

'EAR 'TIS



Spring 2022

Newsletter for Audiometry Nurses

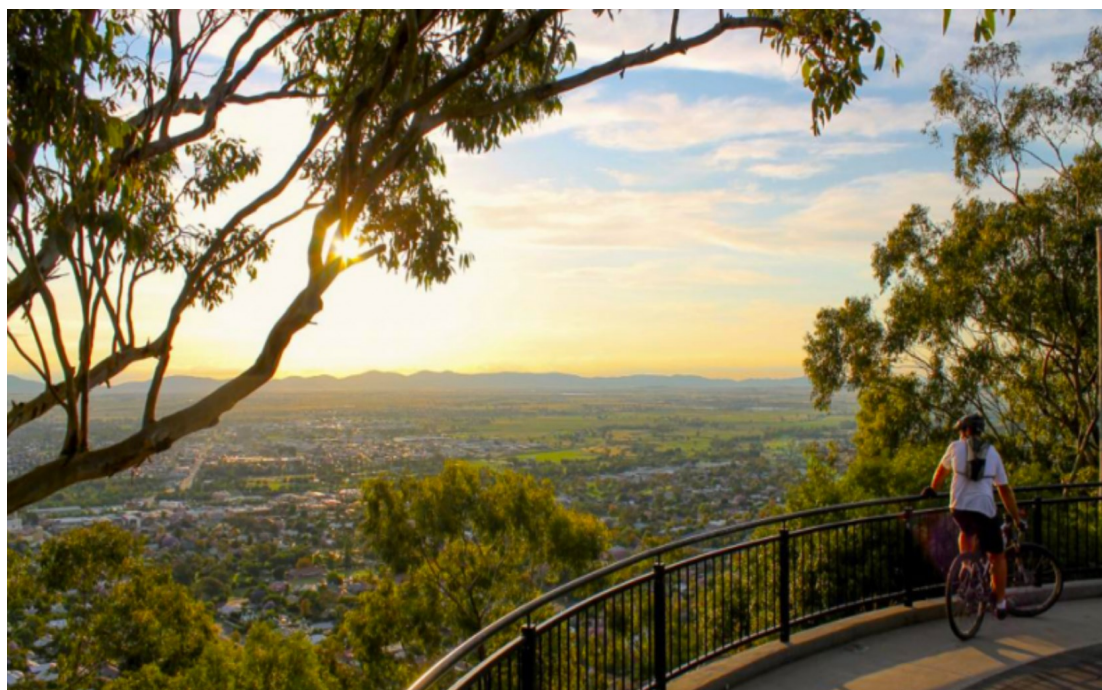
Welcome to the issue of the ANAA Inc. newsletter

2022 Autumn Issue

<https://www.anaa.asn.au>



TAMWORTH 2022



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Conference Registration closes on 1st October



President's Report

Hi from Tamworth where we have had a lot of rain and flooded creeks. I personally had to catch the canoe across the creek to come to work this morning. On the up side we are enjoying the spring babies in the paddocks, the trees blossoming and everything is so green.

We are ramping it up getting the Audiometry Nurses Association Conference organised. It will be held at The Pavillion, at Tamworth this year on 20th & 21st October, 2022.

We have our AGM at the conference and are looking for new committee members so if you would like contribute to our association please consider putting your hand up for a position or nominate somebody that may be interested.

If you would like to do this please contact Kirsty Biddle on
Kirsten.Biddle@health.nsw.gov.au

Looking forward to seeing you at the conference.

Best wishes

Purna Sweetman



Please participate in our Association's
Committee this coming year.

Kate and Tracy have been tremendous mentors
over the past three years and it's been great to
share the load meeting and greeting other commit-
tee members online and in person.

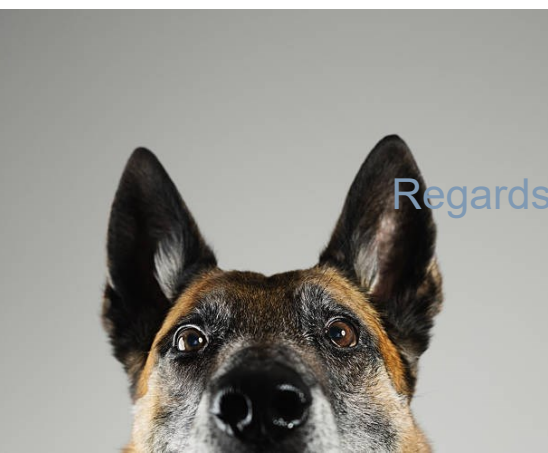
We are looking forward to returning to face to face
meetings in the future but I'm sure there will also be
opportunity to participate on line at meetings as well.
Future direction will be up for the members to de-
cide. So please come and participate.

