



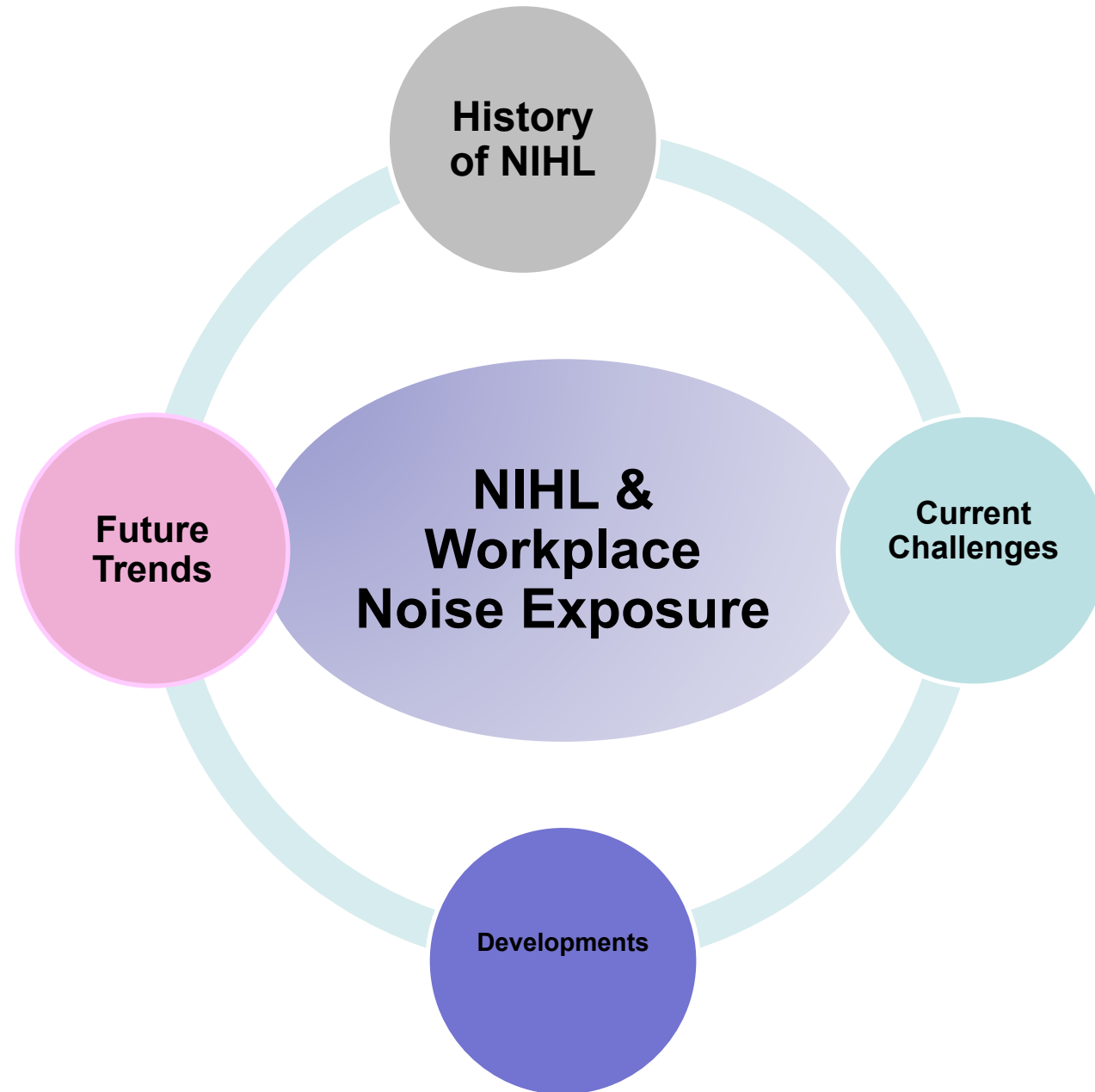
Occupational Noise Exposure – Challenges, Developments and Future Trends.

