

RMI/SIR – STS/PTS Hearing Loss Selection Guide Rev2

STS/PTS that results in permanent impairment or noise-induced hearing loss of 10 dB or greater documented by medical authority as part of the annual hearing exam for the hearing conservation program or routine physicals are to be listed as Class D Mishaps as listed below. When a reportable hearing loss occurs from an **instantaneous** event (e.g. Hearing losses from either a punctured eardrum or acoustic traumas from a one-time blast or over-pressure are injuries), the hearing loss shall be reported as an injury and will be a Class B Mishap.

#	Field (Page)	Selection								
1	<u>Event Investigation</u>	<p>***Event Type Tier 1 <u>MUST</u> be "Occupational Illness"***</p> <div style="border: 1px solid black; padding: 5px;"> <p>Investigation Type: * ⓘ Mishap ▼</p> <p>Category: * ⓘ Ground ▼</p> <p>Subcategory Tier 1: * Industrial and Occupational ▼</p> <p>Event Type Tier 1: * Occupational Illness ▼</p> <p>Definitions & Examples</p> </div>								
2	<u>Event Type</u> (General Information)	<p>***Event Type Tier 2 <u>MUST</u> be "Hearing Loss"***</p> <div style="border: 1px solid black; padding: 5px;"> <p>Event Type: Tier 1: Occupational Illness</p> <p style="text-align: right;">Tier 2: Hearing Loss ▼</p> </div>								
3	<u>Event One Liners</u> (General Information)	<div style="border: 1px solid black; padding: 5px;"> <div style="background-color: #333; color: white; padding: 2px;">EVENT ONE LINER</div> <p style="font-size: small; color: gray;">THE ONE LINER WILL NOT CONTAIN PRIVILEGED SAFETY INFORMATION ⓘ</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid gray; font-size: x-small;">WHAT WAS THE ACTIVITY?</td> <td style="border-bottom: 1px solid gray;">EXPOSURE TO HAZARDOUS NOISE OVERTIME</td> </tr> <tr> <td style="border-bottom: 1px solid gray; font-size: x-small;">WHAT HAPPENED?</td> <td style="border-bottom: 1px solid gray;">SIGNIFICANT THRESHOLD SHIFT (STS) OR PERMANENT THRESHOLD SHIFT (PTS)</td> </tr> <tr> <td style="border-bottom: 1px solid gray; font-size: x-small;">WHAT WAS DAMAGED/BROKEN/INJURED?</td> <td style="border-bottom: 1px solid gray;">BOTH EARS</td> </tr> <tr> <td style="border-bottom: 1px solid gray; font-size: x-small;">WHAT WAS THE OUTCOME?</td> <td style="border-bottom: 1px solid gray;">AUDIOGRAM</td> </tr> </table> <p style="font-size: x-small; margin-top: 5px;"> Spell Check ONE LINER FORMAT AND EXAMPLES </p> </div>	WHAT WAS THE ACTIVITY?	EXPOSURE TO HAZARDOUS NOISE OVERTIME	WHAT HAPPENED?	SIGNIFICANT THRESHOLD SHIFT (STS) OR PERMANENT THRESHOLD SHIFT (PTS)	WHAT WAS DAMAGED/BROKEN/INJURED?	BOTH EARS	WHAT WAS THE OUTCOME?	AUDIOGRAM
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4	<u>Risk Management</u>	<p>Deliberate or Real-Time / Time-Critical Risk Management processes were: *</p> <p> <input type="radio"/> Conducted prior to the event <input type="radio"/> Not Conducted prior to the event <input checked="" type="radio"/> Could not be determined </p>								

Person Info
Page 1
(Person Information)

STS/PTS documented by medical authority as part of the annual hearing exam for the hearing conservation program or routine physicals are to be listed as Class D Mishaps and will have an Injury Severity of "No Lost Time" with a check mark next to "Other Significant Illness/Injury".

Duty Status Tier 1: On

Duty Status Tier 2: No Further Status
Need Help with Duty Status?

Shop/Code: 1

1st line supervisor name at the time of the event/when the Occupational Illness was reported: John Doe

Number of years and months of experience performing task at the time of the event/working in the primary field: Years 1 Months 1

Injury Severity: No Lost Time
Need Help With Severity Definitions?

Check All that apply:

- Loss of Consciousness
- Medical Treatment Greater than First Aid
- Other Significant Illness/Injury
- Restricted Duty
- Temporary Job Transfer
- Partial Days

Annual / Routine Audiogram:

- Event Class: Class D
- Injury Severity: No Lost Time

When a reportable hearing loss occurs from an **instantaneous** event (e.g. Hearing losses from either a punctured eardrum or acoustic traumas from a one-time blast or over-pressure are injuries), the hearing loss shall be reported as an injury and will be a Class B Mishap. When reporting this mishap, you will have to complete a Preliminary Message that will collect limited information initially. Once the Preliminary Message has been approved by the NSC QC Department, you will be able to complete the Final Message.

