

MANAGEMENT OF NOISE AT WORK

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Health and Safety Policy			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
3.0		08/06/2022	Regular review of procedure	08/06/2022 Health & Safety Committee

Please note:

If you require a copy of this procedure in an alternative format (for example Large Print, Easy Read) or would like any assistance in relation to the content of this policy, please contact the Human Resources (HR) team on 01803 656680.

1. Purpose and Application

Noise is part of everyday life, but too much noise can cause temporary and permanent hearing damage. This can be hearing loss that gets worse over time, damage caused by sudden, extremely loud noises, or tinnitus (permanent ringing in the ears).

The Control of Noise at Work Regulations 2005 requires the Trust to protect staff against noise induced hearing damage or loss. If noise causes other risks such as poor communication of alarms, information, or distraction, irritation etc then these should be dealt with under the general health and safety risk assessment.

This policy applies to all activities carried out by the Trust in Trust owned, leased or managed premises. However, it is likely that specific steps due to the Control of Noise at Work Regulations 2005 will only be required in the following types of situation:

- Generator rooms and compressor rooms (when the plant is in operation)
- The main Boiler house
- Engineering and carpenters' workshops – during defined activity
- Grounds maintenance operations
- Activities using power tools carried out by Estates and Facilities Management (EFM) staff or contractors

The Trust will manage its workplaces and activities in accordance with the Control of Noise at Work Regulations 2005 to minimise the risk of Noise Induced Hearing Loss.

2. Responsibilities

2.1 Director of Environment

The Director of Environment is responsible for ensuring that the Trust complies with the Noise at Work Regulations by:

- Ensuring that appropriate assessments are carried out and recorded for all activities where noise exposure is a risk
- Providing competent technical advice regarding noise assessment and control measures

2.2 Departmental Managers

Managers are responsible for ensuring that where there are concerns assessments are carried out in their areas, including a preliminary noise risk assessment (TSF/S012), a copy of which can be seen at Appendix 1. If this initial assessment indicates that there is a problem, they are responsible for contacting the EFM department to arrange an appropriate risk assessment.

Where employees are exposed to noise which is likely to be at or above the lower exposure action value, managers shall arrange suitable control measures and provide those employees with suitable and sufficient information, instruction and training.

2.3 Employees

Are responsible for complying with any measures implemented by the Trust, including the wearing of any appropriate Personal Protective Equipment (PPE), and the attendance of health surveillance appointments.

3. Procedures

3.1 Action levels

The exposure action values are the levels of exposure to noise at which the Trust is required to take certain actions.

The lower exposure action values are:

- A daily or weekly personal noise exposure of 80 dB (A-weighted)
- A peak sound pressure of 135 dB (C-weighted)

The upper exposure action values are:

- A daily or weekly personal noise exposure of 85 dB (A-weighted)
- A peak sound pressure of 137 dB (C-weighted)

Where the exposure of an employee to noise varies markedly from day to day, an employer may use weekly personal noise exposure in place of daily personal noise exposure for the purpose of compliance with the Regulations

3.2 Risk assessments

Managers should take all reasonably practicable steps to reduce exposure to noise in the working environment and must contact the EFM department if they identify a significant risk of Noise Induced Hearing Loss so that a full noise assessment can be organised

The full noise risk assessment will include assessing workers exposure to noise including the noise level and duration of exposure using a Sound Level Meter, in order to develop an action plan to control the risks identified.

3.4 Hearing Protection

Control measures may include noise control at source, organisational control and purchasing quieter tools and machinery. Hearing protection should only be considered to control residual risk where it is not reasonably practicable to further control the level of noise through physical and organisational controls.

If the Trust carries out work which is likely to expose any employees to noise at or above a lower exposure action value they must make personal hearing protection available to those employees.

If the Trust is unable by other means to reduce the levels of noise to which an employee is likely to be exposed to below an upper exposure action value, it shall provide personal hearing protectors to any employee who is so exposed.

If in any area of the workplace under the control of the Trust an employee is likely to be exposed to noise at or above an upper exposure action value for any reason the Trust will ensure that:

- The area is designated a Hearing Protection Zone
- The area is demarcated and identified by means of the sign specified for the purpose of indicating that ear protection must be worn
- Access to the area is restricted where this is practicable and the risk from exposure justifies it, and shall ensure so far as is reasonably practicable that no employee enters that area unless that employee is wearing personal hearing protectors.

Any personal hearing protectors made available shall be selected by the Trust so as to eliminate the risk to hearing or to reduce the risk to as low a level as is reasonably practicable.

Where hearing protection is provided employees must wear it properly, and monitored to ensure they wear it all the time when they are doing noisy work, and when they are in hearing protection zones. Taking it off even for a short while significantly reduces the overall protection they get, meaning their hearing could still be damaged.

