




RMI/SIR – STS/PTS Hearing Loss Selection Guide Rev1

***STS/PST 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 events 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 event.

#	Field (Page)	Selection
1	Event Investigation	Investigation Type: *  <input type="text" value="Mishap"/> Category: *  <input type="text" value="Ground"/> Subcategory Tier 1: * <input type="text" value="Industrial and Occupational"/> Event Type Tier 1: * <input type="text" value="Occupational Illness"/> Definitions & Examples
2	Event Type (General Information)	Event Type: Tier 1: <input type="text" value="Occupational Illness"/> Tier 2: <input type="text" value="Hearing Loss"/>
3	Event One Liners (General Information)	<div style="background-color: #333; color: white; padding: 2px;">EVENT ONE LINER</div> <p style="font-size: small; color: #666;">THE ONE LINER WILL NOT CONTAIN PRIVILEGED SAFETY INFORMATION </p> <p>WHAT WAS THE ACTIVITY? <input type="text" value="EXPOSURE TO HAZARDOUS NOISE OVERTIME"/></p> <p>WHAT HAPPENED? <input type="text" value="SIGNIFICANT THRESHOLD SHIFT (STS) OR PERMANENT THRESHOLD SHIFT (PTS)"/></p> <p>WHAT WAS DAMAGED/BROKEN/INJURED? <input type="text" value="BOTH EARS"/></p> <p>WHAT WAS THE OUTCOME? <input type="text" value="AUDIOGRAM"/></p> <p><input type="button" value="Spell Check"/> ONE LINER FORMAT AND EXAMPLES</p>
4	Risk Management	<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>
5	Illness Form Submitted (Occupational Illness)	<p>Illness Form Submitted:</p> <p><input checked="" type="checkbox"/> CA-2</p> <p><input type="checkbox"/> CA-6</p> <p><input type="checkbox"/> LS-201</p> <p><input type="checkbox"/> LS-202</p> <p><input type="checkbox"/> OSHA Form 301</p> <p><input type="checkbox"/> Other, Describe</p>
6	Illness Exposure Duration	<p>***Date exposure began is the date that shift was identified by Occupational Health. (Date of Audiogram)***</p>

	(Occupational Illness)	<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>
7	<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> <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>
8	<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> <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>
9	<p><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: * Hearing</p> <p>Final Diagnosis Tier 2: * Hearing Loss, Mixed (Conductive/Sensorineural)</p> <p>Final Diagnosis Tier 3: * No Further Breakdown</p> <p>Date of Final Diagnosis: 05 OCT 2020 📅</p> <p>Have you determined this condition as an occupational illness? * <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
10	<p><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: * Head/Neck <input type="text"/></p> <p>Injured Body Part Tier 2: * Ear, Inner <input type="text"/></p> <p>Side of Body: * <input checked="" type="radio"/> Right <input type="radio"/> Left</p> <p>Injury Type Tier 1: * External Causes (Other Effects of) <input type="text"/> Need help with injury types?</p>
11	<p>Casual Factors (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: * 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>
12	<p>Event Human Factors (HFAC-MFAC)</p>	<p>***Choose MOST appropriate Event Level or Person Level Human Factors.***</p> <p><small>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</small></p> <p>Are human factors applicable to this event? <input checked="" type="radio"/> Yes <input type="radio"/> No <small>(Please Select and Rate All Applicable Human Factors)</small></p>