

## Mechanical Cerumen Management Guidelines in VCH Community Audiology Clinics

### Site Applicability

All VCH Community Audiology sites (Vancouver, Richmond, North Shore, Squamish, and Powell River)

### Practice Level

Clinical Audiologists – advanced skill

- Audiologists must be registered with the College of Speech and Hearing Health Professionals of British Columbia (CSHHP BC).
- Cerumen management is considered an advanced skill by CSHHPBC and Audiologists must hold an Advanced Competency Certificate C with the College.

### Need to Know

This document is intended to describe the guidelines for mechanical cerumen management in community audiology clinics in VCH.

#### **Rational:**

Audiologists may remove cerumen from the cartilaginous portion of the external auditory canal for purposes of clinical procedures such as audiometry, earmold impressions, and real ear measurements.

#### **Population:**

The populations served by VCH community audiology clinics include children (0 to 19 years), as well as adults, adults with developmental disabilities, seniors, and the frail elderly.

#### **Location:**

Cerumen management will either occur in community audiology clinics, or on outreach visits to residential care facilities (Vancouver only).

#### **Type of cerumen removal:**

VCH Audiologists will only provide mechanical cerumen removal. This decision was made as community audiology clinics do not have the necessary workspace or infrastructure for other methods of cerumen removal.

#### **Scope of practice:**

Audiologists will use their clinical judgment to determine when a patient needs to be referred on to a family physician or otolaryngologist for cerumen management.

### Equipment & Supplies

The following equipment is necessary to meet this CPD:

- Otoscope with halogen light
- LED ear light with cerumen loop
- Disposable, single-use ear tips and probes for above equipment

## Practice Guideline

1. Assess need for cerumen management through otoscopy.
2. Assess Audiologist's ability to manage cerumen in clinic. If Audiologist judges that he/she is unable to remove cerumen safely, patient should be referred to family physician or otolaryngologist.
3. Assess for presence of contraindications.  
Contraindications may include:
  - Perforated tympanic membrane (limits use of water / drops)
  - Drainage or discharge or rash or active ear disease
  - Presence of pressure equalization tube(s)
  - Foreign body in the external ear canal
  - Hematoma in the external auditory canal
  - Surgical modification of the external ear canal wall
  - Diabetic patient
  - Patient with any type of bleeding disorder
  - Patient unable to sit still for procedure, due to age and/or attitude
4. Explain procedure to patient and/or caregiver(s) and obtain informed consent, then review checklist of contraindications and risk factors with patient and/or caregiver(s). Clinics may create site-specific paper forms at their discretion (i.e. Vancouver clinic uses [Appendix A](#)); if clinic uses paper form, clinician to initial form once reviewed.
5. Prepare workspace following appropriate infection control guidelines, including:
  - Hand hygiene prior and post procedure. Gloves are optional, but become mandatory if clinician has non-intact skin.
  - Place all instruments on a new dental bib on a flat workspace.
6. Ensure adequate illumination. Minimal requirement is a halogen otoscope and a LED earlight.
7. Ensure that the patient is seated in a stable position.
8. Ensure appropriate bracing of otoscope and tools during procedure.
9. Remove cerumen, using clinical judgment to determine appropriate scope of procedure. Refer on to family physician or otolaryngologist if necessary.
10. Wipe cerumen with a clean tissue. Dispose tissue in trash after use.
11. Monitor and treat any adverse event.  
Typical adverse events and their treatment are:
  - Bleeding of external auditory canal wall. Apply nasal decongestant spray, then apply antibiotic ointment if possible. Refer patient for medical follow with family physician otolaryngologist.
  - Fainting / loss of consciousness due to vasovagal reflex. Call 911 for immediate medical attention.
12. Discard used items that are single use, disinfect reusable items, and clean workspace.
13. Document the procedure and outcomes in PARIS casenote and/or audiology assessment. Clinics may create site-specific paper forms at their discretion (i.e. Vancouver clinic uses [Appendix A](#)).

