

Purpose

The *Health Professions Act* (HPA) section 133.1 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 of Alberta.

The CHAPA Standards of Practice are a minimum standard of professional behavior and conduct required of all regulated members 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 practice. Each regulated member, in their 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 regulated member 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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Definitions:

In these Standards of Practice, CHAPA uses the following definitions within the context described.

“Act” the *Health Professions Act* of the Province of Alberta, or its successor legislation.

“Advanced authorization” refers to a Registered Hearing Aid Practitioner or Hearing Aid Practitioner meeting criteria set by council and applying to the registrar to be granted approval to provide additional scope of practice activities. This authorization will be endorsed on the practice permit.

“By-laws” the By-laws of the College.

“Client” is synonymous with “patient” and means an individual who receives a Hearing Aid Service from a regulated member inclusive of the person receiving care, or where appropriate, the substitute decision maker or guardian.

“Code of Ethics” the professional Code of Ethics adopted by the College for its members.

“College” the College of Hearing Aid Practitioners of Alberta (CHAPA).

“Conditional Practice Permit Holder” an individual having restrictions or endorsements on their practice permit that may include but are not limited to direct supervision, indirect supervision, or advanced authorization privileges to complete scope of practice activities.

“Council” the Council of the College.

“Councillor” any person elected or appointed to the Council.

“Direct Supervision” the condition on a practice permit that requires an approved supervisor be with and observe the member for all scope of practice activities.

“Female Genital Mutilation (FGM)” Health Professions (Protecting Women and Girls Amendment) Act 1(1) (m.1): the excision, infibulation, or mutilation, in whole or in part, of the labia majora, labia minora, clitoral hood or clitoris of a person, except where valid consent is given, and

- (i) a surgical or other procedure is performed by a regulated member under this Act for the benefit of the physical health of the person or for the purpose of that person having normal reproductive functions or normal sexual appearance or function, or
- (ii) the person is at least 18 years of age and there is no resulting bodily harm

“Governance Documents” including but not limited to the HPA Regulations, Standards of Practice, Bylaws, Code of Ethics, and the Policy manual.

“Hearing Aid Practitioner (HAP)” is a regulated member on the temporary or general register who has completed an approved program of study and passed their competency exam. This member may or may not have a supervision condition on their practice permit.

“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

“Hearing Aid Student Intern (HASI)” is a regulated member on the student intern register who has completed an approved program of study, this member will have a supervision condition on their practice permit.

“Indirect Supervision” refers to the condition on a practice permit that requires an approved supervisor be available for consultation for the member for all scope of practice activities.

“Practice Permit” an annual permit, supplied by the Registrar upon acceptance or renewal as defined under the *Act*, for practice as a Regulated Member. May have conditions or endorsements on the practice permit.

“Regulated Member” a person who is a registered member of the College as a Registered Hearing Aid Practitioner (RHAP), a Hearing Aid Practitioner (HAP), or a Hearing Aid Student Intern (HASI).

“Registered Hearing Aid Practitioner (RHAP)” is a regulated member on the general register who has completed an approved program of study, passed their competency exam, and passed the certification exam. This member may or may not have a supervision condition on their practice permit.

“Registrar” appointed by the Council, responsible for processing new applicants and membership renewals.

“Regulations” the *Hearing Aid Practitioners Profession Regulation* as defined under the *Health Professions Act*.

“Restricted Activities” defined by the *Health Professions Restricted Activity Regulation*.

“Sexual Abuse” means the definition of sexual abuse set out in s. 1(nn.1) of the *Health Professions Act*: 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

“Sexual Misconduct” means the definition of sexual misconduct set out in s. 1(nn.2) of the *Health Professions Act*: Any incident or repeated incidents of objectionable or unwelcome conduct, behavior, 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

“Sexual Nature” means the definition of sexual nature set out in s. 1(nn.3) of the *Health Professions Act*: Does not include any conduct, behavior or remarks that are appropriate to the service provided.

“Standards of Practice” the professional Standards of Practice adopted by the College for its members.

STANDARD 1.0: Accountability and Responsibility

Regulated members (RHAP, HAP or HASI) 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

Regulated members will have the prerequisite knowledge and skills to provide safe and effective hearing aid devices and associated services to clients.

Indicators:

A Regulated member (RHAP, HAP or HASI) must:

- 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 ear
- 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 Regulations, Standards of practice, Bylaws, Policies and Code of Ethics governing the profession.

1.2 Accountability

The Regulated member will accept accountability and responsibility for their practice decisions, actions, and professional conduct.

Indicators:

A Regulated member (RHAP, HAP or HASI) must:

- 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, interprofessional practice, and the practice of key Partners
- 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 and 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
- 1.2.12 Refrain from using any official position on Council or committees for self-aggrandizement for personal and/or professional benefit to the detriment of CHAPA or its other members
- 1.2.13 Disclose to the supervisor and/or 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

Regulated members are responsible for maintaining their own physical, psychological, and emotional fitness to practice.

