I am always stunned that, regardless of what part of the world I am in, I am likely to see a hearing aid wearer stick his/her hearing aid in their mouth - apparently to lubricate the hearing aid shell - and then insert the hearing aid in their ear. Ugh! The intent of this informational piece is to provide audiologists with an arsenal of information that can be relayed to all hearing aid wearing patients about why sticking hearing aids in the mouth is not a good idea.

Since 2002, several studies have documented the presence of bacterial and fungal growth on hearing aid and earmold surfaces. While some of the recovered microorganisms were consistent with what would be expected to be found in the external auditory canal (i.e. Staphylococcus, diphtheroids, occasional fungal spores), the majority of the recovered microorganisms were not. Furthermore, several of the microorganisms were considered extremely virulent (i.e. Staphylococcus aureus, Pseudomonas aeruginosa) while others were considered exceptionally unhygienic; several hearing aids were contaminated with light to heavy amounts of bacteria (Enterococci) specifically found in feces and fecal matter. In other words, there are things growing on hearing aid surfaces that do not belong in the mouth, let alone the ear.

The mouth, as is the case of the ear, is an orifice of the body. Natural body orifices provide an easy portal for microorganisms to enter the body. When a hearing aid is inserted in the mouth (or in the ear), microorganisms residing on those surfaces gain access to a dark, warm, moist environment that is more conducive to microbial proliferation. In the event the patient exhibits any degree of immunocompromise either due to underlying disease (i.e. diabetes), age (pediatric or geriatric patient), or medical history (chemotherapy, pharmacological intervention), given the right conditions, even seemingly innocuous microorganisms can become very aggressive, causing localized or systemic infection and disease.

**Role of the Audiologist**

As audiologists, it is our legal, ethical, and clinical responsibility to consciously establish a health care environment designed to eliminate or reduce the potential for cross-contamination through the implementation of federally mandated infection control protocols. The Occupational Safety and Health Administration (OSHA) requires work places to develop written, profession-specific infection control plans and protocols addressing employee categorization, HBV vaccination procedures, infection control training plan and records, engineering and work practice controls, emergency procedures, and post-exposure evaluation with follow-up plans. Resources addressing audiology-specific infection control requirements and protocols are available and address these issues in more detail.

As hearing health care providers, audiologist should also transfer infection control knowledge to their patients by doing the following:

**Lead by Example: Implement Federally-Mandated Infection Control Plans and Protocols**

Audiologist must implement federally-
mandated infection control plans and practice associated protocols. There are many reasons why audiologists should implement an infection control plan which specifically addresses the audiology clinical environment. The most definitive justification stems from the fact that infection control represents a federally mandated requirement overseen and enforced by OSHA. Failure of compliance results in citations and significant fines. Beyond the legal obligations, the nature of audiology is inherently associated with high disease exposure. The services provided by an audiologist and the corresponding infection control principles that he or she chooses to either apply or ignore can influence not only their own health, but the overall health and well-being of their patients and co-workers. By putting infection control in the forefront, audiologists will be demonstrating best practices to their patients.

**TEACH YOUR PATIENTS WELL**

Educate patients on hearing aid hygiene by taking the necessary 2 to 3 minutes to tell your patients about the importance of and showing patients proper cleaning and disinfecting techniques. Free educational tools are available to audiologists to facilitate this process including an 8.5” x 11” laminated counseling card and prescription pads. Both items have been designed specifically for educational purposes and do not promote specific products. The laminated counseling card is a two-sided educational tool. The front of the laminated card illustrates the three main steps involved in proper hearing aid hygiene. The back of the card provides a detailed explanation on the importance of hearing aid hygiene and may be used either as a script for the audiologist to use to relay important infection control points or it may be given to the patient to read. Available prescription pads are half sheets of standard paper that are available for resale within audiology clinical practices. This small convenience serves as a tremendous opportunity to let your patients know that you, as their audiologist, are a resource for all their hearing health care needs.

**FINAL THOUGHTS**

As audiologists, it is our responsibility to take the time to educate our patients on the importance of hearing aid hygiene, making sure that each patient clearly understands that hearing aids should not be inserted in their mouth!

**REFERENCES:**


