EAR CARE PROTOCOL

For Patients in the Community.
**Policy Title:** Ear Care Protocol

**Executive Summary:**
Prior to undertaking ear care procedure all Registered Nurses and Assistant Practitioners must be able to verify attendance at East Cheshire NHS Trust or equivalent ear care training and have been assessed as competent to undertake procedure.

**Supersedes:** Ear Care Protocol V2

**Description of Amendment(s):**

**This policy will impact on:**
Community Nurses

**Financial Implications:**
Limited financial impact.

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<tr>
<th>Policy Area:</th>
<th>Community Nursing</th>
<th>Document Reference:</th>
<th>ECT002800</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version Number:</td>
<td>3</td>
<td>Effective Date:</td>
<td>May 2017</td>
</tr>
<tr>
<td>Issued By:</td>
<td></td>
<td>Review Date:</td>
<td>August 2019</td>
</tr>
<tr>
<td>Author: (Full Job title)</td>
<td>Denise Baillie - Clinical service manager, community nursing.</td>
<td>Impact Assessment Date:</td>
<td>June 2017</td>
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**APPROVAL RECORD**

<table>
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<tr>
<th>Committees / Group</th>
<th>Date</th>
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<tr>
<td>Consultation:</td>
<td>May 2017</td>
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<tr>
<td>Approval Committee</td>
<td>Community SQS</td>
</tr>
<tr>
<td>Fraud Screen:</td>
<td>Yes</td>
</tr>
<tr>
<td>Ratified by Director:</td>
<td>November 2013</td>
</tr>
<tr>
<td>Received for information:</td>
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1.0 **Policy Statement**

East Cheshire NHS Trust is committed to producing policies and procedural documents of a consistent standard that comply with the recommendations of external agencies by which we are monitored. This protocol aims to offer a consistent and safe approach for patients requiring Ear Care in the Community.

2.0 **Organisational Responsibilities**

2.1 **Chief Executive**
Has ultimate responsibility for the implementation and monitoring of the policies in use in the Trust.

2.2 **All Directors**
Where Directors are asked to ratify Trust policies, the Director is responsible for the review of the policy and the final ratification prior to the policy actually being implemented. This ratification process will take place following the consultation and approval process by the appropriate committee.

2.3 **Deputy Director of Corporate Affairs and Governance**
Is responsible for the approval, ratification, implementation and monitoring of this policy and for the maintenance of an archive of superseded policies and procedures.

2.4 **Trust Committees**
As a group are responsible for the consultation and approval process required during the development of policies for the Trust. The committees are responsible for the review of policies submitted to them to ensure that policies are appropriate, workable and follow the principles of best practice.

2.5 **All Staff**
It is incumbent on all staff, when asked, to provide comments and feedback on the content and practicality of policies that are being developed and reviewed. It is the duty of all staff, when asked, to provide assistance during the development and review stages of policy formulation.

2.6 **Staff Responsible for Developing/Writing/Implementing/Reviewing Trust Policies**
Staff responsible for the development, writing, implementing and reviewing of Trust policies must ensure that the guidance written in this protocol is followed and that all policies are developed to be workable and follow the latest best practice guidance.

2.7 **Community Nursing Team Leaders** to ensure all team members are aware of the guidelines and monitor adherence.
PROTOCOL FOR NURSES PERFORMING EAR CARE

Prior to undertaking ear care procedure all Registered Nurses and Assistant Practitioners must be able to verify attendance at East Cheshire NHS Trust or equivalent ear care training and have been assessed as competent to undertake procedure.

Following this each nurse or assistant practitioner should undertake a ½ day classroom based training session every three years.

Competencies required.

Registered Nurses and Assistant Practitioners who have received appropriate training should be able to identify:

- Anatomy and physiology of the ear
- Recognition of ear problems
- Prevention of ear problems
- Examination of the ear, treatment for removal of wax
- Understanding of people with hearing loss

As per NMC Code of practice:

‘As a professional, you are personally accountable for actions and omissions in your practice and must always be able to justify your decisions’.


