College of Audiologists and
Speech-Language Pathologists of Ontario

Ordre des Audiologistes et
des Orthophonistes de l'Ontario

PRACTICE STANDARDS FOR CERUMEN MANAGEMENT

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EXECUTIVE SUMMARY

This document identifies the standards of practice for audiologists in Ontario when providing cerumen management. Cerumen management involves the removal of cerumen, also called earwax, from the external ear canal. Cerumen management includes the education, counseling and recommendations provided to the patient by the audiologist to prevent an accumulation of cerumen that could affect hearing, delay audiological assessment, or cause discomfort. The standards in this document may also be applied to removal of other materials from the ear that are applicable to an audiologist's practice, such as hearing aid domes, ear impression materials, and cotton swabs.

Practice standards define the level of practice required to ensure safe and competent care and are identified through consensus within the profession. The standards in this document reflect the generally accepted practices adopted by Ontario audiologists when removing cerumen from the ear canal and when providing cerumen management. This includes conducting a detailed case history, thorough examination of the ear canal and eardrum, selecting appropriate intervention options, evaluating post-procedure status of the ear, and educating the patient[1] regarding follow-up and prevention.

Throughout the process, the audiologist must provide the patient and/or substitute decision maker (SDM) with information, act as a resource, and provide the opportunity to make informed decisions regarding the intervention. Audiologists must also provide services that are respectful and responsive to the cultural needs of patients and families. All the required components in the provision of cerumen management must be documented.

[1] The term "patient" is used to represent an individual who receives health care intervention from an audiologist and is synonymous with "client" or "student". The use of the term "Patient" mirrors the language used in the *Regulated Health Professions Act, 1991* and by the Ministry of Health and Long-Term Care.

A. PREAMBLE

Standards of practice articulate expectations regarding the knowledge, skill and judgement that members must possess, as well as specific practices to which members must adhere. Generally, standards are developed through a process of consensus within the profession. As members of CASLPO, audiologists are required to ensure their knowledge, skill and judgement are current. This is monitored through the Quality Assurance Program. Therefore, it is reasonable to assume that the members are best able to identify the standards of practice. However, this does not preclude the College from setting a standard that is not currently practiced by the profession if there is compelling evidence to suggest that a standard should be set to mitigate significant risk. In such cases, it is the College's duty to gather appropriate evidence, set the standard and allow the members to respond.

The standards of practice contained in this document have been identified through consultation with the members of the profession, as well as a review of other resources, such as legislation and interjurisdictional standards.

CASLPO's Practice Standards ensure quality care to the people of Ontario. This document outlines the necessary standards and competencies but is not intended to be a tutorial or to provide audiologists with all the information required for the provision of cerumen management services.

The "must" statements in this document establish standards that members are required to follow. In some cases, "must" statements have been established in legislation and/or other CASLPO documents. In other cases, the "must" statements describe practices that are established by virtue of what the profession agrees are to be "standard" practices. To the greatest extent possible, members are expected to follow these practice standards.

However, audiologists must also exercise professional judgment, taking into account the environment and the individual patient's needs, when considering deviating from these standards and must document and be prepared to justify any departures from the standards.

B. DEFINITION OF SERVICE

Cerumen, or "earwax", is a naturally occurring substance that cleans, protects, and lubricates the external ear canal. Usually cerumen is harmless and need not be removed as it serves a protective function to the ear.

However, accumulation of cerumen is a common reason for patients to seek care for ear-related problems. At times an accumulation of cerumen, or blockage of the external ear canal by cerumen, can lead to a reduction of hearing, ringing in the ear (tinnitus), itching, and ear pain (otalgia).

In addition, excessive cerumen may:

- Prevent complete visual examination of the external ear canal and ear drum (tympanic membrane)
- Cause discomfort to the patient
- Be cosmetically unappealing for the patient
- Interfere with the provision of audiological services (e.g., hearing and balance assessments, hearing aid fittings)
- Prevent the development and implementation of an audiological treatment plan

Audiologists typically provide cerumen management services to patients who are receiving audiological services. However, cerumen management may also occur as an isolated intervention. At times, audiologists may be requested to remove other materials, such as hearing aid domes or foreign objects, from the external ear canal.

