

Ear Irrigation Guidelines

Ref CLIN-0074-v2

Status: Approved

Document type: Procedure

Contents

1	Purpose	3
2	Related documents.....	3
3	Scope.....	4
4	Definition.....	4
5	Responsibility	4
6	Assessment	5
7	Consent	5
8	Equipment and Procedure	5
9	How this procedure will be implemented.....	7
9.1	Training needs analysis	7
10	How the implementation of this procedure will be monitored.....	7
11	References	8
12	Document control	8
	Appendix 1 –Checklist Prior to Procedure.....	9
	Appendix 2 – Advice Sheet for the Instillation of Ear Drops (Olive Oil).....	10
	Appendix 3 - Equality Analysis Screening Form.....	11

1 Purpose

This guideline provides an explanation of the principles and practice of ear irrigation in adult patients. Wax or cerumen is a normal secretion designed to trap debris therefore, protecting the ear from infection. It is only when there is an accumulation of wax or it becomes impacted that irrigation may be necessary. Routine ear irrigation should not be routinely undertaken and should only be performed when the wax becomes troublesome and is affecting hearing or balance or prior to hearing aid assessments and fittings. Excessive wax should be removed before it becomes impacted, as this can give rise to tinnitus, hearing loss, vertigo, pain and discharge. A small amount of wax in the external auditory meatus (EAM) is normal and in its absence may indicate a dry skin condition. A build-up of wax is more likely to occur in older adults and people with learning disabilities, hearing aid users or those who have a narrow EAM.

2 Related documents

- Medical Devices Policy Ref CORP-0008-v5
- Minimum standards for clinical record keeping
- Physiological Assessment Procedure Ref CLIN-0059.v2
- Policy for Consent to Examination or Treatment
- Infection Prevention and Control Policy IPC-0001 v3.0



The Physical Health and Wellbeing Policy defines a clear purpose, objectives and standards relating to physical health care provision which you must read and understand in conjunction with the information described in this document.

This procedure also refers to:-

- ✓ Physical Health and Wellbeing Policy

3 Scope

This clinical guideline applies to competent practitioners who have completed a validated course on ear irrigation and hold a certificate. The main aim of this document is to set standards in practice to ensure that all service users receive safe and effective treatment from a practitioner who is competent at ear irrigation.

4 Definition

Ear irrigation is the removal of wax from the ear using water via an electronic irrigator.

5 Responsibility

The Executive Director for Nursing and Governance has overall responsibility for ensuring this guideline is implemented.

There is corporate responsibility for ensuring this guideline is supported by appropriate training, guideline distribution and awareness and incorporation into the clinical governance agenda, in terms of audit.

There is an individual responsibility to adhere to professional codes of practice and ensure that clinical knowledge and competence is maintained through 3 yearly training updates. See Table 1 for the essential skills each practitioner should have.

Table 1: Essential skills each practitioner should have:

An understanding of the basic anatomy and physiology of the ear and the auditory system.
An understanding of simple ear problems i.e. wax build-up, otitis media and otitis externa, otalgia and when to refer to a Nurse Practitioner or GP.
An understanding of the difficulty affecting individuals and their carers relating to hearing loss and the availability of aids to hearing.
Knowledge of referral criteria for audiology referrals to the local Acute Trust.
Ensure all contact and treatment with the patient is appropriately documented, relating to accountability.
Consider the future management of the patient with ear or hearing problems.

6 Assessment

Before irrigation is performed a detailed history including any symptoms, previous perforation of the ear drum and ear surgery is needed (Appendix 1). The ear must be examined by the practitioner before any irrigation is attempted to confirm presence of wax. Prior to the procedure the patient must be prescribed olive oil drops for a minimum of 5-7 days to be instilled twice daily and given an instruction sheet (Appendix 2).

Contraindications for ear irrigation:

Patient has previously experienced complications following this procedure in the past

Patient has tympanic perforation or a history of tympanic perforation

Patient has a history of ear infection within last 6 weeks

Patient has undergone ANY previous ear surgery (apart from grommets that have been removed in the past 18 months

Patient has a history of mucous discharge in last 12 months

There is evidence of acute otitis externa with pain and tenderness of the pinna

7 Consent

Valid consent is required from the service user. If a service user lacks capacity to consent. Please refer to the policy for; Mental Health Capacity Act 2005 CLIN/009/v1, or seek advice from the Mental Health Act Team.

