

**DOCTOR OF AUDIOLOGY  
(AuD)**

**HANDBOOK FOR  
CLINICAL PRACTICUM**



DEPARTMENT OF COMMUNICATION  
SCIENCES AND DISORDERS

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## SECTION I OVERALL REQUIREMENTS

Clinical practicum experiences are provided for graduate students in the University of Cincinnati Audiology Clinics on East Campus and at the Woodward Career Technical High School as well as off-campus sites. Graduate students gain experience with children and adults with a variety of auditory problems in a wide range of settings.

### OBSERVATION HOURS

The Communication Sciences and Disorders Department requires that students observe a minimum of 25 hours of evaluation and treatment of children and adults with disorders of speech, language and/or hearing prior to participating in clinical practicum. These observations must be supervised by a person holding the Certificate of Clinical Competence (CCC) in the area being observed.

### CLINICAL CLOCK HOURS

Students must obtain a minimum of 2,000 clinical clock hours in order to graduate with the AuD degree as well as fulfill ASHA and/or American Board of Audiology (ABA) requirements for certification. All clinical hours are tracked through the Calipso electronic database.

The following outlines the minimum clinical clock hours a student must obtain in a variety of areas with specific populations in order to meet the requirements set forth by the Communication Sciences and Disorders Department's AuD program :

EVALUATION: 80 hours

Adults - 40

Children - 40

AMPLIFICATION: 80 hours

Adults - 10

Children - 10

TREATMENT: 20 hours

SPEECH PATHOLOGY: 15 hours

Screening - 15

\*with normal hearing persons\*

For audiology licensure in the state of Ohio, a student must obtain a doctor of audiology degree from an audiology program accredited by an organization recognized by the United States Department of Education.

### CLINICAL CERTIFICATION BOARD INTERPRETATIONS ON CLINICAL PRACTICUM

Persons holding a state license in Audiology may supervise:

Audiological evaluation; Amplification (hearing aid selection and management);

Aural habilitative and rehabilitative services; Speech and/or language screening for the purpose of initial identification of individuals with other communicative disorders.

Students should be aware that they cannot obtain ASHA Certification upon graduation unless the requisite number of hours is supervised by an ASHA Certified audiologist.

## SECTION II

### POLICIES AND PROCEDURES

**IT IS THE RESPONSIBILITY OF THE STUDENT CLINICIAN TO BECOME FAMILIAR WITH AND FOLLOW THE POLICIES AND PROCEDURES IN THIS CLINIC BOOK.**

Any deviations from these established guidelines must be discussed with and approved by the practicum coordinator and the site preceptor.

#### PHYSICAL EXAMINATION/IMMUNIZATION

A physical examination and proof of immunization for measles, mumps, rubella, and 3-step series and titer of hepatitis B is required of each student clinician. A yearly two-step Mantoux tuberculin test is required. Some training sites may require drug screening, CPR training, fingerprinting and/or criminal background checks. Students also will be required to complete mandatory yearly blood borne pathogens training. Students should be familiar with clinical infection control procedures (see [www.audiology.org](http://www.audiology.org) for infection control guidelines for audiologists). Infection control procedures for clinic are posted in the clinic resource room, G43.

#### ETHICAL RESPONSIBILITY

Information regarding patients must be held in the strictest confidence. Cases may be discussed with the preceptor, faculty, other professionals, and other student clinicians within CSD or the practicum site offices; however, patients are not to be discussed with other persons outside these locations. Do not talk about patients in the waiting room, hallways, or anywhere else; conversations could be overheard by individuals not entitled to the information. All students will be asked to sign a Confidentiality Statement at the beginning of their graduate academic program to enforce this responsibility. In addition, all students must complete mandatory online HIPAA training during their first year of the graduate program.

All student clinicians are expected to perform according to the standards, practices, and guidelines established by both the American Academy of Audiology (AAA) and the American Speech-Language-Hearing Association (ASHA) as described in the associations' Codes of Ethics. Copies of Code of Ethics statements are provided in Appendix C of this handbook. Students are advised to become familiar with these documents and the licensure laws governing the provision of clinical services.

## PROFESSIONAL RESPONSIBILITY

All students participating in clinical activities are expected to present a professional appearance. Style of dress should reflect the role of a professional. Low cut blouses, blue jeans, shorts, and gym shoes are not considered appropriate clinical dress. Skin should not be showing when the student bends over. Jewelry worn in the clinic should be conservative in nature and fragrances should be kept to a minimum.

All students participating in classroom and clinical activities are expected to act in a professional manner, which includes turning off cell phones upon entrance into the classroom and clinic. Texting and/or surfing the internet will not be tolerated.

Attendance and punctuality are mandatory during the practicum experience. Promptness is a professional courtesy that all student clinicians must extend to patients. Clinicians should arrive at the practicum site with enough time before their scheduled appointments to check equipment, set up work areas, speak with the preceptor, etc., to enable them to see their patients promptly at the scheduled time. It is the responsibility of the student to contact the preceptor in the event of legitimate tardiness or absence from practicum. Please see the AuD Handbook for probation and dismissal information relating to practicum.

## PROFESSIONAL LIABILITY INSURANCE

Students are required to carry professional liability insurance coverage. All students enrolled in the CSD program are covered under UC's Medical Professional Insurance Program during the time they are enrolled in the CSD program.

## PRACTICUM ASSIGNMENTS

Students must have written documentation of 25 observation hours before practicum can be initiated. The practicum coordinator will assign students to observation sites if needed. Students who have completed all required undergraduate course work and observation hours will be assigned to practicum either in on-campus clinic or at a cooperating off-campus site during the fall semester of the first year. Typically, first-year students will be assigned four to six hours of practicum per week. Students may have one or two different part-time practicum sites during the first year. An assignment also will be made for the summer semester when increased practicum hours will be expected of the student.

## UNIVERSITY BREAKS

Students in the graduate program will have academic or practicum responsibilities that extend into one or more of the University breaks. The on-campus clinic follows the regular University of Cincinnati academic calendar; however, many off-campus facilities operate year round or on a school year schedule that differs from the University schedule. Students are expected to adhere to the schedule of the cooperating facility during their assignment at that site. Therefore, a University break on campus during a two-semester assignment may not necessarily be taken at the off-campus site; students desiring to take time off from their practicum placement during the graduate program must obtain prior permission from the CSD Audiology Practicum Coordinator as well as the same in writing from their site supervisor.

## **SECTION III**

### **ON-CAMPUS CLINIC PROCEDURES AND REQUIREMENTS**

Students are supervised by faculty members in the Department of Communication Sciences and Disorders who are licensed by the state of Ohio and certified by the American Speech-Language-Hearing Association (ASHA).

#### **Professional Expectations**

The Speech, Language, and Hearing Clinic provides screening, diagnostic evaluations, and a full range of therapy services to children and adults with communication disorders. In addition, hearing-related therapy and assistive listening devices may be obtained through the Clinic. These services are provided by graduate students in Speech-Language Pathology and/or Audiology. All students participating in clinical activities are expected to present a professional appearance. Style of dress and jewelry should reflect the role of a professional. Blue jeans, shorts, low cut tops, and gym shoes are not considered appropriate dress. Skin should not be showing when the student bends over. Jewelry worn should be conservative in nature and fragrances should be kept to a minimum.

**All students participating in classroom and clinical activities are expected to act in a professional manner, which includes turning off cell phones upon entrance into the classroom and clinic. Texting and/or surfing the internet will not be tolerated.**

Attendance and punctuality are mandatory. Promptness is a professional courtesy all student clinicians must extend to clients. Clinicians should arrive in the clinic with enough time before their scheduled appointments to check equipment, assemble materials, speak with their preceptor, etc., in order to enable them to see their clients promptly at the scheduled time. It is the responsibility of the student to contact the preceptor in the event of legitimate tardiness or absence from practicum. Please see the AuD Handbook for probation and dismissal information relating to practicum.

#### **Confidentiality**

Information regarding clients must be held in the strictest confidence. Cases may be discussed with the supervisor, faculty, other professionals, and other student clinicians in the clinic area; however, clients are not to be discussed with others outside of these locations. Do not talk about clients in the waiting room, hallways, or anywhere else; individuals not entitled to the information might overhear your conversation.

The Speech-Language-Hearing Clinic follows the privacy rules set by HIPAA (Health Insurance Portability and Accountability Act). All students will be required to take the University of Cincinnati on-line HIPAA training course and sign a confidentiality statement at the beginning of their academic program to enforce this responsibility. There are consequences for violating confidentiality practices.

### **Code of Ethics**

All student clinicians are expected to perform according to the standards, practices, and guidelines established by the American Speech-Language-Hearing Association and the American Academy of Audiology as described in each of their Code of Ethics. Copies of these Codes of Ethics can be found in Appendix C of this handbook. Students are advised to become familiar with this document.

Activities that may place students in violation of the Codes of Ethics and Ohio licensure laws include, but are not limited to, providing speech/language/hearing diagnosis and therapy while babysitting, engaging as a tutor for the purpose of providing speech/language/hearing services, or implementing goals from a student's IEP (Individualized Educational Plan). If you have any questions regarding a specific activity, please contact the Clinic Director.

### **Professional Liability Insurance**

Students are required to carry professional liability insurance coverage. All students enrolled in the CSD program are covered under the University of Cincinnati's Professional Liability Insurance Program during the time they are enrolled in the CSD program. A copy of the liability coverage may be obtained upon request.

### **Immunizations and Blood Borne Pathogens Training**

All students are required to have a physical examination and proof of immunization for measles, mumps, rubella, chicken pox, and 3-step series and titer for hepatitis B. A yearly two-step Mantoux tuberculin test is required as well as blood borne pathogens training. Some practicum sites also may require additional training such as CPR, HIPAA, etc.

### **Criminal Background Check Procedures**

All graduate students in the Department of Communication Sciences and Disorders are required to obtain a criminal background check in order to participate in practicum. Students will be required to provide proof for the following: FBI fingerprint check, signed statement of nonconviction, a current medical statement, and three references.

You will need to go to the Department of Public Safety located on the west campus in Edwards 3. You will be fingerprinted using the FBI Web Check system. You will need to pay \$34.00 either with cash or by check made payable to the University of Cincinnati. The results should be sent to: University of Cincinnati, Department of Communication Sciences and Disorders, 3202 Eden Avenue, Cincinnati, Ohio, 45267-0379.

