office manager. Instructions for calibration and cleaning can be found on the student drive in the audiology folder in the clinic protocols section.

Observation of Patient Sessions

No one may observe patient sessions without the consent of the patient and the approval of the clinical supervisor. You are obliged to question the presence of observers if you don't know who they are or why they are there.

Patient Files

Checking Out and Returning Patient Files

Remember patient files are confidential and following privacy policies is essential. Active patient files are found in Room 155. This room is locked and should be kept so upon leaving the room. Posted on the active patient file cabinet in this room are the instructions for filing and signing out a patient file. The instructions are as follows:

- Files are alphabetic by last name. Find the appropriate green hanging folder. Within that folder you will find the patient file. Directly behind the patient file is the patient **OUT** card. Put the **date** and your **name** on the **OUT** card and leave the card in the green hanging folder. Remove only the patient file.
- You may review a file anywhere in the building except the patient waiting room. It is prohibited to photocopy or remove any or all of a patient file from the Department of Communication Sciences and Disorders or the UWSHC. Do **NOT** remove a patient's folder to any non-secure area. Patient files are confidential and are to be used in designated areas only. They may **NEVER** be taken from Goodnight Hall under any circumstances. **Removal of files from the building is a violation of state and federal law.**
- When you return the file, place the file in front of the **OUT** card in the appropriate green hanging folder and cross your name off the **OUT** card.

Equipment and Materials

Testing materials and toys may be signed out from the appropriate area (Room 447 or the Craft/Toy Room). They should be returned immediately after their use, making them available for others to use. Should any piece of equipment break, please report this to the clinical professor or the Audiology Clinic

Coordinator, stating the nature of the problem and the identification number of the equipment. If you use the next-to-last copy of a form or a supply material, please report the need to order additional supplies to the Audiology Clinic Coordinator via the clinic order form. This order form should either be emailed to the audiology clinic coordinator or placed in their mailbox. Before operating electronic equipment, each student should seek and receive instructions regarding the use of the equipment.

Materials that have been signed out must be returned to their proper shelves. Replacement of these materials is difficult and expensive. Please do your part in maintaining a complete and organized supply by promptly returning materials to their assigned space.

If you need to use any audiology supplies or equipment outside of Goodnight Hall, please check with the Audiology Clinic Coordinator and sign out the equipment on the sign out sheet outside Room 365.

Record Keeping and Reporting

Reports and Notes

The format of the documents you write related to your clinical work in the UWSHC will vary based on the clinical population with whom you work. Clinical professor's requirements for the type, format, and timeline of this documentation will be provided to you in your CS&D 891 or 892 syllabus, Canvas site, or in meetings with you. Due to confidentiality and privacy policies, students will write their clinical reports and notes in Goodnight Hall. The Student server is a secure, password-protected server where all patient reports must be written. These reports should be written in Goodnight Hall in the computer labs, or rooms 101, 102, or 157.

CALIPSO

The *Clinical Assessment of Learning, Inventory of Performance and Streamlined Office-Operations* ([CALIPSO](#)) is a web-based application that manages key aspects your academic and clinical education during your graduate training program. CALIPSO tracks your:

- competency development
- ASHA hours
- immunization and compliance records

Getting Registered

You register for CALIPSO, in the first semester of graduate school. The year you enter graduate school and register for CALIPSO is your "Year." You will receive a PIN in the beginning of this semester and instructions to register. The one time registration fee is \$85. There are step-by-step instructions both on the student server and on the CALIPSO student page (also known as 'Lobby').

Recording ASHA Clock Hours

Acceptable audiology clerkship experiences include clinical and administrative activities directly related to patient care. Clock hours can include time in direct patient contact, consultation, record-keeping, and administrative duties that are directly related to patient care and/or relevant to the audiology service delivery. Clinical clock hours should be assigned only to the student(s) who provide services to the patient or patient's family. Typically there will be more than one student working with a given patient. Each student is responsible for recording their hours in accordance with their specific responsibilities with that patient. If more than one student is participating in providing services, each can take credit only for the actual time that he/she is directly involved with the patient or the patient's family in care, consultation, record-keeping, and administrative duties.

