



Standards of Practice

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Purpose

The *Health Professions Act* (HPA) in Alberta requires all self-regulating health professions to have Standards of Practice (Standards). Each profession's regulatory body must establish, maintain and enforce a set of Standards for their profession. The College of Hearing Aid Practitioners of Alberta (CHAPA) is responsible for the establishment of such Standards for Hearing Aid Practitioners that practice in the province.

The CHAPA Standards of Practice are standards of professional behaviour and conduct required of all Hearing Aid Practitioners to ensure that they interact safely and appropriately with their clients and the public.

Standards are a part of the structure within which CHAPA governs members in a manner that protects and serves the public by providing direction to Hearing Aid Practitioners and regulating their practices. Each Hearing Aid Practitioner, in his or her professional capacity, is required to understand and comply with these Standards. The Standards are enforceable under the *Health Professions Act* and will be referenced in complaints' investigations and disciplinary proceedings where applicable.

The CHAPA Standards of Practice will evolve with the profession and may change from time-to-time. New Standards and/or significant revisions will come into force after a period of consultation with regulated Hearing Aid Practitioners and others as set out in the *HPA*.

Enforceability

The *Health Professions Act* includes a detailed definition of professional misconduct including contravention of the *Act*, the code of ethics and standards of practice. Any Hearing Aid Practitioner identified as non-compliant or in contravention is subject to the investigations and complaints process as set out in Part 4 of the *Health Professions Act*.

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STANDARD 1.0: Accountability and Responsibility

Hearing Aid Practitioners are accountable for their practice and responsible for ensuring that their practice activities and conduct meet both the standards of the profession and legislative requirements.

1.1 Knowledge

Hearing Aid Practitioners will have the prerequisite knowledge and skills to provide safe and effective hearing aid devices and associated services to clients.

Indicators:

A Hearing Aid Practitioner shall:

- 1.1.1 Know the structures and functions of the ear and hearing mechanisms
- 1.1.2 Be able to recognize and describe normal and abnormal conditions of the ear
- 1.1.3 Know the pathology of the outer, middle and inner ears
- 1.1.4 Know the meaning of medical terms and auditory terminology used in hearing aid professional practice
- 1.1.5 Be knowledgeable with auditory testing equipment and its appropriate use
- 1.1.6 Know how to conduct accurate and valid auditory tests
- 1.1.7 Be knowledgeable with all styles, internal components and electro acoustical performance of hearing aids
- 1.1.8 Know how to fit hearing instruments to enhance client's listening capability
- 1.1.9 Be knowledgeable of assistive listening devices used to improve speech intelligibility and communication
- 1.1.10 Stay current with developments and innovations in testing, fitting and use of hearing aid technologies
- 1.1.11 Have knowledge of the legislation, regulation, policies, standards of practice and ethics governing the profession.

Hearing Aid Practitioners must be thoroughly familiar with the *CHAPA Competency Profile*. This document describes in detail the knowledge, skills, behaviours and attitudes practitioners must have to practice professionally in Alberta.

1.2 Accountability

The Hearing Aid Practitioner will accept accountability and responsibility for his / her practice decisions, actions and professional conduct.

Indicators:

A Hearing Aid Practitioner shall:

- 1.2.1 Demonstrate honesty, integrity and trustworthiness in all interactions
- 1.2.2 Accept responsibility for knowing and acting consistently with the principles, practice standards, ethics, laws and regulations under which they are accountable
- 1.2.3 Understand the role of CHAPA and its relationship to one's own practice
- 1.2.4 Recognize their capabilities and limitations and perform only the functions that fall within their scope of practice and for which they possess the required knowledge, skills, and judgment
- 1.2.5 Accept responsibility for errors and mistakes, and report them immediately to the appropriate authority so steps can be taken to minimize risks and consequences
- 1.2.6 Meet all requirements to maintain and renew registration with CHAPA
- 1.2.7 Engage in career-long learning to continuously develop / enhance the competencies required to meet the ethical and regulatory requirements of the profession
- 1.2.8 Participate in the CHAPA Continuing Competence Program and maintain required records of professional development and on-going learning
- 1.2.9 Take appropriate action to promote safe, competent and ethical care for clients
- 1.2.10 Intervene and take appropriate action when made aware of activities or situations that pose significant safety risks to clients, colleagues or the public
- 1.2.11 Prevent and manage conflict-of-interest situations with clients, colleagues, employers and manufacturers
- 1.2.11 Refrain from using any official position on Council or committees for self-aggrandizement or personal / professional benefit to the detriment of CHAPA or its other members
- 1.2.13 Disclose to the supervisor / employer any potential or existing personal or legal conflict that makes it difficult to participate in an intervention or provide service
- 1.2.14 Maintain the required mental and physical wellness to meet the responsibilities of their professional role
- 1.2.15 Inform the appropriate authority in the event of becoming unable to practice safely, competently and / or ethically.