### **Scheduling Clients**

All appointments are scheduled on line in Room G65. Available clinic times, space and preceptors are identified on the clinic appointment calendar. Confirmation letters, maps (as needed) and reminder phone calls are all coordinated through office personnel in G65.

### **Clinic Room Responsibilities**

Students are expected to maintain the orderliness and cleanliness of the Audio Lab, Bahmann Room, and earmold fabrication room. You are responsible for informing your preceptor of any equipment problems or technical difficulties as well as missing equipment and/or supplies.

### **Client Files**

The student is responsible for completing and maintaining the file for each of their patients. The file will remain in the file cabinet in the clinic office, room G65. **NO CLINIC FILES ARE TO BE REMOVED FROM THE BUILDING.** This rule must be strictly enforced to avoid lost or missing folders which would result in a breach of confidentiality. The door to G65 should never be open without a student or faculty person in the room. To ensure confidentiality of clinic charts, the door must be closed and locked when you leave. Supervisors have access to clinic file drawers.

### **Clinical Reports**

The student is responsible for including a copy of the diagnostic report and professional documentation for each client. Evaluation reports are to be completed within 48 hours of the diagnostic evaluation. **Clinic reports that contain any patient identifiers (e.g. name, address, phone numbers, date of birth, social security number) must not be saved on any computer. Students may not write clinic reports on their personal computers or any computer outside the clinic area.**

**The student's draft report should be saved without any identifying protected health information on a clinic computer and emailed through the UC email system only to the supervisor for editing and approval.** The final printout after approval will include identifying information. The report is then placed in the client file and mailed to designated report recipients (with appropriate signed release). The report must be immediately erased after it is placed in the patient file.

Some supervisors may use the secure clinical documentation feature of CALIPSO instead of the above process. Your supervisor will explain this process to you.

### **Diagnostic and Therapy Materials**

Tests, test forms, and therapy materials are located in cabinets in Room G65. All non-replenishable items are to be **signed out** on the check-in/check-out log located in Room G65. All students, including PhD students as well as faculty, will be allowed to check out materials over a 24-hour period if they are seeing clients. All review of tests or materials must be done on site in the clinic. All portable audiometric equipment must be checked out and signed back in on clipboards located in the Audiology Lab (G06). All equipment must be returned within 24 hours unless you have approval from the Clinic Director or Audiology Practicum Coordinator.

### **Use of Clinic Forms for Research Purposes**

Pre-purchased test forms utilized in clinical testing and used for research purposes are required to be purchased by the student, or copied by the student if the form is not covered by copyright.

### **CLINIC FORMS**

Case History Forms (Pediatric and Adult)  
Sample Format for Evaluation Report  
Release/Clearance Form  
Permission Form  
Infection Control Policy  
Emergency Procedures  
Acknowledgement of Notice, HIPAA Practices  
Professional Services Documentation

## **SECTION IV PRACTICUM DEADLINES AND FORMS**

### **PRACTICUM PAPERWORK DEADLINES**

The student is responsible for completing the following paperwork **every semester** and adhering to the stated deadlines. These forms are available in the clinical faculty office area in CSD (G65) and can be sent by email to preceptors at their request.

## RECORD OF OBSERVATION EXPERIENCE

**As a prerequisite to beginning the initial AuD practicum assignment in fall semester of the first year, the student must turn in documentation of completion of 25 observation hours in speech-language and/or hearing.**

If all of these hours have not been obtained by the beginning of fall semester, the AuD Practicum Coordinator will arrange observation opportunities for the student. In this case, all observation clock hours accumulated by the student are to be recorded on the Record of Observation Experience form.

The form is to be signed for each date by the preceptor at each site. The student should make a copy for his/her own records and the original is to be given to the Practicum Coordinator.

## PRACTICUM COMMITMENT FORM

**Due by the end of the second week of the semester:** At the beginning of the semester, the student and preceptor meet to negotiate and sign the practicum contract form. The contract should be given to the Practicum Coordinator by the second week of the semester by the student.

## SELF EVALUATION

**Due by Wednesday of Exam Week:** At the end of the semester, the AuD student will write a narrative self-evaluation. The completed evaluation is to be discussed with the site preceptor and then submitted to the practicum coordinator.

## AuD STUDENT EVALUATION OF SITE AND PRECEPTOR

**Due Wednesday of Exam Week:** The student must complete a site/preceptor evaluation on Calypso at the end of the semester **UNLESS** he/she is continuing on at the same site for the following semester.

## AuD SKILLS COMPETENCY EVALUATION

**Due within 2 weeks after the semester ends:** At the end of **every** semester, the site preceptor will complete an evaluation of the student's performance. Prior to this the student must fill in the hours accrued in various categories within Calypso, and the preceptor will complete the Performance Rubric ratings which indicate the level of competencies and skills which the student has achieved. The student and preceptor should review and discuss this evaluation at the end of the semester. The preceptor will forward the evaluation to the Practicum Coordinator within two weeks after the semester ends.

Recorded hours within Calypso constitute the official record used to verify students' competencies and clinical hour accumulations toward fulfilling licensure, ASHA, ABA and degree requirements.



## **SECTION V**

### **CERTIFICATION AND LICENSURE**

#### **CERTIFICATE OF CLINICAL COMPETENCE**

ASHA's Certificate of Clinical Competence can be obtained by individuals who meet specific requirements in academic and clinical preparation. A minimum of 2,000 clinical clock hours are required for ASHA certification. Students also must pass the national examination in audiology, a Specialty Area Test of The Praxis Series by the Educational Testing Service (ETS). Certification is renewable upon demonstration of meeting continuing education requirements.

#### **BOARD CERTIFICATION BY THE AMERICAN BOARD OF AUDIOLOGY**

American Board of Audiology certification is a voluntary, nationally recognized standard that is not tied to membership in any professional organization. Audiologists certified by the ABA must hold an academic degree in audiology, have passed a national examination, and have demonstrated that they have completed a minimum of 2000 hours of mentored professional practice in a two-year period. The mentor must be a state licensed or ABA certified audiologist.

Certification is valid for a period of three years renewable upon demonstration of meeting continuing education requirements. Provisional certification is available for students in the third year of their audiology doctorate program.

#### **OHIO LICENSURE IN AUDIOLOGY**

Audiology licensing by the Ohio Board of Speech Pathology and Audiology can be obtained by individuals who have met specific requirements in academic and clinical preparation and have successfully passed the national examination in audiology, a Specialty Area Test of The Praxis Series by the Educational Testing Service (ETS). Refer to the "Overall Requirements" section of this handbook under "Clinical Hours" for specific requirements.

An application for licensure can be obtained by writing to: Ohio Board of Speech Pathology and Audiology, 77 South High St., 16th Floor, Columbus, OH 43215 or call (614) 466-3145.

#### **EDUCATIONAL AUDIOLOGY CERTIFICATION**

A State of Ohio professional pupil services license as an educational audiologist can be obtained by completing necessary coursework and obtaining practicum experience in the schools. Contact the Audiology Practicum Coordinator for more information about these requirements.

## **SECTION VI**

### **PROFESSIONAL ORGANIZATIONS**

All student clinicians are encouraged to apply for membership in the Student Academy of Audiology (SAA). SAA is a professional student organization dedicated to the advancement of education and technological training in the profession of Audiology with emphasis on enhanced patient care. The organization takes pride in being of, by, and for individuals dedicated to promoting audiology as a doctoral level profession. The University of Cincinnati has an active SAA Chapter.

In addition students are encouraged to apply for student membership in the following organizations:

National Student Speech-Language-Hearing Association (NSSLHA)

The Ohio Academy of Audiology

The Ohio Speech and Hearing Association (OSLHA)

Southwest Ohio Speech, Language, and Hearing Association (SWOSHA)

Student membership is inexpensive and includes most of the benefits of full membership including journals, newsletters, and reduced fees for workshops and conventions.

Membership applications are available in the Department and online.

APPENDIX A

**STUDENT PRACTICUM FORMS**

**PRACTICUM COMMITMENT  
FOR AuD STUDENTS  
University of Cincinnati  
Communication Sciences and Disorders Department**

**Student:** \_\_\_\_\_

**Semester/Year:** \_\_\_\_\_ **Site:** \_\_\_\_\_

The University of Cincinnati student who has been assigned to a Communication Sciences and Disorders Practicum placement at your site **will bring a resume to this interview**. The student has agreed to the following guidelines:

1. The student will participate in a minimum of \_\_\_\_ hours/days (circle one) of directed client observation before he/she is allowed to begin provision of supervised clinical services.
2. The student will begin the practicum experience on \_\_\_\_\_ and finish on \_\_\_\_\_.

Days per week: (circle)    M            T            W            TH            F

Time Schedule:    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

3. Request for time off: The student is required to abide by the calendar of the site rather than that of the University. Time off during University break periods and/or vacation or for other leave **must** be requested from the preceptor in advance. The time frame for advance requests for this site is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The student will follow all rules of confidentiality as they pertain to clients and their families and as such will respect and comply with HIPAA regulations.

5. Diagnostic evaluations, chart notes, and other reports/paperwork must be submitted by deadlines specified by the site preceptor:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. The student will comply with the following dress code:  
**NO** T-shirts, flip-flops, Capri pants, shorts, jeans, low-cut blouses, bare midriffs, heavy fragrances, and other as dictated by the practicum site:  
\_\_\_\_\_  
\_\_\_\_\_

7. The student will comply with all other pertinent policies and procedures of the practicum site:  
\_\_\_\_\_  
\_\_\_\_\_

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It is understood that the practicum experience may be terminated at any time during the first \_\_\_\_ week trial period either by the site preceptor, Practicum Coordinator, or the student. It is further understood that the practicum experience may be terminated at any time at the discretion of the site preceptor and/or Practicum Coordinator.

