

## GUIDELINE FOR AURAL TOILET

### PROCEDURAL INFORMATION

#### SECTION 1 PROCEDURAL INFORMATION

Version:	3
Title of originator/author:	Ear Care Lead Specialist Nurse
Title of Approving Committee/Group:	Ear Care & Audiology Clinical Governance
Title of Ratifying Committee:	Document Ratification Group
Date ratified:	November 2022
Date issued:	November 2022
Review date:	November 2025
Target audience:	Ear Care Practitioners

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## Document History Summary

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Status</b>	<b>Comment</b>
1	27.10.2015	Head of ear care and audiology	Reviewed in 2019	
2	31.10.2019	Head of ear care and audiology	Under review	
3.0	July 2022	Ear care lead	Draft review and update	
3.1	Nov 2022	Ear care lead Head of ear care and audiology	Ratified	

## Section 1 Contents

Paragraph	Title	Page
1	Introduction	4
2	Evidence	4
3	Definitions and abbreviations	4
3.1	Definitions	4
3.2	Abbreviations	4
4	Purpose	4
5	Scope	4
6	Guidance	5
7	Related Guidance or documents	6

## Section 2 Contents

Paragraph	Title	Page
8	Consultation and Communication with Stakeholders	8
9	Document Approval	8
10	Document Ratification	8
11	Review and Revision Arrangements	8
12	Dissemination and Communication Plan	8
13	Implementation and Training Plan	9
14	Plan to Monitoring the Compliance with and Effectiveness of the Trust Document	10
14.1	Process for Monitoring Compliance and Effectiveness	10
14.2	Standards/Key Performance Indicators	10

## 1. INTRODUCTION

Aural toilet is a procedure used to clean the external auditory meatus (EAM) of the ear of wax, discharge and debris. It is also used to dry the EAM following ear irrigation

## 2. EVIDENCE

In order to provide the patient with effective and safer ear care this document was originally produced by the 'Action On ENT' Steering Board (2002) and endorsed by the Royal College of General Practitioners, The Royal College of Nursing, The Primary Ear Care Centre and the Medical Devices Agency. It has subsequently been revised by the Ear Care Centre (2022).

## 3. DEFINITIONS AND ABBREVIATIONS

### 3.1. Definitions

Carbon Curette: plastic probe with serrated end used in ear care

Jobson Horne: probe with a serrated end used in ear care

Speculae: otoscope ends

### 3.2. Abbreviations

None

## 4. PURPOSE

Aural toilet is used to clear the EAM (external auditory meatus) of debris, discharge, soft wax or excess fluid following irrigation

## 5. SCOPE

This procedure should only to be carried out by a suitably trained healthcare worker.

An individual holistic assessment should be made of each patient to ensure that it is appropriate for aural toilet to be carried out.

### Children

Aural toilet can be carried out on children as long as the child is happy to co-operate with the procedure. The practitioner must ensure the procedure is appropriate and necessary. When carrying out otoscopy, gently pull the pinna down and backwards to straighten the EAM.

## 6. GUIDANCE

### EQUIPMENT REQUIRED

- Otoscope
- Otoscope Speculae
- Headlight and spare batteries
- Jobson Horne probe or carbon curette
- Good quality cotton wool (100%)
- Tissues
- Sharps bin
- Disposable gloves

### PROCEDURE

This procedure should be carried out with both participants seated and under direct vision, using a headlight or head mirror and light source.

1. Examine the ear using an otoscope.
2. Under direct vision, dry mop - using an ear mop or Jobson Horne probe/carbon curette with a small piece of cotton wool applied to the serrated edge. Clean the EAM with a gentle rotary action. Do not touch the tympanic membrane.
3. Replace the cotton wool directly it becomes soiled.
4. Intermittently re-examine the meatus, using the otoscope, during cleaning to check for any debris/discharge/crusts which remain in the meatus at awkward angles. Pay particular attention to the anterior-inferior recess, which can harbour debris.
5. Patients who have mastoid cavities should be assessed and treated by a suitably trained healthcare professional. The frequency of cleaning required by the cavity will depend on the individual patient. If the cavity gets repeatedly infected the patient should be referred to ENT for assessment.
6. If an infection is present treatment should follow patient group directives and referral guidelines or as dictated by the result of a swab culture and sensitivities following the failure of first line management. If the patient has repeated problems with the ear, the patient should be referred on according to local policy.
7. Give advice regarding ear care and any relevant information.

