



Protocol Category:	Protocol Title:	Protocol #:
Clinical	Delegating Ear Impressions to Non-registrant IATs	PROT-QA-05
Regulation Bylaw Reference:		HPA Reference:
Regulation Sections 5 and 6 Bylaws Part 12		Section 19
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DEFINITIONS

“Communication Health Assistant (CHA)” means any non-registrant, regardless of their occupational title, 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.

“General Supervision” means supervision where the supervisor is accessible to a supervisee but does not attend in person. General supervision is synonymous with remote supervision. Access may be by telephone, email, or virtually.

“Industrial Audiometric Technician (IAT)” is an occupational title for individuals with specific training for the WorkSafeBC Hearing Conservation Program. IATs are non-registrant health care providers who have autonomous practice for their WorkSafeBC role but are not authorized to perform any restricted activities. They receive training in both the theory and hands-on skills required to conduct hearing tests on noise-exposed workers in industry, counsel workers on the results of their hearing tests, advise workers about hearing protection, and administer hearing conservation programs in industry. They must be authorized and certified by WorkSafeBC to work as an IAT in British Columbia.

“Registrant” means a person granted registration and licensed to practise a regulated profession by the College of Speech and Hearing Health Professionals of British Columbia (CSHBC).

“Supervision” means the process by which a supervisor oversees a supervisee’s practice of a health profession superintended by CSHBC or oversees a supervisee’s engagement in delegated clinical activities as part of a registrant’s practice, where that supervisory oversight is required by or under the *Health Professions Act* or CSHBC’s Bylaws, including requirements of CSHBC standards or guidelines. Supervisory oversight may include a supervisor monitoring, reviewing, guiding, directing, training, evaluating, or providing formal or informal feedback about a supervisee’s activities, performance, or competencies, in accordance with professional standards and guidelines.

“Supervisor” means the registrant who is responsible for the clinical supervision, oversight, assessment, guidance, and evaluation of outcomes related to a non-registrant (e.g., CHA). This is not necessarily the administrative or operational supervisor.

PURPOSE

This protocol ensures that:

- clients requiring an ear impression are provided safe and competent care;
- non-registrants, including IATs, who are delegated the performance of ear impressions for hearing protection are doing so in compliance with CSHBC standards of practice and associated policies and guidelines;
- the performance of hearing protection-related ear impressions minimizes the risk to clients;
- supervising RAUDs and non-registrants, including IATs, know where to find additional information on related topics; and
- ear impressions delegated to non-registrants, including IATs, are consistent with the standards for delegation to all CHAs.

SCOPE

All Registered Audiologists (RAUD), who delegate ear impressions to non-registrants, including IATs, for the purpose of ear/hearing protection in adults.

Non-registrants, including IATs, performing ear impressions under delegation for the purpose of ear/hearing protection in adults.

A. BACKGROUND

Restricted activities

Generally: Various services of medicine are activities that may be performed only by registrants of specific colleges under the *Health Professions Act*, R.S.B.C. 1996, c. 183 (the “Act” or the “HPA”). Such restricted activities include administering any treatment or supplying an apparatus for the prevention of a human ailment or injury: Medical Practitioners Regulation, B.C. Reg. 415/2008, section 4(2), which adopts the restricted activities described in section 81 of the *Medical Practitioners Act*, R.S.B.C. 1996, c. 285.

In the context of the speech and hearing health professions: Restricted activities include the following activities, except for registrants of specific hearing professions:

- “put an instrument or a device into the external ear canal, up to the eardrum”; and
- “put into the external ear canal, up to the eardrum, a substance that subsequently solidifies...”

See [Speech and Hearing Health Professionals Regulation, B.C. Reg. 413/2008](#), section 5(1)(b) and (e) [authorization for RAUDs], and 5(2)(a) and (d) [authorization for Registered Hearing Instrument Practitioners (RHIPs)].

Restricted activities under the HPA include the activity of taking ear impressions. Ear impressions may be used to create items that protect against noise exposure or sound input (e.g., earplugs or noise plugs), or against water entering the ear (e.g., swim plugs).

The authority to take an ear impression, either personally or through a delegate

RHIPs who are competent to take ear impressions may take ear impressions as part of their practice of hearing instrument dispensing, but pursuant to Bylaw s. 138(3), RHIPs are not authorized to delegate this restricted activity to non-registrants.

RAUDs who are competent to take ear impressions may take ear impressions as part of their practice of audiology. RAUDs are authorized, pursuant to Bylaw s. 138(4)(b), to delegate this restricted activity to non-registrants, but only under specific conditions.

