

# 'Ear 'Tis

Newsletter for Audiometry Nurses

Summer 2020

Welcome to the issue of the ANAA Inc. newsletter  
2020 Volume Issue



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## PRESIDENT'S REPORT

DECEMBER 2020

Dear Members,

Hope everyone is getting through this very "eventful" year okay and looking forward to a better year in 2021. As nurses we are very resilient people and take on probably more than we need to sometimes. I hope that everyone will take some "well earned" time out over Xmas to reflect on the year that was.

A time to embrace our family and loved ones who we may have been separated from for many months during Covid, with borders closed and restrictions on movements around the state.

We had our ANAA Committee meeting last week and have kept the ball rolling with current and ongoing association business.

Welcome to our new Committee members and thank you to those already taking on another term.

Our meetings are held on Skype now so reducing costs to ANAA considerably. This will be continued in the future as it also saves money on insurance that covered face to face meetings.

A big thank you to Kate for organising and holding the Clinical Advisors work shop and case studies via Skype. Thanks to the girls that gave their case presentations and allowed us all to view them on the day.

We would love to see more audiometry nurses put their hand up to become Clinical Advisors if they meet the criteria. We are still getting a steady flow of students doing the course so it would be great to have advisors spread across the state.

Our tutor/markers will be meeting with the Australian College of Nursing soon to discuss issues that arise with the course delivery and student placement.

Please check out our website regularly for any changes in forms or events. Kate has been updating this as changes occur. Let us know if you can't get into the members section also.

The Education Fund is still available for any member to access for a conference or webinar they might like to attend. The forms are on the website.

With conferences mostly offered online since the start of Covid, you may request to be subsidised by this fund to obtain CPD hours. See criteria on the website.

We have had discussions on how we can hold our next audiometry conference in a Covid safe way.

Purna has offered to host a conference at Tamworth in 2021 which may be held over 2 to 3 days? Thank you Purna for this offer and the Committee will certainly help to get this underway.

Early days yet with planning and we will have more information after our February 2021 meeting for members to save a date. (Late October?) Looking forward to face to face learning and networking again!

Best wishes to everyone for a happy & safe Xmas.

Regards

*Tracy*



# Education Information Webinars Research



ACT hearing Services have been conducting a QI pilot program this year whereby we have attended speech drop in clinics in an attempt to collocate service's and improve access to hearing services for families whilst attempt to reduce our waiting lists. Findings were interesting and not what we expected. It materialised that by attending these clinics we were **unnecessarily** screening children with good hearing. 90 percent of the children had no hearing issues. Future directions will now be for us to develop tools and pathways with information so that speech services will be more confident in identifying and referring only those children at risk of hearing issues. The programme ran for a year and picked up only one possible sensorineural loss. We have however collated much data and now have solid foundations to progress with. My colleague Fran Freeman gave a brief presentation summarising some of these findings to a small forum of clinicians within Canberra Health Services.

Fran's link Scroll to 28 minutes and around 20 seconds for her presentation.

<https://vimeo.com/487065928/36b19a70c2>

## RE: Release of the National Nursing and Midwifery Digital Health Capability Framework

After much anticipation and excitement, Australia's National Nursing and Midwifery Digital Health Capability Framework was released by the Hon. Greg Hunt, MP Minister for Health.

The Framework document, associated resources and media release can be downloaded here: [www.nursing-midwifery.digitalhealth.gov.au](http://www.nursing-midwifery.digitalhealth.gov.au).

Release of the Framework follows over 12 months of collaboration across the nursing, midwifery and digital health sectors. We are truly grateful for the input and interest in developing this resource. In particular, the Agency would like to extend their appreciation to the Australasian Institute of Digital Health for their leadership with this work.

We hope you enjoy reading the Framework and can use it to assess capability and inform digital health education and training.

Please share it widely with your networks or disseminate to your Communications teams where applicable. For media enquiries please contact [media@digitalhealth.gov.au](mailto:media@digitalhealth.gov.au).

Best wishes,

Angela

**Angela Ryan RN MACN FAIDH**

Chief Clinical Information Officer & General Manager, Conformance Services

Quality Assurance & Regulatory Compliance Division

Australian Digital Health Agency

Email [angela.ryan@digitalhealth.gov.au](mailto:angela.ryan@digitalhealth.gov.au)

Web [www.digitalhealth.gov.au](http://www.digitalhealth.gov.au)



Hi there,

I hope you're well. I sent an email earlier in the year requesting contra-promo opportunities for our upcoming conference in nurse education, NNEC 2021 and was getting in touch to see if there was anything available for us to discuss?

I would like to see if we can arrange to have our conference listed on your events calendar as well as it being included in your upcoming newsletters and/or journals (if applicable). If you are open to these opportunities please find information on the conference below:

Please find details and request for promotion below.