We'd love to have the opportunity to see more of
you. Just drop Kirsty Biddle a line -on her email.

You could even have my job if you would like, It's
been a great learning experience and easily done
with publisher these days. I'm sure you all have
much to contribute.

Good CPD points as well!

Regards Sharyn—Editor 'Ear 'Tis & committee
member



A Huge warm welcome to our newest members

Full members

Aileen Scott - Sydney South West

Karen Harris -Sydney South West

Keryn Ferguson –Auburn

Therese Gould -Croydon. Recent Graduate

Kathrina Alcantara –.South West Sydney. Recent Graduate

Kelly Johnston –Goonellabah. Recent Graduate.

Jennifer Henderson –Armidale. Recent graduate.

Joanne Perry –Sydney South West

Associate members

Leanne Lyall -Central Coast

Mattia Charters –Quirindi. Current Audiometry Student

Please remember membership renewals were due as of the 1st of July. If you have not renewed your membership by the 30th of September this will be your last 'Ear 'Tis. Thank you for being a part of our association. We wish you well in your ventures.

Please contact Treasurer Kate Norton on kate.norton@health.nsw.gov.au regarding any matters about membership.





LIONS NURSES' SCHOLARSHIP



Lions Nurses Scholarships open for application on 1 August and close on 31 October each year*. These are available to any eligible registered nurse or enrolled nurse.

The mission of the [Lions NSW/ACT Nurses Scholarship Foundation](#) is to provide the opportunity for nurses to continue their professional development.

All nurses who meet these criteria are eligible to apply:

1. Are currently registered with the Nursing and Midwifery Board of Australia and working within the nursing profession in NSW or the ACT.
2. Have a minimum of three years experience within the nursing profession since initial registration and prior to making application, the last 12 months of which must have been spent in employment in NSW or the ACT.
3. The scholarship is open to Australian citizens and permanent residents only.

Lions Nurses' Scholarships are available under the following categories:

- Category A: Scholarships for a short course or conference, either in Australia or overseas, not necessarily leading to an award or an additional formal qualification.
- Category B: Scholarships for extended study leading to the award of a formal qualification at a recognised tertiary institution in Australia or overseas.

Applications submitted on or after 1 November will not be accepted for consideration.

*** Please note, applications are for the following academic year**, eg. an application made in 2021 will be for the academic year 2022, an application made in 2022 will be for the academic year 2023 etc.

To apply

You must read the [Lions Nurses' Scholarship Foundation Information and Terms](#), *prior to applying*. These terms give the background and details of the Lions scholarships, including eligibility, how to apply, what supporting documentation you need to attach with the completed application form and the scholarship terms.

Download and save the official Lions Scholarship [Application Form](#) to your computer. Open the application form through Adobe/Adobe Reader to fill in the application form on your computer.

Download the [Lions Nurses' Scholarship Promotional Flyer](#).

Post scholarship successful applicant [Reflection Template](#). Download and save to your computer to complete.



Be part of NAL's mission to improve lives



The National Acoustic Laboratories (NAL) is expanding the reach of its world-leading research studies by enabling people all over the world to participate and make a difference. NAL invites you to join the HEARsearch community.

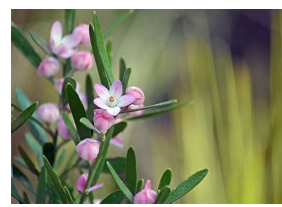
With HEARsearch, the exciting new NAL initiative, participants can contribute to quality hearing research studies from any location using their computer or smartphone. With a higher number and greater diversity of participants, NAL researchers will be able to discover more valuable insights and translate these into innovative hearing services and technology.

Check out the HEARsearch webpage, www.hearsearch.com.au



Fleur is retiring at the Fabulous age of 79.

“We will miss Fleur and all her funny stories and amazing life experiences”



She has been a credit to our Audiometry Service” Thankyou Fleur and best wishes for a few more Camminos.

