

'EAR 'TIS



Newsletter for Audiometry Nurses
Welcome to the issue of the ANAA Inc. newsletter
2020 Volume Issue

Winter 2021

Creative minds have always been known to survive any kind of bad training.

- Anna Freud



Studies of Owl brains have revealed that the **medulla** (the area in the brain associated with hearing) is much more complex than in other birds.

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President's Report June '21

Hi everyone,

Just as we thought life was back to a new normal, chaos hits again! Such uncertainty and a feeling of loss & confusion prevail.

I hope everyone is keeping their spirits up and doing the best they can to navigate a way through this journey? It's not looking too positive for me to visit my family in Victoria once again!

We have organised a 2 day audiometry conference in October as you will see in the draft documents attached.

It has been a difficult time for the organisers and those who will prepare to be presenters.

Please have patience with the process and hope that we can deliver yet another informative conference in such interesting circumstances.

If there is anything you need to know prior to the conference, please contact one of us on the committee.

Anyone that is interested in becoming a Clinical Advisor please contact me so that we can discuss the requirements. We are still getting new audiometry students coming through and require supervisors in all areas to make this an easier transition for the student.

It would be great if as many members as possible attend the conference to support the organisation and network with each other. We have several Trade Displays that are attending & possible calibration of equipment.

We need to come together and share our experience through the last 18 months & discuss what has worked for us in adapting to future hearing testing in a COVID-19 safe way.

I'm sure there are some very challenging and interesting stories to share of how we have all adapted?

I'm excited that in my area we have got a new hearing booth and are developing a hearing screening tool & education package for OOH & Youth Health nurses.

At least we are looking at our succession plan and moving forward.

We have also been asked to be involved with a survey looking at the audiometry nursing workforce for the Hearing Health Roadmap recommendations. I will be speaking to Dr Helen Goulios today, Clinical Director Audiology-WA.

This is another positive for the succession planning of audiometry nurses within the hearing health workforce. We are not a forgotten species!

Kate (treasurer) will be away for 6 weeks so if anyone has any questions regarding membership, please contact me or Susan on the committee.

We will keep everyone informed regarding any changes for the conference and draft program. Please continue to support each other and our organisation.

Take care,

Tracy



38th Annual AANA Inc. Conference



**Audiometry Nurses Association of Australia Inc.
38th Annual Conference & AGM – The Pavillion, Tamworth
21st, 22nd October 2021**



Save the date.

**See attachments provided for
programme, accommodation and
registration information.**

Audiometry Nurses

Our students need you

All it takes is
A few hours clinical
revision every 3 years.

And a short presentation shared with your colleagues. With today's climate doesn't even necessarily have to be done in person.

Contact email

kate.norton@health.nsw.gov.au

See following pages
clinical supervisor
paperwork.





Audiometry Nurses Association of Australia Inc.

Information for:

Clinical Advisors in Audiometry Nursing (CAAN) 2021

A Skype workshop will be provided to those who wish to maintain or become an accredited Clinical Advisor for Audiometry Nursing students studying with the Australian College of Nursing.

Clinical advisors are essential to assist Audiometry nursing students in their clinical placement and to deem them competent to practice as an Audiometry Nurse.

CAAN accreditation should be renewed every three years.

Criteria for accreditation as Clinical Advisor in Audiometry Nursing

- ◆ Evidence of Audiometry nursing qualification – *attach copy for new application*
- ◆ Preferable (not compulsory) to hold Certificate IV Workplace Training and Assessment or equivalent (current enrolment if recently applied) – *attach copy*.
- ◆ Recent audiometry nursing experience.
- ◆ Experience testing all age groups – where current job description does not include assessment of all age groups, please arrange student to gain this experience with another experienced/competent Audiometry Nurse.
- ◆ Current financial member of ANAA Inc.
- ◆ Endorsed by ANAA Inc if you are an audiologist.