8. The on-site preceptor has agreed to the following guidelines:
- a) The preceptor will have primary responsibility for coordination and supervision of the student's professional work at this site.
  - b) The preceptor recognizes and agrees to abide by the following supervision requirements set forth by the CSD Department: supervision of a minimum of one-half of time spent in diagnostic activities and a minimum of one-fourth of time spent in treatment (habilitative) activities by the student.
  - c) The preceptor and student will have conferences scheduled at least \_\_\_\_\_
  - d) The preceptor will share the evaluation of the student's performance with the student and Practicum Coordinator through completion of end-of-semester AuD Skills Competency Evaluation forms as well as telephone and e-mail communications throughout the semester on an as-needed basis.
9. The Practicum Coordinator will plan to make visit(s) to the practicum site during the semester.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Site Preceptor's Name  
(PLEASE PRINT)

\_\_\_\_\_  
Site Preceptor's Signature      ASHA# / State License#

\_\_\_\_\_  
U.C. AuD Practicum Coordinator

**UNIVERSITY OF CINCINNATI**  
**DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS**  
**OBSERVATION REPORT**

Name of Observer\_\_\_\_\_

Location\_\_\_\_\_

Date of Observation\_\_\_\_\_ Duration of Session\_\_\_\_\_

Individual\_\_\_\_\_ Group\_\_\_\_\_

Diagnostic Evaluation\_\_\_\_\_

Treatment Session\_\_\_\_\_

Type of Hearing Loss\_\_\_\_\_

General Objective\_\_\_\_\_

Describe methods and materials used\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summarize the way the patient responded to the visit\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments\_\_\_\_\_

\_\_\_\_\_

Signature of clinician, preceptor, or class instructor

\_\_\_\_\_





**Department of Communication  
Sciences and Disorders  
College of Allied Health Sciences**

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Cincinnati, OH 45267-0379

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### **CONFIDENTIALITY STATEMENT**

All information concerning past and present patients is strictly confidential and will be shared with no one unless agreed upon in writing by the patient or patient's family.

I understand the importance of confidentiality as it relates to the welfare of patients and their families whom we serve. I will not reveal any professional or personal information regarding these patients and I will maintain accurate information in the patient's clinical files and will not divulge the contents of such files to anyone except upon written consent from the patient or the family.

I understand and agree to abide by the confidentiality standards set by the Department of Communication Sciences and Disorders.

\_\_\_\_\_  
Signature of Student Clinician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Student Clinician

**DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS**  
**SPEECH-LANGUAGE PATHOLOGY**  
**PRACTICUM REMEDIATION/ACTION PLAN**

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

Preceptor: \_\_\_\_\_

U. C. Liaison: \_\_\_\_\_

1. Identify (and agree to) competencies not being met during the practicum period:

\_\_\_\_\_

---

Skills:

Assessment: \_\_\_\_\_

---

Intervention: \_\_\_\_\_

Interaction/Person

Qualities: \_\_\_\_\_

\_\_\_\_\_

2. Plan of

Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Action Steps Achieved: \_\_\_\_\_

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

If Not Achieved: \_\_\_\_\_

- \_\_\_\_\_ Extend time at site
- \_\_\_\_\_ Practicum at another site
- \_\_\_\_\_ Terminate practicum
- \_\_\_\_\_ Other

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

\_\_\_\_\_

\_\_\_\_\_

Practicum Preceptor: \_\_\_\_\_ Student: \_\_\_\_\_

University Liaison \_\_\_\_\_

APPENDIX B

**CLIENT FORMS**

## NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

### OUR LEGAL DUTY

Because the University of Cincinnati Speech, Language, Hearing Clinic in the Department of Communication Sciences and Disorders neither bills nor communicates with health insurance companies electronically, we are a 'non-covered entity' under the Health Insurance Portability and Accountability Act (HIPAA). However, it is our policy to maintain the privacy of your health information even though we are not subject to HIPAA requirements.

This notice explains our privacy practices, our legal duties, and your rights concerning your health information. If we change this Notice and our privacy practices we may make the changes effective for all health information that we maintain, including health information we created or received before we made the changes. You may request a copy of this or future versions of this Notice by contacting the Clinic Office Manager or Clinic Coordinator.

### YOUR RIGHTS

**Access:** You have the right to review or request copies of your health information, with limited exceptions such as certain mental health information. Requests must be in writing and signed by you. You may request a form for this purpose from the clinic.

**Release of Health Information:** You may request that we provide copies of your health care information to others. To do so, complete a signed, written request form authorizing us to do so. You may revoke your authorization in writing at any time.

**Correction:** You may ask the University of Cincinnati Speech, Language, and Hearing Clinic in the Department of Communication Sciences and Disorders to correct health information we have created if the information is wrong or incomplete. Correction requests must be submitted in writing with an explanation of why you want the information changed. Your request may be denied if the information is correct or was not created by the Speech, Language, and Hearing Clinic.

**Accounting of Disclosures:** You have the right to know with whom the Speech, Language, and Hearing Clinic has shared your health information. Requests must be submitted in writing and include your signature.

**Request Restrictions:** You may ask us not to share your health information with certain individuals for certain purposes, including family members who may be involved in your care. To ask for restriction, send your request in writing to University of Cincinnati Speech, Language, Hearing Clinic in the Department of Communication Sciences and Disorders and clearly state with whom you want us to restrict your information and to what extent. Please note, that we are not required to comply with your request if we believe it necessary to share your information.

**Confidential Communications:** You may specify where and how our staff may contact you, such as only at work or by mail. Submit your request in writing, stating how or where you wish to be contacted.

## USES AND DISCLOSURES OF HEALTH INFORMATION

**We use and may disclose to others health information about you for the following purposes:**

**Treatment:** We may use or disclose your health information to a physician or other healthcare professional who is providing treatment to you (e.g., laboratories, specialists, hospitals).

**Appointment Reminders:** We will use information about you to remind you of an upcoming appointment via telephone or mail.

**Interpreters:** We may share your medical information with interpreters to assist in scheduling appointments and treating you.

**Family and/or Friends:** We may share information about you with a family member or friend whom you have said is involved in and/or responsible for your care. You have the right to stop or limit the disclosure of information in this way.

**Healthcare Operations and Oversight:** We may use your information to help assess and/or improve the quality of our services, such as reviewing the competence or qualifications of healthcare professionals, and evaluating clinician and treatment performance.

**Treatment Alternatives and Health Related Benefits and Services:** We may disclose your information to explore and recommend possible treatment options, benefits and services that may exist for you.

**Fundraising and Publicity:** We may use medical information about you to contact you about opportunities for you to assist in efforts to increase awareness of the University of Cincinnati Speech, Language, Hearing Clinic in the Department of Communication Sciences and Disorders.

**As Required by Law:** We will share your health information when the law requires us to do so. Applicable circumstances include but are not limited to reporting public health threats such as infectious diseases, reporting suspected abuse, violence or neglect victims, complying with subpoena, summons, and other lawful procedures, and providing information needed for a correctional or other custodial residential entity to provide health care to you or to protect the health and safety of others.

## QUESTIONS AND COMPLAINTS

If you believe your privacy rights have not been maintained while receiving our services, you may file a complaint with the U.C. Director of Privacy at 513-556-3483, 650 University Pavilion, P.O. Box 210623, Cincinnati OH 45221-0623. All complaints must be in writing. You will not be penalized for filing a complaint.

**ACKNOWLEDGEMENT OF NOTICE**  
The University of Cincinnati  
Communication Sciences and Disorders Department  
Speech, Language, and Hearing Clinic

I acknowledge that I have received the University of Cincinnati's Speech, Language, and Hearing Clinic's Notice Of Health Information Privacy Practices, effective as of April 14, 2003, which describes how my health information or my child's will be used or disclosed. I understand that the Clinic reserves the right to change the Notice and its privacy practices at any time.

---

Name – **Please Print**

---

Signature

---

Date

**ADULT CASE HISTORY**

File No. \_\_\_\_\_ Date: \_\_\_\_\_

Sex: ( ) M ( ) F Date of Birth: \_\_\_\_\_

Mr. ( ), Ms. ( ), Mrs. ( )

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

In emergency, who should we notify? \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

**PAYMENT INFORMATION**

Private Insurance ( ) Self-Pay ( ) Medicaid ( ) Hamilton County Discount ( )

**GENERAL MEDICAL INFORMATION**

Who is your primary care physician? \_\_\_\_\_

Do you take any of the following types of medication (circle)? : blood pressure / heart disease / arthritis / daily aspirin / blood thinning / diabetes/ chemotherapy/ antibiotics/ other: \_\_\_\_\_

Do you smoke? Yes ( ) No ( )

Do you have any vision disorders? Yes ( ) No ( )

List: \_\_\_\_\_

When was your last vision exam? \_\_\_\_\_

Do you have a chronic or serious illness? Yes ( ) No ( )

List: \_\_\_\_\_

Do you have any allergies? Yes ( ) No ( )

List: \_\_\_\_\_

Other relevant medical information:

\_\_\_\_\_  
\_\_\_\_\_

## HEARING HISTORY

- Y N Do you have a known hearing loss? (Rt ear) (Lt ear) (Both)  
Y N Is your hearing loss stable?  
Y N Is there a family history of hearing loss?  
Y N Have you had a previous hearing evaluation and where?  
Y N Do you now, or have you ever, worn hearing aids?  
Y N Do you have noises in your ears (Rt ear) (Lt ear) (Both)?  
Y N Do you have vertigo or dizziness or balance problems?  
Y N Have you ever had recreational, military, or employment noise exposure?  
Y N Do you have pain, discomfort, or drainage or PE tubes in the ear?  
Y N Do you have a history of ear infection?  
Y N Have you had ear surgery?  
Y N Have you had an injury to your ears?  
Other \_\_\_\_\_

## LISTENING SITUATIONS

Please rank the top 4 listening situations in which it is important for you to hear well:

- |                                |                     |                 |                     |
|--------------------------------|---------------------|-----------------|---------------------|
| ___ Conversation with 1 person | ___ Telephone       | ___ Television  | ___ In the car      |
| ___ In small groups            | ___ In large groups | ___ Restaurants | ___ Movie / theatre |
| ___ At religious services      | ___ In meetings     | ___ Work places | ___ Outdoors        |
| ___ Listening to music         |                     |                 |                     |

**PEDIATRIC CASE HISTORY**

**File No.**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Date: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Sex: ( ) M ( ) F Date of Birth \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_  
In emergency, who should we notify? \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

**PAYMENT INFORMATION**

Private Insurance ( ) Self-Pay ( ) Medicaid ( ) Hamilton County Discount ( )

**GENERAL MEDICAL INFORMATION**

What is the name of your child's pediatrician? \_\_\_\_\_

Were there any pregnancy complications (Illness, accident, medications)?  
\_\_\_\_\_  
\_\_\_\_\_

Were there any birth complications (Low birth weight, jaundice, anoxia, other)?  
\_\_\_\_\_  
\_\_\_\_\_

Has your child had a vision evaluation? (and where) \_\_\_\_\_  
Has your child had any serious illness (Mumps, rubella, cytomegalovirus, other)?  
\_\_\_\_\_  
\_\_\_\_\_

Is there a history of ear infections? \_\_\_\_\_  
Has your child had ear surgery or injury to the ear?  
\_\_\_\_\_

Does your child have any allergies?  
\_\_\_\_\_

Is your child currently taking any medications? \_\_\_\_\_

Other relevant medical information:  
\_\_\_\_\_  
\_\_\_\_\_

## HEARING LOSS AND DEVELOPMENTAL INFORMATION

What is the primary complaint?