“I never wanted to be a nurse” - Celebrating 55 years of nursing

Fleur Herscovitch has been a registered nurse for 55 years, and is a valued member of our Croydon Child and Family Health Nursing team. Fleur has an incredible story to tell, including a lifelong commitment to providing healthcare to remote communities, and ongoing dedication to learning.

As we come to the end of the WHO International Year of the Nurse and Midwife, we would like to honour Fleur's significant contributions to nursing, SLHD, and the many communities she has served in the past.

Fleur readily admits that she never chose nursing for herself, but reflects, “I've had a rich life, for a life that wasn't chosen! You just don't know what your opportunities are going to be.”

“In a life drawn to teaching and the arts, it's a surprise that this passion may be well satisfied in a life of engagement in the health profession. I did not choose to “go nursing”, and suspect that it was an aunt who promoted the idea to my mother. I grew up believing “life happened,” and knew nothing about choosing a life path.”

For the past few years Fleur has been based at Croydon Health Centre as one of the team of Audiometry Nurses.



Fleur now, Croydon Health Centre

My life is a reflection of the saying “Life is what happens while you're making other plans.”



Kimberley, Balgo, Great Sandy Desert WA



1969: Training in C&FH

“I never wanted to be a nurse” - Celebrating 55 years of nursing



1961: I arrived at St Vincent's Hospital "at the top of the Cross" to become a trainee nurse. During those four years, due to stress & home sickness, I resigned three times in writing. The religious sisters in administration took no notice, so, not knowing what to do, I remained.

"If the reader encounters a doctor who can demonstrate the 5 positions of the feet in ballet, and what a pas de chat is - he may be a former ballet student of mine from St Vincents Hospital in the 1960s. Please give him my warm regards"

1966: Singleton District Hospital was my first position as an RN. With no doctor on site, no ready access to support in an emergency, and a birthing section caring also for premature babies, I was ill prepared.

1967: St. Vincent's Hospital employed me again as night Supervisor overseeing the 15 wards of the General Hospital, each with 8 to 45 beds, all staffed by trainee nurses. Among the memorable events during this period was a bomb threat at the time of the first heart transplant!

1969: Several years of night duty necessitated a change, so I undertook the 6 month course to qualify as, what is now called a Child & Family Health Nurse. I remained in this field as Nurse Educator for 18 months.

1971 - 1974: I agreed to a volunteer placement in Papua New Guinea. I was curious, but anxious not to "interrupt" my life. The intended 3-5 months became three years, and once again past history did not equip me for what was required. Malaria, leprosy, TB, Flu that became pneumonia and death within 2-3 days, malnutrition, dentistry & obstetrics. I had been assured that no one would seek birthing support as nobody had presented to the previous nurse. In the end, quite a few babies delivered themselves in my presence, and with a few I had to intervene. The first birth I witnessed was twins, both breech and low birth weight. I then returned to Sydney to undertake midwifery.

1975: I volunteered in Balgo Community (in the Great Sandy Desert, Kimberley region, WA) while the local RN (a religious sister) had a break and I once again learned much about my limitations. The following year I returned to the Kimberley, working with WA Health Dept in various communities, including Kalumburu on the north coast and Balgo.

1977: I completed A/Diploma in Community Health Nursing, majoring in clinical practice and Aboriginal Health.

1978 - 1984: A 4 week placement in Toomelah Aboriginal Community (130km outside Moree), turned into 6 years. I continue to engage with the community and those visiting Sydney to this day and hold awe and wonder at the strength and resilience of the people then and now, who 'battled' for years for even the most modest of public services required for health - water, reliable electricity supply, sanitation, access to shops, secure housing".

My Masters project, at the behest of the community, is a collaboration between the people of Toomelah & Boggabilla in documenting their communities.

1985 - 1994: I returned to Sydney, and thought I would try University, despite never even finishing school. My writing was poor and my spelling was worse! I completed a B.A majoring in theatre studies and geography and a Diploma in Teaching (High school), and then went on to the WHO School of Medical Education and a Masters Health Personal Education & Development.

I took up many opportunities, including qualitative research utilising focus groups, conducting tutorial groups, data analysis of quantitative research and guest lecturing (including drama & puppetry in health promotion!)