CAAN applicants will be required to:

- ◆ Complete a case study which will be sent on receipt of your application.
- ◆ Attend a 2 hour workshops via Skype, Friday 24th September 9am to 11am.
- ◆ Present your case study to ANAA Inc. members at the ANAA Inc. Conference 22nd October 2021

Please send CAAN application ASAP, but before the 1st September to: -

Kate Norton via email Kate.Norton@health.nsw.gov.au

Audiometry Nurses Association of Australia Inc.



Application for accreditation as a Clinical Advisor in Audiometry Nursing 2021

Applicant

Name:

Address:

Phone: (H).....(W)..... (Fax).....

Mobile:

Email: (please print clearly)

I meet the above criteria and wish to apply for accreditation with ANAA Inc. as a *Clinical Advisor in Audiometry Nursing*

Signed:

Manager:

I, (name & position)

Of (Local Health District name)

Verify that (applicant's name)

meets the above criteria and is supported by the service to attend the Clinical Advisor's workshop for audiometry nurses to be held via Skype for Business on Friday the 24th September 9am to 11am and then present a case study at the ANAA Inc. conference 22nd October.

Signed: Date:

Please send Clinical Advisor application before the 1st September to: -

Kate.Norton@health.nsw.gov.au

Big shout out to [Anna Dyer](#) our eagle-eyed southern area Audiometry Correspondent

for spotting this one

Many Thanks Anna - love your work, stay safe and warm.



‘We were preparing for the worst’: CMV vaccine hope for pregnant women

By [Lucy Carroll](#)

June 5, 2021 — 5.00am

National Health care

Hanako Stump was familiar with the incessant hum of warnings that accompany pregnancy: Don't eat sushi. No soft cheese. Avoid changing cat litter.

But, like most women, she had little – if any – awareness about cytomegalovirus, an infection that can cause severe disability and even be life-threatening in developing babies.



Hugh and Hanako Stump with their two daughters, aged six months and three. EDWINA PICKLES

Now there is new hope that a vaccine could soon be produced that will provide pregnant women with immunity against the infection.

For Ms Stump, 31, a florist from Orange, everything was normal in her pregnancy until the 28-week scan.

“The ultrasound showed up some extra fluid around the baby’s heart and it just snowballed from there.”

Ms Stump and her husband Hugh, 32, a GP, were sent to Nepean Hospital for a series of tests, an MRI and an amniocentesis that would eventually lead to a diagnosis of CMV. Their youngest daughter, now six months, was born with profound hearing loss.

“We were preparing for the worst in many ways, and we kept thinking there is just not enough known about this,” said Ms Strump.

CMV, a member of the herpes family, is an often harmless viral infection that can cause mild flu symptoms, if any, in healthy people. But in pregnancy a CMV can be passed onto a woman’s unborn baby through the placenta and cause developmental delays, miscarriage, stillbirth, hearing loss and mental disability.

Despite being the most common infectious cause of disabilities in newborns it is still largely unheard of by most newly pregnant women, says Dr Antonia Shand, a maternal fetal medicine specialist at the Royal Hospital for Women in Randwick.

About 1 in 150 women will contract CMV during pregnancy in Australia and about 350 babies will be born with a medical problem due to the virus.

“They all say to me they’ve never heard of this infection. And then are shocked to hear something could have been done about prevention,” Dr Shand says. “Everyone knows you shouldn’t drink or smoke or eat ham ... but women don’t know about the steps they can take to reduce their risk of CMV.”



Hugh and Hanako Stump's youngest daughter, now six months, was born with CMV infection and profound hearing loss. EDWINA PICKLES



She said washing hands, avoiding sharing food and drinks with young children and not kissing young children on the lips are critical in reducing infection. Women can often pick up the virus from other children, many bringing the infection home from childcare. It is frequently transmitted via saliva, tears, urine and breast milk, with most people contracting it during their lives.

“It is so important for women to know about it before they are pregnant. By the time a woman is already pregnant they are already at risk,” Dr Shand said, noting that only about 20 per cent of women consult a doctor in pre-pregnancy. Current RANZCOG guidelines state that women should be warned about CMV and prevention as part of routine antenatal care, including hygiene measures to reduce risk. The [official guidelines were released](#) in 2019.