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Topics

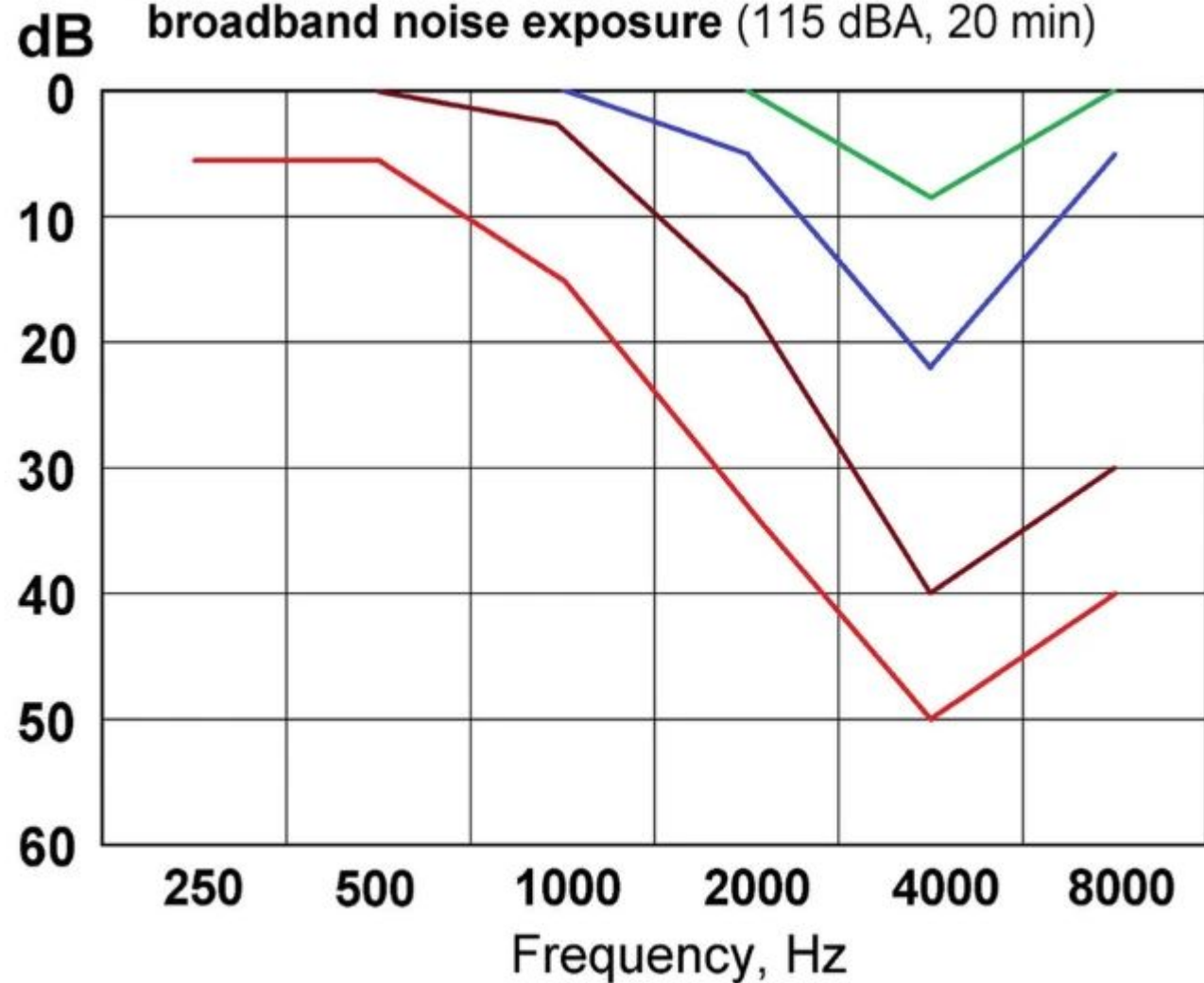


History of Noise Induced Hearing Loss (NIHL)

- NIHL awareness arose more than 2000 years ago
- Ramazzini is credited as the 1st author to accurately describe NIHL among specific trades (1700) recognised that it is irreversible & progressive
- Coppersmiths & corn millers: ‘...nearly all of them are half-deaf [millers] because they spend all night and day surrounded by the repetitive noise...’



