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Ahead of the formal response from the WA Chapter of the Audiological Society of Australia I felt that, as one of the more experienced clinicians in WA who was working as the current procedures were implemented, I must disclose that I am very disappointed in this major change proposed by the Implementation Consultation Paper 20. To my knowledge, no one in the Audiological body was directed to this item. Instead, we were directed to a portion involving the role of the audiologist in the subsequent assessments with no reference to a change in the baseline system.

It appears WorkCover WA is aiming to follow the other states in having a knee-jerk reaction to hearing damage caused in the workplace and simply assess the worker's hearing once a hearing loss is identified. Our current system appears aimed at early intervention to *prevent* hearing loss. The baseline assessments form an integral part of the education of the workforce in that protection behaviour because once hearing has been damaged, it is not going to recover and will require lifelong intervention. This is unlike the typical 'one-off' injury that can occur in the workplace and compensation for hearing loss may require a series of payments rather than a lump sum compensation. The compensation is the one place where the other states appear to have the upper hand; their compensation is paid to correct the hearing loss caused by noise in the form of aural rehabilitation, usually in the form of hearing aids.

In that previous vein, hearing loss is not a 'one-off' injury and may occur over many years with different employers. It seems unconscionable that the employer at the time of realisation of a hearing loss should be the one to foot the bill for compensation when that employer may not have any noise in the workplace. The system originally presented can record the hearing loss, tracked through the screening audiograms recorded periodically to allow an apportionment between a number of employers. This seems much more equitable, albeit time-consuming.

It is noted that the role of the audiologist in assessing the hearing, once identified as being lost, is largely unchanged. I would challenge that as the subsequent screening tests are heavily used to formulate the full subsequent audiological report and make recommendations. I note the point about the high number of false positive results from an audiometric officer. However, many of these occur when a worker is on the verge of a significant change of hearing from the baseline and further, identifying these problems and educating the workforce about hearing protection is part of the screening. Early identification and intervention would be more cost-effective than the social and financial disadvantage suffered by the worker who might no longer perform as a tax-paying individual and rely on the welfare state due to inability to work from hearing difficulty. The role of the audiometric officer is to promote good hearing practice in the workplace. In hindsight, WorkCover WA may not be the best department to handle the intricacies of noise induced hearing. Thus, they can concentrate on the compensation element rather than be proactive in preventing hearing loss. However, WorkSafe has not appeared in a major role in any of the previous negotiations relating to this scheme, which WorkCover trumpeted loudly at its inception as a boon for the workforce. The system could be streamlined but the loss of such valuable data accumulated to date should the baseline testing be stopped would be a very retrograde step. The lack of supporting data to an audiologist in assessing a single percentage loss of hearing and that of the Ear, Nose and Throat consultant in determining the percentage due to noise damage would lead to greater uncertainty in the result requiring more intensive assessment and thus more cost to the employer.

In finalising my letter, I note with considerable disquiet the paucity of time allowed for comment on such a major change. I feel winding up the window for comment immediately following a prolonged public holiday with very little lead time suggests the authors of this document have little respect for those actually involved in these assessments. With the not inconsiderable training devoted to, not only the audiometric officer role but that of the audiologist, there should be more transparency as to who was responsible for the background work in deciding upon these proposed changes to the regulations. I have not been able to find a WA Audiologist who was consulted directly about these changes. Moreover, many of the addendum forms and record sheets bear little resemblance to the more common audiological documents suggesting contributions outside the field of professionals involved in this current legislation.

I remain opposed to the changes outlined in Implementation Consultation Paper 20 and require more consultation with Audiologists through the WA Chapter of Audiology Australia.

Sincerely,

Iain Summerlin

