

Ear Health Protocol – Preventing Ear Infections, Appendix A & B

PREVENTING EAR INFECTIONS

Advice for parents / carers on reducing the risk of ear infection:

- Exclusive breastfeeding for 6 months, and introduction of plenty of healthy solids from 6 months on, reduces the risk of ear infection
- Runny noses are a source of spreadable infection, so cleanliness is important
- Immunisation with Prevenar / Pneumovax may help reduce the risk of middle ear infection
- No smoking near child or in closed spaces such as inside house or car
- In general, swimming is good, but dry ears afterward

SCREENING

Hearing questionnaires should be completed for EVERY child at:

- 6 weeks
- 6 months
- Annually from 1-3 years PLUS check ear with otoscopy and perform pneumatic otoscopy (from 6 months)
- Annually from 4-10 years PLUS screening audiometry and other checks described above
- All children with delayed speech for age need a hearing assessment AND paediatric referral (see Appendix C "Developmental Assessment")
- Perform otoscopy on all children routinely at clinic

Appendix A - Hearing questionnaire

Newborn to 4 months

- Are you worried about the baby's hearing?

- Do sudden, loud noises wake the baby?
- Does the baby cry at very loud noises?
- Does an awake baby jump at sudden, loud noises like a door slamming or a dog barking nearby?

3 to 4 months

- Are you worried about the baby's hearing?
- Does the baby sometimes turn its eyes or start to turn its head to see where a noise comes from?
- Is the baby distracted from feeding by moderately loud noises close by?
- Does the baby "jump" to sudden loud sounds 4 to 7 months
- Are you worried about the baby's hearing?
- Does the baby frequently turn straight to sounds?
- Does the baby make a variety of babbling sounds?
- Does the baby enjoy playing with noisy toys or objects?
- Can you soothe the baby with your voice?

7 to 9 months

- Are you worried about the baby's hearing?
- Does the baby turn to find things heard but not seen?
- Does the baby gurgle, coo or babble to unseen sources of voices or other sounds?

9 to 24 months

- Are you worried about the child's hearing?
- Does the baby show pleasure when hearing sounds like the bath running, food being prepared or kids
- Does the baby copy words and sounds?
- Does the baby by about 15 months use some single words?
- Does the baby respond when you call from another room?
- In general, swimming is good, but dry ears afterward 24 months to 5 years
- Are you worried about the child's hearing?
- Does the child talk like most other kids his or her age?

- Does the child act like he or she is not paying attention, ignoring you or acting naughty?
- Does the child seem to have difficulty understanding what you have said?
- Does the child turn up the TV loudly?
- Does the child frequently ask "What?" or ask for you to repeat what you have said?

5 years and up

- Are you worried about the child's hearing?
- Does the child talk like most other kids his or her age?
- Is the child doing well as you would like at school?
- Does the child seem to have difficulty understanding what you have said?
- Has the school told you the child is acting up, is not paying attention in class or does not seem interested in school?
- Does the child turn up the TV too loud?
- Does the child frequently ask "What?" or ask for you to repeat when you are talking to them?

Appendix B-Advice for Families / Friends of Children with Hearing Loss

Communication takes two or more people. The speaker has a responsibility to assist the person with hearing loss understand the message they are giving. There are several

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ways to improve communication, listed below by age range.

Children 0-5 years old:

These are critical development years for children, when they are learning to crawl, walk, and run (fine/gross motor) and listen, talk, and interact (speech/language/sensory/ social). Long term otitis media and conductive hearing loss can lead to listening, language, and learning problems, even after the hearing loss has resolved. These problems can continue to affect them into adulthood.

Advice:

Talk, talk, talk! In addition to treating otitis media (ear infections), provide as much verbal input to the child as possible face to face at their level. Repeat, rephrase, simplify information, and use visual cues.

School aged children with hearing loss:

Children with hearing loss and children who misbehave often demonstrate similar behaviours, resulting in the child with hearing loss being punished. This could occur at home or school and lead to feelings of low self esteem in the child. It can also mean the child will not get the accommodations he/she needs to learn and could miss out on academics.

A child with hearing loss may demonstrate the following behaviours.

- Not following instructions
- Wandering around the classroom
- Talking to other students constantly
- Copying other students' work and looking for visual cues
- Quiet or withdrawn, non responsive
- Talking when they should be quiet
- Short attention span
- Confused when in a noisy environment
- Has trouble taking turns

Advice:

- Speak slowly, in short sentences
- Speak face to face at child's level
- Do not cover your mouth when talking and ensure they can see your mouth at all times
- Use gestures and visual cues to support your message
- Reduce background noise
- Rephrase messages if they do not understand
- Repeat, Repeat, Repeat and ask for demonstrated comprehension
- Use sound field systems in school at all times
- Ensure those with hearing aids wear them at all times and that they are working
- Speak at a normal volume with children who have hearing aids
- Be patient
- Use Blind Man Simon Says game every day at school and accommodate any children who display difficulties with hearing (i.e. seat them up front)
- Seek out advice from an audiologist and/or speech pathologist and/or teacher of the deaf

Ensure that children with hearing problems attend all audiology appointments as their hearing may fluctuate and needs may change.

Appendix C- Developmental Assessment

If the child shows any of the following, refer to Speech Pathology

- 3-6 mo: not communicating by vocalising or eye gaze

- 9 mo: poor feeding / oral coordination
- 12 mo: non babbling
- 18 mo: mainly pointing or using gestures (not speaking)
- 2 yo: using <20 words, not following simple requests
- 2.5 yo: not understood well by family, needs requests repeated with gestures
- 3 yo: using single or 2 word sentences
- 4 yo: not speaking in sentences, cannot describe recent events, only understood by family
- 5 yo: cannot hold a conversation, not asking lots of questions, difficult to understand, not speaking in full sentences.
- If a child demonstrates frustration at not being able to communicate at any age