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| Standard of Practice | Communication Health Assistants (Delegation & Assignment) | SOP-PRAC-04 |
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DEFINITIONS

In this standard:

“Assignment” means a process whereby a registrant directs a Communication Health Assistant (CHA) to perform health care service tasks to an individual or group of individuals that have low or negligible risk and do not involve any clinical decision making.

“Aspect of practice” means clinical activities which require some level of clinical judgment, reasoning and decision making. This may include allowable portions of assessment, diagnosis, treatment planning, intervention and evaluation.

“Delegation” means the act of a registrant requiring an unregulated CHA to perform an allowable aspect of speech and hearing health services, to specific clients, in any practice setting subject to the established CSHBC delegation requirements.

“Scope of Practice” means the high-level scope of practice description for each profession outlined in the Speech & Hearing Health Professionals Regulation and supported by the CSHBC Bylaws.

“Supervisor” means the registrant who is responsible for the clinical supervision, oversight, assessment, guidance and evaluation of outcomes related to a CHA. This is not necessarily the CHA’s administrative or operational supervisor.

“Task” means an element of clinical work that is within the registrant’s scope of practice that does not require any clinical judgment and/or reasoning. The task may be complex but must be low or negligible risk with a low probability of occurrence.

NOTE: The word client is used in this document to represent all patients, clients, and residents who may be receiving speech and hearing services.

SCOPE

All registrants of the College of Speech and Hearing Health Professionals of British Columbia (CSHBC) working with Communication Health Assistants (CHAs).

STANDARD

A registrant must never delegate their scope of practice to a CHA. This would constitute unlawful practice on the part of the CHA. In accordance with the *Health Professions Act* and the CSHBC Bylaws, Full registrants may delegate some aspects of speech and hearing services to CHAs. There may be a restricted activity involved in the delegation. The performance of restricted activities requiring Certified Practice (CP) certificates must never be delegated. Other aspects of CP work may be eligible for delegation.

Registrants must not delegate any part of their clinical service that is prohibited by CSHBC, even if requested to do so by someone else.

Registrants may assign some specific tasks to CHAs that are low risk and have a low probability of occurrence and these are specified in Appendix A.

Registrants must ensure that they are not in contravention of any employer policies specific to delegation and must ensure that employer policies do not contravene the CSHBC standards and clinical decision support tools.

The outcomes of clinical care to a client are the responsibility of the registrant including any aspects of services which have been delegated to a CHA. The registrant must document all delegations and the CHAs acceptance of the delegation. It is not necessary to have a delegation agreement for clinical tasks that are assigned to CHAs. Verification of CHA Education, training, and competence must be documented in accordance with the standard *Communication Health Assistants (Education, Training, & Competence)* (SOP-PRAC-05) and the associated clinical practice guideline *Communication Health Assistants (Verifying Education, Training, & Competence)* (CPG-09).

Registrants who engage in delegation are responsible and accountable for both the decision to delegate and the process of delegation. For tasks that are assigned, the registrant must ensure the CHA knows what is required and how to complete the task. A formal delegation decision and documentation of competence and informed client consent are not required for assigned tasks. Appendix A details examples of tasks which may be assigned and lists examples of aspects of practice which may or must not be delegated to CHAs.

Process of Delegation

There are two components to the act of delegating aspects of clinical services:

1. the decision to delegate; and
2. the process of delegation.

NOTE: The process for delegation is outlined in Appendix B.

Decision to Delegate -- Client Factors:

In deciding to delegate any speech & hearing health services, the registrant must consider the client factors including:

- Ascertaining whether the clinical activity being considered for delegation is allowable*;
- Determining if the client is medically stable;
- Determining that the client is willing to consent to CHA involvement in their care;
- Ensuring that the registrant who is doing the delegation has firsthand knowledge of the client's speech and hearing health needs;
- Assessing the level of client risk at none or low with a low probability of occurrence;
- Having mitigation strategies in place, which the CHA is familiar with, when there is a potential client risk;
- Determining that the CHA involvement is of benefit to the client and the client's outcomes

****For assistance in deciding whether a clinical activity can and/or should be delegated, see CHA Decision Tree APPENDIX B.***

Decision to Delegate -- Communication Health Assistant Factors:

The registrant must also consider CHA factors including:

- Assessing the CHAs level of competence for the aspects of practice being delegated;
- Ensuring an adequate level and type of supervision for the aspects of practice being delegated (*Levels of Supervision* (POL-QA-06); *Communication Health Assistants (Education, Training, & Competence)* (SOP-PRAC-05));
- Ensuring that the CHA understands their role and responsibilities in the provision of care;
- Make sure the CHA is willing to accept the delegation and document the accepted delegation.

