College of Speech and Hearing Health Professionals of British Columbia

Policy Category:	Policy Title:	Policy #:
Quality Assurance & Professional Practice	Hearing Assessment & Hearing Instrument Fitting & Dispensing	POL-QA-05
Regulation | Bylaw Reference:		**HPA Reference:**
Bylaws: Part 8		Section 19
Authorization:	**Date Approved:**	**Date Revised:**
CSHBC Board	September 24, 2010	June 29, 2020

DEFINITIONS

"Client" means any patient, client and/or their family members or caregivers.

"Dispense" means to select, prepare, alter, sell or offer to sell.

"Fit" means to adapt or verify, using sound field testing, real ear measurements or other methods.

"Hearing assessment" means the process of evaluating a person's hearing, which is comprehensive and includes the degree, configuration and type of hearing loss and the best treatment options.

"Hearing assistive technology" means assistive listening devices, alerting and/or signaling devices, etc. that can present auditory, visual, and/or tactile information to augment communication and to facilitate the client's awareness of sounds in the environment.

"Hearing instrument" means an appliance or a device designed or offered to assist with a hearing condition. Instruments include any ear molds, boots or other acoustic couplers and any parts or accessories for the appliance or device intended to affect the sound pressure level at the eardrum. Hearing instruments exclude direct audio input accessories, batteries and any accessories that are attachable to the appliance or device by the wearer and not intended to affect the sound pressure level at the eardrum.

"Hearing instrument dispensing" means the health profession in which a person provides the services of:

- assessment of hearing using an audiometer, or other methods, to identify hearing loss;
- recommending, selecting, preparing, altering, adapting, verifying, selling and offering to sell hearing instruments.

"Hearing screening" means an objective, physiological test procedure conducted to determine the likelihood of hearing loss. It provides a quick and cost-effective way to separate people into pass or fail groups. "Pass group" means that they have no hearing loss. "Fail group" means that they are in need of

an in-depth hearing assessment by a qualified practitioner and may also need follow-up care from other professionals.
"Prescribe" means to issue an authorization to dispense for use by a named individual.

"Selection" means to choose a hearing instrument with the electroacoustic response, features, and functions that meet an individual's hearing, physical, and lifestyle requirements.

"Sell" means to enter into a transfer of title, conditional sale contract, lease, hire purchase or any other contract where a person disposes of, and any other person acquires, a hearing instrument, excluding a wholesale transaction

"Verify" means to measure a hearing instrument's electroacoustic performance compared to a standard.

***NOTE*: Where applicable, the definitions are consistent with the CSHBC regulations and Bylaws.**

PURPOSE

To ensure that registrants of CSHBC are:

- dispensing hearing instruments to adult clients in accordance with best practice guidelines and protocols;
- familiar with the cautions and contraindications associated with fitting and dispensing hearing instruments and related services in the adult population;
- complying with required safety standards and following evidence informed processes in hearing instrument dispensing services.

SCOPE

All CSHBC Registered Hearing Instrument Practitioners (RHIPs) who provide hearing instrument services to adults.

All CSHBC registrants providing hearing assessment services to adults.

POLICY

Audiologic management of hearing loss in adults often begins with a hearing screening, used to identify the presence or absence of a problem that warrants further assessment. Hearing assessments must be comprehensive in nature and determine not only the type and degree of hearing loss but the recommended course of treatment, which may or may not include hearing instruments. Dispensing of hearing instruments must not be based on screening results.

1. Audiogram and Standardized Audiometric Symbols

Audiograms must include the name of the client (or client ID number), the client's date of birth or age, otoscopy results, type of transducer(s) used, reliability of test results, make and model of audiometer(s), name of registrant conducting the assessment and date of examination. An audiogram must not be altered or falsified under any circumstances. Audiograms which are used for hearing aid

fittings must be current (within 6 months). An audiogram that is 6-12 months old, may be used in circumstances where there is a supporting clinical rationale. Registrants must be familiar with the rules prescribed by third party funders such as Veteran's Affairs and WorkSafe BC in terms of the currency of a hearing assessment including audiograms.