---

Is there a previously documented hearing loss (where tested and what age)?

---

Is there a family history of childhood hearing loss?

---

Is your child aware of environmental sounds and other's speech?

---

Is your child's speech and language age appropriate?

---

Is your child currently in speech therapy (and where)?

---

Is your child's motor development age appropriate?

---

Does your child have any known behavioral disorders or coexisting handicaps?

---

---

## OTHER INFORMATION

What is the sex and ages of siblings?

---

What is your child's school, grade, and teacher?

---

How would you rate performance in school?

---

Does your child currently wear hearing aids?

---

How does your child generally communicate (sign language, speech, gestures)?

---

**SAMPLE FORMAT FOR EVALUATION REPORT**

Name: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Birth Date: \_\_\_\_\_

Clinician: \_\_\_\_\_  
Preceptor: \_\_\_\_\_  
Evaluation: \_\_\_\_\_

\_\_\_\_\_ was  
seen for \_\_\_\_\_ at the request of  
\_\_\_\_\_.

Background: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELEASE/CLEARANCE FORM**

**UNIVERSITY OF CINCINNATI  
COMMUNICATION SCIENCES AND DISORDERS  
Cincinnati, OH 45267-0379**

POLICIES

Each patient is assigned to a faculty member, who remains responsible for all services provided to that patient. Students training audiologists will observe diagnostic and therapy procedures and will work with patients under the supervision of the responsible staff member. Videotapes, audiotapes, films, or photographs may be utilized for educational or research purposes. In all such activities, maximum efforts are made to ensure the confidentiality of all information concerning individual patients; and no unauthorized persons are given access to clinical or personal information.

Unless specified otherwise, reports will be sent upon request to medical, social service, and educational facilities.

---

I understand, consent to, and agree to abide by the policies set forth above.

---

(Date)

---

(Signature)





Department of Communication
Sciences and Disorders
College of Allied Health Sciences
University of Cincinnati
PO Box 670379
Cincinnati, OH 45267-0379

3202 Eden Avenue
344 French East Building
Phone (513) 558-8501
Fax (513) 558-8500
Web www.uc.edu/csd

PERMISSION FORM

UNIVERSITY OF CINCINNATI
COMMUNICATION SCIENCES AND DISORDERS
SPEECH, LANGUAGE, HEARING CLINIC

Each client is assigned to a faculty member, who remains responsible for all services provided to that client. Students training as speech language pathologists and audiologists will observe assessment and intervention and will work with clients under the supervision of a licensed supervisor who holds the CCC-SLP or CCC-A. Video recordings, audio recordings, or photographs may be used for educational, research or publicity purposes. In all such activities, maximum efforts are made to insure the confidentiality of all information concerning individual clients; and no unauthorized persons are given access to clinical or personal information.

Permission to Use Audio/Video Recordings for Educational, Research, and/or Publicity Purposes

Authorization is granted/not granted (circle one) to the University of Cincinnati Speech, Language, Hearing Clinic to use audio/video recordings and/or photographs of \_\_\_\_\_ for (initial each purpose that is approved):
\_\_\_\_\_ educational,
\_\_\_\_\_ research, and/or
\_\_\_\_\_ publicity purposes.

I understand, consent to, and agree to abide by the policies set forth above.

\_\_\_\_\_(Date) \_\_\_\_\_(Signature)

Address: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

\_\_\_\_\_(Relationship to above named person)



# University of Cincinnati

G65 French East Building  
PO Box 670379  
Cincinnati, OH 45267-0379  
(513) 558-8501

7001 Reading Road  
Cincinnati, OH 45237

## HEARING AID PURCHASE AGREEMENT

Patient: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Fitting Date: \_\_\_\_\_

Description	Serial Number	Qty	Price	Misc.	Total
Rt. Ear					
Lt Ear					

Battery size: \_\_\_\_\_

Total:	
Deposit:	
Balance:	

**TERMS:** Fifty percent of the purchase price is required at the time of order. Balance is payable upon delivery. We are happy to submit your insurance claims. If your insurance does not pay all that is expected, you are responsible for the unpaid balance. The amount not paid by your insurance carrier will be billed to you.

### RIGHT TO RETURN HEARING AIDS AND RECEIVE A REFUND

Under Ohio Law (O.R.C. 1345.30), a consumer has the right to return purchased hearing aids for any reason within 30 days after they are originally delivered to the consumer, or a person acting on the consumer's behalf, and to receive a refund of the consideration paid for the hearing aids less an amount specified to cover expenses incurred in connection with the hearing aids. Such refund shall be received no later than 15 days after presenting proof of payment for the hearing aids and returning them in the condition in which they were received, except for normal wear and tear. In such an event, the amount deducted from the refund, not to exceed 10% of the purchase price, will be \_\_\_\_\_. The cost of earmolds and professional service fees is not refundable.

### WARRANTY

Unless otherwise indicated these devices are new and warranted by the manufacturer against defects in material and workmanship for a period of one year from the date the devices are received by the patient. This warranty shall not apply if the failure of the devices is due to abuse or mishandling. This warranty does not cover earmolds, tubing, batteries, or other related hearing services.

The devices covered by this agreement, including supplies and accessories for these articles, constitute sale of tangible personal property used to supplement impaired function of the human body (*i.e.* hearing) and therefore are exempt from sales tax as per HB 703, effective 1/16/81.

The purchaser is advised that any examination, fitting, recommendation, or representation made in connection with the sale of hearing aids is not an examination, diagnosis, or prescription made by a person licensed to practice medicine in this state and therefore must not be regarded as medical opinion or advice. The purchaser has further been advised that the FDA has determined that health interests are best served if a medical evaluation is obtained by a licensed physician (preferably an ear, nose & throat physician) before purchasing hearing aids. The undersigned does not desire a medical evaluation before purchase.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Audiologist Signature and License Number





**ICD-9 Diagnostic Codes**

**Medical Diagnosis**

- 335.20 Amyotrophic Lateral Sclerosis
- 290 Alzheimer's- dementia (senile)
- 299.80 Asperger's current
- 299.00 Autism, infantile
- 343.9 Cerebral Palsy
- 783.40 Developmental delay
- 758.0 Down's Syndrome
- 332.0 Parkinson's Disease

**Language**

- 438.0 Late effect of cerebrovascular disease, cognitive deficits
- 438.10 Late effect of cerebrovascular disease, speech and language deficits, unspecified
- 438.11 Late effect of cerebrovascular disease, aphasia
- 438.12 Late effect of cerebrovascular disease, dysphasia
- 781.3 Dysgraphia
- 784.3 Aphasia
- 784.5 Language disorder
- 784.61 Alexia and Dyslexia (organic)

**Cognitive-Linguistic**

**Learning**

- 314.00 ADD
- 314.01 ADHD
- 315.0 Specific reading disorder
- 315.02 Developmental dyslexia reading
- 315.09 Other spelling difficulty
- 315.2 Learning disorder, other specific
- 781.3 Dysgraphia

**Articulation/Phonology**

- 438.81 Other late effect of cerebrovascular disease, apraxia
- 784.4 Dysarthria
- 784.5 Articulation disorder
- 784.69 Apraxia

**Fluency**

- 307.0 Stuttering, stammering

**Voice**

- 306.1 Psychogenic dysphonia
- 749.00 Cleft palate unspecified
- 749.10 Cleft lip unspecified
- 749.20 Cleft lip with cleft palate unspecified
- 784.41 Aphonia
- 784.49 Voice disturbance: hoarseness, hyper/hyponasal

**Auditory Processing**

- 388.40 Auditory perception, abnormal
- 388.42 Hyperacusis

**Dysphagia**

- 438.82 Other late effect of cerebrovascular disease, dysphagia
- 787.2 Dysphagia

**ICD-9 Diagnostic Codes**

**Hearing**

- V71.8 Normal Hearing
- 380.10 Otitis externa
- 380.4 Impacted cerumen
- 381.4 Serous otitis media w/effusion
- 381.81 Eustachian tube dysfunction
- 384.20 Tympanic membrane perforation
- 386.10 Vertigo, Peripheral
- 386.5 Labyrinthine Dysf. Unspec.
- 388.01 Presbycusis
- 388.12 Noise Induced
- 388.2 Sudden
- 388.31 Tinnitus, subjective
- 388.32 Tinnitus, objective
- 388.60 Otorrhea
- 388.70 Otagia
- 389.03 Hearing loss, Conductive
- 389.18 Sensorineural hearing loss, combined types
- 389.2 Mixed
- 389.7 Congenital/Acquired
- 780.4 Dizziness, Giddiness
- 951.5 Traumatic/SN

**SLP CPT Treatment Codes**

- 92506 Evaluation of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehab), individual
- 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehab), two or more individuals
- 92526 Treatment of swallowing dysfunction and/or oral function for feeding
- 92597 Evaluation for use and/or fitting of voice prosthetic or augmentative/alternative communication device to supplement oral speech
- 92598 Modification of voice prosthetic or augmentative/alternative communication device to supplement oral speech
- 92605 Evaluation for prescription of non-speech-generating augmentative and alternative communication device
- 92606 Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
- 92607 Evaluation for prescription for speech-generating augmentative and alternative communication device; face-to-face with the patient; evaluation, first hour
- 92608 Each additional 30 minutes [Use 92608 in conjunction with 92607]

