

**BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY
CERUMEN MANAGEMENT AD HOC COMMITTEE
MEETING MINUTES
MARCH 12, 2015**

TIME AND PLACE: The Cerumen Management Ad Hoc Committee (Committee) meeting was called to order at 1:00 p.m. on Thursday, March 12, 2015, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Training Room 2, Henrico, Virginia.

PRESIDING OFFICER: A. Tucker Gleason, Ph.D., CCC-A, Board Member

MEMBERS PRESENT: Lillian Beasley Beahm, Au.D., CCC-A
Wayne Shaia, M.D., Virginia Society of Otolaryngology (VSO)
Ayasakanta Rout, Ph.D., James Madison University
Leah H. Ball, Au.D., Speech-Language-Hearing Association of Virginia (SHAV)

MEMBERS NOT PRESENT: All members were present.

QUORUM: With all members of the Committee present, a quorum was established.

STAFF PRESENT: Leslie L. Knachel, Executive Director
Carol Stamey, Operations Manager
Tamara Farmer, Administrative Assistant

OTHERS PRESENT: Darlene Robke, SHAV

ORDERING OF AGENDA: Dr. Shaia moved to accept the ordering of the agenda as presented. The motion was seconded and carried.

PUBLIC COMMENT: No public comment was presented.

DISCUSSION:
Consideration of Changes to Emergency Regulations
The Committee reconvened to consider public comment received in response to the Board's Notice of Intended Regulatory Action regarding its intent to develop replacement regulations for the Cerumen Management Emergency Regulations.

The Committee discussed the public comments and suggested changes to the emergency regulations that would be carried forward in the replacement regulations.

Dr. Ball moved that the Committee recommend to the Board that the requested changes to the Cerumen Management Emergency Regulations be adopted and the emergency regulations amended. A draft of the proposed amended Cerumen Management Emergency Regulations is incorporated into the minutes as Attachment 1.

Proposed Regulations to Replace Emergency Regulations

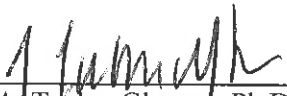
Dr. Shaia moved that the Committee recommend to the Board that the draft of the proposed amended Cerumen Management Emergency Regulations be adopted as the replacement regulations. The motion was seconded and carried.

NEW BUSINESS:

No new business was presented.

ADJOURNMENT:

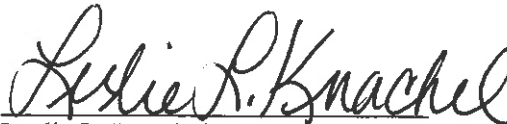
The meeting adjourned at 3:05 p.m.



A. Tucker Gleason, Ph.D., CCC-A
Chair

6/11/2015

Date



Leslie L. Knachel, M.P.H
Executive Director

June 11, 2015

Date

Project 4115 - Proposed

BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

Performance of cerumen management by audiologists

Part I

General Provisions

18VAC30-20-10. Definitions.

A. The words and terms "audiologist," "board," "practice of audiology," "practice of speech-language pathology," "speech-language disorders," and "speech-language pathologist" when used in this chapter shall have the meanings ascribed to them in § 54.1-2600 of the Code of Virginia.

B. The following words when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Contact hour" means 60 minutes of time spent in continuing learning activities.

"Limited cerumen management" means the identification and removal of cerumen from the cartilaginous outer one-third portion of the external auditory canal in accordance with minimum standards and procedures set forth in this chapter.

"School speech-language pathologist" means a person licensed pursuant to § 54.1-2603 of the Code of Virginia to provide speech-language pathology services solely in public school divisions.

"Supervision" means that the audiologist or speech-language pathologist is responsible for the entire service being rendered or activity being performed, is available for consultation, and is providing regular monitoring and documentation of clinical activities and competencies of the person being supervised.

"Type 1" means continuing learning activities that must be offered by an accredited sponsor or organization as specified in 18VAC30-20-300.

"Type 2" means continuing learning activities that may or may not be approved by an accredited sponsor or organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning. In Type 2 activities, licensees document their own participation on the Continued Competency Activity and Assessment Form and are considered self-learning activities.

18VAC30-20-241. Limited cerumen management.

A. In order for an audiologist to perform limited cerumen management, he shall:

1. Be a graduate of a doctoral program in audiology that is accredited by the Council on Academic Accreditation of the American Speech-Language-Hearing Association or other accrediting body recognized by the board and that included didactic education and supervised clinical experience in cerumen management as specified in subsection B of this section; or
2. Complete a course or workshop in cerumen management that provides training as specified in subsection B of this section and that is approved by the American Speech-Language Hearing Association or the American Academy of Audiology.

