



# Communication Health Assistants (Education, Training, & Competence)

Applies to Audiologists, Hearing Instrument Practitioners, and Speech-Language Pathologists

The College of Health and Care Professionals of BC was created on June 28, 2024 through the amalgamation of seven health regulatory colleges:

- College of Dietitians of British Columbia
- College of Occupational Therapists of British Columbia
- College of Optometrists of British Columbia
- College of Opticians of British Columbia
- College of Physical Therapists of British Columbia
- College of Psychologists of British Columbia
- College of Speech and Hearing Health Professionals of British Columbia

All current requirements for standards of clinical and ethical practice issued by the seven colleges remain in place upon amalgamation.

This document was created by the College of Speech and Hearing Health Professionals of British Columbia and will be updated to reflect the amalgamation.



Standard Category:	Standard Title:	Standard #:
Clinical Practice Standard	Communication Health Assistants (Education, Training, & Competence)	SOP-PRAC-05
Regulation   Bylaw Reference:		HPA Reference:
Bylaws: Part 12		
Authorization:	Date Approved:	Date Revised:
CSHBC Board	June 21, 2019	March 5, 2021

## DEFINITIONS

In this standard:

**“Assignment”** means a process whereby a registrant directs a CHA to perform health care service tasks to an individual or group of individuals that have low or negligible risk and do not involve any clinical decision making.

**“Aspect of practice”** means clinical activities which require some level of clinical judgment, reasoning and decision-making. This may include aspects of assessment, diagnosis, treatment planning, intervention, and evaluation.

**“Communication Health Assistant”** means a non-registrant employed by a registrant or a registrant’s employer to support the registrant’s clinical practice of audiology, hearing instrument dispensing, or speech-language pathology.

**“Delegation”** means the act of a registrant requiring an unregulated CHA to perform an allowable aspect of speech and hearing health services, to specific clients, in any practice setting subject to the established CSHBC delegation requirements.

**“Education”** means formal enrolment in a CHA program; completion of formal education such as courses, webinars, workshops

**“Supervision”** means the active and interactive process of overseeing (guiding, training, directing, and/or monitoring) what health care tasks or aspects of practice are provided to the CHA. Supervision in the regulatory context, occurs when there is an identified area of risk and is not to be confused with administrative or managerial supervision.

**“Task”** means an element of clinical work that is within the registrant’s scope of practice that does not require any clinical judgment and/or reasoning. The task may be complex but must be low or negligible risk with a low probability of occurrence.

**“Training”** means the job or hands on training that is practical in nature and is designed to help the CHA meet target objectives to perform speech & hearing tasks or aspects of practice. Practical training may be an important part of a formal education program.

Scope

## SCOPE

All Full registrants of the College of Speech and Hearing Health Professionals of British Columbia who utilize Communication Health Assistants (CHAs) in any capacity.

## STANDARD

### 1. Assignment & Delegation

Full registrants can assign specific tasks and delegate allowable aspects of speech and hearing practice to CHAs. This is in accordance with Part 12 of the CSHBC Bylaws and the standard of practice, *Delegation & Assignment to Communication Health Assistants* (SOP-PRAC-04). All services delegated in person or virtually to CHAs are subject to informed client consent requirements (see *Client Consent* (SOP-PRAC-06) as well as documentation requirements contained in SOP-PRAC-04.

### 2. Education & Training

In conjunction with ‘what’ can be assigned or delegated under SOP-PRAC-04, it is important that registrants understand the education and training of their CHAs. In addition, it is incumbent on registrants to ensure that CHAs have the necessary knowledge, skills, and abilities to perform the tasks that are assigned to them and for any aspects of practice that are delegated to them. Registrants must ensure that have verified the CHAs knowledge, skills, and abilities and can state with confidence that they are competent to do what is requested of them. CHAs should be encouraged to maintain copies of their records pertaining to their education, training and competency reviews. The specifics of the verification of competence and supervision requirements are contained in the *Verifying Education, Training, & Competence of Communication Health Assistants* (CPG-09).

The education, training and experience of CHAs is highly variable in British Columbia ranging from on the job training, short courses, to full and comprehensive Communicative Disorders Assistant (CDA) programs. Each CHA must be viewed as a separate case because of this variability. It is also important to consider the CHAs recency of training and experience in addition to their foundational education. (see Appendix A)

In all cases of CHA practical training, where there is a direct interface with clients, the registrant must include learning objectives regarding client safety, infection control and professional boundaries.

### 3. Supervision Requirements

Supervisors for CHAs must be full registrants. The level of supervision is commensurate with the individual CHA’s education, training, and experience and is required for all delegated activities. The supervision level is also subject to the client risk associated with the delegation. Once an assignment has been explained and demonstrated, it is unlikely that the CHA requires supervision to complete the task which is of negligible risk and with a low probability of occurrence. The definitions of each level of supervision are outlined in the standard *Supervision* (SOP-PRAC-07).