An example of the temporary threshold shift after
broadband noise exposure (115 dBA, 20 min)



Temporary threshold shift (*temporary hearing loss*):

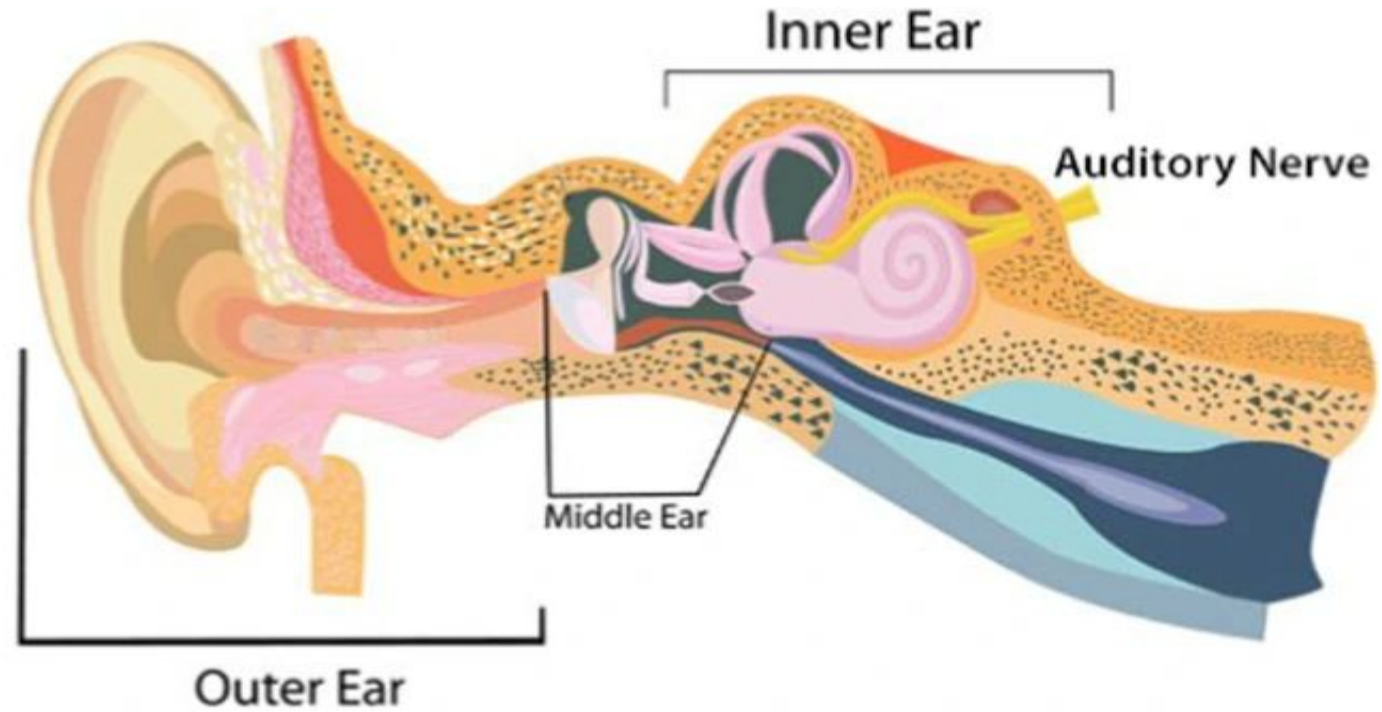
— 30 seconds after the cessation of the noise exposure;
— 15 minutes; — 5 hours; — 24 hours.

