Association of Hearing Instrument Practitioners of Ontario	
Section	**Quality Assurance**
Sub-Section	**Standards of Practice** **August 2018**

Overview

To ensure high standards of equipment and techniques in the testing of hearing, selection and fitting of hearing instruments and associated devices, and where the practice includes it, in the removal of cerumen from the external ear canal as per section 9.1.3 of the Association By-Laws.

1.0 Purpose of Policy

1.1 Maintenance of high standards by all members is in the best interest of the hard of hearing and the profession.

1.2 These standards are the **minimally** acceptable level of standards with respect to equipment, testing of hearing, selection and fitting of hearing instruments and associated devices.

2.0 Scope of Practice

2.1 Members must practice within the limit of their competence as determined by their education, training and professional experience.

2.2 The Scope of Practice of the Hearing Instrument Specialist H.I.S. and Hearing Instrument Dispenser H.I.D. is outlined within the Association By-Laws, Articles 3.1.1 and 3.1.2.

2.3 Members must make appropriate referrals to other healthcare individuals when encountering procedures that exceed their limits of competence or scope of practice.

2.4 “Must” statements establish standards that members must always follow.

2.5 Members may exercise professional judgement, taking into account the environment(s) and their patients’/clients’ needs when considering deviating from the guidelines. The reason(s) why guidelines were not followed must be recorded.

2.6 A “Contraindication” is a specific situation in which a procedure cannot be performed because it may have a negative effect or cause harm to the patient/client.

3.0 Restrictive Activities (Prescription)

3.1 Members will not violate any law, rule or regulation applicable to the provision of hearing instruments and associated devices.

3.2 As per section #31 (Dispensing Hearing Aids) of the ***Regulated Health Professions Act 1991 S.O. 1991,*** c. 18**.** "No person shall dispense a hearing aid for a hearing impaired person except under a prescription by a member authorized by a health profession Act to prescribe a hearing aid for a hearing impaired person." Prescription of a hearing aid is an authorized act under the ***Medicine Act, 1991 S.O. 1991, c.30*** and the ***Audiology and Speech-Language Pathology Act, 1991, S.O. 1991, c.19***.

4.0 Referral to Physician

4.1 The patient/client **must** be referred to a physician for medical clearance as per Ontario Medical Association – Red Flag List (See Appendix A).

5.0 Insurance

5.1 Members must ensure they carry Professional Liability Insurance for a minimum of $2,000,000.

5.2 A copy of Certificate of Insurance must be submitted to the AHIP office with the completed membership renewal application by the 31st of December of each year.

6.0 Equipment Requirements

6.1 Hearing Instrument Dispenser H.I.D. required equipment:

a. High resolution otoscope

b. Programming interface.

c. Electro-acoustic hearing instrument analyzer

6.2 Hearing Instrument Specialist H.I.S. required equipment:

a. High resolution otoscope

b. Programming interface.

c. Electro-acoustic hearing instrument analyzer

d. Sound attenuation booth

e. A diagnostic audiometer with air conduction, bone conduction, narrow band masking noise, speech audiometry and speech masking noise capabilities that utilize insert and/or TDH style transducers.

f. Full range acoustic immittance measurement system for tympanometry and acoustic reflex measures

g. Real ear measurement system

6.3 All equipment that is not self-calibrating must be calibrated annually in accordance with current ANSI standards. Equipment must be in proper working order at all times.

6.4 A copy of current calibration certificate must be submitted to the AHIP office upon request.

7.0 Testing Environment

7.1 The testing environment must meet one of the following requirements:

a. Within a sound attenuation booth

b. Outside a sound attenuation booth

7.2 When testing outside a sound attenuation booth, every effort must be made to ensure the ambient noise level in the room does not exceed 40dB SPL. Use of a sound level meter is recommended to determine the noise level in the room. The acoustic characteristics of the room must be recorded on the audiogram form.

8.0 Assessment Protocol

8.1 A complete hearing assessment must include the following components (See Appendix B), unless contraindicated.

a. Case History

b. Otoscopy

c. Impedance Audiometry (Acoustic Immittance):
   i. Tympanometry
   ii. Acoustic Reflex

d. Pure Tone Audiometry:
   i. Air Conduction Testing (AC)
   ii. Bone Conduction Testing (BC) as necessary

e. Speech Audiometry:
   i. Most Comfortable Level (MCL)
   ii. Speech Reception Threshold (SRT)
   iii. Speech Awareness Threshold (SAT)
   Test will be performed when SRT may not be obtained
   iv. Word Recognition Scores (WRS)
   v. Speech-In-Noise (SIN) as necessary
   vi. Loudness Discomfort Level (LDL)

f. Masking as necessary

g. Tinnitus:
   i. Assessment
   ii. Counselling
   iii. Follow up care

9.0 Recording Test Results

9.1 The results of each hearing assessment must be recorded on the audiogram form.

9.2 Symbols used to record air conduction, bone conduction and masking thresholds must be noted in a key on the audiogram form.

