CAOHC

# UPDATE

The Newsletter of the
Council for Accreditation in Occupational Hearing Conservation

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# CAOHC and NHCA Combine Forces in Cincinnati

CAOHC held its spring Course Director Workshop and Council Meeting in mid-March at the Terrace Hotel in Cincinnati, Ohio. The CD Workshop was held in conjunction with the National Hearing Conservation Association (NHCA) which was also meeting at the nearby Cincinnati Hyatt. On Tuesday evening, March 21, CAOHC's Council and Staff hosted a Wine-and-Cheese Reception for over 60 CAOHC workshop attendees and NHCA members. The reception was an opportunity for CAOHC Council Members to meet Course Directors and NHCA attendees who came in from all over the country for the CD Workshop.

CAOHC has piggybacked its spring meeting with NHCA for the past two years after Course Directors indicated that the combined meetings would be effective and convenient for most CDs. CAOHC will again combine forces with NHCA in 1996 from February 22 to 24 at the Grand Hyatt on Union Square in San Francisco, California.

CAOHC's Council met for its spring Council Meeting on Monday, March 20. The Council is finalizing plans for the 1995/1996 CD Directory. Current efforts are being made to finalize the directory by updating addresses, locating lost addresses, and determining which CDs have chosen not to remain active with CAOHC. The CD Directory is printed and distributed to CDs free of charge. In addition, this year—due to numerous requests—the Council will make the CD Directory available to OHCs, individuals, corporations, safety consultants, and medical and nursing directors for a charge of $7.50. This cost is not prohibitive and will

*(Continued on page 3, See Council)*

*Council Member Jeff Morrill (Right) at CAOHC's Wine-and-Cheese Reception*

# Kettlewell Becomes Coordinator on CAOHC Staff

Rebecca Kettlewell is not new to CAOHC. She has been working with CAOHC since Maria Connor went on maternity leave in December, 1994.

Kettlewell joins the staff as the new Administrative Services Coordinator, serving as staff contact for Course Directors and Occupational Hearing Conservationists.

She will be handling phone calls from individuals seeking information about their certification as well as processing all certification and recertification applications. Ms. Kettlewell will also be the staff liaison to the Screening Committee, which reviews all applications for new Course Directors.

*(Above) Rebecca Kettlewell*

Ms. Kettlewell has been with Executive Director, Inc. (EDI) for nearly two years in Administrative Services. Previously, she worked for four years with Add Inc. in Waupaca, Wisconsin.

Ms. Connor will continue working for CAOHC on a part-time basis producing the *Update* newsletter as well as other publications. She will also be involved with CAOHC's meeting planning functions and Council committees.

Please call Ms. Kettlewell at (414) 276-5338 with any questions you may have about CAOHC.

# Chairperson's Message

*by Barbara Panhorst, EdD, RN, COHN*

What role does the CAOHC Council perform? From time to time I am asked just what the CAOHC Council does. CAOHC is not a membership organization. The CAOHC mission is to promote the conservation of hearing by enhancing the quality of occupational hearing programs.

The main objective is to provide guidance to industry and those serving industry, regarding techniques and methods leading to effective hearing conservation programs.

The CAOHC Council is instrumental in developing and providing the workshop to train CAOHC Course Directors (CDs). These CDs, in turn, train Occupational Hearing Conservationists (OHCs) by following the Course Outline Leading to Certification as an OHC. The charge to the Council is substantial because the field of occupational hearing conservation is in constant flux. As new issues arise (see Bloodborne Pathogen Standard in this issue, on page 6), they are addressed and communicated.

*Barbara Panhorst, EdD, RN, COHN ~ Chair*

Some have asked why the Council is so "picky" when approving applicants to become Course Directors. The Screening Committee, through the approval process, is making every effort to assure quality control. We are in the process of streamlining this procedure to make certain we have qualified and trained CDs. We rely on the CD to provide quality, CAOHC-sanctioned courses to OHCs.

Another Council responsibility is to review concerns and complaints from OHCs. These issues range from CDs who did not follow the Course Outline or have the appropriate professional disciplines represented to OHC certification that has expired. Each request is addressed individually and appropriate action is taken.

