



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
7700 ARLINGTON BOULEVARD  
FALLS CHURCH VA 22042

Canc: Apr 2019  
IN REPLY REFER TO  
BUMEDNOTE 6260  
BUMED-M44  
6 Apr 2018

BUMED NOTICE 6260

From: Chief, Bureau of Medicine and Surgery

Subj: HEARING CONSERVATION PROGRAM MANAGEMENT

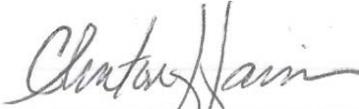
Ref: (a) DOD Instruction 6055.12 of 3 December 2010  
(b) MCO 6260.3A of 26 Sep 2016  
(c) OPNAVINST 5100.23G  
(d) OPNAVINST 5100.19E  
(e) BUMEDINST 5100.13F  
(f) NMCPHC Industrial Hygiene Field Operations Manual, Chapter 5 of April 2017  
(g) 29 CFR 1910.95  
(h) NMCPHC-TM 6260.51.99-2, Navy Medical Department Hearing Conservation Program Procedures of September 2008

Encl: (1) Navy Medicine Hearing Conservation Program Implementation and Management

1. Purpose. To standardize the Hearing Conservation Program (HCP) management roles and responsibilities for occupational audiologists and provide interim HCP guidance for industrial hygiene program offices per references (a) through (h).
2. Cancellation. BUMED memo of 15 March 2007 (NAVMED Policy 07-008).
3. Scope. This notice applies to all Navy medical treatment facilities (MTF) and industrial hygiene program offices.
4. Background. The Department of Defense HCP has been updated per reference (a). This notice provides interim guidance for implementation and management of the HCP to include roles and responsibilities, occupational exposure limit, and identification of personnel at risk. It is not the intent of this guidance to readdress all HCP elements.
5. Action. All Navy MTFs, occupational audiologists, and industrial hygienists must comply with enclosure (1).
6. Records Management. Records created as a result of this notice, regardless of media and format, must be managed per Secretary of the Navy Manual 5210.1 of January 2012 and the Health Insurance Portability and Accountability Act Privacy and Security Rules, as applicable.

BUMEDNOTE 6260  
6 Apr 2018

7. Information Management Control. The reports required in enclosure (1), paragraphs 2b, 3b(3), and 3b(7) are exempt from reports control per SECNAV M-5214.1, December 2005.



C. FORREST FAISON III

Releasability and distribution:

This notice is cleared for public release and is available electronically only via the Navy Medicine Web site at: <http://www.med.navy.mil/directives/Pages/BUMEDNotes.aspx>.

NAVY MEDICINE  
HEARING CONSERVATION PROGRAM  
IMPLEMENTATION AND MANAGEMENT

1. BUMED and Navy Medicine Regions. Will establish a comprehensive HCP and coordinate the exchange of information between headquarters commands for consistent implementation of the HCP across Navy Medicine per reference (e).

2. MTF Commanding Officers will:

a. Designate a Hearing Conservation Program Manager (HCPM) by appointment letter. Occupational audiologists (OA) are HCP subject matter experts (SME) and are best suited to serve as the HCPM. Circumstances such as program size and geography may require more than one HCPM or assistant HCPMs to also be designated. In the absence of an OA, the regional HCPM will assist the MTF commanding officer in identifying an individual within the command's area of responsibility (AOR) to provide local program management and an OA to provide program oversight support via a memorandum of agreement.

b. Maintain adequate OA, hearing conservation technician, and administrative staffing levels to implement and manage the HCP and ensure timely access to HCP care and services. The Occupational Audiology Staffing Model developed by Shore Manpower Bureau of Medicine and Surgery (BUMED) (BUMED-M14) will be used as guidance in determining appropriate staffing levels.

c. Ensure the HCPM provides centralized oversight and operational and technical management of all OA and HCP personnel, services, and resources within the MTF, its branch clinics, and mobile facilities. Ensure direct involvement of the HCPM or subject matter expert in hiring and selecting OA and HCP staff and determining cross-leveling support needs during staffing shortages.

d. Support professional development and continuing education for audiologists per reference (e). Ensure OAs maintain hearing conservation course director credentials per reference (h), available at [http://www.med.navy.mil/sites/nmcphc/Documents/oem/TM6260\\_51\\_99-2\\_September2008.pdf](http://www.med.navy.mil/sites/nmcphc/Documents/oem/TM6260_51_99-2_September2008.pdf).

e. Review and approve MTF fiscal year HCP self-assessments and metrics annually.

