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Medical Referral Advisories

Pursuant to T K Group's customary professional protocols after review of test data, two types of Medical Referral may be issued. When certain threshold values occur, a computer generated referral is triggered based upon American Academy of Otolaryngology (AAO) Medical Referral Criteria for use in Occupational Hearing Loss Prevention Programs. A second type of referral called a Medical Referral Advisory may be issued directly from the reviewing Audiologist when a potentially significant ear related pathology is indicated by certain audiometric configurations.

Medical Referral Advisories are commonly issued when asymmetric, flat, and or sudden loss patterns are indicated. A flat loss is described as significant loss across all test frequencies and may point to acute or chronic conductive loss such as infection, cerumen impaction, or other conditions like Otosclerosis. Asymmetric loss patterns, especially those indicating high frequency precipitous loss, may point to retrocochlear pathology such as a benign tumor called a Schwannoma.

Medical Referral Advisories are sent to the site contact. We ask that the Advisory be hand delivered to the employee whereby they may on their own accord choose to follow-up on the referral by seeking physician consultation. AAO Referrals are contained in Employee Notification Letters T K Group generates.

There is no requirement to sustain a 10 dB STS to receive either an AAO referral or Advisory; examinees may receive one or both referral types without having satisfied the 10 dB STS criteria.

Advisories are only issued when a significant problem is indicated by reliable test data. Referral Advisories are not issued until a loss pattern is shown persistent on at least two tests.

We suggest that all Employee Notification Letters containing AAO Medical Referrals and all Medical Referral Advisories be maintained in the employee's file.

Refresh Your Noise Survey

Accurate and recent dosimetry is vital to 29 CFR 1910.95 compliance.

OSHA states the following regarding noise analysis:

1910.95(d)(1)

When information indicates that any employee's exposure may equal or exceed an 8-hour time-weighted average of 85 decibels, the employer shall develop and implement a monitoring program.

1910.95(d)(3)

Monitoring shall be repeated whenever a change in production, process, equipment or controls increases noise exposures to the extent that:

1910.95(d)(3)(i)

Additional employees may be exposed at or above the action level; or

1910.95(d)(3)(ii)

The attenuation provided by hearing protectors being used by employees may be rendered inadequate...

Additionally, the regulation requires that the “employee’s most recent noise exposure assessment” be included on the audiometric record.

T K Group performs sound surveys and recommends “refreshed” surveys if noise level increases are suspected due to change in equipment, processes, or worker migration patterns within the facility.

While area noise assessment is valuable, personal dosimetry is most desirable when possible.

Many regulatory actions rely upon knowledge of individual dosimetry. “Knowing your noise” aids in the selection of appropriately attenuating hearing protectors for your workers.

When considering measured time weighted averages, do not make the mistake of underestimating dose for extended shift personnel (see T K Group article entitled *Extended work Shifts=Increased Time Weighted Averages*).

Accurate and periodic dosimetry has long range benefits as well. When an employee submits a hearing loss compensation claim and you have accurate and sequential dosimetry on that person indicating a noise exposure level below 85 dB (8 hour TWA), little basis for a claim exists, (barring documented evidence of work related trauma to the ear or exposure to a blast). Noise exposure levels below 85 dB are considered insufficient to affect occupationally related hearing loss.

Please contact T K Group if your facility requires an initial noise survey or refreshed noise measurement readings. Reports include Standard Area Measurements, personal Dosimetry (if requested), stated Methodology, Report of Findings, and Summary Recommendations.

Recordable Hearing Loss Does Not Determine Baseline Revision

T K Group often receives calls and emails asking why a baseline was not revised after an “occupational” (Work Relatedness) determination was returned.

Recordable hearing loss does not determine baseline revision.

Neither OSHA or MSHA (Mine Safety and Health Administration) mandates or adopts a baseline revision protocol. Not so long ago, the Federal Railroad (FRA) administration mandated use of a revision protocol as described in the National Hearing Conservation Association (NHCA) *Professional Guide for Audiometric Baseline Revision*.