Any problems with noise-control devices or hearing protection must be reported immediately to the line manager

Hearing protection is considered the last line of defence against hearing loss, the Trust will always prioritise physical control measures (such as enclosing noising processes or procuring quieter tools) and organisational controls (limiting time exposure in noisy areas) over hearing protection wherever reasonably practicable to do so. Where hearing protection is provided the Trust will train staff in its use and provide replacements when needed. Managers will consult staff with regards to the type

Earmuffs - They should totally cover the ears, fit tightly and have no gaps around the seals. Hair, jewellery, glasses, hats etc must not interfere with the seal. The seals and the insides must be kept clean. The headband must not be stretched – the tension is crucial to protection. Helmet-mounted earmuffs can need particular care to get a good seal around the ears.

Earplugs - They go right in the ear canal, not just across it. Fitting them should be practiced and help given if required. Hands should be clean before you fit earplugs, and they must not be shared. Some types you use only once, others can be re-used and even washed – make sure employees know which type they have. Particular care should be taken with

reusable ear plugs to ensure they are kept completely clean in between use as dirt or other foreign objects can easily be introduced into the ear by the ear plug.

Semi-inserts/canal caps - These are held in or across the ear canal by a band, usually plastic. Every time they are put on the seal must be checked and the same general advice as for earplugs should be followed and making sure any band keeps its tension.

4. Health Surveillance

If the full noise assessment indicates that there is a risk to the health of our employees who are, or liable to be regular exposed to noise above the upper exposure action value the Trust shall ensure that they are placed under suitable health surveillance, regardless of the hearing protection provided

Health surveillance will also be required for individuals regularly exposed to the lower exposure action value and who have already have a hearing deficiency or who have a family history of early deafness

The aim of a noise health surveillance programme is to safeguard employees but also to check the long-term effectiveness of control measures. Health surveillance involves regular hearing checks to measure the sensitivity of hearing over a range of sound frequencies. Employees will be informed about the results of the hearing tests and records kept.

5. References

5.1 References and further reading

- The Control of Noise at Work Regulations 2005
- HTM 08-01: Acoustics
- HSE: Protect your Hearing or Lose it INDG 363
- HSE: Controlling noise at work L108


Further information and advice is available from the Trust Corporate Health and Safety Manager, Occupational Health and the EFM Department.

6. Appendices

Appendix 1 - Copy of Preliminary Noise Risk Assessment Form TSF/S012 (Separate Document)

Appendix 1

Picture example only of TSF-S012 – please download and save copy from Trust intranet:

Torbay and South Devon 
 NHS Foundation Trust

Trust Standard Form

Preliminary Noise Assessment Form

This forms part of the general risk assessment of your work activities and Managers should answer each question to identify if a full Noise Risk Assessment needs to be carried out.

Name of Manager:		Date:	
Location/Dept:			

If you answer 'Yes' to any of the questions below you should contact Estates for a full noise risk assessment and give your employees at risk the Noise Related Health Questionnaire.

	Consider	YES	NO
1.	Do you work in a noisy environment? <i>e.g maintenance, manufacturing, dentistry, surgical, waste, etc</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do your employees use noisy powered tools or machinery for more than half an hour each day in total?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are there noises due to impact (such as hammering, pneumatic impact tools, drills, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are there areas of the workplace where noise levels could interfere with warning or danger signals?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are employees exposed to noise which makes it necessary to shout to talk to someone 1metre away, for more than about half an hour per day in total?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are employees exposed to noise which makes it necessary to shout to talk to someone 2metres away, for more than 2 hours per day in total?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is conversation at 2 metres possible, but noise is intrusive-comparable to a busy street or crowded restaurant- for more than 6 hours per day in total?	<input type="checkbox"/>	<input type="checkbox"/>

Signed:

Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)	Management of Noise at Work TSP/S011		Version and Date	3.0 April 2022	
Policy Author					
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible ⁶ ?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the policy/procedure encourage individualised and person-centered care?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access?					
EXTERNAL FACTORS					
Is the policy/procedure a result of national legislation which cannot be modified in any way?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
Regular full review as required by legislation and Trust policy					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
Members of the Health and Safety Committee; Staffside; Deputy Director of Estates and Facilities Management; Executive Directors; System Directors					
ACTION PLAN: Please list all actions identified to address any impacts					
Action	Person responsible		Completion date		
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form	Suzanne Ellis		Signature	<i>Suzanne Ellis</i>	
Validated by (line manager)			Signature		

Any issues Please contact Diversity & Inclusion Lead

Debbie Maynard on Debbie.maynard@nhs.net or Mobile Number 07976895349

¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy