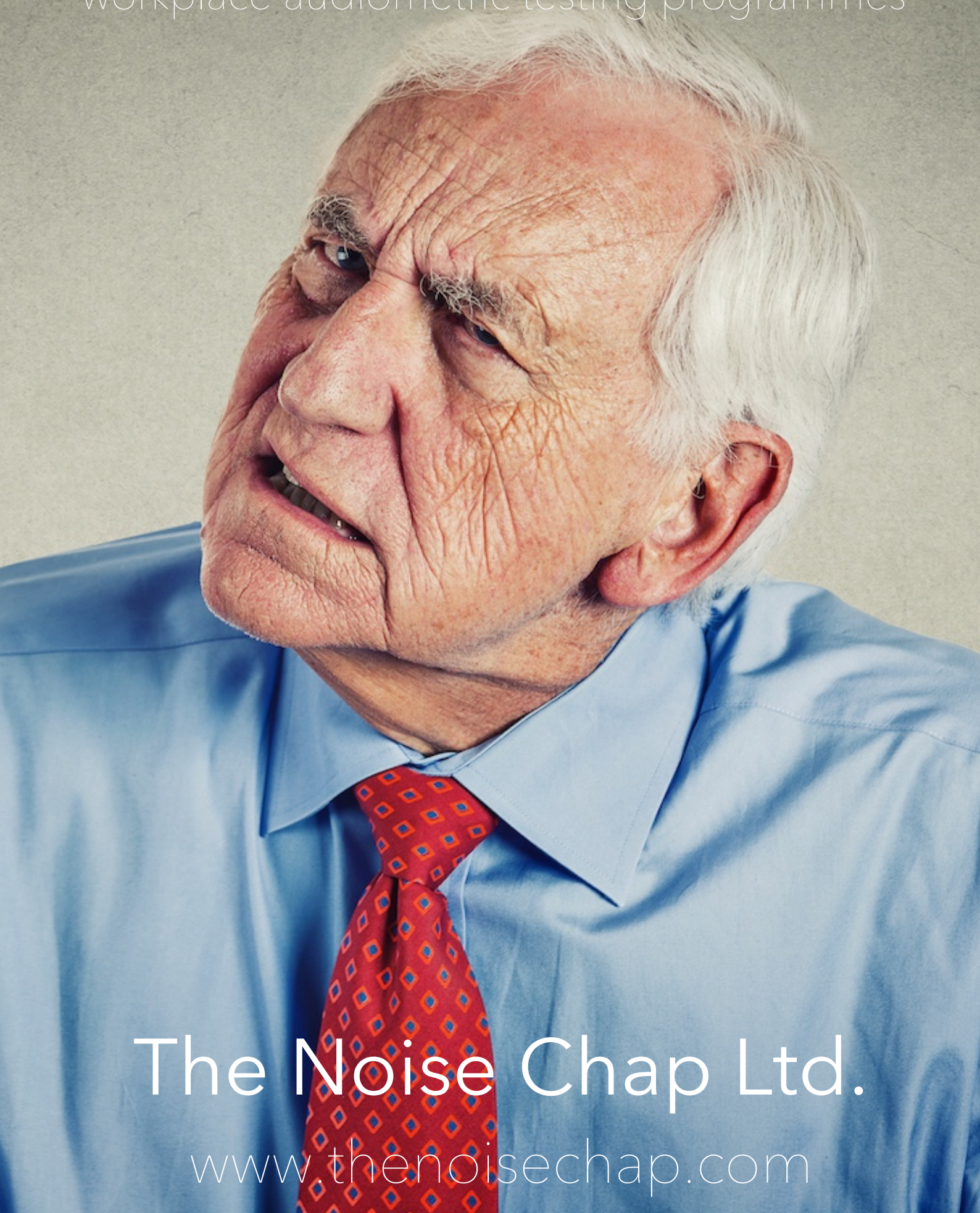


Screening Audiometry

workplace audiometric testing programmes



The Noise Chap Ltd.

www.thenoisechap.com

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What you'll learn

1. What audiometry is, including what the results categories mean and what the standards are for testing.
2. Setting up an audiometry programme – who you should include and how often testing is needed.
3. Dealing with referrals including a recommend route for employers to use to manage them
4. Managing the medical data securely – how GDPR impacts it, storing it and access to it.
5. Answers to some common questions about screening.

Audiometry can seem like a bit of a confusing area but by the end of this you will have a good knowledge of the basics. You will be able to create a screening audiometry programme for employees at work, have enough knowledge to choose an appropriate supplier, know how to manage referrals and handle the confidential data.

This eBook is aimed at:

- ✓ Health and safety professionals
- ✓ HR professionals
- ✓ Other managers within a company
- ✓ Anybody who has to set up and manage a screening audiometry programme at work.