9.3 All audiogram symbols must conform to current **ASHA** standards (American Speech-Language-Hearing Association 1990)[1].

10.0 Selection and Fitting of Hearing Instruments and Assistive Listening Devices

10.1 Selection and fitting of hearing instrument(s) must be in accordance with the following, unless contraindicated.

a. Complete hearing assessment

b. A new hearing assessment must be completed if more than six (6) months has elapsed since the last hearing assessment

c. In situations where it is not possible to have a new hearing assessment completed, the reasons must be recorded.

d. Ear Impression as necessary

e. Programming of the hearing instrument(s)

f. Instruction and counseling for the proper use and care of the hearing instrument(s) and/or assistive listening device(s)

g. Verification of the benefit of the hearing instrument(s)

h. In all cases where a patient/client is fitted with the hearing instrument(s), the Member must allow the patient/client a minimum thirty (30) day trial period

i. Maintain an ongoing follow-up service to encourage the continued use of the hearing instrument(s) and/or assistive listening device(s)

j. Repairs and maintenance of the hearing instrument(s), assistive listening device(s) and accessories

[1] http://www.asha.org/policy/GL1990-00006/

11.0 Ear Impression

11.1 Ear impressions are taken to fabricate products for amplification and hearing/ear protection.

11.2 Hearing Instrument Specialist H.I.S. and Hearing Instrument Dispenser H.I.D. are ethically responsible to ensure they are competent in ear impression taking and to keep their patient/client safe during the procedure.

11.3 The ear canal must be examined with an otoscope prior to taking an ear impression and after the removal of the ear impression.

11.4 Infection control must be followed to ensure the health and safety of the patient/client and Member. Infection control procedures include but are not limited to: hand washing, waste management and criteria for disinfection and sterilization. Refer to 5.01 Ear impression procedures in Infection Control Policy.

11.5 Equipment requirements:

a. Otoscope with speculum

b. Earlight with removable tip

c. Otoblock with thread

d. Syringe or impression gun

e. Impression material

11.6 Contraindications, subject to medical clearance:

a. Impacted or excessive cerumen in the ear canal

b. A foreign body in the ear canal

c. External and/or middle ear condition

12.0 Fitting Verification

12.1 Verification procedures are an essential component of successful hearing instrument fittings.

12.2 Hearing aid recommendations must be verified to ensure appropriate amplification, unless contraindicated.

12.3 Real Ear Measurements (REMs), also known as probe microphone measures, are the preferred method, specifically *in situ* REM using probe tubes rather than coupler measures.

12.4 Real Ear Measurement measures the performance of a hearing instrument in the patient's/client's ear to ensure sounds are audible, comfortable and tolerable across the frequencies of the patient's/client's reduced dynamic range.

12.5 The results must be recorded including patient's/client's name, date and hearing aid serial number(s).

13.0 Records

13.1 Records of all tests performed and/or subsequent follow-up services must be recorded.

13.2 All records relating to the services provided to the patient/client including the case history, audiogram, all results of testing including verification, referral information and follow-up services and dates will be kept on file for a minimum period of seven (7) years or ten (10) years past the 18th birthday of a minor.

14.0 Clinical Placements and Internship

14.1 Students completing clinical placement or graduates completing the Hearing Instrument Specialist H.I.S. Internship Program will only complete those tasks that are geared to their level of competence under the supervision of a Hearing Instrument Practitioner, Member in good standing of AHIP or an Audiologist, in good standing registered under CASLPO.

14.2 All students on clinical placement must be covered under the respective educational institution Professional Liability Insurance.

14.3 All Interns must have Professional Liability Insurance coverage.

15.0 Continuing Competencies

15.1 In order to maintain membership in the Association, a minimum of twelve (12) hours of AHIP approved, Continuing Education Units (CEU's) must be obtained per calendar year as outlined within the Association By-Laws, Article 9.1.2 (ii).

References

Audiometric Symbols. (1990). Retrieved March 9, 2015, from http://www.asha.org/policy/GL1990-00006/