## Expected Patient Outcomes

Safe and consistent cerumen management practices for the purpose of clinical procedures including audiometry, earmold impressions, and real ear measurement. Cerumen management by a clinical audiologist can allow for timelier audiology and amplification services, and may alleviate the need for a medical visit.

## Documentation

Document informed consent, details, and outcome of procedure in a PARIS casenote and/or audiology assessment. Complete any clinic-specific documentation (Vancouver clinic uses [Appendix A](#)).

**Note:** This is a **controlled** document for VCH internal use. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version.

## References

[CSHHP bylaws](#) (sub part 10.2, page 66)

CSHHP [Program of Study for Cerumen Management](#) (Certificate C)

## Developed by

CPD Developer Lead:

Regional Coordinator, Public Healthy Audiology and Vision Screening, Vancouver Community Audiology Centre

Other members:

### *Practice Leads*

Clinical Supervisor, Community Audiology Centre

Program Leader, Hearing Clinic/Audiology, RH

Audiologist, Community & Family Health, Coastal

Audiologist, Community Health, Public Health Powell River, Coastal

### *Managers:*

ICY Manager, South Community Health Office

Manager, Community & Family Health, RH

Manager, Public Health & Prevention Early Years, West Vancouver Community Health Centre, Coastal

Interim Manager, Home and Community Care, STS

Manager Public Health & Prevention Services, Powell River/Sunshine Coast, Coastal

## Endorsed by

VCH: (*Regional SharePoint 2<sup>nd</sup> Reading*)

Health Authority Profession Specific Advisory Council Chairs (HAPSAC)

Health Authority & Area Specific Interprofessional Advisory Council Chairs (HAIAC)

Operations Directors

Professional Practice Directors

## Final Sign-off & Approved for Posting by

Vice President Professional Practice and Chief Clinical Information Officer, VCH

## Date of Approval/Review/Revision

Approved: February 23, 2015

Posted: March 6, 2015

## Appendix A: Cerumen Management Checklist (Vancouver Community Audiology)

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

PARIS ID: \_\_\_\_\_

Date: \_\_\_\_\_

These points must be reviewed prior to proceeding with cerumen management. In instances where points are not evident from otoscopy and/or tympanometry, clinician should review chart and/or discuss with patient and/or caregiver.

### 1. Review risk factors:

Proceed with extreme caution or refer on to physician if any of the following are present.

Reviewed	Present	
<input type="checkbox"/>	<input type="checkbox"/>	Perforated TM (limits use of water/drops)
<input type="checkbox"/>	<input type="checkbox"/>	Drainage, discharge, rash, or other evidence of active ear disease
<input type="checkbox"/>	<input type="checkbox"/>	Presence of pressure equalization tube(s)
<input type="checkbox"/>	<input type="checkbox"/>	Foreign body in ear canal
<input type="checkbox"/>	<input type="checkbox"/>	Hematoma in ear canal
<input type="checkbox"/>	<input type="checkbox"/>	Surgical modification of the canal wall
<input type="checkbox"/>	<input type="checkbox"/>	Diabetic patient
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding disorders
<input type="checkbox"/>	<input type="checkbox"/>	Patient unable to sit still for procedure

Comments: \_\_\_\_\_

### 2. Review process and potential adverse effects:

- ☐ Manual removal of cerumen using a small tool.
- ☐ Process is voluntary and can be stopped at any time.
- ☐ Process may cause slight redness and minor bleeding of the ear canal. This may be treated with application of a nasal decongestant to reduce bleeding and a topical antibiotic ointment.
- ☐ Process may cause coughing. This is not harmful.
- ☐ Rarely, process may cause fainting. If this happens we will stop process immediately and call for medical attention.

Comments: \_\_\_\_\_

Audiologist Initials: \_\_\_\_\_

Date: \_\_\_\_\_