Task Force 8:

Guidelines - Audiologists in Industrial Settings

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Hearing conservation and prevention of hearing loss among both children and adults is of vital concern to the Academy of Rehabilitative Audiology (ARA). Since occupational noise exposure is a major causative factor for sensorineural hearing loss in the adult population, the ARA acknowledges the necessity for audiologists to be come actively involved in industrial hearing conservation programs. As a consequence of this concern, the ARA established a task force committee in November, 1972 with the charge of developing "Guidelines for Audiologists in Inudatrial Settings." Members of the task force are: Daniel Bode, Herbert Greenberg, William Rintelmann (Chairman), and Kenneth Stockdell.

A set of guidelines previously developed by the Audiology Committee of the Michigan Speech and Hearing Association (MSHA) and adopted by the Executive Committee of MSHA in March 1973 were reviewed by our ARA task force for the purpose of modification and possible acceptance by ARA. These guidelines were reviewed (in part) at the ARA Institute on Rehabilitative Audiology at Bandera, Texas on April 26, 1973. These "Michigan Speech and Hearing Association Guidelines for Industrial Audiologists" are presented below:

MICHIGAN SPEECH AND HEARING ASSOCIATION GUIDELINES for INDUSTRIAL AUDIOLOGISTS

APPROVED by the MSHA Executive Committee, March, 1973

FROM: Hearing Conservation and Industrial Audiology Sub-Committee, MSHA; William Rintelmann, Chairman; Fred Bess and Albert Jetty, members. This sub-committee was named by E. J. Hardick, Vice-President for Audiology, Michigan Speech & Hearing Association.

1. A person who engages in industrial audiology must have appropriate qualifications:
    a. The audiologist must have sufficient specific training directly concerned with industrial audiology, (e.g. a formal university course, workshop, seminar, etc.) to qualify him for offering services in that area.
    b. The audiologist must not provide services for which he lacks expertise, i.e., noise measurement and analysis or acoustical engineering, unless he has had the necessary course work and experience.

c. A person, who does not hold the certificate of clinical competence (CCC) in audiology from the American Speech and Hearing Association or does not meet the eligibility requiremnts for CCC in audiology must not offer industrial audiological services, except as an audimetric technician (audiometrician) under the direct supervision of a fully qualified audiologist.

2. The audiologist must not endorse a particular product, i.e., ear protection devices, audiometers, etc., for remuneration from the company selling the product.
3. The audiologist must not allow his name, professional titles, or accomplishments to be used in the sale or promotion of industrial hearing conservation services unless he is directly involved in these services.
4. The industrial audiology program offered by the audiologist must meet or exceed current standards outlined by the U.S. Department of Labor and the National Institute for Occupational Safety and Health and the Michigan Departmment of Public Health.
    a. The audiologist, who is administering a hearing conservation program, is responsible for the decisions concerning the technique to be used in hearing testing, test frequencies, interpretation of test results, appropriate medical or audiological referral and follow-up recommendations under the guidelines of the latest Federal and State Regulations for Hearing Conservation Programs.
    b. All equipment used in the hearing conservation program must be calibrated to the latest published standards of the American National Standards Institute and confirmed at these levels by periodic (at least semi-annual) electro-acoustic calibration checks.
5. The audiologist must insure that the person who does the hearing testing has been adequately trained in the proper audiometric procedure. Further, the aduiometric technician shall be supervised by the audiologist.
6. Since there are many facets to a hearing conservation program, the audiologist must insure that those services which an industry is to receive or not receive are clearly delineated at the time a hearing conservation program is initiated.

At the Bandera, Texas meeting on April 26, 1973, it was concluded that establishing guidelines for audiologists functioning in an industrial setting was an appropriate charge for the ARA provided that such guidelines place an emphasis on rehabilitation needs and procedures. Daniel Bode and June Miller accepted the assignment of expanding the MSHA guidelines to include specific recommendations regarding the rehabilitation aspect of hearing conservation programs in industry. Several other related topics were briefly considered by the discussion group including the need for determining appropriate university course content to be used in industrial audiology training programs. It was stressed that there is an urgent need for curriculum development in this area.

During the open discussion period which followed the Discussion Group summaries, the main issue raised was how and to what extent should the ARA

guidelines by disseminated after such guidelines are approved by the ARA membership. There was a definite consensus that copies of these guidelines should be sent to all state speech and hearing organizations for both information purposes and also to elicit comments from audiologists interested in the industrial setting. Finally, some individuals present at the open discussion stated that the ARA should seek approval of the ARA guidelines from the American Speech and Hearing Association. One ARA member, John Cooper, strongly objected to the concept of seeking ASHA approval of these guidelines or for similar matters. Cooper stressed that the ARA membership should be the only approving body and that ASHA, along with other organizations, should be simply informed of ARA decisions and actions. There was some agreement with Cooper's comment; but, this point of debate was not resolved and was deferred until the next meeting of the ARA.