Impulsive Noise

- Levels over 130 dBC likely to cause potential damage
- Industrial examples - cartridge operated tools, hammering > 135 dBC
- Challenges in estimating the likelihood/scale of damage
- Exposure response relationship is evolving



NIHL Mechanisms

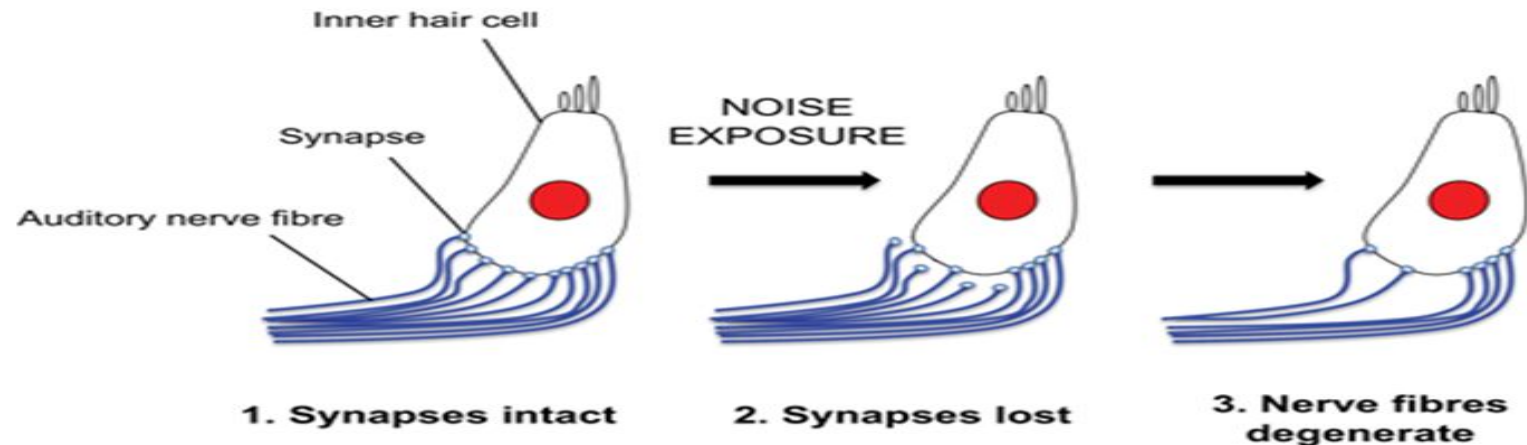


Normal Hair Cells

Damaged Hair Cells

Recent & Evolving Science

- Synaptopathy - loss of synapses that connect the inner hair cells of the cochlear to the auditory nerve
- Neuropathy - degeneration of neurons in the auditory nerve
- Oxidative stress, inflammation & genetic predispositions are factors
- Can lead to difficulty in distinguishing speech, even where there is no significant hearing loss as measured by audiogram



Recent & Evolving Science (continued)