This document is intended to provide standards of practice for all instances of removal of material from the external ear canal.

C. SCOPE OF PRACTICE

The *Audiology and Speech-language Pathology Act, 1991* states: "The practice of audiology is the assessment of auditory function and the treatment and prevention of auditory dysfunction to develop, maintain, rehabilitate or augment auditory and communicative functions."

Audiologists are concerned with the prevention, identification, assessment, treatment and (re)habilitation of auditory and balance difficulties in children and adults. Audiologists also provide education and counseling services for people experiencing problems in these areas.

Audiologists' scope of clinical practice includes the provision of assessment, treatment, (re)habilitation and consultation services for:

- Auditory Function
- Vestibular (balance) Function
- Tinnitus (ringing in the ears)
- Auditory Processing Disorders
- Cerumen Management
- Prescription and dispensing of hearing aids, cochlear and middle ear implants, as well as assistive listening and alerting devices

Removing cerumen from the ear canal is within the scope of practice for audiologists in Ontario.

Audiologists should note that these procedures do not and should not involve:

> "Putting an instrument, hand or finger,
>
> 1. beyond the external ear canal"

As specified in paragraph 27 (2) 6 of the *Regulated Health Professions Act, 1991*, which is a controlled act that audiologists do not have the authority to perform.

D. RESOURCE REQUIREMENTS

Standard D.1	Audiologists must ensure availability of resources and equipment for the safe and effective removal of cerumen from the ear.

Audiologists must ensure that they have appropriate equipment and technology intended for use during cerumen management in order to:

- Adequately visualize the ear canal during all stages of the intervention with appropriate illumination and magnification (e.g., through the use of a headlight, otoscope, video otoscope etc.)
- Assess the status of the outer ear, ear canal, and tympanic membrane before, during, and after cerumen management (e.g., conducting otoscopy and tympanometry)
- Extract the cerumen by the appropriate technique, which may include:
    i) Manual removal using instruments (e.g. stainless steel and disposable ear curettes, hooks, forceps)
    ii) Suctioning (e.g. appropriate medical grade apparatus)
    iii) Irrigation (e.g. appropriate aural irrigation equipment, syringes, etc.)
- Determine the effectiveness of the intervention

Standard D.2	Audiologists must ensure that all materials and equipment utilized in service provision are in proper working order.

All equipment must be maintained according to manufacturers' specifications and recommendations, as outlined in the Self-Assessment Tool (Management Standards). Audiologists must also ensure equipment is calibrated according to manufacturers' specifications as required in CASLPO's Code of Ethics 4.2.9 (2011):

" Audiologists and Speech-Language Pathologists:

> Shall ensure that all equipment used is calibrated and in proper working order"

E. COLLABORATION REQUIREMENTS

Standard E.1	Audiologists must communicate effectively and collaboratively with the patient and/or the SDM and others who are involved with the patient, with appropriate consent.

Other healthcare providers may be required both for prevention and intervention. Due to the potential for complications when removing cerumen, or any other materials from the ear canal, Audiologists must be able to quickly refer patients if further medical intervention is warranted.

Consent is required when communicating with others involved with the patient or the SDM, as indicated in CASLPO's Professional Misconduct Regulation and the *Personal Health Information Protection Act (PHIPA), 2004*.

F. HEALTH AND SAFETY PRECAUTIONS

Standard F.1	Audiologists must employ current practices for infection prevention and control.

All intervention procedures must ensure the safety of the patient and audiologist, and must adhere to the infection control practices, as indicated in the Infection Prevention and Control Guidelines for Audiology. Additional precautions specified by the practice setting and/or the manufacturers instructions must also be adhered to.

Audiologists must ensure that all equipment used is disinfected/sanitized in accordance with the Infection Prevention and Control Guidelines for Audiology. Adherence with the most rigorous standards for infection prevention and control is required. This includes sterilization of re-usable materials and equipment that come in contact with cerumen. Items marked or labelled for single-use should not be re-processed and must be disposed of according to product specifications.

