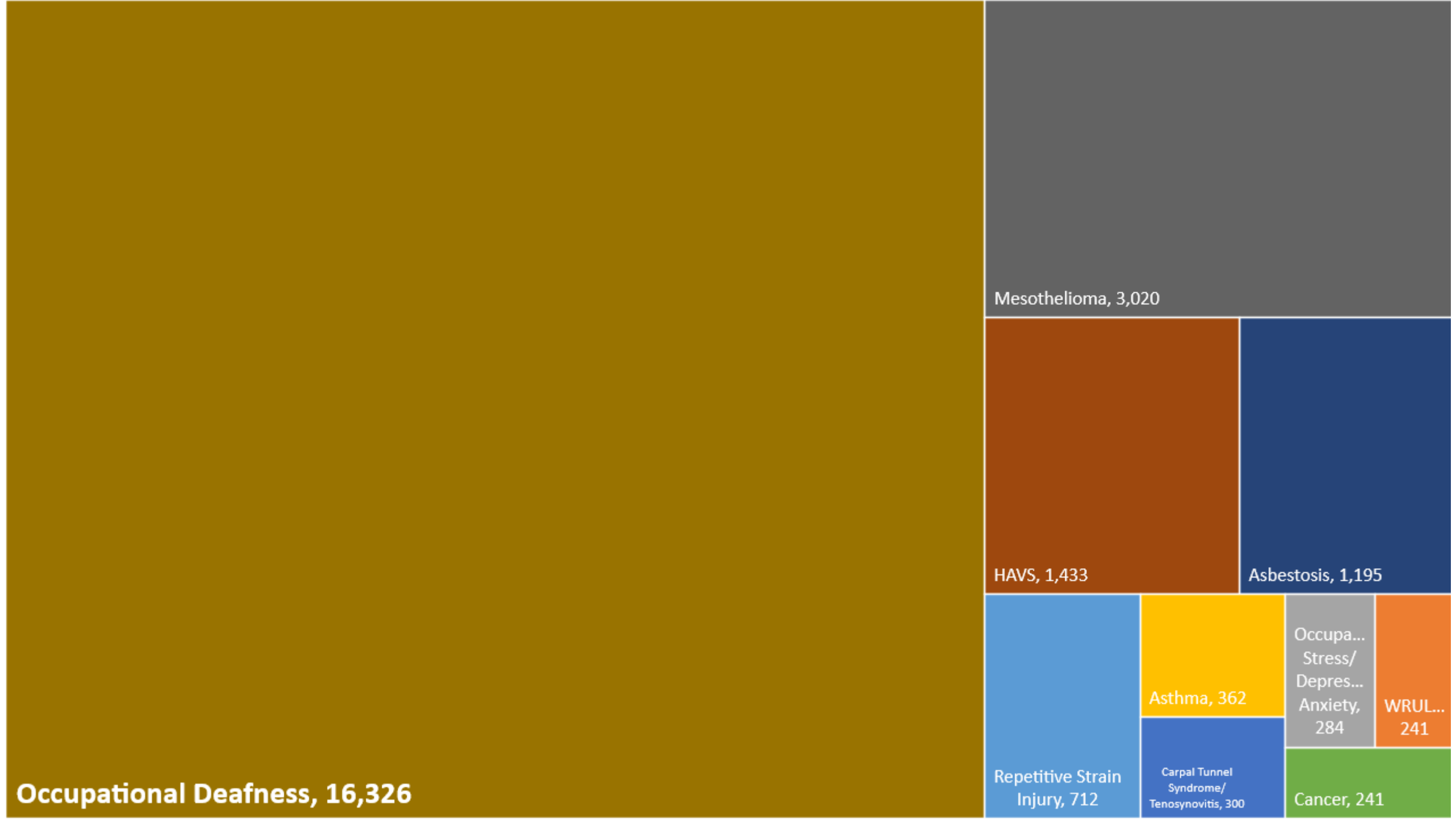




# Noise At Work

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Board

[hearingconservation.org.uk](https://hearingconservation.org.uk)



Mesothelioma, 3,020

HAWS, 1,433

Asbestosis, 1,195

Repetitive Strain  
Injury, 712

Asthma, 362

Carpal Tunnel  
Syndrome/  
Tenosynovitis, 300

Occupational  
Stress/  
Depression/  
Anxiety,  
284


WRUL...  
241

Cancer, 241

Occupational Deafness, 16,326

# It's Not Just about Hearing Loss...

*Tinnitus Week' 23*  EARCARE FOUNDATION



*74% of people using power tools don't protect their ears*







# Dementia & Hearing Loss



Mild hearing loss: **2 times**  
more likely to develop dementia

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Moderate hearing loss: **3 times**  
more likely to develop dementia

