GUIDELINES AND PROCEDURES FOR ADULT EAR IRRIGATION

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<tr>
<th>Approved by</th>
<th>Date</th>
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<tbody>
<tr>
<td>Policy and Guideline Ratification Group (PGRG)</td>
<td>16th February 2010</td>
</tr>
<tr>
<td>Integrated Governance Committee (IGC)</td>
<td>N/A</td>
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</tbody>
</table>
If you need further copies of this document please contact Kate Spalding, Clinical Coordinator Community Nurse

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### Appendices

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The failure to comply/adhere to these guidelines may be investigated in line with the ‘Investigating (Employment) complaints and allegations policy and procedure’ and may result in disciplinary action, up to and including dismissal.
1. **Introduction**

These guidelines and procedures are based on the 2008 “Guidance Document in Ear Care” and “Guidance for Ear Irrigation using the Electronic Irrigator” from the Primary Ear Care Centre which have been endorsed by the Royal College of General Practitioners, Royal College of Nursing and the Medical Devices Agency.

These guidelines should be read in conjunction with NHS South Gloucestershire’s Prevention and Control of Infection Policy and Guidelines.

Where this document refers to ‘the PCT’, it shall be understood to mean NHS South Gloucestershire.

When referring to users of health services in the PCT, e.g. patients, clients, service users etc, the word ‘service user’ must be used.

2. **Scope**

This policy is applicable to registered nurses who have undertaken specialist training given by a recognised body. Children and young people under 17 years require medical advice and the procedure undertaken by a practitioner with specialist paediatric training.

3. **Prevalence of ear wax impaction**

Ear irrigation is the most common ear, nose and throat procedure performed in primary care. Impacted earwax affects just under one third of older people in the UK and is exacerbated by the use of hearing aids and cotton buds.

4. **Effects of impacted wax**

May cause pain, itchiness, reflex cough, dizziness, vertigo or tinnitus.

Associated hearing loss may cause frustration, stress, social isolation, paranoia or depression.

5. **Contraindications**

- Any ear surgery other than grommets that have been extruded for at least 18 months. The service user must have been discharged from ENT Clinic.
- Grommets in situ.
- Children, (Paediatric/Specialist Nurse Practitioners or Medical Practitioners only).
- History of any ear surgery (except removal of grommets at least 18 months before and service user discharged from ENT Clinic).
- Recent history of Otalgia.
- Acute otitis externa.
- Current perforation or history of ear discharge in the past 12 months.
- Current/recent history of middle ear infection (in past 6 weeks).
- Previous complications following ear irrigation.
- Cleft palate (repaired or not).
• The ear drum is clearly visible.
• Mucoid discharge in the past 12 months.

• **Special Precautions:**
  o History of tinnitus
  o Known healed perforation
  o History of dizziness.

If in doubt about the suitability of a service user to undergo this procedure, medical advice should always be sought first.

6. **Assessment**

In order to carry out this procedure safely, it is essential that anyone performing ear irrigation is familiar with the normal and abnormal anatomy of the ear, is familiar with assessing and examining the ear, is appropriately trained and has been assessed as being competent (Nursing and Midwifery Council 2004)

Comprehensive assessment by competent person should include both history taking and physical examination to rule out any contraindications.

a) Symptoms include pain, discharge, tinnitus hearing loss.
b) Amount of wax present; do not confuse with Keratin debris which may indicate possible infection.
c) Examination of the external auditory canal and tympanic membrane.
d) Drug treatment; caution with service users taking Warfarin or steroids.
e) Occupation and its effect on preventative ear care, eg work place noise.
f) Service users understanding of the problem and how to manage their ears.
g) History of previous complications, including perforation of the ear drum.

**NB:** Any service user with a foreign body lodged in the ear should be referred to the doctor.

7. **Complications**

• Failure of wax removal.
• Otitis media.
• Perforation of ear drum.
• Trauma to external canal.
• Pain.
• Deafness.
• Vertigo.
• Tinnitus.
• Bleeding.