8 Equipment and Procedure

Equipment

- Propulse II or III electronic irrigator and single use jet tip applicator
- Head mirror and light and goggles
- Otoscope with disposable speculum
- Tap water at 37 degrees
- Jobson Home probe
- Noots trough metal or disposable receiver
- Towels and cape
- Disposable apron and gloves
- Gauze swabs, waste bag

Procedure

Action	Rationale
Establish that procedure is required by examination of both ears	Ensure that procedure is necessary
Obtain consent	Ensure consent if valid
Explain procedure to patient	Ensure understanding and improve compliance with procedure.
Wash hands thoroughly	Reduces risk of infection transfer
Place protective cape/paper towel/towel on patients shoulder under ear to be irrigated	Protect patients clothing
Ask the patient or member of staff to hold the receiver under the ear	To collect water and avoid spillage
Apply headlight and switch on	Aid vision of the ear and wax
Check the temperature of the water and fill reservoir of the irrigator	To ensure correct temperature and prevent injury or discomfort
Connect a new jet tip applicator to the tubing of the machine until you hear a click	In accordance with infection control and prevention precautions
Direct the irrigator tip into the receiver and switch the machine on for 10-20 secs to circulate the water through the system	Eliminates any cold water or trapped air. Patient becomes accustomed to the noise of the machine
Irrigation should never cause pain. If patient complains of pain, stop immediately	To prevent injury
Gently pull the pinna upwards and outwards to straighten the external auditory meatus	Opens meatus for clearer view
Inform the patient that you are about to start procedure and advise them to say if they experience pain or discomfort from the procedure. Also to say if they feel unwell so that the procedure can be stopped	To prevent pain or injury
Throughout the procedure continue to examine the ear using the otoscope. Also inspect the water that is running into the receiver	Check for trauma and effectiveness of the procedure
A maximum of 2 reservoirs of water to be used during any one irrigation procedure	To prevent any trauma to the ear
If wax has not been removed successfully at the end of 2 reservoirs, advise patient that a further course of ear drops is required	To ensure prevent injury or discomfort
After removal of the wax, dry mop the excess water from the meatus under direct vision	Ensure dry and comfortable and prevent infection
Examine ear, both meatus and tympanic membrane	To check tympanic membrane intact and no trauma
Wash hands thoroughly	Infection control
Give advice re; future ear care	Prevent recurrence
Document findings and procedure as per trust policy	Adherence to Trust policy

Cleaning the Propulse irrigator

The machine must be cleaned each day before use.

- Make up a Chlorine solution 1000 ppm using Chlor-clean tablets and fill the water tank with the solution.
- Run the machine for a few seconds to allow the solution to fill the pump and flexible tubing
- Leave to stand for 10 minutes. Empty the water tank, then rinse the system thoroughly with tap water before use.

At the end of the day or ear irrigating session, turn off the electrical supply

- Make up solution as above and repeat steps above.
- Dry thoroughly and always follow manufacturers guidelines and annual servicing

9 How this procedure will be implemented

Managers and Heads of Service should ensure that only qualified staff who have been trained and competent in this procedure perform ear irrigation. This training can be accessed externally from institutions such as Rotherham ear care centre.

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

9.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Nursing/Clinical	Ear Irrigation	Study day	3 yearly

10 How the implementation of this procedure will be monitored

The practitioner is responsible for maintaining their competence in the procedure and this should be reviewed annually at appraisal. The recommended ear care training update is a half day every 3 years.

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Maintaining competence in the procedure	Annual	Appraisal
2			

11 References

Rotherham ear care centre (2019) Ear Irrigation Guideline. Accessed online: 6/12/19. Available from: http://www.earcarecentre.com/uploadedFiles/Pages/Health_Professionals/Protocols/Ear%20Irrigation%20Guideline%202019.pdf

12 Document control

Date of approval:	30 October 2020	
Next review date:	30 October 2023	
This document replaces:	CLIN-0074-v1 Ear Irrigation Guidelines	
Lead:	Name	Title
	Deborah Harvey	Nurse Practitioner
Members of working party:	Name	Title
	Yasmeen Baksh	Practice Nurse
This document has been agreed and accepted by: (Director)	Name	Title
	Elizabeth Moody	Director of Nursing and Governance
This document was approved by:	Name of committee/group	Date
	IPC and Physical Health Group	30 October 2020
An equality analysis was completed on this document on:	12 December 2019	

Change record

Version	Date	Amendment details	Status
1	7 Dec 2012	New document	Withdrawn
1	4 May 2016	Full review – no changes needed. Content transferred to new template. Review date extended 3 years	
1	08 Aug 2019	Extended till 31 October 2019 to allow review of doc	
2	30 Oct 2020	Document fully reviewed, changes to wording throughout to incorporate contemporary guidance and a new section about the essential skills each practitioner should have and appendix for instillation of ear drops added.	Published

Appendix 1 –Checklist Prior to Procedure

IMPORTANT INFORMATION FOR THE PATIENT TO READ AND INFORM THE NURSE ABOUT, PRIOR TO HAVING THEIR EARS IRRIGATED

NB irrigation may cause slight discomfort but should never cause pain. If the patient complains of pain stop the procedure immediately.

Name D.O.B.....