About the author



Greetings,

My route to creating this has been one encompassing both sides of the table, from being a Health and Safety professional through to becoming a specialist provider of hearing tests at work to other employers. This means that along the way I've had to not just learn and understand the technicalities of developing and providing screening hearing tests at work but have had to implement the programme in workplaces I was responsible for.

I personally have now conducted over 300,000 screening hearing tests at work.

My background has always been mixed, taking into account things like the NEBOSH Diploma through to membership of the British Society of Audiology. As well as the audiometry, I have taught screening audiometry to other occupational health service providers and to in-house occupational health people in companies such as Diageo and Transport for London. I have also trained employers on noise safety on behalf of the HSE.

These days I specialise in workplace noise. This covers everything from measuring workplace noise, recommending engineering controls, assessing hearing protection, providing the health screening and through to training of employees.

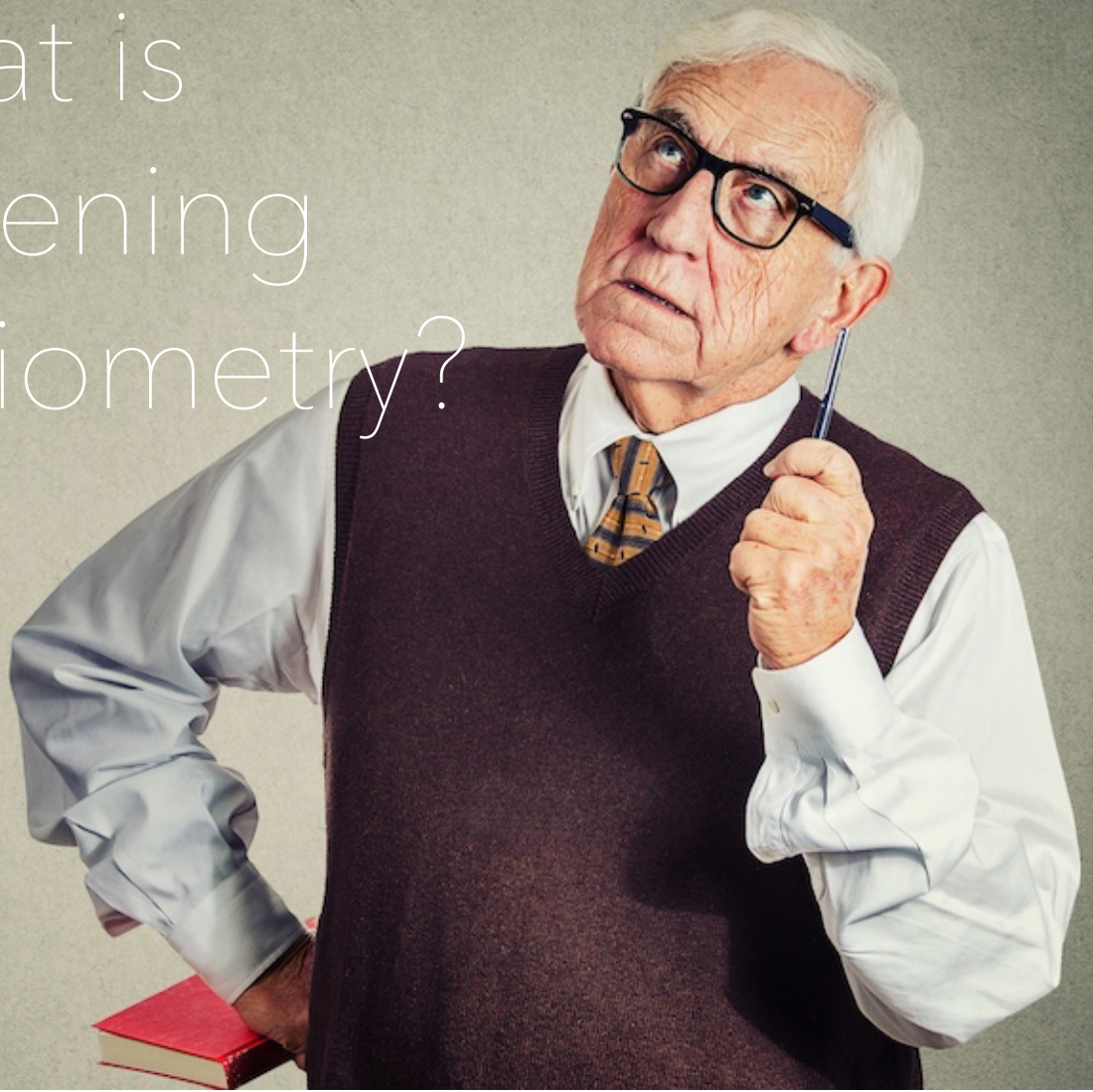
If after reading through this you have any remaining questions, please do not hesitate to let me know – I am always reachable on adam@thenoisechap.com.