Ongoing Recording of Clock Hours

Students should keep an electronic running account of the amount of time spent with each patient throughout each semester of all four years of their Au.D. program. This information will be entered into the CALIPSO student management system. All time should be documented exactly; for example, if you spend 50 minutes providing therapy with a client, you count only 50 minutes; you may not count 50 minutes as an hour. Check with your clinical professor if you have any questions regarding the tabulation of clock hours, the distribution of child or adult clock hours, and the appropriate designation of clock hours. More detail about how ASHA counts clinical experience may be found at the ASHA web site (www.asha.org).

At the end of each clinic day, students should enter their clock hours into CALIPSO.

End of Semester Activities

- a. Enter all of your hours into CALIPSO. Make sure your clinical professor or supervisor has signed off on your hours.
- b. Arrange an appointment with your clinical professor or supervisor for discussion and evaluation of clinical work during the semester. This is also an opportunity for you to provide feedback to your clinical professor.

Clinical Supervision Policy

This policy is intended for all clinical placements, including both on and off-site placements for all Au.D. students.

The University of Wisconsin Au.D. Consortium Clinical Supervision Policy is in accordance with the Council on Academic Accreditation Standard III.

Supervision is provided by individuals who hold both the Certificate of Clinical Competence in audiology and are licensed by the State of Wisconsin Department of Safety and Public Services (DSPS) or state in which clinical placement is located. Supervisors must have a minimum of nine months of full-time clinical experience and have completed at least two hours of professional development in the area of clinical instruction/supervision. In Wisconsin, public school supervisors must have at least three years of professional experience, and hold a Wisconsin Department of Public Instruction license. In some instances, supervisors may be fellows in the American Academy of Audiology, instead of or in addition to holding the Certificate of Clinical Competence in audiology.

The amount of direct supervision is commensurate with the student's knowledge, skills, and experience. The amount of supervision is also sufficient (i.e., supervisors are directly involved appropriate to each student clinician and each patient) to ensure the patient/patients receive the best possible care. All supervision is in real-time. A supervisor is always available to each student during an appointment to provide guidance and feedback and to facilitate each student's acquisition and refinement of essential clinical skills. The amount of direct supervision is often close to 100% for students earlier in their program and may be adjusted to account for the needs of each student in receiving feedback and guidance and developing independence. Supervisors must always ensure that patients are receiving the best possible care.

Throughout and at the end of the semester, the supervisor approves and signs the clinical clock hours accrued under her/his supervision. This signature confirms that their supervision has met or exceeded this and ASHA's policy for amount and type of supervision.

Policy for In-Room and Live Video Supervision for Onsite Clinical Practicum

This policy applies to supervision of first and second year Au.D. students.

Supervisors provide live supervision for 1st and 2nd year Au.D. students. Live supervision occurs in-room on both the UW-Madison and the UWSP campuses or via video feed to the supervisor's office on the UWSP campus. Each supervisor is assigned to one patient at a time to ensure the appropriate amount of teaching and feedback. Supervisors provide in-room supervision until a student has demonstrated competency for each procedure in the appointment. Live video supervision does not replace in-room supervision. It is used as an alternative form of live supervision for supervisors to use when students have demonstrated the necessary competencies.

During video supervision, the supervisor can see all of the relevant clinical information and activities (including specific numbers on the audiometer, or hearing aid settings on the software). Each supervisor has control over the camera pan/tilt/zoom features to ensure a clear view of all aspects of the student/patient interaction. The supervisor also provides live in-room supervision when the student needs modeling, coaching, and immediate feedback. The clinical supervisor will meet each patient at the beginning of each appointment, and if video supervision is determined to be appropriate, inform the patient that they will be observing the appointment via live video. The supervisor is also in-room at the end of each appointment.

Live video supervision is never used during appointments for cerumen management, earmold impressions, hearing evaluations for young children, and cochlear implant services.

Supervisors and students can record appointments on the video system for self-evaluation, and feedback to improve clinical skills. The recordings are never used as a replacement for live supervision.

Evaluation

We are interested in assuring that our services are meeting the needs of our patients, that students are growing in independence and skill, and that our clinical professors are providing the types and amount of support you need to develop your skills and knowledge. There are three evaluations that are completed at semester's end:

Patient Satisfaction Survey

This survey asks patient's to provide us with feedback on the treatment or evaluation services offered. The survey is distributed to the patient, and they can complete it anonymously. The evaluations are analyzed and reported back to the clinical faculty.