- Research confirms relationship between auditory & memory circuits

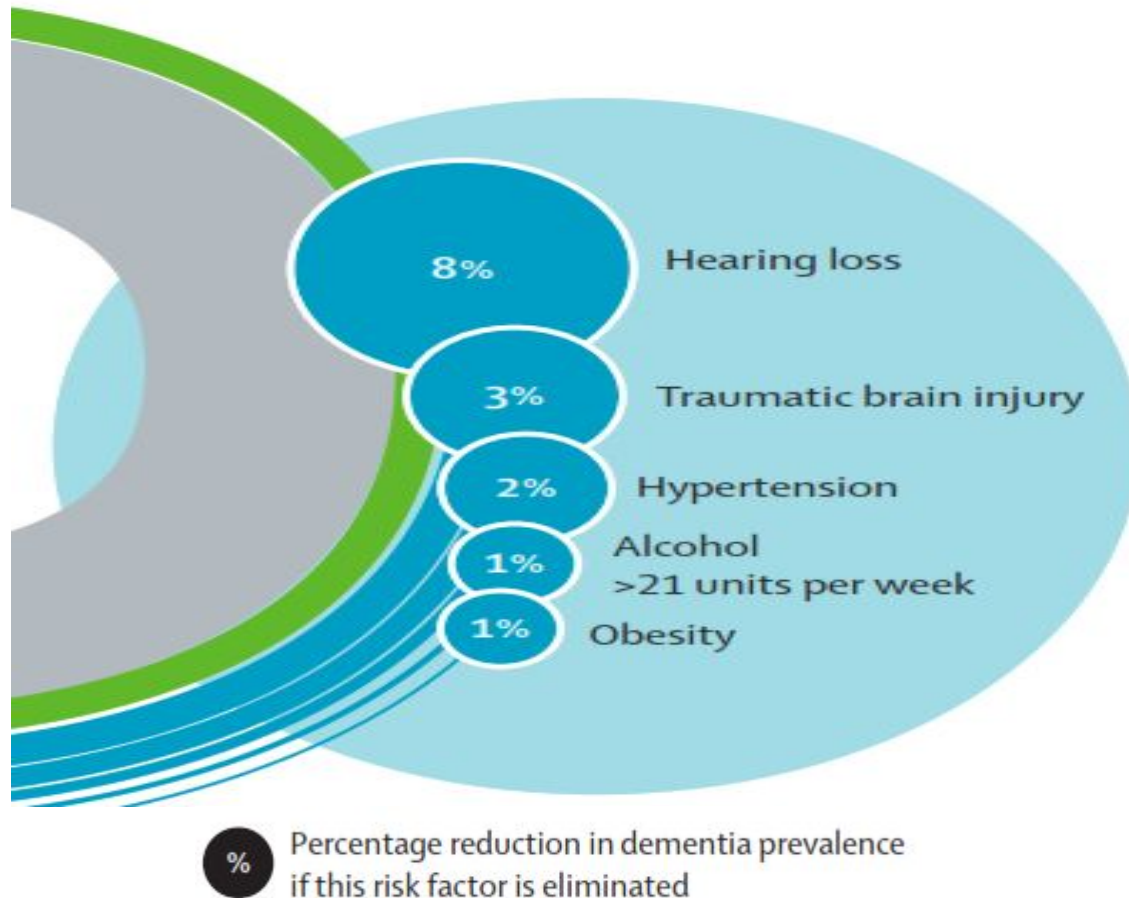
Compelling evidence now links NIHL with:

- Workplace accidents
- Anxiety & Depression
- Stress
- Heart disease
- High Blood Pressure
- Parkinson's (risk increased 57% per 10 dB increase in hearing loss)
- Dementia



Hearing Loss & Dementia Studies

Population attributable fraction of potentially modifiable risk factors for dementia (Livingston, et al. Lancet 2020)



- **Scrutinise the risks for hearing loss to reduce the risk of exposure to this risk factor....**
(Livingston et al 2020)

- **Mild hearing loss doubles dementia risk**
- **Moderate hearing loss triples risk**
- **Severe hearing loss increases dementia risk by almost five times...**
(Lin et al 2011)

NIHL Exposure

- Occ noise is responsible for 16% of disabling hearing loss
- NIHL is estimated to affect approximately 5% globally
- 22 M US workers exposed to hazardous levels
- Europe – disabling hearing loss affects > 34.4 million