Person #: SR E1 Doe, John Injury Cost: missing required information

Assigned Organization: Same as Accounting Organization

Injury Severity: Permanent Partial Disability
Need Help With Severity Definitions?

Instantaneous Event:

- Event Class: Class B
- Injury Severity: Permanent Partial Disability

6	<p><u>Illness Form Submitted</u> (Occupational Illness)</p>	<p>Illness Form Submitted:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> CA-2 <input type="checkbox"/> CA-6 <input type="checkbox"/> LS-201 <input type="checkbox"/> LS-202 <input type="checkbox"/> OSHA Form 301 <input type="checkbox"/> Other, Describe
7	<p><u>Illness Exposure Duration</u> (Occupational Illness)</p>	<p>***Date exposure began is the date that shift was identified by Occupational Health. (Date of Audiogram)***</p> <div style="border: 1px solid black; padding: 5px;"> <p>Illness Exposure Duration ⓘ</p> <p>Date Exposure Began: 05 OCT 2020 📅</p> <p>Date Exposure Ended: <input checked="" type="checkbox"/> Exposure On-going</p> <p>Total Days Exposed: 1</p> </div>
8	<p><u>Date of Symptom Onset</u> (Occupational Illness)</p>	<p>***Date of symptom onset is the date that shift was identified by Occupational Health. (Date of Audiogram)***</p> <div style="border: 1px solid black; padding: 5px;"> <p>Date of Symptom Onset: ⓘ 05 OCT 2020 📅 <input type="checkbox"/> Unable to Determine</p> <p>Preliminary Diagnosis Tier 1: Hearing ▾</p> <p>Preliminary Diagnosis Tier 2: Hearing Loss, Mixed (Conductive/Sensorineural) ▾</p> <p>Preliminary Diagnosis Tier 3: No Further Breakdown ▾</p> </div>
9	<p><u>Date of Preliminary Diagnosis</u> (Occupational Illness)</p>	<p>***Date of preliminary diagnosis is the date that shift was identified by Occupational Health. (Date of Audiogram)***</p> <div style="border: 1px solid black; padding: 5px;"> <p>Date of Preliminary Diagnosis: 05 OCT 2020 📅</p> <p>Treatment Administered: Definitive Medical ▾</p> <p>Type of Hazard: ⓘ Physical ▾</p> <p>Exposure Route: ⓘ Ear ▾</p> <p>Illness due to routine activities? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> </div>

10	<p align="center"><u>Final Determination</u> (Occupational Illness)</p>	<p>Do you have enough information to make a final determination? * <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Final Diagnosis Tier 1: * <input type="text" value="Hearing"/></p> <p>Final Diagnosis Tier 2: * <input type="text" value="Hearing Loss, Mixed (Conductive/Sensorineural)"/></p> <p>Final Diagnosis Tier 3: * <input type="text" value="No Further Breakdown"/></p> <p>Date of Final Diagnosis: <input type="text" value="05 OCT 2020"/> </p> <p>Have you determined this condition as an occupational illness? * <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
11	<p align="center"><u>Injury Information</u> (Injuries)</p>	<p>***Indicate which ear suffered the shift. If both ears are affected, create one injury for the left ear and one injury for the right ear.***</p> <p>Injured Body Part Tier 1: * <input type="text" value="Head/Neck"/></p> <p>Injured Body Part Tier 2: * <input type="text" value="Ear, Inner"/></p> <p>Side of Body: * <input checked="" type="radio"/> Right <input type="radio"/> Left</p> <p>Injury Type Tier 1: * <input type="text" value="External Causes (Other Effects of)"/> Need help with injury types?</p>
12	<p align="center"><u>Casual Factors</u> (Factors)</p>	<p>***Factor should represent information known with a minimum mention of PTS/STS and Audiogram.***</p> <p>Factor Title: * <input type="text" value="SVM suffered a PTS"/></p> <p>Investigative Area: * <input type="text" value="other"/></p> <p>Investigation & Analysis Narrative: * <input type="button" value="Spell Check"/> Detailed Instructions</p> <p><input type="text" value="During their Annual Audiogram, SVM was diagnosed with a PTS."/></p> <p>Determination: * <input type="text" value="Causal Factor"/></p>

13	Event Human Factors (HFAC-MFAC)	<p>***Choose MOST appropriate Event Level or Person Level Human Factors.***</p> <div data-bbox="505 302 1432 373"><p>INFORMATION: If further assistance is needed, please contact a physiologist on your base, your MAJCOM SEH (if available) or contact the SEH division at AFSEC REFERENCES: DoD HFACS Overview DoD HFACS Guide DoD HFACS Structure on One Page</p></div> <p>Are human factors applicable to this event? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>(Please Select and Rate All Applicable Human Factors)</i></p>
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