I had to do an application essay for the WHO School:

"What is the greatest obstruction to health in your country" and I said "doctors" I felt very sheepish when I was called in to an interview by a doctor!





Farewell and Best Wishes to
Julia Cunningham for her retirement.
Thankyou for your years of service to
our
Association.
Best wishes for your next chapters of
your life.

I commenced my general RN training at Royal Newcastle Hospital in 1977, then worked in ICU and Recovery, and did rural remote nursing until my first child was born at the end of 1985.

I returned to Community Health Nursing in 1995, just before my youngest child started school. I developed an interest in becoming an audiometry nurse after attending a hearing screening workshop with Kathy Challinor in Tamworth. I had a huge year in 1997 as I did both the audiometry course at TAFE and ECN course at the College of Nursing that year. My community nursing role at the time was generalist but providing relief in these areas. Marg Walmsley at Glen Innes and Bronwyn Robinson at Inverell were my mentors providing practical experience and I did an intensive practical week with Sally Kalouris in Newcastle. After completing the course I was able to do regular audiometry clinics at Glen Innes and provided annual leave relief for Inverell.

We moved to Tamworth in 2002 and I did audiometry 1 day a week until moving to East Maitland in 2003. My job there was a generalist CN with audiometry. For the next 18 years I did regular audiometric clinics in East Maitland and provided outreach clinics in Dungog. I did a 12 month relief in Singleton to cover their audiometry service while they had no AN and to enable one to be trained.

I have been a regular member of firstly the New England Audiometry Nurses group and then after moving to East Maitland in collaboration networking/ education with the Newcastle ANs, then the larger area Association which became ANAA Inc. I was a Clinical Advisor for a period and an Association Executive for a time.

The past 25 years in Audiometry has been an experience, rewarding, challenging but mostly enjoyable. I have had the pleasure of working and sharing the passion for hearing health with some wonderful ANs, and students who have become ANs.

I am very busy but love having no routine. My retirement consists of travelling, spending time with family, especially my 5 grandchildren who I frequently have to 'stay over'. I love having time to coffee/ lunch with friends, developing my artistic abilities, painting, sculpting, spinning and gardening, we have 3 acres of garden. I have always been an avid reader but have been reading heaps, early morning and late night, more energy, less stress in retirement. I have also just learned to ride a bike, never too old, and to keep up with the grandies.

I hope the Association continues to grow and hope Health Services continue to support Audiometry Services in the Public Sector. To all the Association Executives, who tirelessly devote their time and effort, thank you, it won't happen without you. To all ANAA Inc. members, please continue to support your Association and become a Clinical Advisor or Executive if or when you have the time it is a worthwhile experience.

Kind Regards

Julia





Thankyou and Happy Retirement Anne McDonald

Anne has just retired from her Audiometry Nursing Role of 27 years at Ballina Community Health on the North Coast of NSW. The Audiometry Nurses on the North Coast got together for a meeting this week and farewell Anne.



Anne started her nursing training at Prince of Wales and Prince Henry Hospital in 1974. She has had a varied nursing career working in Sydney, Perth, Carnarvon, Townsville and Coraki Rehab. Eventually settling at Ballina in 1978 doing some Community Nurse. After having a couple of breaks to have children Anne ended up at Ballina Community Health in 1991. Anne commenced as a School Health Nurse, then become an Audiometry Nurse in 1995. Anne also took on the role as Immunisation coordinator and Occupational Screening & Vaccinator Assessor. She liked to have a variety of things to do in her working day.

Anne has a love of walking, hiking, travelling, camping and gardening. In her retirement Anne will be able to concentrate more on these activities as well as putting in more effort leaning Italian. She will also be able to spend more time with her 4 children and 7 grandchildren.

Anne has been a member of the ANNA Inc. for many years. She stepped up and became an ANAA Inc. Committee member in 2003 & 2004, becoming Vice President in 2005, then in 2014 & 2015. She has assisted in organizing a number of conferences as well as attending and participating in most of the conferences over the years. She has been a Clinical Advisor for our Audiometry Nursing students for many years. Anne certainly showed her dedication to Audiometry.

We would like to thanks Anne for her dedication to the profession of Audiometry Nursing. Anne has been a great mentor to many and most of all a wonderful friend. We wish her well in enjoying all the things she loves most.