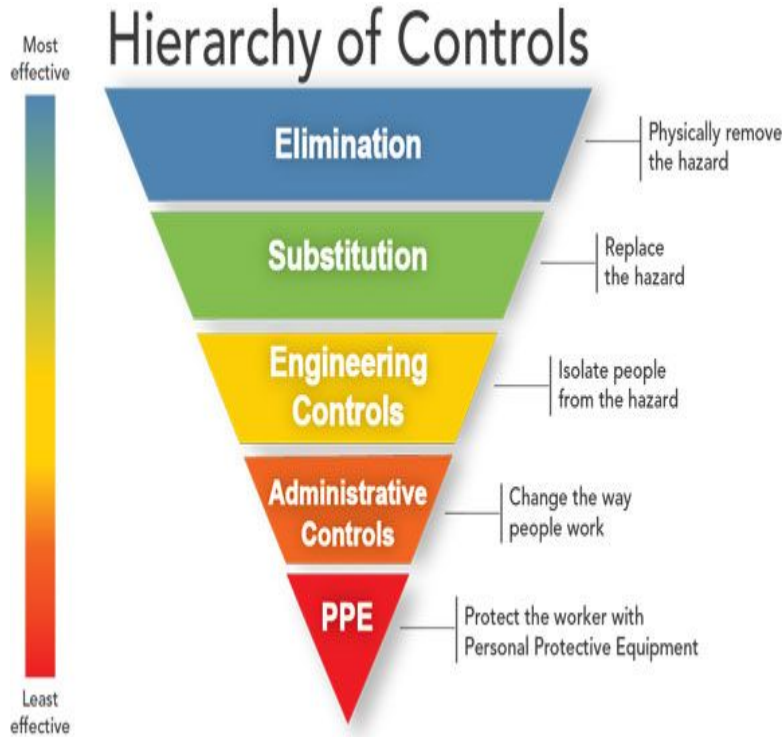


Intended Purpose of Noise Risk Assessments

- Assessments should facilitate an informed decision on the action required to prevent and/or control exposure.
 - Is there a noise exposure issue?
 - Where does it arise & what is causing it?
 - What employees are at risk?
 - Are immediate controls required?
 - How should we prioritise the controls?



Risk Assessment – Key Obligations



- **Make a suitable and appropriate assessment of the risk** (Reg 124, of SI No. 299 of 2007 to 2020)
- **Consider health surveillance data & published information** (Reg 124, e, ix)
- **Ensure, so far as is reasonably practicable, that the risk is either eliminated at source or reduced to a minimum** (Reg 125)
- **Where exposure risks cannot be prevented by other means, make protectors available** (Reg 129)

Key Outcomes of RA

- Are exposed workers identified relative to: LEAV, UEAV and ELV?
- When we exceed UEAV – establish & implement a programme of technical or organisational measures
- Make informed decisions on the action required to protect employees
- A blueprint for action or justification for inaction

