

Clinical Guidance Notice (Interim) to Accommodate COVID-19 Working Practice

<p>Clinical Issue</p>	<p>Ear Canal Clearance Procedures during COVID-19 Pandemic</p>
<p>Target Audience</p>	<p>Contracted Providers of Ear Canal Clearance Procedures in Herefordshire and Worcestershire</p>
<p>Clinical Guidance</p> <p><i>The guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or carer. Where a patient makes a choice contrary to clinician advice this should be clearly documented.</i></p>	<p>The safety of offering services during the COVID-19 pandemic should be guided by the extent of circulating disease in accordance with National Alert Levels or local outbreaks:</p> <p>Alert level 5 (or local lockdown) – Ear canal clearance procedures NOT recommended (including ear irrigation, syringing and microsuction)</p> <p>Alert levels 2, 3 and 4 – Ear irrigation/syringing not recommended</p> <p>Microsuction only to be offered to patients who:</p> <ol style="list-style-type: none"> have a dry ear AND have no known current or recent history of perforation/abnormal connection between the external and middle ear spaces AND are asymptomatic (consider atypical symptoms) for COVID-19 AND have had a personalised clinical assessment and discussion around the risks and benefits <p>Alert level 1 – Normal practice</p> <p><u>OPERATING ADVICE DURING NATIONAL ALERT LEVELS 2, 3 and 4</u></p> <p>Wax Management Advice should be offered remotely where possible, in accordance with NICE Clinical Knowledge Summaries.</p> <p>All providers who plan to restore microsuction services must have a protocol in place that aligns to the National ENT UK guidance and Audiology and Otology Guidance jointly issued by the UKs Professional Audiology Bodies.</p> <p>This National ENT UK guidance outlines the risks and provides recommendations depending on the presentation. However for dry, non-perforated tympanic membrane and no COVID-19 symptoms the CCG recommends PPE use as advised for “wet” ears, given the potential for undetected perforation of the ear drum prior to microsuction.</p> <p>Key recommendations:</p> <ul style="list-style-type: none"> Ensure personalised risk/benefit consideration and informed consent undertaken virtually in advance of procedure Use of a FFP2 mask, plastic gown, disposable gloves and eye protection Use of a mask by the patient Review of suction equipment to ensure appropriate filters in use Use a non-fenestrated suction tube No fans in use in the setting; check air conditioning systems where present Arrangements in place with ability to change rooms if a perforated ear drum becomes apparent following ear canal clearance Where room change required, refer to ENT guidance on air change per hour (ACH) with AGPs to ensure adequate time is allowed before cleaning and reuse (time will depend on ACH and system). Where there is limited/no ventilation, allow 1 hour period to permit settling of particles onto surfaces prior to decontamination cleaning.

	<p>Practice should also follow local infection control policies and the National SOP: General Practice in the context of COVID-19.</p> <p>Notes:</p> <ol style="list-style-type: none"> i. All services (primary and secondary care based) should be prioritised for patients who previously accessed these services and those with a pressing clinical need. Known patients should be proactively contacted when services resume. ii. Referrals to Ear Nose and Throat specialists should only be made for a genuine clinical need. Services are not able to address ear wax removal for new referrals but will continue to manage existing patients with a clinical indication for ear wax removal.
Rationale for Decision	<ul style="list-style-type: none"> • The external ear is not virus bearing and ear canal clearance should not generate risk of COVID-19 transmission where the tympanic membrane is intact • The middle ear and mastoid mucosa may be virus shedding and ear canal clearance poses a risk of viral transmission necessitating additional precautions • Ear irrigation/syringing pose additional risks in relation to: <ul style="list-style-type: none"> ○ Frequent trigger of cough reflex due to stimulation of the vagus nerve (infrequent for microsuction) ○ Inability to visualise the ear drum, increasing the risk of causing a perforation or exposure to an undetected perforation • Demand for treatment of symptomatic patients following a pausing of services, with expectations heightened by the easing of lockdown and NHSE aims of restoration of more routine health care services where safe to do so.
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Executive Approval	<p>Clinical Commissioning and Executive Committee: 7th October 2020</p>
Review Date	<p>15th February 2021</p>
Communication Method	<p>CCG Website and TeamNet</p>
Resources	<p>Audiology and Otology Guidance: From the UKs Professional Audiology Bodies ENT UK: Aerosol Generating Procedures (AGPs) ENT UK: Otology-graduated-return-provision-elective-ent-services-during-covid-19-pandemic NHS: How you can treat earwax build-up yourself</p>