8. Document what was observed in both ears, the procedure carried out, the condition of the tympanic membrane and external auditory meatus and treatment given. Findings should be documented, nurses following the NMC guidelines on record keeping and accountability.
9. All contaminated equipment and PPE should be disposed of in clinical waste, with sharp instruments to be disposed of in appropriate sharps disposal.

## **RISK FACTORS**

Potential complications during and following procedure:

- Patient cough
- Trauma
- Infection

## **7. RELATED DOCUMENTS AND GUIDANCE**

Ear Care Guidance Document 2014 .

**GUIDELINE FOR AURAL MICROSUCTION  
PROCEDURAL INFORMATION**

**SECTION 2  
DOCUMENT DEVELOPMENT, COMMUNICATION, IMPLEMENTATION AND  
MONITORING**

## 8. CONSULTATION AND COMMUNICATION WITH STAKEHOLDERS

This document was developed in consultation with:

Clinical governance group - Ear Care and Audiology at Rotherham NHS Foundation Trust

## 9. APPROVAL OF THE DOCUMENT

TRFT – Ear Care and Audiology - Clinical Governance Group

## 10. RATIFICATION OF THE DOCUMENT

This document was ratified by the Clinical Governance Group

## 11. REVIEW AND REVISION ARRANGEMENTS

This document will be reviewed every three years by the ear care specialist nurse team unless such changes occur as to require an earlier review.

## 12. DISSEMINATION AND COMMUNICATION PLAN

To be disseminated to	Disseminated by	How	When	Comments
Library & Knowledge Services via " <a href="#">policies</a> " email.	Author	Email	Within 1 week of ratification	Remove watermark from ratified document and inform DRG Admin Support if a revision and which document it replaces and where it should be located on the Hub. Ensure all documents templates are uploaded as word documents.
All email users	Communication Team	Email	Within 1 week of ratification	Communication team will inform all email users of the policy and provide a link to the policy.
Key individuals Staff with a role/responsibility within the document Heads of Departments / Matrons	Author	Meeting / Email as appropriate	When final version completed	The author must inform staff of their duties in relation to the document.
All staff within area of management	Heads of Departments / Matrons	Meeting / Email as appropriate	As soon as received from the author	Ensure evidence of dissemination to staff is maintained. Request removal of paper copies



To be disseminated to	Disseminated by	How	When	Comments
				Instruct them to inform all staff of the policy including those without access to emails

### 13. IMPLEMENTATION AND TRAINING PLAN

This document references current practice and will be reviewed annually by all relevant staff.

**14. PLAN TO MONITOR THE COMPLIANCE WITH, AND EFFECTIVENESS OF THE TRUST DOCUMENT**

**14.1. Process for Monitoring Compliance and Effectiveness**

<b>Audit / Monitoring Criteria</b>	<b>Process for monitoring e.g. audit, survey</b>	<b>Audit / Monitoring performed by</b>	<b>Audit / Monitoring frequency</b>	<b>Audit / Monitoring reports distributed to</b>	<b>Action plans approved and monitored by</b>
Local Procedures	On going review	Internal peer review	Annually reviewed	Ear Care and Audiology Clinical Governance Group	Lead ear care nurse Head of service
Staff Awareness	On going with annual update	Lead ear care nurse Head of service	Annually reviewed	Ear Care and Audiology Clinical Governance Group	Lead ear care nurse Head of service

**14.2. Standards/Key Performance Indicators (KPIs)**

None