Delegation Process

Once a registrant has decided to delegate, there are specific steps in the delegation process which must be completed. These include:

- Documenting the client's informed consent if it is not already documented in the client record (see *Client Consent* (SOP-PRAC-06));
- Documenting what is being delegated, to whom and for which client;
- Maintaining a record (separate from client files) of the CHA competencies and assessment of those competencies;
- Evaluating the client outcomes as per the care plan and deciding if the delegation should continue, cease or be modified;
- Discussing with the CHA their responsibilities in accepting the delegation including: the parameters of the delegation, any required documentation by the CHA, expected client outcomes, elements of the supervision available, and what the CHA is expected to do if there are any problems or questions.

Legal Implications of Delegating to CHAs

Registrants must be aware of the legal implications of utilizing CHAs including their:

- responsibility and accountability;
- transparent billing practices that reflects whether a service is provided by a registrant or a CHA;
- liability protection for CHAs where applicable.

Registrants should seek assistance or consultation from CSHBC regarding any aspect of delegation to CHAs. Discussing with the CHA their responsibilities in accepting the delegation including the parameters of the delegation, any required documentation by the CHA, expected client outcomes, elements of the supervision available, and what the CHA is expected to do if there are any problems or questions.

Violations of the CSHBC Standard on Delegation to CHAs

Registrants may be asked about their delegation practices as part of the Quality Assurance & Professional Practice (QAPP) program. If there are unsubstantiated delegations or missing elements related to delegations, the registrant may be asked to remediate the deficiencies and if that is not completed the matter may be referred to the Inquiry Committee.

CSHBC RELATED DOCUMENTS

Client Consent (SOP-PRAC-06)

Communication Health Assistants (Education, Training, & Competence) (SOP-PRAC-05)

Communication Health Assistants (Titles & Credentials) (POL-QA-10)

Communication Health Assistants (Verifying Education, Training, & Competence) (CPG-09)

Documentation & Records Management (CPG-04)

Documentation & Records Management (SOP-PRAC-01)

Professional Accountability & Responsibility (SOP-PROF-05)

Supervision (SOP-PRAC-07)

APPENDIX A: TASKS WHICH MAY & MUST NOT BE ASSIGNED

All registrants may assign tasks to CHA by ensuring that the CHA has appropriate instruction to complete the task(s). These low risk tasks include but are not limited to:

- Assisting a client with the completion of clinical forms (e.g. case history, funding forms);
- Scheduling appointments;
- Maintaining supplies and equipment;
- Preparing therapy materials for use in therapy, home programs, classrooms and other environments under the guidance of the supervisor;
- Opening files/charts for new clients and other related clerical tasks;
- Maintaining supplies and equipment;
- Operating audio-visual equipment.

Aspects of Practice which may be delegated to CHAs:

AUDIOLOGY

Registered Audiologists (RAUDs) may delegate the following, with the appropriate education, training, and verification of competency and with informed client consent:

- Assisting with hearing screening programs for all ages;
- Screening such as otoscopy, immittance, oto-acoustic emissions, pure tone air and bone conduction and basic speech testing;
- Assisting clients in completing case history and other relevant forms;
- Reporting and documenting client information, observations regarding behaviours and ability to perform tasks to the supervising audiologist;
- Assisting the audiologist during testing;
- Assisting with hearing screening programs;
- Assisting the audiologist during assessments. This may include assisting with electrophysiological assessments and vestibular testing;
- Assisting the audiologist with formal and informal documentation;
- Conducting electro-acoustic analysis of hearing aids and FM systems;
- Providing listening checks and troubleshooting hearing aids, FM systems and other assistive listening devices;
- Demonstrating and orienting patients or clients to assistive listening and alerting devices;
- Making earmold impressions;
- Making earmold modifications and shell modifications;
- Educating patients or clients regarding hearing protection devices (e.g., earplugs), prevention of noise-induced hearing loss and proper ear hygiene;
- Safety procedures (including infection prevention and control), maintaining supplies and equipment;
- Maintaining, troubleshooting and performing basic calibration checks of equipment;

