

British Society of Audiology

Promoting excellence in hearing and balance



# Minimum Training Guidelines

## Aural Care delivered by Hearing Health Care Professionals

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## General foreword

This document presents Practice Guidance by the British Society of Audiology (BSA). This Practice Guidance represents, to the best knowledge of the BSA, the evidence-base and consensus on good practice, given the stated methodology and scope of the document and at the time of publication.

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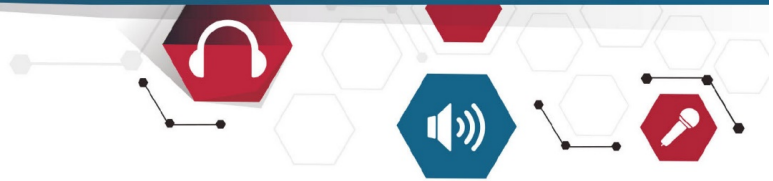
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### Declarations of interests

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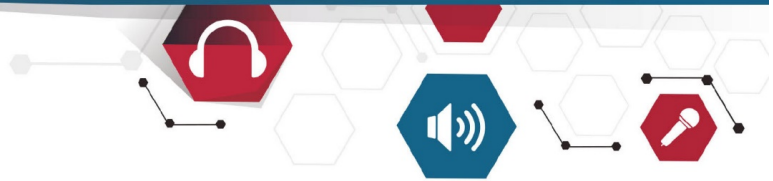
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## 1. Introduction

Aural care involves the safe removal of wax, debris and foreign bodies from the external ear canal. The presence of wax, debris and foreign bodies in the external ear canal can prevent hearing assessments being carried out, affect the results of assessments and compromise the fitting of hearing aids. Particular problems may be encountered with:

- Pure tone audiometry
- Impedance and reflex testing
- Recording of otoacoustic emissions
- Real ear measurements
- Taking of aural impressions
- Earmould, earplug or hearing aid insertion

By providing the hearing health care professional with the skills and equipment to be able to deliver aural care, overall patient care may be improved.

This document sets minimum criteria for training in aural care.

The guidelines are also to be used by those seeking BSA course accreditation. Course providers may submit their training programs to the BSA Professional Guidance Group for accreditation, and applications will be judged against the criteria set here.

## 2. Scope

This protocol applies where there are no contraindications to safe aural care (see Appendix I). Where there is any doubt, referral to a suitably qualified practitioner must be made.

Aural care should only be undertaken by those who have successfully completed both a formal theory and practical training to carry it out, and whose job description specifically includes it. Accident and injury policies, together with public liability and professional indemnity insurances, must be fully





established before undertaking aural care procedures. Those undergoing training in aural care, and subsequently performing the task, would normally be experienced hearing health care professionals.

This document does not cover the treatment of medical conditions or provision of post-surgery care. Similarly, procedures on children under the age of 18 years are beyond the scope of this document and practitioners working with younger patients would be expected to have undergone further training.

### 3. Suggested Methods

Techniques for aural care include the use of microsuction, irrigation, probes and forceps. Readers are referred to the BSA Practice Guidance for Aural Care. It is essential that a hearing health care professional only uses techniques in which he or she is competent and has been trained. It is anticipated that separate training courses may be required for each method.

### 4. Training

In order to acquire the necessary knowledge and skills for competence in aural care, a minimum of 20 hours of classroom training is required unless relevant prior learning and experience can be demonstrated. Such training must include an appropriate number of supervised practical sessions. Further episodes of aural care may be performed away from the classroom, under the direct supervision of an experienced aural care practitioner, before training is considered complete. Any such activities should be properly recorded (e.g. in a logbook) so they can be substantiated.

As a guide, course providers should consider a minimum of six successful episodes of supervised aural care being required before a trainee is allowed to practice unsupervised.

Courses may be approved and moderate by the BSA, with BSA certificates awarded to course delegates or trainees reaching the required competency.





