

Delegation of the Controlled Act of Prescribing a Hearing Aid for a Hearing Impaired Person

Audiologists must not delegate the controlled act of prescribing a hearing aid for a hearing impaired person to other individuals because delegation of this controlled act may result in serious risk of harm to the client. The risk of harm could arise from modifications that ultimately alter the output performance of the device when these modifications are not performed by authorized health professionals.

Assumptions

1. Registered audiologists and physicians are the only persons authorized to perform the controlled act of prescribing a hearing aid for a hearing impaired person (*Regulated Health Professions Act, 1991 (RHPA)*).
2. CASLPO defines hearing aid prescription as the process of selecting the device, including the verification and validation of the selection. Hearing aid prescription is an inseparable part of the continuum of hearing aid provision, which includes assessment, prescription, dispensing and fitting of the hearing aids. This does not include nonelectroacoustical modifications to the hearing aid, such as physical modifications for user comfort (i.e., buffing and grinding hard edges).
3. Under s28 of the *RHPA*, a regulated health professional may delegate any controlled act that he/she is authorized to perform in accordance with any regulations governing the health professional delegating or accepting the delegation of the controlled act in question. Delegation is a process that transfers authority to perform a controlled act from an authorized regulated health professional to another (or unregulated person). It is a decision that must be made in the best interest of the client and not in the interest, financial or otherwise, of the delegator or the delegatee.
4. Due to the high level of knowledge, training and experience required to perform this controlled act, CASLPO's position is that audiologists should not delegate any aspect of prescribing a hearing aid that may ultimately alter the output performance of the device.

Background

1. The *RHPA* is based on a controlled acts model. The model is rooted in the premise that some health care procedures have a more significant risk of harm than other procedures. The *RHPA* lists thirteen procedures that, if not performed correctly and by a competent person, have a high element of risk. These are known as controlled acts.
2. Prescribing a hearing aid for a hearing impaired person has been listed as a controlled act because of the potential risk of serious harm to patients/ clients. Possible risks resulting in serious physical and/or mental harm include, but are not restricted to
 - a) hearing which is impaired further due to inappropriate and/or excessive amplification, painfully loud sounds.
 - b) under amplification, resulting in no measurable improvement in hearing.

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- c) delayed appropriate treatment for a medically treatable condition. d) negative impact on educational, vocational, emotional and psychological aspects of life.
- 3. Hearing aid prescriptions must be completed according to the Preferred Practice Guidelines for Hearing Aid Prescription (PPG). The process must be documented in the patient/ client's file.
- 4. Prescribing a hearing aid is an ongoing process requiring the joint participation of the client, family/ caregivers and significant others. It requires the authorized professional to have a high level of knowledge, training and experience.