CAOHC certification for OHCs is earned by successfully completing a CAOHC-approved training course and submitting the appropriate documentation to the CAOHC office. Although we do try to send reminder notices to over 15,000 OHCs when their certification is about to expire, it is ultimately the responsibility of each individual to remember and reschedule recertification.

The CAOHC Council will meet in October to formulate the long-range plan. This guideline will determine CAOHC direction in the next three to five years. We ask each of you to take a few minutes to complete the survey that is included in this newsletter. This is your opportunity to help us make important decisions.

CAOHC UPDATE

Published by the Council for Accreditation in Occupational Hearing Conservation, a non-for-profit organization dedicated to the establishment and maintenance of training standards for those who safeguard hearing in the workplace.

The *Update* is published three times a year in April, July, and November. Articles should be submitted, with a black and white photograph of the author, by the first day of February, May, and September. The *Update* is available to individuals not certified by CAOHC at an annual subscription of $15. Payment must accompany request:
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Rebecca Kettlewell

Opinions expressed in the *Update* are those of the authors, and do not necessarily reflect official CAOHC policy. 

# New rules for hearing loss signed into law

(Harrisburg, Pennsylvania) In late February, Governor Tom Ridge signed into law a workers compensation reform bill that establishes standards for hearing loss claims, and institutes a new benefit for partial hearing loss.

"One of the top priorities of the Ridge administration is to make Pennsylvania competitive in the battle for jobs," Ridge said. "Making Pennsylvania's workers compensation system more rational and affordable, while preserving essential worker protections, is a step toward creating that job-friendly climate."

The new law establishes clear medical criteria for determining if workplace hearing loss has occurred. It also institues a new benefit for partial hearing loss. Currently, hearing loss must be total in one or both ears for a benefit to be paid.

The bill, House Bill 3, sponsored by Rep. Joseph M. Gladeck Jr. (R - Montgomery) was approved 31-19 in the Senate, and 120-80 in the House.

Pennsylvania's workers compensation system, first established in 1915, requires employers to insure their workers against work-related injuries. Pennsylvania employers long have argued that their workers-compensation premiums are higher than premiums in other states, putting Pennsylvaia employers at a competitive disadvantage.

"More reforms are needed," Ridge said. "This is a strong first step in an ongoing effort by this Legislature and th Administration to make Pennsylvania s workers compensation premiums competitive with other states."

The law takes effect immediately.

# Council to develop long-range plan

*(Continued from page 1)*
provide an excellent service to those in need of the directory.

The Council is also finalizing plans for a long-range planning meeting. The Council has contracted with Kermit M. Eide of Tecker Consultants who will meet with Staff and Council on October 21 and 22, 1995 to help manage, educate, and organize CAOHC into the next century. The Council needs input from occupational hearing conservationists and Course Directors. What direction should CAOHC take? What issues should be addressed? We will be publishing more information about the long-range plan as the fall approaches. In the meantime, we are open to suggestions from both OHCs and CDs alike.

Finally, the Council addressed the Course Director Screening Committee that reviews Course Director applications. The review process is being improved and streamlined.

The Course Director Workshop was held on Tuesday, March 21 and attracted attendees from both CAOHC and NHCA. CAOHC Vice Chair and Workshop Chair Jill Niland, Representative of the National Safety Council, has made a significant effort to evaluate the workshop content after each course. She has modified and updated the course to meet the needs expressed by workshop attendees. Consequently, the workshop program continues to be updated to keep pace with the hearing conservation field.

*Workshop attendees play an active part at CAOHC's Course Director Workshop*

**A Look Ahead**

**Fall 1995 Council Meeting & CD Workshop:**
*October 23 -24, 1995*
**Crown Sterling Suites**
**Bloomington, Minnesota**

**Spring 1996 Council Meeting & CD Workshop**
**February 1996**
**Grand Hyatt on Union Square**
**San Francisco, California**

# Part II: A functional Process Improvement Story

*By Doug Ohlin, Ph.D., Bio-Acoustics Division, U.S. Army Center for Health Promotion and Preventive Medicine*

**Part I of this article was published in the November 1994 issue of the *Update*: Volume 5, Issue 3.**

The military services have a tradition of close coordination in the hearing conservation arena. Dating back to the mid 1970s, the services polled their expertise and assisted in the first Department of Defense (DoD) Instruction on hearing conservation (Dept. of Defense Instruction, DoD Hearing Conservation 8 June 1978).