**SLP CPT Treatment Codes**

- 92609 Therapeutic services for the use of speech-generating device, including programming and modification
- 92610 Evaluation of oral and pharyngeal swallowing function [For motion fluoroscopic evaluation of swallowing function, use 92611]
- 92611 Motion fluoroscopic evaluation of swallowing function by cine or video recording
- 92612 Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording
- 92614 Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording
- 92616 Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording
- 92597 Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
- HCPCS (G0201) Modification or training in use of voice prosthetic

**Time Based:**

- 96105 Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g. By Boston Diagnostic Aphasia Examination) with interpretation and report, per hour

**Audiology CPT Treatment Codes**

- 92551 Pure Tone Screening, Air
- 92552 Pure Tone Thresholds, Air
- 92553 Pure Tone Thresholds, Air and Bone
- 92555 SRT
- 92556 SRT with Speech Discrimination
- 92557 Comprehensive Audiogram
- 92567 Tympanometry
- 92568 Acoustic Reflex
- 92569 Acoustic Reflex Decay
- 92582 Conditioned Play Audio
- 92584 Electrocochleography
- 92585 ABR
- 92589 Central Auditory Function
- ENG**
- 92541 Spontaneous and Horizontal Gaze
- 92542 Positional Tests (Standard and Dix-Hallpike)
- 92543 Calorics
- 92544 Optokinetics
- 92545 Oscillating Gracking
- 92547 Vertical Leads
- 92599 ENG Fistula Test

**Hearing Aids**

- 92590 Hearing Aid Evaluation, Monaural
- 92591 Hearing Aid Evaluation, Binaural
- 92592 Hearing Aid Fit/Check, Monaural
- 92593 Hearing Aid Fit/Check, Binaural
- 92594 Electroacoustic Check, Monaural
- 92595 Electroacoustic Check, Binaural
- V5241 Dispensing Fee, Monaural Hearing Aid, any type
- V5262 Hearing Aid, Disposable, any type, monaural
- V5263 Hearing Aid, Disposable, any type, binaural
- V5264 Ear mold/insert, not disposable, any type

APPENDIX C

CODE OF ETHICS

THE AMERICAN ACADEMY OF AUDIOLOGY - 1994

THE AMERICAN SPEECH-LANGUAGE- HEARING ASSOCIATION

*AMERICAN ACADEMY OF AUDIOLOGY*  
*CODE OF ETHICS*

PREAMBLE

The Code of Ethics of the American Academy of Audiology specifies professional standards that allow for the proper discharge of audiologist's responsibilities to those served, and that protect the integrity of the profession. The Code of Ethics consists of two parts. The first part, the Statement of Principles and Rules, presents precepts that members of the Academy agree to uphold. The second part, the Procedures, provides the process which enables enforcement of the Principles and Rules.

PART 1. STATEMENT OF PRINCIPLES AND RULES

**Principle 1.** Members shall provide professional services with honesty and compassion, and shall respect the dignity, worth, and rights of those served.

Rule 1a: Individuals shall not limit the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for the potential benefit from such services.

**Principle 2.** Members shall maintain high standards of professional competence in rendering services, providing only those professional services for which they are qualified by education and experience.

Rule 2a: Individuals shall use available resources, including referrals to other specialists, and shall not accept benefits or items of personal value for receiving or making referrals.

Rule 2b: Individuals shall exercise all reasonable precautions to avoid injury to persons in the delivery of professional services.

Rule 2c: Individuals shall not provide services except in a professional relationship, and shall not discriminate in the provision of services to individuals on the basis of sex, race, religion, natural origin, sexual orientation, or general health.

Rule 2d: Individuals shall provide appropriate supervision and assume full responsibility for services delegated to supportive personnel. Individuals shall not delegate any service requiring professional competence to unqualified persons.

Rule 2e: Individuals shall not permit personnel to engage in any practice that is a violation of the Code of Ethics.

Rule 2f: Individuals shall maintain professional competence, including participation in continuing education.

**Principle 3.** Members shall provide only services and products that are in the best interest of professional services.

Rule 3a: Individuals shall not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law.

**Principle 4.** Members shall provide only services and products that are in the best interest of those served.

Rule 4a: Individuals shall not exploit persons in the delivery of professional services.

Rule 4b: Individuals shall not charge for services not rendered.

Rule 4c: Individuals shall not participate in activities that constitute a conflict of professional interest.

Rule 4d: Individuals shall not accept compensation for supervision or sponsorship beyond reimbursement of expenses.

**Principle 5.** Members shall provide accurate information about the nature and management of communicative disorders and about the services and products offered.

Rule 5a: Individuals shall provide persons served with the information a reasonable person would want to know about the nature and possible effects of services rendered, or products provided.

Rule 5b: Individuals may make a statement of prognosis, but shall not guarantee results, mislead, or misinform persons served.

Rule 5c: Individuals shall not carry out teaching or research activities in a manner that constitutes an invasion of privacy, or that fails to inform persons fully about the nature and possible effects of these activities, affording all persons informed free choice of participation.

Rule 5d: Individuals shall maintain documentation of professional services rendered.

**PRINCIPLE 6.** Members shall comply with the ethical standards of the Academy with regard to public statements.

Rule 6a: Individuals shall not misrepresent their educational degrees, training, credentials, or competence. Only degrees earned from regionally accredited institutions in which training was obtained in audiology, or a directly related discipline, may be used in public statements concerning professional services.

Rule 6b: Individuals' public statements about professional services and products shall not contain representations or claims that are false, misleading, or deceptive.

**PRINCIPLE 7.** Members shall honor their responsibilities to the public and to professional colleagues.

Rule 7a: Individuals shall not use professional or commercial affiliations in any way that would mislead or limit services to persons served professionally.

Rule 7b: Individuals shall inform colleagues and the public in a manner consistent with the highest professional standards about products and services they have developed.

**PRINCIPLE 8.** Members shall uphold the dignity of the profession and freely accept the Academy's self-imposed standards.

Rule 8a: Individuals shall not violate these Principles and Rules, nor attempt to circumvent them.

Rule 8b: Individuals shall not engage in dishonesty or illegal conduct that adversely reflects on the profession.

Rule 8c: Individuals shall inform the Ethical Practice Board when there are reasons to believe that a member of the Academy may have violated the Code of Ethics.

Rule 8d: Individuals shall cooperate with the Ethical Practice Board with any matter related to the Code of Ethics.

## **PART II. PROCEDURES FOR THE MANAGEMENT OF ALLEDGED VIOLATIONS INTRODUCTION**

Members of the American Academy of Audiology are obligated to uphold the Code of Ethics of the Academy in their personal conduct and in the performance of their professional duties. To this end it is the responsibility of each Academy member to inform the Ethical Practice Board of possible Ethics Code violations. The processing of alleged violations of the Code of Ethics will follow the procedures specified below in an expeditious manner to ensure that violations of ethical conduct by members of the Academy are halted in the shortest time possible.

### **PROCEDURES**

1. Suspected violations of the Code of Ethics should be reported in letter format giving documentation sufficient to support the alleged violation. Letters must be signed and

addressed to:

Chair, Ethical Practice Board  
American Academy of Audiology  
8201 Greensboro Drive Suite 300  
McLean, VA 2210

2. Following receipt of the alleged violation the Board will request from the complainant a signed Waiver of Confidentiality indicating that the complainant will allow the Ethical Practice Board to disclose is/her name should this become necessary during investigation of the allegation. The Board may, under special circumstances, act in the absence of a signed Waiver of Confidentiality.

3. On receipt of the Waiver of Confidentiality signed by the complainant, or on the decision of the Board to assume the role of active complainant, the member(s) implicated will be notified by the Chair that an alleged violation of the Code of Ethics has been reported. Circumstances of the alleged violation will be described and the member(s) will be asked to respond fully to the allegation.

4. The Chair may communicate with other individuals, agencies, and/or programs, for additional information as may be required for Board review. The accumulation of information will be accomplished as expeditiously as possible to minimize the time between initial notification of possible Code violation and final determination by the Ethical Practice Board.

5. All information pertaining to the allegation will be reviewed by members of the Ethical Practice Board and a finding reached regarding infractions of the Code. In cases of Code violation, the section(s) of the Code violated will be cited, and a sanction specified when the Ethical Practice Board decision is disseminated.

6. Members found to be in violation of the Code may appeal the decision of the Ethical Practice Board. The route of Appeal is by letter format through the Ethical Practice Board to the Executive Committee of the Academy. Requests for Appeal must:

a. be received by the Chair, Ethical Practice Board, within 30 days of the Ethical Practice Board notification of violation.

b. state the basis for the appeal, and the reason(s) that the Ethical Practice Board decision should be

c. not offer new documentation.

The decision of the Executive Committee regarding Appeals will be considered final.

## SANCTIONS

1. Reprimand. The minimum level of punishment for a violation consists of a

reprimand. Notification of the violation and the sanction is restricted to the member and the complainant.

2. Cease and Desist Order. Violator(s) may be required to sign a Cease and Desist Order which specifies the non-compliant behavior and the terms of the Order. Notification of the violation and the sanction is made to the member and the complainant, and may on two-thirds vote of the Ethical Practice Board be reported in an official publication.

3. Suspension of Membership. Suspension of membership may range from a minimum of six (6) months to a maximum of twelve (12) months. During the period of suspension the violator may not participate in official Academy functions. Notification of the violation and the sanction is made to the member and the complainant and is reported in official publications of the Academy. Notification of the violation and the sanction may be extended to others and determined by the Ethical Practice Board. No refund of dues or assessments shall accrue to the member.

4. Revocation of Membership. Revocation of membership will be considered as the maximum punishment for a violation of the Code. Individuals whose membership is revoked are not entitled to a refund of dues or fees. One year following the date of membership revocation the individual may reapply for, but is not guaranteed, membership through normal channels and must meet the membership qualifications in effect at the time of application. Notification of the violation and the sanction is made to the member and the complainant and is reported in official publications of the Academy for at least three (3) separate issues during the period of revocation. Special notification, as determined by the Ethical Practice Board, may be required in certain situations.

## RECORDS

1. A Central Record Depository shall be maintained by the Ethical Practice board which will be kept confidential and maintained with restricted access.

2. Complete records shall be maintained for a period of five (5) years and then destroyed.

3. Confidentiality shall be maintained in all Ethical Practice Board discussion, correspondence, communication, deliberation, and records pertaining to members reviewed by the Ethical Practice Board.