8. **Service User education and consent**

Following an assessment of the patients suitability for ear irrigation, full explanation of the procedure needs to given and consent must be obtained from the service user and recorded in line with the NMC guidance and local policy. The service user should
be fully informed of possible complications of the procedure and effects of ear irrigation. Information leaflets should be provided where necessary.

The PCT Consent policy provides guidance on obtaining consent and process to be followed if the service user does not have the capacity to give consent.

**Note:** Service users may request this procedure inappropriately in order to improve conduction of sound into the ear where wax is believed to be the cause of hearing deficit.

9. **The wax**

The wax should be soft prior to removal. If on examination the wax is found to be hard and dry, the service user should be advised to instill appropriate ceruminolytic drops. A Cochrane review (Burton and Dorée 2003) found no single preparation to be more effective. Olive oil is widely used as it is easily available and less of an irritant. The drops should be instilled for approximately 4-5 days.

10. **Equipment and procedure**

All equipment should be disinfected after use according to the manufacturer’s instructions. *(See procedural detail – section 10).*

<table>
<thead>
<tr>
<th>EAR IRRIGATION – EQUIPMENT NEEDED</th>
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<tbody>
<tr>
<td>Propulse irrigator</td>
</tr>
<tr>
<td>Jet applicator tip</td>
</tr>
<tr>
<td>Apron</td>
</tr>
<tr>
<td>Waterproof sheet</td>
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<tr>
<td>Light source (headset)</td>
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**EAR IRRIGATION PROCEDURE**

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
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<tr>
<td>Before starting the procedure sit at the same level as the service user</td>
<td>This allows improved visualization of the eternal auditory meatus and the tympanic membrane.</td>
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<tr>
<td>Place a single use plastic cape around the</td>
<td>The cape protects the service user from</td>
</tr>
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<tr>
<th>Service user’s shoulders. Ask the service user or carer to hold the receiver under the ear to be irrigated (available on EROS).</th>
<th>Becoming wet and the receiver holds the water used to irrigate the ear, together with any wax that is removed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fill the reservoir of the irrigator with water at approximately 37 degrees C.</td>
<td>Water that is not at body temperature may induce dizziness. The water in the reservoir can cool quite quickly. Therefore it is essential to monitor the temperature during the procedure.</td>
</tr>
<tr>
<td>Attach a single use angled jet tip to the tubing of the irrigator and set the irrigator pressure to minimum. Press the foot pedal for 10-20 seconds, directing the tip jet into the receiver.</td>
<td>This expels any air and cold water from the tubing and also gives the service user the opportunity to become accustomed to the noise of the machine.</td>
</tr>
<tr>
<td>Wearing the headlight direct the beam onto the service user’s ear and down the EAM.</td>
<td>This gives better vision during the procedure.</td>
</tr>
<tr>
<td>Before introducing the jet tip into the entrance of the meatus, press the foot pedal, allowing the water to flow over the service user’s ear lobe.</td>
<td>This allows the service user to experience the temperature and flow of the water. The service user at this point is encouraged to express any concerns regarding the temperature and strength and flow of the water.</td>
</tr>
<tr>
<td>Inform the service user that irrigation is about to start, explaining that the procedure should not cause any problems. However encourage the service user to tell you if he or she experiences any adverse reactions such as pain or dizziness.</td>
<td>The service user is aware that irrigation is starting. If there are any adverse reactions, stop the procedure to prevent any further reaction and possible damage to the ear.</td>
</tr>
<tr>
<td>Straighten the service user’s EAM by gently pulling the pinna upwards and outwards. Then introduce the jet tip into the entrance of the EAM and aim it at the posterior/superior aspect of the meatal wall. Press the foot pedal for about 5 seconds at this angle, then stop and examine the ear with the auriscope. Continue to irrigate the ear, stopping to examine the ear at regular intervals and gradually increase the pressure as required. If the wax has not cleared after a few minutes it may be worth irrigating the other ear if needed and then returning to the first ear.</td>
<td>The water will not be directed at the TM; it will flow along the posterior/superior aspect of the meatal wall, gradually pushing the wax towards the entrance of the EAM and expelling it into the receiver. Regular use of the auriscope will allow you to observe the progress of the procedure and assess whether the wax is moving in the required direction.</td>
</tr>
<tr>
<td>It is advisable to use a maximum of 2 reservoirs for one irrigation.</td>
<td>The water may have softened the wax in the first ear.</td>
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</table>
Following the removal of the wax, dry the external auditory canal. This may need to be repeated a few times. If the EAM is left wet there is the potential for infection to develop.