Among the standards achieved were four Air Force hearing conservation forms that were revised for DoD use. For some programs, these forms represented the first standards on which to base a hearing conservation program. Despite two subsequent revisions to the DoD Instruction, however, the services have diverged over the years in their requirements and implemenation strategies (6 July 1987; 26 March 1991).

One of the first areas in which we achieved consensus was to recommend the 3 dB exchange rate (equal energy rule) for steady-state noise exposures. The Air Force was the first to implement the 3 dB rule and the Army soon followed.

Since then the Army has submitted a noise sampling strategy for consideration (Technical Guide No 181, Noise Dosimetry and Risk Assesment, May 1994). The Threshold Limit Values (TLVs) for high frequency and ultrasonic noise exposures have been recommended to meet the challenge of some of the more exotic military noise exposures (American Conference of Governmental Industrial Hygienists).

The following recommendations may not survive a final staffing of an update to the DoD Instruction, but they reflect frustrations universally shared among audiologists and occupational health nurses in the three services: Those responsible for identifying noise hazards (industrial hygienists) will:
1) Provide a list of names and complete social security numbers to those responsible for conducting medical surveillance; and 2) Provide noise data upon request to those responsible for program evaluation.

*(Cont. on pg. 7, See "A Functional Process)*

# Noise in Washington Over Hearing Loss Recordability

**By Susan Cooper Megerson, MA, CCC-A**, *CAOHC Secretary-Treasurer and CAOHC Representative of the American-Speech-Language Hearing Association*

Health and safety professionals have a watchful eye on Washington, D.C., waiting to see results of OSHA's anticipated revisions to guidelines for recording occupational injuries and illnesses on the Form 200. One of the most complicated and controversial areas for revision will be guidelines for recording occupational hearing loss.

Current interpretations vary between federal and state OSHA offices, and there is some disagreement among health professionals regarding the best criterion for tracking work-related hearing loss.

## Federal OSHA Interpretation

Because existing recordkeeping guidelines provided little specific information, federal OSHA's Directorate of Compliance Programs issued a memorandum in June, 1991 instructing regional offices to cite companies for failure to record occupational hearing losses defined as follows:

*An average shift in hearing of 25 dB or more at 2000, 3000, and 4000 Hz in either ear, if an exposure in the work environment either caused, aggravated, or contributed to the case.*

Hearing loss cases must be recorded within six days of identification. Shifts which are later determined to be temporary or not work-related typically may be "lined-out" from the log. Five-year maintenance and retention of the Form 200 is required.

## State OSHA Interpretations

State-run OSHA programs are allowed to enforce their own policies and interpretions if more stringent than those of federal OSHA. Impact Health Services, Inc. has surveyed state OSHA programs regarding their enforcement policies for recording hearing loss. Seven states have reported that companies within their jurisdiction should follow a more stringent criterion for recording occupational hearing loss: California, Michigan, North Carolina, Oregon, South Carolina, Tennessee and Washington state. Enforcement of Washington's existing policy has recently been challenged by area businesses. The final outcome is of yet uncertain. Washington indicates that 10dB shifts must be recorded, however, inspectors have been instructed to cite employers for failure to record 25 dB shifts.

## Professional Recommendations

Following federal OSHA's 1991 compliance memorandum, a significant group of professional organizations formed a coalition to respond to OSHA's *(Continued on Page 5, "Form 200")*

**Current Form 200 Requirements**

| | |
|---|---|
| **Federal OSHA** | An average work-related shift in hearing of 25 dB or more at 2000, 3000, and 4000 Hz in either ear (age-adjustments allowed except in **Oregon**). |
| **California*** **Michigan**** **North Carolina** **South Carolina** **Tennessee** | An average work-related shift in hearing of 10 dB or more at 2000, 3000, and 4000 Hz in either ear (age-adjustments allowed). |
| **Washington state** | An average work-related shift in hearing of 10 dB or more at 2000, 3000, and 4000 Hz in either ear (age-adjustments not allowed). |

**Cal-OSHA has indicated that temporary shifts in hearing cannot be "lined-out" from the log unless a health professional determines that the shift was not work-related.*
***The Michigan Public Health Department requires that employers report to the Health Department any work-related 10 dB shifts in hearing as described above and any other known work-related hearing losses.*

# *Hearing Conservation Manual, 3rd Edition*: A Success Story

*The Hearing Conservation Manual, 3rd Edition* was published in April 1993. This manual was completely rewritten and updated with expanded information on the OHC's mission, training, and role. It was written by Alice Suter, Ph.D. who has worked in the area of noise and hearing conservation for more than 20 years.

