Managing audiometric health surveillances

Amendment record

This Annex has been reviewed by the Directorate of Defence Safety (DDS) together with relevant subject matter experts and key safety stakeholders. Any suggestions for amendments **should** in the first instance be directed to the Defence organisation's Safety Centre/Team Group Mailbox and with their approval, sent to COO-DDS-GroupMailbox@mod.gov.uk.

Version No	Date published	Text Affected	Authority
1.2	Oct 20	Interim update post-handover of policy from DSA to D HS&EP.	D HS&EP
1.3	Sep 22	Release of two-part chapter structure.	D HS&EP
1.4	02 Apr 25	Revised to provide closer alignment with the legislation that Defence **must** comply with.	DDS

Audiometric health surveillance programme

1. For general guidance, an audiometric health surveillance programme makes sure the hearing sensitivity of personnel is monitored using periodic hearing tests. Such surveillance programmes **should** be managed by:

   a. firstly, completing an initial assessment to ascertain the individual's medical and hearing history; and

   b. secondly, repeat the steps presented in Figure 1 until cessation of the requirements for surveillance.

2. There are various ways in which exposure to noise can cause health and / or safety hazards and impacts. The causes and associated risks of the hazards are explained further in the following paragraphs, in summary these hazards include:

   a. the risk of permanent Noise Induced Hearing Loss (NIHL);

   b. temporary loss of hearing acuity, termed Temporary Threshold Shift (TTS);

   c. tinnitus (a sensation of ringing, whistling, buzzing, or humming experienced by an individual when there is no external noise source present) loss of Situational Awareness (SA), for instance due to TTS or disorientation;

   d. communication impairment;

   e. workplace stress;

   f. sleep disturbance; and

   g. ototoxic drugs or chemicals (prescribed or over the counter) are those that are toxic to the ear and can cause damage to the inner ear and / or interact with noise to exacerbate hearing damage.