Baseline revision is directly tied to 10 dB Standard Threshold Shift (STS) persistence. Identification of a 10 dB STS is associated with 29 CFR 1910.95- The Hearing Conservation Amendment. Effective 1/1/2003,

baselines are tracked and revised in each ear separately. Recordable hearing loss, on the other hand, is a separate regulatory issue outlined in Part 1904- Recording and Reporting Occupational Illnesses and Injuries.

Be assured that T K Group monitors all test data and makes baseline revisions when appropriate pursuant to professional baseline revision protocols. Not only are baselines revised after persistent shift activity, but when improvement is noted and/or when poor and inconsistent baselines (first) tests are demonstrated. OSHA does not allow establishment of new baselines after change in corporate ownership.

Lastly, baselines may be revised upon termination and rehire, however the final decision to do so is reserved to the reviewing Audiologist’s discretion.

If you are new to T K Group, or if you are simply interested in receiving email notification of new newsletter postings, please email robertwilliams@tkontheweb.com and type “Add to Newsletter” in the subject line.

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The Threshold is written by Robert Williams, A.uD.

Delayed Shift Persistence

Due to normal audiometric variability, pathology, temporary threshold shift (TTS), or lack of attention, some persons indicate a Standard Threshold Shift (STS) only for it to show up as non-persistent on the subsequent test and subsequent tests thereafter. At some point, the initial shift may indicate persistence.

When this event occurs, the test outcome description on the Audiometric Record is denoted as, for example, “Persistent 01/01/10 STS (Delayed).

Consider the below example.

Date	BASELINES		THRESHOLDS												SHIFT STATUS LEFT	SHIFT STATUS RIGHT	MEDICAL REFERRAL STATUS		
	Left	Right	Left Ear						Right Ear										
			.5K	1K	2K	3K	4K	6K	8K	.5K	1K	2K	3K	4K				6K	8K
07/09/09			00	00	15	30	30	50	50	00	00	05	25	25	25	30			
10/02/07			00	00	15	35	35	50	45	00	00	05	20	25	15	35	Persistent 9/29/05 STS (Delayed) Persistent 9/29/05 Recordable		
10/05/06			00	00	10	35	30	55	40	00	00	05	20	25	20	35			
12/08/05			00	00	10	30	30	55	45	00	00	05	20	25	20	30	Non-Persistent 9/29/05 STS Non-Persistent 9/29/05 Recordable		
09/29/05	REVISED		05	05	15	35	35	55	50	05	05	10	30	30	30	35	STS Recordable		1,8,9
10/08/04			00	00	15	30	30	50	45	05	05	10	20	30	25	30			8
04/06/04			00	00	10	25	30	40	50	00	00	05	20	25	20	25			
04/10/03			00	00	10	25	30	40	50	00	00	05	20	25	20	25			1
04/09/02			00	00	10	20	25	45	40	00	00	10	20	20	20	20			1
04/17/01			00	00	10	25	20	40	35	00	00	05	20	25	20	20			1
05/16/00			00	00	10	25	25	40	45	00	00	05	15	20	15	25			1
04/26/99			00	00	10	25	20	40	35	00	00	05	25	20	20	20			1
04/30/98			00	00	10	25	20	50	40	00	00	05	25	25	15	10			1
05/29/97			00	00	10	20	20	40	45	00	00	05	20	25	20	20			1
05/15/96			00	00	10	15	20	45	40	00	00	00	15	20	20	15			
05/16/95			00	00	05	10	15	45	45	00	00	00	05	15	20	40			
05/18/94			00	00	05	10	15	40	35	00	00	00	05	20	20	10			1
05/13/93			00	00	05	10	20	40	35	00	00	00	10	15	20	20			1

In this example, a 10 dB STS was sustained in the left ear on 9/29/2005. Two subsequent tests (12/8/2005 and 10/5/2006) indicated a non-persistent 2005 event. A test dated 10/2/2007, however, indicated 2005 shift persistency. Once persistency was indicated, the baseline revised to the initial shift date (9/29/2005) and the 10/2/2007 test compared to the newly revised 2005 baseline to determine if additional shift activity was present.

If a delayed persistent shift happens to be Recordable, you may request a retrospective Work Relatedness Determination. In this example, a determination would address the 2005 shift event.