Supervision Evaluation

Students must evaluate their experience with each practicum and clinical supervisor to assist us in the ongoing evaluation of our training program. We value your feedback. At the end of each semester, you will receive an email letting you know you have an online evaluation ready to complete for CS&D 891, 892, 893, or 894. The evaluation period is the last two weeks of classes, and you can complete the evaluation at any time during that period. If you do not complete the evaluation, you will receive one email reminder. If you have registered and are working with two clinical professors during a semester, you should complete one for each supervisor.

Student Clinician Evaluation

Your supervising clinical professor will provide you with formative assessments throughout the semester. You will have a final conference at the end of the semester. Clinical professors may use different tools to provide you feedback during the semester. All students will be assessed using the evaluation form in CALIPSO.

Gifts and Gratuities

Student clinicians and clinical professors are not allowed to accept gifts of any monetary value from patients or their family members, including cash, checks, gift cards, gift certificates, etc. Tokens of appreciation (e.g., cards, baked goods, candy, child's artwork) are allowed. If patients want to show appreciation for services, they may make monetary donations to the UWSHC or donate children's toys or books. If a patient is interested in making this kind of gift, refer them to the Director of Clinical Education.

UWSHC Parking Policy and Procedure

Policy and Procedures for the use of Permits

The client/patient parking stall hangtags are located in the UWSHC clinic office. The clinic office manager or designee distributes the hangtags. The hangtags must be signed out and displayed appropriately for each vehicle parked in the client/patient parking stalls. Clients/Patients receive a hangtag from the clinic office manager or designee upon arrival at the front desk lobby.

Those responsible for scheduling research participants, guest lecturers, and guests meeting with faculty and staff, should contact the clinic office manager in advance. Reasonable notice must be given to determine whether there are parking spaces available. If no spaces are open due to client/patient need, parking must be secured through the Transportation office, or by use of the Service hangtag in the administration office, Room 306.

Appendices

Appendix A: Goodnight Hall Room Locations and Functions

Appendix B: Infection Control Policy and Procedures

Appendix A: Goodnight Hall Room Locations and Functions

FIRST FLOOR

Suite 101 (*code is JTA*)

- Hearing evaluations (adult and pediatric)
- Hearing aid troubleshooting and electroacoustic testing
- CAPD Testing
- OAEs

Suite 102 (*code is 102*)

- Hearing evaluations (mainly adults)
- ALD display

Clinic Office (#110)

- Sherie Felicijan, Clinic Manager
- Clinic Operations

West Clinic Wing (#120-146)

- Head Start screenings rooms
- Therapy and Observation rooms

Craft/Toy Room (#150)

- Toys, puzzles, games
- Arts and crafts materials
- Gloves and tongue depressors
- Office supplies

Client File Room (#155)

- Client files
- Clinic forms
- Clinic schedules
- Hearing aids (new and repaired)
- Audiology shipping materials

Suite 157 (*code is MTV*)

- Hearing Aid Lab

North Clinic Wing (#158-174)

- Therapy and Observation rooms

Observation Room (#161) (*code is SNG*)

Suite 174

- Hearing evaluations (adult)
- Hearing aids

Clinic computer and observation lab (#178) (*code is 178*)

- ASL video telephone

THIRD FLOOR

Department Chair (#301)

- Ruth Litovsky

Language & Literacy Room (#330)

- Literacy kits
- Children's and adolescent's books
- Activity books

Child Resource Room (#332)

- Articulation and language materials organized by category on each shelf
- Spanish materials
- Stuffed animals
- Puppets & dolls
- Pawns and game pieces
- Laminator

Director of Clinical Education (#373)

- Amy Hartman

IT Office (#310)

- Michael Block
- Technical and Classroom AV support
- Technology checkout items

Graduate Coordinator (#318)

- Amanda Talbert
- Academic policies and procedures questions
- Student-related communications

UWSHC Coordinator (#365)

- Melanie Buhr-Lawler
- Oversees HARP and Head Start

THIRD FLOOR (CONTINUED)

Administrative Support Staff

- Tim McCarty, Department Admin. (#305)
- Michele Myers, Financial Specialist (#302)
- Michael Block, IT Specialist and Building Manager (#310)
- Rhonda Jacobs, Program Assistant (#306)

Copy Room (#320)

- Copy machines (obtain code from supervisor)
- ASHA Clock Hours Form
- UWSHC letterhead and department envelopes
- Paper cutter
- Mailboxes for faculty and staff
- Fax machine
- Shredding machine and bulk shred bin

