

31st January 2024

Mr Chris White
Chief Executive Officer
WorkCover Western Australia Authority
2 Bedbrook Place
Shenton Park WA 6008

By email: consultation@workcover.wa.gov.au

Cc: right Hon Amber-Jane Sanderson MLA. Minister.Sanderson@dpc.wa.au

Dear Mr White

Re: Audiology Australia response to proposed Implementation Consultation Paper 20: Noise Induced Hearing Loss.

Audiology Australia (AudA) welcomes the opportunity to comment on the changes to the proposed new WorkCover regulations and implementation requirements associated with the practice and procedure for the testing of hearing loss and assessment of occupational noise induced hearing loss (NIHL) in workers in WA.

We are very concerned that changes of such significance for NIHL were not foreshadowed at an earlier date. The draft WorkCover Bill in 2021 did not indicate that such major changes to the NIHL compensation system were planned in the proposed NIHL regulations. The limited timeframe for submissions over the Christmas-New Year period is also unfortunate and unproductive in terms of stakeholders being able to provide a substantive submission.

This lack of consultation with Audiologists with expertise and experience in NIHL assessment is evident by the outdated testing procedures and technical errors in the proposed Audiologist Test Report (Attachment 1) and Audiologist testing standards (Attachment 2).

These errors include the use of the term 'hearing test results' when referring to pure tone thresholds and 'audiogram table' referring to an audiogram. While 'reflex growth' functions can be measured, they are not part of any standard audiological test battery. Similarly, acoustic reflex decay or tone decay have been used in the past to differentially diagnose retrocochlear pathologies such as brain tumours from asymmetric NIHL, but have not been part of the standard test battery for decades. Other tests that are part of the standard Audiological Test battery are not mentioned, including Otoacoustic Emissions or speech audiometry. These are part of the standard test battery under Medicare. These tests can be used to comment on the reliability of the test and are useful for detecting malingering.

In regards to the section on "Authorised audiologists & professional standards", AudA notes that these requirements would unfairly exclude AudA members who have overseas qualifications that have been recognised by AudA. This is important given the significant number of overseas practitioners that work to support health and hearing health outcomes in the WA public and private health systems.

The proposed regulations remove the important NIHL education and prevention role that WorkCover WA currently provides. There is no evidence that WorkSafe WA would be able to provide this, and

certainly not within the timeframe proposed for the introduction of these regulations. WorkCover WA baseline assessments and regular audiometric monitoring serve to educate and remind workers about hearing protection and NIHL, to remind employers of the risks of NIHL and their obligations to their employees, and increase employee awareness of NIHL compensation entitlements. This last point is important because NIHL is by its nature invisible, non-painful, has social stigma, and is easily neglected by the person detrimentally affected by it. The economic benefits of hearing loss prevention are well-documented and understood - 'The Social and Economic Cost of Hearing Loss in Australia' (HCIA 2017) and the *Still Waiting to be Heard* Parliamentary inquiry (Cth Parliament, 2017).

If WorkCover WA no longer plays an active role in informing workers of the right to make a claim, there is a risk of workers not self-reporting hearing loss/concerns to employers in order to access the NIHL compensation process.

Without recorded baselines, the potential for malingerers to be successful in feigning hearing loss is increased. We expect that this will lead to increased costs of audiological testing due to additional, lengthy tests being required such as electrophysiological testing and the consequent impacts on the operational costs of the WorkCover system in WA.

We note that the quoted statistics about the considered inefficiencies of the current WorkCover system do not take into account the efficiency of the current system once NIHL is confirmed. Regular baseline audiometric testing allows evidence-based apportionment between employers, and long and costly legal disputes about NIHL compensation are, in our experience, extremely rare.

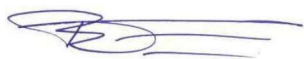
Instead of removing the testing entirely, the quoted false positive rate of the audiometric officers' testing could be reduced by improving the accuracy of this testing. For example, failure to ensure 16 hours of quiet prior will generate false-positives due to temporary NIHL (temporary threshold shift). The fact that the full audiological testing shows less hearing loss should be viewed as a verification, rather than a failure of the system.

The proposal states that the role of the Audiologist in assessing the hearing, once identified as being lost, is largely unchanged. We would challenge this, because the subsequent screening tests are heavily used to formulate the full subsequent Audiological report and make recommendations to the benefit of the injured worker.

On a final matter, we support WorkCover WA in updating the AS/NZS standards but highlight that AS/NZS 1269.4:2014 may be unachievable for bone-conduction transducers in many audiological testing booths in WA.

Overall, AudA urge WorkCover WA not to implement the proposed regulations as they currently stand in the Implementation Consultation Paper 20: Noise Induced Hearing Loss. We strongly recommend that the consultation period be extended to allow the above mentioned concerns to be addressed.

Yours sincerely



Dr Barbra Timmer
President