Ear Irrigation Policy

<table>
<thead>
<tr>
<th>Policy Number:</th>
<th>51</th>
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<tbody>
<tr>
<td>Scope of this Document:</td>
<td>To be applied by all Healthcare professionals within Mersey Care NHS Foundation Trust</td>
</tr>
<tr>
<td>Recommending Committee:</td>
<td>Community Nursing</td>
</tr>
<tr>
<td>Approving Committee:</td>
<td>Clinical Standards Group</td>
</tr>
<tr>
<td>Date Ratified:</td>
<td>1st December 2018</td>
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<tr>
<td>Next Review Date (by):</td>
<td>1st December 2019</td>
</tr>
<tr>
<td>Version Number:</td>
<td>– Version 2</td>
</tr>
<tr>
<td>Lead Executive Director:</td>
<td>Executive Director of Nursing and Operations</td>
</tr>
<tr>
<td>Lead Author(s):</td>
<td>Treatment Rooms Team Leaders</td>
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Striving for perfect care for the people we serve
Ear Irrigation Policy

Further information about this document:

<table>
<thead>
<tr>
<th>Document name</th>
<th>Ear Irrigation Policy</th>
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<tbody>
<tr>
<td>Document summary</td>
<td>To provide guidance for all Merseycare foundation Trust community services staff who perform ear irrigation</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Joyce Collier / Katerina Neophytou</td>
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<tr>
<td>Contact(s) for further information about this document</td>
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<tr>
<td>Published by</td>
<td>Mersey Care NHS Foundation Trust</td>
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<tr>
<td>V7 Building</td>
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<td>Kings Business Park</td>
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<td>Copies of this document are available from the Author(s) and via the trust’s website</td>
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<tr>
<td>To be read in conjunction with</td>
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<tr>
<td>• IC01: Infection Prevention and Control</td>
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<td>• SD06: Consent to examination or Treatment</td>
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<td>• IT06: Health Records Policy and Procedure</td>
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<td>• SA06: Management of Complaints/Concerns</td>
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<td>This document can be made available in a range of alternative formats including various languages, large print and braille etc</td>
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<td>Copyright © Mersey Care NHS Trust, 2015. All Rights Reserved</td>
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Version Control:

<table>
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<tr>
<th>Version</th>
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<tr>
<td>Version 1</td>
<td>August 2016</td>
</tr>
<tr>
<td>Version 2</td>
<td>Ear Irrigation leads Treatment Rooms Team Leader Care Manager for Ambulatory Care and Diagnostics South Locality December 2018</td>
</tr>
<tr>
<td>Version 3</td>
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**SUPPORTING STATEMENTS**

this document should be read in conjunction with the following statements:

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### SAFEGUARDING IS EVERYBODY’S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust’s safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session.

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### EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy/maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of *Fairness, Respect, Equality, Dignity, and Autonomy*.

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Ear Irrigation Policy
1. Purpose and Rationale
2. Outcome Focused Aims and Objectives
3. Scope
4. Definitions
5. Duties
6. Process
7. Consultation
8. Training and Support
9. Monitoring
10. Equality and Human Rights Analysis
11. Appendices
1. PURPOSE AND RATIONALE

1.1 This policy is designed to ensure the quality and consistency in the care of people requiring ear irrigation, using the Propulse 2/3 irrigator from practitioners working within Mersey Care NHS Foundation Trust.

1.2 Assessment of patients for ear irrigation is a procedure frequently undertaken within Mersey Care NHS Foundation Trust Community Services. The policy is designed to give clarity and support to all Mersey Care NHS Foundation Trust Staff on the assessment, management treatment and ongoing care of all patients requiring ear irrigation. Ear irrigation is undertaken for the purpose of removing wax from the external auditory meatus (ear canal) for a variety of reasons, for example;

- Ear wax can block the ear canal causing hearing loss/pain/tinnitus/dizziness, even if not fully occluding the Tympanic membrane (ear drum)
- A hearing aid mould is required or they are attending audiology for a hearing test
- Ear wax is causing a problem to the hearing aid

