Ear Syringing PHC Remote Best Practice Communiqué

**Raised by:** Primary Health Care Manager, Batchelor Health Centre) and others.

**Background:** There has been increasing awareness over recent years that indemnity for medical practitioners performing ear syringing is limited. This prompts the need for Remote Health to provide direction and guidelines for staff to perform this procedure.

**Discussion:** The CARPA STM 5th Edition (p139) provides an authorised clinical protocol for the practice of ear syringing in remote health centres in the context of removal of foreign bodies and the removal of wax from the ears. CRANA Clinical Procedures Manual (pp 150-151) describes the procedure for use in the remote setting. It is not the intention of this communiqué to further describe the procedure.

Best Practice Group discussion acknowledges the usefulness and benefits of ear syringing in some clinical situations. However, in recognition of the potential for traumatic outcomes from ear syringing, a number of key points are noted:

- Concern that many RANs and AHWs will not have received training in the procedure, yet may feel they are expected to undertake the procedure, without adequate familiarity
- Ear syringing is not currently taught in Remote Health orientation or training
- There is a high incidence of ear disease / perforated tympanic membranes in the remote health client group
- Poor technique, use in inappropriate situations, and inadequate preparation of clients including advice and consent, are key factors which contribute to the risk of traumatic injury; Remote Health practitioners must all practice to a high standard to avoid these liabilities.

Prohibition of ear syringing in Remote Health does not appear warranted; however it is considered important to provide a more considered approach, preventing casual practice or use of the procedure without adequate training or experience.

To ensure heightened awareness of the care to be exercised in performing ear syringing, Best Practice Group have proposed development of a simple skill assessment for Remote Health with the recommendation that:

- Ear syringing only be performed by those staff who have achieved competency
- Ear syringing training be incorporated into the routine Remote Health training calendar
- PHCMs who have received the DoH ear syringing training and been deemed competent, may train and assess other clinicians for competency in the clinical setting
- Assessment for competency is required once only.

RHB will consider recognition of competency gained through external training providers.

**Consultation:** Ear Health Teams (TE / CA); Clinical Learning (CA).

**References:** CARPA STM 5th Edition; CRANA Clinical Procedures Manual 2nd Edition; RISK MANAGEMENT: Patients must hear the risks of ear syringing, Paul Tsoulosidis;

**Outcome:** Remote Health Branch endorses the practice of ear syringing only as specified in the authorised clinical protocol (CARPA p 139), by clinicians that are trained and deemed competent in the procedure. Training is incorporated into the Remote Health training calendar. Trained and competent PHCMs will be able to assess competency in the clinical setting. Competency records will be maintained by ASMs / town-based line managers.

A suitable **Ear Syringing Skill Assessment tool** has been developed.

The Atlas item **Drug Storage Room Standards** now reflects this information.

*Note: while this communiqué makes reference to superceded manuals, the outcome remains the same, October 2014.*