1.3 Fitness to Practice

Hearing Aid Practitioners are responsible for maintaining their own physical, psychological and emotional fitness to practice.

Incapacity refers to a situation in which a practitioner may be suffering from a physical or mental condition or disorder that would compromise client care. Incapacity is inclusive of any cognitive or physical condition or pattern of use of alcohol and/or drugs (illicit, over-the-counter or prescription) that interferes with an individual's occupational, social, legal, financial, emotional or physical functions.

Indicators:

A Hearing Aid Practitioner shall:

- 1.3.1 Act only in a manner that would be seen as providing safe and competent services
- 1.3.2 Not engage in dishonesty, fraud, deceit, misrepresentation, sexual harassment or any other form of conduct that adversely reflects on the profession or on the practitioner's fitness to serve clients professionally
- 1.3.3 Not agree to practice under terms or conditions that interfere with or impairs the proper exercise of his / her professional judgment and skill, that causes a deterioration of the quality of his / her service, or that requires him / her to consent to unethical conduct
- 1.3.4 Not misuse or abuse alcohol, illicit drugs, or over-the-counter or prescription medication
- 1.3.5 Understand all side effects of his / her medications and treatments
- 1.3.6 Ensure that any cognitive or physical impairment he / she may experience does not pose a risk to clients, colleagues or the public
- 1.3.7 Cease providing professional services until the reason for any incapacity has been eliminated
- 1.3.8 Inform CHAPA when a serious injury, medical condition or any other condition has either immediately affected or may affect over time, his or her ability to practice safely and competently
- 1.3.9 Urge and encourage impaired or incapacitated colleagues stop practicing and to seek treatment and counselling
- 1.3.10 Report to the appropriate authorities any colleagues, co-workers or other staff that may not be fit to practice or pose a significant safety risk to clients, colleagues or the public.

In situations where client / public safety is identified as a clear and present concern, the practitioner may be directed, by CHAPA, to cease or limit providing professional services until resolution of the situation has resulted in the re-instatement of a safe clinical environment.

STANDARD 2.0: Advertising and Marketing

Hearing Aid Practitioners are responsible for promoting their services and practices in a manner that meets highest ethical standards and enhances the public image of the profession.

2.1 Advertising and Practice Promotion

Hearing Aid Practitioners, who choose to advertise their services, will only use materials and messages considered to be ethical and comply with all legislation and policies of the profession.

Advertisement means any communication made orally, in print or through electronic media by or on behalf of a member, to the public or to one or more individuals, and having as its substantial purpose the promotion of the member or clinic or group with which the member is associated. Any statement by a member made in the course of an interview with the media is deemed to be an advertisement.

Indicators:

A Hearing Aid Practitioner shall:

- 2.1.1 Ensure that all advertising, promotional, presentational materials and commentary, regardless of venue or circumstance, are:
 - 2.1.1.1 Appropriate to the setting, truthful and within the scope of practice
 - 2.1.1.2 Of a nature that ensures credibility and engenders public trust
 - 2.1.1.3 Considerate of the overall integrity and reputation of the profession
 - 2.1.1.4 Compliant with copyright law and all other applicable legislation
- 2.1.2 Ensure that materials, information and presentations designed to reflect or promote one's practice to both current and potential clients are:
 - 2.1.2.1 Truthful and factual in all respects
 - 2.1.2.2 Professional in description, content and presentation
 - 2.1.2.3 Respectful in every manner of other health professions and colleagues
 - 2.1.2.4 Clearly identifiable as being provided by a Hearing Aid Practitioner
 - 2.1.2.5 Inclusive of only matters within the training and scope of practice
 - 2.1.2.6 Of a nature that does not inappropriately evoke concern, fear or disgust
 - 2.1.2.7 Exclusive of any claims of guaranteed results, or clinically predictive or specific outcomes
 - 2.1.2.8 Compliant with client confidentiality requirements
 - 2.1.2.9 Compliant with all CHAPA standards, policies and code of ethics
 - 2.1.2.10 Reflective of broadly accepted evidence based research and information
 - 2.1.2.11 Respectful of widely accepted public health doctrine

- 2.1.2.12 Exclusive of any claims or allusion to professional superiority
- 2.1.3 Not dispense any product, or part thereof, representing that it is new, unused, or rebuilt, when such is not the fact
- 2.1.4 Offer merchandise and service on its merits, and refrain from attacking competitors or disparaging their services, products or business methods
- 2.1.5 Not disclose the name or identifying features of a client unless the client's prior consent has been obtained
- 2.1.6 Submit to CHAPA for review and approval any advertising or marketing materials if he / she is unsure whether the proposed advertising complies with these standards.