G. PRINCIPLES GUIDING SERVICE DELIVERY

1. PRINCIPLES OF CULTURALLY RESPONSIVE INTERVENTION

 Standard G.1	Audiologists must make reasonable efforts to be responsive to socio-cultural factors in all phases of intervention.

Audiologists must be aware that socio-cultural factors such as age, ancestry, colour, race, citizenship, ethnic origin, place of origin, creed, disability, family status, marital/single status, gender expression, socio economic factors, gender identity, sex, sexual orientation may affect screening, assessment, management, communication and therapy relationships and must incorporate this knowledge into the patient's intervention. Equally, the audiologist must not make assumptions about a patient based on their socio-cultural background. Each patient is unique and should be treated accordingly. Service provision and collaboration must allow the patient or their SDM a choice that is fully informed and based on unbiased culturally relevant information as discussed in CASLPO's Guide to Service Delivery Across Diverse Cultures.

2. PRINCIPLES OF EVIDENCE-BASED PRACTICE

 Standard G.2	Audiologists must use evidence-based practice principles in their intervention.

CASLPO defines evidence-based practice as intervention based on the integration of current research evidence with clinical knowledge, skill and judgement and patient needs and values.

Audiologists' primary ethical obligation is to practice their skills for the benefit of their patients (Code of Ethics 3.1 2011). Evidence-based practice must be patient centered. The member should interpret best current evidence from research combined with the member's clinical knowledge and relate it to the patient, including their preferences, environment, culture, and values.

3. CONSENT

CONSENT TO COLLECT, USE, DISCLOSE AND RETAIN PERSONAL HEALTH INFORMATION

Standard G.3	Audiologists must obtain knowledgeable consent from the patient or SDM for the collection, use, disclosure and retention of personal health information.

The *Personal Health Information and Protection Act (PHIPA), 2004*, requires members to obtain knowledgeable consent for the collection, use and disclosure of any personal health information obtained during screening, assessment and management. All consent must be documented. It can be obtained in written format or verbally.

Agencies may have various procedures for obtaining consent for the collection, use and disclosure of information. These may be used if they comply with the *PHIPA, 2004*, and CASLPO requirements.

The Information and Privacy Commission of Ontario has outlined the criteria whereby members can rely on assumed implied consent to collect, use and disclose personal health information. This is known as the 'Circle of Care'.

All of the following six criteria must apply:

1. The Health Information Custodian (HIC) is entitled to rely on assumed implied consent. Audiologists are considered HICs.
2. The personal health information must have been received from the individual, SDM or another HIC
3. The personal health information was collected, used and disclosed for the purposes of providing health care
4. The HIC must use the personal health information for the purposes of providing health care, not research or fundraising
5. Disclosure of personal health information from one HIC must be to another HIC
6. The receiving HIC must not be aware that the individual has expressly withheld or withdrawn consent

Consent to collect, use and disclose personal health information can be withdrawn in full or in part at any time by the patient or by his /her SDM.

CONSENT TO TREATMENT

 Standard G.4	Audiologists must obtain valid and informed consent for all interventions.

Audiologists must obtain valid and informed consent from the patient or SDM, as indicated in the CASLPO Position Statement on Consent to Provide Screening and Assessment Services for all interventions. Interventions include screening, assessment, and management. Further information on consent, capacity to consent and withdrawal of consent is found in the Consent and Capacity E-Learning Module (Member's Portal, select Education) and in the document, Obtaining Consent For Services: A Guide For Audiologists And Speech-Language Pathologists.

To obtain informed consent, as defined in the *Health Care Consent Act, 1996*, it is necessary to provide to the patient or their SDM the following information:

- the nature of the service
- the expected benefits
- any probable or serious risks and side effects

- alternative courses of action
- likely consequences of not receiving service

Audiologists are reminded that the critical element in obtaining consent is the discussion of the information as described above and not the act of signing a consent form. All consent to perform a screening, assessment or management must be documented.

Consent for screening, assessment and management can be withdrawn at any time by the patient or by their SDM.

CAPACITY TO CONSENT TO TREATMENT

 Standard G.5	Audiologists must evaluate capacity if the ability of the patient to consent to the audiologist's services is in doubt.