Infection Prevention and Control

Each nurse will demonstrate all practice in accordance with East Cheshire NHS Trust Infection Prevention and Control policies
Protocol for Undertaking Examination of the Ear.

**Purpose**
- To determine cause of blocked ear
- Recognition of abnormalities.

**Clinical judgement is required for every situation in order to provide individualised patient care.**

**Abnormalities to be aware of:**
- Narrowing of the ear canal- boney exostoses
- Presence of foreign bodies
- Perforated ear drum
- Presence of keratin debris
- Infection
- Trauma
- Otitis media
- Otitis externa
- Seborrhoeic eczema
- Discharge from ear
- Pain
- Timpanosclerosis- chalky patches thick collagen
- Obstruction of Eustachian tube
- Deafness- requires referral for an audiogram

**Equipment required to carry out procedure:**
- Otoscope with different sizes of aural speculums
- Head mirror and light or headlight
- Spare batteries
- Gauze swabs
- 2 Disposable aprons and gloves
- Jobson Horne Probe
- Henkle forceps
- Paper towels
- Ear Care assessment form
- Safeview Glasses (by Henry Schein: code - Glasses 1048945/ Replacement Lenses 1068840)

**Procedure For Examination of the Ear**

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Obtain careful history prior to examination</td>
<td>To assess for symptoms and contraindications for treatment if required</td>
</tr>
<tr>
<td>2. Ensure hands are washed, Put on gloves and apron and put apron around patient’s shoulders.</td>
<td>To prevent cross infection</td>
</tr>
<tr>
<td>3. Correct positioning of patient chair with head supported and tilted appropriately</td>
<td>Patient comfort and safety. Ease of access to ear</td>
</tr>
<tr>
<td>4. Correct positioning of nurse, sitting down. If this is not feasible, nurse to stand supported</td>
<td>To ensure safety, ease of access and to minimise movement during procedure</td>
</tr>
<tr>
<td>5. Preparation of equipment</td>
<td>To prevent unnecessary interruption to the procedure</td>
</tr>
<tr>
<td>6. Examine the Pinna, outer meatus and adjacent scalp</td>
<td>To check for previous surgery, incision scares, infection, discharge, swelling and signs of lesions or defects</td>
</tr>
<tr>
<td>7. Gently pull Pinna upwards and backwards</td>
<td>To straighten out meatus</td>
</tr>
<tr>
<td>8. Insert Otoscope with largest size specula that will fit comfortably in the ear. Vary the angle of the speculum during examination and whilst removing the Otoscope examine the external auditory meatus. NB. Examine both ears Wash hands at end of procedure</td>
<td>To enable a good view of the ear canal. To ensure inspection of all parts of meatus and tympanic membrane. Refer to GP if necessary for appropriate management</td>
</tr>
<tr>
<td>9. Document what was seen in both ears, the procedure carried out, the condition of the tympanic membrane and the external auditory meatus (EAM) and treatment given. Use assessment sheet as guidance.</td>
<td>To adhere to NMC Code of Professional Conduct</td>
</tr>
</tbody>
</table>
# Guidelines for the removal of excessive wax

This procedure is only to be carried out by ECT staff who have completed the appropriate ear care training course.

