

Audiometric testing— A guide for evaluating programs

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Employers, do you have an audiometric testing program? If so, does it work satisfactorily? Those of you with working programs might feel somewhat comfortable at this point. For federal and most state OSHA programs, the deadline for completing audiometric testing was August 22, 1982. Since the federal government stayed the amendment portion on audiometric testing August 13, 1982, some states have chosen to enforce the 8/22/82 deadline anyway.

How effective are your programs now? How about the effectiveness of programs yet to be completed? Eventually, these questions must be answered by you.

Those employers who have no program to test hearing should take warning. Waiting for court test cases, contesting citations and paying the eventual, possible costly fines cannot result in much satisfaction.

If your employees develop noise-induced hearing loss in the meantime, both of you will ultimately pay a high price for audiometric testing delays.

Even long-established, working programs may have pitfalls. That causes more than just furrowed brows of risk managers, corporate safety people and location managers. OSHA penalties, employee claims for noise-induced hearing loss, union malcontent, and damage suits are some consequences of weak audiometric testing programs.

To test or not to test

Consistent arguments opposing audiometric testing purport that it will reveal employees who have compensable hearing loss. Better let the dreaded cases lie dormant, it is said, rather than awakening more problems. Those who maintain this posture are only forestalling the inevitable.

Since law firms began advertising campaigns a few years ago aimed at prospective Workers' Compensation claimants and others, employees have become better informed. And now, union personnel have access to more sophisticated advice than before inception of the OSHA law. Employees who near retirement are coached to have medical evaluations that may have been unavailable to them during their employ. Count on this: hearing testing is one such examination that will not be overlooked by the retiree's advisors.

If you don't begin audiometric testing, someone else will initiate it for you. And that kind of follow-through can be far more costly than if you started audiometric tests in your company voluntarily.

Nearly everyone can agree that hearing tests *will* show a percentage of people with abnormal test results. A small portion of test subjects will have hygiene problems that can be cleared so their hearing will return to normal or near-normal. Others may have surgically correctable hearing loss related to otosclerosis. Finally,

those with noise-induced hearing loss deserve a chance to possibly halt further deterioration, once their condition is identified.

Audiometric testing— one story

Let's look at one company's experience with audiometric testing in their overall hearing conservation program. They experienced some failures in the audiometric testing portion. Their story will serve as an example of where things can go wrong. Then we'll review information that can help you strengthen your program now and in the future.

A few years ago, corporate safety implemented a comprehensive hearing conservation program. Audiometric testing with computerized recordkeeping was established with the same testing firm for each division. Centralized administration and on-location testing looked like the best arrangement. Local program monitoring was to follow. Corporate would later audit individual programs after they were well underway.

Note that the program included pre-employment and annual audiograms. A few of the larger locations and others in remote areas did have in-house equipment and staffing to do their own audiometric tests, while smaller locations were too small for sophisticated equipment. Hence, the arrangement for one outside firm to perform annual tests. All pre-em-

ployment tests to establish baselines were scheduled at a local testing facility.

Part of the program required the company physician to review results of the audiometric testing at the corporate facility. The doctor received copies of tests from the outside computerized recordkeeping/testing service. After his review, the physician would recommend additional testing, physical examinations, counseling sessions and follow-up reports as appropriate. If personal protective equipment needs or administrative controls on exposure were implicated, the medical department would include recommendations for them.

Location management was responsible for scheduling tests, providing employees with information required by law, scheduling retesting, setting up counseling sessions for employees as required, and so on.

What could go wrong?

All locations had properly scheduled their audiometric testing. But some locations had problems with employees not showing up either on the test date or on follow-up dates.

One location of this all-union corporation experienced a flat refusal from two employees to even take audiometric tests. Local managers did acquire an employee's signature on a test refusal form. The second person refused to sign. Local OSHA officials, when consulted on the dilemma, stated that the employer would not be penalized for these two exceptions to the testing program. However, OSHA did not put that in writing. This, of course, leaves the company with a possible vulnerability to future non-compliance citations and perhaps fines by OSHA personnel who were not involved in the original verbal opinion.

The medical department in the corporate office displayed some serious lapses in procedure. The medical department did not give direction and follow-up on report recommendations since they felt the well prepared reports were self-explanatory, and the facilities each received their own copies from the outside testing firm. Therefore, the medical department did not notify plants about activities local managers were to follow.

Understandably, these discoveries helped initiate better procedures and

follow-up measures to tighten program responsibilities. The company wisely chose not to redesign their program, but to salvage and modify its basic structure.

Back to your program for a moment. Do you have questions about the program you administer? Or, if you intend to install a program, have you built in near fail-safe follow-ups? Whatever the status, plan to put your program through a review. The results may be unsettling—yet may also help you overcome communication problems and other barriers in your quest for a stable audiometric program.

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Questions about procedure

Here's a sampling of questions that should be asked about procedures in existing or planned programs. This is only a sampling of procedures, not of technical aspects of testing. Perceived weaknesses from answers to questions will probably give rise to other questions that must be dealt with. Unless *all* questions are answered to your satisfaction—and the answers *verifiable*, the program is not strong enough to pass muster of a corporate, consultant's, or an OSHA audit.

