



**CSL**NATIONWIDE

**COMPANY  
HEALTH  
SURVEILLANCE  
GUIDANCE - NOISE**

## NOISE INDUCED HEARING LOSS

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Health surveillance is a requirement under The Control of Noise at Work Regulations (2005) for those workers regularly exposed to noise over the upper exposure action value of 85 dB(A).

Other workers should have health surveillance provided where their exposure is either  
(1) between the lower exposure action value of 80dB(A) and the upper action value of 85dB(A), and the individual may be particularly sensitive to noise;

(2) or only occasionally exposed above the upper exposure action value, and the individual may be particularly sensitive to noise.

Sensitivity may be indicated by audiometry results from previous jobs, medical history, history of exposure to noise above 85dB(A); or in a very few cases, a family history of becoming deaf early on in life.

Suitable health surveillance means regular hearing tests (audiometry testing over a range of sound frequencies), the maintenance of suitable records, informing workers about the state of their hearing and also the proper fitting, cleaning and maintenance of any hearing protection used.

**Employees are required to co-operate with a health surveillance programme for noise by attending such hearing test appointments.**

The individual(s) conducting the surveillance should be fully conversant with the technical and ethical aspects of audiometry and may be an occupational doctor, nurse with training in audiometry, an audiological scientist, or a trained audiometrician with access to a qualified occupational health medical professional for advice and onward referral, where necessary. They should have had appropriate training from a British Society for Audiology approved course for industrial audiometricians or equivalent level of competency.

The results of each audiometry test should be explained to the worker, including the condition of their hearing, the significance of hearing damage, the importance of compliance with the employer's noise- control and hearing protection programme and the need for any further referral.

HSE has devised a categorisation scheme for the interpretation of audiometry test (HSE guidance L108). Essentially each worker is categorised as:

**Category 1** - acceptable hearing ability

**Category 2** - mild hearing impairment

**Category 3** - poor hearing

**Category 4** - rapid hearing loss

A worker within category 2 should be given a formal notification regarding the presence of hearing loss. Workers falling into categories 3 or 4, or workers with unilateral hearing loss, should be referred for further medical assessment according to the agreed procedure. The referral should be initially to the occupational doctor involved in the health surveillance programme or audiologist where available. For those employees who fall into category 4 the frequency of testing will need to be more frequent than three yearly and may need to be more frequent in other categories.

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### KEY HEALTH SURVEILLANCE REQUIREMENTS IN THE CONSTRUCTION INDUSTRY

- Recommendations for Noise Induced Hearing Loss (NIHL)
- Pre-placement assessments should be made to establish a baseline of hearing (questionnaire and audiometry)
- Annual audiometry and questionnaire should be undertaken for the first two years of employment. Audiometry and questionnaire should be undertaken at three yearly intervals thereafter.
- Audiometry may be carried out more frequently when an abnormality in hearing is detected or where the risk of hearing damage is high.

Current audiograms need to be assessed against previous audiograms and assessed according to HSE categorisation (Guidance L108).

All employees should be advised of their individual audiometry results, the condition of their hearing, the significance of hearing damage, the importance of following the organisations noise-control and hearing protection programmes and what happens next.

Formal warning to workers in category 2 (mild hearing impairment) should be issued. It is recommended that an occupational doctor with experience of audiometry should review such tests.

Workers with test result in category 3 (poor hearing) and category 4 (rapid hearing loss) should be referred to an occupational doctor with experience in occupational audiology or audiologist where available.