Regards,

Adam



1: What is screening audiometry?



At its most simplistic, it is measuring someone's hearing and then looking at how it performs against a known standard for their age or gender. (Yes, the assumptions are true, as we get older women generally do have better hearing than men).

Hearing is not a fixed point and we expect it to get worse as we get older. As a result, there is no point comparing a man in his 50s against the 'perfect' result we would expect for a man in his 20s.

Generally speaking, female hearing deteriorates more slowly than male.

In audiometry, we look at how their hearing compares against a known standard for their age and gender.

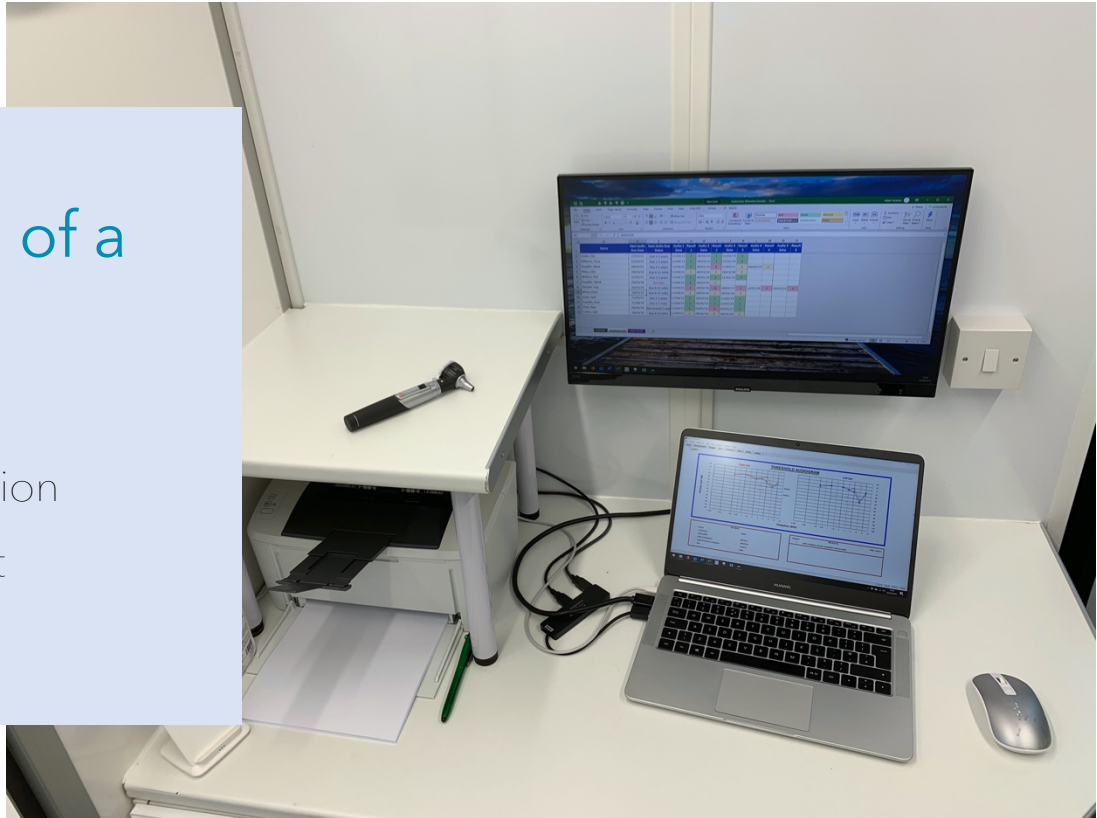
The age and gender comparison is the main way the first hearing test for a person is assessed.

From then on we compare the current test against an older one and are looking for an accelerated rate of change – is someone's hearing deteriorating faster than it should be.

An audiometry test can identify changes like this before the person is aware of it.

Components of a hearing test

1. Health review
2. Visual inspection
3. Pure tone test
4. Explanation



Health review

Before starting a hearing test, the person administering must do a review of the individual's hearing health. The existing situation needs to be known before assessing their hearing.

Visual examination

This is done using an otoscope – a small hand-held device which goes into the ear, so the Technician can see how clear the ear canal is and check the health of the ear drum. It only takes a few seconds but gives a lot of valuable information, such as wax blockages, scarring on the ear drum, infections, perforations, etc., all of which can impact the result.

The hearing test itself

This is the 'hear noise press button' bit. It will either use individual beeps or a continuous tone. Both are as good as each other. These are presented to the attendee according to a set standard for giving hearing tests.