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Severe hearing loss: **5 times**  
more likely to develop dementia

# Exposure to Noise is changing...



# Listening Habits

Can easily get significant  
daily dose

1 hour of headphone music  
at approx. 94dBA

15 minutes in a nightclub at  
approx. 100dBA





# HSE Workplan

- HSE Inspectors have started an Inspection Programme focused on Workplace Noise
- First action on noise from HSE for nearly 30 years!!
- HSE will initially focus on Hearing Protection use and management





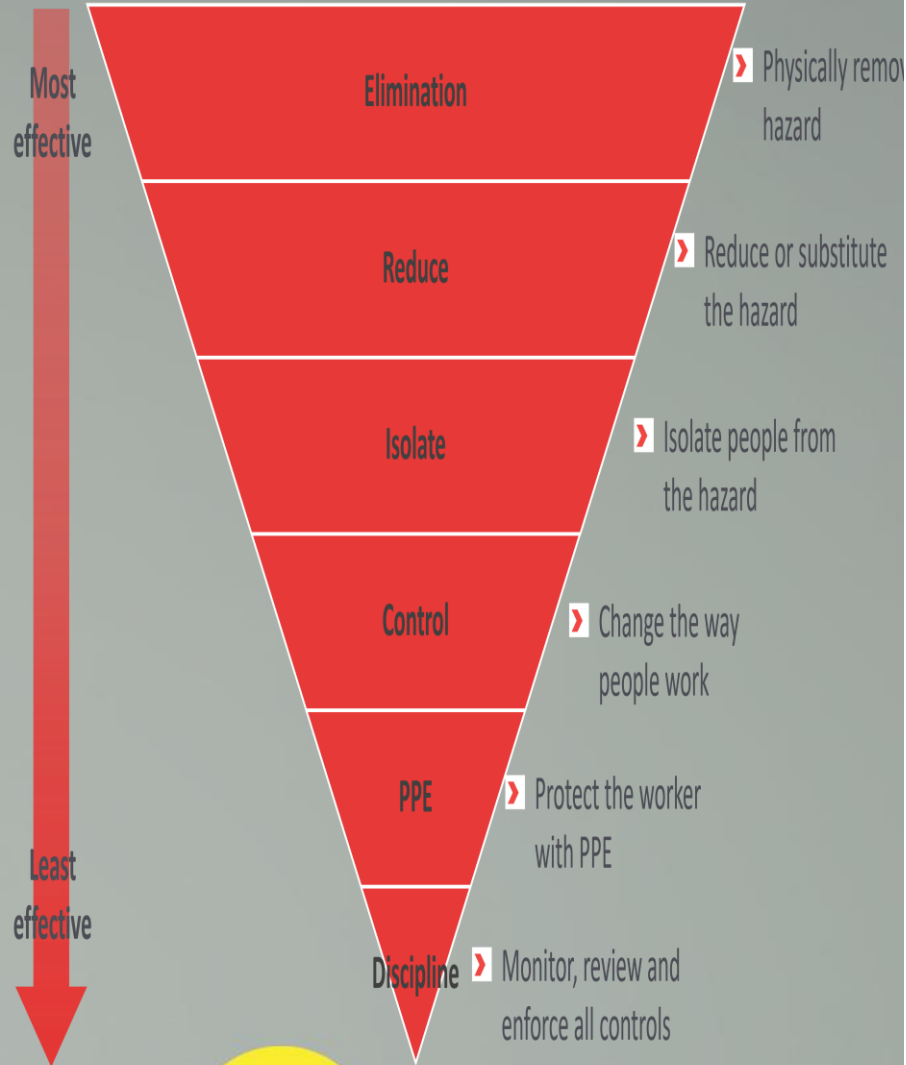
# HSE Workplan

- Report on phase 1 findings at UKHCA event November 2024
- 2025 next phase of inspection programme focused on control
- *2026? Likely to be looking at occupational health surveillance...*
- 2027/28 Re-run of hearing protection check

# Hearing Conservation - An Integrated Approach

- Rigorously apply the hierarchy of control!
- Avoid reliance on hearing protection!
- Ongoing assurance that controls are working;
  - Feedback from Health Surveillance!
- Helping workers away from the workplace with noise exposure
- Looking beyond hearing loss to other health and wellbeing impacts

