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 also held its 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 decided to hold its spring meeting with NHCA for the past two years after Course Directors indicated that the combined meetings would be more 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.

Kettlewell Becomes Coordinator on CAOHC Staff

Rebecca Kettlewell is not new to CAOHC. She has been working with CAOHC since Maria Comer 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 Conservation Committees.

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.

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 Wauwpa, Wisconsin. Ms. Comer 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.
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 Pathogens Standard in this issue, on page 60), they are addressed and communicated.

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 whose certification is about to expire, it is ultimately the responsibility of each individual to remember and reschedule re-certification.

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.

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 institutes a new benefit for partial hearing loss. Currently, hearing loss must be total in one or both ears to be paid.
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 frame, shape, and organize CAOHIC into the next century. The Council needs input from occupational hearing conservationists and Course Directors. What direction should CAOHIC 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 CDIs alike.

Finally, the Council addressed the Course Director Screening Committee that review 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 CAOHIC and NHCA. CAOHIC 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.

A Look Ahead


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 Boldin, 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 pooled their expertise and assisted in the first Department of Defense (DoD) Instruction on hearing conservation (DoD 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 a 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 implementation 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 Assessment, 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. pag. 7, sec. "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 of 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 on 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 “fined 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 interpretations 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 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

<table>
<thead>
<tr>
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<th>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).</th>
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</thead>
<tbody>
<tr>
<td>California*</td>
<td>An average work-related shift in hearing of 10 dB or more at 2000 and 3000, and 4000 Hz in either ear (age-adjustments allowed).</td>
</tr>
<tr>
<td>Michigan**</td>
<td>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).</td>
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<td>North Carolina</td>
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<td>South Carolina</td>
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<tr>
<td>Washington</td>
<td>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).</td>
</tr>
</tbody>
</table>

*Cal OSHA has indicated that temporary shifts in hearing cannot be “fined 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.


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 Slater, 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 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 affiliated with CAOHC.

The 3rd edition is still up-to-date and in line with the hearing conservation field. It has been CAOHC’s best selling manual every 5 to 7 years. To order a copy of the 3rd edition, please refer to the order blank stitched into this new edition. 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” of “STL” criterion that was described at "A Position Paper on a Recommended Criterion for Recording Occupation 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 restest may also be required 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 to 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.


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 audiometry, occupational health nursing, safety, industrial hygiene, occupational medicine, and otolaryngology. If an accident or emergency occurs with one of the speakers, it is imperative that a back-up speaker can be arranged.

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

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. Bide of Tecker Consultants who will meet with Staff and Council on October 21 and 22, 1995 to help organize, 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 advertised on page 1, CAOHC will be publishing the 1996/1997 issue of the Course Director Listing. We will be mailing a supercomputer to all CD's 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 CD's 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: Elinore Burke Deborah Feehan Clay P. Grover

16 York 3 Boston
Bloodborne Pathogen Standard for the Occupational Hearing Conservationist

by J. David Ogathoro, 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 during the United States, Congress enacted the Bloodborne Pathogens Standard in 1991 (1910.1030), assigning the task of guideline promulgation and enforcement to OSHA.

The Standard applies to approximately 5.6 million workers, from professions ranging from prison guards to hospital workers, who might reasonably 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.

Category Defined

Employees 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; (II) tasks do not involve exposure to potentially infectious materials. Taking a medical office as an example, physicians and nurses in Category I, and receptionists and billing clerks in Category II. Depending on their tasks and the types of clients examined, audiologists can be in Categories I or II, 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 adviser/program director regarding their job classification per the Bloodborne Pathogens Standard. For OHCs, the exposure category depends on contact with clients during otoscopy and auditory and hearing protection fittings. In the OHC exposure determination 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 mandated by the Bloodborne Pathogens 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 virus or hepatitis B virus 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-derived secretions are prescribed by the Standard, i.e., contact with unantimicrobialized saliva, vomitus, tears and mucous (ear wax) are allowed.

For the OHC, the critical variable is "reasonable anticipation" of blood contamination of a secretion such as mucous or secretions that might result from trauma to the ear canal with otoscopic examination, pickup of common removal, or a severe rash, sunburn, infection or open wound in or around the ear or any other body part of a client. A brief inspection of the circumoral area around the ear region can be performed before examining the ear and adjusting an audiometer for proper fit or sizing the hearing protection used. If the patient has skin lesions around the ear, infection of the ear, it should seem prudent to reschedule the hearing assessment or protector fitting for another date, and to seek the client for medical attention if appropriate. Mythical digits with one of the aforementioned abnormalities is required, the OHC should don gloves (usually latex disposable) during the examination, and wash their hands after each client contact and glove changing.

Cleaning Requirements

Such cleaning requires the OHC to don gloves, scrub the contaminated items with soap and water, and dry them with paper 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 "barbicide" "contact" are available for testing high risk clients and the OHC can either use them or clean the earbuds with appropriate solutions. As above, blood- and saliva-occluded gloves should be worn during client contacts until the skin has healed. Wash intact skin, the OHC still must follow the public health tenant of soap and water hand washing between clients.

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 audiology 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 standard item. The use of custom-molded earplugs would be restricted to those who were fitted with approved hearing protectors by special circumstances. The Army’s earplug carrying case with single- or multiple-earphone sections hearing devices was recommended, as well as the Army’s instruction poster 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 according. 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/Reporting System (HERS) for 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 (HERAS).

For example, the Navy’s −15 dB significant threshold shift (STS) criterion (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: (a) a more consistent methodology including frequency test order, decided range and their particular psychophysical method of limits protocol. Modifications and additions were also made to the current automatic re-test criterion. For example, retests were changed from 4−20 dB at 20−15 dB at any frequency and a retest was added when there was a 40−50 dB difference between ears at the same test frequency. The 15 dB retests will help verify the Navy STS criteria and anticipate the possible use of an ANSI S12.13 (draft) for evaluating programming effectiveness.

We have considered in revisions to format and content of the DoD/PGRAF diagram 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 standard without the need for hearing protectors.

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