

# **School of Special Educational Needs: Sensory**

**School of Special  
Educational Needs**  
Sensory



## **Healthy Ears and Eyes Regional and Remote Information Package**

# School of Special Educational Needs: Sensory

## School Overview

The School of Special Educational Needs: Sensory (SSEN: S) provides lead educational support for children and students with hearing loss, vision impairment or dual sensory loss in early childhood, public and non-government settings.

Under the pillar of Service Delivery, SSEN: S understands that children and students have individual needs from the day that they are born until completion of school.

As educational professionals, we strive to meet individual and school needs by providing collaborative, productive and targeted specialist educational services for children, students, and schools to improve students' wellbeing, engagement, and achievement. In delivering a range of tiered and complementary teaching programs, services, and targeted supports, we facilitate fully accessible learning environments, curriculum, and school communities. Our united team of specialists including teachers, braille transcribers, audiologists, librarian, captioning officer, and educational interpreters allocate and target resourcing to build on strength, ensuring success through purposeful, safe, and confident learning - collectively achieving our vision and mission.

# Otitis Media and Conductive Hearing Loss

## Facts for Teachers

- Conductive hearing loss will adversely affect a child's learning at school.
- Ear infections (Otitis Media) are the common cause of conductive hearing loss and need to be treated by health professionals.
- A child with long-term conductive hearing loss may be eligible for Individual Disability Allocation and needs to be recorded in the Nationally Consistent Collection of Data (NCCD) for your school.
- Signs and symptoms for Otitis Media include:
  - fever
  - cough
  - cold
  - runny nose
  - sore ears or pulling of ears
  - pus running from ears
  - inability to listen or hear, poor balance and loss of appetite.

## Behavioural Signs of Conductive Hearing Loss in the School Setting

- Disruptive in class.
- Often needs individual help.
- Does not answer questions.
- Makes few contributions to classroom conversations.
- Has difficulty following teacher directions.
- Aboriginal students with hearing loss will look at the teachers nearly twice as much as an Aboriginal peer with no hearing loss.
- Achievement is not as expected, especially in the upper primary classes.

## Further Understanding

Check for conductive hearing loss by:

- using Soundscouts (a Hearing Australia App for iPads)
  - playing Blind Man Simon Says (see resource links)
  - referring to your local health service provider such as the school or clinic nurse, visiting ear health service provider, or general practitioner.
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- WA teachers have shown that effectively teaching Aboriginal students who have conductive hearing loss involves teaching phonological awareness beyond the first years of school and explicitly teaching how language works in different situations.

# CONDUCTIVE HEARING LOSS SCREENING TOOL

Developed by Aboriginal and Torres Strait Islander Education Support Unit

Learning Identifiers		Behavioural Identifiers	
Has learning difficulties		Fidgets	
Demands a lot of teacher attention		Easily distracted	
Short attention span		Appears not to be listening	
Poor auditory memory and sequencing		Poor socialisation skills	
Poor auditory association		Aggressive	
Delayed language development		Bullying	
Delayed gross motor development		Erratic	
Tends to respond to auditory clues only when given visual clues as well		Inattentive	
Physical Identifiers		Often says, "What?"	
Redness around the ear		Does not respond when asked questions	
Rubbing or pulling of the ear		Responds inappropriately	
Cupping the ear		Is slow to respond to instructions	
Runny nose		Watches other children to see what to do	
Puts head to the side as if to shake out fluid		Asks peers for confirmation of what has been said	
Re-occurring ear and chest infections		Sits close to the TV etc	
Complaining of sore ears and throat		Sits on the outside so no expectations to participate	
Ooze from the ear		Quiet voice	
Mouth breather		Appears confused when there is a lot of noise	
Poor gross motor skills		Holds ears when there is excessive noise levels	
Often tired		Is upset by loud or sudden noise	
		Asks for the TV volume to be turned up or down	
Speech Identifiers		Mood changes when there is a lot of noise	
Speaks in soft or loud voice		Has been absent lots of times	
Difficulty in understanding speech		Loses interest during story time or direct instructions	
Difficulty communicating feelings		Erratic classroom behaviour	
Language development below age		Reluctant to participate	
Confusion of words		Obvious indication that the child watches your face to lip read	