1.3 Ear wax, also known as cerumen is a normal bodily secretion, made up of oils, sweat, keratin, debris, and foreign bodies, which forms a protective coating over the skin of the ear canal and ear drum. It is the body’s natural way of protecting the ear from damaging substances, due to its antifungal and antibacterial properties; it varies in form and appearance and should only be removed if necessary. Although the ear has natural mechanisms for the removal of ear wax, it is recognised that due to the contributory factors certain people do experience problems with the accumulated wax. This necessitates ear irrigation. Ideally, excessive wax should be removed before it becomes impacted, giving rise to tinnitus, hearing loss, vertigo, pain and discharge (Harkin2000). Ear irrigation is an invasive procedure with the potential to cause discomfort or injury (Cook 1998) and therefore must only be considered when other conservative methods of wax removal have failed, such as the use of softeners.

2. OUTCOME FOCUSED AIMS AND OBJECTIVE

2.1 Ensure all Mersey Care NHS Foundation Trust staff that performs ear assessment and irrigation has completed the relevant training and competency framework.

Following completion of the Training theory full day workshop they should be assessed in practice as being competent in the following:

- Explain the basic anatomy and physiology of the ear
- Perform a detailed aural history and examination of the ear
- Demonstrate correct and safe use of a auroscope
- Decide when ear irrigation may be safely performed and when it is contraindicated
Explain when and how to refer service users to specialist services when ear irrigation is contra indicated and further treatment is required

- Perform ear irrigation safely and competently.
- Outline appropriate discharge information and advice

2.2 NMC registered staff are expected to complete a self-assessment prior to their annual PDR (Appendix 1)

2.3 Unregistered staff should complete an annual refresher and be observed and signed off in practice at least annually.

3 SCOPE

This policy applies to staff employed by Mersey Care NHS Foundation Trust who have completed the competency framework and training (Appendix 1). This policy applies only for ear irrigation of patients over the age of 16. Anyone under the age of 16 should be referred to Alder Hey Children’s Hospital for assessment by the GP.

4 DEFINITIONS

Ear Irrigation – The process used to remove wax from the ear canal using a controlled jet stream of water via a machine.

- Tympanic Membrane – The eardrum.
- Perforation of the Tympanic Membrane – A hole in the eardrum caused by trauma or infection.
- Otitis Externa – Infection of the outer ear/ear canal.
- Otitis Media – Infection of the middle ear (area behind the tympanic membrane).
- Tinnitus – A ringing/buzzing noise in the ears.
- Noot – A disposable trough/receiver used to catch water/debris.
- Aural – relating to the ear or sense of hearing
5 DUTIES

5.1 All Personnel undertaking ear irrigation will be expected to comply with the trust training and complete the ear irrigation competency framework. (Appendix 1) All NMC registered Staff undertaking this procedure will also be required to complete an annual competency self-declaration prior to the yearly PDR (Appendix 1) All unregistered staff are required to complete an annual training refresher update and be observed and signed off as safe to practice.

5.2 Mersey Care NHS Foundation Trust staff that are competent in ear irrigation have the responsibility for cleaning the equipment prior to use as outlined in section 6 of this policy.

5.3 Equipment services are responsible for the 12 monthly maintenance of the equipment. Staff are expected to ensure that the equipment they are using has been appropriately serviced within the last 12 months.

6 PROCESS

Ear Irrigation Process

6.1 Clinical Procedure

The step by step procedure for ear assessment and irrigation is discussed and demonstrated at the Mersey Care NHS Foundation Trust training day.

A full and relevant history should be obtained from the patient prior to irrigation in order to ensure an informed consent for the procedure.

The information obtained should include the following and should be clearly documented in accordance with Health Records Policy and Procedure.