2.2 Use of Titles

Hearing Aid Practitioners will only use titles approved by legislation for their profession.

Indicators:

A Hearing Aid Practitioner shall:

- 2.2.1 Use the title of *Hearing Aid Practitioner* if he or she is a regulated member on the general or temporary register
- 2.2.2 Use the title of *Registered Hearing Aid Practitioner* if he or she is a regulated member on the general register
- 2.2.3 Use the title of *Hearing Aid Student Intern* if he or she is a regulated member on the student intern register.

STANDARD 3.0: Financial Accountability

Hearing Aid Practitioners have a professional responsibility to ensure that their financial processes and billing practices are fair, ethical and within the boundaries prescribed by law and CHAPA standards.

3.1 Fees and Compensation

Hearing Aid Practitioners will charge fair and reasonable fees for their services and products and offer clients flexible and appropriate payment options.

Indicators:

A Hearing Aid Practitioner shall:

- 3.1.1 Have a fee schedule that is up-to-date, clear and readily available to current and potential clients and third-party payers
- 3.1.2 Review with clients the fees for proposed services and / or products prior to commencement of assessment, fitting or installation of a hearing aid
- 3.1.3 Apply a consistent fee schedule regardless of insurance coverage
- 3.1.4 Use his / her discretion in reducing fees according to a client's personal or financial circumstances
- 3.1.5 Allow clients the option to prepay for all or part of their services or products not yet received
- 3.1.6 Not participate with other health professions or any other person in agreements to divide fees or to cause financial or other exploitation when providing professional services
- 3.1.7 Make referrals based solely on the best interests of the client, and not on any personal financial interest, incentives or other benefits.

3.2 Billing Practices

Hearing Aid Practitioners will engage in billing practices that are ethical, legal and fair to their clients.

Indicators:

A Hearing Aid Practitioner shall:

- 3.2.1 Bill only for services actually rendered or goods actually sold unless a financial agreement for services has been agreed to by the client
- 3.2.2 Bill only for the dates on which services are provided or goods were received
- 3.2.3 Bill only for the person to whom the services or goods were actually provided
- 3.2.4 Adhere to the clinic's general fee schedule or the contract within which services or goods are provided and are not inflated beyond these specific fees
- 3.2.5 Bill only one client or that client's third-party payer(s)
- 3.2.6 Not misrepresent diagnostic information, services rendered, or products dispensed or engage in any scheme to defraud in connection with obtaining payment or reimbursement for such services or products.

Any action involving billing anomalies that result in a Hearing Aid Practitioner's receipt of funds under false pretenses is considered fraudulent and constitutes professional misconduct.

STANDARD 4.0: Communication and Information

Hearing Aid Practitioners are responsible for effective communication and provision of accurate and complete information in support of their professional practice.

4.1 Professional Communication

Hearing Aid Practitioners will use their communication skills and techniques to facilitate the provision of quality care and client service.

Indicators:

A Hearing Aid Practitioner shall:

- 4.1.1 Use communication skills and techniques to promote relationships and establish rapport with a diversity of clients, families, colleagues and other health professionals
- 4.1.2 Recognize the need for, and take steps to ensure client relationships are maintained on a professional level
- 4.1.3 Recognize and communicate with clients who may be in a state of disorientation or confusion
- 4.1.4 Counsel the client on the adaptation process and benefits of implementing communication and listening strategies
- 4.1.5 Counsel the client and/or the client's family on the roles and responsibilities involved in the aural rehabilitation process
- 4.1.6 Counsel and provide information on available community resources for the client, care giver and/or family
- 4.1.7 Communicate with clients, members of the public, other health professions, colleagues and third parties in his / her professional capacity in a manner that is:
 - 4.1.7.1 Always truthful and factual in all respects
 - 4.1.7.2 Professional in its content and presentation
 - 4.1.7.3 Inclusive of only those matters within the training and scope of practice
 - 4.1.7.4 Respectful of other health professionals, colleagues and competitors
 - 4.1.7.5 Of a nature that does not inappropriately evoke strong negative emotions
 - 4.1.7.6 Compliant with client confidentiality requirements and legislation
 - 4.1.7.7 Exclusive of any claims of guaranteed results, or clinically predictive or specific outcomes
 - 4.1.7.8 Compliant with all CHAPA standards, policies and code of ethics
 - 4.1.7.9 Respectful of widely accepted public health doctrines
 - 4.1.7.10 Exclusive to any claims or implications of professional superiority

4.2 Informed Consent

Hearing Aid Practitioners are responsible for providing accurate and complete information to ensure clients are fully informed to make decisions about all aspects of their hearing care.