# Breathe, Blow, Cough, Wash and Chew

## Introducing the Breathe, Blow, Cough and Wash Program to your classroom

The **Breathe, Blow, Cough and Wash** (BBCW) Program will help prepare all students for a productive learning day in the classroom. BBCW:

- is a great way to get students ready to learn by ensuring they have a clear nose and can hear well.
- is a valuable strategy schools can use to prevent the spread of germs and stop coughs, colds and sore ears.
- teaching and learning can be supported with the use of animations from Hearing Australia.
- should be undertaken each day, ideally at the start of the day and the end of recess and lunch.
- can be added to with a chew component - where the students snack on a healthy crunchy snack after washing their hands and face. Chewing is good for students who may be feeling stressed or have sensory issues. It also helps open the Eustachian tube to allow air into the middle ear space.

## Teaching supports for the BBCW program

- Hearing Australia has produced short animations to explicitly teach the BBCW to students. Instructions are available in spoken English, Martu Patha, Yolngu Matha, West Arrente, Kriol, Ngaanyatjarra, Pitjanjatjara and Warlpiri languages. Link: <https://youtu.be/DYimL2JrKUE>



<https://www.facebook.com/100063984072308/videos/now-ready-for-teachers-the-blow-breathe-cough-bbc-activity-helps-teach-young-chi/2286753368313734/>

## Poster Template (see next page)

- Use the template steps to engage students in producing local posters to share the BBCW process.
- With the instructions below each visual space, students can work in teams, or as a whole class to create images to show what needs to be done.
- Student developed posters can be placed at the classroom door and around the school as reminders to undertake BBCW after each classroom break.



## The BBCW Procedure

### Step 1 - Clearing the nose

1. Sit down and have tissues and a bin available.
2. Demonstrate and then ask children to blow their noses. Encourage them to continue until the nose is clear.
3. Test if noses are clear by asking children to close their mouths and breathe deeply.
4. Encourage children to continue blowing until they can breathe through their noses easily.

### Step 2 - Clearing the chest

1. Demonstrate and breathe with the kids. "Thumbs up". (Hands on chests ready to count.)
2. Take five deep breaths, counting each breath with the fingers on their chests.
3. Encourage children to put their hands over their mouths and make two strong coughs to clear their chests.

### Step 3 - Exercise

1. For example, 10 star-jumps, 20 steps running on the spot or race around the tree.
2. Sit down when completed.

### Step 4 - Washing

1. Ask the children once a day to wash their faces at a classroom tap or wash basin. Ensure soap and paper towels are available.

### Step 5 - Repeat steps 1, 2 and 3 several times

# Listening Devices in the Classroom

## General Advice – Broad Overview

### Classroom amplification – Soundfield System

- A sound field system (SFS) takes an auditory signal (usually a teacher's voice) and amplifies it via speakers so that it can be more easily heard.
- The system has a microphone (usually worn around the neck of the teacher) and a speaker (or set of speakers).
- A SFS does not consider the individual needs of a child with a hearing loss, as it simply makes all sounds louder.
- The system has the added disadvantage that the amplified noise gets softer as it travels from the speaker to the ear of the child.

### Personal amplification devices

- Personal amplification devices (hearing aid or cochlear implant) are a superior form of amplification for children with hearing loss as they amplify only the pitches or sounds that the child needs. For example, if a child has a hearing loss in only the high pitches, only these sounds are amplified.
- This means that speech and environmental sounds seem more normal and speech perception is improved.
- Personal amplification devices (such as behind the ear aids) deliver the amplified sound directly to the ear or hearing organ. No sound is lost as it travels across a room.
- Personal amplification devices can be paired with a teacher-worn microphone and the aid receives direct audio input from the speaker. These systems are called wireless communication devices or FM systems and provide a superior signal to noise ratio in a noisy classroom or where the student is physically distant from the speaker.