### 18th National Nurse Education Conference 2021

Sea World Resort, Gold Coast, QLD

Wednesday 8 - Friday 10 September 2021

<https://www.dconferences.com.au/nnec2021>

The theme for NNEC 2021 is *Inspire, Educate, Motivate*. This theme speaks to reflect the life-long learning journey of the nursing and mid-wifery profession, to share knowledge and celebrate experiences through invited speakers; workshops; presentations; research and networking.

The program will focus on the importance of education. Education is the cornerstone of the health care system, for the provision of person-centred care. Professional education and self-development opportunities interact between the clinical and academic spheres to build on the experience of the individual throughout their professional careers for the ultimate goal of ensuring the quality of health care.

I have also attached the conference banner. If you are able to make a listing for NNEC 2021, please also hyperlink the banner to our conference website.

Should you require further information or if you have any questions regarding NNEC 2021, please do not hesitate to contact me.

*Please note, this will be my final follow up email.*

I look forward to hearing from you.

Kind regards,  
Georgia



Georgia Beerens  
Conference Coordinator  
**DC Conference & Association Management**

Suite 103, Level 1,

3-5 West Street,  
North Sydney NSW, 2060  
T: 612 9954 4400

W: [www.dconferences.com.au](http://www.dconferences.com.au)

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**LinkedIn:** [DC Conference & Association Management](#)

**Instagram:** [@dconferences](#)

*Working days: Monday, Tuesday & Wednesday*



## National Nurse Education Conference 2021

*Inspire, Motivate, Educate*

8-10 September 2021  
Sea World Resort, Gold Coast, QLD

**ANTS** *W* Australian Nurse Teachers' Society  
*Working Together for the Future of Nursing Education*





# Rural Health Pro

For members who are not have not joined Rural Health Pro it is a great source of information with interesting and diverse topics for nurses of all persuasions. This is a recent one particularly relevant to us. Please don't use the link below but join up first and access the webinars via the site Rural Health Pro.

[Ear & Hearing Health group](#) – [Samantha Rattos](#) (NSW RURAL DOCTORS)

## **Recognising middle ear conditions using otoscopy and tympanometry, and the signs of a dangerous ear**

Thank you to Candice Watkins for another great, interesting and informative webinar.

Follow-up information:

- For those who missed it or just wanted to review the webinar, please click [here](#).
- The tympanometry interpretation guide is attached.
- The Otitis Media Guidelines is an information based and multimedia tool to assist primary health care providers in the delivery of comprehensive, effective and appropriate care for Aboriginal and Torres Strait Islander people with otitis media. The Otitis Media Guidelines app includes:
  - Evidence based guidelines prepared using the GRADE approach
  - Algorithms to assist with clinical decision making
  - Audio recordings in aboriginal languages to assist with communication
  - Multimedia educational materials for health workers, families and children.

View the Guidelines via the [website](#), [Apple store](#) or [Google play](#).

- Just a reminder, these webinars are ideal for those wanting to revise their current ear health knowledge. Those looking for training, please view our previous post on TAFE NSW Ear Train program. The EarTrain is a free program for primary health care professional providing services to Aboriginal and Torres Strait Islander Peoples, including young children. It is an online program that aims to train and empower primary health care professionals to identify and treat otitis media and other hearing conditions in Aboriginal and Torres Strait Islander communities. The program is delivered across Australia by TAFE NSW and is funded by the Australian Federal Government. EarTrain is a Closing the Gap initiative available until June 2022. For further information about the Ear Train, please contact [eartrain@tafensw.edu.au](mailto:eartrain@tafensw.edu.au).



## ANAA Inc. Scholarship for students in Audiometry Nursing



**Audiometry Nurse Association of Australia Inc.** represents the professional interests of Audiometry Nurses. The Association provides support, a forum for discussion on hearing health and facilitates ongoing professional development.

ANAA Inc. is involved in the education and support of students in Audiometry Nursing with the ongoing edification of Clinical Advisor competencies. Registered or Enrolled Nurses can undertake studies in Audiometry Nursing through the Australian College of Nursing.

**The ANAA Inc. Scholarship** has been established to help support Registered and Enrolled Nurses to undertake post-graduate studies in Audiometry Nursing so that they may pursue a career working in Audiometry Nursing services. The funds provided may be used to assist with costs involved in completing a post-graduate course of study.

The Australian College of Nursing offers two Audiometry Nursing subjects as part of the Continuing Education Program.

Both subjects [241 Audiometry Nursing](#) & [242 Clinical issues in Audiometry Nursing](#) must be successfully completed in order to practice as an Audiometry Nurse

Clinical placement will need to be arranged whilst completing 'Clinical issues in Audiometry Nursing'. Both audiometry subjects may be articulated into the Graduate Certificate of Community and Primary Health Care Nursing'.

**Eligibility:** To be eligible for the scholarship, you must be employed within the Australian public health sector and have current AHPRA registration as an RN, EEN or EN with a view to employment within the specialty of Audiometry Nursing Services within Community Health.

Please ensure you are also compliant and up-to-date with all mandatory education as per the State/Territory local Health Department policy.



