

APPENDIX A

Audiometric Test Evaluation and Follow-up Procedures

POLICY: All employees who indicate that their work environment may expose them to noise will be provided with annual audiometric testing.

Procedures for administering, evaluation and follow-up of audiometric tests shall be in compliance with the MIOSHA regulation Part 380, Rule 325.60101 325.60101 – Rule 325.60128 and Appendices A – D, "Occupational Noise Exposure" at (herein referred to as the regulation).

- PROCEDURE:**
1. Audiometric tests shall be performed by a licensed or certified audiologist, otolaryngologist, or other physician, or by a technician who is certified by the Council of Accreditation in Occupational Hearing Conservation, or who has satisfactorily demonstrated competence in administering audiometric examinations, obtaining valid audiograms, and properly using, maintaining and checking calibration and proper functioning of the audiometer being used. A technician who operates microprocessor audiometers does not need to be certified. A technician who performs audiometric tests must be responsible to an audiologist, otolaryngologist, or physician.
 2. Audiometric instruments and audiometric test rooms shall meet the requirements of R325.60119 and R325.60120 of the regulation.
 3. Audiometric tests shall be conducted in accordance with R325.60119.
 - a) They shall be pure tone, air conduction, hearing threshold examination, with test frequencies including as a minimum 500, 1000, 2000, 3000, 4000, and 6000 Hertz. Tests at each frequency shall be taken separately for each ear.
 - b) Audiometric tests shall be conducted with audiometers that meet the specification of, and are maintained and used in accordance with, American National Standard Specification for Audiometers, S3.6-1989.
 - c) Pulse-tones and self-recording audiometers, if used, shall meet the requirements specified in R325.60119(3) & (4).
 - d) Audiometric examinations shall be administered in a room meeting the requirements listed in R325.60119(5).
 - e) The functional operation of the audiometer shall be checked before each day's use by testing a person with known, stable hearing thresholds, and by listening to the audiometer's output to make sure that the output is free from distorted or unwanted sounds. Deviations of more than 10 decibels require an acoustic calibration. Audiometer calibration shall be checked acoustically at least annually.

4. For every employee determined to be included in this program, a valid baseline audiogram shall be established against which subsequent audiograms can be compared. A new audiogram will be obtained for each employee annually for "standard threshold shift" (STS) determination.
5. Each employee's annual audiogram shall be compared to that employee's baseline audiogram to determine if the audiogram is valid and if a "standard threshold shift" (STS) has occurred. This would be a change in hearing threshold relative to the baseline audiogram of an average of 10 decibels or more, at 2000, 3000, and 4000 Hertz in either ear. This comparison may be done by a technician.
6. When no hearing impairment is detected, the audiologist may report the results verbally to the employee.
7. When a Standard Threshold Shift is detected:
 - a) A physician shall review the audiogram and repeat the testing to confirm the results if deemed necessary.
 - b) The audiologist or physician may verbally report any test result abnormalities to the employee, but MAY NOT supply a hard-copy of the results or electronic report on-site. EHS will supply the employee with a report within the required 21 days.
 - c) EHS shall be notified immediately, in writing using the medical surveillance result form that the employee incurred a STS, unless a physician determines that the shift is not work related or aggravated by an occupational noise exposure. If the employee's condition would prohibit the wearing of hearing protectors, this must also be indicated on the result form.
 - d) Once notified, EHS shall re-evaluate the noise exposure in the employee's workplace and follow the protocol outlined in the EHS Hearing Conservation Guideline. If the physician suspects that a medical pathology of the ear is caused or aggravated by the wearing of hearing protectors, the physician may indicate on the result form that the employee be referred for a clinical audiological evaluation or otological exam.
 - e) Work~Connections will be informed of the STS through the MIOSHA 300 Log that will be submitted from EHS. Work~Connections will coordinate any additional medical evaluations or treatment as appropriate.