### Which Is Better, a Soundfield System or personal amplification?

In general, a child wearing a behind the ear (BTE) device or bone conduction device on a headband is going to have significantly better access to sound than a child listening via a SFS. This is because the sound from a BTE or bone conduction device is delivered directly to the child, and sound doesn't have to travel from the speaker across the room to the student. In addition, the amount of amplification is matched to the needs of the individual user as mentioned above.

### When are Soundfield Systems of Benefit?

SFS are of benefit where many students within a class have a hearing loss and are not fitted with, or not compliant with, wearing hearing aids.

### Considerations when purchasing classroom amplification

It is not uncommon for schools to purchase SFS that are not subsequently used. This often occurs because:

- they run into problems with troubleshooting the device
- it needs to be serviced
- teachers haven't received adequate training in its use
- the person responsible for its initial purchase has moved on and so it's no longer used.

To be sure that a SFS is right for your school we encourage you to consider the following questions:

- If only an individual student (or a minority of students) would benefit, why isn't this child relying on their ear level device and FM system? What could the school do to encourage use/optimize access via this pathway?
- What is your school's budget and aim for getting the system? For example, does it need to be portable, or will all classrooms get one? Will the system travel with a particular student or is it for general use? What happens when the student/s travels to specialist classes?
- Who is going to be responsible for the fitting of the devices, including the mounting of speakers in various classrooms?
- How will you train teachers and students in the use and troubleshooting of the devices?
- How will you share/clean the microphones between teaching staff?
- Who within the school will be the contact person for any troubleshooting or queries?
- Who within the school is going to be responsible for the servicing and repair of the device?
- What are the ongoing costs to service and repair these devices?
- If the device needs to be serviced and repaired interstate/overseas, how long will this take and should we get a "spare" device?

### **Who Provides Soundfield Devices?**

There are several manufacturers and retailers for these devices. Be aware that some of these will not work in combination with hearing aids or cochlear implants and some will. That means that depending on the type you buy and your individual needs, teachers may need to wear two microphones rather than one. For example, if a system isn't compatible with both, teachers must wear one microphone that sends their voice signal to the soundfield speakers and another microphone that sends their voice signal to the receiver on the ear level hearing aid or implant on your student. Compatibility changes over time, so check with suppliers.

### **Where Can I Get More Information?**

SSEN: S recommends getting in contact with the manufacturers/retailers directly. Many manufacturers have relationships with specialist retailers, and these can change over time. Ask your local/visiting hearing aid supplier if they can assist you. But beware, sometimes the retailers will not assist you with after sales fitting/servicing, so that's why it's best to ask them about this upfront.

***For specific advice regarding acoustic access for students who are Deaf or Hard of Hearing, please speak to the relevant audiologist or Teacher of the Deaf working with your student.***



## General Adjustments for Students with Hearing Loss

Many of these strategies may be beneficial to both students who are hard of hearing and their hearing peers. It is important to remember the types of adjustments you decide to use should be based on the individual student's needs, the learning environment, and the curriculum goals. The following is a guide only.

### Use of Hearing Devices

- Be aware that hearing devices do not make hearing normal.
- Remember that hearing devices make sounds louder but not necessarily clearer.
- Encourage student to use hearing device at all times.
- Encourage student to manage hearing device independently.
- Ensure the student brings spare batteries to school.
- Advise the student's parents to contact Hearing Australia if the device is not working properly.

### Facilitate Listening

- Seat the student close to the teacher so they can see both the teacher and their peers. Be aware that any seating arrangement should not isolate the student.
- Minimise background noise. Seat the student away from constant noise sources where possible.
- Close the classroom door and windows to reduce outside noise entering the room.
- If the student has normal hearing in one ear, ensure the speaker is on their normal hearing side.
- Some students have a fluctuating loss and listening will not always be the same.
- Speak naturally and without exaggeration.