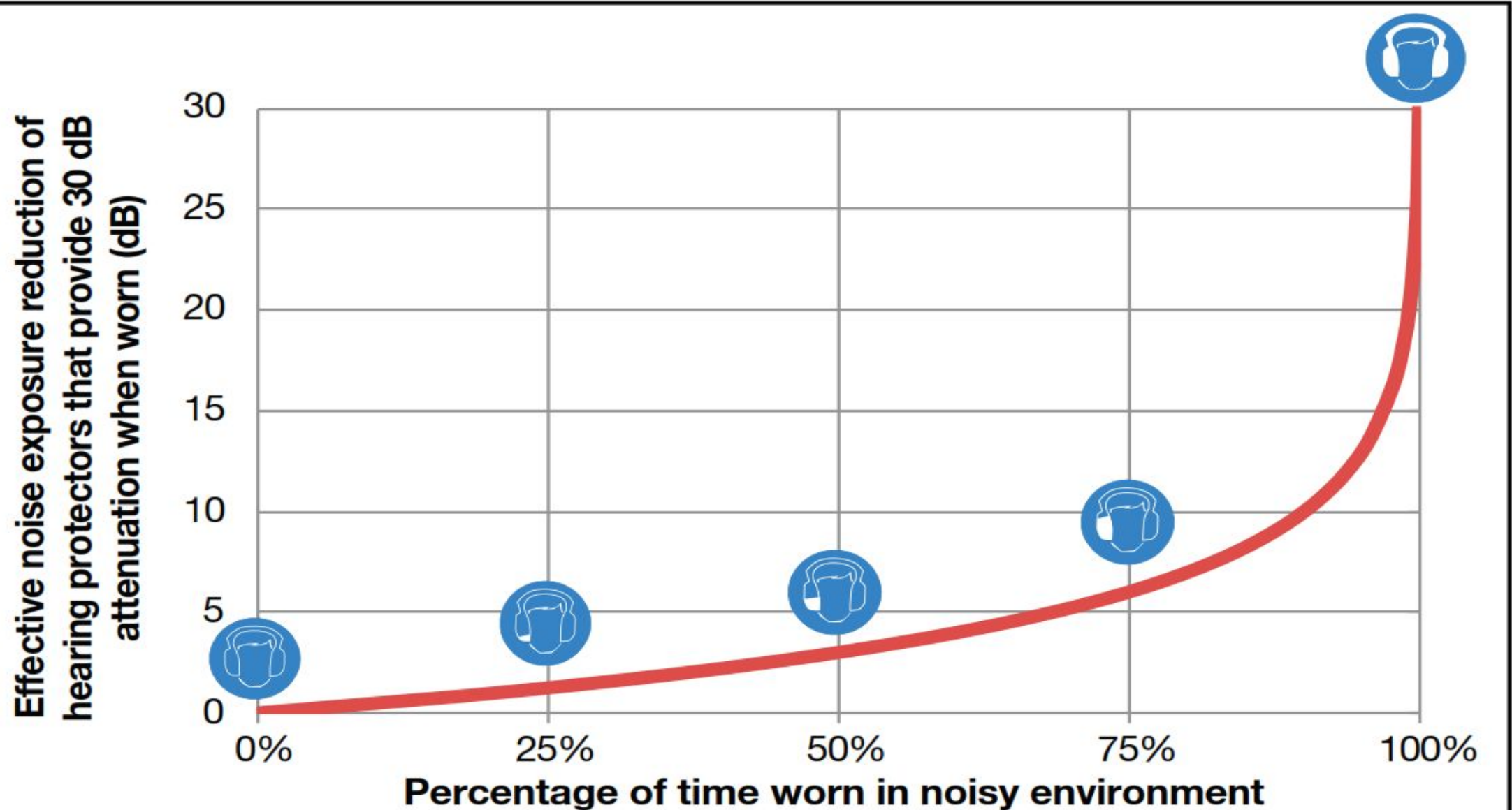


Hearing Protection – Key Obligations - Reg 129

- Where the risks arising from exposure to noise cannot be prevented by other means, make protectors available
- Make protectors available when LEAV is exceeded
- Provide suitable and sufficient information and training (Reg, 130)
- Employer shall ensure, so far as is reasonably practicable, that protectors are used & the measures taken under this Reg are effective



Effect of not wearing HPD



Hearing Protection Realities

- Hearing protection is not currently working (Groenewold et al, 2014)
- Poorly fitted protectors severely limits their effectiveness (40% of users) (NIOSH 2024)
- 28% had insufficient protection because their earplugs did not fit well (Gong, et al. 2021)
- Majority were poorly trained & 63% were not told how important it is to wear HPD all the time they are exposed (HSE Data, 2025, Pers Com)
- 95% of employers visited had not checked if workers can hear warning alarms when using hearing protection (HSE Data, 2025, Pers Com)

Hearing Protection Trends

- Widespread recognition of huge & repeated failures
- Need for quality training and employee engagement
- Personal attenuation fit testing/verification
- US Dept of Defense (2023) set requirements for fit testing
- NIOSH recommends use of quantitative fit tests (2025)
- Fit tests are required/mandatory in Argentina, Australia, Brazil, Canada, Germany, Italy, Malaysia, Russia, Uruguay, Venezuela, USA



Some Benefits of Fit Testing

- Personal Attenuation Rating (PAR) - if there is a poor fit more instruction is provided
- Improves training outcomes with real-time feedback
- Match HPDs to meet individual & workplace needs
- Address issues of comfort, fit & appropriate protection

Identify workers at risk due to inadequate fit



Key Trends in Hearing Conservation

- Technology can help – but not in isolation
- “Smart Protectors” can log exposures and employee compliance
- In noisy workplaces HCP elements can’t be overlooked
- Effective noise control at source is essential
- Health surveillance, information and training are key





Health Surveillance

- Pure Tone Audiometry (PTA) is traditionally used
- Challenges & weaknesses in PTA
- Otoacoustic emissions (OAEs) predict susceptibility to NIHL
- OAEs are a more suitable tool for early detection
- PTA is relatively insensitive & a lagging indicator
- OAEs are used in clinical practice guidelines for ototoxicity

Ototoxicity & Risk Assessment

RA to give particular attention, as far as technically achievable, to any effects on workers' health and safety resulting from interactions between noise and work-related ototoxic substances....