B. An audiologist shall maintain documentation evidencing satisfactory completion of training in cerumen management to include the following:

1. Recognizing the presence of preexisting contraindications that necessitate referral to a physician;
2. Recognizing patient distress and appropriate action to take if complications are encountered;
3. Use of infection control precautions;
4. Procedures for removal of cerumen, including cerumen loop, gentle water irrigation, suction, and the use of material for softening;
5. Observation of each type of cerumen management procedure performed by a qualified audiologist or physician; and

6. Successful performance, under direct supervision by an audiologist qualified to perform cerumen management or a physician, of each type of cerumen management procedure.

C. An audiologist shall not perform cerumen management on a patient who has any of the following preexisting contraindications:

1. A perforated tympanic membrane;

2. Inflammation, tenderness, drainage, or open wounds or traces of blood in the external ear canal;

3. History of ear surgery that results in distortion of the external ear canal;

4. HIV infection or bleeding disorders;

5. Actual or suspected foreign body in the ear, excluding hearing aid components that are located in the lateral one-third portion of the ear canal;

6. Stenosis or bony exostosis of the ear canal; or

7. Cerumen impaction that totally occludes the visualization of the tympanic membrane.

D. An audiologist performing cerumen management shall:

1. Obtain informed written consent of the patient or legally responsible adult and maintain documentation of such consent and the procedure performed in the patient record.

2. Refer patients to a physician if they exhibit contraindications or experience any complication, such as dizziness, during the procedure.

Project 4115 - none

BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

Cerumen management

Part I

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B. The following words when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

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"Limited cerumen management" means the identification and removal of cerumen from the cartilaginous outer one-third portion of the external auditory canal in accordance with minimum standards and procedures set forth in this chapter.

"School speech-language pathologist" means a person licensed pursuant to § 54.1-2603 of the Code of Virginia to provide speech-language pathology services solely in public school divisions.

"Supervision" means that the audiologist or speech-language pathologist is responsible for the entire service being rendered or activity being performed, is available for consultation, and is providing regular monitoring and documentation of clinical activities and competencies of the person being supervised.

"Type 1" means continuing learning activities that must be offered by an accredited sponsor or organization as specified in 18VAC30-20-300.

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18VAC30-20-241. Limited cerumen management.

A. In order for an audiologist to perform limited cerumen management, he shall:

1. Be a graduate of a Doctor of Audiology program accredited by the Council on Academic Accreditation of the American Speech-Language-Hearing Association which included didactic education and supervised clinical experience in cerumen management as specified in subsection B of this section; or
2. Complete a course or workshop in cerumen management which provides training as specified in subsection B of this section and which is approved by the American Speech-Language Hearing Association or the American Academy of Audiology.

B. An audiologist shall maintain documentation evidencing satisfactory completion of training in cerumen management to include the following:

1. Recognizing the presence of pre-existing contraindications that necessitate referral to a physician;
2. Recognizing patient distress and appropriate action to take if complications are encountered;
3. Use of infection control precautions;
4. Procedures for removal of cerumen, including cerumen loop, gentle water irrigation, suction and the use of material for softening;
5. Observation of each type of cerumen management procedure performed by a qualified audiologist or physician; and

6. Successful performance, under direct supervision by an audiologist qualified to perform cerumen management or a physician, of each type of cerumen management procedure.

C. An audiologist shall not perform cerumen management on a patient who is younger than 12 years old of age or on a patient who has any of the following pre-existing contraindications:

1. Hearing in only one ear;

2. A perforated tympanic membrane;

3. Inflammation, tenderness, or open wounds or traces of blood in the external ear canal;

4. Drainage from the external ear canal or middle ear;

5. Current tympanostomy tubes;

6. History of ear surgery, excluding past tympanostomy tubes or simple tympanoplasty;

7. Diabetes mellitus, HIV infection or bleeding disorders;

8. Actual or suspected foreign body in the ear;

9. Stenosis or bony exostosis of the ear canal;

10. Cerumen impaction that totally occludes the ear canal;

11. Cerumen located beyond the isthmus; or

12. Inability to see at least 25% of the tympanic membrane.

D. An audiologist performing cerumen management shall:

1. Obtain informed written consent of the patient or legally responsible adult and maintain documentation of such consent and the procedure performed in the patient record.

2. Refer patients to a physician if they exhibit contraindications or experience any complication, such as dizziness, during the procedure.