- Assisting the audiologist with research projects, in-service training and family or community education;
- Assisting the audiologist in communicating with clients when there are language differences and arranging interpreter or translator services as required;
- Assisting the audiologist in the installation of sound field amplification systems (e.g., classrooms, meeting rooms);
- Attending case conferences with a supervising audiologist;
- Teaching courses within an audiology assistant educational program if the course content is related to professional roles, responsibilities and issues of audiology assistants. The course content must be approved by a RSLP or audiologist involved in the training program;
- Assisting with CHA student training and practicums;
- Reporting or documenting client information, observations and services provided in accordance with the Documentation & Record Management standard and guideline;
- Assisting with infection control and client safety protocols;
- Collecting information as directed by the audiologist;
- Performing technical components of audiologic procedures (e.g., completing audiograms, tympanograms, etc.) without interpretation or communication of results;
- Assisting in the provision of certified practice services, excluding the performance of restricted activities, as prescribed by the registrant and in keeping with *Education, Training, & Competence of Communication Health Assistants* (SOP-PRAC-05).

HEARING INSTRUMENT DISPENSING

Registered Hearing Instrument Practitioners (RHIPs) may delegate the following, with the appropriate education, training and verification of competency and with informed client consent:

- Otoscopy: for the purposes of determining the presence or absence of cerumen; visualization of the tympanic membrane and screening of normal vs. not normal (screening being an identification technique not a differential or diagnostic application);
- Screening tympanometry;
- Screening oto-acoustic emissions (presence or absence);
- Pure tone testing – unmasked for Air Conduction and Bone Conduction;
- Preliminary speech testing (SRT);
- Assist with hearing screening programs;
- Attending case conferences with the registrant;
- Teaching related to CHA education – content approved by a registrant of the training program;
- Assisting with CHA student training and practicums;
- Reporting or documenting client information, observations and services provided in accordance with the Documentation & Record Management standard and guideline;
- Assisting during assessments if required;
- Conducting electro-acoustic analysis of hearing aids and FM systems;
- Cleaning of hearing aids;
- Making earmold modifications and shell modifications;
- Making ear impressions (only if supervising registrant is dually registered as an AUD and HIP);

- Education clients regarding hearing protections and prevention of noise-induced hearing loss and proper ear hygiene;
- Assisting with infection control and client safety protocols;
- Performing calibration checks of equipment;
- Assisting with research, in-service and client/family education as appropriate;
- Assisting with client communication and/or arranging for appropriate interpreter or translator services;
- Assisting in the installation of sound field amplifications systems where appropriate;
- Documenting informed client consent that was received verbally;
- Amplification orientation (e.g., providing patients/clients with information pertaining to amplification use and maintenance);
- Simple hearing aid and hearing aid-related repairs/troubleshooting (e.g., replacing wax guards, tubing, earmold modification, etc.) that do not meaningfully alter the original acoustic properties specified in the prescription;
- Trouble shooting assistive listening devices;
- Demonstrating and orienting patients or clients to assistive listening and alerting devices;
- Providing listening checks and troubleshooting hearing aids, FM systems and other assistive listening devices;
- Troubleshooting issues with, conducting minor repairs for and cleaning hearing aids.

