



CITY OF KINSTON

Personnel Policy

Subject: Hearing Conservation Policy	Section: Employee Health Services		Review Responsibility: Employee Health- HR		
	Policy #: 3	Effective Date: 02/1/2025	Rev. #: 3	Revision Date: 01/15/2025	Page: 1 of 4
	Supersedes: 1/24/2020	Prepared By: Blake Burkett, RN; Tiffany Smith, HR Director		Approved By: Rhonda Barwick, City Manager	

1.0 Purpose

The purpose of this policy is to protect the hearing of employees with the City of Kinston by monitoring noise levels periodically to ensure they remain within safe and acceptable ranges. This policy also aims to ensure compliance with OSHA standards regarding occupational noise exposure (29 CFR 1910.95). The policy is aligned with existing OSHA standards, and in cases where any part of this policy may be inconsistent with those standards, the applicable OSHA regulation will take precedence.

2.0 Departments Affected

All City employees with an eight-hour time-weighted average (TWA) of 85 dB(A), or greater, of measured noise exposure.

3.0 Procedures

3.1 Noise Level Testing: Noise levels will be periodically (at least every 3 years) monitored using a dosimeter. The Employee Health Nurse will arrange a contractor to conduct the testing and advise the Employee Health Nurse, the employee, and the employee's supervisor when areas of exposure are identified and what the levels are. When employee noise exposure exceeds the OSHA Permissible Exposure Limit (PEL) of 90 db(A) on an eight-hour time-weighted average, engineering or administrative controls will be used to reduce exposure. Those employees affected will be considered as part of the Hearing Conservation Program. The Hearing Conservation Program shall have a professional supervisor who shall be an audiologist or a physician.

3.2 Engineering and Administrative Controls: Each department will make every effort to use engineering controls to eliminate or reduce noise exposure to employees. When noise levels are identified to be at or above the OSHA PEL, the Employee Health Nurse will work with department management in an effort to reduce noise levels below the PEL through engineering controls, i.e. housing, change in equipment, mufflers, procedural changes, etc. Also, employees will be rotated out of the areas of exposure to reduce their time weighted averages to acceptable and safe ranges. If these methods are not feasible, hearing protection devices (HPDs) will be provided and used to reduce exposures to below 85 dB(A).

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3.3 Personal Protective Equipment: Employees will be fitted with hearing protection devices (HPDs), instructed in the care and wearing procedure, and how to protect their hearing from noise exposure both on and off the job through the Employee Health Clinic and the designated departments. The appropriate HPD will be issued through the employee's department. Hearing protection will be charged out to each individual department/division. Employees and Department/Division administration will be advised of noise exposures that exceed an eight-hour time-weighted average of 85 dB(A). Employees with special fitting needs or other ear health related needs will be provided assistance in fitting and obtaining hearing protection devices or other reasonable accommodation through employee health.

3.4 Training: Employees that are part of the hearing conservation program will receive initial training when hearing protection is issued. These employees will be trained annually on noise conduction physiology and the harmful effects of noise exposure, and the care and use of hearing protection through regularly scheduled departmental/division safety meetings. These employees will receive instruction on the proper type of protection to use and how to wear hearing protection. The department, with assistance from the Employee Health Nurse, will be responsible for conducting this training and insuring compliance with this policy.

4.0 Audiometric Testing

All newly hired employees in regular positions in all departments (except clerical or full-time office staff) will have a baseline hearing test (audiogram) done during their pre-placement physical assessment in Employee Health. Testing should be performed by a Council for Accreditation in Occupational Hearing Conservation trained provider. Testing to establish a baseline audiogram shall be preceded by at least 14 hours without exposure to workplace noise. The Employee Health Nurse will test employees that are part of the hearing conservation program on an annual basis. Tested employees will be informed of the results of the testing and advised to seek further medical evaluation with an ENT (Ear, Nose and Throat) specialist if hearing testing indicates a loss, Standard Threshold Shift (STS), or other deviation from normal limits for age and history. All employees with a suspected STS will be retested within thirty (30) days of the initial audiogram. If it is found that the STS is a result of workplace induced noise exposure, the cost of an evaluation by an ENT provider and treatment will be filed on the City's Worker's Compensation Plan. Any work-related STS will be recorded on the OSHA log within 7 days of determination of work-relatedness. Employees with an STS will be notified in writing within 21 days of determination. Employees experiencing an STS will be refitted and retrained with HPDs and provided hearing protectors offering greater attenuation if necessary. Employees will also be re instructed in care and use of hearing protection. Employees with a confirmed STS will be required by OSHA to wear hearing protection at 85 dBA TWA.