Happy Retirement Anne XX



Left -Cheryl Ducat, Pam Walmsley, Shirley Howitt

Kate Norton and Anne.

Above -Kate Norton, Anne and Pam Walmsley

Here's what we get up to in Canberra. A little exposé on the Children's Hearing Service (CHearS) and some of our friends. This was for the Women's Child Youth programme here to let them know what we do. Please share some photos and a few words to let us know your out there in your communities .

Children's Hearing Service -CHearS



August 2022

Our Staff

Our Permanent Part timers



Sharyn Wilkinson
RN2 Audiometry Nurse
(Mon-Wed)



Anne-Marie Crowe
HP3 Audiologist
(Mon-Tues)



Kate Newall
RN2 Audiology Nurse
Currently on secondment
to DHR Programme
(Mon-Thurs)



Lucy Welch
A/g Administrative Team
Leader.

All round Superstar.

Our Casual Staff



Sanyogee Suvama
HP3 Audiologist
currently covering Kate
(Thursday-Friday)



Fran Freeman
HP3 Audiologist
Canberra Hospital



Brooke McIntosh
HP3 Audiologist
Winnunga Nimmityjah Aboriginal
Health Service

CHearS

The work of the day
The latest updates to get you through the day.

We see Children for audiological assessment from the ages of 18 months to 18 years.
Most of our children will not have hearing issues in the warmer months.

Winter is our heavy lifting season for fluctuating conductive (middle ear) hearing issues and therefore lots of education, retesting and referral.

Our role is hearing assessment and partnering with anxious families around children with behavioural, speech and learning challenges. Lots of work with children being investigated for Autism, Sensory and Behavioural issues. This requires patience, imagination and improvisation.

We aim to empower families in the moment we have with them. To help them obtain the skills and confidence they will require to move forward with their children's challenges.

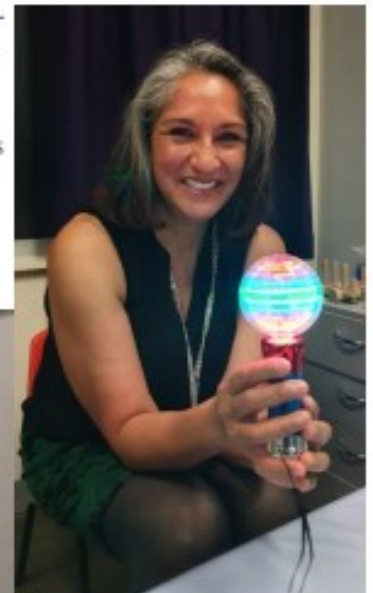
Currently there is a lack of health data relating to Children's Hearing Health worldwide and we are ideally placed to be collecting this due to the uniqueness of our service. We are looking forward to submitting our data in the future to the Australian Institute of Health and Welfare via the new Digital Health Record. We collect and collate data from kinder health checks, speech clinics and results from our referrals to Hearing Australia.

With quality data we will be able to interpret and understand the demands on our service and be better positioned going forward to adequately provide targeted service delivery and meet future demand. This will allow for more informed decision making in meeting consumer expectations.

It will also equip us to adapt and change as requirements demand **or** resist unsubstantiated change based on solid data interpretation. We aim to be a service that can progress forward built on stable foundations.



Despite the administrative restructures and challenges we have endured, the service requirements for our little clients and their families remain unchanged



Three CHearS
for Ears

Relationship between smartphone use and impulsivity among hearing-challenged youth



Communication and information technologies are hallmarks of contemporary life.

A smartphone is no longer just a mobile phone, but an essential element in our lives. It is not only because of the entertainment it provides but also because of its applications that perform multiple tasks in real time, ability to download numerous applications, as well as being a means of obtaining lots of news and information. However, overusing a smartphone could be a risk factor to an individual's health.

"Nomophobia" is a new term for excessive dependence on a phone. Short for no-mobile-phone phobia, it is characterised by the fear of not having access to a phone. Specifically, nomophobia is used to describe the anxiety, fear, and discomfort caused by loss of communication with others owing to smartphone loss or Internet crashes, especially for individuals accustomed to using these devices.

