



Scope of Practice: The Professional Supervisor

Purpose:

The purpose of this document is to outline the appropriate Scope of Practice for the Professional Supervisor of the audiometric monitoring component of an Occupational Hearing Conservation Program. The OSHA (29 CFR 1910.95) and the MSHA Noise Regulation (30 CFR Part 62) states that an audiometric technician must be under the supervision of a physician or an audiologist (1910.95(g)(7) & 62.170)[3].

General Description:

The Professional Supervisor of the audiometric monitoring component in a Hearing Conservation Program may be an audiologist, otolaryngologist, or other physician. This Professional Supervisor plays a critical role in ensuring the effectiveness of a hearing conservation program. Working in conjunction with other professionals, which may include Nurses, Occupational Hearing Conservationists (OHC's), Industrial Hygienists, Safety professionals, employers, and employees and their representatives, the Professional Supervisor assumes responsibility for the following activities:

1. Establishment and Supervision of the Audiometric Testing Program:

- a. Ensure establishment of policies for adequate and valid hearing testing and use of audiometric questionnaire information.
- b. Establish policies for adequate training and CAOHC certification of all individuals performing testing.
- c. Ensure adequacy of test equipment and environment with reference to ANSI and OSHA standards
- d. Ensure proper protocols for testing including required 14 hour noise-free intervals.
- e. Ensure that OHC's are correctly following acceptable hearing testing protocols.
- f. Ensure proper protocols for review of audiograms by OHC to detect and refer "problem" audiograms.

2. Review of Audiograms:

- a. Review "problem" audiograms including a comparison to baseline and subsequent audiograms.
- b. Review test environment (booth or mobile van) sound levels and audiometric calibration, and determine whether the testing environment was adequate.
- c. If adopted, ensure that age correction is being correctly applied.
- d. Based on the above findings, determine whether there is a need for further evaluation.

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3. Determination of Work-relatedness:

- a. Review the audiometric history and related information regarding the adequacy of the hearing examination and test environment.
- b. Review the medical history and determine whether additional medical and/or audiological evaluations are indicated and either perform or make appropriate referral and review the results of such a referral.
- c. Review the history of exposures to occupational and non-occupational noise as well as the proper use of hearing protection and exposures to ototoxic chemicals.
- d. Based on the above evaluation, either make the determination of work-relatedness or make an appropriate medical and/or audiological referral for final determination.
- e. If the hearing loss is determined to be work-related, ensure appropriate employee notification and follow-up takes place.
- f. If the hearing loss is determined not work-related, ensure appropriate medical and/or audiological referral and follow-up takes place.

4. Follow-up of Work-related Hearing Loss:

- a. Plan a preventive strategy for an individual who has experienced a Standard Threshold Shift (STS), which may include reduction of noise exposures, improved use of hearing protection, and/or work restriction.
- b. Determine other appropriate medical and/or audiological follow-up for individual and co-workers as required.

5. Management of the Audiometric Database

- a. Oversee the management and integrity of the audiometric database including record keeping, in order to ensure that all audiometric data and information is being correctly maintained in accordance with relevant federal regulations.
- b. Periodically evaluate the Hearing Conservation Program using the audiometric database. This may be accomplished using such techniques as Audiometric Data Base Analysis to determine whether an unacceptable level of hearing loss is occurring.
- c. Determine whether the results of this analysis indicate that further preventive action is warranted.

Background:

The [Council for Accreditation in Occupational Hearing Conservation's \(CAOHC\) Hearing Conservation Manual, \(4th edition, p. 5\)](#), has outlined the roles and responsibilities of the Professional Supervisor versus the Occupational Hearing Conservationist (OHC)[1]. CAOHC states the following:

“The following is an outline of the responsibilities of the audiometric testing program’s Professional Supervisor, who must be an audiologist, otologist, or other physician. This person’s role is to supervise the audiometric testing conducted by the OHC, recommend follow-up procedures, manage the audiometric database, and determine the work-relatedness of an employee’s hearing loss. OHC’s are not (unless otherwise qualified) responsible for these activities:

1. Audiogram interpretation.
2. Diagnosis of hearing problems.
3. Any type of audiometric testing other than air conduction, such as bone conduction or speech audiometry.
4. Evaluation of hearing conservation program effectiveness.
5. Training of other OHC’s.

A clear understanding of each person's role will enhance the effectiveness of the hearing conservation program. “

The [OSHA Hearing Conservation Standard \(25 CFR 1910.95\)](#) outlines the role of the Professional Supervisor in the audiometric portion of the hearing conservation program[2]. These include:

1910.95(g)

“Audiometric Testing Program”

3. “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 for Accreditation of Occupational Hearing Conservation...A technician who performs audiometric tests must be responsible to an audiologist, otolaryngologist, or physician.”

1910.95(g)(7)

“Evaluation of the audiogram”

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

1910.95(g)(7)(iii)(A)

“A copy of the requirements for hearing conservation as set forth in paragraphs (c) through (n) of this section;”

1910.95(g)(7)(iii)(B)

“The baseline audiogram and most recent audiogram of the employee to be evaluated;”

1910.95(g)(7)(iii)(C)

“Measurements of background sound pressure levels in the audiometric test room as required in Appendix D: Audiometric Test Rooms;”

1910.95(g)(7)(iii)(D)

“Records of audiometric calibrations required by paragraph (h)(5) of this section.”

1910.95(g)(8)

“Follow-up Procedures”

1910.95(g)(8)(i)

“If a comparison of the annual audiogram to the baseline audiogram indicates a standard threshold shift as defined in paragraph (g)(10) of this section has occurred, the employee shall be informed of this fact in writing, within 21 days of the determination.”

1910.95(g)(8)(ii)

“Unless a physician determines that the standard threshold shift is not work related or aggravated by occupational noise exposure, the employer shall ensure that the following steps are taken when a standard threshold shift occurs:”

1910.95(g)(8)(ii)(A)

“Employees not using hearing protectors shall be fitted with hearing protectors, trained in their use and care, and required to use them.“

1910.95(g)(8)(ii)(B)

“Employees already using hearing protectors shall be refitted and retrained in the use of hearing protectors and provided with hearing protectors offering greater attenuation if necessary.”

1910.95(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 use of hearing protectors.”

1910.95(g)(9)

“Revised baseline” An annual audiogram may be substituted for the baseline audiogram when, in the judgment of the audiologist, otolaryngologist, or physician who is evaluating the audiogram.”

1910.95(g)(9)(i)

“The standard threshold shift revealed by the audiogram is persistent; or”

1910.95(g)(9)(ii)

“The hearing threshold shown in the annual audiogram indicates significant improvement over the baseline audiogram.”

References:

1. Council for Accreditation in Occupational Hearing Conservation’s (CAOHC) Hearing Conservation Manual, (4th edition, p. 5).
2. Suter, A., Hearing Conservation Manual. 4th ed, ed. E.H. Berger. 2002, Milwaukee: Council for Accreditation in Occupational Hearing Conservation. 312.
3. OSHA, 1910.95 CFR Occupational Noise Exposure: Hearing Conservation Amendment (Final Rule), in 48 Federal Register. 1983. p. 9738-9785.
4. MSHA Noise Regulation 30 CFR Part 62, in Federal Register Vol. 64 No. 176. 1999.