Examine the EAM and TM with the auriscope, ensure the anatomy is normal and intact. If you find any abnormalities, either provide appropriate treatment or refer to a Doctor.

Document your findings, the procedure carried out and also the examination of the EAM and TM after the procedure. Ensure that documentation includes whether the TM is intact and if normal features were observed. Repeat the procedure for the other ear if required.

Dispose of all single use equipment in line with local policy. To prevent cross infection and comply with regulations regarding disposal of waste.

Decontaminate the Propulse irrigator according to manufacturer’s instructions and local policy. To prevent cross infection.


11. Cleaning of medical devices guidance from the Primary Ear Care Centre (2008)

(Reproduced with permission of the Primary Care Ear Centre linked with South Gloucestershire PCT Policy and Supporting Guidelines for the Management of Clinical Medical Devices and Decontamination (2008)).

Stage One
1. Each day before use the Propulse must be disinfected using Sodium Dichloroisocyanurate 0.1% (NaDCC). Suggest use of Chlor-Clean tablets or similar, according to manufacturer’s instructions to get a solution which provides 1000 parts (NaDCC) per million (0.1%). Use of Sodium Hypochlorite 0.1% is no longer recommended since it is unstable. (Rogers 2000). **COSH REGULATIONS MUST BE OBSERVED WHEN USING NaDCC.**
2. Fill tank with the NaDCC solution.
3. Run Propulse for a few seconds to allow solution to fill pump and flexible tubing. Leave to stand for 10 minutes. Empty the water tank, rinse the system through with tap water before use.

Stage Two
1. At the end of the day (or the end of the ear irrigation session) disinfect the Propulse for 10 minutes using the NaDCC solution.
2. Rinse the machine by running STERILE WATER through it and DRY IT prior to leaving overnight.

After each individual service user treatment, items of equipment should be disinfected according to manufacturer’s instructions as follows:

Jet Tip Applicator/Otoscope Speculum
1. Remove tubing and place in a detergent solution (dilute washing up liquid to remove wax).
2. Wash under hot water to remove debris.
3. Soak for 10 minutes in the NaDCC solution prepared as in Stage 1.
4. Rinse and dry thoroughly.

*Disposable jet tip applicators should be disposed of after single use.*

12. Risk Management

All clinical incidents must be reported as required by the Integrated Governance committee which meets bimonthly.


Please see Appendix 1

14. References to other PCT policies

- Prevention and control of infection policy and guidelines
- Policy and supporting guidelines for the management of clinical medical devices and decontamination
- Risk management strategy and incident Reporting policy
- Clinical and non clinical incident reporting and serious incident reporting policy and procedure incorporating the “Being Open” policy and procedure
- Policy for consent to investigation and treatment
- Mental Capacity Act 2005 Practice Guidance
- Privacy and Dignity policy

15. Equalities impact assessment.

This procedure is for care of adults only. Children and young people over 18 years require specialist medical assessment and the procedure to be carried out by a competent paediatric registered nurse.

16. References


Kent Health Authority (2000) Quality Standards for Primary Care Nurses; Ear Care.


Jacobs C (2008) Ear Irrigation, Primary Health Care Vol 18. no 7


Appendix 1:

Clinical Audit Collection Tool

Objective: to audit the standard of the procedure for the removal of excess wax using ear irrigation

Methodology:

Search of data held on client documentation, observation and discussion with practitioners

Sample Size: a random sample of 3 patients per locality who have undergone the procedure in the last year. These will be identified via the ICS/RiO system. An audit of these records will take place.

Please tick yes/no

<table>
<thead>
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<th>Has a valid consent been obtained?</th>
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<td>Is there documented evidence that the procedure has been carried out in accordance with PCT guidelines?</td>
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Ask the practitioner

| Have you received recognised training in order to carry out this procedure? |
| Have you updated your training within the last 3 years? |