### **Scholarship Tenure and Value:**

A total of one scholarship will be awarded annually at the discretion of the ANAA Inc. executive committee. Applicants are expected to complete the course within a 12 month period

At the successful completion of subject 241 'Audiometry Nursing' the recipient will receive a scholarship for the total amount of the current cost of subject 242 'Clinical Issues in Audiometry Nursing'.

Successful applicants will be notified prior to the commencement of the second subject.

Where the Scholarship recipient does not complete the Audiometry Nursing Course the ANNA Inc. executive committee will request FULL repayment of scholarship funding.

At completion of the course a copy of the course certificate will be provided to the scholarship committee.

### **Your letter of application should include:**

1. A professional covering letter which addresses your objectives for the course and employment within the specialty area
2. A receipted copy of your course enrolment
3. A current Curriculum Vitae detailing professional activity in the last 2 years
4. A copy of your current AHPRA registration.
5. A letter of support from your current manager OR two professional references where a letter of support is not available.

**How to Apply:** Please submit a letter of application by COB 16<sup>th</sup> February 2021 to:

Susan Darby, Secretary ANAA Inc.

Postal Address: 19 Olearia Cres ~~Warabrook~~ NSW. 2304

Or Email: [susan.darby@health.nsw.gov.au](mailto:susan.darby@health.nsw.gov.au)

🕒 NOVEMBER 12, 2020

# Hearing test may detect autism in newborns

by Deserae E. Del Campo, University of Miami



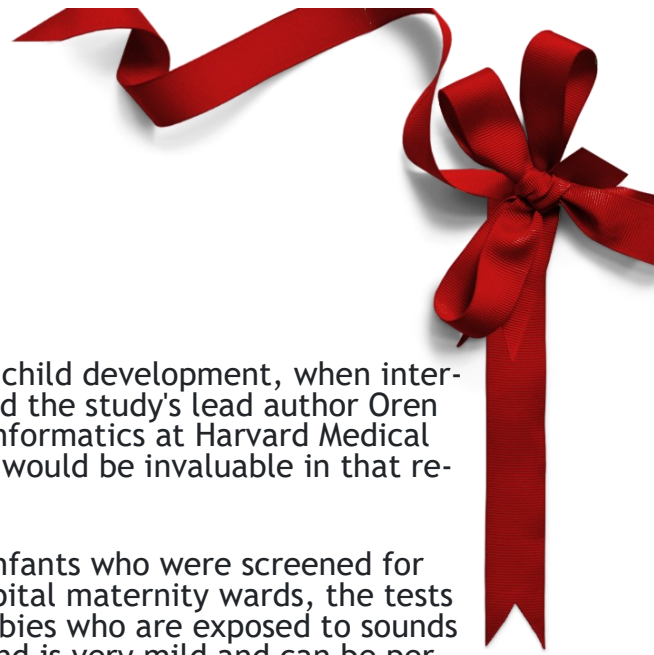
For years, researchers have known through numerous studies that hearing and other sensory systems of adults and children who have autism differ from children or adults without autism.

Now, University of Miami and Harvard Medical School researchers who explored responses to the standard [hearing test](#) administered to millions of newborns around the world, are closing in on a way to detect early indicators of autism—perhaps as early as at birth.

Published in the journal *Autism Research*, the findings could inform additional research and pave the way for evaluations that can better identify newborns with elevated autism risk by using standard hearing tests. The researchers note that such tests are already regularly and widely used to screen newborns for hearing loss. The tests work by measuring auditory brainstem response (ABR), which gauges how well a baby's inner ear and brain respond to sound.

"We're not at the point just yet where we're telling clinicians to use ABR testing as a determinant for autism in babies," said study co-author Elizabeth Simpson, an associate professor in the College of Arts and Sciences' Department of Psychology, whose research focuses on understanding infant social cognitive development. "But we are saying that this study presents a promising direction in how ABR testing can be used as a method for precise autism detection at birth."





"The importance for diagnosing autism early during infant and child development, when interventions can have the most impact, cannot be overstated," said the study's lead author Oren Miron, a research associate in the Department of Biomedical Informatics at Harvard Medical School. "Any additional tool that could clarify diagnostic clues would be invaluable in that regard."

For the study, researchers analysed large datasets of Florida infants who were screened for hearing impairments with ABR tests. Usually conducted in hospital maternity wards, the tests make computer recordings of the auditory nerve activity of babies who are exposed to sounds transmitted by electrodes placed on their scalps. The test sound is very mild and can be performed while the infants sleep.

