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Workers Compensation and Injury Management Act 2023

APPROVED STANDARDS [s. 114(1)(a)]

In accordance with section 114(1)(a) of the *Workers Compensation and Injury Management Act 2023* the standards approved under regulation 45(3) of the *Workers Compensation and Injury Management Regulations 2024* for the purpose of regulation 45(2)(a) are **WorkCover WA Approved Standards for Performing an Audiological Test** in Appendix 1.

The **WorkCover WA Approved Standards for Performing an Audiological Test** in Appendix 1 are effective 1 July 2024 and registered as WorkCover WA Approved Standards NIHLAS1 – v1 [D2024/51628].

CHRIS WHITE
CHIEF EXECUTIVE OFFICER

26 April 2024

APPENDIX 1

Workers Compensation and Injury Management Act 2023

NOISE INDUCED HEARING LOSS APPROVED STANDARDS FOR PERFORMING AN AUDIOLOGICAL TEST

The standards below are approved by the WorkCover WA CEO under regulation 45 of the *Workers Compensation and Injury Management Regulations 2024* and apply to an authorised audiologist performing an audiological test.

An authorised audiologist performing an audiological test on a worker must ensure that hearing loss is measured according to the approved standard corresponding with the relevant part of the test specified in Table 1 [r. 45(2)(a)].

TABLE 1	
TESTING/MEASUREMENT STANDARDS TO PERFORM AN AUDIOLOGICAL TEST (r.45(2)(a))	
Part of the test	Approved Standard
Period of quiet prior to an audiological test	The worker has not been exposed to noise levels above 80dB(A) over 16 hours prior to the test taking place. If this has not been achieved, the test must be rescheduled to a later date.
Preliminary examination	A physical and otoscopic examination for the purpose of testing abnormalities may be performed. Should the authorised audiologist determine there is a condition present which may cause temporary hearing loss (e.g. occlusion of the ear canal by wax), the worker must be referred to a medical practitioner for treatment before the audiological test may be performed.
Air conduction test	An air conduction test must be performed. An air conduction test is to be conducted bilaterally at the frequencies 500, 1000, 1500, 2000, 3000, 4000, 6000, 8000 Hz in accordance with the hearing loss table EB published in Appendix 7 of Report No. 118 of the National Acoustic Laboratories.

APPENDIX 1

<p>Bone conduction test</p>	<p>A bone conduction test may be performed.</p> <p>A bone conduction test is to be conducted bilaterally at the frequencies 500, 1000, 1500, 2000, 3000, 4000 Hz, in accordance with the hearing loss table RB published in Appendix 3 of Report No. 118 of the National Acoustic Laboratories (the Report) unless there is a 10dB or less gap between the air conduction thresholds and none of the criteria for clinical masking set out below have been met.</p>
<p>Clinical masking</p>	<p>Clinical masking, employing narrow band noise must be applied where:</p> <ul style="list-style-type: none"> • there is a 40dB or greater difference between either the air conduction thresholds, or the air conduction threshold and the unmasked bone conduction threshold in the opposite ear at any frequency, and/or • where bone conduction thresholds show a 15dB or greater difference between the air conduction and bone conduction thresholds in the same ear.
<p>Audiogram</p>	<p>An audiogram setting out the results of the air conduction/ bone conduction test is to be produced and included in the Audiological Test Report.</p>
<p>Calculation of hearing loss</p>	<p>Hearing loss is to be calculated in accordance with the hearing loss tables RB and EB published in Appendices 3 and 7 of Report No. 118 of the National Acoustic Laboratories (the Report).</p> <p>The presbycusis correction table in Appendix 5 of the Report is to be applied when calculating hearing loss.</p>