### Facilitate Understanding

- Check you have the student's attention before you begin to speak.
- Face the student when you speak.
- Try not to move around the classroom when you are speaking.
- Keep instructions short and simple.
- If you can, repeat the question posed by other students before giving your answer. Repeat answers to questions given by the other students.
- Give student time to process the information – allow 'wait time' before rephrasing or checking understanding.
- Use the assistive technology that the student requires at all times.
- Use captions on audio-visual materials

### Facilitate Wellbeing

- Be open to discussing the student's hearing loss and let the student know you are willing to help.
- Make modifications as naturally as possible so the student is not singled out.
- The student may not understand rules of group games. Teach rules that may be implicit.
- The student may miss the subtleties of speech such as the tone and intonation. Further explanation of situations may need to be provided at times.
- Provide direct instruction on specific social skills when necessary.
- Group work may be difficult for the student and the pace and exchange of information may be too fast to follow.
- Arrange for the student to work in a smaller group and move to a quieter workspace.
- Allow for breaks or vary activities throughout the day. The student may tire more easily than others due to the concentration required to listen and access visual cues.

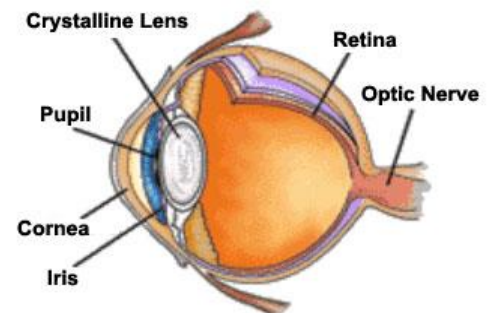
# Vision Impairment – Broad Overview

## ***Vision Impairment (VI)***

- Vision impairment refers to a significant loss of vision in both eyes, which cannot be corrected with glasses.
- There are two main categories of vision impairment:
  - Low Vision: Person can't see fine detail, has blurring, has visual field loss.
  - Blindness:
    - ❖ A person is considered legally blind when he/she can't see at 6 metres what a fully sighted person can see at 60 metres, or if his/her field of vision is less than 20° in diameter (a person with full vision can see 180°).
    - ❖ A person is considered totally blind when he/she completely lacks light perception and form perception.

## ***Visual Acuity (VA)***

- Visual acuity commonly refers to the clarity of vision.
- Visual acuity is dependent on optical and neural factors, i.e.:
  - the sharpness of the retinal focus within the eye
  - the health and functioning of the retina
  - the sensitivity of the interpretative faculty of the brain.
- Visual acuity tests measure the ability to see fine detail.
- Visual acuity is indicated as a number that specifies the level of vision a person has.
- Both distance and near acuities are measured.



## ***Distance Vision***

- Distance vision is important for:
  - observing what is happening in one's immediate environment
  - being aware of approaching people and objects
  - orientation awareness
  - hand-eye coordination and judging of distances to people and objects.
- The capacity of the eye to resolve fine detail is measured by determining the smallest letter/picture size a person can see.
- Vision test results are given as a fraction that indicates the distance in metres at which a particular row of letter/pictures of a chart (usually a 'Snellen' chart) can be read by a normal eye from a 6-metre distance.
- Normal visual acuity is recorded as 6/6.
- Example: A student who has a visual acuity of 6/24 sees at 6 metres what a fully sighted person can see at 24 metres.

## ***Near Vision***

- Near vision is important for:
  - locating and identifying small object
  - visual discrimination between pictures, shapes, numbers, letters and words
  - identifying different shapes and forms.

- Near visual acuity tests a person's central vision. It is recorded in point notation, the same as for computer font, and marked with an 'N'. The letter N stands for Near and the number is the font print size.
  - N18 - N16 is large print
  - N18 is 18 point font
  - N8 is newsprint
  - N6 is telephone book print.

