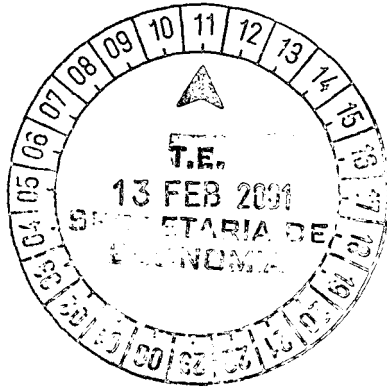




SECRETARIA DEL TRABAJO Y PREVISION SOCIAL



OFICIALIA MAYOR

500/109

14/006/101100-4

México, D.F., a 12 de febrero del 2001

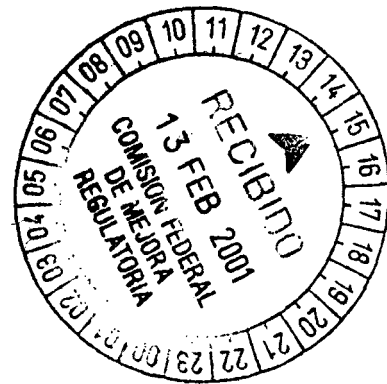
LIC. CARLOS ARCE MACIAS
Director General de la Comisión Federal de Mejora Regulatoria
Presente.

En alcance a mi oficio número 500/08-01-01/018 de fecha 8 de enero del presente, me permito enviar a usted, información complementaria sobre el Proyecto de Modificación de la Norma Oficial Mexicana NOM-011-STPS-2000, CONDICIONES DE SEGURIDAD E HIGIENE EN LOS CENTROS DE TRABAJO, DONDE SE GENERE RUIDO.

Sin otro particular, aprovecho la ocasión para enviarle un cordial saludo.

Atentamente
SUFRAGIO EFECTIVO. NO REELECCION.
EL OFICIAL MAYOR

ING. RAUL ALBERTO NAVARRO GARZA



- C.c.p.- Lic. Carlos María Abascal Carranza.- Secretario del Ramo.- Presente
- C.c.p.- Lic. Rafael Estrada Sámano.- Subsecretario de Previsión Social.- Presente
- C.c.p.- Dr. Juan Antonio Legastpi Velasco.- Director General de Seguridad e Higiene en el Trabajo.- Presente.

El documento anexo "Work - Related Hearing Loss" del National Institute for Occupational Safety and Health (NIOSH), muestra la problemática que existe en Estado Unidos por la exposición de los trabajadores al agente físico Ruido en las empresas.

En México, según las estadísticas anexas del Instituto Mexicano del Seguro Social, la sordera y los trastornos del oído ocupan los primeros lugares en el rubro de Enfermedades de Trabajo según la Naturaleza de la Lesión.

2 Por el número de trabajadores expuestos a ruido, así como los costos generados por dicha enfermedad, es indispensable que la normatividad refuerce las disposiciones preventivas y se implante un programa para la conservación de la audición en los centros de trabajo.

Work-Related Hearing Loss

Work-related hearing loss continues to be a critical workplace safety and health issue. The National Institute for Occupational Safety and Health (NIOSH) and the occupational safety and health community named hearing loss one of the 21 priority areas for research in the next century. Noise-induced hearing loss is 100 percent preventable but once acquired, hearing loss is permanent and irreversible. Therefore, prevention measures must be taken by employers and workers to ensure the protection of workers' hearing.

Magnitude

Approximately 30 million workers are exposed to hazardous noise on the job and an additional nine million are at risk for hearing loss from other agents such as solvents and metals.

Noise-induced hearing loss is one of the most common occupational diseases and the second most self-reported occupational illness or injury. Industry specific studies reveal:

- 44% of carpenters and 48% of plumbers reported that they had a perceived hearing loss.
- 49% of male, metal/nonmetal miners will have a hearing impairment by age 50 (vs. 9% of the general population) rising to 70% by age 60.