Explanation

Probably the most important bit – telling the attendee what their result actually means to them. Usually in relation to how good or bad their hearing is compared to normal for their age, and any reminders about looking after it around high noise

What is it called anyway?

Audiometry, audiometric testing, hearing testing or even audiology. All mean the same thing and are talking at their most simplest about 'hear noise press button' testing.

The HSE use the phrase 'health surveillance' which is not at all Big-Brother Orwellian-sounding.

Workplace screening vs diagnostic audiometry

There is a difference between the two and think of a screening test at work as being audiometry-light.

At work, the test is measuring the whole ear – can they hear a set of noises, yes or no. And when it is finished, how does their performance compare to what we would expect it to be. If it is unexpectedly bad they are usually referred for a more detailed test.

Diagnostic audiometry is more in-depth, more complex, and able to test different parts of the ear separately.

A workplace screening test can give an indication if things are good or bad; a diagnostic test can start to focus on specifically why a result is not as good as it should be.

We don't do diagnostic audiometry at work.

One other difference between them for example is the noise the attendee can be exposed to before a test. In diagnostic audiometry you commonly want 12 to 16 hours noise-free before the hearing test, and that means all loud noise, not just work. Stereos, music in the car, etc.

Clearly 16 hours noise-free before a hearing test at work is impractical and is another reason we do screening rather than diagnostic testing. We will talk later about managing noise-free periods before any audiometry.

Standards for the testing

There is no one mandatory standard out there, but screening audiometry does have to be done in a way which is verifiable and reliable. The type of hearing test at work is called 'pure tone audiometry', because it uses pure tones for people to listen to. There is a British Standard detailing how pure tone audiometry should be done, [BS EN ISO 8253-1:2010](#).

Backing this up we have the British Society of Audiology who issue a documents called '[Procedure for Surveillance Audiometry](#)', which puts into simpler terms the requirements of the British Standard as it specifically applies to screening at work.

To ensure screening at work is done in such a way it can be relied upon it should meet both these standards.

Classification of results

While those two standards say *how* a hearing test should be completed, it is the HSE who then say in L108 what we should do with the resulting data. The HSE set out four categories of result for hearing tests at work.

Category 1

This means everything is normal for the person's age. It doesn't necessarily mean their hearing is excellent, but it is where it should be considering how old they are.

Someone who is 25 and has Category 1 hearing will have excellent hearing, whereas someone who is 60 may have some larger losses.

Category 2

This is still a 'pass' and means their hearing is OK but getting towards being a little on the weak side for their age. It is effectively a warning to take care to protect their hearing.

Category 3

The first of the two 'fail' categories and means their hearing is not as good as it should be for their age. It doesn't necessarily mean they are deaf or have poor hearing, but that it is not as good as it should be.

Young women should have excellent hearing, so a woman in her 20s could have good hearing but still not be quite as good as it should be so it classes as a Category 3. Conversely, a chap in his 50s already has much lower targets, so a Category 3 could represent quite severe hearing losses for him.

(This is one reason why self-testing audiometry systems are hopeless - they give the same explanation of result to everyone irrespective of that person's age).

Category 4

This one is slightly different in that it is not assessing their hearing against a standard for their age but is measuring if there has been a significant deterioration between two tests. It is measuring rate of change rather than assessing against a set target.

Category 4 does not mean their hearing is bad, just not as good as it was previously.

Unilateral

You may see a result of 'unilateral'. This means one ear is worse than the other.

Unilateral is an issue as both ears should be balanced. If one ear is blocked for example, then that can often generate a unilateral result. This is why the visual inspection is an important part of the test.

One category per test

Normally, only one category is assigned to each result, the worst one. So, if someone has good hearing in one ear and bad hearing in the other, you will see '3u' meaning one ear was Category 3.

2: Setting up an audiometry programme



At work, audiometry is an ongoing process, done regularly, for anyone who is regularly exposed to noise levels of over 85 dB(A). Your noise assessment will identify who these people are but at heart it is anyone who has to regularly wear hearing protection at work.



Who should you test?

The key phrase in the HSE's L108 is people who are 'routinely exposed to noise levels of over 85 dB(A)'.

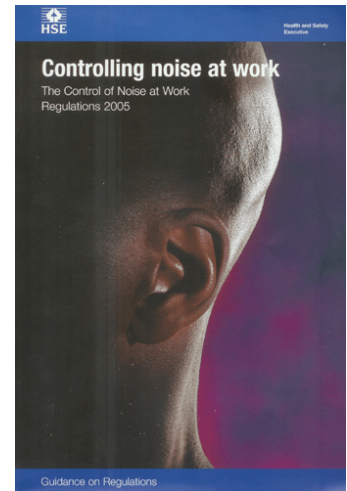
Those who definitely need including:

- ✓ Anyone who needs to wear hearing protection to do their job.
- ✓ Anyone who regularly enters a high noise area, such as production managers, quality people, etc.

