

The following list of 'dos and don'ts' will help us to ensure we are obtaining the most accurate information from your audiometry test.

#### DO

- Complete an updated questionnaire before your appointment
- Arrive in plenty of time for your appointment so that you are relaxed and have time to visit the toilet before your test

#### DON'T

- Try to guess the test
- Take any vigorous exercise within 30 minutes of the start of the test
- Ignore the requirement to take the test

#### What happens next? - Outcomes

- You will be informed of your results verbally at the time of your appointment and advised when you require recall or further follow up.
- Your manager and local safety adviser will be notified of your fitness to undertake further exposure also indicating any actions required, recommendations and your statutory recall interval. This notification should be kept in your local health record.

#### Further Information can be found at:

University of Edinburgh website: [Health Surveillance and Safety Critical Medicals | Health and Safety Department](#)

External HSE website : [Don't lose your hearing INDG363](#)



#### Health surveillance is important for:

- detecting ill-health effects at an early stage, so your employers can introduce better controls to prevent them getting worse
- enabling you to raise concerns about how work affects your health
- providing data to help your employers evaluate health risks
- highlighting lapses in workplace control measures, therefore providing invaluable feedback to the risk assessment
- providing an opportunity to reinforce training and education of staff and students (e.g. on the impact of health effects and the use of protective equipment)

#### NOTE: Health Surveillance is compulsory.

If you fail to attend for surveillance and are beyond your statutory recall, your access to facilities may be restricted. OHS are unable to comment on your fitness to continue any work with relevant hazards, we are also unable to ensure your health is protected, or determine any concern relating to control measures, therefore, where work involves potential exposure to the relevant hazard/s, this work must cease until you are seen. To avoid problems please attend any scheduled appointment or contact OHS as soon as possible to discuss rescheduling within your recommended recall.

OHK3 2025

## Occupational Health Service



## Your Noise Surveillance Appointment (including audiometry)

*Please read **prior** to your appointment to ensure health surveillance is informative and useful.*

You are advised that all required control measures, identified in your Control of Noise at Work Regulations 2005 e.g. hearing protection must be utilised at all times of exposure. Any queries should be discussed, in the first instance with your local safety advisor (or Occupational Hygiene Unit for guidance on selection and wearing of hearing protection).

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**Noise-induced Hearing Loss (NIHL)** is a type of hearing loss which may develop as a result of exposure to excessively loud noises. Occupational noise-induced hearing loss is something you can prevent by understanding the hazards of noise and using all control measures including wearing hearing protection.

#### How does NIHL develop?

NIHL occurs when loud sounds damage the sensitive structures in the inner ear, impairing the ability to hear clearly. Hearing loss may develop gradually over time due to repeated exposure to loud sounds or occur instantly from a single, high-intensity noise event, such as an explosion.

This condition can affect one or both ears and may result in reduced sound clarity, difficulty perceiving speech, and even tinnitus—a ringing or buzzing in the ears. You might not be able to hear safety/warning signals. Since the delicate hair cells responsible for hearing cannot regenerate once damaged, hearing loss from noise exposure is often permanent.

#### What does noise-induced hearing loss sound like?

**Higher-pitched sounds** are harder to hear than lower pitched sounds

The degree of hearing loss is usually the **same in both ears**



You may feel like **people are mumbling** more than they used to

It's harder to hear "sh", "s", "th" and "f" sounds. Words like **"shell", "sell" and "fell"** may be indistinguishable

#### Statutory Health Surveillance

Whilst you are working with noise greater than the upper exposure action levels and as a result of local risk assessment, the Occupational Health Service (OHS) will regularly monitor your hearing by means of noise surveillance. This should be before at the start of your exposures and then annually for two years. Thereafter this will be by 3 yearly surveillance—this may need to be more frequent if any problem with hearing is detected or where the risk of hearing damage is high.

#### What is required for Noise surveillance?

- Completed questionnaire (discussed during your appointment—covering previous medical history / medications / type of noise exposures)
- Ear Examination ((also known as otoscopy) - a visual inspection of the outer and inner ear
- Audiometry— is a test to measure softest, quietest sounds you can hear at different pitches. This hearing check is performed in a sound proof booth and you will need to come to the Occupational Health Service (OHS) in Drummond Street as the booth is not portable.
- It is a painless procedure but it will require you to sit quietly, concentrate and actively listen.

#### Please inform the clinician at your appointment if you have had any of the following:

- Some health conditions may mean that having a hearing check is not advised e.g. ruptured ear drum, acute or chronic ear infection that is being treated by your GP, and the OH technician may postpone your appointment to a later date.

#### What will I be asked to do?

You will **discuss your questionnaire answers**. You should be familiar with the hazards in your workplace and what effect, they might have on your hearing. You should be aware of noise control measures including any hearing protection and the level of attenuation it provides and when to wear it. You will also be asked about your noise exposures outside work / hobbies and about any hearing symptoms you have including pain, wax issues, ringing in the ears (How often? When? What were you doing before you notice the ringing?) and any changes in your hearing.



**Ear Examination**—the clinician will ask you to keep seated try to remain motionless during examination and will look around your ear. Using an otoscope (which provides magnification and illumination) will then look into your ear. They will pull back slightly onto the top of your upper lobe (pinna) to ensure a clear view of your ear canal and tympanic membrane.

#### Audiometry

—For OHS to get the most out of your test you will be asked to:

- Remove any hearing aids, also any glasses, headwear or ear-rings that may obstruct the correct placement of the earphones, cause discomfort or affect sound transmission.
- Take a seat in the audio booth and a set of headphones will be placed over your ears - do not to hold or move them
- You will be handed a response button—As soon as you hear a sound (tone), press the button. Keep it pressed for as long as you hear the sound (tone), no matter which ear you hear it in. Release the button as soon as you no longer hear the sound (tone). Whatever the sound, and no matter how faint the sound, press the button as soon as you think you hear it and release it as soon as you think it stops.
- You should sit quietly during the procedure, but may interrupt the testing in case of discomfort or difficulty.