Past history	Comments
Previous problem following ear syringing/irrigation	
Previous ear perforation	
Any previous ear surgery e.g. mastoidectomy	
Discharge from the ear	
Current or recent ear infection	
Current Catarrh or cold	
Pain in your ear	
Ear infection within last 6 weeks	
History of mucous discharge within last year	
Permanent or new deafness in either ear	
Presence of unsoftened wax	
Hearing aids worn or planned for hearing aids	
Foreign body in situ	
Use of olive oil appropriately for a minimum of 5-7 days	

Appendix 2 – Advice Sheet for the Instillation of Ear Drops (Olive Oil)

ADVICE SHEET FOR THE INSTILLATION OF EAR DROPS (OLIVE OIL)

Ear drops are best applied whilst lying down, head resting on 1 pillow, with the treating ear uppermost. You need to lay for a minimum of five minutes either side to allow the oil to travel down the ear canal and penetrate the hardened wax to evenly soften it.

DO NOT put cotton wool into the ear canal as this will absorb the oil and the wax will remain hard, also a build-up of pressure can occur within the ear canal which may cause damage.

The use of cotton buds, hair pins, paper clips etc. to remove wax is NOT ADVISED as this could cause damage to the ear canal, the lining of the ear and could lead to perforation of the ear drum.

Once you have laid for a minimum of five minutes, sit up slowly as not to cause dizziness and wipe away any surplus solution from the outer ear with a clean tissue, cloth, paper towel or towel.

Allow five minutes each side at least twice a day for a minimum of five to seven days (longer the better).

Keep olive oil drops at room temperature only DO NOT WARM OR HEAT THEM as this cause trauma to the ear canal.

If you are unsure after reading this information sheet on how to instil ear drops please ask to speak to any member of the Nursing Team.

Appendix 3 - Equality Analysis Screening Form

Please note; [The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page](#)

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Physical Healthcare			
Name of responsible person and job title	Ann Thomas- Nurse Consultant			
Name of working party, to include any other individuals, agencies or groups involved in this analysis	Deborah Harvey- Physical Health Nurse Practitioner. Yasmeen Baksh- Practice Nurse			
Policy (document/service) name	Ear Irrigation for Adults			
Is the area being assessed a...	Policy/Strategy	<input type="checkbox"/>	Service/Business plan	<input type="checkbox"/>
	Procedure/Guidance	<input checked="" type="checkbox"/>	Code of practice	<input type="checkbox"/>
	Other – Please state			
Geographical area covered	TEWV			
Aims and objectives	To standardize practice for all clinical staff for Ear Irrigation procedure. Update guidelines.			
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	10 th December 2019			
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	17 th December 2019			

You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay or Ian Mhlanga on 0191 3336267/3046

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
Guidelines for Trust staff					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	Yes/No	Disability (includes physical, learning, mental health, sensory and medical disabilities)	Yes/No	Sex (Men, women and gender neutral etc.)	Yes/No
Gender reassignment (Transgender and gender identity)	Yes/No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)	Yes/No	Age (includes, young people, older people – people of all ages)	Yes/No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	Yes/No	Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)	Yes/No	Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners)	Yes/No
<p>Yes – Please describe anticipated negative impact/s</p> <p>Not suitable for patients under the age of 16 years or for those whom have any contraindications to the procedure as discussed in guidance</p> <p>No – Please describe any positive impacts/s</p> <p>To ensure that patients whom need ear irrigation receive safe, effective and appropriate quality care which is supported by contemporary national guidance and best practice.</p>					

To reduce the clinical risk(s) associated with ear irrigation.

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?	Yes	X	No	
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Sources of Information may include: <ul style="list-style-type: none"> Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. Investigation findings Trust Strategic Direction Data collection/analysis National Guidance/Reports 	<ul style="list-style-type: none"> Staff grievances Media Community Consultation/Consultation Groups Internal Consultation Research Other (Please state below)
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4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

Yes – Please describe the engagement and involvement that has taken place

N/A

No – Please describe future plans that you may have to engage and involve people from different groups

5. As part of this equality analysis have any training needs/service needs been identified?					
Yes/No	Please describe the identified training needs/service needs below Clinical staff must ensure they are competent in the procedure and are following national guidance. Additionally, staff are responsible for maintaining their competence in the procedure, which should be reviewed annually at appraisal. The recommended ear care training update is a half day every 3 years.				
A training need has been identified for;					
Trust staff	Yes/No	Service users	Yes/No	Contractors or other outside agencies	Yes/No
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					
The completed EA has been signed off by: You the Policy owner/manager: Type name: Deborah Harvey					Date:12/12/19
Your reporting (line) manager: Type name: Ann Thomas					Date:12/12/19
If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046					

Appendix 4 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
7.	Implementation and monitoring		

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	Guidance given by E& D reviewed and acted on as appropriate
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
Signature: D Harvey			