It is thought that nomophobia is rapidly becoming a serious public health concern. It involves several behaviours and symptoms. An individual begins to worry about forgetting their phone somewhere, running out of battery charge, losing network connectivity, disabling it, and being unable to use it. This constant state of anxiety leads a lack of concentration and problems such as dissatisfaction and loneliness when one is without one's cell phone, frustration, despair, and loss of happiness. Researchers have compared nomophobia with other mental illnesses such as obsessive compulsive disorder and anxiety and depression.

Research suggests that individuals with a high level of impulsivity could experience difficulties in postponing their mobile phone use, especially when experiencing negative emotions, because they tend to rely more on their mobile phones to alleviate such negative emotions in the short term.

For young people who experience hearing difficulties and for those who are Deaf, the use of smart phones is integral to their assimilation into the general community and to communication with their peers. However, excessive use also exposes them to nomophobia and smartphone addiction.

From [Nature.com](https://www.nature.com), Relationship between nomophobia and impulsivity among deaf and hard-of-hearing youth.

The Role of the Audiometry Nurse in Cholesteatoma identification and 'unsafe ear' surveillance

Dee Parker dee.parker@earbus.org.au



Hi my name is Dee Parker.

I trained as a nurse in 1976 at WA School of Nursing and began working in ear health as a Nurse Audiometrist (now known as Audiometry Nurse) in April 1986, (don't do the math, it's exhausting) but most importantly and passionately working in Aboriginal ear health in WA since May 2011.

Over the years, I have also worked with various ENT practices in Perth, and as an accredited Hearing Care Provider with Office of Hearing Services conducting prescriptive hearing aid fitting and rehabilitation programs for seniors from April 1994 until December 2010.

My most significant career high has been participating in exciting outreach services, providing much needed ear health to many remote Aboriginal communities in WA. In April 2013, due to a previous a professional connection with Dr Lara Shur (Clinical Director) and Mr Paul Higginbotham CEO, I was extremely privileged to become a co-founder of The Earbus Foundation of WA as their pioneer nurse. Together with well-known and much-loved Professor Harvey Coates OA, as Clinical Patron, the Earbus Foundation has grown from strength to strength and won multiple awards and now services numerous remote communities in the vast expanses of remote, regional and metropolitan WA. <https://www.earbus.org.au/>

Now semi-retired, I work from home as a Consultant in Aboriginal Ear Health for the Earbus Foundation from a beautiful bushland property in the Southwest of WA.

Working as the pioneer nurse with Earbus, I have been privileged to work alongside many inspirational Aboriginal elders, AMS's and families, seeing many changes which embrace a consultative 'close-the-gap' approach, based on mutual trust and respect, but there is still much to be done. I've seen children grow from babies to kindies and to high schoolers and witness firsthand many of them receive lifechanging surgeries and become friends for life.

The rewards gained can only be measured in the heart.

With 24 years in private practice and then another 12 years traveling throughout WA through the Goldfields, Northern Goldfields, East and Southern Pilbara, Esperance, Perth Metro and for the last four years of my career in the East Kimberley, I cannot begin to imagine how many ears I have examined, but within this time I have developed a fascination with Cholesteatoma and discovered many. All but one of these cases were in Aboriginal children who had suffered horrendous levels of CSOM.

Here I will endeavour to share some pearls of wisdom gained over years of working closely with many ENT's from across Australia on outreach. I relish opportunity to share this knowledge with others as often as I can, especially as we train new nurses at Earbus.



My rising fascination with Cholesteatoma!

Why should we care diligently about this seldom seen pathology?

Occurrence is estimated at 6:10,000 of general population. +/- 10% of Aboriginal population.

Truly Cholesteatoma is not seen as often as many other middle ear pathologies, but if undetected or misdiagnosed it can lead to devastating physical complications of permanent hearing loss, facial paralysis, meningeal involvement and can ultimately be fatal. No-more tragic has this scenario been highlighted than with the recent death in custody of a young Aboriginal man from complications of undiagnosed Otitis media. The subsequent personal, cultural and social cost to each individual goes without saying.

As health professionals, we understand Cholesteatoma occurs at much higher rates in Aboriginal children and adults in Australia than with any other ethnic demographic due to higher rates of chronic Otitis media. The condition occurs most commonly between the ages of 10-19 years and often follows a long and protracted history of middle ear disease.

