

WAC 246-828-095 Audiology minimum standards of practice. Licensed audiologists are independent practitioners who provide a comprehensive array of services related to the identification, assessment, habilitation and rehabilitation, and prevention of auditory and vestibular impairments.

Audiologists serve in a number of roles including but not limited to clinician, therapist, teacher, consultant, researcher, and administrator. Audiologists provide services in hospitals, clinics, schools, nursing facilities, care centers, private practice, and other settings in which audiological services are relevant. Audiologists provide services to individuals of all ages.

Audiologists may engage in and supervise only those aspects of the profession that are within the scope of their education, training, and experience.

Standard procedures for providing audiology services may include one or more of the following:

- (1) Case history including:
 - (a) Documentation of referrals.
 - (b) Historical review of the nature, onset, progression and stability of the hearing problem, and associated otic and vestibular symptoms.
 - (c) Review of communication difficulties.
 - (d) Review of medical, pharmacology, vocational, social, and family history pertinent to the etiology, assessment, and management of the underlying hearing disorder.
- (2) Physical examination of the external ear including:
 - (a) Otoscopic examination of the external auditory canal to detect:
 - (i) Congenital or traumatic abnormalities of the external canal or tympanic membrane.
 - (ii) Inflammation or irritation of the external canal or tympanic membrane.
 - (iii) Perforation of the tympanic membrane or discharge from the external canal.
 - (iv) A foreign body or impacted cerumen in the external canal.
 - (b) Cerumen management to clean the external canal and to remove excess cerumen for the preservation of hearing.
 - (c) Referral for otologic evaluation and treatment when necessary.
- (3) Identification of audiometry:
 - (a) Hearing screening administered as needed, requested, or mandated for those persons who may be identified as at risk for hearing impairment.
 - (b) Referral of persons who fail the screening for rescreening, audiologic assessment, or for medical or other examination and services.
 - (c) Audiologists may perform speech and language screening measures for initial identification and referral.
- (4) Assessment of auditory function including:
 - (a) The administration of behavioral and objective measures of the peripheral and central auditory system to determine the presence, degree, and nature of hearing loss or central auditory impairment, the effect of the hearing impairment on communication, and the site of the lesion within the auditory system. Assessment may also include procedures to detect and quantify nonorganic hearing loss.
 - (i) When traditional audiometric techniques cannot be employed as in infants, children, or multiple impaired patients or clients, devel-

opmentally appropriate behavioral and objective measures may be employed.

(ii) Assessment and intervention of central auditory processing disorders in which there is evidence of communication disorders may be provided in collaboration with other professionals.

(b) Interpretation of measurement recommendations for habilitative or rehabilitative management or referral for further evaluation and the counseling of the patient or client and family.

(5) Assessment of vestibular function including administration and interpretation of behavioral and objective measures of equilibrium to detect pathology within the vestibular system, to determine the site of lesion, to monitor changes in balance, and to determine the contribution of visual, vestibular, and proprioceptive systems to balance.

(6) Habilitation and rehabilitation of auditory and vestibular disorders including:

(a) Aural rehabilitation therapy.

(b) Fitting and dispensing of hearing instruments and assistive listening devices.

(c) Habilitative and rehabilitative nonmedical management of disorders of equilibrium.

(7) Industrial and community hearing conservation programs.

(8) Intraoperative neurophysiologic monitoring.

(9) Standardized and nonstandardized procedures may be employed for assessment and habilitation or rehabilitation of auditory and vestibular disorders. When standardized procedures are employed they must be conducted according to the standardized procedure or exception documented. Nonstandardized measures must be conducted according to established principles and procedures of the profession.

[Statutory Authority: 2014 c 189, RCW 18.35.161, 18.130.062, and 18.130.020. WSR 15-14-092, § 246-828-095, filed 6/29/15, effective 7/1/15. Statutory Authority: RCW 18.35.161. WSR 04-02-068, § 246-828-095, filed 1/7/04, effective 2/7/04. Statutory Authority: RCW 18.35.161 (3) and (10). WSR 98-14-055, § 246-828-095, filed 6/26/98, effective 7/27/98.]