FOURTH FLOOR

Conference Room (#401)

- Meeting room

IT Lab (#403)

- Computers
- Printers: color, black & white

Classroom–Distance Learning (#412)

- Videoconferencing with Stevens Point
- Majority of AuD classes held here
- SAA meetings

Student Lounge (#413)

- Meeting area
- Student lockers
- Coat hooks
- Vending machines

Student Kitchen Area (#416)

- Fridge/freezer and microwaves
- Student mailboxes

Classroom (#420)

- Meeting room

Study Room (#428)

- Group study room
- Computers

Study Room (#436)

- Quiet room for study
- Small meetings

Library (#444)

- Study area/group meetings
- Resource reading material
- Student computers

Test Room (#447)

- Standardized tests
- Extra copies of tests (in closet)
- Test forms (in filing cabinets)

BASEMENT LEVEL

Large Lecture Hall (#B62)

- Classroom
- Prosem
- NSSLHA meetings

B65

- Classroom
- Meeting space

B66 (code is RHO)

- Classroom
- Meeting space

B1–Dr. Fowler's Lab

- Electrophysiologic testing
- Tympanometer and audiometer

B5 A & B (code is 382)

- AuD computer lab
- ABR testing
- Vestibular testing

FACULTY & STAFF DIRECTORY

A directory of Department of Communication Sciences and Disorders faculty and staff names and office numbers is located across from the elevator on the third and fourth floors.

Faculty

Kathryn Basco (#342)
Sriram Boothlingam (#482)
Melanie Buhr-Lawler (#365)
Kimberly Caul (#326)
Michelle Ciucci (#362)
Nadine Connor (#361)
Elizabeth Delsandro (#341)
Jon Douglas (#374)
Viji Easwar (#475)
Alyson Eith (#366)
Susan Ellis Weismer (#369)
Mianisha Finney (#479)
Cynthia Fowler (#382)
Amy Hartman (#373)
Katie Hustad (#301)
Rita Kaushanskaya (#343)
Amy Kroll (#331)
Heather Krug (#335)
Rachel Lee (#338)
Kim Mueller (#478)
Caroline Niziolek (#474)
Ben Parrell (#347)
Rachel Lee (#338)
Ruth Litovsky (#378)
Courtney Seidel (#337)
Audra Sterling (#381)
Susan Thibeault (#5107 WIMR)

Staff

Michael Block (#310)
Sherie Felicijan (#110)
Rhonda Jacobs (#306)
Timothy McCarty (#305)
Michele Myers (#302)
Amanda Talbert (#318)

Appendix B

Infection Control Policy and Procedures

INFECTION CONTROL POLICY AND PROCEDURES
University of Wisconsin Speech & Hearing Clinic
Audiology

(See <https://www.asha.org/practice/infection-control/> for ASHA Resources)

INTRODUCTION

The incidence of communicable diseases, such as cytomegalovirus (CMV), hepatitis B (HBV), herpes simplex, tuberculosis, influenza, and acquired immune deficiency syndrome (AIDS) are increasing. These diseases, in addition to other infections, are contagious and can be life-threatening. In light of the increased prevalence of infectious diseases and the expanded scope of practice for audiology, infection control, and prevention of disease transmission are essential concerns for the practicing clinician.

Audiologists may handle hearing aids, earmolds, headphones, earphones, probe tubes, specula, cures, and other instruments that come in direct or indirect contact with their patients. As a result, they must protect themselves and their patients from infection. Infection control programs can include routine preventative measures (handwashing, protective barriers, the wearing of face coverings, and immunizations) in addition to antimicrobial processes (cleaning, disinfection, and sterilization). The objectives of the Infection Control Policy and Procedures are to maintain a clean and healthy environment for patient testing and treatment. Infection control policies should be implemented whenever students and faculty are in the clinic, both when performing labs and when seeing patients. Training on communicable diseases, and policies and procedures will be provided to staff and students before they participate in clinic.

STANDARD PRECAUTIONS

Standard precautions were previously known as "universal precautions." The Centers for Disease Control and Prevention (CDC) recommend certain practices to prevent transmission of blood-borne pathogens. Standard precautions include using hand hygiene and isolation precautions; wearing personal protective equipment; and following appropriate procedures for needle and sharps safety and disposal, medical waste disposal, and sterilization of reusable equipment.

