

## Ear irrigation clinical competencies

Name:	Role:
Base:	Date initial training completed:

### Competency Statement:

The participant demonstrates clinical knowledge and skill in ear irrigation for the removal of excessive wax without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Nurse who can demonstrate competence at level 4 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
<b>The Participant will be able to:</b>				
<b>1. Demonstrate knowledge and skill in ear irrigation</b>				
a) Demonstrate an understanding of the basic anatomy and physiology of the ear and the need for preventative care, including patient education and advice	Questioning			
b) Demonstrate an understanding of the anatomy and physiology of the ear	Questioning			
c) Demonstrate an understanding of the decontamination of equipment	Questioning			
d) Demonstrate an understanding of documentation in relation to ear care	Questioning			
e) Demonstrate an understanding of the ability to undertake ear care within the participant's competence, responsibility and accountability	Questioning			
<b>2. Demonstrate the safe and proficient use of basic aural care instruments for the removal of wax, ear irrigation and aural toilet</b>				
a) Demonstrate ability to perform ear examination	Observation			
b) Demonstrate ability to use an otoscope	Observation			
c) Demonstrate ability to identify a normal tympanic membrane	Observation			
d) Demonstrate the ability to perform ear irrigation using an electronic irrigation machine including:  i) correct identification for use of procedure  ii) identification of contraindications for procedure	Observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
iii) selection and preparation of equipment				
iv) Completion of procedure in accordance with guidelines				
e) Demonstrate ability to perform aural toilet	Observation			
f) Demonstrate ability to document findings and initiate appropriate action if abnormality identified	Observation			

Source: Primary Ear Care Centre, guidance document in ear care 2008

Date all elements of Competency Tool completed to level 3 \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_ Date \_\_\_\_\_

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in ear irrigation

Assessor \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_ Date \_\_\_\_\_

Review Dates:	Competent Yes / No	Registered Nurse Signature	Verifier signature	Comments