(Reg 124, Gen Application Regs)



Ototoxicity & Risk Assessment (continued)

- Symptoms - hearing loss, vertigo, and tinnitus
- Guidance on how to manage the risk is evolving
- Reducing chemical exposures is key
- Reducing noise exposure if ototoxic chemicals are used
- Audiograms for workers whose airborne exposures are 50% of OELV, regardless of the noise (Australia) & 20% of TLV (USA)



Ototoxicity - Risk Management

- For an ototoxic chemical to affect the hearing system, it first has to enter the bloodstream, either by being inhaled, swallowed, or absorbed
- Management and workers must be made aware of the combined effects of noise and chemicals
- Increased health surveillance is often warranted



Civil Claims Trends

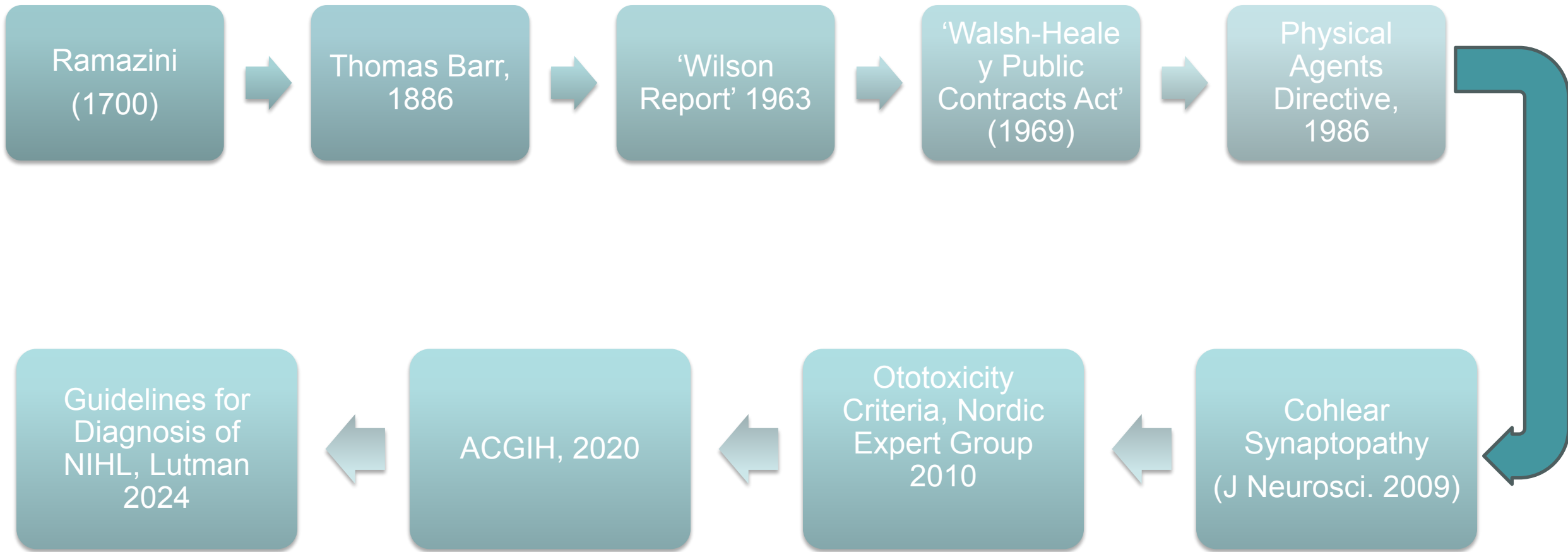
- 3M lawsuit is the largest mass tort in American history
- 250,000 US veterans won **\$6 Billion** Settlement (March '24)
- UK Severe tinnitus and NIHL – £36,260 to £55,570 UK
(Judicial College Guidelines, 2024)

Barry v Ministry of Defence

- Mr Barry claimed £1.5M & the MoD valued the claim at around £250,000
- March 2023 – Awarded £713,716

Some Basic Facts

- NIHL is complex but **entirely preventable**
- Preventing NIHL needs to be urgently prioritised
- Hearing protection is a last resort and is prone to failure
- Reducing NIHL requires commitment, cooperation & vigilance
- Despite decades of endeavour we are allowing or at least witnessing another generation suffer needlessly



Future Trends

- Compensation claims will radially increase
- Preventing exposure & NIHL will be prioritised
- Noise control & enhanced hearing protection will be key
- Smart Protectors and regular training will be the norm
- Health surveillance will be improved & will include OAEs



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