Indicators:

A Hearing Aid Practitioner shall:

- 4.2.1 Disclose to each client the diagnosis and purposed treatment alternatives
- 4.2.2 Disclose the nature of the proposed examination, procedure or treatment
- 4.2.3 Disclose the potential risks including any special or unusual ones
- 4.2.4 Provide clients with the opportunity to ask questions concerning the examination and solutions proposed as well as the risks involved
- 4.2.5 Answer clients' questions to their satisfaction
- 4.2.6 Obtain signed client consent form prior to performing any examination, testing procedure or fitting of a hearing aid device
- 4.2.7 Ensure that the consent form is kept with the client's records
- 4.2.8 Update or obtain a new consent form if there are any significant changes to the client's proposed testing procedures, interventions or treatments.

Reference to *client* throughout is understood to be inclusive of the client, or where appropriate, the substitute decision maker.

4.3 Treatment Recommendations

Hearing Aid Practitioners will make treatment recommendations / solutions based on the client's health data and their best professional judgment.

Treatment recommendations are what the practitioner has deemed appropriate for the specific client based on case history, examination and any other diagnostic measures.

Indicators:

A Hearing Aid Practitioner shall:

- 4.3.1 Ensure that each client is specifically and fully informed of the proposed solution to their hearing problem
- 4.3.2 Communicate the findings of the examination / testing, specific diagnosis and treatment recommendations to each client based on their presenting complaint, case history, physical examination and test results

- 4.3.3 Present to the client treatment recommendations that are consistent with the individual's treatment plan and that are not contingent upon any other factors than those listed above.

4.4 Disclosure of Harm

Hearing Aid Practitioners are responsible for informing clients and taking appropriate action in the event that their professional services result in any negative or harmful outcomes.

Disclosure of harm is the acknowledgement and discussion of a negative outcome as the result of a harm (any outcome that negatively affects the client's health and/or quality of life) that occurs in the course of providing hearing aid services.

Indicators:

A Hearing Aid Practitioner shall:

- 4.4.1 Inform the client if he or she becomes aware that the client has suffered harm in the course of receiving services, and that the harm may negatively affect the client's health or quality of life
- 4.4.2 Respond effectively and in a timely manner to mitigate client harm, ensure disclosure and prevent reoccurrence once the situation has been recognized
- 4.4.3 Make the disclosure of potential harm directly to the client or through the substitute decision maker
- 4.4.4 Notify the client as soon as possible, taking into account their clinical and emotional condition
- 4.4.5 Propose appropriate steps to treat the harm, or refer client to other healthcare providers or facilities, if appropriate.

STANDARD 5.0: Professional Services

Hearing Aid Practitioners are responsible for providing professional services that meet both the standards of the profession and legislative requirements.

5.1 Scope of Practice

As defined in the Health Professions Act, the role of Hearing Aid Practitioners within the Alberta health system is to provide services related to hearing capability.

Indicators:

A Hearing Aid Practitioner is authorized to:

- 5.1.1 Examine and evaluate human hearing as it related to hearing acuity, sensitivity and communication
- 5.1.2 Select and fit appropriate hearing instruments
- 5.1.3 Provide restricted activities outlined by regulations, i.e. cerumen management
- 5.1.4 Teach, manage and conduct research in matters related to their scope of practice.

5.2 Competency-Based Practice

The Hearing Aid Practitioner will apply professional knowledge and skills to provide safe and effective services to clients.