Professor Bill Rawlinson, a senior medical virologist at the University of NSW, said every week at least “one baby will be born in Australia with a problem due to CMV. About 20 per cent of those will have a neurological disability.” He said the majority will have hearing loss but if caught early those babies can go on to achieve normal intellectual capacity.

He said while the issue of routine screening is “vexed”, the consensus view is to test in cases where women are very unwell with viral symptoms or have an abnormal ultrasound, although 50 per cent of women who contracted CMV for the first time are asymptomatic.

“Routine screening is being done in a number of countries, including Israel, and we need to continuously update our thinking in this area,” said Professor Rawlinson.

He said Moderna, a biotech company that is now famous for developing an effective mRNA vaccine for COVID-19, is moving into phase 3 trials as part of research into a vaccine for CMV.

“There is no really good treatment but some studies suggest antiviral medication may be of benefit. A vaccine would be wonderful, this is all new territory. It is great we now have new [mRNA] vaccines that could be applied to other illnesses. But research is still in the early stages.”

For Ms Stump’s daughter, a failed newborn hearing test later led to surgery for bilateral cochlear implants when she was four months old.

“She’s just defied all the odds,” said Ms Stump “She’s hitting all milestones. It’s all very unknown from here and she still has a chance of severe disability and it looks like she may have mild cerebral palsy. But they expect she will walk. And she is the most happy, joyful baby.”





Behind the Hear Our Heart Ear Bus Project

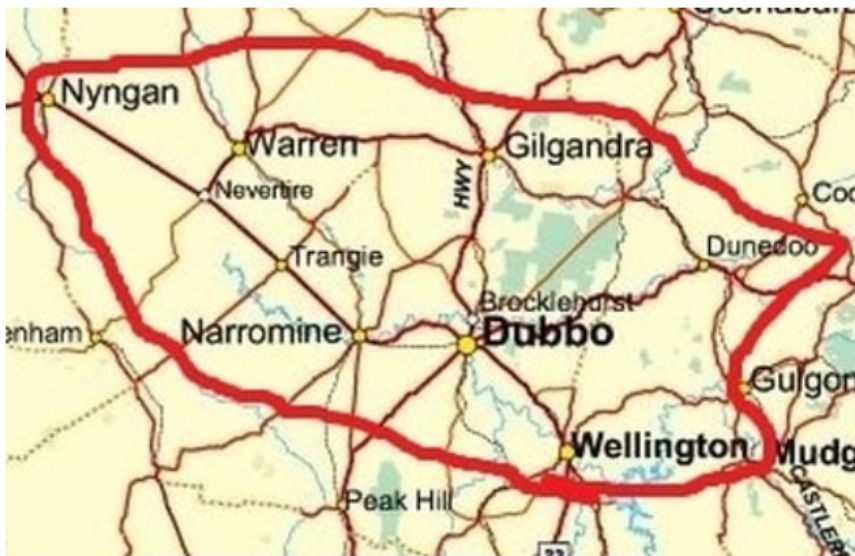


The project began in late 2011 when Dubbo women Rowena Galway and Colleen Bruce joined forces with Donna Rees and Rachel Mills at the Dubbo and District Support Group for the Deaf and Hearing Impaired Inc. (also known as Dubbo Deaf Club) to help improve ear health services for children in Dubbo and Districts.

Most of the members in Dubbo Deaf Club have children with otitis media ear conditions and were very keen to join together and help.

We are a project of Dubbo Deaf Club.

District bus route contacts



- We are an project of Dubbo & District Parent Support Group for the Deaf and Hearing Impaired Inc. (aka Dubbo District Deaf Club)
- Our program has a combined Health AND Education focus.
- We are very committed to promoting ear health/hearing loss prevention strategies and provide age appropriate ear health education for students, staff and community members.
- We provide Audiology staff to provide hearing tests at school for those children whose teacher or parents have targeted as having a possible hearing problem.
- We rely solely on local partnerships and community donations.
- We have local committees in Gilgandra, Wellington, Narromine, Trangie, Warren and Nyngan.

