

HEARING AIDS: LICK 'EM and STICK 'EM?

Sticking Hearing Aids in the Mouth is Not a Good Idea!

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.^{1,2} 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),³ 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.¹ 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 infec-

tion control requirements and protocols are available and address these issues in more detail.^{4,5} 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-

Properly Cleaning Your Hearing Aids

When not in use, hearing aids should be kept clean and free of ear wax and dirt. To appropriately clean your hearing aid, follow these steps at the end of the day.



Pull a disinfectant towelette (Audiowipes®) from the container. Remove the hearing aid and place it in the towelette.

Wipe the entire hearing aid surface.

Open the battery door, remove the battery, and place the hearing aid in a drying unit or hard case. Repeat the process with the other hearing aid.

Do NOT use alcohol to clean hearing aids. Alcohol will ruin surfaces quickly. Use only those products provided by your hearing health care professional.



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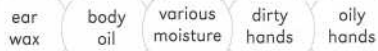
Why Cleaning Your Hearing Aids or Earmolds is Important

The ear is a dark, warm, moist place where bacteria and other germs, some good and some bad, like to grow. These bacteria or germs get on the surfaces of your hearing aid or earmold and continue to grow.

Some of these bacteria or germs are not part of your ear's normal environment and can easily infect the skin of your ear canal.



Poor maintenance is a common reason why hearing aids do not work. Most of the time, hearing aid repairs are necessary due to:



All of the above can cause clogging and breakdown of hearing aids. If you don't clean your hearing aids appropriately, in a short period of time earwax, dirt, or moisture will clog up components such that your hearing aids will need to be repaired. If they're out of warranty, the repair will cost you money. More importantly, you'll be without your hearing aids during the repair period, and we want to avoid that.

Cleaning your hearing aids the right way is important! Wiping them with a tissue is *not* enough. Using alcohol pads is *not* a good idea. Here's why:

Your hearing aids will become contaminated with bacteria or other germs. Since these devices are worn in the ear, it is important to make sure that your hearing aids are cleaned and disinfected properly.

Your hearing aids are made from special material that requires special cleaning. Using alcohol will ruin surfaces quickly. Only use what is recommended by your hearing health care professional.



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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 a high degree of 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 reiterate the three major hearing aid hygiene steps. Each prescription pad contains 50 half sheets. When counseling patients on proper hearing aid hygiene with the laminated counseling card, tear off one of the half sheets for the patient to take home with them as a reference and a reminder to clean and disinfect their hearing aids every evening.

BECOME A GREATER RESOURCE TO YOUR PATIENTS

Provide patients with access to appropriate products. For those patients who are in the habit of lubricating their hearing aids by placing the devices in their mouth, teach them why this technique is inappropriate and

provide them with alternative methods of lubrication by making appropriate products available for resale at your office. In addition, provide patients with access to appropriate hearing aid disinfectants for use at home. For example, alcohol should not be routinely used to clean and disinfect hearing aids. Alcohol, although technically a disinfectant, chemically denatures, or breaks down, acrylic, plastic, rubber, and silicone. Since hearing aid shells and earmolds are comprised of these materials, the use of alcohol will degrade surfaces, creating a greater need for instrument repair and maintenance. Furthermore, alcohol does not possess a broad spectrum of bacterial or fungal kill. Given the extent of reported microbial growth on hearing aid surfaces, patients should be made aware of the availability of disinfectants specifically designed for hearing aid surfaces. These disinfectants should be made readily 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! 

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