EXHIBIT
tabbies
K2
613

GUIDELINES

FOR

COMMUNITY NOISE

Edited by

Birgitta Berglund
Thomas Lindvall
Dietrich H Schwela

This WHO document on the *Guidelines for Community Noise* is the outcome of the WHO- expert task force meeting held in London, United Kingdom, in April 1999. It bases on the document entitled "Community Noise" that was prepared for the World Health Organization and published in 1995 by the Stockholm University and Karolinska Institute.

World Health Organization, Geneva
Cluster of Sustainable Development and Healthy Environment (SDE)
Department of the Protection of the Human Environment (PHE)
Occupational and Environmental Health (OEH)

614

TABLE OF CONTENTS

Foreword iii
Preface v
Executive Summary vii
1. Introduction 1
2. Noise sources and their measurement 3
2.1. Basic Aspects of Acoustical Measurements 3
2.2. Sources of Noise 5
2.3. The Complexity of Noise and Its Practical Implications 8
2.4. Measurement Issues 11
2.5. Source Characteristics and Sound Propagation 14
2.6. Sound transmission Into and Within Buildings 15
2.7. More Specialized Noise Measures 17
2.8. Summary 19
3. Adverse Health Effects Of Noise 21
3.1. Introduction 21
3.2. Noise-Induced Hearing Impairment 21
3.3. Interference with Speech Communication 24
3.4. Sleep Disturbance 26
3.5. Cardiovascular and Physiological Effects 29
3.6. Mental Health Effects 30
3.7. The Effects of Noise on Performance 31
3.8. Effects of Noise on Residential Behaviour and Annoyance 32
3.9. The Effects of Combined Noise Sources 34
3.10. Vulnerable Groups 35
4. Guideline Values 37
4.1. Introduction 37
4.2. Specific Effects 38
4.3. Specific Environments 43
4.4. WHO Guideline Values 45
5. Noise Management 48
5.1. Stages in Noise Management 48
5.2. Noise Exposure Mapping 52
5.3. Noise Exposure Modeling 53
5.4. Noise Control Approaches 53
5.5. Evaluation of Control Options 56
5.6. Management of Indoor Noise 57
5.7. Priority Setting in Noise Management 60
5.8. Conclusions on Noise Management 70
6. Conclusions And Recommendations 72
6.1. Implementation of the Guidelines 72
6.2. Further WHO Work on Noise 73
6.3. Research Needs 73
Appendix 1 : Bibliographical References 77
Appendix 2 : Examples Of Regional Noise Situations 95

Appendix 3 : Glossary.....124
Appendix 4 : Acronyms 133
Appendix 5 : Equations and other technical information.....136
Appendix 6 : Participant list of THE WHO Expert Task Force meeting on Guidelines For Community Noise, 26-30 April 1999, MARC, London, UK 140

616

Foreword

Noise has always been an important environmental problem for man. In ancient Rome, rules existed as to the noise emitted from the ironed wheels of wagons which battered the stones on the pavement, causing disruption of sleep and annoyance to the Romans. In Medieval Europe, horse carriages and horse back riding were not allowed during night time in certain cities to ensure a peaceful sleep for the inhabitants. However, the noise problems of the past are incomparable with those of modern society. An immense number of cars regularly cross our cities and the countryside. There are heavily laden lorries with diesel engines, badly silenced both for engine and exhaust noise, in cities and on highways day and night. Aircraft and trains add to the environmental noise scenario. In industry, machinery emits high noise levels and amusement centres and pleasure vehicles distract leisure time relaxation.

In comparison to other pollutants, the control of environmental noise has been hampered by insufficient knowledge of its effects on humans and of dose-response relationships as well as a lack of defined criteria. While it has been suggested that noise pollution is primarily a "luxury" problem for developed countries, one cannot ignore that the exposure is often higher in developing countries, due to bad planning and poor construction of buildings. The effects of the noise are just as widespread and the long term consequences for health are the same. In this perspective, practical action to limit and control the exposure to environmental noise are essential. Such action must be based upon proper scientific evaluation of available data on effects, and particularly dose-response relationships. The basis for this is the
process of risk assessment and risk management.

The extent of the noise problem is large. In the European Union countries about 40 % of the population are exposed to road traffic noise with an equivalent sound pressure level exceeding 55 dB(A) daytime and 20 % are exposed to levels exceeding 65 dB(A). Taking all exposure to transportation noise together about half of the European Union citizens are estimated to live in zones which do not ensure acoustical comfort to residents. More than 30 % are exposed at night to equivalent sound pressure levels exceeding 55 dB(A) which are disturbing to sleep. The noise pollution problem is also severe in cities of developing countries and caused mainly by traffic. Data collected alongside densely travelled roads were found to have equivalent sound pressure levels for 24 hours of 75 to 80 dB(A).