# Hierarchy of Controls



## Most effective

### ➤ Stop the noise!

- Know the 'noisy' tasks/processes/machinery and understand if the activity or source is necessary.
- Design-out noisy activities (e.g. cutting or fabricating off-site, no noise alternative processes)

### ➤ Keep it quiet

- Buy Quiet - use manufacturers data to help determine quieter plant, equipment and tools
- Design-in quieter process (e.g. bore piles rather than impact piling, or use of a rubber hammer rather than a metal)
- Switch things off when not in use

### ➤ Turn it down

- Use barriers, screens or enclosures around noisy area
- Use noise absorption materials.
- Keep on top of maintenance and repair.
- Using electrically powered tools and equipment

### ➤ Move away

- Segregate noisy work areas and remove those in the vicinity, where possible
- Plan and organise work areas to reduce sound by implementing time restrictions.
- Signage and warning around site and on equipment/plant powered tools and equipment

### ➤ Protect the ear

- Adequate and suitable against the risk, for the person and environment
- Provides good fit for wearer with protection of correct type
- Training and supervision

## Least effective



# Role of Health Surveillance

- Health surveillance is a legal requirement where workers may be harmed despite controls (usually where reliance on PPE)
- Allows for **early** identification of ill health in order to help identify any corrective action needed.
- Can identify vulnerable or susceptible workers
- May require referral or advice for non work-related issues identified

# Role of Health Surveillance

- Risk based; understanding exposure profile and feeding back grouped anonymised data
- It is a final check that controls are working and effective
- Opportunity to advise/coach employee
- Requires feedback to the employer – grouped anonymised data

# Coaching & Advice

**CHECK IT OUT!** HCA | UK HEARING CONSERVATION ASSOCIATION

Use the hearing protection (HP) manufacturer's data to choose the right HP. HP must reduce noise at ear to below 87 dB(A) and not below 70 dB(A). Must be suitable & adequate!

**1) Pick it -** Fit testing your HP isn't required by law but it is a helpful way to show if that particular HP is suitable for you.

**2) Test it -** Follow the HP manufacturer's instructions and fit your HP correctly. A good fit each time is essential. Look at these quick and easy ways to check that your HP is fitted properly:

**3) Check it -**

- Hum**  
If both ears are sealed properly, your voice will sound like it is in the centre of your head.  
Hummmm
- Tug**  
Gently tug on the end of the plug/cord. If there is a resistance and you feel a gentle suction on the eardrum then you have achieved a good seal! Be careful not to dislodge it.
- Cup**  
With both earplugs inserted, stand in a noisy environment. Cup both hands over your ears. With well-fitted earplugs, the noise level should not seem significantly different. A perceptible difference means it isn't fitted well enough.
- Circle**  
Once you've placed your earcups over your ears and adjusted the headband, run your finger along the outside of the seal all the way around. There shouldn't be anything interfering with a firm seal between your head and the cups, like glasses or earrings.

**4) Wear it -** Did you know, even if you wear your HP for the majority of the work day, not wearing your HP for only a few minutes will significantly reduce your protection? Wear your HP all of the time!

**5) Maintain it -** Is your ear cup seal damaged? Replace it. Is your reusable HP dirty? Clean it. Is the tension on the headband reduced? Replace it. Are your earplugs not soft, pliable & clean? Replace it. A build up of ear wax? Take care of it.

HCA | UK HEARING CONSERVATION ASSOCIATION

## HEARING PROTECTION FIT TESTING – AN INTRODUCTORY GUIDE



# What is Noise Health Surveillance

- Required at or above 85dB (regular and frequent exposure)
- Noise & Health Questionnaire followed by Pure Tone Audiometry
- Guidance laid out in L108
  
- Requires soundproof environment
- Adequate instruction & compliance
- Measure of the complete auditory pathway



# Challenges!

- Current Noise Health Surveillance is NOT picking up cases of NIHL!
- Initial aim of categorisation scheme - primarily to simplify feedback to employers
- However – has become a default automated churn data management tool
- Changes by HSE are highlighting the need to investigate and interrogate the audiogram

# History of Noise Health Surveillance

- Audiometry at Work (MS26)
- 2003 Physical Agents Directive (Noise)
- 2005 Controlling Noise at Work Regs
- L108 guidance
- Updated L108 in 2021



# HSE Categorisation Scheme 'New'

- Interpretation of audiogram (NIHL seen on audiogram)
- Referral to a 'doctor' for diagnosis