While any worker can be at risk for noise-induced hearing loss in the workplace, workers in many industries have higher exposures to dangerous levels of noise. Industries with high numbers of exposed workers include: agriculture; mining; construction; manufacturing and utilities; transportation; and military.

Costs

There is no national surveillance or injury reporting system for hearing loss. As such, comprehensive data on the economic impact of hearing loss are not available. The following localized examples provide an indication of the broader economic burden.

In Washington State, workers' compensation disability settlements for hearing-related conditions cost \$4.8 million in 1991 (not including medical

costs). When applied to the national workforce, occupational hearing loss costs an estimated \$242.4 million per year in disability alone.

This figure does not include medical costs or personal costs which can include approximately \$1500 for a hearing aid and around \$300 per year for batteries. Moreover, workers' compensation data is an underestimate of the true frequency of occupational illness, representing only the tip of the iceberg.

In British Columbia, in the five-year period from 1994 to 1998, the workers' compensation board paid \$18 million in permanent disability awards to 3,207 workers suffering hearing loss. An additional \$36 million was paid out for hearing aids.

Through their hearing conservation program, the U.S. Army saved \$504.3 million by reducing hearing loss among combat arms personnel between 1974 and 1994. The Department of Veterans Affairs saved \$220.8 million and the Army an additional \$149 million by reducing civilian hearing loss between 1987 and 1997.

Prevention

Removing hazardous noise from the workplace through engineering controls (e.g. installing a muffler or building an acoustic barrier) is the most effective way to prevent noise-induced hearing loss. Hearing protectors such as ear plugs and ear muffs should be used when it is not feasible to otherwise reduce noise to a safe level. NIOSH recommends hearing loss prevention programs for all workplaces with hazardous levels of noise. These programs should include noise assessments, engineering controls, audiometric monitoring of workers' hearing, appropriate use of hearing protectors, worker education, recordkeeping, and program evaluation.

For more information on occupational hearing loss or other work-related injuries or illnesses

visit the NIOSH web site at
<http://www.cdc.gov/niosh>

contact NIOSH at
1-800-35-NIOSH

**Estadística de Accidentes y Enfermedades de Trabajo del IMSS
1995-1998**

**ENFERMEDADES DE TRABAJO,
SEGUN NATURALEZA DE LA LESION.**

NATURALEZA DE LA LESION	1995		1996		1997		1998	
	NUMERO	%	NUMERO	%	NUMERO	%	NUMERO	%
TOTAL	3,134	100.0	2,198	100.0	2,091	100.0	1,945	100.0
Otros trastornos del oído.	685	21.9	563	25.6	494	23.6	921	47.4
Sordera	614	19.6	498	22.7	467	22.3	31	1.6
Neumoconiosis debida a otro tipo de silice o silicatos.	454	14.5	386	17.6	414	19.8	354	18.2
Afecciones respiratorias debidas a emanaciones y vapores de origen químico.	207	6.6	145	6.6	254	12.1	130	6.7
Dermatitis de contacto y otro eczema.	228	7.3	209	9.5	132	6.3	128	6.6
Antracosilicosis.	611	19.5	178	8.1	114	5.5	180	9.3
Asbestosis.	21	0.7	35	1.6	39	-	-	1.9
Traumatismo de otros nervios craneales.	28	0.9	36	1.6	34	1.6	4	0.2
Efecto tóxico del plomo y sus compuestos (incluso las emanaciones).	23	0.7	25	1.1	28	1.3	26	1.3
Otros trastornos de la cápsula sinovial, de la sinovia y de los tendones.	71	2.3	30	1.4	28	1.3	27	1.4
Bronquitis crónica.	32	1.0	15	0.7	26	1.2	42	2.2
Asma.	6	0.2	8	0.4	15	0.7	1	0.1
Neumoconiosis debida a otro polvo inorgánico.	43	1.4	4	0.2	8	0.4	11	0.6
Varios de frecuencia menor.	111	3.6	66	3.0	38	1.8	90	4.6

Fuente: Coordinación de Salud en el Trabajo. SUI55/MT-5