Also consider these people:

- ✓ Sales people who regularly take clients into high noise areas.
- ✓ Fork-lift truck drivers.
- ✓ Consider including drivers of vans and HGVs as vehicle noise on long journeys can be high, and that still counts as workplace noise.

If someone occasionally goes into a high noise area then you don't have to include them, it is only people who are *regularly* exposed. For example, you do not have to test a person from an office or reception who may go into a high noise area only occasionally.



Repeat testing programme

L108 gives the basics and mandates:

- ✓ Annual testing for the first two years.
- ✓ An upper limit of every three years.

It then says that within these limits, retesting should be done as frequently as is necessary. The three years is an upper limit, not the set frequency for everyone.

The phrase about 'as frequently as is necessary' is the key.

Why the three year limit?

The retesting is to identify changes in hearing which are happening faster than they should be. When results get older than three years the natural changes as we get older make identifying developing losses due to noise harder to identify.

Once results get older than three years you are effectively back at Year 1 again, so on annual testing for two years.

Standard retesting frequencies

As per the HSE's minimum, you do everybody in Year 1, and everybody again in Year 2.

'Year 1' means whatever is the first year of employee testing, and Year 2 is twelve months on from there.

For new starters, 'Year 1' is the date of their first test.

From then on it is based on category of result.

For anyone who was Category 1 after their second test, you retest them every three years.

For everyone who was Category 2 after their second test, you retest them every two years.

For everyone who was Category 3 or 4 after their second test, you retest every year.

This means the higher risk people are tested more frequently.

Problems with this system

The changing frequency can mean testing gets messy the more years you go into it, with most people due every three years, a few due every two, and some due every year.

The ones due every two years will be out of step with the ones due every three years and it gets rather complicated very quickly.

Alternate retesting frequency

Employers need to do what is *reasonably practicable* regarding retesting.

For larger companies, the standard programme is the one they should use. For smaller companies, to manage the cost vs risk balance, they could try this route as an example:

Annual for the first two years as per the minimum standard.

Then do your Category 2, 3 and 4 people 18 months later.

Then do everybody again 18 months later.

This means you do everyone on the maximum three years allowed, and then do all your higher risk people in one group at the half-way interval.

This keeps the testing much simpler.

Problems with this system

Your Category 3s and 4s are being done a few months late, and your Category 2s a few months early.

For the 3s and 4s being done slightly late, if you have good hearing protection in place, and it is used, the slight delay is a trivial risk and more than compensated for by making the programme so much easier to manage. Just be prepared to argue your corner should the HSE come knocking.

Dealing with new starters and no-shows

This is one of the areas where companies can sometimes tie themselves up in knots trying to do the right thing.

What should be done depends very much on size of company and what in-house resources the company has.



If you have the following in place:

- ✓ A current noise assessment
- ✓ You are providing hearing protection
- ✓ The hearing protection has been assessed as suitable
- ✓ Use of hearing protection is monitored, enforced and complied with

then people in a high noise area are not experiencing noise levels of 85dB(A) and above, therefore are not at risk of developing hearing loss.

This means you will not make them deaf in weeks, months or even years.

If you have a noise level of 90 dB(A) and the hearing protection reduces this to 75 dB(A) under the protector, and it is worn, then there is effectively no risk of the new starter developing hearing loss as there is no high noise exposure. The hearing test is very much the 'belt and braces' safety-net part of the system.

In light of this vanishingly small risk level, unless you have an in-house occupational health department then trying to catch all new starters as they commence work is simply not reasonably practicable. Just include them at the next planned session.

People who missed a test

The same would also apply to someone who missed their hearing test as they were not available on the day. If hearing protection is worn then the risk is trivial so catch them at the next session. Important though – don't let people become serial non-attendees. They must be included in the next session.

3: Referrals



Referrals will always come up in any screening process. Remember, the goal of a screening process is not to diagnose every hearing problem which someone may have, but is to identify potential issues in the noise control system or identify individuals who may be at increased risk.

The number of referrals you get can be a sign of a problem in your noise control systems. It can also be influenced by the service provider used. Some of the more simplistic ones insist all Category 3 or 4 cases are referred, and sometimes even all unilaterals. Self-operated audiometry systems are even worse as a Category 3 just gets a referral irrespective of history or if the issue is already known.

Better suppliers will use the result as part of their assessment, also taking into account the health history and visual examination. With these you will get fewer referrals and the ones which are made are more meaningful, giving a better use of your time afterwards by focusing just on the individuals with a potential issue.