If we are to provide a favourable outcome for every child in our care, **early detection is imperative**. So much so, that Audiometry Nurses, School Health and Community Health professionals are exhorted here to develop otoscopy skills with a keen **aim to rule out its very existence at every ear examination**. Only then will the advances in surgery and diagnostic imaging be able to fully impact a favourable outcome for this mostly unseen and 'silent assassin of the middle ear' that is Cholesteatoma.

TOP TIPS: Determine to look for Cholesteatoma at every ear examination/Invest in a good quality Otoscope if one is not provided/(claim a tax deduction, eg: Welch Allyn Macroview)

If we are intimately acquainted with **what our normal ear looks like**, then we can with greater confidence begin to identify anomalies – the signs in this case being a ‘**pearl like**’ **white lesion** most often seen in either the attic or superior pars flaccida regions of the tympanic membrane (Figure 1). In more advanced pathology, we may see a **keratinous erosion**, sometimes accompanied by a foul-smelling brown discharge if the mastoid air cells have been invaded. (see this image for examples of both signs [Cholesteatoma | \(southlakeent.com\)](http://southlakeent.com)).

The child may report tinnitus, fullness in the ear, otalgia, vertigo, repeated ear infections, along with recorded asymmetrical conductive hearing loss, or unilateral facial paralysis, as this devastating, space-invading, non-cancerous lesion comprised of keratinising squamous epithelium pervades the middle ear space and surrounding tissues.

The lesion takes on an “iceberg appearance” with what appears to be visibly small on otoscopic examination, but may actually be proportionally many times larger than what can be seen from the ear canal (Figure 2).

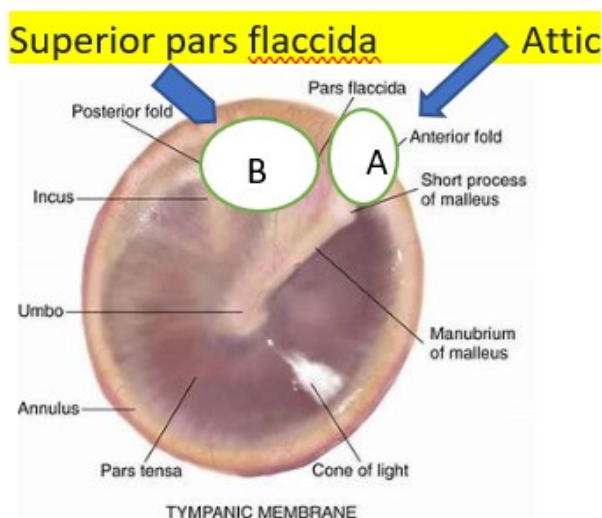


Figure 1. Common sites of lesions

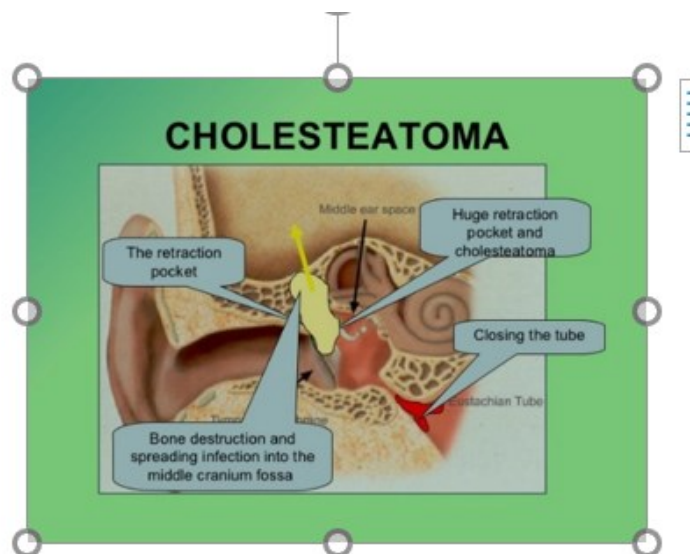


Figure 2. Invasion of mastoid cells and meninges

Knowing which other otoscopic landmarks that present similarly to Cholesteatoma, also allows us confidence to suspect or exclude pathologies other than cholesteatoma, such as exostosis or osteoma (intruding bony growths) [Growths of the Ear Canal \(Osteomas and Exostosis\) | Fauquier ENT Blog](#), tympanosclerosis (scarring) [Tympanosclerosis – Oto Surgery Atlas \(stanford.edu\)](#) and cartilage graft myringoplasty [Tympanic membrane grafting, underlay periosteal versus inlay cartilage grafts: a comparative study - Med-Crave online](#). (Click Hyperlinks here for images and further clinical information)

If we have cause to believe Cholesteatoma needs to be excluded from our index of suspicion, then immediate referral to the child's primary care physician is key, listing your differential findings with recommendation to an ENT specialist for investigation and management. A full audiogram with air and bone conduction thresholds and, where possible, Video Otoscopic images should accompany the referral.