Accordingly, a person for whom a non-registrant takes an ear impression must be a client of a RAUD, at least for purposes of the ear impression, and the RAUD must decide to *delegate* the restricted activity to a *competent and supervised* non-registrant, with the *informed consent* of the client. The delegating RAUD determines the appropriate level of supervision required for the non-registrant to perform the activity, including whether virtual or in-person supervision is required.

IMPORTANT: Any non-registrant who takes an ear impression in British Columbia, without a RAUD delegating and supervising the activity, acts unlawfully.

Industrial Audiometric Technicians (IATs)

Under the authority of [WorkSafeBC](#), the occupational title of IAT identifies non-registrant individuals who have received the WorkSafeBC training and certificate that authorizes them to fulfill the role of IAT. The IAT role is defined by WorkSafeBC. IATs, in the performance of their WorkSafeBC role, are not under the supervision of registrants of CSHBC. WorkSafeBC is responsible for ensuring that IATs have completed the necessary certification requirements and have the necessary authorization to re-certify and continue work as an IAT in British Columbia.

WorkSafe BC training for IATs does not extend to, or authorize, the taking of ear impressions, e.g., for the purpose of creating ear molds or swim molds for hearing protection.

B. REQUIREMENTS FOR IAT TRAINING AND COMPETENCY

Before non-registrants, including IATs, may take ear impressions under the supervision of a RAUD, they must first receive adequate supervised training and have their competency verified by a RAUD.

Training for non-registrants, including IATs, to take ear impressions

Training may involve on-the-job training where a RAUD is employed, or through training by audiology companies that includes practical experience.

During the training process, the supervising RAUD must cover clinical aspects of taking ear impressions. These clinical aspects include all definitions, equipment, and material requirements as well as the general steps in the process. Clinical aspects include fundamental topics such as [Infection Prevention & Control \(ACPG-08\)](#).

Detailed information on the process can be found in the policy [Ear Impressions \(POL-QA-08\)](#) and the companion protocol [Ear Impressions \(PROT-QA-04\)](#).

Clinical objectives for taking ear impressions are outlined in the clinical practice guideline, [Communication Health Assistants \(Verifying Education, Training, & Competence\) \(CPG-09\)](#).

Clinical competencies for taking ear impressions

A clinical protocol, [Ear Impressions \(PROT-QA-04\)](#), addresses the taking of ear impressions.

The protocol provides a list of competencies specifically required for taking ear impressions. The competencies include all aspects of performing ear/hearing protection ear impressions such as client consent, documentation, client confidentiality, infection prevention and control, emergency procedures, clinical performance expectations, and clinical outcomes.

Each supervising RAUD engaged in training must understand the requirements for training and creating learning and supervision plans in accordance with [Communication Health Assistants \(Education, Training & Competence\) \(SOP-PRAC-05\)](#) and the clinical practice guideline, [Communication Health Assistants \(Verifying Education, Training, & Competence\) \(CPG-09\)](#) commensurate with each non-registrant's education, training, and experience (**see Appendices A and B**).

Each supervising RAUD engaged in training has a professional responsibility to ensure competencies are met, and may require a non-registrant, including an IAT, complete specific courses, review additional resources, or provide a practical demonstration. A decision-tree for a supervising RAUD to verify clinical competencies is outlined in Appendix A ('Decision Tree') of [Communication Health Assistants \(Verifying Education, Training, & Competence\) \(CPG-09\)](#).

Supervision requirements during training

Each supervising RAUD engaged in training is responsible for determining the appropriate level of supervision during training, which may range from CONSTANT to CLOSE to GENERAL supervision. As defined in Standard of Practice, [Supervision \(SOP-PRAC-07\)](#):

- **“Constant supervision”** means supervision where the supervisee may not engage in clinical activities unless the supervisor is in attendance;

- **“Close supervision”** means supervision with a sufficiently close proximity between supervisor and supervisee that a supervisor may attend in person at the request of either supervisor or supervisee, e.g., the supervisor and supervisee work within the same facility; and
- **“General supervision”** is as defined above.

The length of time and degree of supervision is dependent on the non-registrant’s proficiency at each objective of training. If proficiency has not been attained on any clinical objective, that objective may be extended as required. The supervising RAUD decides when the non-registrant is competent to perform ear impressions under general supervision and in which circumstances virtual supervision is appropriate (see CSHBC standard of practice, [Supervision \(SOP-PRAC-07\)](#)).

C. DECISION TO DELEGATE

Once a non-registrant, including an IAT, is proficient in the skills required for ear/hearing protection ear impressions, a RAUD *may* delegate the activity of taking an ear impression to the non-registrant in accordance with the standard of practice entitled [Communication Health Assistant \(Delegation & Assignment\) \(SOP-PRAC-04\)](#).