Dealing with referrals

There is no set formal standard, but we would advise:

- ✓ Have a one-to-one meeting with them, reiterating that the referral was made to determine if there are possible treatments for them and also if, following further examinations, there is anything the employer should or could do to assist the employee.
- ✓ Make it clear follow up examinations can take place in work time.
- ✓ Schedule a follow-up meeting in around a month to six weeks, (this can be dependent on how fast the employee's G.P. can see them).
- ✓ Remember, it doesn't matter if it takes a little longer for them to get their appointment. If they are wearing suitable hearing protection at work and use is monitored and enforced, you are not going to harm them.
- ✓ When they have followed through with the referral, have a meeting with them to discuss it. Make clear that if the referral highlighted anything personal which is not work-related then you don't need to know the detail of it, just whether their G.P. or other specialist has made any recommendations which the employer should act on.
- ✓ As a back-up, when the next batch of screening tests comes due, if the employee was referred, whoever was doing the screening should also then speak to them about it. (Again, this is a reason not to use automatic self-testing systems).

If they haven't followed-up on the referral by the time of a subsequent test and their hearing has remained stable, a good provider would probably not refer again as although their hearing is weak, it isn't deteriorating.

If it has suffered further reductions however you could expect another referral, and depending on the speed of the deterioration, you could get a recommendation that they are removed from any noise risk.

What about if someone refuses to get further examination?

If their hearing is bad and they are not wearing hearing protection in high noise areas, remove them from the area.

If there are no alternative jobs in quieter areas and they continue to refuse to wear protection, then this could result in termination of employment as you cannot allow them to continue to be at risk.

If they are wearing hearing protection then the risk of further damage is minimal so live with it until the next hearing test, which can ensure their hearing is stable.

If at a future test they are again found to be at risk and/or hearing is deteriorating, you may get a recommendation they are removed from a high noise risk area.

Taking it as far as dismissal is very much a worst-case scenario as it needs both poor hearing and a very uncooperative person. But, if they do refuse to go for examination and are refuse to wear hearing protection then it can go that far.

4: Managing the data



GDPR had an impact on how audiometry data arising from a screening programme should be stored and maintained. However, it is important to be clear that nothing in GDPR prevents an employer from being the one to hold and store it.



Obtaining consent

GDPR makes allowances for data which is gathered for compliance with other regulations, meaning there is no prohibition on gathering data for occupational health screening.

The requirement for hearing testing comes in the Noise Regs, where Regulation 9 specifically says that an employee *must* attend and co-operate with a screening hearing test arranged by their employer, provided it is in their normal working hours and at no cost to the employee.

This means an employer has to provide the testing and an employee has to attend. The employer therefore has a legal duty to obtain the data and the employee has a legal duty to co-operate and provide it, meaning an employer *does not have to have employee's consent to see and work with data gathered as part of a hearing testing programme*.

There is also nothing in the Noise Regs, GDPR or even the BSA procedure for screening audiometry which says an employer cannot see or hold the data arising from the testing process.

Holding and securing data

Companies can hold the data, (it does not have to be held by an Occupational Health provider), but it must have provisions in place for security.

The data must be kept secure

This means that only the person who is operating the audiometry programme should have access to all the data.

Ideally, this means keeping it electronically, and securely encrypted. Remember, you need to make sure nobody else can see it, which includes IT and data on any backups. If it is encrypted and only the person holding the data has the password then you are sorted.

Employee access

Employees should be given access to their own data if they ask for it

Auditor access

Non-regulatory auditors, such as financial, ISO standard or internal compliance, insurers, etc. must *not* have access to any individual results without the specific written consent of the individuals concerned.

The fact of wanting to do an audit does not confer access rights to personal data.

Auditors can see anonymous data to confirm the process is happening but should not see anything personal without written consent.

The HSE have a right of access for regulatory reasons therefore it is OK for them to see personal data.

Must be separate to HR records

There is a specific proviso in L108 relating to holding audiometry data, which is that it must be held separately to general HR records. Screening data *cannot* be held in the general HR record for an individual.

Access by others

This is something which needs to be tightly controlled and to be clear, the *individual* maintaining the screening process should be the only one who can see any personally identifiable data, such as results categories.

This means that if a HR department is managing the screening, then only one person within the department should be able to see the results. Medical screening data is not the same as normal HR records held about an individual and just because someone else also works in HR doesn't confer access rights.

Care is also needed regarding where you store any data which links a person to a result. So for example, ensure IT personnel cannot see it, nor senior managers, nor training departments. If it is being kept on any kind of database, only the person managing the screening should be able to see the data – keep it encrypted.

Deletion of data

GDPR states that individuals can request the deletion of personal data and that this has to be enacted within a month. However, this does not apply if the data is held in order to comply with another legal obligation, which the screening data is. The retention of the results or any health information which is specifically pertinent to that individual's audiometric

test result does not have to be deleted on request and may be held.