4. No Ethical Practice Board member shall give access to records, act or speak independently, or on behalf of the Board, without the expressed permission of the Board members then active, to impose the sanction of the Board, or to interpret the findings of the Board in any manner which may place members of the Board, collectively or singly,

at financial, professional, or personal risk.

5. A Book of Precedents shall be maintained by the Ethical Practice Board which shall form the basis for future findings of the Board.

APPENDIX D

GUIDELINE: INFECTION CONTROL IN  
AUDIOLOGICAL PRACTICE

## **Guideline: Infection Control in Audiological Practice**

### **Infection Control Task Force**

*Audiology Today*, Volume 15:5, 2003

*Abstract: Potentially harmful organisms can be passed from person to person through direct contact or by indirect contact, that is, by touching contaminated objects or surfaces. In order to reduce the risk of cross contamination, audiologists must follow protocols for decontaminating sources of contamination. This decontamination takes the form of cleaning, disinfecting and sterilizing. (Infection Control Task Force members: John Greer Clark, Ph.D., Robert J. Kemp, MBA, A.U. Bankaitis, Ph.D.)*

### **The Importance of Infection Control**

In the delivery of any health related service, it is the health professional's responsibility to ensure the safety of all patients served. Toward this end, it is imperative that audiologists provide patients with diagnostic and treatment environments that are designed to minimize or eliminate the potential transmission of disease. Audiologists must be diligent in their efforts for controlling the spread of infectious disease within the context of the entire clinical setting for several main reasons.

Diagnostic and rehabilitative services provided by Audiologists are sought by a wide range of patients varying in age, underlying disease, socioeconomic status, history of pharmacological interventions, and other factors that directly influence the integrity of the immune system's ability to defend and protect the human body from a variety of potentially infectious microorganisms (Bankaitis & Kemp, 2002; Kemp & Bankaitis, 2000). These patients maintain a heightened susceptibility to those microorganisms commonly residing in many healthy persons or on various surfaces. While these microbes do not pose a threat to healthy individuals with intact immune systems, even mildly immuno-compromised patients maintain an increased risk of developing opportunistic infections. By definition, opportunistic infections originate from commonplace microbes that take the opportunity to infect a body with a weakened immune system (Bankaitis, 1996). These microorganisms may lead to a level of infection that ultimately results in serious, life-threatening complications.

Since the practice of audiology involves and requires a notable degree of patient contact, patients and clinicians are exposed to an environment in which a variety of contaminated objects may come into direct or indirect contact with multiple patients (e.g.: headphones, immittance or otoacoustic emissions probe tips, electrodes, otoscope specula, oto-lights, earmold impression syringes, probe tubes for real-ear measurement, earmolds and/or hearing aids).

Contact transmission remains the most common means of cross-contamination and

possible disease transmission (Kemp & Bankaitis, 2000). Contact transmission may occur when a clinician or the patient touches another individual or object. Removing a hearing aid from a patient's ear or accepting a hearing aid from a patient with bare hands are practices that may encourage inadvertent cross-infection via contact transmission. In the event transmission occurs, microbes naturally seek entry into the body by traditional routes including natural orifices (nose, eyes, and ears) or via the epithelial layer of the skin (Kemp, Roeser, Pearson, & Ballachanda, 1996).

The scope of practice in audiology has changed significantly over the last twenty years and as such, infection control has become a more important issue. Beyond advancements in hearing aid technology, immittance procedures, or discovery of otoacoustic emissions which often necessitate the use of probe tubes or tips in multiple patients, many audiologists are involved with procedures that may potentially result in exposure to body fluids. For example, monitoring of cranial nerves or somatosensory evoked potentials not only requires the presence of the audiologist in the operating room, but the handling, insertion, and removal of several pairs of needle electrodes. Many clinicians may be involved in the administration of a battery of vestibular procedures that, on occasion, cause patients to vomit. Cerumen management and the dispensing of hearing aids potentially expose clinicians to infectious agents. While cerumen is not considered an infectious agent unless it is contaminated with blood or mucus, due to its color and viscosity, visual detection of blood or ear drainage contaminants may be difficult. Therefore, it should be treated as if it is a potentially infectious agent (Kemp et al., 1996). As more and more of these types of procedures are performed by audiologists, the incidence of exposure to blood and other bodily fluids and subsequent risk of exposure to blood-borne pathogens such as HIV or hepatitis substantially increases.

### **Regulatory Agencies**

In the early 1980's, HIV-1 was identified as the cause of AIDS and the concern over potential cross infection of healthcare professionals and patients became a catalyst for change across the healthcare field. This concern resulted in regulatory bodies, particularly the Occupational Safety and Health Administration (OSHA), enacting regulations that would provide healthcare employers and workers with guidelines for risk reduction by reducing exposure to potentially harmful infectious agents. It should be noted that while AIDS served as the catalyst of change, the concept of infection control is more comprehensive. Infection control deals with reducing the transmission and exposure of all infectious diseases (See Table 1.) from the common cold to Tuberculosis, Hepatitis B and the like. In other words, infection control policies do not encompass an isolated virus or a single disease; rather, infection control is an all-encompassing concept designed to minimize the transmission of and/or exposure to all potentially infectious diseases (Kemp & Bankaitis, 2000).

Several federal and state agencies are responsible for developing guidelines for the purpose of saving lives and preventing injury or illness in the work place. The mission of reducing disease transmission in the healthcare setting also falls within the scope of these

agencies which base their guidelines on regulations set forth by OSHA (i.e., OSHA, 1991). As each state can require infection control practices that exceed OSHA's minimum requirements, audiologists must become familiar with the guidelines of the state(s) in which they practice. It should be noted, however, that not all states have plans. In those states where a plan does not exist, federal OSHA guidelines should be followed.

In response to the concerns regarding potential exposure of HIV in the workplace, in August of 1987, OSHA announced the intent to develop guidelines for protecting healthcare workers from cross-infection of blood-borne diseases. In addition, OSHA proposed to extend the scope of their mission by monitoring worker safety of healthcare treatment personnel. In the past, monitoring of cross-infection pertained to many groups of workers; however, such precautions were not specifically developed with healthcare personnel in mind. Based on the recommended Universal Precautions issued by the Centers for Disease Control and Prevention (CDC), OSHA submitted a program that was outlined in the Federal Register on May 30, 1989, and published as a final standard in 1991 (see [www.osha.gov](http://www.osha.gov)). Universal precautions, as defined by CDC, represent a set of precautions designed to prevent transmission of HIV, hepatitis B virus (HBV), and/or other blood-borne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other blood-borne pathogens. With regard to the audiology clinic, this statement indicates that infection control procedures apply to every patient and not only selectively to those who may be identified or suspected as having a potentially infectious disease.

To fully comply with OSHA regulations, employees must be trained on OSHA blood-borne and safety standards prior to employment with subsequent refresher training once a year. Through the power of federal law (or state law, where a federally approved state law exists), OSHA mandates, oversees, and enforces infection control programs. Field inspectors randomly visit and inspect healthcare settings to ensure that such settings are in compliance with current regulations. Failure of an institution to comply with regulations results in citations and fines. In addition to OSHA, four other groups actively set guidelines that impact the audiologist's implementation of infection control practices (Table 2.) The Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) sets general guidelines for infection control based on OSHA standards that may vary depending on the facility. The facility then creates specific protocols for each department. It is important that audiologists affiliated with hospitals with JCAHO accreditation learn how the Joint Commission guidelines effect the audiology department. Many institutions now have an infection control coordinator that can be of great assistance.

The Commission of Accreditation of Rehabilitation Facilities (CARF) sets standards for organizations providing services to persons with disabilities. Like JCAHO, CARF issues general standards based on universal precautions which are then customized by each department in a facility. The mission of the United States Environmental Protection Agency (EPA) is to protect human health and to safeguard the natural environment. Under the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA), first

promulgated in 1947, the EPA registers all chemical disinfectants and sterilants intended for use on inanimate objects and/or environmental surfaces. The registration procedures are exacting and, particularly in the case of sterilants, extremely demanding. While a product may meet the criteria of a sterilant, the EPA also has the responsibility of reviewing toxicology and hazards data, product literature, and other company information to determine the benefit versus risk ratio of a qualified product. The Food and Drug Administration (FDA), in addition to its other consumer protection duties, also ensures that product labels are accurate and specific enough so that the contents may be used properly. This agency has been authorized by Congress to enforce several public health laws, including the Federal Food, Drug, and Cosmetic Act and monitors the manufacturing, importation, transportation, storage, and sale of over one trillion dollars' worth of goods annually (FDA, 1998).

### **Infection Control Rationale**

Infection control in any setting revolves around controlling exposure between people as well as between people and the environment in which they work. The regimen required to comply with needed infection control measures may range from a simple cleaning to disinfecting to sterilizing depending on the nature of the contact. It is each clinician's responsibility to employ preventive measures to ensure a healthy and safe work environment for themselves, their colleagues and their patients.

Research has shown that ordinary objects touched by patients are often contaminated with potentially infectious organisms. For example, in a study assessing bacterial growth on physicians' stethoscopes, Breathnach, Jenkins, and Pedler (1992) found that 26 of 29 stethoscopes were significantly contaminated with staphylococci, a bacterium that can cause serious infections in immuno-compromised individuals. More recently, Bankaitis (2002) assessed the microbial composition found on the surface of hearing aids that were swabbed from 10 patients. Light to moderate amounts of ten different bacteria and three fungi were isolated from the group of hearing aids with the predominant organism the staphylococcus bacterium. The general finding of light to heavy amounts of microbial growth on hearing aid surfaces is not necessarily an unusual finding. Because cerumen is physiologically designed to inhibit bacterial or fungal reproduction, the residual presence of the very microorganisms it is designed to combat is to be expected.

The recovered bacteria and fungi are ubiquitous or widely distributed throughout the environment, with staphylococcal flora typically thriving on skin surfaces such as the external auditory canal. Although the recovered microbes from hearing aid surfaces are ubiquitous in nature, the hallmark of immuno-suppression is characterized by susceptibility of disease-prone individuals to these very same organisms (Schountz & Bankaitis, 1998; Bankaitis, 1996). For instance, coagulase negative staphylococcus is a universal microbe of normal skin and nasopharyngeal flora. Because of its universal nature, shedding of this bacterium is very common; however, it also accounts for a high percentage of hospital-acquired infections by susceptible patients exhibiting varying degrees of immuno-suppression (Murray et al., 1994).