The 3rd edition manual has been an overwhelming success and will be reprinted in 1996 due to such incredible sales. In a two-year period, CAOHC has sold nearly 4,600 copies of the 3rd edition. This year alone, sales have doubled compared to last year.

In earlier years, the CAOHC manual was used primarily in CAOHC courses. This 3rd edition, however, has been received by colleges, universities, medical offices, corporate offices, and other individuals not directly affilated with CAOHC.

The 3rd edition is still up-to-date and in line with the hearing conservation field. It has been CAOHC's history to completely revise and overhaul the manual every 6 to 7 years.

To order a copy of the 3rd edition, please refer to the order blank stitched into this newsletter. Please allow seven to ten days for delivery.

# Form 200 Guidelines

*(Continued from page 4)*
new position. Included in this coalition were CAOHC and a number of CAOHC's component organizations: the American Speech-Language-Hearing Association (ASHA), the American College of Occupational (& Environmental) Medicine, and the American Academy of Otolaryngology-Head & Neck Surgery. These professionals recommended that federal OSHA rescind the "25 dB" compliance directive. The coalition urged OSHA to adopt the more stringent "10 dB" or "STS" criterion that was described in "A Position Paper on a Recommended Criterion for Recording Occupational Hearing Loss on the OSHA Form 200." This guideline was prepared in 1987 by the Noise Committee of CAOHC component organization the American Industrial Hygiene Association (AIHA).

### Case Review

No matter which criterion is used, case review is an extremely important step in determining "potentially recordable hearing loss." Each shift in hearing that meets a specified criterion, or any suspected work-related hearing loss, should be carefully reviewed by an audiologist or physician knowledgeable in hearing and hearing conservation programs. The professional should review these cases to determine test validity, extent of noise exposure, and likelihood of non-occupational/medical causes. A hearing retest may also be recommended in order to determine if the shift is temporary in nature, and if the case may then be "lined-out."

### Implications for Hearing Conservation Programs

OSHA's position regarding recordability of hearing loss in no way diminishes a company's responsibilities as outlined in the Noise Standard and Hearing Conservation Amendment (29 CFR 1910.95). Employers must continue usual follow-up procedures for all employees showing a Standard Threshold Shift (STS). This shift is defined as an average 10 dB shift in hearing at 2000, 3000, and 4000 Hz in either ear (age-adjustments allowed except in Oregon and Washington state).

Whether OSHA will change its current position on hearing loss recordability is unknown at this time. Look to future issues of *Update* to provide you with the latest information and interpretations on recordability of occupational hearing loss.

***Note:*** *Based on an article by Susan Megerson originally appearing in* Impact on Health, *Vol. 7, No. 1, Impact Health Services, Inc. October 1994.*

## Course Directors: Develop a Contingency Plan for Course Faculty

When planning an occupational hearing conservation training program, CAOHC Course Directors must include at least three faculty members representing three professional disciplines included on CAOHC's Council. These disciplines include audiology, occupational health nursing, safety, industrial hygiene, occupational medicine, and otolarngology. If an accident or emergency occurs with one of the speakers, it is imperative that a back-up or contingency plan be in place

**Mark Your Calendars**

Fall 1995 Council Meeting
& CD Workshop:
*October 23 -24, 1995*
Crown Sterling Suites
Bloomington, Minnesota

Spring 1996 Council Meeting
& CD Workshop
February 1996
Grand Hyatt on Union Square
San Francisco, California

**FACTS ON FILE**

**Currently certified CAOHC OHCs: 15,142**

**Currently certified CAOHC CDs: 338**

## Long-Range Survey

Please take time to complete the Long-Range Survey enclosed within this newsletter. As mentioned on page 3, CAOHC's Council is finalizing plans for a long-range planning meeting. The Council has contracted with Kermit M. Eide of Tecker Consultants who will meet with Staff and Council on October 21 and 22, 1995 to help manage, educate, and organize CAOHC into the next century. The Council needs input from occupational hearing conservationists and Course Directors. What direction should CAOHC take? What issues should be addressed? Please take the time to review and complete the enclosed survey so that we can incorporate your thoughts and ideas into the long-range strategy.