Indicators:

A Hearing Aid Practitioner shall:

- 5.2.1 Collect information pertinent to a client's case history
- 5.2.2 Recognize conditions or pathologies of the ear that require a medical referral
- 5.2.3 Interpret case history findings and hearing assessment results to include in medical referrals
- 5.2.4 Conduct testing of audiometric equipment
- 5.2.5 Perform appropriate auditory testing procedures
- 5.2.6 Evaluate reliability and validity of auditory test results
- 5.2.7 Obtain ear impressions safely and effectively
- 5.2.8 Follow up ear impression procedures with a post-impression otoscopic examination
- 5.2.9 Perform cerumen management as per CHAPA restricted activity policies and guideline
- 5.2.10 Select appropriate and flexible, signal processing features in hearing aids that can be tailored to benefit each client

- 5.2.11 Select appropriate assistive listening devices to best meet client needs
- 5.2.12 Inspect hearing devices and record and verify functionality
- 5.2.13 Ensure the hearing aids are functioning and fit correctly
- 5.2.14 Confirm that the client / caregiver can manage and operate the hearing aids properly
- 5.2.15 Provide clients with education, proper documentation and supplies required to maintain the hearing devices
- 5.2.16 Verify, validate and record device function using testing equipment and techniques as necessary
- 5.2.17 Provide follow-up information and support services to clients.

5.3 Client-Focused Service

The Hearing Aid Practitioner will provide hearing healthcare services and products that are always in the best interests of their clients.

Indicators:

A Hearing Aid Practitioner shall:

- 5.3.1 Make the client the primary focus when providing service and products
- 5.3.2 Practice honesty, truthfulness and integrity with clients at all times
- 5.3.3 Represent self clearly and accurately with respect to name, title, role and credentials
- 5.3.4 Respect and protect client worth, dignity, uniqueness and diversity regardless of their diverse values, beliefs and cultures
- 5.3.5 Develop trusting relationships and respect and maintain professional boundaries
- 5.3.6 Recognize, respect and promote the client's right to be informed and make informed choices
- 5.3.7 Provide clearly described options to clients regarding services, products and costs
- 5.3.8 Inform clients fully of the nature and possible risks and effects of services rendered and products dispensed
- 5.3.9 Make no guarantees regarding results of products or procedures, but may make a reasonable statement of prognosis
- 5.3.10 Ensure that client's concerns are addressed in a timely manner
- 5.3.11 Make a referral to another practitioner or health professional if the client's requirements are outside his or her area of competence or comfort
- 5.3.12 Refrain from providing clinical services solely by correspondence, except in extenuating circumstances that shall be fully documented

- 5.3.13 Provide appropriate education, counselling and support documents to clients and / or their caregivers
- 5.3.14 Make decisions about the allocation of time and resources under one's control based on the needs of the client
- 5.3.15 Protect client information and maintain privacy and confidentiality
- 5.3.16 Begin, maintain and end professional relationships in a way that puts the client's needs first
- 5.3.17 Ensure that facilities, access and procedures are client friendly
- 5.3.18 Take appropriate action to prevent or resolve ethical issues and conflicts of interest when dealing with particular clients
- 5.3.19 Take appropriate action to ensure a client's safety and quality of care when unethical or incompetent care / service is suspected
- 5.3.20 Provide reasonable notice of withdrawal of services to clients, ensuring all contractual agreements are satisfied.

5.4 Restricted Activities

Hearing Aid Practitioners may perform certain restricted activities associated with the purposes of fitting hearing aids and cerumen management.

Indicators:

A Hearing Aid Practitioner is authorized to:

- 5.4.1 Insert or remove instruments, devices, finger or hands beyond the cartilaginous portion of the ear canal
- 5.4.2 Insert into the ear canal under pressure air, liquid or gas any substance that subsequently solidifies
- 5.4.3 Provide cerumen management services *only if* authorized to do so by CHAPA.

5.5 Supervision of Regulated Members

Hearing Aid Practitioners are responsible for the quality and safety of care and services provided by regulated members on the Temporary Register under their supervision.

Indicators:

A Hearing Aid Practitioner *supervising* regulated members (Temporary Register) shall:

- 5.5.1 Be fully licensed, in good standing and has been approved by the Registrar to provide indirect supervision
- 5.5.2 Be registered as a fully licensed regulated member of CHAPA for a minimum of two years and have no supervisory conditions on their practice permit
- 5.5.3 Review all hearing assessments for accuracy; hearing aid fittings for appropriate choice of amplification devices; sign off on the audiograms monthly; and provide assistance as needed
- 5.5.4 Be available either in person or by telephone to assist as required; the supervisor does not have to be on-site, but must be able to come to the site if needed
- 5.5.5 Ensure supervised members are appropriately trained and have the necessary competencies to perform the assigned activities
- 5.5.6 Ensure supervised member's training meets manufacturer's and / or professional requirements to competently deliver the assigned activity via a testing device
- 5.5.7 Ensure that for any services provided by the supervised member, appropriate records and documentation takes place
- 5.5.8 Ensure that supervised member's use and disclosure of any health information is within the context of the *Health Information Act*
- 5.5.9 Ensure that an appropriate policy and procedure for the reporting and recording of adverse events is in place and that supervised members are trained in this procedure
- 5.5.10 Ensure that supervised members are trained in, and implement, routine public health procedures such as hand hygiene and cleaning of equipment and environment.