The scope of WHO's effort to derive guidelines for community noise is to consolidate actual scientific knowledge on the health impacts of community noise and to provide guidance to environmental health authorities and professional trying to protect people from the harmful effects of noise in non-industrial environments. Guidance on the health effects of noise exposure of the population has already been given in an early publication of the series of Environmental Health Criteria. The health risk to humans from exposure to environmental noise was evaluated and guidelines values derived. The issue of noise control and health protection was briefly addressed.
At a WHO/EURO Task Force Meeting in Düsseldorf, Germany, in 1992, the health criteria and guideline values were revised and it was agreed upon updated guidelines in consensus. The essentials of the deliberations of the Task Force were published by Stockholm University and Karolinska Institute in 1995. In a recent Expert Task Force Meeting convened in April 1999 in London, United Kingdom, the Guidelines for Community Noise were extended to provide global coverage and applicability, and the issues of noise assessment and control were addressed in more detail. This document is the outcome of the consensus deliberations of the WHO Expert Task Force.

Dr Richard Helmer
Director, Department of Protection of the Human Environment
Cluster Sustainable Development and Healthy Environments

618

Preface

Community noise (also called environmental noise, residential noise or domestic noise) is defined as noise emitted from all sources except noise at the industrial workplace. Main sources of community noise include road, rail and air traffic, industries, construction and public work, and the neighbourhood. The main indoor sources of noise are ventilation systems, office machines, home appliances and neighbours. Typical neighbourhood noise comes from premises and installations related to the catering trade (restaurant, cafeterias, discotheques, etc.); from live or recorded music; sport events including motor sports; playgrounds; car parks; and domestic animals such as barking dogs. Many countries have regulated community noise from road and rail traffic, construction machines and industrial plants by applying emission standards, and by regulating the acoustical properties of buildings. In contrast, few countries have regulations on community noise from the neighbourhood, probably due to the lack of methods to define and measure it, and to the difficulty of controlling it. In large cities throughout the world, the general population is increasingly exposed to community due to the sources mentioned above and the health effects of these exposures are considered to be a more and more important public health problem. Specific effects to be considered when setting community noise guidelines include: interference with communication; noise-induced hearing loss; sleep disturbance effects; cardiovascular and psycho-physiological effects; performance reduction effects; annoyance responses; and effects on social behaviour.

Since 1980, the World Health Organization (WHO) has addressed the problem of community noise. Health-based guidelines on community noise can serve as the basis for deriving noise standards within a framework of noise management. Key issues of noise management include abatement options; models for forecasting and for assessing source control action; setting noise emission standards for existing and planned sources; noise exposure assessment; and testing the compliance of noise exposure with noise immission standards. In 1992, the WHO Regional Office for Europe convened a task force meeting which set up guidelines for community noise. A preliminary publication of the Karolinska Institute, Stockholm, on behalf of WHO, appeared in 1995. This publication served as the basis for the globally applicable *Guidelines for Community Noise* presented in this document. An expert task force meeting was convened by WHO in March 1999 in London, United Kingdom, to finalize the guidelines.

The *Guidelines for Community Noise* have been prepared as a practical response to the need for action on community noise at the local level, as well as the need for improved legislation, management and guidance at the national and regional levels. WHO will be pleased to see that these guidelines are used widely. Continuing efforts will be made to improve its content and structure. It would be appreciated if the users of the *Guidelines* provide feedback from its use and their own experiences. Please send your comments and suggestions on the WHO *Guidelines for Community Noise – Guideline document* to the Department of the Protection of the Human Environment, Occupational and Environmental Health, World Health Organization, Geneva, Switzerland (Fax: +41 22-791 4123, e-mail: schwelad@who.int).

Acknowledgements

The World Health Organization thanks all who have contributed to the preparation of this document, *Guidelines for Community Noise.* The international, multidisciplinary group of contributors to, and reviewers of, the *Guidelines* are listed in the "Participant list" in Annex 6. Special thanks are due to the chairpersons and workgroups of the WHO expert task force meeting held in London, United Kingdom, in March 1999: Professor Thomas Lindvall, who acted as the chairperson of the meeting, Professor Birgitta Berglund, Dr John Bradley and Professor Gerd Jansen, who chaired the three workgroups. Special contributions from those who provided the background papers and who contributed to the success of the WHO expert meeting are gratefully acknowledged:

Professor Birgitta Berglund, Stockholm University, Stockholm, Sweden;
Bernard F. Berry, National Physical Laboratory, Teddington, Middlesex, United Kingdom; Dr. Hans Bögli, Bundesamt für Umwelt, Wald und Landschaft, Bern, Switzerland;
Dr. John S. Bradley, National Research Council Canada, Ottawa, Canada;
Dr. Ming Chen, Fujian Provincial Hospital, People's Republic of China;
Lawrence S. Finegold, Air Force Research Laboratory, AFRL/HECA, Wright-Patterson AFB, OH, USA;
Mr Dominique Francois, WHO Regional Office for Europe, Copenhague, Denmark;
Professor Guillermo L. Fuchs, Córdoba, Argentina;
Mr Etienne Grond, Messina, South Africa;
Professor Andrew Hede, University of the Sunshine Coast, Maroochydore South, Qld., Australia;
Professor Gerd Jansen, Heinrich-Heine-Universität Düsseldorf, Germany;
Dr. Michinori Kabuto, National Institute for Environmental Studies, Tsukuba, Ibaraki, Japan;
Professor Thomas Lindvall, National Institute of Environmental Medicine and Karolinska Institute, Stockholm, Sweden;
Dr. Amanda Niskar, CDC/NCEH, Atlanta, Georgia, USA;
Dr Sudhakar B. Ogale, Medical College and KEM Hospital, Parel, Mumbai, India;
Mrs. Willy Passchier-Vermeer, TNO Prevention and Health, Leiden, The Netherlands;
Dr. Dieter Schwela, World Health Organization, Geneva 27, Switzerland;
Dr. Michinki So, Nihon University, Tokyo, Japan;Professor Shirley Thompson, University of South Carolina, Columbia, USA;
Max Thorne, National Environmental Noise Service, Rotorua, New Zealand;
Frits van den Berg, Science Shop for Physics, University of Groningen, Groningen, The Netherlands;
Professor Peter Williams, Director MARC, King's College London, UK;
Professor Shabih Haider Zaidi, Dow Medical College, Karachi , Pakistan;