3. MTF HCPMs will:

a. Ensure standardization of patient care and business practices across the enterprise. Provide centralized oversight, operational management, and technical supervision of OA and HCP personnel, services, and resources within the MTF, branch clinics, and mobile facilities to:

(1) Ensure adequate staffing, equipment, supplies, operating target, and access to OA and HCP care and services at facilities.

(2) Oversee staff schedules to include initiating, participating, and facilitation in hiring actions and orientation of OA and HCP personnel. Facilitate training, certification, and continuing education for HCP staff.

(3) Provide technical review of HCP notifications, correspondence, and reports.

(4) Conduct medical record reviews, mentoring, and performance and competency evaluations for HCP staff.

(5) Monitor and evaluate Defense Occupational and Environmental Health Readiness System (DOEHRS) data quality and resolve discrepancies. Ensure all HCP workload is appropriately captured in patient electronic health record systems and all time spent performing HCP functions is accurately captured in the Defense Medical Human Resource System – Internet under the “FBN” Medical Expense and Performance Reporting System code. Ensure medical coding practices are conducted per Department of Defense guidance throughout the AOR.

(6) Manage HCP equipment inventory, maintenance, calibration schedules, and clinic space needs. Coordinate with leadership on facility design of new spaces or relocation of OA and HCP personnel, as applicable.

b. Complete annual HCP self-assessment and metrics per references (d) and (e). Brief MTF leadership on self-assessment findings, metrics, and plans for improvement annually. Submit assessment and metrics data to the cognizant Navy Medicine Region per established timelines.

c. Maintain HCP preparedness across the MTF enterprise for safety and occupational health management evaluations and Navy Medicine Inspector General inspections. Resolve all formal findings.

4. OAs will:

a. Allocate no more than 50 percent of the work schedule toward audiological evaluation and assessment of HCP enrolled patients to enable the proper distribution of efforts toward the primary mission of hearing loss prevention. Responsibilities include:

(1) Reviewing HCP referrals and determine disposition.

(2) Providing comprehensive diagnostic audiology care and services to referred patients.

(3) Conducting medical qualification assessments on HCP enrollees meeting criteria for further audiological evaluation as outlined in reference (h).

b. Allocate at least 50 percent of the work schedule toward conducting HCP management, prevention, and outreach functions. Responsibilities include:

(1) Developing and maintaining a current directory of supported commands within the MTF AOR. For each supported command, maintain the unit identification code, HCP enrollment numbers, and a listing of important points of contact (to include unit safety officer). Information must be updated at least semi-annually.

(2) Ensuring monthly contact via e-mail with 100 percent of noise hazard command safety managers and officers in the AOR to develop proactive communication and facilitate reciprocal cooperative relationships. Communication may include program performance data, training materials, and marketing available MTF HCP support services that facilitate improved readiness and promote positive hearing health care behavior change. Maintain e-mails as documentation of monthly contact.

(3) Completing a minimum of 12 documented HCP training or hearing loss prevention events per full-time OA per fiscal year to provide tangible program assistance and hearing loss prevention consultation. This may include:

(a) Completing a walk-through of the worksite, assessing HCP implementation measures, and providing program improvement options.

(b) Evaluating command hearing injury trends and assessing possible worksite practices and prevention habits that influence injury risk.

(c) Conducting HCP education and training or other substantial, interactive hearing loss prevention activities.

(d) Assisting with hearing protection device (HPD) selection and custom protection options or conducting HPD fit check assessments.

(e) Attending or providing presentations at base safety meetings.

(f) Participating in health fairs.

(4) The OA must ensure annual hearing conservation technician competency evaluations are completed on all active certified technicians in the AOR. Newly certified hearing conservation technicians are considered fully qualified and a competency evaluation is not required until 1 year from certification date. Items reviewed and assessed during the competency evaluation are located in reference (h).

(5) OAs providing oversight to multiple HCP points of service locations must visit and assess each site quarterly. Clinics outside a 120 mile radius must be visited annually. Reference (e) provides guidelines on items to review and assess on MTF and clinic assist visits.

(6) Conduct periodic hearing conservation technician certification courses per reference (h) to maintain adequate staffing and credentialing of certified technicians in the AOR. Course frequency should be commensurate with local demands.