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Examine the ear to determine type of wax to be removed. Ask yourself if it is healthy wax or may be bacterial debris of wax like appearance? Is it dry crumbly wax related to seborrhoeic dermatitis? Is it soft, beige wax, in both ears, that can be associated with high cholesterol?</td>
<td>To ensure appropriate treatment and advice</td>
</tr>
<tr>
<td>2. Up to date research recommends the use of EAROL Spray (Rodgers and Rodgers 2011), two pumps of the spray should be administered in to the outer ear, following this, a gentle massage on the tragus should follow.</td>
<td>To soften wax prior to removal</td>
</tr>
<tr>
<td>3. Advise patient to tilt head for a minimum of 2 minutes following installation of drops. If using EAROL begin to remove wax immediately.</td>
<td>To ensure absorption</td>
</tr>
<tr>
<td>4. Hard, crusty wax can often be gently manoeuvred out of the meatus with a ring probe, using a head mirror and external light source/headlight. If this treatment becomes painful, do not continue as the meatal lining quickly becomes traumatised, risking infection.</td>
<td>To prevent unnecessary use of Propulse irrigator</td>
</tr>
<tr>
<td>5. Excessive soft or crumbly wax can be removed using a Jobson Horne Probe and Henkle forceps. Use little finger to brace against cheek and hold jobson like a pen (Triangle of safety).</td>
<td>To prevent unnecessary use of Propulse irrigator</td>
</tr>
<tr>
<td>6. If wax is difficult to remove use two further pumps of EAROL and massage the tragus again, proceed with wax removal. Wash hands at end of procedure.</td>
<td>To prevent trauma and risk of infection</td>
</tr>
<tr>
<td>7. Provide patient with verbal or written instruction/information for future care. I.e. no cotton buds or ear plugs.</td>
<td>To prevent further problems and build up of excessive impacted wax</td>
</tr>
<tr>
<td>8. Document what was observed in both ears, the procedure carried out, the condition of the tympanic membrane and the external auditory meatus (EAM) and treatment given. (If any abnormality is found, inform GP to facilitate referral to ENT. A referral should be made to the ENT outpatients department).</td>
<td>To adhere to NMC Code of Professional Conduct</td>
</tr>
</tbody>
</table>
**Guidelines for ear irrigation using the Propulse machine**

This procedure is only to be carried out by ECT staff who have completed the appropriate ear care training course.

**Purpose**

- Facilitate the removal of cerumen and foreign bodies from external auditory meatus
- To remove keratin, debris or discharge from the external auditory meatus (EAM)

An individual assessment should be made of every patient to ensure that it is appropriate for ear irrigation to be carried out.

**Rationale for using this procedure**

In order to:-

- Correctly treat otitis externa where the meatus is obscured by debris
- Improve conduction of sound to the tympanic membrane when it is blocked by wax
- Remove debris to allow examination of the EAM and the tympanic membrane
- Remove cerumen in order to facilitate hearing aid mould impressions

**Irrigation should not be carried out when:-**

The patient has previously experienced complications following this procedure.

- There is a history of middle ear infection in the last six weeks
- The patient has undergone **ANY** form of ear surgery (apart from grommets that have extruded at least 18 months previously and the patient has been discharged from the ENT department)
- The patient has a perforation or there is a history of mucus discharge in the last year
- The patient has a cleft palette (repaired or not)
- There is evidence of acute otitis externa with pain and tenderness of the pinna

**Precautions:**

- Tinnitus
- Healed perforation
- Dizziness
Possible side effects:
- Nausea or vomiting
- Vertigo or dizziness

Potential hazards:
- Damage to auditory canal due to incorrect technique
- Perforation of the tympanic membrane
- Post procedure otitis externa
- Tinnitus and hearing loss
- Cardiac arrest

Requirements for ear irrigation:
- Otoscope
- Head mirror and light or headlight and spare batteries
- Propulse irrigator
- Tap water at 37ºC
- Noots trough/receiver
- Jobson Horne probe and cotton wool
- Disposable aprons, paper towels, gloves/ goggles / disposable visa
- Henkle forceps
- Single use jet tips
-
**Procedure for ear irrigation using a Propulse machine**

This procedure is only to be carried out by ECT staff who have completed the ear care training course.