Staff should take a detailed history and record the following:

- History of previous ear irrigation
- Hearing loss / Hearing aids
- Tinnitus
- Vertigo / dizziness
- Ear Pain
- Previous ear surgery / surgery to the roof of their mouth
- History of perforation
- Recent ear infection
- Was born with a cleft palate – regardless of whether this has been repaired
- History of Grommets or T Tubes
- Complications following previous ear irrigation
- Have they used a softener and for how long

Ear Irrigation Policy
Once satisfied that there are no contraindications and the procedure is appropriate and necessary, Staff should visualise the ear canal and ensure that there is some wax in the Ear Canal / External Auditory Meatus (EAM) and that it appears soft enough to irrigate. They should then explain the risks of irrigation and document this in the notes. If the patient is happy with the information given regarding the procedure they can then proceed to irrigate. Once the procedure is completed staff should visualise the Tympanic Membrane and document what they see. Post irrigation advice should be given to the patient and the Mersey Care NHS Foundation Trust Patient Information Leaflet offered. (see Appendix 3) All used equipment should be safely disposed of in accordance with Mersey Care NHS Foundation Trust local Infection Prevention and Control Policy.

The list of contraindications and precautions to irrigation is discussed in detail on the training day and is by no means exhaustive and should be used in conjunction with the staffs own clinical judgment as follows;

**Precautions**

Irrigation can be performed with caution if the patient has;

- A history of a healed perforation over 18 months ago (confirmed by a GP, Consultant or other Professional person).
- Suffers with tinnitus, as long as the clinician advises and documents that the patient is aware this may cause a temporary exacerbation of the symptoms and the patient is happy to continue.
- A history of vertigo or Meniere’s disease, and is not currently having an attack.

**Contraindications**

Irrigation should NOT be performed if;

- The patient has a history of a complication post procedure in the past.
- There is a history of ear infection that has been treated in the last 6 weeks (they can be rebooked for irrigation 6 weeks post completion of treatment if no other contraindication reported)
- The patient has had any ear surgery (except grommets that have extruded more than 18 months ago)
- The patient was born with a cleft palate regardless of whether it has been repaired.

Ear Irrigation Policy
- There is any evidence of otitis externa, pain or tenderness to the pinna
- The patient has a perforation that has not been diagnosed as healed.
- There has a history of malodorous mucous discharge.
- Sudden acute onset, undiagnosed unilateral hearing loss.

If irrigation is contraindicated or unsuccessful the patient can be referred to M Clinic at Broadgreen Hospital. They will need to be given a letter (Appendix 4) detailing the reason for review at ENT along with the list of opening times and contact details (Appendix 5).

If the patient experiences any complications post irrigation procedure, this should be escalated to a qualified member of staff immediately and clearly documented by that member of staff as per the Health Records Policy and Procedure. They should be sign posted either to their GP, M Clinic or nearest Walk in Centre or Accident and Emergency for medical advice/review according to the clinical judgment of the practitioner at that time.

6.3 Equipment - Cleaning and maintenance

Equipment used is the Propulse 2 or 3 Irrigator.

The irrigator has a maintenance check on a yearly basis by Equipment Services as per Mersey Care NHS Foundation Trust Policy (see: IC01 Infection Prevention and Control Policy)

Prior to using the Propulse 2/3 irrigator it must have been cleaned using chlorine releasing cleaning tablets;

- Fill the tank to 500ml with warm tap water
- Dissolve a chlorine releasing table in the water.
- Run the irrigator for a few seconds to allow solution to fill pump and flexible tubing, then leave to stand for 10 minutes.
- Run the chlorine water through the irrigator until the tank is empty.
- Rinse the water tank with warm water, then refill the tank with warm water and run through the irrigator again until the tank is empty.
- The tank is then dried and the irrigator base turned upside down and is ready for use.

After every patient – the disposable jet tip should be changed along with the tip (speculum) of the auroscope, as they are all individual use only. When Ear Irrigation Policy
changing the tips, the auroscope and jet tip handles should be wiped with a detergent wipe, such as tuffy wipes.