Incapacity refers to a situation in which a regulated member 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 Regulated member (*RHAP, HAP or HASI*) must:

- 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 regulated member'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 professional judgment and skill, that causes a deterioration of the quality of service, or that allows 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 their medications and treatments
- 1.3.6 Ensure that any cognitive or physical impairment they 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, their ability to practice safely and competently
- 1.3.9 Urge and encourage impaired or incapacitated colleagues to 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.

Where a concern is identified, CHAPA has the authority to revoke or place conditions on a member's practice permit until a fitness to practice review is completed.

STANDARD 2.0: Advertising and Marketing

Regulated members 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

Regulated members, 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 Regulated member (*RHAP, HAP or HASI*) must:

- 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 maintains 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 generate 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 governance documents including but not limited to the HPA Regulations, Standards of Practice, Bylaws, Policy manual, 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 they are unsure whether the proposed advertising complies with these standards.

2.2 Use of Titles

Only regulated members, who have completed all necessary requirements, may use the following designator titles, abbreviations, or initials.

- 2.2.1 Use the title of *Registered Hearing Aid Practitioner (RHAP)* if they are a regulated member on the general register. This member has completed an approved program of study, passed the CHAPA competency exams, and has passed the certification exam. This member may have a supervision condition on their practice permit.
- 2.2.2 Use the title of *Hearing Aid Practitioner (HAP)* if they are a regulated member on the general or temporary register. This member has completed an approved program of study and has passed the CHAPA competency exams. This member may have a supervision condition on their practice permit.
- 2.2.3 Use the title of *Hearing Aid Student Intern (HASI)* if they are a regulated member on the student intern register. This member has completed an approved program of study. This member will have a supervision condition on their practice permit.

STANDARD 3.0: Financial Accountability

Regulated members 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 governance documents.

3.1 Fees and Compensation

Regulated members will charge fair and reasonable fees for their services and products and offer clients flexible and appropriate payment options.

Indicators:

A Regulated member (*RHAP, HAP or HASI*) must:

- 3.1.1 Have a fee schedule that is up-to-date, clear, and readily available to current, 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
- 3.1.4 Use their 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 through a financial agreement for service
- 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

Regulated members will engage in billing practices that are ethical, legal, and fair to their clients.

Indicators:

A Regulated member (*RHAP, HAP or HASI*) must:

- 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 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

Regulated members are responsible for effective communication and provision of accurate and complete information in support of their professional practice.

4.1 Professional Communication

Regulated members will use their communication skills and techniques to facilitate the provision of quality care and client service.

Indicators:

A Regulated member (*RHAP, HAP or HASI*) must:

- 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 their 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 governance documents.
 - 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

Regulated members 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 Regulated member (*RHAP, HAP or HASI*) must:

- 4.2.1 Disclose to each client the diagnosis and proposed 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 a signed client consent form prior to performing any examination, testing procedure or fitting of a hearing aid device
- 4.2.7 Obtain a signed client consent form when receiving care from a conditional permit holder
- 4.2.8 Ensure that the consent form is kept with the client's records
- 4.2.9 Update or obtain a new consent form if there are any significant changes to the client's proposed testing procedures, interventions, or treatments.

4.3 Treatment Recommendations

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

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

Indicators:

A Regulated member (*RHAP, HAP or HASI*) must:

- 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, 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
- 4.3.4 Present all options when there is more than one option for treatment available, the pros and cons of each option should be explained to the client in an objective and understandable manner

4.4 Disclosure of Harm

Regulated members 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 Regulated member (*RHAP, HAP or HASI*) must:

- 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, considering 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

Regulated members 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 Regulated member (*RHAP, HAP or HASI*) 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 Regulated member will apply professional knowledge and skills to provide safe and effective services to clients.

Indicators:

A Regulated member (*RHAP, HAP or HASI*) must:

- 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 governance documents
- 5.2.10 Select appropriate features in hearing aids that can be tailored to benefit each client
- 5.2.11 Select appropriate features in 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 and/or 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 Regulated member will provide hearing healthcare services and products that are always in the best interests of their clients.

Indicators:

A Regulated member (*RHAP, HAP or HASI*) must:

- 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 their area of competence or comfort
- 5.3.12 Refrain from providing clinical services solely by virtual care, except in extenuating circumstances that must 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 places 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 clients
- 5.3.19 Take appropriate action to ensure a client's safety and quality of care when unethical or incompetent care is suspected
- 5.3.20 Provide reasonable notice of withdrawal of services to clients, ensuring all contractual agreements are satisfied.

