1 Introduction

Most otoscopy and impression taking is undertaken by qualified audiological professionals. Circumstances exist however whereby quality of service provision, especially for children, may be greatly enhanced by careful involvement of other appropriately trained staff. These standards are for those with background knowledge of audiology but who are not specialists themselves, e.g. teachers of the deaf who may be called upon to take impressions for replacement earmoulds. The aim of these standards is to ensure that such people are able to perform these tasks safely, correctly and in accordance with current BSA recommended procedures.

2 Scope

These guidelines apply where there are no contraindications to safe impression taking. Where there is any doubt about whether the procedure should continue, then referral must be made to a suitably qualified audiological professional.

Otoscopy and impression taking should only be undertaken by those whose job description specifically includes it, and whose employer has identified who is liable in the event of any claim for accident or injury etc.

3 Training

The knowledge and skills may be acquired in a short course of at least 7 hours in the classroom (or at least 10 hours if the delegate is to work with babies and children under 5 years old), including practical sessions, plus a similar time spent studying relevant texts. The BSA should approve and moderate the course, and certificates would be awarded to delegates reaching the required standard. It is desirable that each delegate’s knowledge and skills are reviewed at least annually by an experienced audiologist.

3.1 Knowledge & understanding

Delegates need to have knowledge and skills in the following areas:
   a. Communication needs of hearing impaired people
   b. Anatomy and physiology of the outer and middle ear
   c. Hygiene and disinfection
   d. Safe technique for otoscopy
   e. Identification of the structures of the outer ear and eardrum
f. Contraindications to impression taking
g. Impression materials and their characteristics
h. Safe techniques for impression taking with syringe and gun
i. *Understand particular problems and risks when working with young children and babies.

j. Handling and packaging of impressions
k. Types of earmoulds
l. Life of earmoulds and the need for remakes
m. The manufacturing process for earmoulds
n. Equipment cleaning and maintenance
o. Referral criteria and process
p. Third party insurance

3.2 Learning Outcomes

On successful completion of training delegates will be able to:

a. Give clear instructions to patients (including those with hearing loss)
b. *Give clear and appropriate instructions to parents and guardians
c. Examine the outer ear without an otoscope
d. Perform thorough and safe otoscopy on adults and children aged 5 and over.
e. *Perform thorough and safe otoscopy on babies and children under 5
f. Recognise abnormal conditions and refer accordingly

g. Perform correct and safe impression technique with both syringe and gun
h. Arrange for manufacture of the correct earmould
i. Maintain accurate records of tasks undertaken

*Those items marked with an asterix will be only covered if required by delegates who will work with children and if the training extends from 7 hours to at least 10 hours.

3.3 Assessment

Assessment will be through observation, oral, practical and written examination. Course providers will be required to submit their assessment methods and materials for moderation by the BSA Education Committee.

3.4 Courses

Those wishing to offer courses are invited to submit their detailed proposals to the BSA Education Committee for accreditation. Course providers must ensure that delegates have sufficient appropriate experience to undertake this training, especially where it extends to work with babies and children under 5. Only those offering accredited courses will be entitled to award a BSA Certificate in Otoscopy and Impression Taking. Courses will be subject to moderation as determined by the Education Committee and a fee for each course delegate will be payable to the BSA to cover these costs.
4 References
‘Recommended minimum procedure for the cleaning of specula, etc., and associated infection control’ British Society of Audiology 1998. British Journal of Audiology (32) 211

BSA Education Committee
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