There are also a few other Otoscopic findings which should be viewed as suspicious as pre-Cholesteatoma indicators, these being:

- Attic retraction pockets, [Picture of Eardrum Attic Retraction Pocket \(entusa.com\)](#)
- Chronically retracted eardrums with adhesive Otitis media (Atelectasis) <https://www.researchgate.net/figure/Adhesive-Otitis-Media-Adhesive-otitis-media>
- Large perforations involving the annulus of the tympanic membrane [Perforations-Safe-vs-Unsafe.pdf \(hillsent.com.au\)](#)



The above three findings can cause the ear to become “unsafe” and set up predisposition for Cholesteatoma formation (left). The Audiometry Nurse would again refer the patient for further ENT assessment and management of eustachian tube dysfunction and for the ear to be deemed ‘safe’. Sometimes reconstructive surgery is performed as a preventative measure against Cholesteatoma formation.

Following the referral the Audiometry Nurse continues to regularly monitor and record reviewed findings, reporting any significant change. If the child is living remotely and only reviewed irregularly by ENT Services, I would personally review the child at every opportunity but ideally at least every 2-3 months.

For further in-depth information about Cholesteatoma, Signs and Symptoms, Pathology, Aetiology, Diagnosis and Management, I highly recommend this video podcast by Professor Harvey Coates OA, recorded 11Jun 2020 and posted on YouTube. (The best 52 minutes spent on this subject that I know of, complete with power point and easy to take notes).

<https://youtu.be/hduES7nnrEo>

As always OM prevention is the 'be-all-and-end-all'
.....HAPPY HUNTING!



References

Aboriginal Ear Health Manual P71 [Aboriginal+Ear+Health+Manual.pdf \(squarespace.com\)](#)

Aboriginal Ear Health Manual / Resources for Prevention P72 + 73

Cholesteatoma: Prof Harvey Coates -Video Pod Cast <https://youtu.be/hduES7nnrEo>

Various embedded links within the document

Noise pollution is hurting animals

Fay Clark and Jacob Dunn writing for [The Conversation](#)



If you don't like noise, imagine how pets and other animals feel about it. Credit: Aleksey Boyko/Shutterstock

From construction projects to busy roads, airplanes and railways, human noise is everywhere. It is an invisible cause of stress, posing serious risks to human health and wellbeing.

However, noise also harms animals living in close contact with humans. A greater awareness and more understanding is needed into how noise harms pets, farm and working animals.

Wild animals suffer chronic stress, fertility problems and change their migration routes in response to noise. In fish, vibrations from extreme noise can damage the swim bladder which in turn impacts their hearing and buoyancy.

Inaudible noise (vibrations) can also hurt animals by physically shaking their internal body parts. Farm animals experience high levels of vibration during transport.

One noisy event such as a local music festival or extreme weather can trigger long-term fear in animals. The link between noise and fear has been well studied in dogs using recordings of thunderstorms. This kind of noise sensitivity, which affects up to 50% of pet dogs, is triggered by unexpected noises. It makes animals hide or seek human comfort.

Primates, birds and frogs can adjust in the short term to noisy environments by vocalising louder, similar to raising our voices at noisy parties. But the long-term consequences of animals needing to change their methods of communication hasn't been studied.

If you take care of confined animals, pay close attention to human activities that generate noise, such as cleaning and gardening, and how the surroundings may reflect sound waves.

You can protect your pets during noisy events, like thunderstorms and firework displays, by providing extra spaces to escape noise. Soft furnishings like pillows or blankets inside a den help absorb sounds. A pile of blankets to crawl under will help to block out noise.

Better regulation is needed to protect animals from construction work and noisy events. Animals don't have a say in what building projects or music concerts go ahead but they can suffer the consequences.





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