SPEECH-LANGUAGE PATHOLOGY

Registered Speech-Language Pathologists (RSLPs) may delegate the following aspects of practice to Communication Health Assistants who have adequate education, training, supervision, and who have been determined to be competent in the required skills:

- Administering defined screening protocols for speech, language, and swallowing, without interpretation, selected by the supervising RSLP;
- Assisting the RSLP during assessments, including, but not limited to, collecting data, assisting with behaviour management techniques, providing positive reinforcement as directed;
- Assisting the RSLP in providing care to clients with dysphagia (e.g., assisting with feeding of patients; demonstrating and practicing compensatory strategies and/or exercises);
- Performing hearing screenings, without interpretation, under supervision;
- Performing speech, language, and swallowing screenings, without interpretation, under supervision;
- Following and implementing documented treatment plans or protocols developed by the supervising RSLP clients in individual and group activities;
- Providing aspects of treatment to clients as directed by the RSLP. Treatment may include but is not limited to the use of virtual care when the supervising RSLP identifies clients for this service delivery model;
- Documenting client performance during treatment and reporting the information to the supervising RSLP;
- Assisting with documentation in compliance with the *Documentation & Records Management* (SOP-PRAC-01) standard of practice and associated clinical practice guideline (CPG-04);

- Assisting the RSLP in communicating with clients when there are language differences and the CHA is competent in the client's language. The CHA may also arrange for translator or interpreter services as directed;
- Relaying treatment processes (e.g., scheduling, treatment goals and activities, home programming, etc.) to clients with support and approval of the supervising RSLP;
- Assisting with program development under the guidance of the supervising RSLP;
- Assisting the RSLP in providing care to clients with dysphagia (e.g., food preparation);
- Programming and creating augmentative and alternative communication (AAC) resources;
- Participating in family conferences, case conferences or interprofessional team conferences with the supervising SLP present;
- Assisting with infection control and client safety protocols;
- Assist in the provision of certified practice services, excluding the performance of restricted activities, as prescribed by the registrant and in keeping with *Communication Health Assistants (Education, Training, & Competence)* (SOP-PRAC-05);
- Assisting the RSLP with research projects, in-service training and family or community education that has been approved by the supervising RSLP;
- Teaching CHA courses if the course content is related to professional roles, responsibilities and issues of supportive personnel. Course content must be approved by a RSLP involved in the educational program;
- Assisting with CHA student training and practicums;
- Providing assistance with public education events;
- Reporting or documenting client information, observations and services provided in accordance with SOP-PRAC-01 and CPG-04.

Registrants of CSHBC must not delegate their scope of practice as described in the Speech & Hearing Health Professionals Regulation to Communication Health Assistants (CHAs). Registrants must not delegate the following aspects of their practice to CHAs:

- Selecting clients for service – this includes making any conclusions about services a client may need;
- Performing complete assessments or evaluations;
- Making initial contact with clients without registrant direction and approval;
- Performing complete assessments which are the basis for treatment decisions or recommendations;
- Performing any restricted activity for the purpose of a certified practice;
- Performing complete assessments that are the basis for the registrant's treatment decisions or recommendations;
- Developing or modifying of treatment plans;
- Explaining assessment results to clients or their designate;
- Interpreting client performance, assessment results or progress;
- Discussing of client prognosis with clients;
- Analyzing of client data to draw conclusions;
- Monitoring client progress;
- Making referrals for additional services unless directed to do so by the registrant;

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- Writing formal reports or letters;
 - Obtaining informed client consent for clinical services;
 - Disclosing confidential information, orally or in writing, to anyone without appropriate consent, unless required by law;
 - Counselling clients or designate regarding the client's clinical status or services;
 - Making referrals for additional services, except as specifically approved by the supervising registrant;
 - Sending formal reports without the registrant's knowledge and consent;
 - Signing any formal clinical documents in lieu of the registrant.

In addition,

A RAUD must not delegate the following to a CHA:

- Performing masking;
- Performing speech testing;
- Selecting audiologic procedures;
- Making a diagnosis;
- Performing diagnostic procedures or tests

A RHIP must not delegate the following to a CHA:

- Performing masking;
- Performing speech testing.

A RSLP must not delegate the following to a CHA:

- Selecting Speech-Language Pathology procedures;
- Making a diagnosis;
- Performing diagnostic procedures or tests.

APPENDIX B: DELEGATION & ASSIGNMENT DECISION TREE