If the patient's ability to provide informed consent for the proposed intervention is in doubt, the audiologist must evaluate the individual's capacity to consent. Capacity evaluation examines the patient's ability to understand relevant information and his or her ability to appreciate the reasonably foreseeable consequences of a decision or lack of decision. If the patient is found lacking in capacity to consent, the audiologist must approach the SDM for informed consent. The audiologist must also inform the patient on the process to appeal the finding of incapacity to consent to intervention with the Consent and Capacity Board. Further information regarding consent and capacity is found in Obtaining Consent for Services: A Guide for Audiologists and Speech-Language Pathologists.

 Standard G.6	Audiologists must document every consent received regarding intervention**.**

CASLPO requires members to document verbal consent and to maintain any written consents as evidence that the process of obtaining consent was undertaken. The Records Regulation (2015) requires members to document:

32. (2) 14. A record of every consent provided by the patient or by the patient's authorized representative.

4. PRINCIPLES OF RISK MANAGEMENT DETERMINATION

Standard G.7	Audiologists must identify and manage risk factors, including those related to physical and emotional risk, as well as risk to communication outcomes.

Audiologists must take steps to minimize the risks associated with removing cerumen from the ear canal. The risk of harm is increased in certain populations, such as infants, children, and the medically fragile.

These risks may be considered with respect to risk of:

- Physical harm (e.g., injury to the ear canal, perforation of the tympanic membrane, exacerbation of chronic middle ear disease, damage to the ossicular chain)
- Causing discomfort to the patient
- Worsening a condition (e.g., dizziness, tinnitus)
- Circumstances noted during case history (e.g., use of blood thinning medications, history of ear surgery)
- Possible contraindications (e.g., perforated tympanic membrane, active drainage from the ear, active infection of the outer, external or middle ear)
- Stress or anxiety related to participation in the procedures

Once risks have been identified the audiologist must implement an appropriate risk management plan. The plan should mitigate risk where possible and/or be able to address any complications that may arise, including a plan to refer to a physician, if necessary. In certain instances, immediate medical intervention may be required (e.g., significant abrasion, perforation of the tympanic membrane, and/or profuse bleeding of the ear canal).

5. PRINCIPLES OF DOCUMENTATION

Standard J.1	Audiologists must document all aspects of the provision of services.

All documentation by audiologists must conform to the Records Regulation (2015).

For cerumen management services this would include but is not limited to:

- The status of the ear canal before and after the cerumen management procedure has been performed
- The type of management procedure used
- The status of the tympanic membrane
- Modifications made to the intervention plan based on any condition of the ear canal or an inability to visualize the tympanic membrane
- The outcome of the management procedure
- Counselling or recommendations provided to the patient

Standard J.2	Audiologists must document communication and collaboration with other professionals in the planning or delivery of services

Communication and collaboration with other educational, psychosocial or health care professionals in the planning or delivery of services must be documented. This would include referrals to other providers.

Standard J.4	Audiologists must ensure that records are securely stored.

Records must be stored securely in accordance with CASLPO's Records Regulation (2015) and any other relevant legislation, such as the *Personal Health Information Protection Act, 2004*. Reasonable steps must be taken to ensure that personal health information in the member's custody of control is," …protected against theft,

loss and unauthorized use or disclosure and to ensure that the records containing the information are protected against unauthorized copying, modification or disposal." PHIPA 2004, c. 3, Sched. A, s. 12 (1).

H. INTERVENTION: COMPETENCIES

Standard H.1	Audiologists must have the required competencies to provide cerumen management services.

When providing cerumen management services, audiologists must ensure that they possess the necessary competencies, as determined by their education, training and professional experience. The intervention must be carried out in the patient's best interest and ensuring patient safety (Code of Ethics 4.2.2 2011).

Audiologists must possess the knowledge, skill and judgement in order to carry out the intervention, which may include some or all of the following components of care:

1. Obtaining a case history
2. Examination of the ear pre and post-intervention
3. Cerumen removal procedures
4. Follow-up and prevention

When audiologists determine that they do not have the required knowledge, skill and judgment to provide intervention, they are advised to seek and participate in continuing education that will improve competence and ensure they meet the practice standards, as well as consult with and/or refer to other health care providers who possess the required competencies.

