

# Now Hear This...

Volume 2, No. 4

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## Reporting, reporting, reporting...

The Project SENSOR occupational noise-induced hearing loss surveillance program is now in its 7th year, which is an appropriate time to reflect on and review the ongoing efforts to reduce the harmful effects of occupational noise for Michigan's workers. Michigan's Occupational Disease Reporting Law (Article 368, Part 56, PA 1978, as amended) requires that health care providers report known or **suspected** occupational diseases to the Michigan Department of Consumer and Industry Services (MDCIS).

An individual is considered to have occupational NIHL if a health professional determines that audiometric findings are consistent with noise-induced hearing loss and there is a history of exposure to sufficient noise at work to cause hearing loss. The following minimum hearing loss is suggested: a standard threshold shift of 10 dB or more in either ear at an average of 2000, 3000 and 4000 Hz; or a fixed loss of 25 dB or greater in either ear at an average of 500, 1000, and 2000 Hz or 1000, 2000 and 3000 Hz, or 3000, 4000 and 6000 Hz, or a 15-25 dB or greater loss in either ear at an average of 3000 and 4000 Hz.

Michigan's audiologists and otolaryngologists have been provided with a unique opportunity

to easily report occupational NIHL to the MDCIS. Typically, occupational diseases must be reported on the standard issue blue form--"Known or Suspected Occupational Disease Report." The SENSOR project has made alternative reporting formats available to make reporting easy and less time consuming. Hearing health care providers can forward cases of known or suspected occupational NIHL in a variety of ways.

**FAX:** 517-432-3606

**Mail:** MDCIS/Occ. Hlth. Division  
PO Box 30649  
Lansing, MI 48909-8149

**Telephone:** 1-800-446-7805

**Email:** Rosenman@msu.edu

*Postage paid envelopes are also available.*

The information that must be reported has also been significantly reduced, to encourage prompt reporting of this occupational disease. Minimally, reports must include the patient's name, address and phone number, along with the disease being reported (known or suspected occupational hearing loss) and the name and address of the reporting practitioner. The abbreviated

reporting format was designed to reduce the tedious paperwork that is often required from health care providers.

## ***"The dog ate my reporting form..."***

Despite these efforts, more than 80% of audiologists and otolaryngologists in Michigan have not reported any cases of known or suspected occupational NIHL. Why? To assess the various reasons for non compliance with the 1978 law, an informal survey was conducted. Of the approximately 450 audiologists and 150 otolaryngologists in Michigan, responses were obtained from 117 practitioners, representing 26 practices. The following reasons were given for not reporting known or suspected cases of occupational NIHL:

### **I don't see many adults.**

Please be aware that if you do see an adult in your practice with a noise-notch, it would be appropriate to find out the type of work that individual does.

### **I don't see many employed individuals.**

Again, if you do see a patient with a noise-notch, please be sure to consider the patient's type of work. You are required to report retired individuals and other individuals who were previously exposed to noise at work. Your identification of a hazardous noise-at-work situation as the cause of your patient's hearing loss is the critical link in identifying workplaces that lack an adequate hearing conservation program.

### **I report to the referring doctor.**

As a hearing health professional, it would be appropriate to discuss occupational disease reporting with the physician and determine the best means to report known or suspected cases of work-related NIHL. That physician may be unaware of the reporting regulations.

### **I didn't know that we had to report.**

Any known or suspected work-related NIHL must be reported to the State. This law has been in effect since 1978. One of the goals of project SENSOR

and the reasons for this newsletter to the state's hearing health professionals is to increase awareness of the regulations. It is only through the support and cooperation of the state's hearing health professionals that we can make a difference and help Michigan workers preserve their hearing.

### **I couldn't find the forms.**

There are many ways to obtain copies of the forms. Refer to this newsletter for contact numbers.

### **I just forgot about reporting.**

Perhaps if you developed a system that facilitates reporting it would be less likely to be overlooked. Feel free to call 1-800-446-7805 to arrange for a consultation to develop a system that is tailored to your office system.

### **I don't have to report.**

Under Public Act 368 of 1978 you are, in fact, required to report any known or suspected cases of occupational NIHL. It is a misdemeanor and a \$50 fine per case, for failure to report. If you have questions or concerns about reporting, contact Project SENSOR staff or the MDCIS to discuss.

