

# Noise Health Surveillance

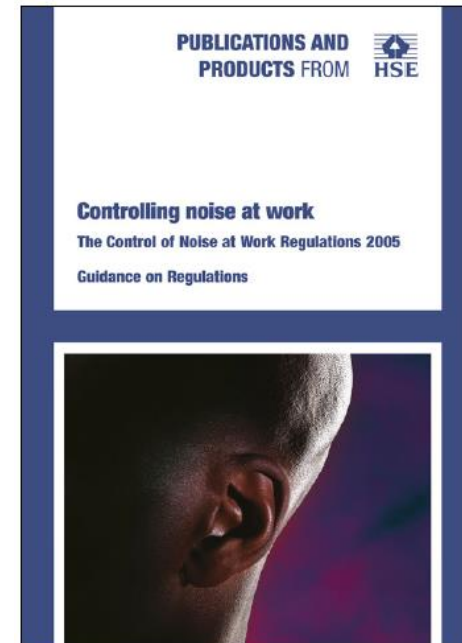
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# Noise Health Surveillance



- Updated guidance published in 2021
- No changes to legal framework



# Noise Health Surveillance

Noise, regular and frequent daily exposure or peak sound pressure levels at or above an upper EAV. Occasional exposure at or above an upper EAV.

Where the duty holder had reason to be concerned that the preventive measures may not be effective.

Exposure between the lower and upper EAVs, or exposure only occasionally above the upper EAV, where the employee's health may be at particular risk from this noise.

# Role of an Occupational Health Service



## The Management of Health and Safety at Work Regulations 1999

Health and safety assistance

**Regulation 7.** employers are appointing occupational health services to assist them in undertaking the measures needed to comply with the requirements and prohibitions imposed upon them by health and safety law.

# The Control of Noise at Work Regulations 2005



**Regulation 9 Health surveillance (1)** If the risk assessment indicates that there is a risk to the health of his employees who are, or are liable to be, exposed to noise, the employer shall ensure that such employees are placed under suitable health surveillance, which shall include **testing of their hearing**.

**Regulation 9 (4)** Where, as a result of health surveillance, an employee is found to have identifiable hearing damage the employer shall ensure that the employee is examined by a **doctor** and, if the doctor or any specialist to whom the doctor considers it necessary to refer the employee considers that the damage is **likely to be** the result of exposure to noise, the employer shall –

- ensure that a suitably qualified person informs the employee accordingly;
- review the risk assessment;
- review any measure taken to comply with regulations 6, 7 and 8, taking into account any advice.

# Likely NIHL

Initial judgement of indications of NIHL and exclusion of other potential causes made by the competent occupational health professional should be based on a number of information sources, for example;

- Self-report hearing issues including difficulty hearing in background (diplacusis and temporal issues), tinnitus, hyperacusis and recruitment.
- Practitioners should explore any problems with hearing or hyperacusis, and any reports of tinnitus.
- Noise exposure history i.e., regular exposure above 82dB Daily personal noise exposure. To diagnose NIHL it is important to elicit a detailed and accurate history of exposure to noise.
- Effectiveness of controls (particularly if reliance on hearing protection)
- Exposure to ototoxic substances at work or ototoxic medication (such as previous use of aminoglycoside antibiotics)
- **Previous and current audiogram results**
- Interpretation of the audiogram, alongside the HSE categorisation scheme calculations
- Otoscopy

# Worker referral and employer feedback



- In accordance with Regulation 9(4), a system should be put in place for referral to a doctor to consider whether hearing damage identified through health surveillance is likely to be the result of exposure to noise
- Referral doesn't have to happen at every point of health surveillance where NIHL is indicated but when first identified or where there is rapid change or progression.
- Where NIHL is newly identified or progressive, the worker should be placed in Category 3 and be referred for medical assessment by an appropriately trained doctor, e.g., occupational physician.
- Examination by a doctor may be paper based if they have all relevant information available to fully consider if worker likely to have hearing damage due to noise

# Worker referral and employer feedback

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- The health surveillance scheme must ensure the provision of feedback to the employer to enable them to review their risk assessment, review their control measures to establish whether they are protective and review the health of other employees similarly exposed
- An occupational health service used by the employer to provide health surveillance need to demonstrate they can refer relevant cases to a doctor and provide appropriate feedback to the employer