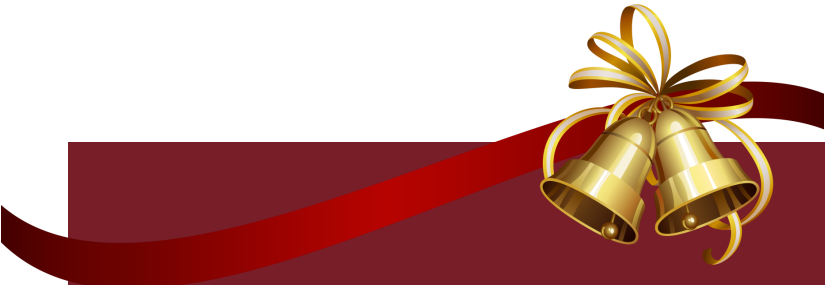
The research team analysed nearly 140,000 auditory recordings from babies born in Florida and matched the data with records from the Florida Department of Education indicating children with developmental disabilities. Ultimately, they found that newborns who were later diagnosed with autism had slower brain responses to sounds during their ABR tests.

"Within the dataset we used from the Department of Education records of children who had autism, we saw how many we could match up from the ABR test screenings," Simpson said. "We located 321 children who had ABR test screenings taken when they were newborns and who were later diagnosed with autism by preschool age."

With additional investigation, researchers hope to add additional layers to the ABR screenings so that doctors can use them not only to better understand a newborn's hearing and risk for autism, but potentially other developmental problems—like speech, language impairment, and Sudden Infant Death Syndrome—that could arise later.

"We know autism spectrum disorder is connected to how children process sound, so even if the child's hearing is normal, it can still be processed differently," Simpson added. "With better understanding of how ABR testing can be used to identify at-risk babies, we can flag children who might be at risk."





*Following Giselle Loughton's interesting case presentation for clinical supervisors on chronic middle ear infections, I was inspired to learn a little more*

## Breaking Biofilms to Wage War Against Ear Infections

Last Updated Date September 12, 2019

Ear infections are the most common reason parents bring their child to a doctor. In fact, five out of six children will have at least one ear infection by their third birthday. Repeated ear infections can lead to hearing loss in children and can require surgical treatment.

Lauren Bakaletz, Ph.D., professor of both paediatrics and otolaryngology at The Ohio State University College of Medicine, is leading research in animal models to discover how a common bacterium, *Haemophilus influenzae* (NTHI), causes ear infections that recur, or come back again and again. She is using this information to help us win not just the battle against a single ear infection, but the war against particularly pesky recurring ear infections.

An ear infection, also called otitis media, causes inflammation and fluid build up in the middle ear—the part between your ear drum and inner ear. Anyone can get an ear infection, but children get them more often than adults.

When you get an ear infection, it's an epic battle in your middle ear. Bacteria are the invaders. Your immune system is an army of foot soldiers—fighting back bacteria and protecting the home territory. Antibiotics are the reinforcements that ride in to help your immune system kill the bacteria and restore order. Even if your immune system and antibiotics win the battle this time, they might not win the larger war, because bacteria are great at setting up strong defences.

Bacteria like NTHI often create a coating—called a biofilm—on the surfaces of your middle ear. This biofilm houses the bacteria and shields it from your immune system and from antibiotics. The bacteria can then stick around and create another full-blown infection later on.

There is hope for the good soldiers, though. Bakaletz' research team is exploring the structure of biofilms in chinchillas, the gold standard animal model for studying ear infections. The scientists are designing strategies to break through the biofilm and kill the bacteria for good. They located a structure that is important for creating and maintaining biofilms. By aiming their attack at this target, the researchers both prevented biofilms from forming, and broke apart biofilms that were already there.

Future research will show if vaccines that target this structure can help prevent and treat ear infections in humans. Interestingly, this research could also help battle many other types of infections involving biofilms.

The Noisy Planet campaign increases awareness among parents about the causes of noise-induced hearing loss in children and preteens, including hearing loss from chronic or severe ear infections.

Middle-ear infections, the most common reason that children visit doctors, are usually cleared up with antibiotics. But occasionally they persist and become a chronic illness that only a surgical procedure can fix. A recent study published in the *Journal of the American Medical Association* shows that tight-knit communities of bacteria called biofilms are the culprit of this chronic form of ear infections.

In fact, biofilms, which are resistant to many conventional antibiotics, are being implicated in several chronic infections. And while some researchers have been sceptical that biofilms cause chronic ear infections, researchers at the Allegheny-Singer Research Institute in Pittsburgh, led by Garth Ehrlich and Christopher Post, have been building evidence in animals over the past few years that biofilms are behind these intractable infections. Their new study provides direct evidence in children that biofilms are present.

Ehrlich says that both the temporary and chronic ear infections are caused by the same bacteria - yet only in some cases do the bacteria form a biofilm. "They build a little house for themselves," Ehrlich explains.

Biofilms are made of a sticky, nonliving matrix that surrounds the bacteria. Sequestered inside these structures, the bacteria settle into a largely inactive state. Penicillin and other antibiotics are ineffective against these dormant bacteria because the drugs work by interfering with activities like reproduction. "If the process isn't going on, you can't disturb the process," Ehrlich says.



Joseph Kerschner, an otolaryngologist at the Medical College of Wisconsin and co-author of the study, says that the findings are particularly relevant for children who get recurrent middle-ear infections that seem to go away with treatment and then return. "These kids that are chronically getting infected - maybe it isn't new infections every time," he says. Instead, a persistent biofilm may be to blame.