The supervision level can change as the CHA attains competence and independence, and for clients who have low anticipated risks. The application of the levels of supervision are outlined in Table 1. In situations where the registrant is always present (constant) the client risk may be mitigated by the registrant’s presence (for example, a CHA is assisting in the sound booth with a client while the registrant completes the testing). Supervisors who are new to supervision of CHAs must be familiar with supervisor resources such as the *Clinical Supervision Skills Review Tool* (ACPG-08).

**TABLE 1: Application of Levels of Supervision to CHAs who are Receiving Delegations**

GENERAL	CLOSE	CONSTANT
CHA is competent to do what is being delegated	CHA is not yet independent in their skills	CHA is learning a new skill or is completing a refresher based on competency assessment or CHA request
CHA is current in their skills and has accepted the delegation	CHA has identified a learning need	Risk to client is low or mid and may have an increased probability of occurrence
Risk is low and an adverse event is unlikely to occur	Risk may be variable and may have an increased probability of occurrence	Risk is mitigated because the registrant is with the CHA throughout the activity

#### 4. Establishing & Verifying CHA Competencies

Registrants must verify competencies that are based on formal education (e.g. proof of completion, graduation certificate or diploma). For registrants overseeing on the job training, a record must be maintained of the skills and abilities that have been trained, the number of hours of practical experience and the level of supervision provided. Once a CHA is competent in a specific activity that may be signed off by the registrant. Should a registrant receive a record of training from another registrant or directly from the CHA, it is incumbent on the receiving registrant to review the material and verify the current competency level of the CHA. This may necessitate additional training in some areas and/or continued training in others that are not yet complete. In situations where the CHA’s performance is less than optimal, a remedial plan with learning objectives must be put in place.

A registrant must not assign or delegate to a CHA who is not adequately trained or competent for the service provision required. Likewise, a CHA does not have to accept an assigned task or a delegated clinical activity that they do not feel competent to perform.

Registrants have a professional obligation to intervene if they become aware of any situation that involves unsafe or unethical care (e.g., if the CHA is unable to do the activity safely or complete it in an

unethical way). Interventions for CHA learning needs may include guidance, teaching, mentorship and direction, clarification of the care plan and, if necessary, reporting to the appropriate authority. If intervention is unsuccessful, the registrant must cancel the delegation.

#### **5. Documentation of CHA education, training, and competence:**

Registrants are responsible for documenting CHA training, education, verification of competencies and any delegations that they make. In addition, it is the registrant's responsibility to ensure that client informed consent for CHA services is obtained and documented (*Client Consent (SOP-PRAC-06)*). The clinical practice guideline *Communication Health Assistants (Verifying Education, Training, & Competence)* (CPG-09) details the requirements for required CHA learning and supervision plans.

#### **6. Supervision when Training and Practical Experience are complete**

Once training and experience are complete and competencies have been met, CHAs may perform those activities, under the ongoing, general supervision of the registrant. In limited circumstances, specifically assigned tasks may be completed in the registrant's absence and without general supervision.

#### **7. Supervision in the Absence of the Registrant**

In instances of the registrant's short-term absence, tasks may be assigned that are low risk and involve negligible. Delegations should only be done if the CHA is at a level of independence requiring general supervision and has a method of contact with the registrant or an alternate registrant should a problem arise. The CHA can stop any delegated activity if they are concerned about the client's safety in the absence of the registrant.

For periods of an extended registrant absence, an alternate registrant supervisor must be sought. The alternate supervisor must be aware of the clients' needs and the expectations of the CHA's involvement as well as the CHA's current level of competence for any activities that are to be delegated for specific clients.

#### **8. Verification, Supervision, & Learning Plans**

Registrants must have a record of CHA education, training, and verification of competencies. A supervision plan and learning plan are required. In some instances, this may be a very simple documentation notation in the CHAs file along with proof of education and training. In other situations, such as those requiring on the job training, the plan must be more extensive and ensure client safety with a progressive learning plan that moves from observation to constant supervision, close supervision, and then general supervision. The CSHBC clinical practice guideline, *Communication Health Assistants (Verifying Education, Training, & Competence)* (CPG-09), outlines sample competencies for each CHA role and incorporates expected learning objectives, competencies, and signoff in one document. CHAs who fulfill more than one role (e.g., Screener and Audiometric Technician) may have more competency expectations than those CHAs in one role. A registrant may extend any learning objective if they are not certain that the CHA is competent to perform a given clinical activity.

Once competencies are verified, registrants must ensure that the CHA is current in their skills. If a skill has not been performed recently, the registrant must review the CHA's competence. Three years is the

maximum time for a skill to not be performed and may be less in situations of higher risk activities such as ear impressions.

