

*The Health Professions
Council of South Africa*



**PROFESSIONAL BOARD FOR SPEECH, LANGUAGE
AND HEARING PROFESSIONS**

**STANDARDS OF PRACTICE IN
AUDIOLOGY**

December 2002

The following are considered to be standard requirements for the practice of audiology with the respect to:

- Diagnostic assessment of the peripheral and central auditory systems of individuals of all ages;
- Diagnostic assessment of the peripheral and central auditory systems for the purpose of fitting assistive listening device technology.

SERVICE ENVIRONMENT AND SERVICE SUPPORT

Audiometric test environment should meet the criteria for permissible ambient noise during audiometric testing for uncovered ears (bone conduction and sound field testing). These are the octave or one-third octave band measurements for frequencies from 125Hz through 8000Hz as described in the ANSI, ISO and SABS standards. These measurements should be conducted by a certified professional when audiometric suites are installed, and repeated each time premises are altered to provide a sound proof environment. The standards certificate should be on record on the premises.

Test equipment should be calibrated annually or every six-months depending on the recommendations of the manufacturer. This calibration should be conducted by a certified professional and the calibration certificate should be on record on the premises.

Calibration includes pure-tone audiometers (frequency, linearity, distortion, and rise and fall times of the signal), earphones, bone vibrators, speech audiometers, volume unit meters (VU), loudspeakers, impedance meters (probe tone, air pressure and reflex activating system to either the manufacturers specification or ANSI S3.39-1987 standard), ancillary equipment such as masking generators, tape recorders, and automatic audiometers.

For auditory evoked potential systems that do not have calibration procedures, a normal hearing level "nHL" is recommended for each unit. This should be checked on a regular basis.

Calibration certificates should be on record on the premises.

Daily listening checks should be conducted by the user.

Premises should be clearly identified and should conform to the policy as set out in the HPCSA Guidelines.

Reception, office and treatment areas:

There should be a suitable waiting area that is sufficiently large to accommodate comfortable chairs for the number of people that are likely to be waiting at any one time. The waiting area should be more than a corridor. An office area is needed where case records can be stored and general administrative duties can be carried out.

The treatment room should be large enough to accommodate the hearing health care professional, the client, at least one family member and able accommodate clients in wheelchairs. The recommended size is 4 by 4.5 metres.

The room should be quiet with sufficiently low background noise so that communication can take place easily. A wash hand basin either in the room or in the close vicinity is essential.

Test suite/rooms

A double room suite (or room within a room) is required for audiometric testing. This should be either sound-proof or sound treated and should meet the standards as set out above. If sound field testing is to be conducted, the room should be large enough to seat the client 1metre from the speaker. If children are to be tested, the room should be large enough to allow either the care-giver or assistant to accompany the child. The room should have both a talk back and a talk forward system and the client should be clearly visible at all times.

In the event that taped or CD materials are routinely used for speech audiometry the tester may be located in a room with low background noise so that talk forward communication takes place with minimum interference.

Secretarial support

There should be a reliable method of taking messages: this may be a receptionist, secretary, assistant or answer-phone. Reports and letters should be sent out within one week of completion.

AUDIOLOGIC PROCEDURES

Paediatric audiologic assessments should be conducted with ER3A insert earphones, or head phones whichever is most appropriate to the child's age; visual reinforcement from suitable display cabinets should be utilised. The room should be large enough to permit the presence of a care-giver or an assistant.

A broad test battery approach should be adopted and clinicians should be skilled in a wide variety of testing paradigms. The hearing testing of young children is enhanced when an assistant to the tester is utilized

Hearing aid selection and fittings should include prior checking in a hearing aid test box. A probe microphone measuring system is recommended as a standard of practice for those instruments that are suited to this procedure. Functional gain measurements are not recommended as the standard practice. Up to date materials for programmable hearing aids, and facilities to assess digital circuits, should be available. Hearing health care professionals who dispense hearing aids should have a basic ear mould laboratory to enable minor adjustments and repairs on site.

Test materials should include a range of formal and informal tests but must include standardized tests for all tests that require speech materials. Low linguistic load test materials are recommended for the assessment of central auditory functioning (refer to the recommendations of the CAPD Task Force, 2001). Materials should be age appropriate and non-discriminatory with respect to culture, gender and religious background. Photostat copies of test materials should not be used. Copyright law should be observed. The use of live voice for speech audiometry does not provide accurate test results. Hearing health care professionals should use taped or CD recorded test materials. Reduced word lists do not provide accurate test results.

Infection control measures should be followed with regard to cleanliness and hygiene. Routine precautions are:

- Hands should be washed before and after handling a patient
- Gloves should be worn when an oral peripheral examination is conducted
- Non-disposable equipment such as earphones, insert earphones, tympanometry probe tips, oto-acoustic emission probe tips, ear molds, and toys should be washed in hot soapy water and then soaked or wiped with a suitable sterilizing solution after each usage.
- Disposable items should be directly disposed of in clinical waste bags after use.

Regarding HIV /AIDS: The Department of Health, or institutional, policy should be implemented.

Regarding notifiable diseases: Audiologists, audiometricians, and hearing aid acousticians should be familiar with the relevant regulations regarding these diseases.

Record Keeping

There should be a rigorous system of record keeping. Records that are written by a health professional are primary evidence, i.e. a professional should be able to produce an original document; as such it must be authenticated by the creator of the record by means of a full signature. Records should be accurate, comprehensive, contemporaneous, legible, relevant and signed. (Contemporaneous: made as soon as possible after contact and within the same working day – although a record made within twenty four hours of the event to which it relates would probably be sufficient). Changes to the record should be crossed through with a single line, initialled and dated.

The Professional Board's Guidelines for Record Keeping should be implemented.

Legal and ethical requirements

A client has the right to give or withdraw consent prior to examination or treatment. Consent may be implied or expressed verbally or in writing. Parents are the moral agents for their children and provide the necessary consent, although it is practice today to involve children in the decision making process. (In South Africa persons under the age of 21 years have "minor" status in law).

The client's wishes should be respected. When there is a choice of treatments or technology, the professional should advise the client of his/her recommendations together with reasons for selecting a particular course of action or technology. The professional should provide enough information so that the client is in a position to make an informed choice and to understand the consequences. Clients should be encouraged to seek additional information or visit institutions offering an alternative habilitation method. Clients who wish to obtain a second opinion should not be impeded from so doing.

Confidentiality may be defined as maintaining security of information that is obtained from an individual in the privileged circumstances of a professional relationship. Breach of confidence is therefore unethical, unprofessional, and in some instances unlawful. There will be occasions when a client is referred to an audiologist/ hearing aid acoustician by another health professional, who also owes the client a duty of care. In this instance it is usual to pass relevant information on to the referring agent provided that the client is informed and consents to this. In the case of a child under the age of 14 years, the written consent of the parent or guardian is required.

Health professionals should be familiar with the law and the legal requirements of reporting suspected or known child abuse.

Health professionals should adhere to the Professional Board's rules for ethical conduct, making services known and record keeping. These are available for reference as separate documents and refer to the issues of commissions, fee sharing, perverse incentives, superseding another professional, advertising and canvassing, amongst others.

Certificates of registration with the Health Professions Council of South Africa should be displayed prominently.

Bill of Rights for clients with communication disorders should be displayed prominently.