Our Staff:

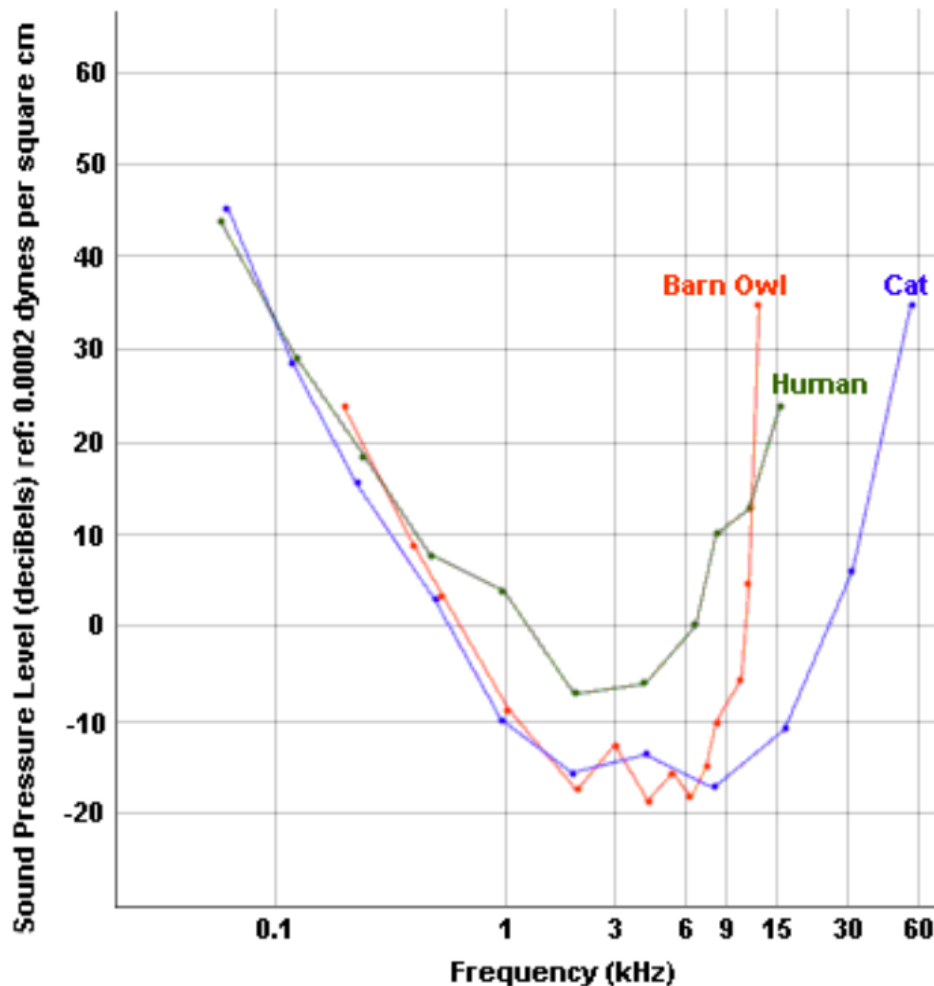
Based in Dubbo, we have 6 part time paid staff plus 2 volunteers working regular hours each week.



OWL'S HEARING

An Owl uses unique, sensitive ears to locate prey by listening for prey movements through ground cover such as leaves, foliage, or even snow. When a noise is heard, the Owl is able to tell its direction because of the minute time difference in which the sound is perceived in the left and right ear - for example, if the sound was to the left of the Owl, the left ear would hear it before the right ear.

The Owl then turns it's head so the sound arrives at both ears simultaneously - then it knows the prey is right in front of it. Owls can detect a left/right time difference of about 0.00003 seconds (30 millionths of a second!)



'PANS' – The little-known syndrome going undiagnosed in Australian children

By [Emily McPherson](#) - 2 months ago



Carys Fletcher, pictured with her father James Fletcher.