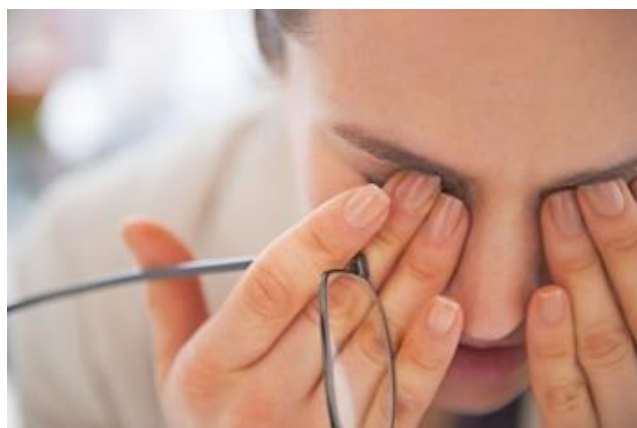


<https://www.caac.org.au/service/child-youth-assessment-treatment/>

## Most Common Indicators of Possible Vision Concerns

### *The student:*

- presents with white or cloudy pupils (rather than black)
- has an iris which suddenly changes colour
- appears to have misaligned eyes (one eye turns in or out at any time) or crossed eyes.
- presents with jerky / oscillating / wandering eye movements
- blinks excessively
- has 'encrusted' eyelids
- constantly rubs eye(s)
- frequently experiences red or inflamed eyes
- frequently experiences watery eyes
- frequently complains of headaches
- continuously pushes or pokes eyes
- displays extreme light sensitivity
- has difficulty adjusting to dark rooms
- reaches in front of or beyond an object
- holds objects/books very close or very far to see them
- has difficulty focusing on, or following objects
- tends to look above, below or off to one side of an object, rather than directly at it
- tilts head or squints eyes to achieve better focus
- too frequently omits words
- experiences difficulty identifying small details in pictures or illustrations
- experiences difficulty reading small print
- uses one eye more than the other for reading or completing other assignments
- often squints or closes one eye when reading, completing desk work or viewing objects at a distance
- frequently complains of dizziness after reading a passage or completing an assignment
- has difficulty seeing objects at a distance, e.g., inability to read a whiteboard or blackboard, etc.
- seems clumsy (e.g., knocking things over or trips often) or experiences difficulty moving around the classroom
- reports:
  - a dark spot in the centre of their vision or spots in their field of vision
  - eye pain
  - hazy or blurred vision or floating items or flashes in their vision
  - a loss or peripheral vision or tunnel vision
  - straight lines seem crooked or wavy.



## General Adjustments for Students Indicating Difficulty with Visual Access

- If you suspect that a particular student has difficulty with near or distance vision access, immediately refer the particular student to an optometrist/orthoptist/ophthalmologist.
- Advise parent(s) or carer(s) to obtain a written report which specifically includes the student's best vision acuities (corrected where relevant) from the relevant eye care professional. Also request for a copy to be sent to the school.
- In the meantime, the following accommodations can be trialled and implemented:

### **General:**

- Ensure appropriate classroom lighting.
  - Use artificial lights whenever brightness levels become low in any part of the room.
  - Regulate light intensity by adjusting distance from the window or light source.
- Be aware of glare on work surfaces and eliminate where possible (a piece of dark coloured paper taped to the entire desk surface diminishes glare off the desk).
- Ensure the student always sits with his/her back to bright light sources (i.e., windows, doorways, the sun).
- Ensure student is not working in his/her own shadow.
- If student adopts a compensatory head position (e.g., head tilt), allow him/her to use it.
- Allow the student to change his/her seat whenever he/she desires more or less light.

### **Tasks that involve use of near vision:**

- Ensure all print materials provided are clear, uncluttered, and of good contrast.
- Allow the student to adjust his/her work to a position that he/she is most comfortable with.
- Trial the use of large print materials (enlarge work to A3 [141%]) when student has difficulty in accessing regular print.
- Provide all teacher-made worksheets in font size N18.
- Provide student with soft lead pencils (e.g., 2B) and felt-tipped pens with black ink for use in writing tasks.
- When using books, pictures, or other resources (shared reading, demonstrations, etc), allow the student to hold the relevant resource to examine it at a viewing distance comfortable for him/her.
- For lengthy reading assignments, provide good contrast and white space between lines of print for best viewing comfort.

### **Tasks that involve use of distance vision:**

- If student has difficulty accessing distant visual information, seat him/her towards the front (within +- 3m distance from visual target) and in a central location, but within a group of students.
- Ensure the board is clean as it enhances the contrast and makes it easier to read.
- Always ensure good contrast between foreground and background; use only black and dark blue markers of good quality on the white board.
- Verbalise as you write on the board.
- Provide the student with his/her own personal copy of board work to use at his/her desk where necessary.
- When required, allow the student to move around in the classroom to enhance his/her access to information on the board and/or visual information pinned up on classroom walls.