## Directory Updates

As noted on page 1, CAOHC will be publishing the 1995/1996 issue of the Course Director Listing. We will be mailing a questionnaire to all CDs in the next few weeks to obtain the most recent and updated information. In the meantime, we are soliciting help from all Course Directors to ensure that this directory is as accurate and up-to-date as possible. If you need to make any changes to your own address or if you know of any CDs who have recently moved, please contact the office with the revised information. Currently, we know that we need updated addresses for the following Course Directors:

**Elaine J. Burke**
**Deborah Feehan**
**Clay P. Grover**
**Lt. Ted J. Bronken**

# Bloodborne Pathogen Standard for the Occupational Hearing Conservationist

***by J. David Osguthorpe, M.D.***
*Representative of the American Academy of Otolaryngology - Head & Neck Surgery.*

Occupational hearing conservationists (OHCs) may be familiar with the Occupational Safety and Health Administration (OSHA), founded in 1970 by an act of the U.S. Congress and administratively responsible for workplace hearing conservation programs. With increasing public awareness of human immunodeficiency virus (HIV) infections within the United States, Congress enacted the Bloodborne Pathogen Standard in 1991 (1910.1030), assigning the tasks of guideline promulgation and enforcement to OSHA.

The Standard apply to approximately 5.6 million workers, from professions ranging from prison guards to hospital workers, who might "reasonbly be anticipated to have skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials" during tasks associated with employment. Given that over 80% of the approximately 1.5 million Americans who harbor the HIV virus are unaware of the infection (4 to 10 year asymptomatic carrier state), the crux of the Standard is that workers adopt universal precautions, which entail treating all clients as potentially infected with HIV when there is "reasonable anticipation" of exposure to blood or other potentially infectious materials.

### Categories Defined

Employers in "at risk" professions must classify workers into 1 of 3 categories, as follows: (I) all workers have exposure to potentially infectious material during routine tasks; (II) some tasks may involve exposure to potentially infectious materials; (III) tasks do not involve exposure to potentially infectious materials. Taking a medical office as an example, physicians and nurses are in Category I, and receptionists and billing clerks in Category III. Depending on their tasks and the types of clients examined, audiologists can be in Category II or III, and should consult both their employer and the American Speech and Hearing Association (ASHA) guidelines. Likewise, OHCs who are neither nurses nor audiologists should query their employer and medical advisor/program director regarding their job classification per the Bloodborne Pathogen Standard. For OHCs, the exposure category depends on contact with clients during otoscopy, audiometry and hearing protector fittings. If the OHC's exposure determiniation is Category II (Category I unlikely), the employer must provide a workplace "Exposure Control Plan", such as Hepatitis B vaccination. These are beyond the scope of this article.

### The OHC's Critical Variable

It is not the intention of CAOHC to specify work practice guidelines regarding the prevention of transmission of infectious diseases. These are already mandaded by the Bloodborne Pathogen Standard, and are frequently augmented by professional society standards, and by state and local health regulations. However, a review of common OHC tasks that are affected by the Standard is appropriate.

As a point of reference, the OHC should realize that the vast preponderance of client contacts involve no measurable risk for the transmission of HIV or other infectious diseases from the worker to the client or vice versa. Though all body fluids may contain infectious materials, in the head and neck region only contact with blood or blood-tinged secretions are proscribed by the Standard, i.e., contact with uncontaminated sweat, saliva, tears and cerumen (ear wax) are allowed.