Particular thanks are due to the Ministry of Environment of Germany, which provided the funding to convene the WHO expert task force meeting in London, United Kingdom, in March 1999 to produce the Guidelines for Community Noise.

620

Executive Summary

1. Introduction

Community noise (also called environmental noise, residential noise or domestic noise) is defined as noise emitted from all sources except noise at the industrial workplace. Main sources of community noise include road, rail and air traffic; industries; construction and public work; and the neighbourhood. The main indoor noise sources are ventilation systems, office machines, home appliances and neighbours.

In the European Union about 40% of the population is exposed to road traffic noise with an equivalent sound pressure level exceeding 55 dB(A) daytime, and 20% are exposed to levels exceeding 65 dB(A). When all transportation noise is considered, more than half of all European Union citizens is estimated to live in zones that do not ensure acoustical comfort to residents. At night, more than 30% are exposed to equivalent sound pressure levels exceeding 55 dB(A), which are disturbing to sleep. Noise pollution is also severe in cities of developing countries. It is caused mainly by traffic and alongside densely-travelled roads equivalent sound pressure levels for 24 hours can reach 75–80 dB(A).

In contrast to many other environmental problems, noise pollution continues to grow and it is accompanied by an increasing number of complaints from people exposed to the noise. The growth in noise pollution is unsustainable because it involves direct, as well as cumulative, adverse health effects. It also adversely affects future generations, and has socio-cultural, esthetic and economic effects.

2. Noise sources and measurement

Physically, there is no distinction between sound and noise. Sound is a sensory perception and the complex pattern of sound waves is labeled noise, music, speech etc. Noise is thus defined as unwanted sound.

Most environmental noises can be approximately described by several simple measures. All measures consider the frequency content of the sounds, the overall sound pressure levels and the variation of these levels with time. Sound pressure is a basic measure of the vibrations of air that make up sound. Because the range of sound pressures that human listeners can detect is very wide, these levels are measured on a logarithmic scale with units of decibels. Consequently, sound pressure levels cannot be added or averaged arithmetically. Also, the sound levels of most noises vary with time, and when sound pressure levels are calculated, the instantaneous pressure fluctuations must be integrated over some time interval.

Most environmental sounds are made up of a complex mix of many different frequencies. Frequency refers to the number of vibrations per second of the air in which the sound is propagating and it is measured in Hertz (Hz). The audible frequency range is normally considered to be 20–20 000 Hz for younger listeners with unimpaired hearing. However, our hearing systems are not equally sensitive to all sound frequencies, and to compensate for this various types of filters or frequency weighting have been used to determine the relative strengths of frequency components making up a particular environmental noise. The A-weighting is most commonly used and weights lower frequencies as less important than mid- and higher-frequencies. It is intended to approximate the frequency response of our hearing system.

The effect of a combination of noise events is related to the combined sound energy of those events (the equal energy principle). The sum of the total energy over some time period gives a level equivalent to the average sound energy over that period. Thus, LAeq,T is the energy average equivalent level of the A-weighted sound over a period T. LAeq,T should be used to measure continuing sounds, such as road traffic noise or types of more-or-less continuous industrial noises. However, when there are distinct events to the noise, as with aircraft or railway noise, measures of individual events such as the maximum

noise level (LAmax), or the weighted sound exposure level (SEL), should also be obtained in addition to LAeq,T. Time-varying environmental sound levels have also been described in terms of percentile levels.

Currently, the recommended practice is to assume that the equal energy principle is approximately valid for most types of noise and that a simple LAeq,T measure will indicate the expected effects of the noise reasonably well. When the noise consists of a small number of discrete events, the A-weighted maximum level (LAmax) is a better indicator of the disturbance to sleep and other activities. In most cases, however, the A-weighted sound exposure level (SEL) provides a more consistent measure of single-noise events because it is based on integration over the complete noise event. In combining day and night LAeq,T values, night-time weightings are often added. Night-time weightings are intended to reflect the expected increased sensitivity to annoyance at night, but they do not protect people from sleep disturbance.

Where there are no clear reasons for using other measures, it is recommended that LAeq,T be used to evaluate more-or-less continuous environmental noises. Where the noise is principally composed of a small number of discrete events, the additional use of LAmax or SEL is recommended. There are definite limitations to these simple measures, but there are also many practical advantages, including economy and the benefits of a standardized approach.

3. Adverse health effects of noise

The health significance of noise pollution is given in chapter 3 of the *Guidelines* under separate headings according to the specific effects: noise-induced hearing impairment; interference with speech communication; disturbance of rest and sleep; psychophysiological, mental-health and performance effects; effects on residential behaviour and annoyance; and interference with intended activities. This chapter also considers vulnerable groups and the combined effects of mixed noise sources.