- Visual Language (e.g., movies): Discuss thoroughly afterwards to ensure the student understands the major concepts presented.
- Avoid using red/orange/yellow on SmartBoards.
- Allow the student a little extra time complete work.



<https://www.indigenous.gov.au/news-and-media/stories/lifting-literacy-levels-and-instilling-lifelong-love-reading>

## Maintaining Eye Health

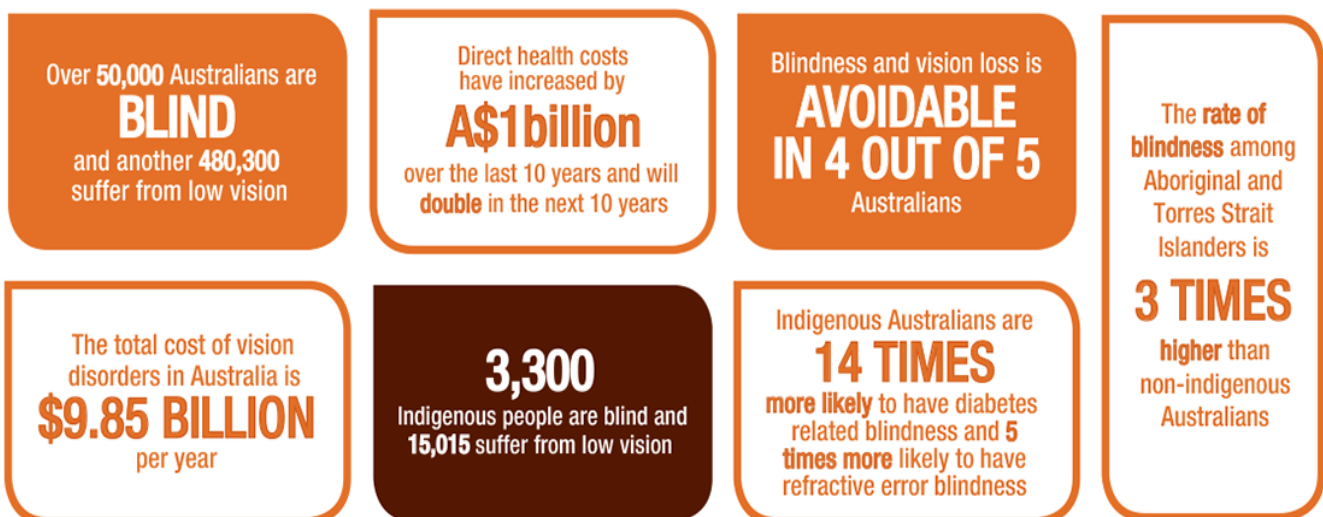
The University of Melbourne's Indigenous Eye Health Unit have an evidence-based policy framework – *The Roadmap to Close the Gap for Vision*. Key priorities include the elimination and prevention of avoidable blinding eye diseases such as:

- Trachoma
- Diabetic Retinopathy.

Additionally, the Western Australian **Lions Outback Vision** actively engage with communities and health agencies in the elimination of avoidable blindness and loss of vision. As highly respected health providers and researchers, they understand that the levels of blindness are 3 times higher in Aboriginal and Torres Strait Islanders than in non-indigenous Australians.

Please see below for the case for schools to consider actioning simple health strategies to prevent loss of vision.