As further discussed by Bankaitis (2002), in addition to the presence of staphylococcus on most of the hearing aids, unique microbial compositions were observed for each of the hearing aids studied, creating a more compelling concern for cross-infection. For instance, the clinician handling one hearing aid with unwashed, bare hands who subsequently handles another hearing aid with the same unwashed, bare hands could cross-contaminate the later hearing aid with the microbial content of the former hearing aid. Reinserting a contaminated hearing aid into a patient's ear will expose the patient to a foreign microbial composition. If that patient is immuno-compromised, the otherwise innocuous microbes from one hearing aid can cause an opportunistic infection with potentially serious complications.

While Bankaitis (2002) indicates that this study was not designed to establish a cause and effect relationship, it provides a compelling rationale for the need to integrate infection control procedures in the audiology clinic. Protection against inadvertent transmission of disease from patient to patient, clinician to patient, and patient to clinician must be approached from a preventive standpoint. Infection control begins with a written plan that should be available in every practice. While there is no single correct infection control plan, the procedures presented here may serve as guidelines for audiologists to develop their own plans while keeping in mind the local and federal regulations for infection control (OSHA, 1991).

### **General Housekeeping Practices and Environmental Infection Control**

Environmental infection control requires cleaning, disinfecting and sometimes sterilizing items or surfaces that are reused. These terms are not arbitrarily selected to describe products or procedures. Each has a very specific legal meaning as defined by the Environmental Protection Agency (EPA). For example, a product that only cleans cannot be called a disinfectant, and a disinfectant cannot be called a sterilant unless it has been demonstrated to meet the requirements of a sterilant. It is important to understand the differences between these terms.

#### ***Cleaning***

To clean means to remove the gross contamination from an object or surface without regard to killing germs. Cleaning is an important precursor to disinfecting and sterilizing as gross contamination must first be removed before these procedures will be effective. Cleaning can be accomplished with a brush, a wipe, or an ultrasonic machine.

#### ***Disinfecting***

To disinfect means to kill a specific number of germs, the number of which is determined by the level of disinfectant used. Healthcare facilities, such as audiology practice settings, should use a hospital grade disinfectant (Rutala, 1990). Effective disinfectants may be in the form of a towelette, a spray or a soak used for a static soaking tray or ultrasonic machine. Disinfectant products are commercially available for audiologists' use that will

not chemically denature plastic, silicone, rubber and acrylic. Rubbing alcohol, although considered a disinfectant, is not recommended in the audiology clinic as its chemical composition denatures those materials and/or devices typically handled in the clinical setting. Before disinfecting, all items should be first cleaned of gross contamination.

Disinfection is acceptable on "non-critical" items, those items that do not touch blood or other potentially infectious substances or are not likely to break the skin. Non-critical items in an audiology setting might include earmolds, hearing aids worn in the ear or canal, supra-aural headphones, otoscope specula, probe tips and tubes, ABR and ENG electrodes or any object or surface that is not contaminated with blood, ear drainage or cerumen that contains such bodily fluids. All of these items should be disinfected before handling or re use, but sterilization is not required. Hearing aid cleaning tools and listening stethoscope couplers should be cleaned and disinfected before re-use. After use, these tools and couplers should be either soaked in disinfectant or wiped thoroughly with a disinfectant towelette. Hearing aids should be disinfected prior to attaching to the hearing aid analyzer's 2cc coupler, or fun tac should be replaced after each use.

All patients, particularly those who have recurring fungus or external ear infections, should be advised to disinfect their hearing aids daily as part of their routine cleaning. The ear canal is populated by bacteria and fungus. While the immune system usually keeps organisms in the ear under control, contamination of the hearing aid goes unchecked. This contamination can lead to odor, discoloration of the hearing aid or earmold and possible itching.

Surfaces in work areas should be disinfected regularly. Repair benches where earmolds and hearing aids are cleaned should be routinely disinfected, as should patient "touch" surfaces such as examination chair arm rests, and reception counters. Toys and motivation devices used for audiological assessment should be cleaned and disinfected after each use. Toys should be nonporous and easily disinfected. Plastic materials are easier to maintain than painted wood, metal surfaces or fuzzy, furry toys. Because children invariably place toys in their mouths, great care should be taken when handling objects covered with saliva. Waiting room toys should be cleaned and disinfected daily. Always thoroughly wash hands after contacting a potentially infectious item or wear gloves while cleaning up.

### ***Sterilization***

To sterilize means to kill 100 percent of the vegetative microorganisms and their endospores 100 percent of the time. Many microbes, when challenged, will return in a spore form that is much more resistant than the vegetative form. If the spore is not killed it may become vegetative again and cause disease. Sterilization is indicated when an object is contaminated with a potentially infectious material such as blood, mucous or other bodily fluid or substance. Objects that are capable of breaking the skin, (i.e. cures, wax loops) must be sterilized prior to re-use regardless of contamination. As the preferred sterilization technique, heat under pressure in an autoclave, can melt many of the implements used by audiologists, "cold sterilization" with chemicals is the

recommended procedure.

Cold sterilization is accomplished by soaking instruments in 2% glutaraldehyde for ten hours or in 7.5% hydrogen peroxide. Currently these are the only chemicals approved for sterilization. Due to its ease of use (no mixing) Wavicide™ is often the favored glutaraldehyde solution. This solution is only to be used for sterilizing and must be stored in a tightly covered soaking tray to control fumes. Glutaraldehyde must not touch skin so gloves should be worn when accessing the tray and objects sterilized should be rinsed thoroughly prior to re-use. Porous items must not be soaked in glutaraldehyde.

Glutaraldehyde solutions are effective for use and re-use for 14 or 28 days, depending on the brand. Controversy exists on the potential biohazard of glutaraldehyde upon disposal with many believing that it can be safely disposed of by pouring down the drain with flowing tap water to ensure dilution.

It is hoped that hydrogen peroxide solutions such as Sporox will supplant the use of glutaraldehyde as it is significantly less hazardous to use clinically and is free of the controversy surrounding appropriate disposal. Sporox is good for use and re-use for 21 days and may be disposed of in a similar manner to that often recommended for glutaraldehyde. Hydrogen peroxide is only a sterilant in a concentration of 7.5% or greater. Because it is safer to use and dispose of than the glutaraldehyde products, it is the recommended cold sterilant for audiology practices.

"Critical items," those that may contact blood or mucus, or those items that are likely to break the skin, require sterilization. Cerumen is not an infectious substance per se, but often contains dried blood or mucus. If there is visible blood in or on cerumen, then that cerumen specimen is a potentially infectious substance and the instruments contacting it must be pre-cleaned and then sterilized. One difficulty is that the nature of cerumen, its color and viscosity, make it very difficult for the clinician to determine whether blood, particularly dried blood, is present. For this reason, instruments like cures used in cerumen removal, immittance and otoacoustic emissions probe tips, and otoscopic specula should be sterilized after use when visibly contaminated with cerumen, ear drainage or blood.

### ***Disposables***

Many items that have the potential for serving as cross-contaminants may be purchased as disposables including otoscope specula, immittance and OAE probe tips, earmold impression syringe tips, insert receivers, infection control earphone covers, and probe-microphone tubes. The increased hygiene provided by the use of insert earphone receivers is one more advantage to the preferred use of these receivers over the continued use of supra-aural earphones. From an infection control standpoint, the use of products or items marked as disposable or one-time-use should be used as directed.

## **Controlling the Human Source of Infection**

### ***Medical Case History***

If feasible, a full medical history of a patient can assist in reducing potential exposure. For example, identifying a case of shingles (Herpes zoster) while taking a medical history would alert the clinician to question an unusual looking sore. Identifying a patient taking an anticoagulant (e.g.: Cumodin, [the generic name is warfarin]), would warn the practitioner of a greater potential for excessive bleeding. It may be impractical to ascertain case histories in group settings like schools or industry. When possible, however, a medical case history should be taken. Hand Hygiene As previously mentioned, proper hand hygiene is critical to any infection control program. The Centers for Disease Control and Prevention (2002) has recommended that the use of fast-drying rub-on alcohol gels replace the traditional soap and water hand washing that is recommended be done routinely before and after each patient. The alcohol-based gels are readily available, kill more microbes than traditional hand washing and are more convenient.

### ***Gloves***

All audiometric procedures, including hearing and immittance screenings performed by audiologists, should begin with a thorough inspection of the ear, surrounding facial area, and scalp. An otoscopic inspection of the circumaural region and ear canal should be conducted, confirming that the skin is intact and that there is no blood or ear drainage present. After completing this inspection, reviewing the medical history and considering the procedure to be performed, a determination of the necessity of gloves can be made. Gloves should be worn prophylactically when the risk of encountering infectious substances is high. It is recommended that gloves be worn during cerumen management procedures including irrigation of the ear. In addition, gloves should be worn whenever the patient has a draining ear, when blood is present, when sores or lesions are evident on the ear or scalp or when a medical history indicates an infectious disease. At a minimum, gloves should be worn when cleaning up spills of infectious waste and while disinfecting a contaminated area. Professionals are responsible for applying their discretion in the extent for which protective measures must be taken when cleaning spills. Additional protective measures may include a disposable cover for clothing and the use of safety glasses, the use of which would be dependent on the extent of the spill, the context of the situation, and the clinical environment.

Latex gloves should not be worn during impression taking as a chemical interaction between the material and the gloves keeps impression material from setting up. Gloves made from nitrile can be used safely with impression material. Latex gloves can be used when impression techniques use a pad (splead) and spatula thereby avoiding touching impression material with the hands. To avoid latex allergies, non-latex vinyl or nitrile gloves are preferred.

After use, gloves should be properly disposed of and hands should be washed immediately after removing gloves. Unless grossly contaminated with blood or other bodily fluids gloves should be disposed of in the regular trash (See Waste Disposal which follows).