5.6 Supervision of Students and Intern Members

Hearing Aid Practitioners are responsible for the quality and safety of care and services provided by regulated students and interim members under their supervision.

Indicators:

A Hearing Aid Practitioner *supervising* regulated students and interim members shall:

- 5.6.1 Be fully licensed, in good standing and has been approved by the Registrar to provide indirect supervision
- 5.6.2 Be registered as a fully licensed regulated member of CHAPA for a minimum of two years and have no supervisory conditions on their practice permit
- 5.6.3 Provide on-site / in-room supervision for the restricted activities of taking ear impressions, tympanometry and real ear measurement
- 5.6.4 Provide on-site supervision for non-restricted activities and be available for consultation and assistance
- 5.6.5 Assess the degree of capability of each student and intern member
- 5.6.6 Accept full responsibility for the student and intern member's activities
- 5.6.7 Assess and approve each hearing assessment and recommendation prior to the client leaving the clinic
- 5.6.8 Approve computer setup of hearing aids prior to fitting and hear aid fittings
- 5.6.9 Use his / her discretion in approving computer adjustments of hearing aids
- 5.6.10 Ensure that for any services provided by students and intern members, appropriate records and documentation takes place
- 5.6.11 Ensure that students and interim members use and disclosure of any health information is within the context of the *Health Information Act*
- 5.6.12 Ensure that students and intern members are trained in, and implement, routine public health procedures such as hand hygiene and cleaning of equipment and environment.

Supervisors who are found to be in non-compliance with the above described responsibilities are in violation of the CHAPA Regulations. As such, all procedures and disciplinary measures as available under the provisions of the *Health Professions Act* are applicable. Non-compliance may result in the formal filing of a complaint and subsequent investigation of that complaint, possibly leading to a hearing and disciplinary action.

STANDARD 6.0: Health Records

Hearing Aid Practitioners are responsible for ensuring the security, privacy and confidentiality of client records as per the Standards and applicable legislation.

Under the *Health Information Act* “record” means “a record of health information in any form, and includes notes, images, audiovisual recordings, x-rays, books, documents, maps, drawings, photographs, letters, vouchers and papers and any other information that is written, photographed, recorded or stored in any manner, but does not include software or any mechanism that produces records.”

Practitioners must be certain that all Electronic Medical Records (EMR) systems are compliant with the requirements for the protection, privacy, and security of the electronic records as set out in the Alberta Electronic Health Record Regulation (to the *Health Information Act*).

6.1 Record Keeping Requirements

Hearing Aid Practitioners are responsible for ensuring that their client record practices meet both the standards of the profession and legislative requirements.

Indicators:

A Hearing Aid Practitioner shall:

- 6.1.1 Ensure that all client records are dated, accurate, legible and comprehensive
- 6.1.2 Include client’s name, address, phone number, birth date, gender, and personal healthcare number (PHN)
- 6.1.3 Verify the identification of each client
- 6.1.4 Document accurately the facts of the client’s personal health history
- 6.1.5 Document the results of any assessments and tests
- 6.1.6 Record dates, subjective information, objective information, assessment notes, services rendered and/or proposed
- 6.1.7 Document any follow-up activities, inquiries and recommendations.

6.2 Custodianship of Health Records

Hearing Aid Practitioners are responsible for the care and control of the health records in their practices as required by the Health Information Act of Alberta.

Indicators:

A Hearing Aid Practitioner shall:

- 6.2.1 Maintain safeguards to protect confidentiality and to protect against reasonably anticipated threats or hazards to the security, integrity, loss or unauthorized use, disclosure, modification or unauthorized access to health information
- 6.2.2 Maintain a process for confirming client identification when accessing the client's records, for example, photo ID, PHN
- 6.2.3 Provide reasonable and sufficient notice to those clients affected by a change in the location of the client's practitioner or of the client's health record
- 6.2.4 Inform active clients as to when the practitioner is leaving the current practice, where the practitioner can be contacted, and how access to the health record will be available to the client.

6.3 Health Record Retention

Hearing Aid Practitioners are responsible for the availability, retention and disposition of client health records as per legislative requirements.