How long to keep data?

The Noise Regs guidance states you should keep audiometry data for as long as the individual remains in your employment, but your insurer may require it to be kept for longer.

(Page 120, paragraph 39 - employers should keep the health record as long as an individual remains in their employment... [and] may wish to retain it for longer...).

A person may leave your company and be diagnosed with noise induced hearing years later. It would be prudent of the employer to be able to prove what standard their hearing was at the time they left. GDPR does not prohibit data retention for this purpose which is a legitimate interest in the data.

Our stance on it

Our stance is that a client is using us to obtain data and make recommendations to them about that data. The legal obligation for collecting the data is the client's, the client is paying for it, and the data belongs to the client. We are a tool to help with compliance.

Don't be fobbed off with companies saying that a client company cannot hold onto the results from the audiometry – you can hold it just as securely as anyone else. And if you have it and change suppliers in the future, you can use it to ensure continuity of testing rather than a 3rd party sitting on it as can be the case more often than is necessary.

5: Q&A



Common questions which often come up regarding screening audiometry. More detail on these and more can be found on the Hearing Testing part of our website.



Can employers 'offer' hearing tests rather than make them mandatory?

If the noise in the workplace meets or exceeds 85dB(A), then no, an employer cannot arrange a set of hearing tests and leave it up to employees to choose to attend. The Noise Regs say an employer must undertake audiometry, not merely make it available. Having arranged it and offered it is not enough to meet the obligations.

Is attendance by an employee at a hearing test compulsory?

If noise levels are over 85 dB(A), then the regulations (Reg 9) say that employees *must* attend. Non-attendance is a breach of the Noise Regs and should be subject to disciplinary action.

It is not optional for either party.

Should you test people who are deaf?

Yes. In many cases it is more important they are tested than other people. A small change in their hearing could have a profound impact on their lives. Just because they already have issues doesn't mean noise can't make their hearing worse.

What about people with hearing aids?

Same, they should still be tested. But *without* the hearing aid in place otherwise the test is just assessing how good the hearing aid is.

What happens with Transgender people?

As the standards for male and female hearing grow apart with age, they should be tested according to their birth gender.

Who is responsible for testing Agency staff?

The Noise Regs make clear that the person's employer is responsible for the screening test.

As the Agency is the employer, the Agency is responsible for providing hearing tests for their personnel, not the host employer.

Do audiometry tests have to be signed off by a GP?

No, there is no requirement for this.

What is the qualification to do screening hearing tests?

Helpfully, this isn't defined in any Regs. Look for someone with experience, with certificates of competence and who can demonstrate they work to some kind of set standard, such as testing to British Standards and in accordance with British Society of Audiology guidelines.

How long does a hearing test take?

This is a bit hazy. We schedule them every 15 minutes and this is fine – our units are designed to be as efficient as possible. Some providers may take longer, especially if working from an office or meeting room which tends to be slower so testing there will usually need longer.

Beware of companies testing huge numbers in a day – you can't get faster than 12 minutes or so per test without cutting corners. Faster testing is not better testing.

Do attendees need a noise-free period before their hearing test?

We recommend reminding employees of the importance of wearing hearing protection on the day of their test. That way there is no excess noise exposure which they then need to recover from.

As a backup we recommend 15 minutes noise-free before their audiometric test, but this can include walking to the screening unit, completing the pre-test hearing health questionnaire in the waiting room, then reviewing it with the technician and having their ears examined with the otoscope. This will give the recommended 15 minutes before the actual 'hear noise press button' part of the test begins.

Remember, this is not diagnostic audiometry which requires 12 to 16 hours noise-free.

What about people who miss a test?

As was the case with new starters, sometimes companies, and the odd HSE inspector, can get too hung up on this and tie themselves up in knots. **Be realistic.**

There will *always* be someone who is not available for a planned test.

If hearing protection is known to be effective, monitored and worn, the risks faced by an individual are vanishingly small and almost non-existent. In cases like this, practically speaking the individual is not exposed to high levels of noise, therefore the audiometry is a backup belt-and-braces process.

Remember: If they are not exposed to high noise because your controls are in place, then you are not going to damage their hearing any time soon.

In light of that, take a practical approach and just include them in the next planned session.

Paying for more and more interim tests is going beyond what is reasonably practicable to do as testing small numbers of people, or individuals, gets expensive, especially when they effectively have no risk. We would love to recommend companies keep paying us for loads of interim tests as it is income for us, but the risks simply don't justify it.

Just make sure people don't become serial non-attenders and if they miss one session they must be included in the next one.

Do we need a technician – can we not just self-test?