- **Hand washing/Hand hygiene** is the most effective way to prevent infection and is often considered the first line of defense against germs. Hand hygiene is important for the safety of health care workers and the patients they treat.
- **Isolation Precautions** are taken in health care settings to prevent the spread of an infectious agent from an infected or colonized patient to susceptible persons.
- **Personal Protective Equipment** includes gloves, face masks, gowns, protective glasses, and other equipment used to provide a barrier of safety between the health care worker and the patient.

IMMUNIZATIONS

In your various clinical clerkships, you may be placed in hospitals, schools, VA medical centers, specialty clinics, nursing homes, or rehabilitation centers. Many of these sites require proof of immunization for

contagious diseases. If you have not been inoculated or do not have evidence of protection for the following diseases, please be aware that some sites may not be available to you.

The immunization requirements are typically for the following diseases: Tuberculosis, Measles, Mumps, Rubella, Polio, Hepatitis B, chickenpox verification, and yearly TB tests. Immunization shots are available through UW Health Services. For information and scheduling of inoculations, call: (608) 265-5600 or visit <http://www.uhs.wisc.edu/index.jsp>.

EMPLOYEE & STUDENT CATEGORIZATION

Exposure Guidelines by OSHA (Occupational Safety and Health Administration)

- *Category 2:* All faculty & AuD students: some tasks in normal work routine may lead to exposure to blood or other infectious substances, but exposure is not inherent in the job.
- *Category 3:* Support staff: normal work routine leads to no exposure to blood, bodily fluids or tissues

INFECTION CONTROL POLICY AND PROCEDURES

Work practice controls will be utilized to minimize or eliminate potential exposure to infectious microorganisms to employees, patients, and other personnel.

Incidents (Human bites, incidents involving bodily fluids): All incidents will be reported immediately to the clinical supervisor.

Human bites:

Anyone who receives a human bite is and will be advised to seek immediate medical care with their physician or University Health Services.

Incidents involving contamination of objects and/or by body fluids:

- The clinical supervisor will be contacted immediately.
- The object will be isolated using standard infection control procedures while wearing gloves.
- The contaminated item(s), area(s), object(s) will not be used until disinfected with a hospital-grade disinfectant according to infection control guidelines.
- The clinical supervisor will notify the building manager.
- The building manager will contact janitorial services at UW-Madison to request appropriate cleanup.
- If the item(s) or object(s) must be discarded, they will be placed in the appropriate infection control container.

Routine Preventative Measures

Hand Hygiene:

Authorities and experts agree that hand washing is the most critical step in eliminating the possibility of infection or cross-contamination.

To minimize the exposure to disease, faculty, staff, and students in audiology shall implement the following standard policy and procedures:

- Use the hand sanitizer or wash hands before and after each client
- Wash hands immediately after contamination or potential contamination with blood or bodily fluids
- Wash hands immediately after removing gloves
- Wash hands before and after eating, after use of the bathroom facilities, the application of cosmetics, lip-balm, adjustment of contact lenses, and the like, or any other time deemed necessary and appropriate.
- Handwashing technique:
 - Use medical grade antiseptic or germicidal liquid soap
 - Wash hands thoroughly for 30 seconds (wash for 60 seconds pending potential contamination)
 - Use vigorous movements utilizing the fingers
 - Hand washing includes hands, forearms, wrists and under fingernails
 - Rinse with warm water
 - While leaving the water running, retrieve a disposable paper towel and dry hands with the paper towel
 - Use the same paper towel to turn off the water faucet
- If disinfectant soap and water are not available a waterless “no-rinse” hand disinfectant can be used
- If a sink is not available in your diagnostic or hearing aid room, please utilize the first floor lavatories or hand sanitizer/disinfectant

Protective Barriers:

- **Gloves**
 - Due to the presence of COVID 19, current practice is to wear gloves at all times during patient contact, or when handling items or conducting procedures noted accordingly under the work practice procedure guidelines.
 - Appropriately-fit examination gloves fitting tightly, like a second skin, will be used during necessary procedures.
 - Proper Gloving Procedure:
 - Place gloves on a clean paper towel
 - Inspect for tears
 - Wash hands before putting on gloves
 - Remove gloves:
 - Upon conclusion of procedures necessitating use of gloves, using a gloved hand, pinch the glove material of the opposite glove at the level of the wrist.
 - Grab the outer surface of the opposite glove at the level of the upper wrist and peel the glove off from wrist to fingertip

