Ways to protect hearing

- Do not clean the ear canals with hard objects (e.g. ear pick) or put any foreign object into the ears. There is no need to clear the ear wax under normal circumstances because ear wax will move out of the ear canals by a self-cleaning mechanism of the skin. Seek medical advice if any foreign object gets into the ear accidentally. Do not try to get it out by yourself because you may end up pushing the foreign object further down the ear canal or damaging the ear drum.
- Keep your ear canals clean and dry when swimming or washing your hair. You may use earplugs or cotton balls to prevent inflow of dirty water. Dry your ears with dry cloth or cotton balls afterwards.
- World Health Organization indicated that 1.1 billion young people (aged between 12–35 years) are at risk of hearing loss due to exposure to noise in recreational settings. Loud noise may cause ear discomfort and tinnitus and prolonged exposure to loud noise may result in hearing loss.
 Preventive measures include:
- Avoid lingering in noisy places such as video game centres, discos and karaoke boxes for long period of time.
- Avoid playing toys that generate extremely loud sound e.g. air gun. Protect both ears by covering them with hands when exposed to loud noise e.g. construction works, road repair, etc.
- Avoid using headphones at very high volume for long period of time, the following measures can help your child to listen at an appropriate volume:
- Use a phone/tablet with a volume limiter to cap the output within a safe range, i.e. 80dB or below.
- Use Active Noise Cancelling headphones to neutralize ambient noise, reducing the need to increase the volume.
- Choose comfortable, sound-isolating earphones that fit well with the user's head/ears. This helps preventing sound leakage and reduces the need to increase the volume. When purchasing -ear headphones, you should pay attention to whether the headband matches the size and shape of the head of your child, and whether the noiseisolating ear pads can fit comfortably on the pinna. In-ear headphones often come with sound-isolating earplugs of different sizes, so choose the size that comfortably seals the ear canal.

- Upper limit for the safe use of headphones: the volume setting can only be adjusted up to 60% of the maximum output volume, and they should not be used for a total of more than 60 minutes per day at such volume. If there is a need to use the headset for a longer time (such as online learning), the volume should be adjusted to medium/low (50% of the maximum output volume or below), the ears should be rested regularly, and prolonged use should be avoided.
- Take medicines only under the advice of doctor. Overdose of some drugs (e.g. aspirin) may cause tinnitus and hearing impairment.
- While blowing your nose, press on one of the nostrils and blow out the secretion gently from the other. This help to prevent the secretion from the nasal cavity and nasopharynx from infecting the middle ear through the Eustachian tube.
- Pay attention to your child's hearing if the child has allergic rhinitis or other upper respiratory tract disease.
- Avoid injury to the head and ears.

- Seek medical advice if you suspect any problem with your child's hearing or ears. Early detection and treatment can prevent the problem from worsening.
- The Student Health Service of the Department of Health provides hearing test for school children. If you worry about your child's hearing, you can request for hearing screening during the annual health visit at the health centre.

Student Health Service Department of Health

Does your child hear

X

X

Normal hearing is important for language development, interpersonal communication, acquisition of new knowledge and responsiveness to environmental sounds. As children grow up, hearing impairment will affect their development in learning, languages, social skills and behaviour.

Hearing impairment can be congenital or caused by factors such as disease, injury and drugs. Mild hearing impairment may be difficult to detect. However, we may have some ideas about a child's hearing by observing his / her behaviours in daily life.

The following are some indicators of hearing impairment in children:

1. Ear discomfort

- Ear pain or feeling of ear blockage
- Often pull the ear or rub the entrance of ear canal
- Discharge or foul smell from the ear
- Tinnitus

3. Has the following behaviours in the classroom

- Body leans forward, head turns to one side or pays attention to the speaker's lip movements and facial expressions while listening
- Shows difficulty in locating the source of sound
- Often asks others to repeat what they have said during a conversation
- Cannot response immediately to verbal instructions during group activities. Can respond only after watching peers' responses



- 2. Cannot hear or understand what other people are saying in the following situations
 - People are speaking softly or they are not speaking face-to-face directly to the child
 - The child is far away from the source of sound (e.g. sitting at the back in a classroom) or in a noisy environment
- Relies on the notes and explanations from classmate to understand what the teacher has taught
- Always misses the letter "s" in English dictation
- Has poorer performance in subjects which demand listening

- 4. Performance in conversation and interaction with people
 - Confuses words with similar sounds e.g. 'sin' and 'tin'
 - Has unclear speech
 - Poor oral expression and comprehension skills compared with students of the same age
 - Prefers staying alone and is not willing to participate in group activities

Hearing test

Hearing test is the most effective way of checking whether your child is hearing normally. During the hearing test, the child only needs to wear a set of earphones and respond to sounds as instructed by the tester. The test lasts about a few minutes. The test report will show whether the hearing is normal. If there is hearing loss, the report will also show its degree and nature (sensorineural, conductive or a mixture of both). When combined with other assessments, the doctor or audiologist will be able to recommend a management plan.