Carys Fletcher was six years old when, her parents say, the daughter they knew disappeared almost overnight.

A diligent Year One student, Carys had been recovering from a nasty case of strep throat, which turned into scarlet fever. However, she remembers being keen to get back to her primary school on the Sunshine Coast.

Still weak from her illness, Carys was walking across the classroom when she blacked out.

"I had a seizure in class," Carys says. "I passed out and I woke up in my own vomit."

Her father, James Fletcher, was at home when the phone call from school came.

"I was told that Carys had had a seizure in class. Carys didn't have seizures. We had no idea what this was. We brought her home and from there everything changed," Mr Fletcher said.

Carys, who is now 16 years old, has only hazy memories of the days after the seizure. She recalls lying on the couch and throwing up a lot.



Her GP was puzzled about what might have caused the seizure, but reassured Carys's parents it was likely to be a one-off and not something to worry about.

But, from there, a series of other extreme and worrying behaviours started.

Carys developed a fear of vomiting and stopped eating because of it. Her weight plummeted.

She also began having episodes of extreme rage, which could last for up to an hour.

"It was like a warzone in the house. Everything was smashed, furniture was turned upside down," Mr Fletcher said.

"You wouldn't have thought a six-year-old could have done what Carys did to the house in terms of flipping couches. It was just an absolute nightmare; we had no idea why this was suddenly happening."

There were other strange symptoms too, with Carys beginning to show signs of ADHD-like behaviour.

"There was a lot of rocking and constant movement. She developed a throat-clearing tic that she never had before," Mr Fletcher said.



Carys was finally diagnosed with PANS - paediatric acute-onset neuropsychiatric syndrome. (Supplied: James Fletcher)

She also became extremely sensitive to noise and needed to urinate frequently, Mr Fletcher said.

At school, Carys's teachers were as baffled as her parents were.

Carys was referred to the local mental health service, where she was diagnosed with emetophobia, a fear of vomiting. But Carys continued to deteriorate.

"They medicated her in that second year and it just got worse and worse. There was no improvement and no answer," Mr Fletcher said.



It was almost two years after Carys suddenly fell ill that the family made an unexpected breakthrough.

Mr Fletcher had taken Carys for an appointment with an ear, nose and throat surgeon to investigate having Carys's tonsils removed.

"Out of the blue, the surgeon started asking me about whether Carys was showing symptoms of OCD (obsessive compulsive disorder)," Mr Fletcher said.

"I was astounded. I said, 'Why are you talking about OCD? He replied, very casually, 'Oh I assumed you were thinking she has PANS.'"

Having no idea what 'PANS' was, Mr Fletcher immediately went home and read everything he could find.

Short for paediatric acute-onset neuropsychiatric syndrome, PANS is a condition in children who have a dramatic and sudden onset of neuropsychiatric symptoms, often including OCD or problems with food restrictions.

It is thought to be caused by an infection, which in turn triggers an immune or inflammatory response in the brain.

Children with PANS are often diagnosed with obsessive-compulsive disorder (OCD) or an eating disorder, but can also have other symptoms such as tics, depression, irritability or anxiety.

Mr Fletcher sought out Australia's then only expert in PANS, Dr Russell Dale, who is now professor of paediatric neurology at Westmead Children's Hospital and a lead researcher at the University of Sydney's Faculty of Medicine and Health.

After driving Carys down from the Sunshine Coast to see Professor Dale, the diagnosis confirmed, Carys had PANS.





PANS is still little-understood within the medical community. (Supplied: James Fletcher)

Professor Dale was one of the first doctors in the world to begin researching PANS almost 20 years ago.

Although PANS is now generally accepted in the medical community as a legitimate clinical diagnosis, much is still unknown about the syndrome and it is yet to be proven definitively how and why it occurs, Professor Dale told nine.com.au.

There is currently no test to diagnose PANS, making it especially challenging for doctors to pick up on in children or gauge how many it may affect, Professor Dale said.