5.4 Restricted Activities

Regulated members may perform certain restricted activities for the purposes of examining and evaluating human hearing, selecting, and fitting hearing instruments and cerumen management services.

Indicators:

A Regulated member (*RHAP, HAP or HASI*) is authorized to

- 5.4.1 Insert or remove instruments, devices, fingers, 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 they are an RHAP or HAP and are authorized to do so by the registrar or registration committee and endorsed on their practice permit*
- 5.4.4 Perform restricted activities while adhering to the conditions on their practice permit.

5.5 Supervision of Members

Regulated members are responsible for the quality and safety of care and services provided by conditional practice permit holders under their supervision.

Indicators:

A Regulated member (*RHAP or HAP-with no conditions*) supervising a conditional practice permit holder must:

- 5.5.1 Have a valid practice permit in good standing and have been approved by the Registrar to provide direct or indirect supervision

- 5.5.2 Be registered as a regulated member of CHAPA for a minimum of two years and have no conditions on their practice permit
- 5.5.3 Provide direct supervision during restricted and non-restricted activities for a conditional practice permit holder, or
- 5.5.4 Provide indirect supervision for restricted or non-restricted activities and be available for consultation and assistance for a conditional practice permit holder
- 5.5.5 Evaluate the abilities of the conditional practice permit holder and determine competence and additional training required to optimize client safety and outcomes
- 5.5.6 Accept full responsibility for the conditional practice permit holder's activities
- 5.5.7 Assess and approve each hearing assessment and recommendation prior to the client leaving the clinic
- 5.5.8 Approve the acoustic setup of hearing aids prior to fitting of hearing aids
- 5.5.9 Use discretion in approving acoustic adjustments of hearing aids
- 5.5.10 Ensure that for any services provided by a conditional practice permit holder, appropriate records and documentation are completed
- 5.5.11 Ensure that conditional practice permit holder 's use and disclosure of any health information is within the context of The Alberta Electronic Health Care Record Regulation
- 5.5.12 Ensure that conditional practice permit holders are trained in and implement proper infection control measures such as hand hygiene and cleaning of equipment and environment
- 5.5.13 Address any practice or safety concerns directly with the conditional practice permit holder in a timely manner
- 5.5.14 Ensure an informed consent form is signed for services or care provided by a conditional practice permit holder.

Supervisors who are found to be in non-compliance with the above-described responsibilities are in violation of the CHAPA Standards of Practice. As such, all procedures, and disciplinary measures 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

Regulated members are responsible for ensuring the security, privacy, and confidentiality of client records.

Health information in any form, 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.

Regulated members 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.

6.1 Record Keeping Requirements

Regulated members are responsible for ensuring that their client record practices meet both the standards of the profession and legislative requirements.

Indicators:

A Regulated member (*RHAP, HAP or HASI*) must:

- 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, and gender. The personal healthcare number may be obtained when required for billing purposes
- 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 and recommendations.

6.2 Custodianship of Health Records

Regulated members are responsible for the care and control of the health records in their practices.

Indicators:

A Regulated member (*RHAP, HAP or HASI*) must:

- 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. i.e., photo ID or Personal healthcare number

- 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 regulated member 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

Regulated members are responsible for the availability, retention, and disposition of client health records as per legislative requirements.

Indicators:

A Regulated member (*RHAP, HAP or HASI*) must:

- 6.3.1 Ensure that access to client health records is available to clients (current and former) and other appropriate parties such as Alberta Aids to Daily Living, Veterans Affairs Canada, or Workers Compensation Board
- 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 member in the event of a transfer, sale, or closure of their practice.

6.4 Electronic Health Records

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

Indicators:

A Regulated member (*RHAP, HAP or HASI*) must:

- 6.4.1 Ensure that an electronic client record meets all the requirements described 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 Ensure that audit logging is always enabled and meets the requirements 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 securely
- 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

Regulated members 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 Regulated member will provide a safe work environment for clients and staff and apply appropriate infection prevention and control practices when providing care in accordance with applicable standards, best practices, and organizational requirements. This includes following applicable standards for the use of single use materials and for the cleaning, disinfection, and sterilization of reusable medical tools.

Indicators:

A Regulated member (*RHAP, HAP or HASI*) must:

- 7.1.1 Identify and remove any hazards or 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 hand and general 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 control training for staff and monitor implementation of 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
- 7.1.15 Implement the Reusable and Single-use Medical Devices Standards (RSUMD) for single use materials for cleaning disinfection and sterilization of reusable medical tools.

7.2 Emergency Preparedness

A Regulated member 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 Regulated member (*RHAP, HAP or HASI*) must:

- 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, abusive individuals, or 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 or former regulated member must not engage in a sexual relationship with a client or former client except in accordance with Standard 8.