Biofilms have already been linked to chronic inflammation and infections in the prostate, teeth and gums, tonsils, bladder, bone, and lungs, as well as the middle ear. And several companies are working on developing new materials and surface coatings that disrupt the ability of bacteria to attach to implantable medical devices or drugs that interfere with biofilms in chronic infections.



Australia's Bio signal has been developing anti-biofilm compounds based on chemicals excreted by a type of seaweed. Sequoia Sciences in San Diego, CA, is also focusing on identifying compounds in plants that keep biofilms from forming. And NovaCal Pharmaceuticals in Emeryville, CA, is using bleach-like chemicals, naturally produced by white blood cells of the immune system, to disrupt biofilms.



Despite this intense work into finding ways to break up biofilms, it's not clear that scientists will easily find a way to thwart these tenacious structures. "I'm not aware of anything that looks to me like a home run," Ehrlich says. "Biofilms are the preferred mode of growth for most bacteria - they've been doing it for literally billions of years."

He and colleagues are looking toward prevention rather than treatment. In the case of middle-ear infections, for instance, they believe that giving children specially engineered probiotics, or "good" bacteria, early in life may help prevent infectious bacteria from settling down in the ears in the first place.

Whatever the best cure turns out to be, though, this finding - that biofilms may underlie ear and other chronic infections - suggests that trying to treat them with rounds of conventional antibiotics is futile, and only promotes drug resistance. Bill Costerton, director of the University of Southern California's Center for Biofilms, calls this study a "pivotal paper" that will change the way these infections are treated and persuade doctors, particularly those in the United States, to "stop throwing antibiotics at biofilm infections that are basically resistant."



## Biofilms To Blame for Chronic Ear Infections

Drug-resistant communities of bacteria pose a challenge for treatment.

by [Courtney Humphries](#)[archive page](#)

July 12, 2016

**MIT**  
**Technology**  
**Review**





# Hearing Assessment Program

Early Ears (HAP-EE)

One third of Aboriginal & Torres Strait Islander children have ear & hearing problems affecting their ability to listen, learn and connect with others.

Hearing Australia is dedicated to the early detection and treatment of hearing loss in Aboriginal and Torres Strait Islander children and is there for you every step of the way.

Hearing Australia offers this free service for children aged 0 - 5 years to ensure your child has the best chance of preventing avoidable hearing loss.

Take the first step to change your child's future by calling us on 134 432 to get a free\* hearing check today.

hearing.com.au

Hearing Australia

Australian Government

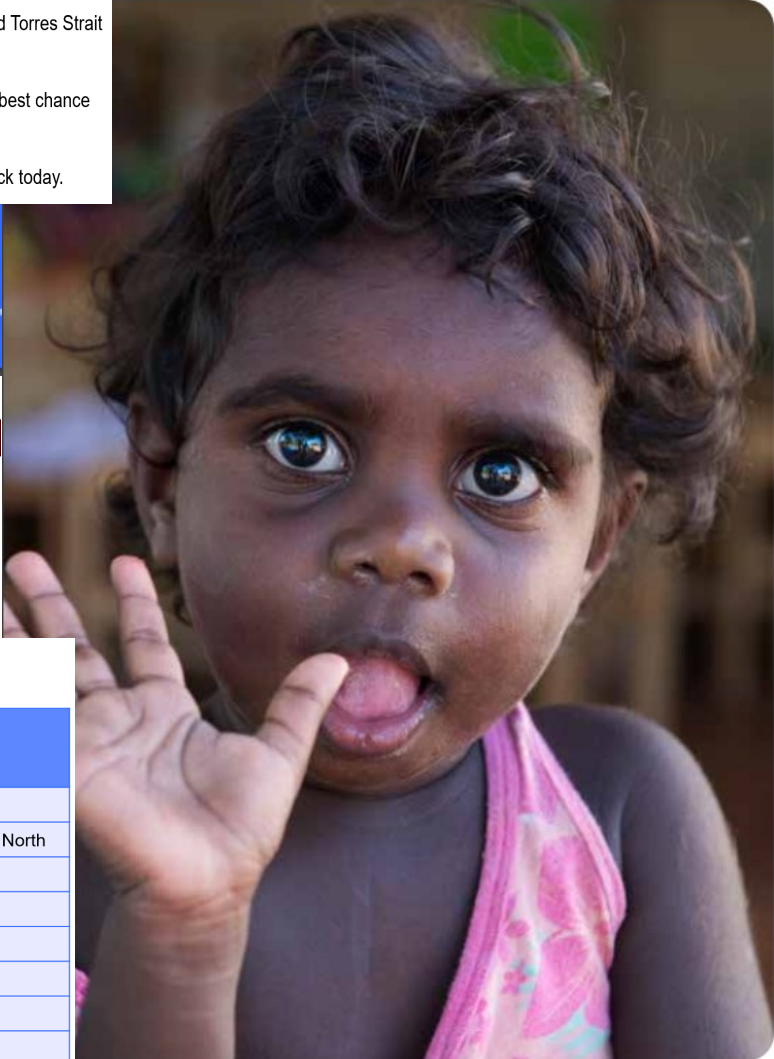
## Program overview

The Australian Federal Government is investing \$27.8 million in the Hearing Assessment Program – Early Ears (HAP-EE) run by Hearing Australia.