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Consent should be obtained and documented prior to proceedings</td>
<td>In accordance with NMC Code of Professional Conduct</td>
</tr>
<tr>
<td>2. Obtain a careful history from the patient</td>
<td>To determine any contraindications</td>
</tr>
<tr>
<td>3. Wash hands. Ensure patient is positioned comfortably in a chair with head supported and tilted if possible</td>
<td>To ensure stability and comfort</td>
</tr>
<tr>
<td>4. Place apron and towel around shoulders of patient and ask them to hold receiver under the ear</td>
<td>For protection. To collect water</td>
</tr>
<tr>
<td>5. Examine both ears by first inspecting the pinna and adjacent scalp, using direct light. Check for previous surgery incision scars or skin defects, then inspect the externa auditory meatus (EAM) with the Auriscope</td>
<td>To determine any contraindications</td>
</tr>
<tr>
<td>6. Wash hands and put on gloves, apron and goggles/disposable visa.</td>
<td>For protection/prevent infection</td>
</tr>
<tr>
<td>7. Check temperature of water 37ºC and fill reservoir of Propulse machine. Set the pressure at minimum.</td>
<td>To prevent trauma</td>
</tr>
<tr>
<td>8. Connect a new jet tip applicator to the tubing of the machine with a firm push twist action. Push until a click is felt</td>
<td>To prevent injury from insecure instrument</td>
</tr>
<tr>
<td>9. Direct jet tip applicator into receiver and switch machine on for 10-20 seconds</td>
<td>To circulate water through the system and eliminate any trapped air or cold water Offers the opportunity for the patient to become accustomed to the noise of the machine.</td>
</tr>
<tr>
<td>10 Discard initial flow of water</td>
<td>To remove any static water remaining in the tube</td>
</tr>
<tr>
<td>11 Check headlight in place and shining on ear throughout whole duration of the procedure</td>
<td>Aid viewing</td>
</tr>
<tr>
<td>12 Twist the jet tip</td>
<td>So water can be aimed along the posterior wall of the EAU</td>
</tr>
<tr>
<td>13 Gently pull pinna upwards and outwards to straighten the EAM</td>
<td>To straighten meatus</td>
</tr>
<tr>
<td>14 Warn the patient that you are about to start irrigating. Ensure the light is directed down the EAM. Place the tip of the nozzle into the EAM entrance and using the foot control run a minimal stream of water into the EAM and wait. Repeat this action as directed below. Direct a stream of water along the roof of the EAM and</td>
<td>To prevent trauma and to ensure there is no perforation behind the wax. The patient would feel water in the throat or nose if perforation was present.</td>
</tr>
</tbody>
</table>
towards the posterior wall (directed towards the back of the patients head). If you consider the entrance to the EAM as a clock face, you will direct the water at 11 O’clock in the right ear and 1 O’clock in the left ear. Increase the pressure control gradually if there is difficulty removing the wax.

15. It is advisable that a maximum of two reservoirs of water is used in any one irrigation procedure. If wax has not been removed within 5 minutes of irrigation, it may be worth while moving onto the other ear, as the introduction of water via the irrigating procedure will soften the wax and you can retry irrigation after 15 minutes.

To prevent trauma and risk of infection.

16. Periodically inspect the EAM during the procedure and inspect the solution running into the receiver.

To recognize any abnormalities.

17. Dry mop any excess water from the meatus using headlight, Jobson Horne probe and best quality cotton wool.

Stagnation of water and abrasion of skin pre disposes to otitis externa or possible pseudomonas infection

18. Dispose of clinical waste according to Trust local policy and wash hands.

To prevent cross infection.

19. Ensure equipment is cleaned according to Trust Infection Control Policy. Wash hands

To prevent cross infection

20. Give advice regarding ear care and any relevant information and provide written information via Leaflet.

To prevent future problems.

21. Document all treatment and findings

For future reference. To communicate effectively with other health professionals. To comply with the NMC/Trust guidance of documentation of nursing care.

