

Hearing Assessment and Hearing Instrument Fitting and Dispensing

PURPOSE

To ensure that registrants of CSHHPBC 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 registered hearing instrument practitioners who provide hearing instrument services to adults
- All registrants providing hearing assessment services to adults.

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.

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“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 CSHHPBC regulation and bylaws.

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 birthdate 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.

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 CSHHPBC guideline *CPG-04 Documentation and Record Management*.



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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 μ Pa 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 CSHHPBC: *Guidelines for the Audiologic Management of Adult Hearing Impairment* (Valente, 2006). CSHHPBC 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 CSHHPBC 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.

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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 CSHHPBC standard of practice PRCS-P-01 Documentation and Record Management and clinical practice guideline CPG-04 Documentation and Record Management.

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: Advanced practices requiring advanced certification (e.g., cerumen 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 ACPG-06 on [CSHHPBC website](http://www.cshhpbc.ca))

RELATED CSHHPBC DOCUMENTS

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

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

Documentation and Record Management (CPG-04)

Documentation and Record Management (SOP-PRAC-01)

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