The HAP-EE prioritises Aboriginal and Torres Strait Islander children in the years before school and has a national focus across all Australia.

The HAP-EE engages with primary care clinics, early education providers, communities and families with children to:

- provide diagnostic hearing assessment and follow-up treatment;
- strengthen management of ear health in primary care; and
- increase community awareness about the importance of ear and hearing health.



### Concentrated Campaign Areas

NSW Location
Tamworth
Wyong - North-East
Nowra
Taree
Cessnock - Bellbird - Aberdare
Broken Hill
Queanbeyan
Casino
Taree - Surrounds
Campbelltown - Woodbine - Leumeah

QLD Location
Mackay
Brisbane City - Outer North
Maroochy
Bundaberg - City
Caloundra
Hervey Bay
Doomadgee
Fraser Coast
Maryborough
Bamaga and Surrounds



## Where will HAP-EE happen?

The HAP-EE is now available across all Australia including remote, rural and metro communities. Hearing assessment services will be available in a variety of locations such as Aboriginal community-controlled health services (ACCHSs), government clinics, other mainstream primary care clinics and with interested early education providers.

## What will the HAP-EE provide?

**Initial Ear Health Assessment** - Primary health care professionals or Hearing Australia audiologists will undertake initial ear health assessments to identify eligible children who require a diagnostic hearing assessment.

**Diagnostic Hearing Assessment** - Hearing Australia audiologists will provide hearing assessments to children who have been identified to be at risk of hearing loss. Hearing Australia may discuss hearing aid options and will offer ongoing support.

**Follow-up Treatment** - Hearing Australia will report back to the primary care clinic if any further referral action is recommended. Other Australian Government programs will support timely access to follow-up treatment, e.g. ENTs, speech therapy and surgery.



## How will HAP-EE work?

### Community Engagement

Aboriginal Community Engagement Officers will work to build meaningful and strong engagement at a local level by:

- working collaboratively with ACCHSs, primary health clinics, early education providers and other key stakeholders;
- supporting local services to develop hearing assessment clinics in partnership with Hearing Australia; and
- undertaking activities to raise community awareness of the importance of ear and hearing health.

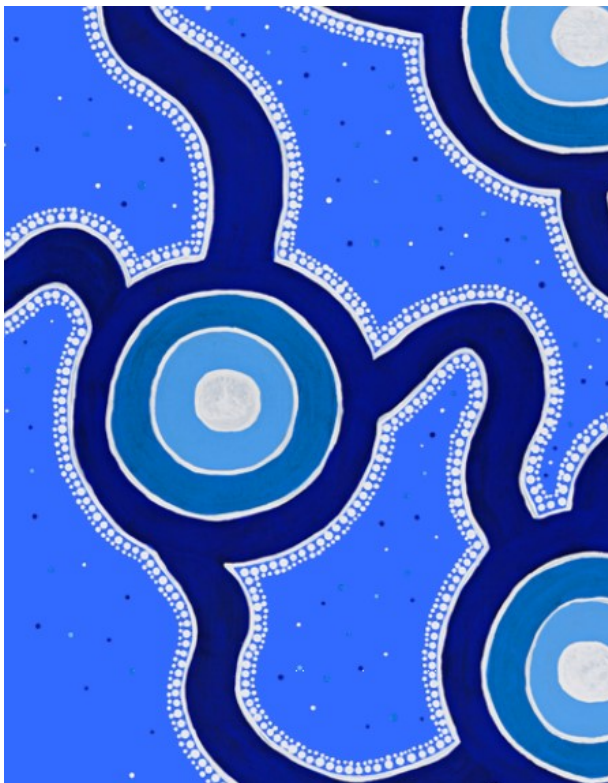
They will assist with tailoring the HAP-EE to the needs of individual communities and clinics.