Indicators:

A Hearing Aid Practitioner shall:

- 6.3.1 Ensure that access to client health records is available to clients (current and former) and other appropriate parties
- 6.3.2 Keep records for a minimum of 10 years from the date of last entry or, if the client was less than 18-years-old at the time of the last entry, 10 years from the date the client became 18 (until the client turns 28)
- 6.3.3 Ensure that any records stored off-site are in a safe and secure facility where access is only available to authorized personnel
- 6.3.4 Ensure that any records stored off-site are inventoried with the name of the client, date of last visit and the date the record was sent to storage
- 6.3.5 Destroy client health records by secure and confidential means such as shredding
- 6.3.6 Transfer client records to the care and control of another regulated practitioner in the event of a transfer, sale or closure of his / her practice (*HIA, Section 35 (q)*) unless the client expressly objects to such transfer (*HIA, Section 58 (2)*).

6.4 Electronic Health Records

Hearing Aid Practitioners who use electronic records software must ensure that their systems have safeguards to protect the confidentiality and security of their clients' information.

Indicators:

A Hearing Aid Practitioner shall:

- 6.4.1 Ensure that an electronic client record meets all the requirements describe in 6.1 above
- 6.4.2 Ensure that only authorized persons can access identifiable health information on electronic devices
- 6.4.3 Ensure each authorized user is uniquely identified
- 6.4.4 Ensure that each authorized user has a documented access level based on that individual's role and responsibilities
- 6.4.5 Ensure that appropriate password controls and data encryption are used
- 6.4.6 See that audit logging is always enabled and meets the requirements of Section 6 of the Alberta Electronic Health Record Regulation
- 6.4.7 Ensure that authorized users can be authenticated where electronic signatures are permitted
- 6.4.8 Transmit and remotely access identifiable health information as securely as possible
- 6.4.9 Ensure that data is regularly backed up in a safe and accessible location
- 6.4.10 Implement and regularly test data recovery protocols
- 6.4.11 Be able to access client information in the event that the data is not available electronically
- 6.4.12 Ensure that all identifiable health information is removed and cannot be reconstructed when disposing of computer hardware or devices used to store client records.

STANDARD 7.0: Safety

Hearing Aid Practitioners are responsible for providing a safe environment for clients and staff – one that reduces and manages risks associated with hazards, pathogens and disasters.

7.1 Safe Work Practices

A Hearing Aid Practitioner will provide a safe work environment for clients and staff.

Indicators:

A Hearing Aid Practitioner shall:

- 7.1.1 Identify and remove any hazards / risks that may affect clients or staff in the work environment
- 7.1.2 Implement and monitor procedures to reduce risks related to handling and use of hazardous materials
- 7.1.3 Practice proper hygiene and appropriate infection control measures
- 7.1.4 Practice client aural hygiene
- 7.1.5 Employ environmental hygiene and provide a clean work area for each client
- 7.1.6 Prevent cross-contamination from client to client, ear to ear, or to practitioner and staff in a clinical environment
- 7.1.7 Use safety apparel and personal barriers where there is a risk of contamination
- 7.1.8 Implement precautions against risk of exposure to pathogens during such activities such as removing hearing aids from infected ears and cerumen management
- 7.1.9 Take appropriate precautions to prevent infection sources such as herpes zoster, sores / lesions, draining ears and other communicable diseases
- 7.1.10 Provide infection prevention and control training for staff and monitor implementation of IPC procedures and activities
- 7.1.11 Conduct ongoing assessments of current risks of infection and transmission to clients, staff, colleagues and other health professionals, and take appropriate remedial action in a timely manner consistent with professional requirements and the applicable law
- 7.1.12 Consider immunization for self and staff for common and/or preventable illnesses
- 7.1.13 Screen for symptoms of infectious diseases and segregate those clients from others
- 7.1.14 Report reportable communicable diseases to the local public health unit.

7.2 Emergency Preparedness

A Hearing Aid Practitioner will have a plan and tested procedures in place to protect the safety of clients and staff in the event of an emergency or disaster.

Indicators:

A Hearing Aid Practitioner shall:

- 7.2.1 Be familiar with, and follow occupational health and safety guidelines with regard to fire hazards including using emergency safety equipment and evacuation procedures
- 7.2.2 Follow occupational health and safety guidelines with regard to client and staff emergencies such as use of first aid kit and procedures and obtaining medical help
- 7.2.3 Have plans and procedures in place to deal with threats and events such as bomb reports, violent / abusive individuals and terrorist attacks
- 7.2.4 Have plans and procedures in place to deal with weather-related events such as flooding, earthquakes, tornadoes and hurricanes.