N.B. IRRIGATION SHOULD NEVER CAUSE PAIN. IF THE PATIENT COMPLAINS OF PAIN, STOP IMMEDIATELY.
Always use a sterilized or single use speculum and Jobson Horne probe and a single use jet tip applicator for each patient.
Guidelines for cleaning the Propulse Irrigator

Prior to each day's usage of the Propulse Irrigator:

Clean the outside of the irrigator

1. With dry hands check that the irrigator is not connected to the electrical supply. Wipe the outer surface of the machine and connecting tubing with a clean disposable cloth or paper towel which has been immersed in a solution of warm water and Hospec ph neutral detergent. Rinse off detergent, by applying a cloth which has been immersed in water only. Dry surfaces with disposable paper towel. Do not immerse the irrigator in water.

Disinfect the inside of the irrigator

2. With dry hands connect the irrigator to the electrical supply. Disinfect using Propulse Cleaning Tablets. Do not use other chlorine releasing tablets as these are not recommended by the manufacturer. Place one tablet in to the reservoir and fill the reservoir with 500mls of warm water. Wait for the tablet to dissolve completely.

3. Run the irrigator for a few seconds to allow the solution to fill the pump and flexible tubing. Leave to stand for 10 minutes. Do not leave for longer.

4. Empty the reservoir, and then fill with fresh, well run cold water. Operate the irrigator to flush through the whole system and ensure no disinfectant remains.

5. At the end of use ensure the reservoir and machine are stored dry. Leave the connecting tube in a vertical position, not touching the floor, to allow moisture to drain from it.

6. The Jobson Horne probe and Henkle Forceps should be washed and dried as per these guidelines and then disinfected with a 70% alcohol wipe.

N.B. Wear disposable gloves and aprons and wash hands before and after cleaning the equipment.

Only use disposable jet tips with the Propulse irrigator.
References.


<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Address</th>
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<tbody>
<tr>
<td>NHS No’</td>
<td></td>
<td></td>
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<tr>
<td>G/P</td>
<td>Allergies</td>
<td>Occupation</td>
</tr>
<tr>
<td>Date of initial assessment</td>
<td>Signature</td>
<td>Position</td>
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</table>

### Previous Medical History
Previous perforations

### Symptoms
Pain

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<table>
<thead>
<tr>
<th>Ear Examination</th>
<th>Right Ear</th>
<th>Left Ear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pinna</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outer meatus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjacent scalp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear Canal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tympanic membrane</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signs of infection</td>
<td></td>
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**Wax Type**  
- Wet
- Dry
- Hard
- Impacted
- Dry Flaky skin

### Ear Irrigation

<table>
<thead>
<tr>
<th>Date</th>
<th>Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Ear</td>
<td>Left Ear</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Debris</th>
<th>Ear Examination post irrigation comments</th>
</tr>
</thead>
</table>

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**Ensure ears are dried post irrigation they need referral?**  
**Have you given advice leaflet?**
### Equality and Human Rights Impact Assessment Form

1. **AIMS AND IMPLEMENTATION OF THE POLICY/PROCEDURE/STRATEGY/SERVICE SPECIFICATION**

1.1 What is being assessed? Name of the policy, procedure, strategy or service specification (hereafter referred to as ‘DOCUMENT’):

| Name: Ear Care Protocol |

1.2 Details of person responsible for completing the assessment:

| Name: Denise Baillie |
| Job title: Clinical Service Manager |
| Team: Acute and Integrated Community Care |

1.3 What is the main purpose or aims of the document?  
*(this is usually the first paragraph of what you are writing – cut and paste it here. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)*

| This protocol aims to enable ear care to be undertaken in the community by Community Nursing teams. |

1.4 Who is this document intended for?  
*Who will need to do something differently because of this document? Who will be affected by what this document covers? All staff or just a team? All patients or just those who use a particular service? Any other group?*

| Community Nurses and Assistant Practitioners. |

How will the document be put into practice and who will be responsible for it?  
*(Who defined the document? Who implements the document? Does this document cover a particular team/Unit or does it link to another team, agency or contractor? If external parties are involved then what are the measures in place to ensure that they comply with the Trust’s Equality and Diversity Policy?)*

| Community Nurses |

2. **ASSESSMENT OF IMPACT**

**RACE:**  
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently?  
Yes ✓ No □

**Explain your response:**  
There is potential for people who don’t speak English to require an interpreter to enable them to access the service outlined in this document. Every effort will be made to meet the needs of these individuals based upon individual risk assessments. Staff are aware of the Trust’s interpreting policy and how to access interpreting services when needed.