Hearing impairment is typically defined as an increase in the threshold of hearing. Hearing deficits may be accompanied by tinnitus (ringing in the ears). Noise-induced hearing impairment occurs predominantly in the higher frequency range of 3 000–6 000 Hz, with the largest effect at 4 000 Hz. But with increasing LAeq,8h and increasing exposure time, noise-induced hearing impairment occurs even at frequencies as low as 2 000 Hz. However, hearing impairment is not expected to occur at LAeq,8h levels of 75 dB(A) or below, even for prolonged occupational noise exposure.

Worldwide, noise-induced hearing impairment is the most prevalent irreversible occupational hazard and it is estimated that 120 million people worldwide have disabling hearing difficulties. In developing countries, not only occupational noise but also environmental noise is an increasing risk factor for hearing impairment. Hearing damage can also be caused by certain diseases, some industrial chemicals, ototoxic drugs, blows to the head, accidents and hereditary origins. Hearing deterioration is also associated with the ageing process itself (presbyacusis).

The extent of hearing impairment in populations exposed to occupational noise depends on the value of LAeq,8h, the number of noise-exposed years, and on individual susceptibility. Men and women are equally at risk for noise-induced hearing impairment. It is expected that environmental and leisure-time noise with a LAeq,24h of 70 dB(A) or below will not cause hearing impairment in the large majority of people, even after a lifetime exposure. For adults exposed to impulse noise at the workplace, the noise limit is set at peak sound pressure levels of 140 dB, and the same limit is assumed to be appropriate for environmental and leisure-time noise. In the case of children, however, taking into account their habits while playing with noisy toys, the peak sound pressure should never exceed 120 dB. For shooting noise with LAeq,24h levels greater than 80 dB(A), there may be an increased risk for noise-induced hearing impairment.

The main social consequence of hearing impairment is the inability to understand speech in daily living conditions, and this is considered to be a severe social handicap. Even small values of hearing impairment (10 dB averaged over 2 000 and 4 000 Hz and over both ears) may adversely affect speech comprehension.

Speech intelligibility is adversely affected by noise. Most of the acoustical energy of speech is in the frequency range of 100–6 000 Hz, with the most important cue-bearing energy being between 300–3 000 Hz. Speech interference is basically a masking process, in which simultaneous interfering noise renders speech incapable of being understood. Environmental noise may also mask other acoustical signals that are important for daily life, such as door bells, telephone signals, alarm clocks, fire alarms and other warning signals, and music.

Speech intelligibility in everyday living conditions is influenced by speech level; speech pronunciation; talker-to-listener distance; sound level and other characteristics of the interfering noise; hearing acuity; and by the level of attention. Indoors, speech communication is also affected by the reverberation characteristics of the room. Reverberation times over 1 s produce loss in speech discrimination and make speech perception more difficult and straining. For full sentence intelligibility in listeners with normal hearing, the signal-to-noise ratio (i.e. the difference between the speech level and the sound level of the interfering noise) should be at least 15 dB(A). Since the sound pressure level of normal speech is about 50 dB(A), noise with sound levels of 35 dB(A) or more interferes with the intelligibility of speech in smaller rooms. For vulnerable groups even lower background levels are needed, and a reverberation time below 0.6 s is desirable for adequate speech intelligibility, even in a quiet environment.

The inability to understand speech results in a large number of personal handicaps and behavioural changes. Particularly vulnerable are the hearing impaired, the elderly, children in the process of language and reading acquisition, and individuals who are not familiar with the spoken language.

Sleep disturbance is a major effect of environmental noise. It may cause primary effects during sleep, and secondary effects that can be assessed the day after night-time noise exposure. Uninterrupted sleep is a prerequisite for good physiological and mental functioning, and the primary effects of sleep disturbance are: difficulty in falling asleep; awakenings and alterations of sleep stages or depth; increased blood pressure, heart rate and finger pulse amplitude; vasoconstriction; changes in respiration; cardiac arrhythmia; and increased body movements. The difference between the sound levels of a noise event and background sound levels, rather than the absolute noise level, may determine the reaction probability. The probability of being awakened increases with the number of noise events per night. The secondary, or after-effects, the following morning or day(s) are: reduced perceived sleep quality; increased fatigue; depressed mood or well-being; and decreased performance.

For a good night's sleep, the equivalent sound level should not exceed 30 dB(A) for continuous background noise, and individual noise events exceeding 45 dB(A) should be avoided. In setting limits for single night-time noise exposures, the intermittent character of the noise has to be taken into account. This can be achieved, for example, by measuring the number of noise events, as well as the difference between the maximum sound level and the background sound level. Special attention should also be given to: noise sources in an environment with low background sound levels; combinations of noise and vibrations; and to noise sources with low-frequency components.

Physiological Functions. In workers exposed to noise, and in people living near airports, industries and noisy streets, noise exposure may have a large temporary, as well as permanent, impact on physiological functions. After prolonged exposure, susceptible individuals in the general population may develop permanent effects, such as hypertension and ischaemic heart disease associated with exposure to high sound levels. The magnitude and duration of the effects are determined in part by individual characteristics, lifestyle behaviours and environmental conditions. Sounds also evoke reflex responses, particularly when they are unfamiliar and have a sudden onset.