### The case for investing in the elimination of avoidable blindness and vision loss



<https://www.outbackvision.com.au/>

# Trachoma

- Trachoma is a leading cause of infection blindness in the world today and most occurs in communities with crowded living conditions and prevalence of dust.
- It is commonly contracted by young children after playing outside in dusty conditions and not being able to wash their faces properly.
- It is a bacterial infection and repeated infections, combined with immune reactions and responses can have serious consequences. The condition begins as an infection of the membrane that covers the outside of the eyeball and lines the inner surface of the eyelids. Repeated infections cause scarring that causes the margin of the eyelid to turn inwards. The scarring causes pain and damages the surface of the cornea. Untreated, this leads to eventual blindness.
- Trachoma is the fourth leading cause of blindness in Aboriginal and Torres Strait Islander people.
- A 2016 Australian screening by The National Trachoma Surveillance and Reporting Unit found that of the 131 at risk communities, almost 30% were experiencing trachoma at endemic levels. The same research found that the prevalence rate for 5–9-year-olds was 4.6%.
- In collectively working towards prevention of trachoma, the school may choose to build in daily face washing hygiene routines (repeated in the morning and after breaks).
- The Clean Faces, Strong Eyes message enables schools to embed strategies into their planning and to utilise Milpa's Six Steps to Stop Germs Resources to stay healthy and strong and eliminate trachoma and other infectious diseases.
  - Blow nose until empty
  - Wash hands with soap and water
  - Wash face to clean snot and yucky eyes
  - Brush teeth with toothpaste morning and night
  - Have a shower with soap every day
  - Don't share towels.



<https://mspgh.unimelb.edu.au/centres-institutes/centre-for-health-equity/research-group/ieh/trachoma/resource-kit>

<https://mspgh.unimelb.edu.au/centres-institutes/centre-for-health-equity/research-group/ieh/trachoma/ordering>

## Poster Template (see next page)

- Use the template steps to engage students in producing local posters.
- With the instructions below each visual space, students can work in teams, or as a whole class to create images to show what needs to be done.
- Student developed posters can be placed at the classroom door and around the school as reminders to undertake BBCW after each classroom break.
- Consider merging the Clean Faces, Strong Eyes message with the BBCWC message.



## Trachoma

To eliminate blinding trachoma and avoidable vision loss, follow the hygiene practices below and create your own posters.

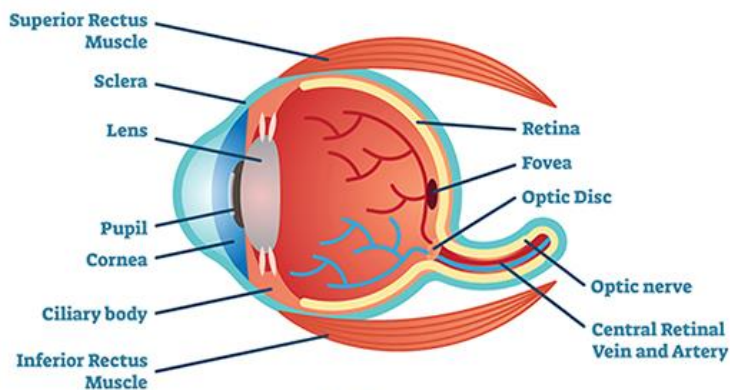
### Clean Faces, Strong Eyes

<b>Step 1 – Blow your nose</b>	
<b>Step 2 – Put rubbish in the bin</b>	
<b>Step 3 – Wash your hands</b>	
<b>Step 4 – Wash your face</b>	
<b>Step 5 – Brush your teeth</b>	

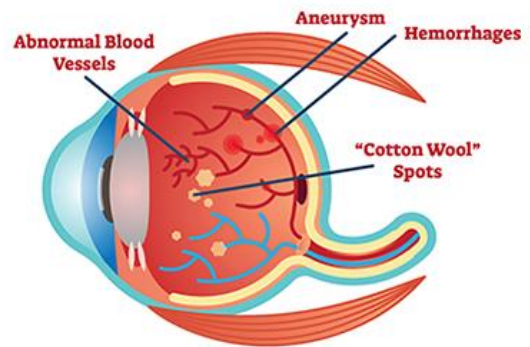
Paper towels and liquid soaps prevent sharing of bacteria through communal materials.