2. *Audiometric Test Equipment and Environment*

Quality hearing instrument dispensing services are contingent upon calibrated equipment and an appropriate test environment. Registrants must be familiar with the acceptable levels of ambient noise for testing, calibration requirements and timelines for their specific equipment and maintenance of those records according to the CSHBC guideline *Documentation & Records Management* (CPG-04). Optimally, testing should be conducted in a commercially available sound attenuation booth. If a client cannot or will not travel to a clinic and requires mobile services, the use of a substitute test environment must be noted on the audiogram and insert earphones must be used whenever possible. The suitability of the non-standard test environment must be measured against the maximum permissible ambient noise standard (American National Standards Institute [ANSI], 1999/2008) using a calibrated sound level meter capable of measuring dB SPL re 20 µPa for octave bands 125 through 8000 Hz. If noise levels exceed the standard, either a more suitable test environment should be found or substandard test conditions and implications for the reliability of the test results must be noted on the audiogram.

All equipment must be calibrated in accordance with current ANSI standards and be maintained in good working order. A diagnostic audiometer with air conduction, bone conduction, speech, narrow band noise masking and speech noise masking capabilities, as defined under current ANSI standards, is required. Instrumentation capable of delivering recorded speech is required when testing is conducted in a room with both the examiner and the client present (in the same room) or when the sound treatment between rooms is insufficient to prevent sound transfer. Instrumentation for physiological measures is to be maintained in accordance with manufacturer and ANSI standards.

3. *Hearing Instrument Dispensing Services*

Hearing instrument dispensing services must be provided in accordance with the clinical practice guideline adopted by CSHBC: *Guidelines for the Audiologic Management of Adult Hearing Impairment* (Valente, 2006). CSHBC required protocols to guide registrants in the dispensing of hearing instruments and hearing assistive technology include:

- Adult Ear Related Red Flags: Medical Referral Criteria;
- Real Ear Probe Microphone Measurement Verification of Hearing Aids in Adults;
- Clinical Masking for Audiometric Testing in Adults.

In accordance with the adopted Valente (2006) guideline and the CSHBC clinical protocols, hearing instrument dispensing services must include the required aspects of:

- selection;
- assessment;
- goal setting;

- non-auditory needs assessment;
- treatment;
- quality control;
- fitting and verification;
- hearing assistive technology;
- orientation;
- counseling;
- follow-up;
- outcome measurement.

In addition to required components, additional aspects of the Valente (2006) guideline refer to recommended best practices that may be adapted based on clinical judgment and rationale for individual client needs.

Documentation of hearing instrument dispensing services (e.g., sales records) must be in accordance with the CSHBC standard of practice *Documentation & Records Management* (SOP-PRAC-01) and clinical practice guideline *Documentation & Records Management* (CPG-04).

Hearing instruments must be selected based on the needs of the client, and, in some instances, clients should be given the choice of where they receive their services. Examples that may warrant referral to another source include situations where the registrant:

- does not provide or is not competent to provide the specific work required (e.g., bone anchored hearing aid [BAHA] instruments);
- is not able to provide funded services that would benefit the client (e.g., WorkSafe BC coverage);
- is not able to provide the best hearing instrument, which is available elsewhere, for the client's condition;
- is in a real or perceived conflict of interest with the client.

***NOTE*: Aspects of practice requiring Certified Practice (CP) certificates (e.g., Certificate C: Cerumen Assessment & Management) are not included in this policy or the adopted guideline and associated protocols.**

REFERENCES

American National Standards Institute. (2008). *Standard S3.1-1999 (R2008)*. Retrieved from www.ansi.org (Original work published 1999)

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

CSHBC RELATED DOCUMENTS

Audiologic Management of Adult Hearing Impairment (ACPG-06)

Adult Ear Related Red Flags: Medical Referral Criteria (PROT-QA-01)

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

Documentation & Records Management (CPG-04)

Documentation & Records Management (SOP-PRAC-01)

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