- Maintain the removed glove with the remaining gloved hand.
- Using the bare hand, insert the index finger underneath the glove so that the finger is between the hand and the inner portion of the glove
- Still using the bare hand, peel off the second glove from the inside, wrist to fingertip
- During the removal process, tuck the first glove inside the second glove
- Dispose of gloves in trash receptacle
 - If gloves are contaminated with blood, ear drainage, or cerumen, place in a small plastic bag, separate from other trash
 - Gloves containing significant amounts of blood should be disposed of in impermeable bags labeled with biohazard symbol
 - Wash hands according to the hand hygiene protocol
- **Eye Protection:** Diseases can be transmitted through the eyes.
 - Required when:
 - Treating high risk patients
 - Risk of splash or splatter of potentially infectious material
 - Clinician or patient is at risk of airborne contamination
 - Types
 - Eyeglasses worn for visual correction
 - Safety eyeglasses
 - Face shields
- **Masks:** Diseases such as airborne microorganisms (tuberculosis) can be transmitted through mouth or nose
 - Required when:
 - A patient reports a potentially contagious airborne microorganism disease
 - They are mandated by local, state, and or national public health experts.
 - Procedure:
 - Surgical masks are single-use
 - Dispose of masks in a trash receptacle after use
 - Mask must fit snugly over mouth and nose
 - Re-useable cloth masks may be worn but must be washed between uses.

Surface Disinfection Protocol

It is the policy of this clinic that all horizontal surfaces where potential direct or indirect contact could be made, will be first cleaned and then disinfected with a designated, hospital-grade, EPA-registered disinfectant immediately after the patient appointment, before vacating the room for the next appointment. Surface disinfection will occur at the end of each appointment regardless of the nature of the appointment.

- **Using disinfectant towelettes to clean and disinfect**
 - After the patient's appointment and before vacating the room for the next appointment, first, clean all horizontal work counters by wiping the surface with a disinfectant towelette.
 - After removing the gross contamination, re-wipe the surface again with a fresh towelette.
 - Leave the surface wet for the time specified on the label, then wipe dry with a paper towel.

Sterilization Protocols

Sterilization of critical instruments will occur at the end of the day, in preparation for the next business day, to allow for appropriate soaking times per the manufacturer's instructions.

- Immediately after the last appointment of the day, designated, covered containers holding contaminated instruments will be brought to the sterilizing area.
- While wearing gloves, clean the surface of critical instruments with a paper towel or disinfectant towelette. The same towel or towelette may be used to clean all instruments.
- Once the instruments are cleaned, carefully place the instruments with the gloved hands into the appropriate plastic tray containing the cold sterilant solution making sure that all instruments are completely submerged in the solution,.
- Cover the tray and allow to minimally soak according to manufacturer's directions (overnight).
- Remove gloves and wash hands according to designated procedures.

Retrieval of sterilized instruments

- After cold sterilization is complete, put on a fresh pair of gloves
- Remove instruments from the solution using special removal trays or by placing each instrument on a designated tray
- Rinse instruments in the sink
- Allow instruments to air dry
- Return instruments to the appropriate location for use
- Cold sterilant solution should be changed according to manufacturer's instruction or sooner if the solution becomes visibly soiled.

Work Practice Infection Control Procedures

Audiologic Measures:**Otoscopy:**

- If upon reviewing the external ear, drainage is noted, glove
- Complete otoscopic procedure
- Remove specula and dispose of in trash receptacle
 - If the tip is contaminated with blood or bodily fluids, place in a small plastic bag, separate from other trash. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with the biohazard symbol.
 - If the tip is contaminated with blood or bodily fluids, and the external ear did not denote drainage, glove before removing specula and dispose of it in an appropriate container.

Tympanometry:

- If otoscopy revealed drainage, infection, blood or foreign body, glove
- Administer test
- Remove disposable ear tips and place in a jar labeled “dirty”
 - If the tip is saturated with a significant amount of wax throw it away in the trash.
 - If the tip is contaminated with blood or bodily fluids, place in a small plastic bag, separate from other trash. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with the biohazard symbol.
- Disinfect any hard level surface surrounding the equipment with disposable germicidal pre-moistened cloth (Sani-Cloth)

Headphones:

- Administer test
- Glove
- Disinfect with disposable germicidal pre-moistened cloth (Sani-Cloth) or spray
 - Wipe headband
 - Wipe headphone cushions (be careful not to wet the speaker component of the headphone)
- Hang in designated area and let dry
- Throw disinfectant cloth and gloves in trash receptacle
 - If cloth or gloves are contaminated with blood or bodily fluids, place in a small plastic bag, separate from other trash. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with biohazard symbol.