For the OHC, the critical variable is "reasonable anticipation" of blood-contamination of a secretion such as cerumen or sweat that might result from trauma to the ear canal with otoscopic examination and/or cerumen removal, or a severe rash, sunburn, infection or open wound in or around the ear of a client. A brief inspection of the circumaural (area around the ear) region can be performed before examining the ear, adjusting an earphone for proper fit or sizing for hearing protectors. If the patient has skin breakdown around the ear, infection or the like, it would seem prudent to reschedule the hearing assessment or protector fitting for another date, and to refer the client for medical attention if appropriate. If physical contact with one of the aforementioned abnormalities is required, the OHCs should don gloves (usually latex disposable) during the examination, and wash their hands after each client contact and glove changing. Equipment that comes in contact with non-intact skin of a client must be either discarded in appropriately marked containers (hazardous waste disposed per local health regulations), or cleaned before reuse. In clients with normal skin and no history of recent trauma or infection, it would seem reasonable to treat non-disposable aural specula and in-the-ear canal sizers as potentially contaminated, given the possibility of disruption of ear canal skin, and to clean/disinfect these items between client use (if there is not enough time for equipment cleaning between clients, multiple sets of equipment will be needed).

### Cleaning Requirements

Such cleaning requires the OHC to don gloves, scrub the contaminated items with soap and water, and then immerse them for 20 or more minutes in a solution of household bleach (1 to 10 dilution), glutaraldehyde or the like, or as specified by the commercial "high level" disinfectant source. Disposable vinyl earphone 'condoms" are available for testing high risk clients and the OHC can either use them or clean the earphones with appropriate solutions (described above) if they contact a client with an open ear wound or the like. When the OHC has an open wound or severe rash (e.g. poison ivy) on their hand, disposable gloves should be worn during client contracts until the skin has healed. With intact skin, the OHC still must follow the public health tenant of soap and water hand-washing between clients.

For more information regarding the Bloodborne Pathogen Standard, you can obtain guidelines from the folowing: **The American Nursing Association:** 600 Maryland Avenue SW, #100, Washington, D.C. 20024-2571; **The American Association of Occupational Health Nurses:** 50 Lenox Pointe, Atlanta, GA 30324-3176; **American Speech-Language-Hearing Association:** 10801 Rockville Pike, Rockville, MD 20852; **The American Medical Association:** 515 North State Street, Chicago, IL 60610; or **The American Academy of Otolaryngology - Head & Neck Surgery:** One Prince Street, Alexandria, VA 22314.

# Upcoming OHC Courses

**Approved March 24, 1995**

| Date | City | Course Director | Phone Number |
|---|---|---|---|
| **May 1995** | | | |
| 5/1 | Indianapolis, IN | Melissa Gunter | 317/662-1917 |
| 5/1 | Great Lakes, IL | Lori Ann Howe | 708/688-5568 |
| 5/2 | Seattle, WA | Sandy MacLean | 713/869-6664 |
| 5/2 | Sterling, IL | Mary Martin | 815/625-0400 |
| 5/3 | Lafayette, LA | Jim Guillory | 318/233-3955 |
| 5/3 | Scarborough, CAN | David Naiberg | 416/438-6285 |
| 5/9 | Lombard, IL | Natalie Stukas | 708/241-0990 |
| 5/10 | Concord, NH | Pam Gordon | 617/891-9124 |
| 5/10 | Dallas, TX | Dean Harris | 303/586-0702 |
| 5/10 | Green Bay, WI | Paul Kurland | 414/499-6366 |
| 5/10 | Anchorage, AK | Thomas McCarty | 907/278-6400 |
| 5/10 | Columbus, OH | E.R. Nilo | 614/885-6752 |
| 5/10 | Chapel Hill, NC | Andrew Stewart | 919/967-2228 |
| 5/15 | Normal, IL | Curtis Tannahill | 309/438-5803 |
| 5/16 | St. Louis, MO | Deb Cottone | 314/968-4710 |
| 5/16 | Toledo, OH | Herbert Greenberg | 419/885-3848 |
| 5/16 | Greensboro, NC | Omar Juarez | 910/665-1818 |
| 5/16 | Detroit, MI | Thomas Simpson | 313/577-6754 |
| 5/16 | Kansas City, MO | Tamara Wallen | 816/471-3900 |
| 5/17 | Portland, OR | Michael Fairchild | 503/232-1646 |
| **May 1995 (continued)** | | | |
| 5/17 | Bala Cynwyd, PA | Laurel Heft | 610/667-1711 |
| 5/17 | Rochester, NY | Tim Swisher | 610/325-7600 |
| 5/19 | Knoxville, TX | Charles Ferrell | 615/974-5453 |
| 5/24 | Sunnyvale, CA | Pam Ball | 408/985-8665 |
| 5/24 | Atlanta, GA | William Wolfe | 404/475-2055 |
| **June 1995** | | | |
| 6/7 | Portland, OR | Thomas Dolan | 503/725-3264 |
| 6/7 | Maple Shade, NJ | Richard Stepkin | 609/435-7200 |
| 6/7 | Philadelphia, PA | Tim Swisher | 610/325-7600 |
| 6/13 | Toledo, OH | Herbert Greenberg | 419/885-3848 |
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| 6/17 | Bremerton, WA | SteveHewkin | 206/476-3286 |
| 6/20 | Greensboro, NC | Kirsten McCall | 910/665-1818 |
| 6/20 | Kansas City, MO | Tamara Wallen | 816/471-3900 |
| 6/21 | Denver, CO | Dean Harris | 303/586-0702 |
| 6/21 | Harrisburg, PA | Tim Swisher | 610/325-7600 |
| 6/28 | Omaha, NE | Thomas Norris | 402/391-3982 |
| 6/28 | Cleveland, OH | William Wolfe | 404/475-2055 |
| 6/28 | Chapel Hill, NC | Andrew Stewart | 919/967-2228 |