1. CASE HISTORY

Standard H.2	Audiologists must work in collaboration with the patient and/or SDM to obtain a thorough case history, which includes relevant medical information

A thorough case history will inform the audiologist as to the nature and cause of the problem. Furthermore, the case history will identify any complicating factors and/or contra indicators for cerumen management.

COMPETENCIES FOR OBTAINING A CASE HISTORY

Audiologists must demonstrate the knowledge, skill and judgement in order to:

- Obtain and interpret valid and reliable case history and assessment data (e.g., tympanogram, audiogram data)
- Determine the degree and type of symptoms associated with cerumen accumulation
- Identify exacerbating behaviours related to cerumen accumulation
- Obtain and interpret information provided by the patient and/or SDM related to ear canal structure and function
- Identify and determine the impact of conditions of the ear that may increase the risk associated with cerumen removal (e.g., history of or present tympanic membrane perforation, ear surgery, pathological conditions of the pinna such as lesions or skin infection, pathological conditions of the ear canal and tympanic membrane, myringotomy tubes)
- Determine the impact of general health conditions and/or medications on the risks associated with cerumen removal (e.g., diabetes mellitus, immunocompromised patient, use of blood thinners)

2. EXAMINATION OF THE EAR

Standard H.3	Audiologists must conduct a thorough examination of the ear prior to, during, and following any cerumen removal.

An ear examination must occur to determine the need for treatment, the scope of the intervention, and the ability to carry out the intervention safely.

The audiologist will examine the pinnae, ear canal, and if possible the tympanic membrane. When possible, the audiologist will conduct testing to assess the function of the outer ear, tympanic membrane and middle ear.

Examination of the ear prior to the intervention allows the audiologist to determine:

- The presence and consistency of cerumen
- The shape and size of the ear canal
- The status of the tympanic membrane
- Risks or contraindications for cerumen removal
- The safest removal technique

Examination of the ear during and post intervention allows the audiologist to closely monitor the intervention and determine the effectiveness of the procedure.

COMPETENCIES FOR EXAMINING THE EAR

Audiologists must demonstrate knowledge, skill and judgement in order to:

- Determine the consistency of the cerumen and whether cerumen removal is appropriate or necessary
- Determine conditions of the outer ear, ear canal, middle ear and/or tympanic membrane that may affect or limit treatment (e.g., a past, present or suspected tympanic membrane perforation would prohibit irrigation, active ear infection may contraindicate any cerumen removal technique)
- Identify pre-existing conditions of the ear that inform the treatment plan and post-evaluation (e.g., abrasions in the ear, bleeding, redness, scarring of the eardrum)
- Recognize differences in anatomy that affect treatment and post-evaluation (e.g., exostoses, narrow ear canals)
- Monitor the status of the tympanic membrane, middle ear, and outer ear canal throughout the procedure (before, during, and after cerumen management)
- Identify when it is appropriate to proceed with or discontinue a cerumen removal technique
- Identify when a medical referral is required

3. REMOVAL OF CERUMEN

Standard H.4	Audiologists must have the competencies to perform the required techniques or procedures to remove cerumen.

A variety of approaches may be used to remove cerumen from the ear canal including softening agents, mechanical removal, suctioning, irrigation or a combination of these methods. Any procedure for removal of cerumen from the ear canal should be considered an invasive procedure with a risk of complication, pain and/or discomfort to the patient. Audiologists should proceed with caution and never work beyond their level of professional competence.

GENERAL COMPETENCIES FOR REMOVAL OF CERUMEN

Audiologists must possess knowledge, skill and judgement in order to:

- Determine the preferred procedure or technique for cerumen removal based on the case history and examination of the ear
- Select and employ equipment that is appropriate for the procedure or technique used to ensure the safe practice of cerumen management
- Continually assess the effectiveness of the selected technique, the need for an alternative approach or to combine approaches, and/or the need to discontinue the intervention
- Continually assess and confirm the comfort of the patient and their ongoing consent to continue throughout the intervention
- Recognize the conditions and/or circumstances arising from cerumen removal that require a medical referral (e.g., profuse bleeding in the ear canal, perforation of the ear drum)

In addition to these general competencies, audiologists must possess specific competencies associated with specific procedures.