STANDARD 8.0: Sexual Abuse, Sexual Misconduct and Sexual Relationships with Clients

A regulated member shall not engage in sexual abuse or sexual misconduct.

*A sexual relationship between a client or former client and a regulated member shall not occur, except in accordance with this Standard.**

8.1 Definitions

- (a) “client” is synonymous with “patient” and means an individual who receives a Hearing Aid Service from a regulated member;
- (b) “Hearing Aid Service” means one or more of the practices set out in Schedule 9, s. 3 of the *Health Professions Act* RSA 2000 c. H-7 as amended; **
- (c) “sexual abuse” means the definition of sexual abuse set out in s. 1(nn.1) of the *Health Professions Act*:

“sexual abuse” means the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct:

- (i) sexual intercourse between a regulated member and a patient of that regulated member;
 - (ii) genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated member and a patient of that regulated member;
 - (iii) masturbation of a regulated member by, or in the presence of, a patient of that regulated member;
 - (iv) masturbation of a regulated member’s patient by that regulated member;
 - (v) encouraging a regulated member’s patient to masturbate in the presence of that regulated member;
 - (vi) touching of a sexual nature of a patient’s genitals, anus, breasts or buttocks by a regulated member;
- (d) “sexual misconduct” means the definition of sexual misconduct set out in s. 1(nn.2) of the *Health Professions Act*:

“sexual misconduct” means any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient’s health and well-being, but does not include sexual abuse;

(e) “sexual nature” means the definition of sexual nature set out in s. 1(nn.3) of the *Health Professions Act*:

“Sexual nature” does not include any conduct, behaviour or remarks that are appropriate to the service provided.

8.2 Sexual Abuse and Sexual Misconduct

A regulated member shall not engage in sexual abuse or sexual misconduct.

8.3 Sexual Relationship between a Client and a Regulated Member

Subject to 8.5, a sexual relationship between a client and a regulated member shall not occur.

8.4 Sexual Relationship between a former Client and a Regulated Member

Subject to 8.5, a sexual relationship between a former client and a regulated member shall not occur until after one year has passed from the last date a Hearing Aid Service was provided to the former client by the regulated member.

8.5 Episodic Care

A regulated member may provide treatment to a patient with whom the regulated member has a pre-existing sexual relationship if all the following are satisfied:

- (a) There is, at the time the Hearing Aid Service is provided, an ongoing, pre-existing sexual relationship between the two, including but not limited to, a spouse or adult interdependent partner (as defined in section 3(1) of the *Adult Interdependent Relationships Act* SA 2002, c. A-4.5);
- (b) The Hearing Aid Service has been provided in urgent circumstances, or in circumstances where the Hearing Aid Service is minor in nature; and
- (c) The regulated member has then transferred the client to another regulated member, unless there is no reasonable opportunity to transfer the client to another member.

8.6 Sexual Relationship between a former Client and former Regulated Member

Regulated members may be subject to disciplinary proceedings under the *Health Professions Act* RSA 2000 c. H-7 as amended up to 2 years after becoming former regulated members.

The College shall not regulate this relationship beyond 2 years from the date a regulated member becomes a former regulated member.

**HPA s. 133.1 Specific standards of practice*

133.1(1) A council must develop and propose standards of practice

- (a) setting out who is considered to be a patient for the purposes of the college's regulated members,
- (b) respecting when a sexual relationship may occur between a regulated member or former member and a patient, and
- (c) respecting when a person who is a spouse of or in an adult interdependent relationship with a regulated member may also be a patient.

(2) Factors that must be considered by a council under subsection (1)(b) and (c) include

- (a) whether there is or was a power imbalance between the regulated member and the patient, and if any existed, whether there is minimal risk of a continuing power imbalance between the regulated member and the patient,
- (b) the nature and extent of the professional relationship between the regulated member and the patient, and if relevant, whether sufficient time has passed since the last time professional services were provided to the patient by the regulated member,
- (c) whether the regulated member knew or ought to have known that the patient is or was the regulated member's patient at the time the sexual relationship was established,
- (d) whether the regulated member has provided the patient with psychotherapeutic treatment, and
- (e) whether the patient is in need of urgent care.

***HPA Schedule 9 s.3:*

Practice

3 In their practice, hearing aid practitioners do one or more of the following:

- (a) examine and evaluate human hearing as it relates to hearing acuity, sensitivity and communication,
- (b) select and fit the appropriate hearing instruments,
- (c) provide restricted activities authorized by the regulations, and
- (d) teach, manage and conduct research in matters referred to in this section.