## Diabetic Retinopathy

- Diabetic retinopathy is a complication of diabetes where poorly controlled blood sugar causes damage to, or abnormal growth of, the blood vessels in the tissue of the retina (light sensitive photoreceptor tissue at the back of the eye).
- The tissues of the retina swell and fluid can leak causing the macula to swell. This impacts central vision and capacity to see fine detail and colour. Fluid may also accumulate in the lens impacting on capacity to focus.
- Symptoms include floaters, blurriness, haziness, fluctuating vision, blind spots and colour perception difficulties. Blindness can occur.
- The condition can develop in anyone who has diagnosed or undiagnosed type 1 or type 2 diabetes. Gestational diabetes (diabetes when pregnant) also increases the risk of developing diabetic retinopathy.
- The longer people have diabetes, and the less controlled blood sugar is, the more likely the potential for diabetic retinopathy.
- Prevention of diabetes and managing diabetes through healthy eating, physical activity and medication can prevent or delay loss of vision.
- For people with diagnosed diabetes, the following steps can assist in the prevention or slowing of the development of diabetic retinopathy:
  - Taking your prescribed medication.
  - Sticking to your diet.
  - Exercising regularly.
  - Controlling high blood pressure.
  - Avoiding alcohol and smoking.



**Healthy Eye**



**Diabetic Eye**

<https://www.aoa.org/healthy-eyes/eye-and-vision-conditions/diabetic-retinopathy?sso=y>

## Useful Resources

### Hearing

- Care for Kids Ears helps parents, carers, teachers, teachers' aides, early childhood workers and health professionals recognise and prevent ear disease in Aboriginal and Torres Strait Islander children.  
[https://www.health.gov.au/our-work/care-for-kids-ears?utm\\_source=health.gov.au&utm\\_medium=redirect&utm\\_campaign=digital\\_transformation&utm\\_content=www.careforkidsears.health.gov.au](https://www.health.gov.au/our-work/care-for-kids-ears?utm_source=health.gov.au&utm_medium=redirect&utm_campaign=digital_transformation&utm_content=www.careforkidsears.health.gov.au)
- Deadly Kids Can Listen and Learn is a training package for teachers developed by the Qld Education Department. The course is intended to help teachers support better learning outcomes for Aboriginal and Torres Strait Islander children who experience conductive hearing loss as a result of otitis media.  
<https://learningplace.eq.edu.au/cx/resources/file/5157eea5-6faa-4ea1-808b-1d28914808da/1/index.html>
- Deadly Ears Program is an award-winning Deadly Ears Program, which leads Queensland Health's response to reducing the rates and impact of middle ear disease and conductive hearing loss for Aboriginal and Torres Strait Islander children across Queensland.  
<https://www.childrens.health.qld.gov.au/chq/our-services/community-health-services/deadly-ears/resources/>
- Eartroubles – The hearing test game - Blind Man Simon Says  
[https://www.eartroubles.com/blind\\_mans\\_simon\\_says.html](https://www.eartroubles.com/blind_mans_simon_says.html)

### Vision

- Lions Outback Vision  
<https://www.outbackvision.com.au/>  
Visiting Optometry Schedule: For information on schedules or bookings contact Lions Outback Vision [info@outbackvision.com.au](mailto:info@outbackvision.com.au) or 08 9381 0802 or contact your regional health clinic. Visiting Optometry services visit 30 communities, completing over 80 trips per year across the Kimberley, Pilbara regions and mid-west regions.
- Lions Eye Institute  
Eye Conditions  
<https://www.lei.org.au/services/eye-health-information/>  
Lions Eye institute Eye Diagram  
<https://www.lei.org.au/services/eye-health-information/eye-diagram/>
- Edith Cowan University – Australian Indigenous Health/InfoNet  
[https://healthinfonet.ecu.edu.au/key-resources/resources/?&kw=clean%20faces%20strong%20eyes&searchIn\\_title=1&joiner=OR&pagenum=1&sorter=1](https://healthinfonet.ecu.edu.au/key-resources/resources/?&kw=clean%20faces%20strong%20eyes&searchIn_title=1&joiner=OR&pagenum=1&sorter=1)  
<https://vimeo.com/225341110>
- University of Melbourne  
Trachoma Information and Resources  
<https://mispgh.unimelb.edu.au/centres-institutes/centre-for-health-equity/research-group/ieh/trachoma/resource-kit>  
Trachoma downloads  
<https://mispgh.unimelb.edu.au/centres-institutes/centre-for-health-equity/research-group/ieh/trachoma/downloads>  
Diabetes eye care resources and reminder posters to have annual eye checks  
<https://mispgh.unimelb.edu.au/centres-institutes/onemda/research-group/ieh/diabetes/downloads>