

7 November 2022

Audiometric Testing Consultation
Policy & Strategy
Better Regulation Division
Department of Customer Service
92-100 Donnison Street, GOSFORD NSW 2250

By email: whspolicy@customerservice.nsw.gov.au

Re: Audiology Australia submission to SafeWork NSW consultation on *Work Health and Safety Regulation 2017* – Clause 58 Audiometric Testing

Audiology Australia (AudA) welcomes the opportunity to provide a written submission to SafeWork NSW on the Government's review of Clause 58 of the *Work Health and Safety Regulation 2017* (WHS Regulation). AudA is the peak professional body for the profession of audiology, representing over 3,300 audiologists across Australia. This includes over 800 audiologists in NSW.

Audiologists are tertiary qualified allied health professionals with expertise in the assessment, prevention and non-medical management of hearing loss and associated disorders of communication and balance. AudA members provide extensive support to and advocacy on behalf of WorkCover clients.

AudA has reviewed the Discussion Paper prepared by SafeWork NSW, noting the three options brought forward for consideration regarding Clause 58 of the WHS Regulation. On behalf of our members in NSW, we have provided feedback on each of the options, including background information on noise induced hearing loss (NIHL). Please refer below.

Background

In 2017, a parliamentary inquiry was undertaken into the hearing health and wellbeing of Australia, resulting in the publication of the report, *Still Waiting to be Heard*. In the report, Safe Work Australia indicated that noise induced hearing loss is a 'priority disorder for national action under the [Australian Work Health and Safety Strategy 2012-2022](#) because of the severity of the consequences and the estimated number of workers affected' (Standing Committee on Health, Aged Care and Sport, p. 72).

AudA highlights that under Safe Work Australia's *Australian Work Health and Safety Strategy 2012-2022*, key strategic outcomes of the Strategy include the following:

- Work, work processes and systems of work are designed and managed to eliminate or minimise hazards and risks.
- Health and safety is given priority in all work processes and decisions.
- Work health and safety is actively considered in the development, implementation and evaluation of government policy.

- Legislation, policies and regulatory practice are reviewed and monitored to ensure they are responsive and effective.

In Australia, between 2002 and 2007, there were about 16,500 successful compensation claims made for industrial deafness involving hearing loss (Safe Work Australia, 2010). This equates to over 3000 workers annually, though it is likely to be an underestimation of the true number of workers affected. In the NSW workers compensation system, there were about 10,000 active hearing loss claims in the 2017/2018 financial year, with just over 20 per cent of claims (2,278) being new claims (SIRA, 2020).

Under current occupational noise exposure levels in Australia, it is estimated over 80,000 male workers and over 31,000 female workers aged 20-64 years would develop occupational NIHL over 10 years of exposure to noise above daily limits. Following this cohort until the age of 65 years, the estimated loss of Quality Adjusted Life Years and Productivity Adjusted Life Years were 62,218 and 135,561 respectively, with a projected loss of \$5.5 billion and \$21.3 billion due to wellbeing and productivity loss, respectively (Si et al., 2020).

Excluding the loss of wellbeing, the largest component of the financial cost of hearing loss is from lost workplace productivity (McMahon et al., 2013). In a separate report published by the Hearing Care Industry Association (2020), the estimated total cost in 2019-20 from reduced workforce participation due to hearing loss was \$12.6 billion. Productivity losses from absenteeism and presenteeism due to hearing loss was estimated to cost an additional \$3.7 billion.

Early identification of hearing loss is essential to allow for timely intervention to support workers and improve their hearing health outcomes before more disabling impacts eventuate as a result of untreated hearing loss (Kiely & Anstey, 2021). Untreated hearing loss is associated with social, physical and cognitive challenges, including poorer mental health, increased risk of social isolation and lower levels of social engagement and workforce participation.

Option 1 – maintain the status quo

AudA is not supportive of Option 1. The continued issuing of exemptions to prevent Clause 58 from coming into effect will continue the uncertainty for industry, persons conducting businesses or undertakings (PCBU) and workers, and the WHS regulator.

Maintaining the status quo means PCBU's will continue to have no obligations to provide regular audiometric testing to workers. AudA is concerned that at-risk workers will bear the cost of this policy decision as any hearing loss incurred as a result of hazardous noise exposure in the workplace can potentially remain undetected for a long time until the more disabling consequences of hearing loss eventuates, or unless the worker independently seeks testing themselves. Audiometric testing is a preventative measure and minimises the risk of industrial deafness. Given the long-term impacts of hearing loss, we consider that the early detection of any hearing loss is essential to the overall and ongoing health and wellbeing of workers exposed to hazardous noise levels in the workplace.

Option 2 – take no action before 1 January 2024 and allow Clause 58 to come into effect in NSW

AudA strongly supports Option 2. We are supportive of Clause 58 coming into effect in NSW which will result in mandatory audiometric testing requirements for PCBUs as it is beneficial for workers to be assessed within 3 months of starting employment at a facility that exposes them to excessive noise levels. Following the start of employment, reassessment every 2 years would monitor changes to hearing thresholds.

We highlight that audiometric testing requirements as outlined in the Model WHS laws are in place in every jurisdiction in Australia where an intergovernmental agreement has been signed, except in Queensland. Regular audiometric testing is a preventative measure which can reduce the incidence of industrial deafness. As mentioned, internationally, NIHL is recognised as a significant occupational health issue. In Australia, the financial cost of hearing loss from lost workplace productivity alone was estimated to be around \$16 billion in 2019-20.

The Consultation Paper identifies potential costs for the implementation of Option 2, including increased financial and administrative impacts on businesses and government. Businesses have also argued that time is needed to introduce the required audiometric testing equipment.

AudA does not support these arguments. Firstly, the benefits of regular audiometric testing for at-risk workers far exceeds the administrative cost on businesses and governments when the total financial cost of hearing loss from lost wellbeing, workplace productivity and healthcare system costs are taken into account. Secondly, audiometric testing is a standard aspect of hearing assessment and one that NSW Audiologists would already have available in their practices. Thirdly, businesses have already had an excessive amount of time to transition to the new regulations following the significant delay on the part of the NSW Government in implementing this regulation in the first place. When NSW signed up to the Model WHS legislation on 1 January 2012, it initiated a 2 year transition period from 2011 to 2013 but then proceeded to continuously exempt employers from having to undertake audiometric testing for workers exposed to high levels of noise for over 10 years. At the same time, nearly all other Australian jurisdictions and relevant employers have successfully introduced this change.

Option 3 – repeal Clause 58 of the WHS Regulation

AudA is not supportive of Option 3. Similar to Option 1, we note that PCBUs will have no obligations to provide regular audiometric testing to workers. Although PCBUs can choose to undertake audiometric testing on as needs basis, we consider this to be insufficient in supporting the hearing health wellbeing of workers. Audiometric testing provides an important safety net by which to monitor the effectiveness of the workplace controls in place that protects workers' hearing. To identify hearing loss early, we strongly recommend that periodic audiometric testing be undertaken.

AudA thanks SafeWork NSW for its consideration of this feedback and welcomes any further opportunity to be consulted on or to provide guidance in relation to this consultation.

Should you require clarification of any of the feedback provided, or wish to meet with the organisation, please contact the organisation via AudA's Advocacy and Policy Manager, Elissa Campbell, at elissa.campbell@audiology.asn.au or (03) 9940 3900.

Yours sincerely



Dr Barbra Timmer

President

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