Treatment of PANS can involve the use of antibiotics, steroids and intravenous infusions of antibodies.

"I have been thinking about this for 20 years ... I think PANS is probably a very important observation and what it tells us in my mind is that there is a very complicated interaction between the environment, immune system and the brain," Professor Dale said.



Professor Dale said there were many children with PANS in Australia going undiagnosed and without treatment which could dramatically benefit them.

"There are patients that are not being diagnosed and are just being treated in a conventional way only, with the use of (antidepressants) for OCD for example," he said.

"These can work to a degree but aren't perfect. Some children don't respond to them and then, what do you do next? Essentially those children are just left unwell."

Professor Dale is researching the interaction between environmental factors and genetic vulnerabilities which could play a part in the early onset of developmental problems like OCD, autism, ADHD or Tourette's.

Together, all of those neurological conditions affect 10 percent of children.

"It's a really common and there is a very big story that if you have the wrong kind of brain genes and immune genes you can be vulnerable to getting infections that can trigger abnormal responses in the brain."

It is this same interplay between genetic and environmental factors which Professor Dale believes could help explain PANS.



Carys, who plays multiple instruments as well as being a talented singer/songwriter, is hopeful she will go back into remission. (Supplied: James Fletcher)

After Carys was diagnosed, Mr Fletcher started up a support group for parents. PANS Australia and New Zealand Advocacy and Support Inc now helps 1800 parents across the two countries.

While many children with PANS can make a dramatic recovery if the condition is treated early, a lack of awareness meant diagnosis was often a lengthy process, Mr Fletcher said.

A recent survey of group members found 55 per cent of parents spend more than a year trying to find a diagnosis and more than half found out about it on the internet.

For Carys, her recovery has been slow and pitted with relapses.

Treatment with an antibody infusion led to a two-year remission from mid-2018 to mid-2020.

Now a talented musician, singer and songwriter, the teen said those precious 24 months gave her a glimpse of what life could be like without PANS.

"Those two years showed me everything I could have been. I lost my whole childhood to PANS," she said.

A change of dosage last year led to yet another recent setback for Carys but she and her family are hopeful things will improve soon.



Survey of the hearing health care workforce in Australia

The aim of the survey is to establish a base profile of the hearing health care workforce in Australia including Nurse Audiometrists.

By way of background, the Australian Government is investing to implement 6 key initiatives from the ROADMAP *for Hearing Health* over the next five years. The Roadmap has a broad range of recommendations, focussing on improving access to high quality services for vulnerable Australians into the future including shortages of regional, rural and remotely-based clinicians, Aboriginal and Torres Strait Islander hearing health professionals, teachers of the deaf, audiometry nurses, and Auslan interpreters. One of the priorities identified in the Roadmap was that a comprehensive audit of the workforce delivering hearing health services be undertaken to identify gaps and inform future workforce planning for hearing health care service delivery in rural and remote areas. Audiology Australia have been tasked by the Department of Health to undertake this work and have appointed Dr Helen Goulios, Clinical Director Audiology at the University of Western Australia to lead this research and Chair the Working Group of key stakeholders to oversee the project. This survey is supported by the Working Group which is comprised of representatives of leading Deaf and Hard of Hearing advocate groups and hearing health care professions including:

Audiology Australia

Australian College of Audiology

Australian Society of Otolaryngology and Head and Neck Surgery

Deafness Forum

Hearing Business Alliance

Hearing Care Industry Association

Indigenous Allied Health Australia

Speech Pathology Australia

National Rural Health Alliance



The survey is voluntary and anonymous and takes approximately 15 minutes to complete. I would appreciate if you could distribute the email below to your members. It contains the participant information and the link to the online survey. The survey closes on 16 July 2021.

If you have any questions please contact Dr Helen Goulios, Email: Helen.goulios@uwa.edu.au

Thank you for your time and cooperation in advance.

