CASLPM
THE COLLEGE OF AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS OF MANITOBA

Obtaining Informed Consent for Invasive Procedures
Guidelines for Audiologists

Introduction

This document provides guidance to Audiologists in Manitoba on obtaining informed consent for procedures considered invasive in the scope of Audiology:

- Cerumen Management
- Earmold Impressions

Standard

College of Audiologists and Speech-Language Pathologists of Manitoba (CASLPM) registrants ensure that they obtain appropriate consent in accordance with CASLPM Standards of Practice, guidelines, ethical standards, and applicable legislation. These procedures involve physical entry into the ear canal and carry potential risks.

Demonstrating the Standard

Registrants will ensure that consent for any invasive procedure is:

- Informed – The client (or substitute decision-maker) understands the nature, benefits, risks, and alternatives of the procedure.
- Voluntary – The client is not coerced and is free to withdraw consent at any time.
- Specific – Consent must apply to the particular procedure being proposed.
- Capable – The client must have the capacity to understand and make decisions regarding their care.

  Consent may be verbal or written but must always be documented.

Procedure Specific Information

Cerumen Management involves the removal of earwax from the external ear canal using instruments, irrigation, or suction.

Consent Considerations:

- Explain the method of cerumen removal.
- Inform the client of possible risks (e.g., discomfort, abrasion, bleeding, dizziness, temporary hearing changes, tympanic membrane perforation).
- Discuss alternatives if appropriate (e.g., physician referral, use of softening drops at home).
- Confirm any history of ear surgery, perforation, or ear infections that may affect safety.
- Document the client's consent and relevant history in the clinical record.

Earmold Impressions involve placing impression material into the external auditory canal to create a custom-fit mold for hearing aids, swim plugs, or noise protection.

Consent Considerations:

- Describe the procedure and its purpose.
- Inform the client of potential risks (e.g., discomfort, removal difficulties, risk of impaction, rare risk of perforation).
- Screen for medical contraindications (e.g., active infection, history of perforation, recent ear surgery).
- Perform otoscopy to confirm the ear canal is clear and the tympanic membrane is visible prior to impression.
- Document findings, precautions taken (e.g., use of oto-block), and consent.

Other Special Considerations

Pediatric or Dependent Adults

- Consent must be obtained from the parent, guardian, or substitute decision-maker.
- Where appropriate, engage the child and provide age-appropriate explanations.

Emergency Situations

- In true emergencies where consent cannot be obtained and the procedure is necessary to prevent serious harm; action may be taken under implied consent. Such situations are rare in Audiology.

Language and Cultural Sensitivity

- Use interpreters when required to ensure comprehension.
- Be mindful of cultural attitudes toward touch or body-related procedures.

When to Re-obtain Consent

- If the client's condition or understanding changes.
- If a significant amount of time has passed since the last procedure.
- If the procedure is different in scope or method from previous ones.
- If new risks emerge.

Documentation

Audiologists must document the following in the client record:

- That informed consent was obtained.
- The key risks/benefits discussed.
- That otoscopy was performed and the findings (particularly for earmold impressions).

Example of documentation entry:

Informed verbal consent obtained for cerumen removal using curette. Procedure, risks (including discomfort and canal trauma), and alternatives discussed. The client consented and tolerated procedure well. Otoscopy pre- and post-removal documented.