Inserts:

- Administer test
- Glove
- Remove Earlink tips and dispose of in trash receptacle
- Disinfect remaining tube sockets and cables with disposable germicidal pre-moistened cloth (Sani-Cloth)

- Hang in designated area and let dry
- Throw disinfectant cloth and gloves in trash receptacle
 - If cloth or gloves are contaminated with blood or bodily fluids, place in a small plastic bag, separate from other trash. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with biohazard symbol.

Auditory Brainstem Response Test:

- Wash hands before the procedure
- Glove
- Scrub and prep patient
- Disregard prepping agents in the trash receptacle
 - If prepping agents are contaminated with blood or bodily fluids, place in a small plastic bag, separate from other trash. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with the biohazard symbol
- Remove gloves-complete test
- Upon completion- put on new gloves
- Remove electrodes, disconnect from appropriate cords and throw away electrodes in the trash receptacle
 - If electrodes are contaminated with blood or bodily fluids, place in a small plastic bag, separate from other trash. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with the biohazard symbol
- Disinfect ear equipment with disposable germicidal pre-moistened cloth (Sani-Cloth)
- Hang and let dry
- Disinfect any hard level surface surrounding the equipment with disposable germicidal pre-moistened cloth (Sani-Cloth)

Otoacoustic Emissions:

- Wash hands before the procedure
- If otoscopy revealed drainage, infection, blood or foreign body, glove (however, you most likely would not administer if these conditions were present)
- Administer Test
- Remove ear tip and disregard in a trash receptacle
 - If the tip is contaminated with blood or bodily fluids, glove, then place in a small plastic bag, separate from other trash. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with the biohazard symbol
- Glove
- Disinfect remaining ear level equipment/tube with disposable germicidal pre-moistened cloth (Sani-Cloth)

- Let dry and lay on appropriate surface or charging unit
- Disinfect any hard level surface surrounding the equipment with disposable germicidal pre-moistened cloth (Sani-Cloth)

Ear Impressions:

- Hands will be washed thoroughly immediately prior to initiating earmold impression procedures
- In the absence of open wound or ear drainage, gloves need not be worn during the insertion of otoblock* or injection impression material.
- Place all needed supplies and equipment on a clean paper towel on the counter/table
- Glove
- Complete otoscopy
- Complete ear impression procedure
- As the impression material is setting, the earmold impression box will be prepared.
- Due to the risk of exposure to blood, ear drainage, or cerumen containing blood or ear drainage, appropriately sized gloves will be worn on both hands while removing impression material from patient's ear canal(s).
- Remove ear impression, place in the appropriate designated container immediately.
- Gloves will be removed according to appropriate procedures.
 - If the gloves or any component of the materials used for taking the impression is contaminated with blood or bodily fluids, place in a small plastic bag, separate from the other trash. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with the biohazard symbol
- Immediately following glove removal, appropriate hand hygiene procedures will be followed.
- Repeat otoscopy
- Place used syringes, splender, and otolight in designated area for cleaning, disinfection, and sterilization
- Throw away all disposable used materials in a trash receptacle
- Surface disinfection of table and counter in the hearing aid room should be performed after ear impressions are made, before vacating the room for the next patient

*At no time will the otoblock, once inserted and subsequently removed from the ear canal, be handled with bare hands. In the event, there is a need to reposition the otoblock, either remove the otoblock without making contact with the block, discard into the waste, and initiate insertion with a new block OR before removing the block, put on a pair of gloves to allow for manipulation and re-sure of the pre-inserted otoblock.

Hearing Aids and Earmolds:

Hearing aids and earmolds will not be handled with bare hands until the item has been thoroughly cleaned first then disinfected with a disinfectant towelette. Disinfection of hearing aids and earmolds is appropriate when it is not contaminated with blood, otorrhea, or cerumen that contains either substance.