**Equipment required for irrigation**

- Auroscope with white halogen light and disposable speculum
- Propulse 2/3 machine foot or hand control
- Disposable jet tip applicators for propulse machine
- Disposable noots for collecting water and debris
- Tissues
- Tap water at body temperature (37 degrees)
- Apron and Gloves and protective goggles (PPE)
- Headlight

**6.1 Documentation**

Documentation should be completed in accordance with NMC guidelines for record keeping and in accordance with local record keeping policy. This can be in Electronic or Paper Form (See IT06: Health Records Policy and Procedure)

**7 CONSULTATION**

7.1 Team Leader for the Treatment Room Service
7.2 Care manager for Ambulatory Care and Diagnostics for South Locality
7.3 Ear Irrigation Clinical Leads

**8 TRAINING AND SUPPORT**

8.1 All NMC registered and unregistered Mersey Care NHS Foundation Trust staff will be required to complete a training program in order to develop the appropriate knowledge and skills to fulfill the required competencies and safely perform the procedure. All unregistered staff undertaking ear irrigation will require an annual review of competencies. Any NMC registered staff can self-assess their competency level annually prior to their PDR and are expected to raise any training needs to their line manager.

**9 MONITORING**

The monitoring of the use of this guideline should be undertaken by individual services and localities where ear irrigation is performed as part of their local audit plan.
### Title:

<table>
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<th>Area covered:</th>
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### What are the intended outcomes of this work? Include outline of objectives and function aims

<table>
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<tr>
<th>Who will be affected? e.g. staff, patients, service users etc</th>
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</table>

### Evidence

**What evidence have you considered?**

**Disability (including learning disability)**

**Sex**

**Race** Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.

**Age** Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.

**Gender reassignment (including transgender)** Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.

**Sexual orientation** Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.

**Religion or belief** Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.

**Pregnancy and maternity** Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.

**Carers** Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.

**Other identified groups** Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.

**Cross Cutting implications to more than 1 protected characteristic**

Ear Irrigation Policy
<table>
<thead>
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<th>Human Rights</th>
<th>Is there an impact?</th>
<th>How this right could be protected?</th>
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<tr>
<td>Right to life (Article 2)</td>
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<td>Use not engaged if Not applicable</td>
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<tr>
<td>Right of freedom from inhuman and degrading treatment (Article 3)</td>
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<td>Use supportive of a HRBA if applicable</td>
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<td>Right to liberty (Article 5)</td>
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<td>Right to a fair trial (Article 6)</td>
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<td>Right to private and family life (Article 8)</td>
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<td>Right of freedom of religion or belief (Article 9)</td>
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<td>Right to freedom of expression</td>
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<tr>
<td>Note: this does not include insulting language such as racism (Article 10)</td>
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<td>Right freedom from discrimination (Article 14)</td>
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Engagement and Involvement detail any engagement and involvement that was completed inputting this together.
Summary of Analysis

This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010

<table>
<thead>
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<tr>
<td>Advance equality of opportunity</td>
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<tr>
<td>Promote good relations between groups</td>
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What is the overall impact?

Addressing the impact on equalities

There needs to be greater consideration re health inequalities and the impact of each individual development/change in relation to the protected characteristics and vulnerable groups

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

- Plans already under way or in development to address the challenges and priorities identified.
- Arrangements for continued engagement of stakeholders.
- Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)
- Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies
- Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results
- Arrangements for making information accessible to staff, patients, service users and the public
- Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.

For the record

Name of persons who carried out this assessment

Date assessment completed:

Name of responsible Director:

Date assessment was signed:

Ear Irrigation Policy
# Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

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<tr>
<td>Increasing accessibility</td>
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Appendix

1. **Competency Framework/Declaration of Competency**
   Ear Irrigation competency framework

2. **Ear Wax Flowchart**
   Ear Wax Flow Chart.docx

3. **Post Irrigation Advice Leaflet**
   Ear Irrigation leaflet.pdf

4. **Template M Clinic letter with editing rights**
   M Clinic Template letter.doc

5. **M Clinic Opening Times and Contact Number**

Ear Irrigation Policy
1. Linked areas / information

This policy should be read in conjunction with:

- IC01: Infection Prevention and Control
- SD06: Consent to examination or Treatment
- IT06: Health Records Policy and Procedure
- SA06: Management of Complaints/Concerns

2. References

- Primary Ear Care Centre website: [www.earcarecentre.com](http://www.earcarecentre.com)
- British Medical Journal. Vol 301, p1251-1252
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