



Ear Impressions

DEFINITIONS

“Client” means all patients, clients, or long-term care residents.

“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.

PURPOSE

To ensure that CSHHPBC registrants (or their delegates) involved in making ear impressions do so in a safe, ethical, and infection-controlled manner. The goal is to ensure the best possible experience for the client with a useable ear impression upon completion of the process.

SCOPE

All Registered Audiologists (RAUD), Registered Hearing Instrument Practitioners (RHIP), and any non-registrant Communication Health Assistant (CHA) under the delegation and supervision of a RAUD, providing ear impression-making services for any purpose.

NOTE: Pursuant to Part 12, section 139(4)(c) of the CSHHPBC Bylaws (‘Delegation to non-registrants’), only a RAUD may delegate performance of the restricted activity described in section 5(1)(e) of the Speech and Hearing Health Professional Regulation. In situations where RAUDs are delegating this service to qualified CHAs, it is the registrant’s responsibility to ensure that the CHA is competent to conduct the procedure.

POLICY

Registrants are ethically responsible to ensure that they are competent to make ear impressions and that their clients are safe during the procedure. Professional judgment, considering the clinical environment and the individual client, must be considered when deviating from established protocol (*Ear Impressions* PROT-QA-04).

According to the CSHHPBC Bylaws, registrants can make earmold impressions for clients of all ages. Where the registrant does not feel competent to manage the risks or is unfamiliar with the client population or specific condition(s), the client should be referred to a more experienced registrant to make the impression.

In the event of a chronic condition or an immediate client need, and when the client must have an ear impression taken for treatment, medical clearance must be obtained prior to initiating the process.



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Consultation should occur in any case where the registrant believes that medical supervision and/or intervention may be required during the impression making process.

Where a CHA under the delegation of a RAUD is not routinely successful in making ear impressions, the registrant may stop the delegation to the CHA until remedial actions have been taken so that the CHA can resume making ear impressions independently.

When making ear impressions, registrants are required to be familiar with and follow the requirements of the QAPP protocol, *Ear Impressions* PROT-QA-04.

CSHHPBC RELATED DOCUMENTS

Ear Impressions (PROT-QA-04)

Infection Prevention and Control Guidelines for Audiologists (CPG-04)

Use of Communication health assistants (SOP-PRAC-04)