Hearing Aid and Earmold Surface Disinfecting

- The hearing aid or earmold can be received with a gloved hand or ask the patient to place the instrument on a tissue, disinfectant towelette, in a container, or in a resealable plastic bag.
- Gloves must be worn or the hearing aid/earmold should be held by a disinfectant towelette while cleaning and disinfecting.
- Clean the hearing aid or earmold with spray solutions such as Audiologist's Choice Earmold and ITE Hearing Aid Spray or a disinfecting towelette such as SaniWipes.
- After cleaning the hearing aid, use a fresh disinfecting towelette to wipe the surface. **NOTE:** If a disinfectant towelette is used to clean the hearing aid or earmold, a fresh towelette must be used to disinfect.

Hearing Aid Listening Check

- Pre-clean and disinfect the entire surface of the hearing aid according to the hearing aid disinfecting procedure
- Attach the hearing aid to the listening probe tip of the hearing aid stethoscope
- After performing the listening check on one or both hearing aids, use a fresh disinfectant towelette to clean the listening probe tip and both earpieces of the stethoscope.
- Place the stethoscope in the appropriate resting location for later use.

Electroacoustic analysis of hearing aid

- Pre-clean and disinfect the entire surface of the hearing aid according to the hearing aid disinfecting procedure.
- Attach the receiver portion of the hearing aid to the coupler using standard procedures.
- Once measurements are completed, remove the hearing aid from the coupler.
- Using a fresh disinfectant towelette, clean the surface of the coupler

Real-ear measurements with a hearing aid

- In the absence of open wound or ear drainage, gloves need not be worn during the insertion of probe tube into the ear canal.
- Once measurements are completed, remove the probe tube from the ear canal, being careful not to handle or touch the contaminated tube.
- Immediately discard probe-tube into waste
- Disinfect earpiece with disposable germicidal pre-moistened cloth (Sani-Cloth)
- Let air dry and place on surface storage
- Disinfect any hard level surface surrounding the equipment with disposable germicidal pre-moistened cloth (Sani-Cloth)

Earmold modifications

- Pre-clean and disinfect the entire surface of the hearing aid according to the hearing aid disinfecting procedure.
- Before initiating the use of a grinding or buffing wheel, do the following:
 - Put on a pair of safety glasses
 - Put on a mask to cover the nose and mouth area
 - Position the protective cover of the grinding or buffing wheel to minimize exposure to particles from the wheel or hearing aid
- During modification procedures, disinfect earmold or hearing aid surface with fresh disinfectant towelette before insertion in the patient's ear for modification assessment.
- Upon completion of modification procedures, disinfect earmold or hearing aid surface with fresh disinfectant towelette and insert in the patient's ear.
- Clean and disinfect counter top areas where modifications were performed.
- Remove gloves, discard appropriately, and initiate appropriate hand hygiene procedures.
- Remove mask and discard in the regular trash

Disinfecting Materials:

Wear exam gloves when handling contaminated items or harmful chemicals

Protocol: Tympanogram tips, tools used for taking impressions and tools used to clean and work with hearing aids

- ◆ Rinse instruments and/or tips
- ◆ Change out the ultrasonic liquid before each use
- ◆ Disinfect in ultrasonic machine for full cycle
- ◆ Rinse instruments
- ◆ Sanitize instruments in sporex disinfectant in designated container per posted guidelines
- ◆ Rinse instruments and lay to dry with cover

Protocol: Surface disinfection

- Glove and wipe countertops with SaniWipe Disinfectant cloth and let dry for at least 10 minutes.
- If a surface area has been contaminated with blood or bodily fluids, the following is recommended:
 - Glove and isolate surface area in a designated room away from the contact of others. If the surface is an unremovable item, the diagnostic or therapy room will be closed until the time that University Janitorial Services can come and appropriately treat.
 - Dispose of gloves in an impermeable bag labeled with the biohazard symbol
 - Notify Building Manager (Michael Block michael.block@wisc.edu) to call Janitorial Services for clean-up

Protocol: Toy Disinfection

- Glove and wipe all surfaces of toy with SaniWipe Disinfectant cloth and let dry

Protocol: Hearing Aid Drop Off:

- Reception area staff may receive a hearing aid in a sealed bag or offer a sealable bag for the patient to transport instrument into before handing to staff
- The bag is stored in the drop off bin until evaluation

References:

Bankaitis, A.U. & Kemp, R.J. (2002). Hearing Aid-Related Infection Control. In: M. Valente (Ed.), Strategies for Selecting and Verifying Hearing Aid Fittings, Second Edition (pp.369-383). New York: Thieme Medical Publishers, Inc., New York: NY.