

Noise and Control of Noise at Work Regulations

Noise and health effects

Noise is one of the most underestimated workplace risks. Noise induced hearing loss is particularly prevalent in the construction industry. Damage to hearing such as noise induced hearing loss, tinnitus or other ear condition as a result of noise at work is irreversible and 100% preventable.

Noise induced hearing loss happens when an employee has been regularly exposed to damaging levels of noise over a long period. The hearing loss will be similar in each ear and will get worse with continued exposure to noise.

The effect on everyday activities such as watching TV, using the phone, listening to music or even keeping up with a conversation can become difficult. This can lead to feelings of frustration, isolation and in some cases depression.

Noise and the Control of Noise At Work Regulations

The Control of Noise At Work Regulations 2006

- Assess the risks to employees from noise at Work
- Take action to reduce the noise exposure that produces those risks
- Provide employees with hearing protection if you cannot reduce the noise exposure by using other methods
- Ensure that legal limits on noise exposure are not exceeded
- Provide employees with information, instruction and training
- Implement a health surveillance programme where there is a risk to health

Hearing Conservation Programme

- Noise assessment
- Reduce exposure
- Use of equipment
- Noise reduction programme
- Education and Training
- Hearing health surveillance
- Hearing protection

Managing Noise Risk

- Identify the high noise activities
- Identify the staff who may be affected-how many, how long, is it necessary for them to be there
- Identify measures likely to eliminate or reduce noise
- Technical
- Organisational
- Hearing Protection
- Protection Zones
- Devise an action plan
- Review

Noise Risk Assessment

- Is there a noise problem
- Background or intrusive noise
- Employees need to raise voices to be heard
- Use of noisy equipment for more than half an hour a day
- Working in a noisy industry
- Noise due to impact

Health Surveillance

- Employers need to provide health surveillance for all workers regularly exposed above 85 dB (A)
- For early detection of changes in hearing
- Provides feedback for risk assessment
- Checks effectiveness of control measures
- Identifies and protects individuals at increased risk
- Standardised procedure which is measureable and reproducible

SARSEN HEALTH

Workplace Health Management



Hearing Health Surveillance procedure and the Role of the Specialist Health Practitioner

There should be a designated person placed in charge of the Health Surveillance programme. This person should have the necessary skills to interpret data and results and to identify hearing loss which may relate to noise exposure and other health conditions impacting on hearing.

Prepare a clinical standard for Hearing Health

Surveillance to include: Identify who the programme is aimed at e.g. at risk job category

Hearing Health Questionnaire

Before the test begins each person completes a questionnaire which aims to identify any other factors which could impact on hearing. These might be problems that developed in childhood, family history or disease which might affect hearing or any existing underlying medical condition.

Examination of Ear

Otoscope examination: Before actually measuring a person's hearing we need to check that the ear canal is clear and that the ear drum is in good condition so an otoscope is used to look into each ear checking for wax build-up, any inflammation of the ear or residual effects of a cold which might impact on the test result

Audiometric Test

This involves the person wearing a set of headphones and a series of sounds being played to them. The sounds vary in pitch and volume and aim to find the quietest noise which the individual can hear across the range of audible noise.

Discussion of results

The results of the test are printed and discussed with the individual. This is very important as it ensures that they understand the results and their application in their work and home life. Health education forms part of the assessment and is required under the regulations. It is our experience that this is likely to assist with compliance and an understanding of the requirements to wear hearing protection. Where previous audiometric tests have been undertaken the most recent results are compared against the previous figures to determine if any changes have occurred during the intervening time.

Recall and Future Testing

The Control of Noise at Work Regulations 2005 contain the Health and Safety Executive's schedule for hearing tests:

1. Any employee exposed to sound levels of 85 dB(A) TWA or higher must attend a hearing test in Year 1 of the health surveillance programme.
2. The following year, all employees are again tested in Year 2 of the health surveillance programme, and this allows for determination of Category 4 Cases.
3. From this point on the schedule for future tests changes depending on the results
 - a) Anyone who is in Category 1 should then be re-tested every 3 years
 - b) Anyone who is in Category 2 should be re-tested every two years
 - c) Any Category 3 or 4 people should then be re-tested every year.

Use results to review controls

- AND... to inform at risk individuals why and how to prevent hearing loss
- To inform those who have 'got used' to a loud noise – maybe already going deaf!
- To inform on selection and use of hearing protection

Categorisation of Results – Health and Safety Categorisation of results

Category 1

HSE category: indicates acceptable hearing ability. Normal hearing for the individual's age

Category 2

Warning – Mild Hearing Impairment: A slight loss, but not exceeding the critical referral level

Category 3

Referral – Poor Hearing: This is the result for an individual whose hearing is lower than the normal range for their age

Category 4

Referral – Rapid hearing loss: This category is indicated where successive test results can be compared and there is a significant change. The individual could be in Category 1 but the overall result is significantly worse. This means that action can be taken to prevent the loss becoming detrimental.

Unilateral Hearing Loss

Referral for Unilateral Hearing Loss: Unilateral hearing loss refers to a significant difference in the average hearing level between on each side. As it is unlikely that the cause is due to noise, this one sided hearing loss may be a symptom of an undiagnosed medical problem and therefore referral to the GP would be advised.

Referral

Following categorisation, all those people assessed by the specialist health practitioners as having a hearing loss likely to be the result of exposure to noise should be referred to a specialist medical advisor in order to obtain a definitive diagnosis.