Workers exposed to high levels of industrial noise for 5–30 years may show increased blood pressure and an increased risk for hypertension. Cardiovascular effects have also been demonstrated after long-term exposure to air- and road-traffic with LAeq,24h values of 65–70 dB(A). Although the associations are weak, the effect is somewhat stronger for ischaemic heart disease than for hypertension. Still, these small risk increments are important because a large number of people are exposed.

Mental Illness. Environmental noise is not believed to cause mental illness directly, but it is assumed that it can accelerate and intensify the development of latent mental disorders. Exposure to high levels of occupational noise has been associated with development of neurosis, but the findings on environmental noise and mental-health effects are inconclusive. Nevertheless, studies on the use of drugs such as tranquillizers and sleeping pills, on psychiatric symptoms and on mental hospital admission rates, suggest that community noise may have adverse effects on mental health.

Performance. It has been shown, mainly in workers and children, that noise can adversely affect performance of cognitive tasks. Although noise-induced arousal may produce better performance in simple tasks in the short term, cognitive performance substantially deteriorates for more complex tasks. Reading, attention, problem solving and memorization are among the cognitive effects most strongly affected by noise. Noise can also act as a distracting stimulus and impulsive noise events may produce disruptive effects as a result of startle responses.

Noise exposure may also produce after-effects that negatively affect performance. In schools around airports, children chronically exposed to aircraft noise under-perform in proof reading, in persistence on challenging puzzles, in tests of reading acquisition and in motivational capabilities. It is crucial to recognize that some of the adaptation strategies to aircraft noise, and the effort necessary to maintain task performance, come at a price. Children from noisier areas have heightened sympathetic arousal, as indicated by increased stress hormone levels, and elevated resting blood pressure. Noise may also produce impairments and increase in errors at work, and some accidents may be an indicator of performance deficits.

Social and Behavioural Effects of Noise; Annoyance. Noise can produce a number of social and behavioural effects as well as annoyance. These effects are often complex, subtle and indirect and many effects are assumed to result from the interaction of a number of non-auditory variables. The effect of community noise on annoyance can be evaluated by questionnaires or by assessing the disturbance of specific activities. However, it should be recognized that equal levels of different traffic and industrial noises cause different magnitudes of annoyance. This is because annoyance in populations varies not only with the characteristics of the noise, including the noise source, but also depends to a large degree on many non-acoustical factors of a social, psychological, or economic nature. The correlation between noise exposure and general annoyance is much higher at group level than at individual level. Noise above 80 dB(A) may also reduce helping behaviour and increase aggressive behaviour. There is particular concern that high-level continuous noise exposures may increase the susceptibility of schoolchildren to feelings of helplessness.

Stronger reactions have been observed when noise is accompanied by vibrations and contains low-frequency components, or when the noise contains impulses, such as with shooting noise. Temporary, stronger reactions occur when the noise exposure increases over time, compared to a constant noise exposure. In most cases, LAeq,24h and L_{dn} are acceptable approximations of noise exposure related to annoyance. However, there is growing concern that all the component parameters should be individually assessed in noise exposure investigations, at least in the complex cases. There is no consensus on a model for total annoyance due to a combination of environmental noise sources.

Combined Effects on Health of Noise from Mixed Sources. Many acoustical environments consist of sounds from more than one source, i.e. there are mixed sources, and some combinations of effects are common. For example, noise may interfere with speech in the day and create sleep disturbance at night.

These conditions certainly apply to residential areas heavily polluted with noise. Therefore, it is important that the total adverse health load of noise be considered over 24 hours, and that the precautionary principle for sustainable development be applied.

Vulnerable Subgroups. Vulnerable subgroups of the general population should be considered when recommending noise protection or noise regulations. The types of noise effects, specific environments and specific lifestyles are all factors that should be addressed for these subgroups. Examples of vulnerable subgroups are: people with particular diseases or medical problems (e.g. high blood pressure); people in hospitals or rehabilitating at home; people dealing with complex cognitive tasks; the blind; people with hearing impairment; fetuses, babies and young children; and the elderly in general. People with impaired hearing are the most adversely affected with respect to speech intelligibility. Even slight hearing impairments in the high-frequency sound range may cause problems with speech perception in a noisy environment. A majority of the population belongs to the subgroup that is vulnerable to speech interference.

4. Guideline values

In chapter 4, guideline values are given for specific health effects of noise and for specific environments.

Specific health effects.

Interference with Speech Perception. A majority of the population is susceptible to speech interference by noise and belongs to a vulnerable subgroup. Most sensitive are the elderly and persons with impaired hearing. Even slight hearing impairments in the high-frequency range may cause problems with speech perception in a noisy environment. From about 40 years of age, the ability of people to interpret difficult, spoken messages with low linguistic redundancy is impaired compared to people 20–30 years old. It has also been shown that high noise levels and long reverberation times have more adverse effects in children, who have not completed language acquisition, than in young adults.

When listening to complicated messages (at school, foreign languages, telephone conversation) the signal-to-noise ratio should be at least 15 dB with a voice level of 50 dB(A). This sound level corresponds on average to a casual voice level in both women and men at 1 m distance. Consequently, for clear speech perception the background noise level should not exceed 35 dB(A). In classrooms or conference rooms, where speech perception is of paramount importance, or for sensitive groups, background noise levels should be as low as possible. Reverberation times below 1 s are also necessary for good speech intelligibility in smaller rooms. For sensitive groups, such as the elderly, a reverberation time below 0.6 s is desirable for adequate speech intelligibility even in a quiet environment.