Kind regards

Dr Helen Goulios

Dr Helen Goulios

PhD, MClinAud, MAudA CCP

Clinical Director Audiology

School of Human Sciences • M311, 35 Stirling Highway Crawley WA 6009 Australia

T +61 8 6488 1889 • **M** +61 438969749 • **E** helen.goulios@uwa.edu.au



Dear Member,

You have been invited to take part in an online survey aimed at establishing a base profile of the hearing health care workforce in Australia including Nurse Audiometrists, with the broader objective of improving access to high quality hearing health care services, particularly to vulnerable Australians living in regional, rural and remote Australia. Participation is voluntary and anonymous and further information can be found below.

If you are not involved in provision of any services to Deaf or Hard of Hearing people, please opt out of completing this survey.

Invitation

Auslan: If you would prefer to access this information in Auslan, please click

<https://www.youtube.com/watch?v=qNUnaY0TpzU>

Thank you for taking part in this survey. The following information outlines a research project being conducted by Dr Helen Goulios, Clinical Director Audiology at the University of Western Australia, and Audiology Australia. This survey aims to quantify and describe the hearing health care resources in Australia with a particular focus on rural and remote Australia. The survey has the support of the leading organisations in hearing health care in Australia including:

Audiology Australia

Australian College of Audiology

Australian Society of Otolaryngology and Head and Neck Surgery

Deafness Forum

Hearing Business Alliance

Hearing Care Industry Association

Indigenous Allied Health Australia

Speech Pathology Australia

National Rural Health Alliance



In completing this survey, you are:

- Helping us understand the profile, work locations and issues impacting on hearing health care and education services in Australia with a focus on rural and remote regions.
- Helping inform Government of the future workforce planning for hearing health care service delivery in rural and remote areas.

Helping us to identify key considerations for the development of rural and remote hearing health care and education services.

Participation in this study is voluntary. You can withdraw at any time. Your responses are anonymous. The survey takes approximately 15 minutes to complete. If you agree to participate in the survey, please complete the questions that follow.

Background

By way of background, the Australian Government is investing to implement 6 key initiatives from the *ROADMAP for Hearing Health* over the next five years. The Roadmap has a broad range of recommendations, focussing on improving access to high quality services for vulnerable Australians into the future including shortages of regional, rural and remotely-based clinicians, Aboriginal and Torres Strait Islander hearing health professionals, teachers of the deaf, audiometry nurses, and Auslan interpreters.

One of the priorities identified in the Roadmap was that a comprehensive audit of the workforce delivering hearing health services be undertaken to identify gaps and inform future workforce planning for hearing health care service delivery in rural and remote areas. Audiology Australia have been tasked by the Department of Health to undertake this work and have appointed Dr Helen Goulios, Clinical Direct Audiology at the University of Western Australia to lead this research and Chair the Working Group of key stakeholders to oversee the project.

Dr Helen Goulios

PhD, MCLinAud, MAudA CCP

Clinical Director Audiology

School of Human Sciences • M311, 35 Stirling Highway Crawley WA 6009 Australia

T +61 8 6488 1889 • **M** +61 438969749 • **E** helen.goulios@uwa.edu.au



Online Survey Participant Information

Project Title: The Hearing Healthcare Workforce in Australia

Names of Researchers:

Dr Helen Goulios (Chief Investigator) E: helen.goulios@uwa.edu.au

Dr Hazel Gairdner E: Hazel.Gardner@audiology.asn.au

Dr Tony Coles E: Tony.coles@audiology.asn.au



Invitation

You have been invited to participate because of your professional work in hearing health, education and/or interpreting service provision.

Aim of the Study (What is the project about?)

This survey aims to quantify and describe the hearing health care resources in Australia with a particular focus on rural and remote Australia. This project is being conducted in partnership with the Australian government, and your responses and suggestions will influence future planning and services for Australians living in rural and remote regions who are deaf or hard of hearing.

Please note: Participation is voluntary. There will be no consequences if you choose not to participate. This is an anonymous survey, and thus your participation in this study and any information you provide will not be identifiable. There will be no way for anyone to know whether you have participated or not, nor what your individual responses were should you choose to participate. **If you are not involved in provision of any services to Deaf or Hard of Hearing people, please opt out of completing this survey.**

What does participation involve?