### ***Protective Apparel***

Safety glasses and disposable masks are necessary when there is risk of splash or splatter of potentially infectious material, or when the audiologist or patient is at risk of airborne contamination. Cerumen removal by irrigation may require safety glasses or masks if the splash of the irrigation is significant. Also, safety glasses and a mask should be worn when working with a grinding or buffing wheel to reduce the chance of microorganisms and particles of plastic being inhaled or landing in eyes. Masks should be worn in the presence of immuno-compromised individuals who may be at risk from droplet contact. Tuberculosis patients are to be treated using OSHA TB guidelines which include a higher grade mask than the standard. In the absence of the use of insert receivers, disposable headphone covers should be considered to reduce the risk of cross contamination. These can be particularly important for mass screenings.

### ***Waste Disposal***

Glutaraldehyde is toxic and should be handled with gloves with consideration given toward eye protection. Although glutaraldehyde begins to neutralize when in contact with organic material, controversy exists toward the common practice of disposal down the drain while flushing with large quantities of water to dilute it and promote more rapid neutralization. It is because of this controversy and other health concerns with the use of glutaraldehyde that hydrogen peroxide (in a 7.5% concentration or higher) is recommended for cold sterilization in audiology practices. Certainly disposal of sterilants must be made in accordance with local or federal regulations. Disposal methods are generally stated in the manufacturer's specifications. Further information on hazards associated with disinfectant and sterilization chemical product use, and corresponding poison control measures to be employed in the event a product is swallowed or comes in contact with the skin or eyes, is outlined in the manufacturer's Materials Safety and Data Sheet (MSDS) and is available from the manufacturer upon request. The MSDS for all potentially harmful substances should be readily accessible in the clinic.

In the typical audiology clinic, waste (gloves, wipes, paper towels, etc.) that is contaminated with blood, ear drainage, or cerumen containing blood or ear drainage can be placed in regular trash receptacles unless the amount of blood or mucus is significant. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with the symbol for biohazardous waste. This would include gross amounts of material; that is there is no need for biohazard bags for a little earwax. Rather, biohazard bags should be used for large amounts of visible blood and the materials used to clean it up. This waste should be picked up by a waste hauler licensed for medical waste disposal. When placing less contaminated waste in the regular trash, it is

recommended that it be separated from the regular trash by sealing it in a separate bag or wrapping it in paper to minimize the chance of maintenance or cleaning personnel making casual contact with it.

### ***Vaccination***

One of the most effective forms of controlling infection is through vaccination. Measles, mumps, rubella, tetanus, influenza, tuberculosis, small pox, polio, pertussis (whooping Cough), diphtheria, hepatitis A and hepatitis B are all preventable through vaccination. Vaccinations should be seriously considered for all healthcare professionals.

### **The Audiologist's Responsibility**

The [Code of Ethics](#) of the American Academy of Audiology states that "Individuals shall exercise all reasonable precautions to avoid injury to persons in the delivery of professional services or execution of research" (Part 1, Principle 2, Rule 2B). Toward this end, the development and vigilant execution of a comprehensive program for infection control, and the reporting and follow-up of exposure to potentially hazardous materials, should be an integral component of any audiologic practice regardless of setting. All necessary precautions should be taken to ensure the safety of the patients served as well as the safety of the professionals and support personnel serving those patients. It is every audiologist's responsibility to ensure that infection control protocols are established for their work setting and that the guidelines recommended within such protocol are adhered to routinely.

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**Table 1: Infectious Diseases Important to Audiology**

DISEASE	AGENT	POTENTIAL TRANSMISSION DANGER	INCUBATION PERIOD	POTENTIAL OUTCOME
Acquired Immune Deficiency Syndrome (AIDS)	VIRUS	Blood to Blood contact. Blood enters via something as simple as chapped hands.	Average 8 years	Death
Chicken pox	Virus	Blood, saliva or mucous (ear drainage); provide therapy for infected, sub-clinical child.	10-21 days	conjunctivitis, shingles, encephalitis
Common cold	Virus	Blood, saliva, mucous; infected patient sneezes on counter. Receptionist touches counter, touches nose, then breathes on others in the office.	48-72 hours	temporary disability
Cytomegalovirus	Virus	Blood, saliva, mucous; handling toys that infected child put in mouth.	2-8 weeks	Birth defects, death
Hepatitis A	Virus	Oral, fecal; failure to wash hands after seeing infected patient	2-7 weeks	Disability, liver damage

Hepatitis B	Virus	Blood, saliva, mucous; handling cerumen containing dried blood or providing therapy to "carrier"	6 weeks-6 months	chronic carrier, chronic disability, death
Herpes simplex-1	Virus	Blood, saliva, mucous, exudate from sores; Touch canker sore while providing therapy	2-12 days	temporary discomfort, herpetic conjunctivitis, herpetic whitlow
Herpes zoster (Shingles)	Virus	Blood, saliva, mucous; Make contact with vesicle (blister).	6-10 weeks	disability
Infectious mononucleosis	Virus	Blood, saliva, mucous; contact with infected saliva during therapy	4-7 weeks	temporary disability
Infectious meningitis	Virus or bacteria	Blood, saliva, mucous; contact with infected saliva during therapy, contact with infected mucous(ear drainage)	2-10 days	temporary disability
Influenza	Virus	Saliva, mucous, respiratory droplets (moisture particles from the lungs); provide service for infected patient.	1-3 days	temporary disability, death
Legionellosis	Bacteria	Respiratory droplets; therapy or otoscopic examination requires that practitioner's face come close to patient's face.	2-10 days	temporary disability, death
Measles (German) Measles (rubella)	Virus	Saliva, mucous; saliva of infected individual touches tongue depressor which is then handled by the practitioner who fails to wash hands prior to touching nose.	9-11 days	congenital defects, temporary disability, encephalitis
Mumps	Virus	Respiratory droplets	14-25 days	temporary disability, sterility (men)
Otitis externa	Bacteria, fungus	Saliva, mucous, blood, contact with microbes; handle ITEs with bare hands, transferring fungus from one to the next		itching, pain, swelling
Pediculosis (head lice)	Lice	Lice transported from scalp via combs and hats; head phones could potentially transfer lice from child to child	eggs hatch in 7-10 days	temporary discomfort, itching and scratching
Pneumonia	Virus, Bacteria	Blood, respiratory droplets	varies with organism	temporary disability, death
Staphylococcus infection	Bacteria	Saliva, mucous, contact with staph colony; Audiologist handles ear mold or speculum prior to disinfecting	4-10 days	skin lesions, death
Streptococcus Infection	Bacteria	Saliva, blood, mucous, respiratory droplets; practitioner touches instrument that enters mouth of infected	1-3 days	heart and kidney problems, death
Tuberculosis	Bacteria	Respiratory droplets, saliva	up to 6 months	disability, death

Reprinted with Permission from *Infection Control for the Professions of Audiology & Speech-Language Pathology* (Kemp et al, 1996).

**Table 2. Regulatory Agencies Concerned with Infection Control**

OSHA	Occupational Safety and Health Administration	Regulates workplace to ensure safe conditions, including establishing infection control regulations.
JCAHO	Joint Commission for the Accreditation of Healthcare Organizations	Establishes standards and conducts voluntary accreditation programs for healthcare organizations; sets infection control standards based on OSHA standards.
CARF	Commission on Accreditation of Rehabilitative Facilities	Establishes standards for organizations providing services to persons with disabilities based on OSHA standards.
EPA	Environmental Protection Agency	Protects public and environment from risks posed by pesticides, promotes safer means of pest control, and registers chemical disinfectants and sterilants.
FDA	Food and Drug Administration	Ensures safety of foods, cosmetics, medicines, medical devices; collaborates with EPA to research and document biological effects of chemicals, including disinfectants and sterilants.



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

## Code of Ethics

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**Preamble**

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

**Principle of Ethics I**

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

**Rules of Ethics**

- A. Individuals shall provide all services competently.
- B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
- D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

- F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
- G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
- H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
- I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
- K. Individuals shall not provide clinical services solely by correspondence.
- L. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.
- M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.
- N. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.
- O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
- P. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.
- Q. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

## Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

**Rules of Ethics**

- A. [Deleted effective June 1, 2014] ~~Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.~~
- B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.
- C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.
- D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.
- E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

**Principle of Ethics  
III**

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

**Rules of Ethics**

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
- B. Individuals shall not participate in professional activities that constitute a conflict of interest.
- C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
- D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
- E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
- F. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- G. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

**Principle of Ethics IV**

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

**Rules of Ethics**

- A. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.
- B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
- C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.
- D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.
- E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.
- G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- H. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
- I. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
- K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
- L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
- N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.

**Nondiscrimination Statement Language**  
**Electronic Nondiscrimination Statement – Websites and Emailed Publications**

Notice of Non-Discrimination

The University of Cincinnati does not discriminate on the basis of disability, race, color, religion, national origin, ancestry, medical condition, genetic information, marital status, sex, age, sexual orientation, veteran status or gender identity and expression in its programs and activities.

The University does not tolerate discrimination, harassment, or retaliation on these bases and takes steps to ensure that students, employees, and third parties are not subject to a hostile environment in University programs or activities.

The University responds promptly and effectively to allegations of discrimination, harassment, and retaliation. It promptly conducts investigations and takes appropriate action, including disciplinary action, against individuals found to have violated its policies, as well as provides appropriate remedies to complainants and the campus community. The University takes immediate action to end a hostile environment if one has been created, prevent its recurrence, and remedy the effects of any hostile environment on affected members of the campus community.

UC is committed to the ideal of universal Web accessibility and strives to provide an accessible Web presence that enables all university community members and visitors full access to information provided on its websites. Every effort has been made to make these pages as accessible as possible in accordance with the applicable guidelines.

The following person has been designated to handle inquiries regarding discrimination, harassment, or retaliation based on disability, race, color, religion, national origin, ancestry, medical condition, genetic information, marital status, age, and veteran status:

Peg Buttermore  
Interim Chief Human Resources Officer  
Section 504, ADA, Age Act Coordinator  
340 University Hall, 51 Goodman Drive  
Cincinnati, OH 45221-0039  
Phone: 513-556-6381;  
Email: [peg.buttermore@uc.edu](mailto:peg.buttermore@uc.edu)

The following person has been designated to handle inquiries regarding discrimination, harassment, or retaliation based on sex, sexual orientation, gender, and gender identity or expression:

Jyl Shaffer  
Title IX Coordinator  
3115 Edwards 1, 45 Cory Blvd  
Cincinnati, OH 45221  
Phone: 513-556-3349  
Email: [jyl.shaffer@uc.edu](mailto:jyl.shaffer@uc.edu)