8.1 Regulated members and Sexual Abuse and/or Sexual Misconduct

“Sexual Abuse” means the definition of sexual abuse set out in s. 1(nn.1) of the *Health Professions Act*: 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

“Sexual Misconduct” means the definition of sexual misconduct set out in s. 1(nn.2) of the *Health Professions Act*: Any incident or repeated incidents of objectionable or unwelcome conduct, behavior, 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

“Sexual Nature” means the definition of sexual nature set out in s. 1(nn.3) of the *Health Professions Act*: Does not include any conduct, behavior or remarks that are appropriate to the service provided.

Indicators:

A Regulated member (*RHAP, HAP or HASI*):

- 8.1.1 Must not engage in sexual abuse or sexual misconduct
- 8.1.2 Must not engage in a sexual relationship with a client, Subject to 8.1.4
- 8.1.3 Must not engage in a sexual relationship with a former client until after one year has passed from the last date a Hearing Aid Service was provided to the former client, Subject to 8.1.4
- 8.1.4 May provide treatment to a patient with whom the regulated member has a pre-existing sexual relationship if all the following are satisfied:
 - 8.1.4.1 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*)
 - 8.1.4.2. The Hearing Aid Service has been provided in urgent circumstances, or in circumstances where the Hearing Aid Service is minor in nature
 - 8.1.4.3. 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.

8.2 Former regulated members and Sexual Abuse and/or Sexual Misconduct

A former regulated member must not engage in a sexual relationship with a former Client.

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

8.3 Duty to Report

Regulated members must report occurrences where another regulated health professional of any College has engaged in Sexual Abuse or Sexual Misconduct. Reports are made directly to the related College.

STANDARD 9.0: Prohibited Activities

A regulated member will not provide services that contravene the Criminal Code of Canada such as but not limited to the procurement or performance of Female Genital Mutilation (FGM).

9.1 Duty to Report

Regulated members must report occurrences where another regulated health professional of any College has performed or procured Female Genital Mutilation. Reports are made directly to law enforcement.

9.2 Conduct

A person who has been convicted of a criminal offence related to the procurement or performance of FGM is not eligible for registration as a regulated member under this act.

STANDARD 10.0: Continuing Competence Program

10.1 Program Description

The Continuing Competence Program (CCP) is a program established for regulated members to maintain competence and to enhance the provision of professional services, whereby the regulated member will complete self-directed professional development activities; and participate in competence assessments such as journal entries, audits, practice visits, interviews, examinations, or other methods of evaluation the competence committee deems appropriate. This standard outlines the components of the program and what the regulated member must do to comply with the program. A comprehensive description of the CCP is established in the CCP manual. The manual consolidates the relevant details necessary for regulated members and the public to understand the Continuing Competence Program, how it is administered by CHAPA, and what is required of regulated members to fully participate in the program.

10.2 Participation

Participation in the Continuing Competence Program is required of regulated members on the general, temporary or student intern registers. Failure to participate in the program or audit process or deficiencies observed in the submissions or through the audit process of the program could result in late fees, suspension of practice permit and/or notice to employer of invalid practice permit. A conduct review may be formally initiated through the complaints process.

10.3 Activities

Various methods of learning are acceptable to improve a registrant's skills. Attending seminars, webinars, or reading educational articles (providing supporting information such as presenter or Author). Participants will complete journal entries of their focus topics within multiple competencies of the scope of practice on an annual basis. These journal entries are submitted on the direction of the Registrar and the CCP committee

for review and approval by the committee. The member must retain journal entries for no less than 5 years. The CCP manual will reference the minimum standard for journal entries and the Audit processes.

10.4 Audit Process

Each year a minimum of 10% of the membership will be selected to participate in the CCP Audit. The members selected, will receive notice from the CCP Chair requesting documentation to validate the Journal entries and/or participate in a practice visit audit. Practice visits may include supervision audits, chart audits, interviews, procedural demonstrations, or other competence-based assessments as deemed necessary.

If the supporting documentation is unsatisfactory, the CCP chair will advise the member and request corrections be re-submitted within 30 days. Failure to comply will result in the consequences listed in 10.2.

When the results of a practice visit are unsatisfactory, the competence committee may direct a regulated member to undertake one or more of the following:

- 10.4.1 Completion of specific continuing competence requirements or professional development activities within a specified time
- 10.4.2 Completion of any examinations, testing, assessment, training, education, or counselling
- 10.4.3 Practice under the supervision of another regulated member in accordance with standard 5.5 for a specified period of time
- 10.4.4 limit their practice to specified procedures or practice settings
- 10.4.5 Report to the committee on specified matters on specified dates
- 10.4.6 Be prohibited from supervising
- 10.4.7 Correct any problems identified during the practice visit
- 10.4.8 Supplementary training.

Repeated deficiencies observed in the audit process may result in the consequences listed in 10.2 and 10.4.