Hearing Impairment. Noise that gives rise to hearing impairment is by no means restricted to occupational situations. High noise levels can also occur in open air concerts, discotheques, motor sports, shooting ranges, in dwellings from loudspeakers, or from leisure activities. Other important sources of loud noise are headphones, as well as toys and fireworks which can emit impulse noise. The ISO standard 1999 gives a method for estimating noise-induced hearing impairment in populations exposed to all types of noise (continuous, intermittent, impulse) during working hours. However, the evidence strongly suggests that this method should also be used to calculate hearing impairment due to noise exposure from environmental and leisure time activities. The ISO standard 1999 implies that long-term exposure to LAeq,24h noise levels of up to 70 dB(A) will not result in hearing impairment. To avoid hearing loss from impulse noise exposure, peak sound pressures should never exceed 140 dB for adults, and 120 dB for children.

Sleep Disturbance. Measurable effects of noise on sleep begin at LAeq levels of about 30 dB. However, the more intense the background noise, the more disturbing is its effect on sleep. Sensitive groups mainly include the elderly, shift workers, people with physical or mental disorders and other individuals who have difficulty sleeping.

Sleep disturbance from intermittent noise events increases with the maximum noise level. Even if the total equivalent noise level is fairly low, a small number of noise events with a high maximum sound pressure level will affect sleep. Therefore, to avoid sleep disturbance, guidelines for community noise should be expressed in terms of the equivalent sound level of the noise, as well as in terms of maximum noise levels and the number of noise events. It should be noted that low-frequency noise, for example, from ventilation systems, can disturb rest and sleep even at low sound pressure levels.

When noise is continuous, the equivalent sound pressure level should not exceed 30 dB(A) indoors, if negative effects on sleep are to be avoided. For noise with a large proportion of low-frequency sound a still lower guideline value is recommended. When the background noise is low, noise exceeding 45 dB LAmax should be limited, if possible, and for sensitive persons an even lower limit is preferred. Noise mitigation targeted to the first part of the night is believed to be an effective means for helping people fall asleep. It should be noted that the adverse effect of noise partly depends on the nature of the source. A special situation is for newborns in incubators, for which the noise can cause sleep disturbance and other health effects.

Reading Acquisition. Chronic exposure to noise during early childhood appears to impair reading acquisition and reduces motivational capabilities. Evidence indicates that the longer the exposure, the greater the damage. Of recent concern are the concomitant psychophysiological changes (blood pressure and stress hormone levels). There is insufficient information on these effects to set specific guideline values. It is clear, however, that daycare centres and schools should not be located near major noise sources, such as highways, airports, and industrial sites.

Annoyance. The capacity of a noise to induce annoyance depends upon its physical characteristics, including the sound pressure level, spectral characteristics and variations of these properties with time. During daytime, few people are highly annoyed at LAeq levels below 55 dB(A), and few are moderately annoyed at LAeq levels below 50 dB(A). Sound levels during the evening and night should be 5–10 dB lower than during the day. Noise with low-frequency components require lower guideline values. For intermittent noise, it is emphasized that it is necessary to take into account both the maximum sound pressure level and the number of noise events. Guidelines or noise abatement measures should also take into account residential outdoor activities.

Social Behaviour. The effects of environmental noise may be evaluated by assessing its interference with social behavior and other activities. For many community noises, interference with rest/recreation/watching television seem to be the most important effects. There is fairly consistent evidence that noise above 80 dB(A) causes reduced helping behavior, and that loud noise also increases aggressive behavior in individuals predisposed to aggressiveness. In schoolchildren, there is also concern that high levels of chronic noise contribute to feelings of helplessness. Guidelines on this issue, together with cardiovascular and mental effects, must await further research.

Specific environments.

A noise measure based only on energy summation and expressed as the conventional equivalent measure, LAeq, is not enough to characterize most noise environments. It is equally important to measure the maximum values of noise fluctuations, preferably combined with a measure of the number of noise events. If the noise includes a large proportion of low-frequency components, still lower values than the guideline values below will be needed. When prominent low-frequency components are present, noise

measures based on A-weighting are inappropriate. The difference between dB(C) and dB(A) will give crude information about the presence of low-frequency components in noise, but if the difference is more than 10 dB, it is recommended that a frequency analysis of the noise be performed. It should be noted that a large proportion of low-frequency components in noise may increase considerably the adverse effects on health.

In Dwellings. The effects of noise in dwellings, typically, are sleep disturbance, annoyance and speech interference. For bedrooms the critical effect is sleep disturbance. Indoor guideline values for bedrooms are 30 dB LAeq for continuous noise and 45 dB LAmax for single sound events. Lower noise levels may be disturbing depending on the nature of the noise source. At night-time, outside sound levels about 1 metre from facades of living spaces should not exceed 45 dB LAeq, so that people may sleep with bedroom windows open. This value was obtained by assuming that the noise reduction from outside to inside with the window open is 15 dB. To enable casual conversation indoors during daytime, the sound level of interfering noise should not exceed 35 dB LAeq. The maximum sound pressure level should be measured with the sound pressure meter set at "Fast".