However, we cannot guarantee to meet the needs of all individuals and would encourage effective communication between patients and staff in order to discuss very specific issues relating to personal preference, allergy status and religious beliefs.
**GENDER (INCLUDING TRANSGENDER):**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently?  Yes □ No x

**Explain your response:**
The protocol will be applied on clinical need and would not affect gender groups differently. Individual risk assessments are undertaken which would identify patients for whom this service is not suitable and where the risks cannot be resolved.

**DISABILITY**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently?  Yes □ No x

**Explain your response:**
Patients will be risk assessed on an individual and clinical need basis and would only be affected if the risk assessment demonstrates that the service is unsuitable for them and risks cannot be resolved. In the case of patients with learning disabilities, carers would be involved and staff are aware of Patient Passports. Staff know how to access interpreting for patients with hearing and/or sight problems.

**AGE:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, age groups differently?  Yes ✓ No

**Explain your response:**
Appropriate to adult services due to clinical safety (aged 16 +)

The protocol does not affect age groups differently. Patients will be risk assessed on an individual basis and would only be affected if the risk assessment demonstrates that the Ear Care Procedure is unsuitable for them at home and risks cannot be resolved.

**LESBIAN, GAY, BISEXUAL:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently?  Yes □ No x

**Explain your response:**
The protocol does not affect these groups differently. Assessment and management of Ear Toilet should be in line with clinical guidelines and each patient's clinical needs.

**RELIGION/BELIEF:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently?  Yes □ No x

**Explain your response:**
The protocol does not affect religious groups differently. Patients will be risk assessed on an individual basis and would only be affected if the risk assessment demonstrates that the
service is unsuitable for them and risks cannot be resolved. Every effort is made to consider the needs of religious belief groups.

If there are particular religious beliefs which affect the ear care protocol application, the health care professional would liaise with the patient, and seek additional information from equality lead to ensure all efforts are made to seek resolution.

Staff have access to information on a variety of different cultures and beliefs. There is a privacy, dignity and cultural beliefs booklet. Staff can access training on equality and diversity, however staff would take every step to promote privacy and dignity and be very aware of cultural issues.

**CARERS:**
From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, carers differently? Yes □ No x

**Explain your response:**
Protocol will be applied upon clinical need and based upon individual risk assessment.

**OTHER:** EG Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect any other groups differently? Yes □ No x

**Explain your response:**
Assessment and management of ear care should be in line with clinical guidelines and each patient’s clinical needs.

### 3. Safeguarding Assessment – Children

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>a. Is there a direct or indirect impact upon children?</strong></td>
<td>Yes □ No x</td>
</tr>
</tbody>
</table>

**Explain your response:**
Not clinically relevant for under 16s.

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people):</strong></td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>c. If no please describe why there is considered to be no impact / significant impact on children</strong></td>
<td></td>
</tr>
</tbody>
</table>

This policy applies to adult patients only.

### 4. Relevant consultation

*Having identified key groups, how have you consulted with them to find out their views and that the made sure that the **policy, procedure, proposal, strategy or service** will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?*
5. **Date completed:** May 2017  
**Review Date:** May 2019

6. **Any actions identified:** Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date to be Achieved</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

7. **Approval** - At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved on behalf of Trust Equality and Diversity Lead: ..........................................................

Date: 28/6/17