4.1 Audiogram Baseline Revision: Audiograms are reviewed by the Employee Health Nurse and the employee is referred to an ENT for further evaluation when indicated. When a STS or an improved baseline is found, the baseline of the affected ear may be revised only by an audiologist, otolaryngologist or physician who is evaluating the audiogram.

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4.2 Guidelines for Interpretation of Audiograms: All problem audiograms will be reviewed by the Professional Supervisor. Listed below are audiology criteria to be applied to baseline and periodic audiograms. All employees who fall within these criteria should be referred to an ENT physician for further evaluation and counseling. Applicants who do not meet the criteria may be advised and counseled by the Employee Health Nurse and advised to seek further audiology evaluation with an ENT or hearing specialist.

4.2.1 Baseline audiogram: Average hearing level greater than 25dB in either ear at 500, 1000, 2000 and 3000 Hz. Or a difference in average hearing level between the two ears of a) more than 15dB at 500, 1000 and 2000 Hz or b) more than 30 dB at 3000, 4000 and 6000 Hz

4.2.2 Annual audiogram: Change for worse in average hearing level, in either ear, compared to baseline audiogram of a) more than 15dB at 500, 1000 and 2000 Hz or b) more than 20 dB at 3000, 4000, and 6000 Hz

4.2.3 Standard Threshold Shift (STS): Change of 10dB or more in either ear for the pure tone average of 2000, 3000 or 4000 Hz. Allowance will be made for aging.

4.2.4 In addition to the above audiogram referral criteria, the following guidelines should be adhered to:

- a) Employees with a current history of ear pain, drainage, dizziness, new or changed tinnitus, sudden, fluctuating, or rapidly progressive hearing loss, or a feeling of fullness or discomfort in one or both ears should be referred to their family physician or an ENT for medical evaluation
- b) Employees with significant cerumen accumulation or a foreign body in the ear canal that is not easily removed should be referred to his/her personal physician for medical treatment
- c) Employees with a 40 dB difference in any frequency between the right and left ears should be referred to an ENT for further evaluation
- d) Employees who show variable or inconsistent response or unusual hearing loss curves should be referred to an ENT for further evaluation

5.0 Audiometer Calibration

5.1 The functional operation of the audiometer shall be checked before each day's use by testing a person with known, stable hearing thresholds, and by listening to the audiometer's output to make sure that the output is free from distorted or unwanted sounds. Deviations of 10 decibels or greater require an acoustic calibration.

5.2 Audiometer calibration shall be checked acoustically at least annually in accordance with appendix E: *Acoustic Calibration of Audiometers*. Test frequencies below 500 Hz and above 6000 Hz may be omitted from this check. Deviations of 15 decibels or greater require an exhaustive calibration.

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5.3 An exhaustive calibration shall be performed at least every two years in accordance with sections 4.1.2; 4.1.3.; 4.1.4.3; 4.2; 4.4.1; 4.4.2; 4.4.3; and 4.5 of the American National Standard Specification for Audiometers, S3.6-1969. Test frequencies below 500 Hz and above 6000 Hz may be omitted from this calibration.

6.0 Recordkeeping

6.1 The employer shall retain all employee audiometric test records and shall include:

- Name and job classification of the employee
- Date of the audiogram
- The examiner's name
- Date of the last acoustic or exhaustive calibration of the audiometer
- Employee's most recent noise exposure assessment

6.2 Record Retention:

- Noise exposure measurement records shall be retained for two years.
- Audiometric test records shall be retained for the duration of the affected employee's employment

7.0 References

[Hearing Conservation Program | NC DOL](#)

[1910.95 - Occupational noise exposure. | Occupational Safety and Health Administration](#)