

RETIRED DOCUMENT

This document is retired, effective April 1, 2026, corresponding with the *Health Professions and Occupations Act* (HPOA) in-force date. As this document is retired, it is not considered **standard** or **guidance** under the HPOA. However, until it is replaced by a HPOA-compliant resource, licensees may find it useful as general information for their practice.



College of

HEALTH AND CARE PROFESSIONALS OF BC

Protocol Category:	Protocol Title:	Protocol #:
Clinical	Adult Ear-Related Red Flags: Referral Criteria for Medical Clearance	PROT-QA-01
Authorization:	Date Approved:	Last Revised:
QAPP Committee	June 4, 2014	June 27, 2023

DEFINITIONS

“Client waiver” means a written waiver signed by the client declining physician referral or consultation based on informed consent.

“Medical clearance” means verbal or written clearance from a medical physician or nurse practitioner with appropriate competency, according to agency policy.

“Red flag” means any condition that requires medical physician or nurse practitioner consultation and/or intervention.

PURPOSE

This protocol assures adult client safety and health during the process of any hearing health care service, and provides CSHBC registrants, i.e., Registered Hearing Instrument Practitioners (RHIPs) and Registered Audiologists (RAUDs), with a list of those conditions deemed “red flags” that require medical clearance prior to providing hearing health care services, including providing hearing instruments.

SCOPE

All Registered Audiologists (RAUD), Registered Hearing Instrument Practitioners (RHIP), and dually registered RAUD, RHIP.

BACKGROUND

Red flags listed in this protocol may be observed while taking the client’s case history, through more than cursory otoscopic examination, or subsequently through detailed audiometric testing. In many cases, the client may present with pathologies of the external or middle ear (e.g., cerumen impaction, infection, allergy, trauma, deformity). In other cases, possible signs of cochlear, retro-cochlear, or central pathologies may be evident to practitioners skilled in taking case history, otoscopy, and in recognizing those conditions that would be deemed red flags.

Application Parameters

All adult clients must be assessed for red flags prior to a hearing assessment, taking ear mold impressions, or dispensing amplification. For those whose hearing difficulties can be improved with prompt medical attention, taking ear mold impressions or dispensing amplification is prohibited.

Adult Ear-Related Red Flags

Red flags which must be assessed for include:

- history of sudden or rapidly progressive or fluctuating hearing loss;
- history of active drainage activity or bleeding from the ear(s), in the preceding 90 days or visible drainage on examination;
- ongoing pain or discomfort in the ear;
- unilateral or pulsatile tinnitus;
- acute, recurring episodes, or chronic dizziness or increasing imbalance;
- visible evidence of foreign object in the external auditory meatus (ear canal) or significant cerumen accumulation;

NOTE: Management of the cerumen is permissible if (a) the registrant has been granted certified practice certification in cerumen management by CSHBC, and (b) not otherwise contraindicated (e.g., irrigation in the presence of a perforated tympanic membrane, warfarin, diabetic, etc.)

- visible traumatic or unexplained abnormality of the external ear canal or previously uninvestigated congenital abnormality;
- unilateral or asymmetrical hearing loss greater than 30 dB HL at any one frequency;
- air/bone gap equal to or greater than 15 dB at 500 Hz, 1000 Hz and 2000 Hz;
- difference in inter-aural word recognition scores of greater than 40% using a 25-word list (recorded presentation) and given a symmetrical hearing loss;
- facial nerve paralysis (requires urgent attention).

NOTE: Red flags for pediatrics are not included in this protocol.

Intervention

In the event of one or more red flags being present, portions or all of the assessment may be precluded until the presenting condition is appropriately treated and/or medical clearance is received. An appropriate health professional (i.e., medical physician or nurse practitioner) referral for all conditions on the red flag list is mandatory.

Prior to proceeding with the hearing health care service, registrants must advise clients to consult an appropriate health professional (i.e., medical physician or nurse practitioner). If clients choose not to do so, they must sign a waiver indicating their informed consent.

It should be emphasized that there will be clients who do not fit the red flag categories but nevertheless should receive medical attention. Registrants are expected to use their discretion in such cases.

Client Education and Discharge Information

Registrants who identify red flags through inquiry, direct observation, or review of any other applicable available information should advise clients to consult promptly with a medical physician, nurse practitioner or otolaryngologist.

DOCUMENTATION

All registrants must take comprehensive notes on prospective clients' medical and health status, including medications, and work more closely with their family, a medical physician, nurse practitioner

and/or otolaryngologist, as necessary. Documentation should be consistent with the CSHBC standard of practice *Documentation and Record Management* (SOP-PRAC-01) and clinical practice guideline *Documentation and Record Management* (CPG-04).

CLINICAL OUTCOMES

The clinical outcomes are to prevent adverse client events from occurring and to ensure treatable conditions are addressed in a timely manner.

REFERENCES

Alberta College of Speech-Language Pathologists and Audiologists (2019). [Protocol for Audiological Referral to Otolaryngology](#).

American Academy of Audiology (2018). Volume 30, Number 3, *Audiology Today*: [When should Audiologists Refer?](#)

American Academy of Otolaryngologists – Head and Neck Surgery (2021). [Position Statement: Red Flags-Warning of Ear Disease](#).

[Nurses \(Registered\) and Nurse Practitioners Regulation](#).

Valente, M. (2006). *Guidelines for the audiologic management of adult hearing impairment*, Valente M. Task Force, *Audiology Today*, 18:5, 1-44 (see also ACPG-06 on CSHBC website)

WorkSafe BC. [Hearing Aid Provider Reference Manual](#).

CSHBC RELATED DOCUMENTS

Audiological Management of Adult Hearing Impairment (Valente, 2006) (ACPG-06)

Clinical Masking for Audiometric Testing in Adults (PROT-QA-03)

Documentation and Record Management (CPG-04)

Documentation and Record Management (SOP-PRAC-01)

Hearing Assessment and Hearing Instrument Fitting and Dispensing for Adults (POL-QA-05)

Real Ear Probe Microphone Measurement Verification of Hearing Aids in Adults (PROT-QA-02)