## APPENDIX A: EDUCATION & TRAINING OF COMMUNICATION HEALTH ASSISTANTS IN BC

Training Category & Employment Title	Training Composition	Professions Applicable to this Category	Focus of Skills & Abilities	Comments
<p>Limited clinical support (may have a variety of clerical or administrative titles)</p> <p>Are considered CHAs during the times they are supporting clinical work</p>	On the job training - limited experience required	<p>Audiology</p> <p>Hearing Instrument Dispensing</p> <p>Speech-Language Pathology</p>	Assignment of tasks that may not involve client contact or have no associated risk	<p>May function as a CHA for portions of their job (e.g. preparing therapy materials; assisting clients with case history form etc.)</p> <p>If ANY testing is involved, please refer to other categories below</p>
Early Hearing Program (EHP) screeners	<p>Required training through the provincial early hearing program</p> <p>Initial 3-days hands on training</p> <p>Competency review every 2 years</p>	Audiology	Newborn hearing screening	CHA may do this exclusively or have separate additional training in other CHA responsibilities in addition to the EHP screening
<p>Hearing screening:</p> <p>Random or by referral; hearing screening for purposes of speech and language assessments</p>	Employer driven or by referral	<p>Audiology</p> <p>Hearing Instrument Dispensing</p> <p>Speech-Language Pathology</p>	Pure tone audiometry; screening tympanometry and otoscopy	Registrant trains the CHAs

Mass hearing screenings	On the job training; employer driven e.g. kindergarten screening	Audiology  Hearing Instrument Dispensing	Pure tone audiometry only; some locations may do screening tympanometry and otoscopy	Registrant is responsible for the outcome of any training to CHAs providing screening; Must be pass/fail criteria
Speech, language and swallowing screening  Random or mass screening programs	On the job training; varies depending on the CHAs education and background	Speech-Language Pathology	Screening indicating the need for further testing or follow-up	Registrant does the training; needs to be pass/fail criteria; screening could be by a CHA or another trained Health Care Professional
Industrial Audiometric Technician (IAT)  This is a WorkSafe BC title that only denotes that the individual has been trained for WorkSafe industrial audiometric activities	WorkSafe BC term  4 days BCIT initial training  One-day BCIT refresher within one year One-day BCIT refresher every two years following the initial refresher  Is called a certification (Certified IAT)	Audiology Hearing Instrument Dispensing	Pure tone audiometry; advise workers; Verify the need for hearing conservation programs. Conduct industrial hearing tests. Counsel workers regarding their hearing test results. Advise workers regarding hearing protection. Maintain hearing conservation program.	Training does not pertain to Hearing Instruments  Registrants may complete the training and perform the duties of an IAT as a separate function. They are still registrants who must adhere to CSHPBC standards  IATs do not perform restricted activities including ear impressions  Title does not denote the same skills, training or experience as an audiometric technician

<p>Audiometric Technician</p>	<p>May have pertinent background education or may have all on the job training and experience;</p> <p>Specific course may be available through associations and online</p>	<p>Audiology Hearing Instrument Dispensing</p>	<p>Ranges from a portion of a position to complete CHA assignment and delegation</p>	<p>Training requirements depend on the scope of the position and expectations for independence and performance of restricted activities; may be in combination with a Speech Assistant</p>
<p>Speech Assistant (or similar title)</p>	<p>May have pertinent background education; may have graduated from a Speech Assistant program</p>	<p>Speech-Language Pathology</p>	<p>Ranges from related education to a portion of a larger assistant program (e.g. Rehab. Assistant, Education Assistants);</p> <p>May or may not have practical training or experience as part of the educational program</p>	<p>Variable skill set on entry; supervision and training would need to be commensurate with the individual's education, training and competence</p>
<p>Communicative Disorders Assistant</p>	<p>Graduate of a formal CDA program with minimum practicum hours in speech and hearing</p>	<p>Speech-Language Pathology</p> <p>Audiology</p> <p>Hearing Instrument Dispensing</p>	<p>Training covers all parameters of CHA work; eligible to be an associate member of SAC</p>	<p>Practicum hours may be in both professions (primary and a minimum in the other). Programs have over 400 practical hours as part of the program.</p> <p>Transfer from a position in one profession to the other requires a competency review</p>





## **CSHBC RELATED DOCUMENTS**

*Client Consent (SOP-PRAC-06)*

*Communication Health Assistants (Delegation & Assignment) (SOP-PRAC-04)*

*Communication Health Assistants (Titles & Credentials) (POL-QA-10)*

*Communication Health Assistants (Verifying Education, Training, & Competence) (CPG-09)*

*Documentation & Records Management (CPG-04)*

*Documentation & Records Management (SOP-PRAC-01)*

*Supervision (SOP-PRAC-07)*

*Professional Accountability & Responsibility (SOP-PROF-05)*

*Virtual Care (SOP-PRAC-03)*

## **REFERENCES**

[BC Early Hearing Program](#)

[WorkSafe BC](#)