Changes to SANS 10083

When noise monitoring and medical surveillance are discussed in the Noise Induced Hearing Regulations, the document referred to is SABS 083 which replaced SANS 10083:2004. The latest amendments to this Standard were published in July 2013 (SANS 10083:2013 Edition 5.2).

Extensive amendments have been made and, for the first time, I feel the emphasis is on hearing conservation and not just reporting Noise Induced Hearing Loss.

I would like to highlight some of the more important amendments:

1. A note to Section 3.1.7 states that it is strongly recommended that all prospective candidates to be trained as audiometrists should have successfully completed anatomy and physiology courses at a tertiary level. The rationale behind this recommendation is that an otoscopic examination must be done prior to audiometry and, if audiometrists do not have any knowledge of anatomy, they will not know what they are looking at and for.

2. There is no longer any confusion as to what value should be used in the absence of a baseline measurement. Sections 3.1.29, 17.1 and 17.13 clearly state that 0% should be used as the PLH where there is no valid baseline available.

Note: Do not confuse Instruction 171 with the SANS 10083 which replaced SANS 10083:2004. The latest amendments to this Standard were published in July 2013 (SANS 10083:2013 Edition 5.2).

3. The deadline for conducting baseline audiometry testing on existing employees working in previously identified noise zones has lapsed. A baseline audiogram can thus only be conducted on employees working in a noise zone for the first time or employees working in a newly identified noise zone.

4. Specific mention is made that seasonal workers should not be excluded from baseline or any other audiometry testing.

5. Periodic screening audiometry testing is to be done annually for three years following baseline testing. Following these tests, the frequency of testing is determined individually. The frequencies 2 kHz, 3 kHz and 4 kHz are used specifically.

6. The most exciting changes are the intervention measures that have to take place in the case of a PLH shift. The first intervention measure that should take place is when there is a shift of 3.2%. These measures include:
   a) Investigation of the reason for the shift.
   b) Investigation of the effectiveness of the personal protection (PPE) used (is the attenuation enough?)
   c) Investigation of the proper fit and use of the PPE.
   d) Training of the employee.
   e) The documentation and safe-keeping of the investigations.

7. Advanced intervention measures must be taken for a PLH shift of 6.4% or more and include:
   a) Investigation for the reason for PLH shift.
   b) Investigation of the effectiveness of the PPE.
   c) Retraining of the employee.
   d) Referral of the employee for diagnostic audiology.

8. When there is a shift of 10% or more, the employee must be regarded as a possible candidate for compensation.
   a) The employee should be retested at a later stage (there is a note [17.8] that explains this “later stage”).
   b) If the retest affirms the shift to be in excess of 10%, the employee must be removed from the noise environment and referred to an audiologist for a diagnostic audiogram.
   c) If the diagnostic audiogram confirms the shift – the test date is recorded as the date of the commencement of the disease.
   d) The employee should be referred for a medical opinion to an ear, nose and throat specialist for a PLH shift of >30% or if the case is complicated, and to an Occupational Health Medical Practitioner (OHMP) if the shift is <30 and uncomplicated.
   e) If it is the opinion of the OHMP that the PLH shift relates to the work place, the case should be reported as per the relevant legislation.
   f) It is recommended that such an employee, as soon as is reasonably practicable, be removed from the noise zone where the loss in hearing sensitivity could threaten his/her health and safety at the workplace.
   g) If the study conducted by the employer showed that the health and safety of an employee is threatened by the loss of hearing sensitivity, the employee should be given training and information regarding hearing conservation in accordance with the relevant legislation before being allowed to re-enter the noise zone.
   h) The PPE that was used should be carefully inspected for possible shortcomings or inadequacies, taking its attenuation value into account.
   i) The necessary steps should be taken to prevent a possible further PLH shift.
   j) Should a loss in hearing sensitivity continue to develop, the employee should be removed from noise zones permanently.

If these steps are implemented, I am sure the incidence of NIHL will be significantly reduced.

These amendments to the SANS 10083 will clearly assist in the Hearing Conservation Programmes, and all OHPs are urged to have a copy of the amended standard available.

**SOURCE**

1. SANS 10083:2013 Edition 5.2

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