Delegation involves two parts:

1. decision to delegate, and
2. process of delegation.

Delegation is a process that requires the registrant to consider the client and CHA factors in each case to assess the risk to the client and whether the non-registrant’s involvement is appropriate. In assessing these factors to make the decision to delegate, the RAUD must act in accordance with the definitions in Part 12 of the CSHBC Bylaws.

D. INTERVENTION

The protocol, [Ear Impressions \(PROT-QA-04\)](#), includes several stages for taking an ear impression:

- assessing need;
- obtaining informed consent;
- performing a risk management assessment; and
- selecting an impression technique.

Assessing need & risk management assessment

The RAUD must assess whether the decision to delegate can be made remotely or if it requires them to be in-person with the client to assess whether delegating to the non-registrant is appropriate.

Where a RAUD has assessed a non-registrant as competent to perform ear impressions under general supervision and determined virtual supervision is appropriate, the RAUD must assess whether

overseeing the non-registrant examining the ear canal remotely is appropriate. If the supervising RAUD is not confident that the non-registrant can examine the external ear and ear canal with remote supervision, the registrant must be present for that aspect of the service to ensure it is performed safely.

A list of contraindications, as well as more information on assessing need and risk management for ear impressions are in the protocol, [Ear Impressions \(PROT-QA-04\)](#).

Client Consent

Once a decision to delegate has been reached, a RAUD must obtain a client's informed consent to have the service provided by a non-registrant. The client's consent to services being provided through delegation to a non-registrant must be documented.

Clients must be fully informed of each step of the ear impression procedure, expected benefits, any probable or serious risks and side effects of the treatment, alternative courses of action, and the likely consequences of not having the treatment.

Clients may revoke their consent at any time and for any reason.

The standard of practice [Client Consent \(SOP-PRAC-06\)](#) sets out the necessary elements of informed and express consent. Both RAUDs and non-registrants (including IATs) should note the following:

- RAUDs cannot delegate the process of obtaining consent to a non-registrant;
- Non-registrants may assist with completing client case histories, and other formal and informal documentation;
- RAUDs must consider a client's complete case history before deciding to delegate services to a non-registrant; and
- RAUDs must obtain informed consent from the client to delegate the taking of ear impressions to a non-registrant after considering a client's case history.

Risk Management Assessment

Improper ear impressions can result in physical harm and/or mental harm to the client. It is important that the registrant establish a risk management plan that:

- identifies and analyzes risks in terms of probable negative end results; and
- outlines risk control procedures.

Contraindications for ear impressions and further information about implementing risk management strategies are set out in the protocol, [Ear Impressions \(PROT-QA-04\)](#).

Selecting an impression technique

The results of the assessment of client need and risk management will assist the registrant in

determining the most effective technique to minimize risk of harm and provide the best outcome for the ear impression. Registrants must be competent in a variety of procedures and materials to accommodate the range of client presentations, and to assess which are appropriate for the IAT to perform. Registrants must consider the following factors when choosing an ear impression procedure:

- status of ear tissue (intact versus non-intact);
- type of product needed;
- type of impression material to be used, considering the shape, viscosity, size, and texture of ear canal (soft, normal, hard); and
- comfort and fit of end-product, and the ability of the client to handle the hearing protection.

If the registrant determines that the non-registrant is competent to perform these activities under general supervision, then the non-registrant taking the ear impression *must* examine the ear and choose the appropriate type of impression material. Where a delegating registrant RAUD provides general supervision but is not physically present while the non-registrant performs an ear/hearing protection ear impression, the delegating registrant must be available for consultation as needed.

E. DOCUMENTATION

Non-registrants, including IATs, performing ear/hearing protection ear impressions must document their sessions in accordance with the clinical practice guideline, [Documentation & Records Management \(CPG-04\)](#).

Registrants must document what is being delegated, to whom and for which client: [Communication Health Assistants \(Delegation & Assignment\) \(SOP-PRAC-04\)](#).

Documenting client consent

Registrants and non-registrants, including IATs, must document all elements of client consent in accordance with [Documentation & Records Management \(CPG-04\)](#).

Documenting consent to share information

Non-registrants, including IATs, must document consent to share information in accordance with [Documentation & Records Management \(CPG-04\)](#).

F. ONGOING REGISTRANT RESPONSIBILITIES

Ongoing supervision

Once a non-registrant is determined to be competent to perform ear/hearing protection ear impressions, a RAUD must provide ongoing general supervision. The supervising RAUD need not be the RAUD who supervised the non-registrant's training. If the non-registrant's employer also employs a RAUD, that RAUD may supervise the non-registrant. Where the non-registrant's employer does not employ a staff audiologist, then a RAUD providing contract services may be a suitable alternative.