### Upskilling

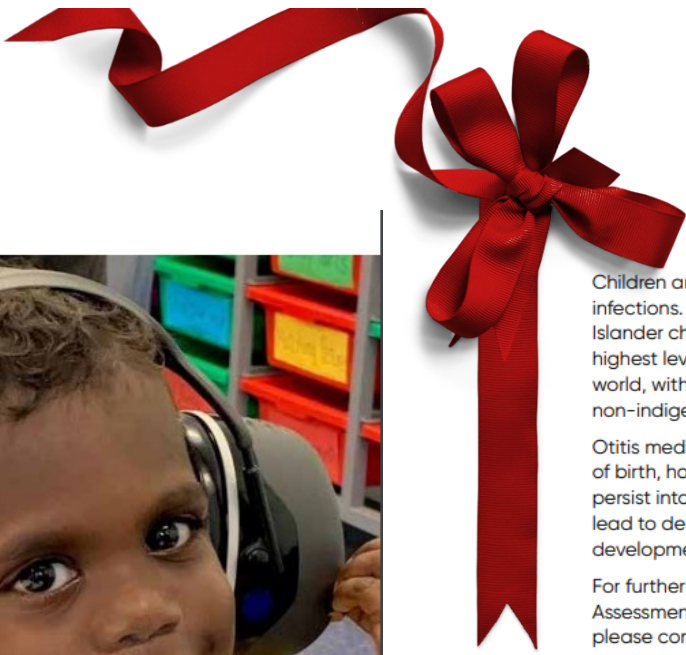
Hearing Australia audiologists can provide primary care staff with upskilling during outreach visits. Hearing Australia will provide a Hearing Helpline for primary health care clinics to enable access to advice from audiologists if needed between outreach visits.

### Expected Program Outcomes

- A reduction in the long-term effects of ear disease through early rehabilitative hearing services and early referral for specialist treatment; and
- Increased capacity within primary health services to identify, manage and monitor ear health.







Children are particularly vulnerable to ear infections. Aboriginal and Torres Strait Islander children experience some of the highest levels of middle ear infection in the world, with rates almost 4 times those of non-indigenous Australian children<sup>1, 2</sup>.

Otitis media can often begin within weeks of birth, have repeated episodes, and can persist into adolescence. Hearing loss can lead to delayed speech and educational development.

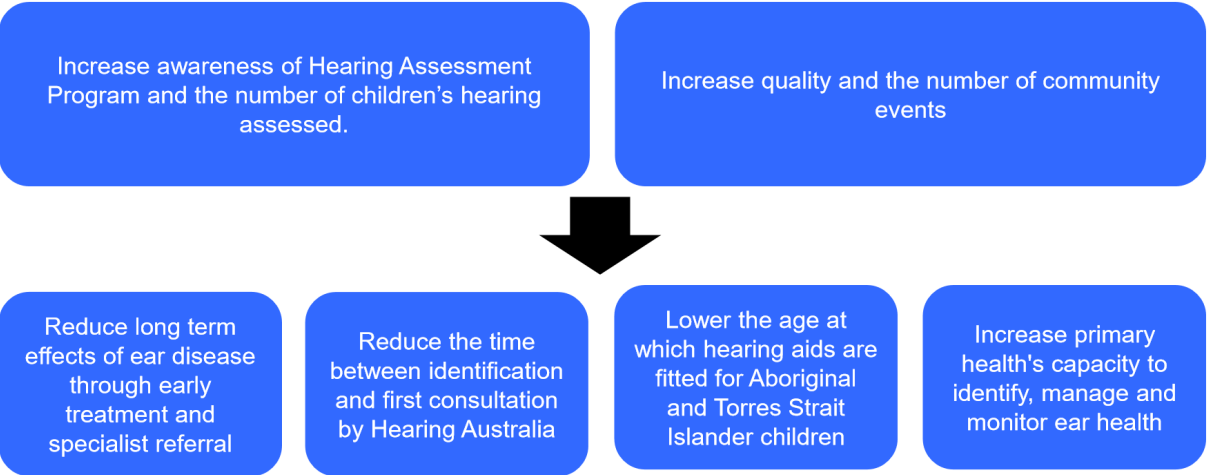
For further information on the Hearing Assessment Program – Early Ears (HAP-EE) please contact:

HAPEE@hearing.com.au



1. Access Economics. *The cost burden of otitis media in Australia* (2008). Report prepared for GlaxoSmithKline, Perth.
2. World Health Organization. (2004). Chronic suppurative otitis media: burden of illness and management options. Geneva: World Health Organization. <https://apps.who.int/iris/handle/10665/42941>

**What do we want to achieve with this campaign**





## Homage to Tinnitus

(You're with me always)

John Craton

A musical score for a single melodic line. It consists of seven staves of music, each starting with a treble clef. The first staff includes a dynamic marking of *mf* (mezzo-forte). The music is written in a style that suggests a continuous, repetitive melodic pattern, with notes often beamed together in groups. The notation includes various note values and rests, creating a complex, rhythmic texture. The score is presented on a white background with black ink.



October, 2020



Ear Bus Project

HEAR OUR HEART

## Supporters Newsletter

### Walter & Eliza Hall Charitable Foundation 3rd Installment



The Walter & Eliza Hall Charitable Foundation have been in partnership with the Hear our Heart Ear Bus Project since June 2018. They agreed to provide the bus with \$750,000 over 5 years which helps with the day-to-day running of the bus. We have just received our third instalment of these funds. For those of you that do not know, the Walter and Eliza Hall Charitable Foundation's mission statement is "to provide a ready and sympathetic source of funds for those needing relief from the effects of financial disadvantage, disease, and disability, and to make a real difference to the well-being and quality of life of those Australians we are able to assist".