There are automatic testing systems out there but the tests are simply not compliant with either the British Standard for Pure Tone Audiometry or with the British Society of Audiology's procedure for screening.

- ✗ No daily performance verification check.
- ✗ No visual inspection of the ear.
- ✗ Attendee puts their own headphones on.
- ✗ Same test given to everyone irrespective of how appropriate.
- ✗ Same interpretation of results given to everyone.

Tips for selecting screening audiometry providers

Choosing an audiometric testing provider can seem like a minefield so here are some tips on what to look for and what to avoid. At the very least it should help you ask pertinent questions to sort the wheat from the chaff

Essential for compliant testing

Is the equipment calibrated / verified every day?

Not the annual calibration, that is different. A check made in-position before every day's testing to ensure the equipment is functioning correctly.

Are the ears inspected visually as part of the testing?

A visual check that the ear canal is clear and the ear drum healthy. Essential to ensure the health of the ear and for interpretation of the results.

Who puts the headphones on, the attendee or a technician?

Attendees must never put the headphones on themselves or they do it for comfort rather than accuracy. A technician must do it or oversee it.

What is the qualification or competence of the technician?

Look for some kind of training certification, and not in-house training – it is always better if a 3rd party has certified them as competent. Even better if they are members of the British Society of Audiology.

Can we see proof of calibration if we need it?

It is good for you to get proof of annual calibration alongside the results.

Is the health history of the attendee taken?

This is vital, and crucial that the technician assesses their result in light of the health history, otherwise it is just a meaningless category with little value.

What standards do you test against?

Tests should meet either the British Standard or British Society of Audiology's procedure for screening, otherwise you have no proof of accuracy. There is no such thing as 'HSE standards'. The BS says how a test is done, the HSE say what you do with the results.

Nice to have

What frequencies do you test?	<i>The minimum is 1, 2, 3, 4 and 6 kHz. It is nice to also go 0.5 and 8kHz to get a broader indication of how their hearing is performing.</i>
Do you manually verify results?	<i>People get automatic tests wrong every day, so what do you do to ensure the results are correct before accepting them?</i>
Do you record noise levels in the testing environment?	<i>This is verging on essential. Having a record of the noise levels in the testing environment on the day is hugely helpful years down the line in claims, etc.</i>
Who gets the full results, the client or does the provider keep them and only give the client summary data?	<i>Ideally you as the client should have them. It is your data you have paid for. You can store them just as securely as a provider, plus you then have them for future tests if you switch provider.</i>
Who arranges the testing schedule?	<i>This is the admin headache with any screening and the provider should provide a schedule of appointment times at the very least.</i>
Do you distinguish between noise and non-noise referrals?	<i>Nice to have as the employer can focus on ones where there is a potential link to workplace noise or where the result can impact the person at work.</i>
Do you use an audiometry booth?	<i>Booths are not essential providing the background noise is low enough, but they do help in cutting back on the specific frequencies being tested.</i>
Do you use 'audiocups'?	<i>These are like ear muffs that go over the audiometry headphones. They make a small impact so better used than not, even better if in conjunction with a booth.</i>
In these Covid times, have they got a Covid-19 risk assessment?	<i>Audiometry can be done safely. Distancing is possible, honestly, and standard operating systems at all times, even without Covid-19 are for a hygienic environment to control infection risks. Ask to see a risk assessment covering this.</i>
Do you send retest reminders?	<i>Any good provider should send you reminders when retests are due to help you manage the programme. A contract is not needed for this.</i>

Avoid

Are we tied to a service contract?	<i>There are few benefits to the client for this, if any, just to the service provider. You can get the same service, at the same prices, without contracts.</i>
Will you manage the referrals for us?	<i>If they refer to their own in-house G.P. (and charge for it) there is an incentive to refer whenever they can rather than be a little more prudent. It's an unnecessary risk to the client.</i>
How many tests are done at one time?	<i>This should never be more than one. You cannot start and stop multiple tests at once and always disturb people taking tests, and it destroys any confidentiality.</i>
How many can you test in a day?	<i>Although more in a day can seem good it is unhelpful as more in a day often equates to worse testing and less value for money. Over 25 or so in an eight-hour session is getting a little much and will often involve a lower standard of testing.</i>
Do you re-use specula?	<i>These are the bits which go into the ear in a visual inspection. Unless they are autoclaved, they are single use and must not be reused. There are suppliers wiping them with an alcohol wipe and reusing them, this is very poor for something costing pennies.</i>
Can we use automated self-test systems instead such as tablet-based services?	<i>These do not give tests which are compliant with either the British Standard for pure tone audiometry or with the British Society of Audiology's procedure for screening audiometry. The client gets more admin for less reliable results. Plus, in Covid-19 times, a Technician will sterilise all equipment between testing which isn't the case with self-testing systems.</i>