## 4.1 Knowledge, Understanding and Skills

Trainees or delegates need to demonstrate knowledge, understanding and skills in the following areas:

- a) Communication with patients, parents or significant others
- b) Infection control and health and safety
- c) Aural anatomy and physiology
- d) Medico legal issues
- e) Competent use of associated equipment and procedure

## 4.2 Learning Outcomes

On successful completion of training, trainees will be able to demonstrate:

- a) Communication with patients, parents or significant others (including those with hearing loss)
  - Issuing clear and appropriate instructions and information
  - Obtaining informed consent
- b) Correct management of Infection control
  - Correct procedures for personal hygiene and disinfection
  - Equipment cleaning and maintenance
  - Correct handling and disposal of waste and instruments
- c) Understanding health, safety and risks associated with the procedure
  - Aware of risks of undertaking aural care procedures
  - Informing patients or significant others about risks
- d) Understanding of relevant anatomy and physiology
  - Knowledge of the anatomy and physiology of the outer and middle ear
  - Identification of the structures of the outer ear





- Examination of the ear with and without magnification
  - Ability to recognise abnormal conditions and refer accordingly
- e) Understanding of medico legal issues
- Knowledge of current issues
  - Contraindications for aural care
  - Obtaining appropriate consent for the procedure to be performed
  - Referral criteria and process
  - Public liability and professional indemnity insurance
  - Maintain accurate records of tasks undertaken
- f) Correct use of equipment
- Perform thorough and safe otoscopy on adults and children above the age of 10 years
  - Safe technique for aural examination using a range of equipment
  - Perform correct and safe aural care using the most appropriate method(s) and equipment available to clear the external ear canal of wax or debris such as hair, keratin etc
  - Identify any underlying pathology and decide whether the ear has been satisfactorily treated, and whether further treatment or referral is needed
  - Knowledge of techniques and range of equipment available for aural care procedures, (see Appendix II)

### 4.3 Assessment

Assessment will be through observation, oral, practical and written examination. Course providers seeking accreditation will be required to submit their assessment methods and materials to the BSA Professional Guidance Group as part of the accreditation process.







## 4.4 Courses

Course providers must ensure that delegates have sufficient and appropriate experience to undertake this training. They must ensure that, when the trainee is completing the required episodes of aural care under supervision, the level of supervision is sufficiently robust. Course providers must also demonstrate that the supervision of any practical training undertaken away from the classroom meets the required standard.

Course providers should have appropriate classroom insurance in place, and a complaints procedure for the benefit of delegates.

Courses may be accredited by the BSA and lead to the award of a BSA Certificate in Aural Care.

Those wishing to offer courses are invited to submit their detailed proposals to the BSA Professional Guidance Group for accreditation. Only those offering accredited courses will be subject to moderation as determined by the Professional Guidance Group and a fee for each course delegate will be payable to the BSA to cover these costs. The certificate awarded must state which method or methods have been taught.

It is strongly recommended that hearing health care professionals, who undertake aural care, submit themselves to an annual skills review and log this in their CPD record.

## 5. References

British Society of Audiology (2016), Procedure for Processing Documents. [Online]. Available at: <https://www.thebsa.org.uk/resources/>

British Society of Audiology (2016) Recommended Procedure: Ear Examination. [Online]. Available at: <https://www.thebsa.org.uk/resources/>

British Society of Audiology Practice Guidance: Aural Care (Ear Wax Removal) [in preparation]





## Appendix I: Contraindications to Aural Care

Practitioners shall use their professional judgement to decide if it is safe to proceed. Specific contraindications will depend on the method of aural care and the practitioner's skill, training and experience. Conditions might include the following:

- Cases which have had recent ear surgery – aural care is contraindicated so as to prevent delay in wound healing e.g. introduction of infection, bleeding or damage to aural structures.
- History of perforation
- Patient on blood-thinning medication such as Warfarin
- Grommet
- Signs of trauma to ear canal
- Babies and children under the age of 18 years
- Patients with behavioural problems

Practitioners shall not proceed with aural care if they are unsure about the procedure being safe with that particular patient

## Appendix II: Range of equipment available

- Medical preparations such as drops and sprays to soften wax.
- Hand tools, i.e. ring probes, crocodile forceps etc.
- Irrigation systems
- Microsuction systems
- Illumination systems such as head lights
- Magnification systems including microscopes, otoscopes and loupes.