You will be required to complete an online survey asking about your personal information including your profession, age, and information about the scope of work you perform and would like to perform in the future. The survey is designed to be anonymous; you will not be asked to provide your name or employer. The survey will take approximately 15 minutes to complete.

Voluntary Participation and Withdrawal from the Study

Participation in the study is voluntary. Any decision to participate may be withdrawn at any time without any reason given. Withdrawal or non-participation can be done without consequences or prejudice. Because of the anonymous nature of the study we will not be able to destroy your responses should you decide to withdraw from the study.

Your privacy

This is an anonymous survey, and thus your participation in this study and any information you provide will not be identifiable. Paper and electronic records will be stored in a locked cupboard at The University of Western Australia for the purpose of this study for a minimum of seven years. Computers with study data will be locked with a password. Participation will be anonymous and thus data will not be identifiable. Data will only be handled by named researchers. No identifying information will be published or released.

Possible Benefits

There is no direct benefit to participating. However, by volunteering you will be helping us understand the distribution and profile of professional hearing health care resources in Australia with a particular focus on rural and remote Australia. The results of this study will be made available to participants upon request, and also made available through publications and conference proceedings.

Possible Risks and Risk Management Plan

There are no foreseeable risks associated with the research.

Contacts

If you would like to discuss any aspect of this study please feel free to contact Dr Helen Goulios, helen.goulios@uwa.edu.au.

Link

Access to the survey and participant consent can be found on the link below:

http://uwa.qualtrics.com/jfe/form/SV_0Mw4gSQdyRUGNYG

Thank you for your participation.

Approval to conduct this research has been provided by the University of Western Australia, in accordance with its ethics review and approval procedures. Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researchers at any time. In addition, any person not satisfied with the response of researchers may raise ethics issues or concerns, and may make any complaints about this research project by contacting the Human Ethics Office at the University of Western Australia on (08) 6488 3703 or by emailing to humanethics@uwa.edu.au. All research participants are entitled to retain a copy of any Participant Information Form and/or Participant Consent Form relating to this research project.



PRESIDENT

Tracy HAWES

Work address: Western Sydney LHD
Parramatta Community Health Centre
Mt Druitt Community Health Centre
Phone: 02 9881 1200
Email: tracy.hawes@health.nsw.gov.au

TREASURER

Kate NORTON

Northern NSW LHD
Grafton Community Health Centre
Arthur Street, GRAFTON, NSW, 2460
Phone: 02 6641 8702 Fax: 02 6641 8703
Email: kate.norton@health.nsw.gov.au

COMMITTEE MEMBER/ Editor 'Ear 'Tis

Sharyn WILKINSON

ACT Health Children's Hearing Services
Level 256 Laithlain Street
Belconnen 2617
Phone: 0261052346
Email: sharyn.wilkinson@act.gov.au

COMMITTEE MEMBER

Melinda Lowry

Hunter New England LHD
Rainbow Cottage
149 Turton Road, WARATAH NSW
Phone: 02 49853267 Fax: 02 49853191
Phone: 02 6767 8156 Fax: 02 67663967
Email: melinda.lowry@health.nsw.gov.au

VICE PRESIDENT

Purna Sweetman

Hunter New England LHD
Tamworth Community Health
PO Box 9783
Tamworth NSW, NEMSC 2348
Phone: 02 67678156 Fax: 02 67663967
Email: purna.sweetman@health.nsw.gov.au

SECRETARY

Susan DARBY

Hunter New England LHD
Rainbow Cottage
149 Turton Road, WARATAH NSW
Phone: 02 49853267 Fax: 02 49853191
Email: susan.darby@health.nsw.gov.au

COMMITTEE MEMBER

Kirsten Biddle

Hunter New England LHD
PO Box 701
Inverell NSW
Phone: 02 67219600
Email: kirsten.biddle@health.nsw.gov.au