In the event of substandard performance by a non-registrant, the supervising RAUD is responsible for implementing any necessary learning plans or revoking delegation. Additional information is available in the standard of practice, [Communication Health Assistants \(Education, Training, & Competence\) \(SOP-PRAC-05\)](#).

Ongoing verification of competencies

There is no requirement for a scheduled review of a non-registrant's competency to take ear impressions, as all non-registrants, including IATs, are required to take ear impressions under the ongoing supervision of a RAUD, and may not practise autonomously.

If a trained non-registrant has not been performing ear impressions, or has been performing such skills infrequently, the supervising RAUD should review their competencies in accordance with [Communication Health Assistants \(Verifying Education, Training & Competence\) \(CPG-09\)](#).

Where a trained non-registrant routinely performs ear impressions, the supervising RAUD is aware of the non-registrant's ongoing skills, and the non-registrant consistently demonstrates satisfactory performance, the supervising RAUD may decide additional formal review is not required. In such cases, the non-registrant may continue to take ear impressions under the RAUD's general supervision, but not autonomously, and only where the activity is delegated by the RAUD.

As WorkSafeBC refresher requirements are unrelated to a supervising RAUD delegating the taking of ear impressions, a supervising RAUD is not professionally responsible for ensuring that a non-registrant IAT completes WorkSafeBC requirements related to IAT certification.

REFERENCES

[WorkSafeBC: Industrial Audiometric Technicians](#)

CSHBC RELATED DOCUMENTS

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

Client Consent (SOP-PRAC-06)

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

Communication Health Assistants (Education, Training, & Competence) (SOP-PRAC-05)

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

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

Documentation & Records Management (SOP-PRAC-01)



Documentation & Records Management (CPG-04)

Ear Impressions (POL-QA-08)

Infection Prevention & Control Guidelines for Audiologists (ACPG-08)

Ear Impressions (PROT-QA-04)

Supervision (SOP-PRAC-07)

APPENDIX A: TOPICS & CSHBC RELATED DOCUMENTATION

Topic	CSHBC Resource
Clinical competencies for IAT ear impression training	<i>Communication Health Assistant (Verifying Education, Training, & Competence) (CPG-09)</i>
Consent to share client information	<i>Documentation & Records Management (CPG-04)</i>
Delegation process information	<i>Communication Health Assistant (Delegation & Assignment) (SOP-PRAC-04)</i>
Documentation requirements including retention of records	<i>Documentation & Records Management (CPG-04)</i>
Ensuring client safety during EI procedure	<i>Infection Prevention & Control (ACPG-08)</i>
How to perform EI for hearing protection	<i>Ear Impressions (POL-QA-08)</i> <i>Ear Impressions (PROT-QA-04)</i>
Informed, express consent for clinical services	<i>Client Consent (SOP-PRAC-06)</i>
Supervision definitions and application	<i>Supervision (SOP-PRAC-07)</i>
Supervision during training; ongoing supervision requirements	<i>Communication Health Assistant (Verifying Education, Training, & Competence) (SOP-PRAC-05)</i> <i>Communication Health Assistant (Verifying Education, Training, & Competence) (CPG-09)</i>

APPENDIX B: SAMPLE CHECKLIST FOR IATs PERFORMING EAR IMPRESSIONS

Yes/No	Activity	Comments
	Completed the required competency training as per the RAUD responsible for training and signing off on the required competencies, which may include:	
	Verifying the IAT's education, training, background experience and any other credentials related to ear impressions, including identification of ear-related medical red flag conditions	
	Review of the IAT's skills and abilities in the specific practice context	
	Reviewing the IAT's understanding of infection control practices, safety measures and emergency processes, as well as documentation, consent and confidentiality practices	
	A supervision plan for general supervision by an RAUD is in place, which may include periodic reviews of skills and abilities and review of client outcomes	
	The supervising RAUD has set up a contact system for the IAT to contact them, if necessary	
	The RAUD has determined that specific clients are appropriate to delegate to the IAT for ear impressions	
	The RAUD has determined that the IAT is competent to perform ear impressions on specific clients	
	Informed client consent has been obtained and documented including all aspects of benefits, risk, possible adverse events, and mitigation strategies	
	Consent to share client information has been obtained and documented	
	A system for how and where documentation will occur is in place for all aspects of the care including a session summary with outcomes specified *According to CSHBC requirements and employer policies	
	Infection control practices and emergency safety measures are in place	



	Reporting to the supervising RAUD is completed according to the supervision plan	