



Medical Referrals 101

To date, OSHA has yet to adopt or promulgate a criterion by which medical referrals are made based upon hearing test results. The occupational noise standard (29 CFR 1910.95) contains no prescribed guidelines outlining how medical referrals are to be made in occupational Hearing Loss Prevention Programs. There are three references to medical referral management in the standard:

(g)(7)(iii)

The audiologist, otolaryngologist, or physician shall review problem audiograms and shall determine whether there is a need for further evaluation. The employer shall provide to the person performing this evaluation the following information:

(g)(8)(ii)(C)

The employee shall be referred for a clinical audiological evaluation or an otological examination, as appropriate, if additional testing is necessary or if the employer suspects that a medical pathology of the ear is caused or aggravated by the wearing of hearing protectors.

(g)(8)(ii)(D)

The employee is informed of the need for an otological examination if a medical pathology of the ear that is unrelated to the use of hearing protectors is suspected.

The vagueness of this language reinforced the need to develop a sound medical referral criterion for use in occupational Hearing Loss Prevention Programs since the inception of the noise standard.

Previous to the 1983 standard, the American Council of Otolaryngology-Head and Neck Surgery (ACO) offered a set of medical referral criteria guidelines to industry in 1980. In 1983 (concurrent with the promulgation of the present day occupational noise standard), the Subcommittee on the Medical Aspects of Noise of the American Academy of Otolaryngology-Head and Neck Surgery (AAO) modified the ACO criteria and published Otologic Referral Criteria for Occupational Hearing Conservation Programs.

T K Group, Inc. adopts the AAO Otologic Referral Criteria for Occupational Hearing Conservation Programs, as our audiologists feel it is most valid. All audiometric data handled by T K Group for use in occupational Hearing Loss Prevention Programs undergoes analysis, that when completed, produces medical referrals based upon the AAO otologic referral criteria.



It is important to recognize that individuals indicating 10 dB Standard Threshold Shifts (STS) and OSHA 25 dB Recordable shifts do not automatically qualify for a medical referral recommendation. An individual may often have a concurrent 10 and 25 dB shift and not indicate a medical referral recommendation.

Upon initial data analysis, clients new to T K Group will most likely receive a higher number of medical referral recommendations than normally accustomed. New clients will receive ‘repeat’ referrals in addition to “new” referrals based upon current test data. To be on the safe side, T K Group notifies new clients of “Repeat” referral recommendations because T K Group is unaware of any previous medical referral notification activity. If this aspect of a Hearing Loss Prevention Program is known by the client to be previously well managed, T K Group suggests that “repeat” referral recommendations simply be disregarded. Future testing and subsequent reports will then only identify those individuals indicating a “new” medical referral recommendation condition.

OSHA requires that employees requiring medical referral be notified, although the method of notification is not stipulated.

T K Group offers an Employee Notification letter that describes the current test results. If a medical referral recommendation is indicated, the Employee Notification letter indicates the need for a follow-up medical consultation.

Once an Employee Notification Letter stating the need for follow-up is given to the affected employee, the medical referral compliance requirement is satisfied.

It is, however, suggested that a signed copy of the notification be maintained with the employee’s file for documentation.

This is not to say, however, that medical referrals be forgotten. We suggest that a facility representative follow-up with all individuals having received a medical referral to reinforce the need to consult with their personal physician or Ear, Nose, and Throat physician.

Many companies are known to practice the policy of covering the cost of an initial physician visit. However, OSHA does not mandate this protocol. Companies are required to pay for physician follow-up if a physician diagnoses a medical problem related to the ear is occupational.

The Medical Referral section in T K Group reports contains two classifications of computer generated medical referrals: **Baseline** (first test) referrals and **Annual or Periodic** test referrals. While baseline referrals are due to the presence of a pre-existing hearing loss, annual or periodic referrals result from changes observed from test to test.



Not appearing in the official report is a third type of medical referral (if applicable) called an **Advisory**. Advisories result from customary professional review of data by T K Group staff audiologists. *Advisory letters are submitted independently of the presence or absence of an individual's official medical referral or OSHA trend status.* When applicable, advisories accompany hard copy reports. If advisories exist for facilities opting for the CD ROM reporting format, a separate mailed correspondence will communicate the advisory to the facility contact.

Proper follow-up with regard to medical follow-up is a very important component in the successful Hearing Loss Prevention Program. By specifically identifying employees for medical referral, T K Group is making administration of the program less difficult to manage.

The Otologic Referral Criteria

Baseline Criteria

A medical referral recommendation will be issued when baseline (first) tests meet the following audiometric status:

- 1 The average hearing threshold level at **500, 1000, and 2000** Hz is greater than **25** dB, in either ear.
- 2 There exist a difference in average hearing threshold levels between the better and poorer ears of:
 - a. More than **15** dB at 500, 1000, and 2000 Hz or,
 - b. More than **30** dB at 3000, 4000, and 6000 Hz

Annual or Periodic Criteria

A medical referral recommendation will be issued when annual or periodic tests meet the following audiometric status:

- 1 A change for the worse in average hearing threshold level, in either ear, compared to the baseline audiogram is greater than **15** dB at **500, 1000, and 2000** Hz.
- 2 A change for the worse in average hearing threshold level, in either ear, compared to the baseline audiogram is greater than **20** dB at **3000, 4000, and 6000** Hz.

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