

Irish Society of Hearing Aid Audiologists Code of Professional Conduct. 2005

1) Members shall maintain at all times a high standard of ethical conduct in the operation of their practice.

2) Members shall where appropriate make it known to their patients that a hearing aid may not necessarily be of benefit.

3) Members shall advise a patient to seek medical advice if he has not already done so if the patient complains of or shows any of the following: -

- a) Whole or partial obstruction of the external auditory meatus that would not allow proper examination of the eardrum and or the proper and accurate taking of an aural impression.
- b) Abnormal appearance of the eardrum and / or the outer ear.
- c) Discharge other than wax from the ear within the last 90 days.
- d) Rotatory vertigo within the last 90 days.
- e) Persistent earache (being earache which lasts for more than seven days in the last 90 days before the consultation takes place).
- f) Hearing loss of sudden (24 hours), or rapid (up to 90 days) onset.
- g) Sudden (24 hours), rapid (up to 90 days), or recent (within one year) worsening of an existing hearing loss. Where an existing audiogram taken in the last 24 months is available this shall mean a difference of 15 dB or more in air conduction threshold readings at two or more of the following frequencies: 500, 1000, 2000, 4000 Hz.
- h) Fluctuating hearing loss (within the last 90 days) not associated with head colds.
- i) A hearing loss that may be associated with noise exposure where the noise exposure has taken place within five years prior to the examination by the hearing aid audiologist.
- j) A unilateral or asymmetrical hearing loss as indicated by a difference in left / right bone conduction thresholds of 20dB or greater at two or more of the following frequencies 500, 1000, 2000, 4000Hz.
- k) A conductive hearing loss where audiometry shows 25dB or greater air / bone gap at two or more of the following frequencies: 500, 1000, and 2000.
- l) Tinnitus within last 90 days, which is unilateral, pulsatile or distressing.
- m) Conflicting results between air conduction tests and the patient's experience with speech discrimination.

4) Audiometry and Uncomfortable Loudness Level Tests should be carried out in accordance with the current British Society of Audiology recommended procedures and test environments. If it is necessary to test a patient in a domiciliary or other setting this should be recorded on the audiogram. In such instances the hearing aid audiologist should refer to the BSA recommended test environment table 1 and 2 when considering referral criteria.

5) Members shall not carry out a hearing test on any potential client / patient at his or her home with regard to the possible provision of a hearing aid unless requested to do so by the client / patient, or unless such a client / patient has already been in communication with the Member or his employer and having been given reasonable opportunity, has not indicated objection to such a visit. A Member or his employer should only call on the person to undertake a test after receiving a specific request in writing or by arranging an appointment over the telephone. *The patient should be informed of the limitations of audiometry performed in less than ideal conditions, i.e. not in accordance with 4) above, if such is the case.*

6) A Member must have available for use at every consultation at a minimum the following equipment: -

- a) A pure tone audiometer regularly calibrated in accordance with the BSA recommended procedures for pure tone audiometry and which contains the facilities for both air and bone conduction audiometry with masking.
- b) An auriscope and specula together with the facilities for cleaning them.
- c) Suitable aural impression material and associated equipment.
- d) Speech Audiometry measurement facilities.

7) The following protocol is to be used by Members when referring patients to, and receiving instructions from E.N.T. Consultants and General Medical Practitioners.

When Referring patients: a Member should provide the patient with a referral letter which states the patient's name, address, date of birth and the reason for referral elaborating where necessary.

(e.g.: If significant cerumen is present which, although not interfering with the patient's hearing would cause external feedback when he or she wears a hearing aid, this should be stated. Where a completely clear meatus is required for the fitting of a semi-deep completely-in-the-canal hearing aid this should also be made clear.)

The foregoing will ensure that communication lines are continued as the patient goes through the medical or hospital procedures. This will also help avoid situations where medical or other personnel are unaware that a Hearing Aid Audiologist originally referred the patient.

8) Members who practice in a public hospital should make it clear to the patient both orally and in written form (for example a practice brochure) prior to fitting that the hearing aid provision is being made in a private capacity if that is the case. Procedures should be outlined for rehabilitation and service stating the private practice name and address, phone number and contact hours.

9) Continuing Education as laid down by the Council is compulsory from January 2005.

10) If Members mention their name in advertisements they must use the designation M.I.S.H.A.A. or F.I.S.H.A.A. as appropriate. **Members may not use these titles in their advertising without their name. This restriction also applies to companies controlled by Members. (See reference in Articles of Association). It is up to the member to check copy prior to insertion in a publication.**

11) When a complaint is received regarding a member, he or she will be informed of the complaint by registered letter. Such correspondence shall be posted to the member's practice address registered with the Society.

Failure of a Member to reply to a registered letter from the Society within 30 days of being posted shall be regarded as a disciplinary offence.

The Code of Professional Conduct is binding on Members under Article 22(a) of the Articles of Association.