(7) Provide annual fiscal year performance report to supported commands. Per reference (h), ensure formal notification to the patient and his or her supervisor upon OA confirmation of a work-related permanent threshold shift or Occupational Safety and Health Administration recordable hearing loss.

5. Interim Occupational Exposure Limit (OEL) Criterion Level. Per reference (f) available at <http://www.med.navy.mil/sites/nmcphc/industrial-hygiene/industrial-hygiene-field-operations-manual/Pages/default.aspx>, the interim BUMED OEL criterion level for noise is:

a. Eighty-five decibels (dB)(A) (continuous equivalent A-weighted sound pressure level in decibels) as an 8-hour time-weighted average (TWA); or

b. One hundred and forty dB(P) peak impulse/impact noise level.

6. Noise Measurement and Analysis. Noise measurement and analysis will be conducted per reference (f). A time-intensity exchange rate of 3 dB will be used per references (a) and (f). As noted in reference (f), C-weighted sound pressure level measurements are preferred to determine HPD performance. As such, consideration should be given to purchasing noise dosimeters that capture C-weighted TWAs as well as A-weighted TWAs when replacing current noise dosimeters. Future research may include in-ear noise dosimetry.

7. Employee Notification of Monitoring Results. Per reference (g), the employer must notify each employee exposed at or above an 8-hour TWA of 85 dB(A) of the results of the monitoring. Monitoring results exceeding this criteria must be forwarded to the activity commanding officer. Individual employee notifications remain an activity responsibility.

8. Identifying Personnel at Risk and Audiometric Testing. Per references (a) through (h), all personnel exposed to noise for one or more days per year in excess of the OEL, and others determined to be at risk (e.g., personnel with 24 hour operational exposures, deployable activities, etc.) must be enrolled in the HCP and receive annual audiometric monitoring tests. For exposures exceeding the 140 dB(P) OEL, no minimum time or frequency criteria will be applied. Reference (b) requires HCP enrollment and annual audiometric testing for all active duty and reserve Marine Corps personnel and active duty Navy personnel assigned with Marine Corps commands, independent of any exposure assessment results.

9. Personal HPDs. Per reference (a), recommended HPDs must be capable of attenuating worker noise exposure below an 8-hour TWA of 85 dB(A) and 140 dB(P) per reference (h). Per references (a) and (f), HPD attenuation must be evaluated for the specific noise environments in

which the protector will be used. The BUMED industrial hygienist or occupational audiologist must determine the degree of attenuation for HPDs utilizing the most current guidance in references (f) and (h).

10. Noise Hazard Signs and Labels. The designation of hazardous noise areas and equipment will be conducted per reference (f). Noise hazards that exceed the OELs of 85 dB(A) or 140 dB(P) must be labeled as follows:

a. Areas or equipment where the sound pressure levels are 85 dB(A) or greater, but less than 96 dB(A), must be labeled and must require the use of single hearing protection (approved ear plugs or circumaural muffs) that attenuates worker noise exposure below an 8-hour TWA of 85 dB(A). Areas or equipment where the sound pressure levels are 96 dB(A) (i.e., the effective field derated upper limit of most plugs or muffs) or greater must be labeled and must require the use of double hearing protection (approved ear plugs and circumaural muffs) that attenuates worker noise exposure below an 8-hour TWA of 85 dB(A).

b. Areas or equipment where the sound pressure levels are 140 dB(P) or greater, but less than 165 dB(P), must be labeled and must require the use of single hearing protection that attenuates worker noise exposure below 140 dB(P). Areas or equipment where the sound pressure levels are 165 dB(P) or greater must be labeled and must require the use of double hearing protection that attenuates worker noise exposure below 140 dB(P).

c. Per references (a) and (b), exteriors, but not interiors, of military combatant equipment are excluded from this requirement. Professional judgment and discretion must be exercised when labeling tools and equipment.

11. Recordkeeping. Documentation and retention of noise measurement records must be completed per paragraph 3b of reference (f). Additionally, the Department of Defense OEL criteria must be selected or used when entering applicable noise monitoring results into the Defense Occupational and Environmental Health Readiness System-Industrial Hygiene.

12. References in reports. For simplicity and consistency, cite both references (a) and (d) for afloat commands as the primary references when reporting noise monitoring results, or when discussing other HCP topics. References (b), (c), and (e) through (h) can also be added as needed.