To protect the majority of people from being seriously annoyed during the daytime, the outdoor sound level from steady, continuous noise should not exceed 55 dB LAeq on balconies, terraces and in outdoor living areas. To protect the majority of people from being moderately annoyed during the daytime, the outdoor sound level should not exceed 50 dB LAeq. Where it is practical and feasible, the lower outdoor sound level should be considered the maximum desirable sound level for new development.

In Schools and Preschools. For schools, the critical effects of noise are speech interference, disturbance of information extraction (e.g. comprehension and reading acquisition), message communication and annoyance. To be able to hear and understand spoken messages in class rooms, the background sound level should not exceed 35 dB LAeq during teaching sessions. For hearing impaired children, a still lower sound level may be needed. The reverberation time in the classroom should be about 0.6 s, and preferably lower for hearing impaired children. For assembly halls and cafeterias in school buildings, the reverberation time should be less than 1 s. For outdoor playgrounds the sound level of the noise from external sources should not exceed 55 dB LAeq, the same value given for outdoor residential areas in daytime.

For preschools, the same critical effects and guideline values apply as for schools. In bedrooms in preschools during sleeping hours, the guideline values for bedrooms in dwellings should be used.

In Hospitals. For most spaces in hospitals, the critical effects are sleep disturbance, annoyance, and communication interference, including warning signals. The LAmax of sound events during the night should not exceed 40 dB(A) indoors. For ward rooms in hospitals, the guideline values indoors are 30dB LAeq, together with 40 dB LAmax during night. During the day and evening the guideline value indoors is 30 dB LAeq. The maximum level should be measured with the sound pressure instrument set at "Fast".

Since patients have less ability to cope with stress, the LAeq level should not exceed 35 dB in most rooms in which patients are being treated or observed. Attention should be given to the sound levels in intensive care units and operating theaters. Sound inside incubators may result in health problems for neonates, including sleep disturbance, and may also lead to hearing impairment. Guideline values for sound levels in incubators must await future research.

Ceremonies, Festivals and Entertainment Events. In many countries, there are regular ceremonies, festivals and entertainment events to celebrate life periods. Such events typically produce loud sounds, including music and impulsive sounds. There is widespread concern about the effect of loud music and impulsive sounds on young people who frequently attend concerts, discotheques, video arcades, cinemas, amusement parks and spectator events. At these events, the sound level typically exceeds 100 dB LAeq. Such noise exposure could lead to significant hearing impairment after frequent attendances.

Noise exposure for employees of these venues should be controlled by established occupational standards; and at the very least, the same standards should apply to the patrons of these premises. Patrons should not be exposed to sound levels greater than 100 dB LAeq during a four-hour period more than four times per year. To avoid acute hearing impairment the LAmax should always be below 110 dB.

Headphones. To avoid hearing impairment from music played back in headphones, in both adults and children, the equivalent sound level over 24 hours should not exceed 70 dB(A). This implies that for a daily one hour exposure the LAeq level should not exceed 85 dB(A). To avoid acute hearing impairment LAmax should always be below 110 dB(A). The exposures are expressed in free-field equivalent sound level.

Toys, Fireworks and Firearms. To avoid acute mechanical damage to the inner ear from impulsive sounds from toys, fireworks and firearms, adults should never be exposed to more than 140 dB(lin) peak sound pressure level. To account for the vulnerability in children when playing, the peak sound pressure produced by toys should not exceed 120 dB(lin), measured close to the ears (100 mm). To avoid acute hearing impairment LAmax should always be below 110 dB(A).

Parkland and Conservation Areas. Existing large quiet outdoor areas should be preserved and the signal-to-noise ratio kept low.

Table 1 presents the WHO guideline values arranged according to specific environments and critical health effects. The guideline values consider all identified adverse health effects for the specific environment. An adverse effect of noise refers to any temporary or long-term impairment of physical, psychological or social functioning that is associated with noise exposure. Specific noise limits have been set for each health effect, using the lowest noise level that produces an adverse health effect (i.e. the critical health effect). Although the guideline values refer to sound levels impacting the most exposed receiver at the listed environments, they are applicable to the general population. The time base for LAeq for "daytime" and "night-time" is 12–16 hours and 8 hours, respectively. No time base is given for evenings, but typically the guideline value should be 5–10 dB lower than in the daytime. Other time bases are recommended for schools, preschools and playgrounds, depending on activity.

It is not enough to characterize the noise environment in terms of noise measures or indices based only on energy summation (e.g., LAeq), because different critical health effects require different descriptions. It is equally important to display the maximum values of the noise fluctuations, preferably combined with a measure of the number of noise events. A separate characterization of night-time noise exposures is also necessary. For indoor environments, reverberation time is also an important factor for things such as speech intelligibility. If the noise includes a large proportion of low-frequency components, still lower guideline values should be applied. Supplementary to the guideline values given in Table 1, precautions should be taken for vulnerable groups and for noise of certain character (e.g. low-frequency components, low background noise).

628

(Miedema & Vos 1998) and that obtained in a survey along the North-South transportation route through the Austrian Alps (Lercher 1998b). The differences may be explained in terms of the influence of topography and meteorological factors on acoustical measures, as well as the low background noise level on the mountain slopes.

