From:

WorkCover WA New Act Consultation

Subject: Implementation Consultation Paper 20 - Noise induced Hearing Loss

Date: Friday, 12 January 2024 8:29:53 AM

Attachments: <u>image009.jpg</u>

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To Whom it May Concern

My name is Dale Kennett from Pernickety Health services. I first became and authorised Audiometric Officer in 2012, my AAO license stopped when I missed meeting my number of required hearing tests in a period. I resat the course in 2022. Even though the period where I was not an AAO I was still completing hearing tests for clients, my clients were not a prescribe workplace and didn't need the registration with Workcover.

I hold concern about the proposed changes to the NIHL regime in which an AAO may no longer be required to complete such a test. My business does not require hearing tests to be a profitable part of the business, the regular calibration requirements, are a little over the top requirement considering today's technology.

My concern lays with the ability to complete he tests in a timely manner. Based on the whitepaper Implementation paper 20 — Noise Induced hearing loss it notes 27503 baseline hearing tests conducted by all AAO, audiologists and audiometrists. To remove AAO will place a larger burden on the Audiologists as in WA there are approximately 247 audiologists and audiometrists. This would require each audiologist to fit in another 100 odd patients per year and as the population grows this number will increase.

Audiology is not a course that has hundreds of graduates per year entering the workforce, it could allow larger gaps or problems in the testing regime.

I note that the paper highlights that a high level of false positive readings and it attributes these errors to the AAO. Could the errors be a result of the training that is conducted, to become an AAO there is only one training organisation that can assist in a person becoming the AAO.

Having been trained twice by the same company there were difference between 2012 and 2022, and it was hard to pass the second time, because one area of concern was the random time spacing between pulses. By 2022 I had transitioned from what I was shown in 2012 which was push the button and on one of them move my finger slowly away and back to space the pulse timing.

I had transitioned into a head counting using number variables of 3 and 5. So there was a random spacing in the pulses. According the training organisation, even though I got the hearing dB level correctly, my method was incorrect and I have to sit the test a second tie a couple of weeks later.

I also have concern by reducing the number of people who can conduct the hearing tests, will reduce the number of tests conducted. I have read articles relating to Queensland and lung function testing. It was originally introduced for to look for cases of Coal Workers Pneumoconiosis (CWP). As mining had improved over time the cases of CWP has nearly disappeared. The mandatory requirement screening for CWP was removed and over time the numbers of CWP cases have started to increase. (https://www.sonichealthplus.com.au/health-

hub/onsite-health-surveillance/expert-medical-guidelines-for-dust-diseases), and https://www.business.qld.gov.au/_designs/content/guide-printing2?

parent=94745&SQ_DESIGN_NAME=print_layout) Understandably the time available to adequately review such numbers has been limited over the Christmas period so please excuse the poor quality statistical information.

I feel as an AAO if given the adequate time to review the statistical data, and review the training options would be able to show the benefits of keeping the AAO as part of the testing regime and better improve the results. To remove AAO from the testing regime will place an unnecessary burden on a small number of audiologists, with a every increasing population, there are risks and that NIHL could become an ever increasing health issue.

Kind regards