**Watch for us** at the next annual MSHA Conference in Grand Rapids. Project SENSOR has organized a mini-seminar on Friday March 17th, 2000 with 3 knowledgeable presentors:

**\*Lee D. Hager**, an engineer who specializes in industrial noise control will speak on controlling noise exposures in the workplace for non-engineers.

**\*Lisa Murray-Johnson**, a health educator from the Department of Communication at Michigan State University will discuss her group's research on motivating workers to wear hearing protection.

**\*Mark Stephenson**, an audiologist from the National Institute for Occupational Safety and Health will cover the new NIOSH Criteria Document on a Recommended Standard for Hearing Conservation.

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**I don't want to get anyone in trouble.**

Michigan has long-standing laws to protect workers and health professionals from "getting in trouble" if a case is required to be reported to the MDCIS. Contact us if you would like a copy of the laws.

**I thought the doctor was reporting.**

It would be helpful and prevent unnecessary confusion to take a few minutes to discuss with the doctor how reporting will be done and who will be responsible for submitting the reports to the MDCIS.

**I assumed the audiologist was reporting.**

Again, the best way to begin reporting cases is to clarify the roles of reporting cases among all staff involved.

## ***"Here's what your peers are doing..."***

Individuals who indicated that they report cases of known or suspected occupational NIHL to the MDCIS were willing to share their methods of complying with the Michigan law. We are hopeful that the following summaries of procedures utilized to report may encourage others to develop a method to easily incorporate reporting into an office routine.

*Place a star next to the patient's name on the daily schedule whenever a patient is identified with known or suspected occupational NIHL. At the end of the day, any name with a star indicates the need to fill out a MDCIS reporting form.*

*Flag any cases of occupational NIHL with a sticky note for the clerical staff to take action on. The staff then forward the required information to the MDCIS.*

*One practice modified their audiograms to include a box which is checked if the patient had known or suspected occupational NIHL. When the clerical staff files the audiograms, they forward the reports to the MDCIS on patients with checks in the special NIHL box.*

*Maintain partially completed photocopies of the standard reporting form in the audiological test booth. The form has the practitioner information and type of illness*

*already completed, and therefore only requires the audiologist or otolaryngologist to fill in the patient's name, address and phone number.*

*Flag the medical record with a bright yellow advisory note indicating that the patient has suspected occupational NIHL and leave it on top for the medical assistant to complete.*

*Put a blue form on top of the chart when a patient displays known or suspected occupational NIHL to alert the otolaryngologist to complete the form at the time of the examination.*

Please contact Project SENSOR staff if you would like assistance in developing a mechanism to report cases of known or suspected occupational NIHL in your practice. The reporting of an individual with work-related hearing loss is a sentinel health event that requires reporting. It is estimated that nearly half a million workers in Michigan are exposed to noise levels of 85 dBA or greater (NIOSH, 1996 and Bureau of Labor Statistics, 1996). Those individuals in Michigan who do not receive effective hearing protection, periodic hearing testing and education on the appropriate use of ear protection are at high risk for permanent sensorineural hearing loss.

The MDCIS has received over 2000 reports from otolaryngologists and audiologists. To date, interviews with employees led to the identification of 24 companies with significant noise violations. Your reports have served to potentially protect over 4000 individuals from further exposure to damaging noise in the work place.

*Special thanks to those audiologists and otolaryngologists who took the time to review their reporting practices for this publication, and discuss their concerns and reasons for not reporting.*

## Advisory Board

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## Michigan Law Requires the Reporting of Known or Suspected Occupational NIHL

Reporting can be done by:

FAX (517) 432-3606  
Telephone 1-800-446-7805  
E-Mail [Rosenman@msu.edu](mailto:Rosenman@msu.edu)  
Mail MDCIS Occ. Health Division  
PO Box 30649  
Lansing, MI 48909-8149

### Suggested Criteria for Reporting Occupational NIHL

1. A history of significant exposure to noise at work; AND
2. A STS of 10dB or more in either ear at an average of 2000, 3000 & 4000 Hz.  
OR
3. A fixed loss.\*

\*Suggested definitions: a 25dB or greater loss in either ear at an average of: 500, 1000 & 2000 Hz; or 1000, 2000 & 3000 Hz; or 3000, 4000 & 6000 Hz; or a 15dB or greater loss in either ear at an average of 3000 & 4000 Hz.