COMPETENCIES FOR CERUMEN SOFTENING

Cerumenolytic agents are designed to soften or dissolve cerumen. Audiologists must demonstrate the knowledge, skill and judgement in order to:

- Determine when the use of cerumenolytic agents is appropriate
- Select the appropriate cerumenolytic agents
- Provide counseling and explain appropriate methods for their use, including the manufacturer recommended methods
- Recognize possible side effects (e.g. allergic reaction)
- Identify contraindications for the use of specific cerumenolytic agents

COMPETENCIES FOR REMOVAL OF CERUMEN BY MECHANICAL EXTRACTION, AURAL SUCTIONING, AND AURAL IRRIGATION

When proceeding to remove cerumen from the ear canal using mechanical extraction, aural suctioning, and/or aural irrigation audiologists must demonstrate the knowledge, skill and judgement in order to:

- Select equipment and instruments that are suitable and appropriate for the procedure, for example curettes and suction tips based on the patient's ear canal size and shape
- Determine contraindications (e.g., tinnitus or hyperacusis for aural suctioning, non-intact tympanic membrane and/or myringotomy tubes for aural irrigation)
- In the case of aural irrigation, ensure the appropriate water temperature, water pressure and angle that will effectively dislodge the cerumen, and determine if drying agents should be employed
- Prevent and/or minimize any instrument contact with the ear canal and tympanic membrane

4. FOLLOW-UP AND PREVENTION

 Standard H.5	Audiologists must provide education, counseling, and follow-up care to mitigate future cerumen accumulation and to educate the patient or SDM on ear hygiene

The importance of prevention must be stressed, along with education on any behaviours that will mitigate future issues.

COMPETENCIES FOR FOLLOW-UP CARE AND/OR PREVENTION

Audiologists must demonstrate knowledge, skill and judgement in order to:

- Provide education and counseling regarding the risks of cerumen accumulation
- Determine the need and extent of a follow-up care plan
- Educate the patient regarding appropriate ear care and ear hygiene

I. GLOSSARY

ACOUSTIC IMMITTANCE

A measurement of energy or air pressure flow, involving the ear canal, eardrum, ossicular chain, and certain muscles and nerves of the ear. Also known as impedance audiometry a primary purpose of this group of measurements is to determine the status of the tympanic membrane and middle ear via tympanometry.

CERUMEN/EAR WAX

A substance found in the external ear canal, which is composed of a mixture of secretions from sweat glands in the ear with epithelial cells, hair, and other particulate matter. Also known as "ear wax" cerumen is a naturally occurring substance that cleans, protects, and lubricates the ear canal.

CERUMEN MANAGEMENT

Removal of cerumen from the external ear canal using any intervention or procedure. Cerumen management also involves recommendations and counseling provided to the patient regarding ear hygiene and the prevention of cerumen accumulation.

CERUMENOLYTIC AGENT

A chemical agent that is instilled into the ear canal to soften or dissolve cerumen to facilitate its removal.

EXOSTOSES

Benign bony overgrowth of the bony portion of the external auditory canal brought about by exposure to cold wind and water combined.

EXTERNAL EAR CANAL/EXTERNAL AUDITORY CANAL/OUTER EAR/EAR CANAL

The tube or passage made of skin and bone that runs from the opening at the pinna to the middle ear and directs sound to the tympanic membrane.

HYPERACUSIS

Heightened auditory perception, often accompanied by painful sensitivity to ordinary environmental sounds, to the extent that normal sound levels are intolerable.

INTERVENTION

Intervention includes screening, assessment, treatment, management, consultation, education and counselling.

KNOWLEDGEABLE CONSENT

The patient understands why their personal health information is being collected and used and the purpose for disclosing their information to another health information custodian, agent or third party and agrees to the collection, use and/or disclosure. The patient also is informed that they may give, withhold or withdraw consent.

MANAGEMENT

Refers to treatment, monitoring, follow up, education, counselling, and discharge planning.

MIDDLE EAR

A part of the ear that consists of the tympanic membrane and the space behind it that houses the ossicular chain, which transmits sound vibrations from the tympanic membrane to the inner ear.