Location or Station Controls:

1. Who is designated to coordinate the audiometric testing program? Does this individual have current state and/or federal OSHA standards on hand?
2. What arrangements have been made to continue the program if the local administrator retires, is disabled or is absent for an extended time?
3. Is a written procedures guide published for the division? If not, is the corporate guide used?
4. Does local management understand that corporate is to be informed immediately if testing inconsistencies or other prob-

5. Does the personnel department assure that each new employee understands conditions of employment, including the requirement for hearing testing where exposures warrant?
6. How does the personnel department inform existing employees (or rehires) of programs that were started after their hire?
7. Are the test date, results, retest date, physical examination resulting from testing, and consultation documents made part of the permanent record of the employee?
8. If an employee misses the test date, what procedures have been established to provide for an alternative test time, or a locally available test?
9. Is a report of employees who miss two or more test dates provided to location management?
10. Is a procedure in place to follow up with the employee's supervisors to assure that each employee undergoes the audiometric test?
11. Who informs employees of test results? Is each notification documented by name and date?
12. Are there any employees who refuse to submit to an audiometric test?
13. Are those who refuse testing given appropriate counseling by medical personnel?
14. If counseling is ineffective, is an attempt made to place the employee where he or she would be exposed to less than 85 dBA, time-weighted average noise levels?
15. Is it possible to administratively control dissident employee noise exposure by limiting the amount of time the employee is exposed to higher noise levels?
16. If exposure limitation is not possible, have dissident employees been provided with appropriate hearing protection with use enforced?
17. Does the location manager understand that employee test refusal statements do not exempt the employer from compliance with Occupational Safety & Health laws or state Workers' Compensation requirements?

Medical Department Controls:

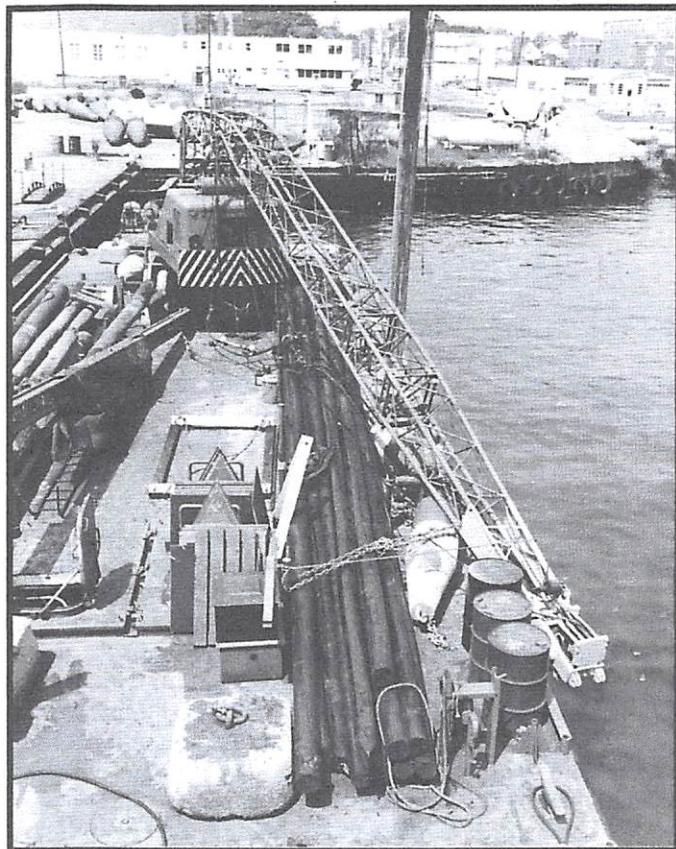
1. Are published procedures and OSHA standards available for current staff? How often is the material updated?
2. Are the published procedures complete enough for replacement staff to carry on the audiometric testing program effectively?
3. If test results show a need for physical examinations, retests, individual employee counseling, employee notification, who is responsible for initiating this action?
4. Once responsibility is clearly established for necessary action, does the individual provide a written report on the follow-up results to location management with a copy to the local or corporate medical department?
5. Did employees receive notification of test results on a timely basis?
6. Is a yearly report provided local and corporate management summarizing audiometric test program/results?

Corporate Controls:

1. Are written corporate guidelines published and respective OSHA laws provided each location?
2. Are guidelines comprehensive enough and updated regularly so your successor can carry on the program effectively?
3. Do you follow up with new medical staff or local coordinators to determine how they are doing in their responsibility for continuing the audiometric program?
4. Has the legal department been consulted regarding "problem" or dissident employees who refuse to take hearing tests?
5. Are follow-up investigations prepared on discrepancies in audiometric testing programs?

The guide is slanted toward the corporate structure, but is easily adaptable to compact operations. Obviously, questions herein are not designed to cover every facet of the Hearing Conservation Amendment to the Federal Noise Standard, OSHA 1910.95. The guide should serve you in areas that OSHA does not attempt to. The questions are oriented toward auditing compliance with the audiometric portion of the standard. Thus, questions like these can serve as a basis for expanding and developing your own programs.

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