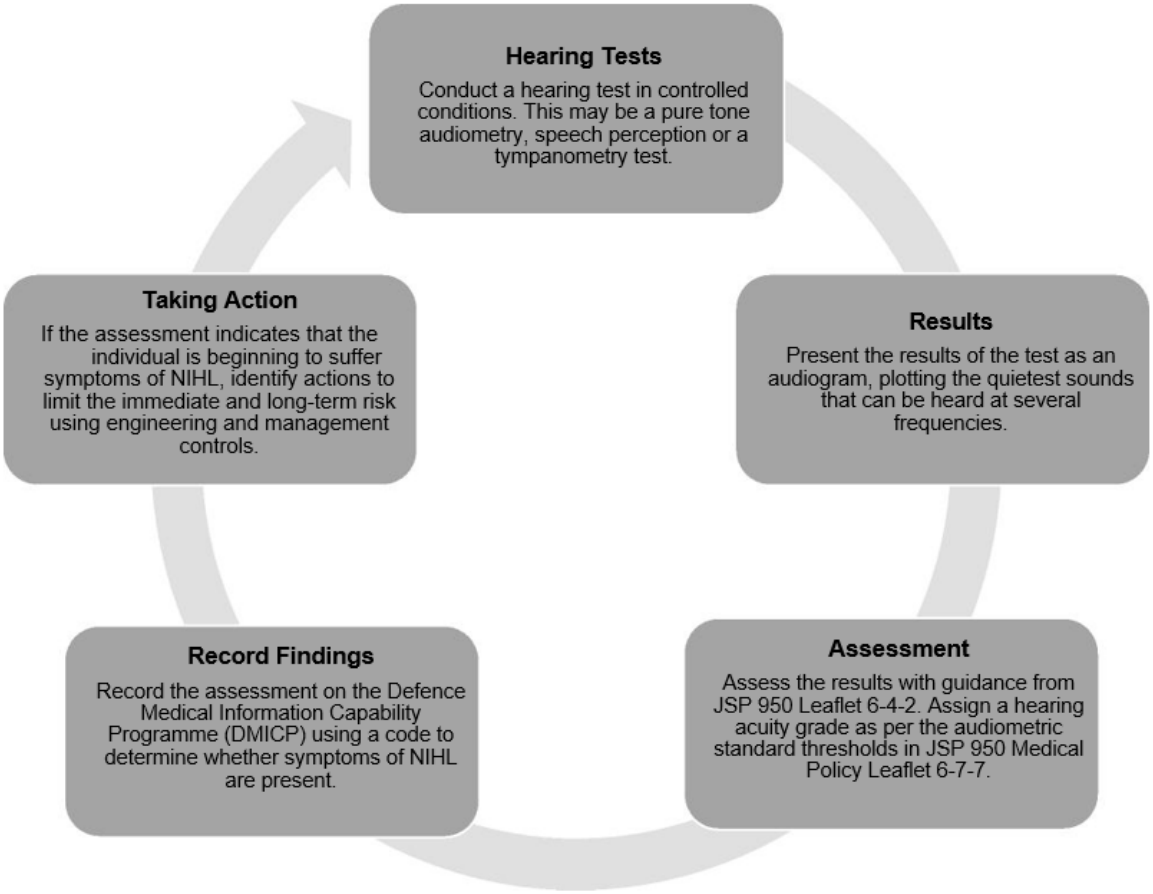

Figure 1 Cycle of audiometric health surveillance

3. Personnel who are likely to be regularly exposed to noise above the upper Exposure Action Values, for example, all personnel required to work in a Hearing Protection Zone, or are at risk for any reason, **must** be placed under audiometric health surveillance to monitor any symptoms of NIHL. Guidance for Noise at Work Health Surveillance is set out in HSE L108 - Controlling Noise at Work and information on general health surveillance is set out in Chapter 14 (Health surveillance and health monitoring) of JSP 375 Volume 1. Other procedures for health surveillance provision may be used by Defence organisations who have contractual arrangements that may not be detailed in JSP 950 or JSP 375.

Health record

4. The commander, manager or accountable person **must** make sure that a personal health record in respect of personnel who undergo audiometric health surveillance is generated using MOD Form 5051 [please note that MOD Form 5051 is under review as part of a wider review into health surveillance policy and process], the record **must** be maintained, a copy kept and made available in a suitable form.

5. When completed civilian personnel are to send MOD Form 5051 to DBS via the Digital Workplace using the Scanning Hub, under the Enquiry Type: “Occupational Health Documents” to update their personal record (P file) and a copy retained by the individual.

6. Health records will contain information on the outcome of the health surveillance in terms of the individual's fitness to work in noisy environments. They **should** not contain confidential medical information, which **should** be kept in the medical record held by the appropriate primary healthcare provider.

7. Examples of occupations and activities where audiometric health surveillance **must** be considered due to the potential of high levels of noise exposure include, but are not limited to the following:

a. personnel in and in close (acoustic) proximity to armoured fighting vehicles;

b. personnel in engine rooms or machinery spaces;

c. personnel operating or in close (acoustic) proximity to weaponry, for example small / medium arms or artillery;

d. personnel driving heavy transportation;

e. engineering units who regularly use machinery;

f. aircrew;

g. aircraft ground crew;

h. military band personnel; and

i. instructors at training establishments who frequently use equipment and platforms which emit noise.

8. Military personnel will receive their occupational health services and advice from Defence Primary Healthcare (DPHC) and Military Command occupational health services. The arrangements for military personnel to access occupational health services are contained in Single and Joint Service instructions and publications such as JSP 950 Leaflet 6-7-7. This includes the hearing acuity grades as per the audiometric standard thresholds, as set out in Section 3 - Annex D of JSP 950 leaflet 6-7-7, 'Assessment of Hearing Acuity', **should** be referenced if an audiometric health surveillance is required.

9. Guidance for Medical Staff - Assessing Audiograms is set out in JSP 950 Leaflet 6-4-2

10. Civilian personnel **should** discuss any occupational health issues with their commander or manager and seek advice where required from their local safety adviser, and if further advice is needed, the Chief Environment and Safety Officer (CESO) or equivalent. The procedures set out at in the occupational health policy, which can be found on the Civilian HR People Portal, will provide the commander or manager with information on how best to proceed, (upon the permission of the individual) for referrals for occupational health advice from Defence's commercial health provider Optima Health.

Action required when health surveillance reveals personnel have suffered ill health as a result of exposure to noise.

11. Where hearing damage has been identified, a suitably qualified occupational health professional **should** explain the significance of the results to the individual concerned and give them advice on the risks of future noise exposure at work.

12. If consent has been granted by the individual then the occupational health provider for civilian and service personnel, **must** inform the commander or manager and recommend whether the person who has been referred to them is fit to continue work after exposure to noise. The occupational health service provider will not disclose any medically confidential information to the commander or manager without prior written consent from the individual concerned.

13. Commanders, managers and accountable persons **must** prevent further harm to personnel by acting on advice from the occupational health professional and, where necessary, remove those personnel from exposure to noise.

14. The commander, manager or accountable person **must** review the risk assessment and decide whether to take action to protect other personnel. Where other personnel are similarly exposed to noise arrangements **must** be made for their health to be reviewed.

15. By receiving an analysis of the anonymised health results of groups of personnel, an insight can be gained into how well the noise-control and hearing-conservation programme is working. Such information **must** be suitably adapted to protect individuals' identities and be made available to safety or personnel representatives.