MYRINGOTOMY TUBE

Small tubes made of plastic or metal open at both ends and placed in an incision made in the tympanic membrane by a physician for the removal of middle ear fluid (myringotomy procedure). Myringotomy tubes allow the middle ear space to be aerated. Also known as a tympanostomy tube or "ear tube".

OSSICULAR CHAIN

The small bones of the middle ear that are articulated to form a chain for the transmissions of sound from the tympanic membrane to the oval window.

OTOSCOPE

A hand-held tool with a speculum and light source used to magnify and examine the external ear canal.

OTOSCOPIC EXAMINATION/OTOSCOPY

The examination of the ear canal and tympanic membrane through the use of an otoscope.

PINNA/PINNAE/AURICLE

The visible cartilaginous structures of the ear that lie outside the head. Also known as auricle(s), which are the outer projecting portions of the ear.

SUBSTITUTE DECISION MAKER (SDM)

An individual such as a relative, trustee, guardian or person with power of attorney who is permitted to make a decision on behalf of another individual who is deemed incapable of making his/her own decisions regarding personal health information or treatment.

TINNITUS

The sensation of ringing, buzzing, chirping, or hissing in the ear.

TYMPANIC MEMBRANE

Also known as the eardrum, a thin membrane that serves as a partition between the external ear and the middle ear and transmits the motion of sound waves to the ossicular chain in the middle ear

TYMPANOMETRY

An objective test of middle ear function that provides information on the condition and mobility of the tympanic membrane and ossicular chain by creating variations of air pressure in the ear canal.

REFERENCES

Armstrong, C. (2009). Diagnosis and Management of Cerumen Impaction. *Am Fam Physician.* Nov 1;80(9):1011-1013.

Purdy, J.K. (2015). The International Hearing Society Soundboard. Cerumen Management. Retrieved from https://ihsinfo.org/IhsV2/CEUs/pdf/Cerumen_Management-Jan-Feb_SoundBoard.pdf.

Schwartz, S.R., Magit A.E., Rosenfeld, R.M., Ballachanda, B.B., Hackell, J.M., Krouse, H.J., Lawlor, C.M., Lin, K., Parham, K., Stutz, D.R., Walsh, S., Woodson, E.A., Yanagisawa, K., Cunningham, E.R. (2017). Clinical Practice Guideline (Update): Earwax (Cerumen Impaction). Otolaryngology- Head and Neck Surgery, Vol 1 56 (IS) SI-S29.

Winnipeg Regional Health Authority, Primary Care Practice Guidelines for Cerumen Management. (2011). PCPG1 retrieved from http://www.wrha.mb.ca/professionals/familyphysicians/files/PC_PCPG1.pdf.

State Cerumen Management Requirements. American Speech Language Hearing Association. Retrieved from URL: https://www.asha.org/Advocacy/state/State-Cerumen-Management-Requirements/

J. FREQUENTLY ASKED QUESTIONS

Q1. How are audiologists expected to gain competency in cerumen management if they want to include this as an area of practice? Does CASLPO recommend or accredit courses or continuing education opportunities?

A1. The College does not accredit or recommend continuing education opportunities, such as courses. Continuing education opportunities, such as readings or courses, that will help build, improve or maintain competence in an area of practice are at the member's discretion. This is the purpose of the College's Quality Assurance Program and the Self-Assessment Tool (SAT). Member's can also consult with other members or other professionals who possess the knowledge, skill and judgement for cerumen management to receive mentoring or training in this area of practice.

Q2. Can CASLPO provide an example of a "consent document" to be used for cerumen management?

A2. The Practice Standards enforced by the College outline the consent requirements according to current legislation. As is true for any form of assessment, intervention, or treatment, each patient and clinical situation is unique and therefore a standardized consent form will not meet the requirements of the legislation. For example, the patient might not be able to read English, or the protocol or documents for obtaining consent in a hospital setting may be different from those needed in a private practice setting. Therefore, it is up to members to use their professional judgement to implement appropriate procedures and protocols for obtaining consent using the principles and requirements outlined in the Practice Standards as the foundation.