Stronger reactions have been observed when noise is accompanied by vibrations and contains low frequency components (Paulsen & Kastka 1995; Öhrström 1997; for review see Berglund et al. 1996), or when the noise contains impulses, such as shooting noise (Buchta 1996; Vos 1996; Smoorenburg 1998). Stronger, but temporary, reactions also occur when noise exposure is increased over time, in comparison to situations with constant noise exposure (e.g. HCN 1997; Klæboe et al. 1998). Conversely, for road traffic noise, the introduction of noise protection barriers in residential areas resulted in smaller reductions in annoyance than expected for a stationary situation (Kastka et al. 1995).

To obtain an indicator for annoyance, other methods of combining parameters of noise exposure have been extensively tested, in addition to metrics such as LAeq,24h and L_{dn}. When used for a set of community noises, these indicators correlate well both among themselves and with LAeq,24h or L_{dn} values (e.g. HCN 1997). Although LAeq,24h and L_{dn} are in most cases acceptable approximations, there is a growing concern that all the component parameters of the noise should be individually assessed in noise exposure investigations, at least in the complex cases (Berglund & Lindvall 1995).

3.9. The Effects of Combined Noise Sources

Many acoustical environments consist of sounds from more than one source. For these environments, health effects are associated with the total noise exposure, rather than with the noise from a single source (WHO 1980b). When considering hearing impairment, for example, the total noise exposure can be expressed in terms of LAeq,24h for the combined sources. For other adverse health effects, however, such a simple model most likely will not apply. It is possible that some disturbances (e.g. speech interference, sleep disturbance) may more easily be attributed to specific noises. In cases where one noise source clearly dominates, the magnitude of an effect may be assessed by taking into account the dominant source only (HCN 1997). Furthermore, at a policy level, there may be little need to identify the adverse effect of each specific noise, unless the responsibility for these effects is to be shared among several polluters (*cf.* The Polluter Pays Principle in Chapter 5, UNCED 1992).

There is no consensus on a model for assessing the total annoyance due to a combination of environmental noise sources. This is partly due to a lack of research into the temporal patterns of combined noises. The current approach for assessing the effects of "mixed noise sources" is limited to data on "total annoyance" transformed to mathematical principles or rules of thumb (Ronnebaum et al. 1996; Vos 1992; Miedema 1996; Berglund & Nilsson 1997). Models to assess the total annoyance of combinations of environmental noises may not be applicable to those health effects for which the mechanisms of noise interaction are unknown, and for which different cumulative or synergistic effects cannot be ruled out. When noise is combined with different types of environmental agents, such as vibrations, ototoxic chemicals, or chemical odours, again there is insufficient knowledge to accurately assess the combined effects on health

(Berglund & Lindvall 1995; HCN 1994; Miedema 1996; Zeichart 1998; Passchier-Vermeer & Zeichart 1998). Therefore, caution should be exercised when trying to predict the adverse health effects of combined factors in residential populations.

The evidence on low-frequency noise is sufficiently strong to warrant immediate concern. Various industrial sources emit continuous low-frequency noise (compressors, pumps, diesel engines, fans, public works); and large aircraft, heavy-duty vehicles and railway traffic produce intermittent low-frequency noise. Low-frequency noise may also produce vibrations and rattles as secondary effects. Health effects due to low-frequency components in noise are estimated to be more severe than for community noises in general (Berglund et al. 1996). Since A-weighting underestimates the sound pressure level of noise with low-frequency components, a better assessment of health effects would be to use C-weighting.

In residential populations heavy noise pollution will most certainly be associated with a combination of health effects. For example, cardiovascular disease, annoyance, speech interference at work and at home, and sleep disturbance. Therefore, it is important that the total adverse health load over 24 hours be considered and that the precautionary principle for sustainable development is applied in the management of health effects (see Chapter 5).

3.10. Vulnerable Groups

Protective standards are essentially derived from observations on the health effects of noise on "normal" or "average" populations. The participants of these investigations are selected from the general population and are usually adults. Sometimes, samples of participants are selected because of their easy availability. However, vulnerable groups of people are typically underrepresented. This group includes people with decreased personal abilities (old, ill, or depressed people); people with particular diseases or medical problems; people dealing with complex cognitive tasks, such as reading acquisition; people who are blind or who have hearing impairment; fetuses, babies and young children; and the elderly in general (Jansen 1987; AAP 1997). These people may be less able to cope with the impacts of noise exposure and be at greater risk for harmful effects.

Persons with impaired hearing are the most adversely affected with respect to speech intelligibility. Even slight hearing impairments in the high-frequency range may cause problems with speech perception in a noisy environment. From about 40 years of age, people typically demonstrate an impaired ability to understand difficult, spoken messages with low linguistic redundancy. Therefore, based on interference with speech perception, a majority of the population belongs to the vulnerable group.

Children have also been identified as vulnerable to noise exposure (see Agenda 21: UNCED 1992). The evidence on noise pollution and children's health is strong enough to warrant monitoring programmes at schools and preschools to protect children from the effects of noise. Follow up programmes to study the main health effects of noise on children, including effects on speech perception and reading acquisition, are also warranted in heavily noise polluted areas (Cohen et al. 1986; Evans et al. 1998).