

NOISE INDUCED HEARING LOSS

HEALTH SURVEILLANCE AND AUDIOMETRY

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Health surveillance, in the context of noise exposure, can really only mean audiometric testing (hearing tests). The regulations say that it is acceptable for the test to be conducted and interpreted by a 'suitably qualified person', with a referral made to a doctor where an employee is found to have identifiable hearing damage. Accurate testing should ideally be conducted pre-employment as this will provide baseline data to determine the effects of exposure whilst working for the employer.

HSE guidance recommends annual tests for the first two years of employment, and every 3 years thereafter unless significant deterioration is encountered. As a quality control measure audiograms should be repeated where results show a deviation of 10 dB at any frequency.

As with measurements for noise levels it is important to recognise the limitations of audiometry. The competence of the 'tester', the quality and proper calibration of equipment, and the suitability of test environment are clearly important in obtaining and proving accurate results. Temporary threshold shift (TTS) can skew results where there has been exposure to loud noise before the test. Measures should be taken pre test including, where possible, a 16 hour period free from noise to ensure that results reflect only permanent changes in an individual's hearing.

Where hearing damage is identified and particularly where a correlation is made between hearing loss or damage and exposure to noise in the workplace, the employer is then required to take specific actions which include informing the employee of the results, considering/facilitating alternative work, review of the risk assessment and adequacy of existing controls, and making changes where necessary.