<i>Category</i>	<i>NIHL seen on audiogram?</i>	<i>Calculation†</i>	<i>Action</i>
<b>1 Acceptable hearing ability</b>	No*	Sum of hearing levels at 1, 2, 3, 4 and 6 kHz	Repeat health surveillance at next routine interval
<b>2 Mild hearing loss</b>	Stable NIHL may be present <sup>+</sup>	Sum of hearing levels at 1, 2, 3, 4 and 6 kHz	Consider earlier repeat health surveillance than routine, taking into account factors such as extent of hearing loss
<b>3 Significant hearing loss or new/ progressive NIHL</b>	Yes, newly identified or progressive NIHL may be present (this category may also include more severe but stable NIHL)	Sum of hearing levels at 1, 2, 3, 4 and 6 kHz	Refer for medical assessment. Timing of next health surveillance depends on outcome of assessment
<b>4 Rapid hearing loss<sup>+</sup></b> Reduction in hearing level of 30 dB or more, within 3 years or less	Possible	Sum of hearing levels at 3, 4 and 6 kHz	Refer for medical assessment. Timing of next health surveillance depends on outcome of assessment

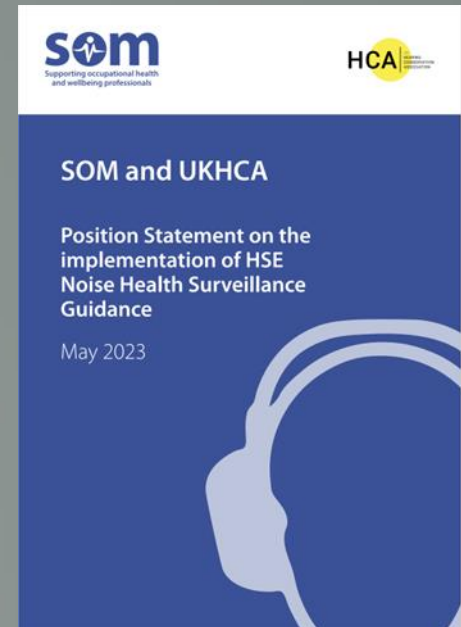
\* If NIHL is or may be present, the worker cannot be Category 1.

+ By definition at least one previous audiogram must be available for comparison.

† Compare value with figure given for appropriate age band and gender in Table 13.

# SOM/UKHCA Position Statement

- Clarification that Noise HS is not a diagnostic methodology BUT looks for indications of NIHL
- Provides guidance on how to review audiogram to determine likelihood of NIHL
- Clarification on when to refer to an OH Physician



# Outstanding Issues

- When is a notch not a notch!!

## Whose notch is it anyway?

<b>Hoffman</b>	<ul style="list-style-type: none"><li>• any threshold at 3, 4 or 6 kHz exceeds by 15 dB HL the average threshold in the low/middle frequencies, 0.5 and 1 kHz, and the threshold at 8 kHz is at least 5 dB HL better (lower) than the maximum threshold at 3, 4 or 6 kHz.</li></ul>
<b>Coles</b>	<ul style="list-style-type: none"><li>• high-frequency notch when the hearing threshold level at 3 and/or 4 and/or 6 kHz is at least 10 dB HL greater than the thresholds at 1 or 2 kHz and at 6 or 8 kHz</li></ul>
<b>The 4-kHz notch</b>	<ul style="list-style-type: none"><li>• hearing thresholds at 2 and 8 kHz that are both at least 10 dB HL lower than (better than) the threshold at 4kHz.</li></ul>
<b>Wilson</b>	<ul style="list-style-type: none"><li>• thresholds at 2 and 8 kHz that are both at least 10 dB HL lower than (better than) the threshold at the notch frequency of interest (3, 4 or 6 kHz).</li></ul>



# Outstanding Issues!

- What is a baseline audiogram
- What is 'Stable' NIHL
- Importance of understanding impact of test conditions
  
- Simplify 'process' of interrogation and interpretation

# Opportunities

- Improved implementation and interpretation of PTA
- A new test?....
  - SINT
  - Otoacoustic emissions testing
- Look at other health impacts?
- Tiered approach
- Linking with specialists

# In Summary

- A clearer definition and review of good practice for noise health surveillance would be useful
- In the meantime, we need to do our best to protect people, ensuring noise and hearing issues are given due attention

A new era in hearing  
conservation



5<sup>th</sup> November 2024. The Birmingham Conferences and Events Centre

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<https://hearingconservation.org.uk/>



uk-hearing-conservation-association



@uk\_hearing