In a recent interview with CEO Helen Cook, she talked about the importance of the work that the project does. Helen says "If it was not for the testing and resultant educational and medical intervention that Hear Our Heart undertakes, many children particularly indigenous kiddies, would simply not be identified as having hearing difficulties. The education of teachers and children around nose blowing, hand cleanliness etc. and the part that good hygiene practice plays in the prevention of otitis media, which may lead to hearing loss, is the key message".

Helen says that "they wanted to partner with a program that focused on indigenous health. This was the perfect program for us to provide funding to, as it addressed a very specific health issue which if left untreated often results in deficits in educational and social outcomes. We saw this as a wonderful opportunity to partner with an organisation that worked at a very grassroots level. It makes a real difference partnering with an organisation where the employees are so passionate and have a real understanding of what the organisation is aiming to achieve".

A BIG THANKYOU to the Walter & Eliza Hall Charitable Foundation for supporting us & our work!

*A project of Dubbo District Deaf Club; helping children to hear and achieve.*

24 Erskine St, Dubbo, 6884875 |

directors@hearourheart.org



facebook | join our group +

### Amy's aboard the Hear our Heart Bus!

Hi everyone, I'm Amy Barling. I'm just starting my new role as Media/ Sponsorship Officer. I'm a Registered nurse, (I have also studied a bachelor in early childhood education 0-5 years), and currently studying Audiometry nursing. Thanks to Ian Riddle at Hearing Loop Australia for sponsoring me. Also, a big shout out to audiometry nurse Robyn Hull at Coonamble Community Health Centre, who has just had me with her for my audiometry nursing practical.



I have a particular interest in hearing as my daughter was born with permanent conductive hearing loss. She wears bilateral (both sides) hearing aids on a soft band. I have volunteered with Hear our Heart for just under 2 years and I'm very passionate about picking up hearing loss early, as well as keeping your children's little ears healthy by things such as nose blowing. I am looking forward to meeting all of our wonderful supportive community and meeting all of your beautiful children.





## COMMUNITY PARTNERSHIPS

We would like to give someone a **BIG thankyou** who has been volunteering behind the scenes with our audiologist Hope Chan. **\*\* Jones Yao \*\***

Jones is an Audiologist from Brisbane. He has been supervising Hope's clinical skills for 12 hours per week via zoom/ FaceTime. Hope is expected to finish her supervised hours with Jones by August next year. Having Jones as a supervisor for Hope helps the bus as we have a secondary very experienced audiologist who has worked both in diagnostic and hearing aid settings. Hope says "that she learns a lot from him". Although already a qualified Audiologist, when Hope has finished her supervision she will be accredited with Audiology Australia.



**Sainsbury**  
AUTOMOTIVE DUBBO



## Welcome Burrabadine Christian Community School

We are very happy to announce that Burrabadine Christian Community School have joined our family. On the 13th August we had our first testing day at the school. We are so pleased with the support and commitment that the families have shown to our project. Our Healthy Ear educators Therese and Anita presented our puppet shows with Sam and Lucy prior our visit.

We are thrilled to hear that their first 'Healthy Ears Awareness Day' was a "pizza and free clothes day" and it was a great success.





We would like to thank some of our regular supporters. These LOCAL businesses have helped us in many ways & we would like to thank them for their ongoing support.

During this COVID-19 unprecedented time, many of our local business have had a significant downturn in business. Now's the time the say thank you for all the donations our LOCAL businesses make towards our LOCAL charities and shop locally. Let's ensure our towns and its businesses **survive & thrive**.

**Please if you can, support those businesses that support us.**



Long-time supporters Officeworks Dubbo has been an unwavering supporter of Hear our Heart Ear Bus Project. Once again they have stepped up and donated \$100 towards 4 Samsung tablets and donated 4 heavy duty Targus covers. These tablets are used for the free Sound Scouts hearing check app. Our healthy ears teacher Therese Quigley and our volunteer directors Donna Rees and Rachel Mills have been implementing sound scouts as a pre-screener in schools, before the Hear our Heart bus visits.



If you can please support those that support us and shop locally at Officeworks Dubbo. Pictured is one of our volunteer directors Rachel Mills receiving the donation. She does look very happy, we must say!

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### Training for our staff with Sound Scouts

Have you heard of Sound Scouts? It's a free app for android and apple devices that checks your child's hearing levels as well as how well they can hear and process information when there is back ground noise. The Federal Government is funding this app and we use it as part of our program too. CEO of Sound Scouts, Carolyn Mee recently spent 2 hours up skilling our staff and teachers from the Hearing Team on the science behind how the app actually detects problems. It's worth checking out . Pictured is our teacher Therese and Carolyn. [www.soundscouts.com](http://www.soundscouts.com)



### Fueling up the Hear Our Heart Bus!



Dubbo City Toyota



A big thankyou to Dubbo City Toyota for their continued support. They donate the fuel for the bus to get it on the road to see all of your children's smiling faces.





I don't always celebrate Christmas.

But 2020's been a hell of a year,  
so it's mEary Christmas to all and  
a Happy New yEar to you all!



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