Health and Safety Executive

Health Surveillance for Noise Induced Hearing Loss
Health Effects of Noise Exposure

• Noise Induced Hearing Loss – permanent, irreversible

• Tinnitus

• May also affect performance, communication & audibility of safety/warning signals
Noise Induced Hearing Loss

• Hearing loss caused by work is a significant occupational disease

• Recent research indicates 170,000 people suffer from hearing damage due to noise at work

• Factors contributing to damage include the intensity of noise and length of exposure
Health Surveillance

- Specific regulation (reg 9) for health surveillance
- HSE guidance specifies risk at 85dB
- Employers need to provide health surveillance for all workers regularly exposed above 85dB
What is Health Surveillance for NIHL?

- Health surveillance is ‘audiometry’
- This is a method of ‘hearing checks’ which measures the sensitivity of hearing over a range of sound frequencies
- This is done by presentation of pure tones to each ear at specific frequencies
Issues for new guidance for health surveillance

• When will it be required
  – all those regularly exposed above 85dB
  – Only for susceptible individuals if requested between 80 and 85dB

• Who should conduct the testing
  – Any person with appropriate training
  – referral to a doctor when problem identified
  – referral facilitated by categorisation scheme
The health surveillance provider – what to expect

• **Should** be designated person in charge of HS programme
  – Occupational physician, or nurse with specialist training in audiometry, or audiologist.

• Person conducting test
  – as a minimum, appropriate training so that testing is carried out in a repeatable and accurate manner.
  – training syllabus by the British Society of Audiology
  – HSE likely to develop syllabus independently
Changes to current guidance

• Reflects changes in legislation

• Improvement to current categorisation scheme – simpler & easier to use/interpret

• Included as a chapter within main guidance so that everybody has access to the information
## HSE Categorisation Scheme

<table>
<thead>
<tr>
<th>Category</th>
<th>Action</th>
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<tbody>
<tr>
<td>1. ACCEPTABLE HEARING ABILITY</td>
<td>None</td>
</tr>
<tr>
<td>Hearing within normal limits</td>
<td></td>
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<tr>
<td>2. MILD HEARING IMPAIRMENT</td>
<td>Warning</td>
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<tr>
<td>May indicate developing NIHL</td>
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<tr>
<td>3. POOR HEARING</td>
<td>Referral</td>
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<tr>
<td>Suggests significant NIHL</td>
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<tr>
<td>4. RAPID HEARING LOSS</td>
<td>Referral</td>
</tr>
<tr>
<td>Reduction in hearing level of 30 dB or more, within 3 years or less.</td>
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Frequency of Health surveillance

- Baseline assessment
- Annual for 2 years
- 3 yearly thereafter, unless cause for concern
Other Health Issues for RA

- Within RA reg (5) requirement to consider interactions between noise and ototoxic subs and noise and vibration
- Likely to be guidance on ototoxic subs of concern on website
- Otherwise employers just need to note these mixed exposures and monitor effects through HS