# A Functional Process Improvement Story

*(Continued from page 3)*

Moreover, we are asking that those parties responsible for maintaining (or having direct access to) personnel rosters, update and provide these lists quarterly for identifying medical surveillance and health education requirements. With this level of support, the recommendation to report compliance for monitoring audiometry participation, at least annually to DoD, becomes feasible.

A core of approved hearing protectors (earplugs and noise muffs), available through the Defense Logistics Agency, has been recommended. A musician's earplug was also adopted as a non-standard item. The use of custom-molded earplugs would be restricted to those who could not be fitted with approved hearing protectors or special circumstances. The Army's earplug carrying case with single- and triple-flange earplug insertion/seating devices was recommended, as well as six of the Army's instruction posters for hearing protectors (modified for DoD use).

To avoid duplication of effort and the wasteful expenditures associated with multiple automation systems, DoD has been selecting "best of breed" and funding accordingly. Needless to say, this approach has provided strong incentives for the services to market their particular products. There are also incentives for cooperation, because once a system is selected, there will be no DoD funding to maintain other legacy systems.

The Hearing Conservation Working Group (HCWG) took a slightly different track. Although Navy and Air Force representatives recommended the Army's Hearing Evaluation Automated Registry System (HEARS) as the migration system, we adopted from the outset features and recommendations from the other services to propose an enhanced DoD Hearing Evaluation and Reporting System (HEARS).

For example, the Navy's +-15 dB significant threshold shift (STS) criteria (at 1000, 2000, 3000 or 4000 Hz) were added to the standard OSHA STS criteria and age corrections were eliminated. The Air Force investigated the rates of various STS criteria before we made our final recommendation.

Similarly, the Air Force is investigating the impact of three possible referral criteria for asymmetrical hearing loss. Other Navy recommendations were adopted for testing methodology including frequency test order, decibel range and their particular psychophysical method of limits protocol. Modifications and additions were also made to the current automatic re-test criteria. For example, retest were changed from +-20 dB to +-15 dB at any frequency and a retest was added when there was a 40 dB difference between ears at the same test frequency. The 15 dB retest will help verify the Navy STS criteria and anticipate the possible use of ANSI S12.13 (draft) for evaluating program effectiveness (Draft American National Standard Evaluating the Effectiveness of Hearing Conservation Programs. Accredited Standards Committee S12, Noise. Draft ANSI S12.13-1991).

We have concurred in revisions to format and content of the DoD audiogram forms that have been in use for the past 14 years. The Navy recruit baseline program was recommended as a model for reference audiometry, and the basic OSHA 14-hour noise-free interval was adopted as a standard (without the use of hearing protectors).

**Part 3 of this article will appear in the July 1995 edition of the *Update*: Volume 6: Issue 2, July 1995.**

# Council Members & Their Represented Organizations

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