

**BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY  
CERUMEN MANAGEMENT AD HOC COMMITTEE  
MEETING MINUTES  
JULY 22, 2014**

**TIME AND PLACE:** The Cerumen Management Ad Hoc Committee (Committee) meeting was called to order at 12:18 p.m. on Tuesday, July 22, 2014, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Training Room 2, Henrico, Virginia and Virginia Department of Health Roanoke Health District Office, 1502 Williamson Road, NE, Roanoke, Virginia.

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

**MEMBERS PRESENT:** Lillian Beasley Beahm, Au.D., CCC-A, Board Member (participated from Roanoke, Virginia location)  
Wayne Shaia, M.D., Virginia Society of Otolaryngology (VSO)  
Ayasakanta Rout, Ph.D., James Madison University  
Marty Lenhardt, 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:** Elaine Yeatts, Senior Policy Analyst  
Leslie L. Knachel, Executive Director  
Carol Stamey, Operations Manager  
Tamara Farmer, Administrative Assistant

**OTHERS PRESENT:** David Bailey, SHAV  
Darlene Robke, SHAV  
Cal Whitehead, VSO

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

**PUBLIC COMMENT:** Mr. Bailey suggested that the Committee consider adding continuing education requirement for those audiologists performing cerumen management.

**DISCUSSION:** **Regulation Development for Implementation of HB500**  
The Committee discussed the draft regulations presented by Ms. Yeatts and recommended amendments. The draft regulations with amendments are incorporated into the minutes as Attachment 1.  
  
Dr. Shaia moved to recommend the draft regulations as discussed and amended to the full board for adoption. The motion was seconded and carried.

**NEW BUSINESS:** No new business was presented.

**ADJOURNMENT:**

The meeting adjourned at 1:55 p.m.

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

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

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Date

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Date

DRAFT

Project 4115 - none

**BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY**

**Cerumen management**

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 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.