

## Risk assessment

### Activity specific risks

Activity	Identify risk	Assess risk	Control risk	Review controls
Ear Examination	<p>Abrasion to ear canal</p> <p>Heatburn from otoscope</p> <p>Cross infection between ears</p>	<p><b>Low risk.</b> Increased force during otoscopy might result in pushing ototip against ear canal causing nick or slight bleed</p> <p><b>Low risk.</b> Increased heat from lit bulb over time</p> <p><b>Low risk.</b> Increased risk as Audiologist is examining both ears when there may be evidence of infection in one/both during the procedure</p>	<p>Perform the examination in a stable position on a rotating stool</p> <p>Only turn on the otoscope when about to examine ears to avoid heating up excessively</p> <p>Use a single ototip for each ear to minimise the transfer of microorganism matter</p>	<p>Thorough history about conditions that would result in movement during procedures. Consent to be given around any previous problems during ear examination involving head movement</p> <p>Check the otoscope function periodically and self-check for any overheating</p> <p>Take a thorough history prior to examination to determine any prior infection risk. Use PPE in conjunction with single use ototips during the procedure</p>

Ear Instruments	Blunt trauma from the instrument nicking the ear canal or causing a perforation of the eardrum during instrumentation	<b>Medium risk.</b> Risk of instrument pushing material against the eardrum. If weakened eardrum or a recent perforation, the ears are more susceptible. Increased risk as relies on minimal movement from the client during procedure	Inform the client that they must keep their head in a stable position during instrumentation. Refrain from this technique of wax removal if history reveals problems with head movement	Thorough history about conditions that would result in movement during procedures. Consent to be given around any previous problems during ear examination involving head movement
Aural Microsuction only *	Insurance/legal issue due to use of non-CE marked machine for Aural Microsuction  Bleeding/haematomas	<b>No risk if controls adhered to.</b> Currently there are no CE marked machines for Aural Microsuction. If there is no effective alternative, a machine can be used 'off label', following the MHRA guidelines  <b>Medium risk.</b> Consult consent for use of anti-coagulants. Too much suction pressure, removing material too quickly, pushing hard material against canal walls, sharp foreign objects, misplacement of suction probe	Perform risk assessment for suction machine. Client must be informed that machine has been adapted for Microsuction – include on consent form and inform insurance provider  Read consent form. Ensure that the correct suction probes / tubes are always used with the correct Fr gauge. Follow training instructions and manufacturer guidelines. Remove harder material more slowly. Always work on the surface and never push or dig into the material	Periodically reassess risk assessment. Regularly review updates to government guidelines for the use of 'off label' medical devices. Review manufacturer developments for release of CE marked machine  Check delivery notes and cross-reference with ordered products to ensure use of correct equipment with correct Fr gauge



	<p>Vertigo, dizziness or balance problems</p> <p>Transfer of infection from cross-contamination</p>	<p><b>Medium risk.</b> Consult consent form. Sensation of air/water rushing through client's ear via suction tube may induce dizziness/vertigo</p> <p><b>High risk.</b> Client may infect ear post procedure. Infection may be passed onto a client during procedure/water droplets left in the ear canal</p>	<p>procedures on recently perforated / healed TMs</p> <p>Stop procedure as soon as client reports dizziness. Ensure this side-effect is described in consent form. Limit use to 15 minutes per ear and take regular breaks</p> <p>Don't break the skin – see bleeding / haematomas. Anti-bacterial wipe irrigation probes/cannula and suction tubes before inserting into ears. Use pre-sterilised single-use suction tubes and single use cannula. Clean clothes with short sleeves and no ties. Wash hands and arms with anti-bacterial soaps and gels. Carefully wash and sanitise all other equipment. Advise client how to take care of ears post-treatment</p>	<p>Write case studies on clients who experience balance / dizziness issues and review record keeping</p> <p>Regularly review and update infection control procedures. Regular infection control training</p>
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Audiometry	<p>Cross infection from headphones/bone conductor or response button</p> <p>Noise exposure from increased intensity levels</p>	<p><b>Low risk.</b> Client may get infection post procedure if passed on via lack of infection control measures</p> <p><b>Low risk.</b> Audiologist might accidentally nudge the “present” button during testing. Improper test procedure could be a factor.</p>	<p>Use of single use headphone covers and use of alcohol wipes in between clients</p> <p>Use of limiter on the Audiometer to ensure sudden loud intensities are avoided</p> <p>.</p>	<p>Thorough history about recent infections to be taken prior to Audiometry. Cleaning of earphones and wires in between clients using disinfectant wipes</p> <p>Ensure that audiometry is performed to British Society of Audiology recommended procedures to ensure the correct procedure is followed.</p>
Aural Impression taking	<p>Risk of impression paste getting lodged left in the ear canal after removal</p> <p>Risk of impression paste filling up an unknown or expansive mastoid cavity</p>	<p><b>Low risk.</b> If impression paste is removed from the ear canal before setting, or the paste is “out of date” or not mixed correctly to react to allow setting</p> <p><b>Medium risk.</b> In unusual ear canals, especially mastoid cavities, aural impression paste may continue to expand into the extra space and get dislodged and have to have removal via an ENT specialist</p>	<p>Ensure safe practices in removal and remove impression after it is set and in a slow and controlled manner</p> <p>Ensure aural impression is not taken if at all cautious as a result of ear examination and/or history taking</p>	<p>Ensure impression taking conforms to British Society of Audiology recommended procedures. Ensure the impression paste is mixed evenly and it is “in date”.</p> <p>Ensure a thorough history and ear examination is taken prior to impression taking asking about prior ear surgeries. Ensure Aural Impression is performed to British Society of Audiology recommended procedures</p>

\*Aural Microsuction risk assessment details courtesy of The Hearing Lab.

## General risks

Identify risk	Assess risk	Control risk	Review risk
Trip hazard – long power cables attached to irrigation/suction machine	<b>Low risk.</b> Cables creating a potential trip hazard for both client and professional	Use cable ties and cable tacks to keep cables out of the way of any floor space	Regularly check cable ties / cable tacks to ensure cables have not moved out of place
Electrical safety – during use of equipment	<b>Low risk.</b> Could suffer electrical shock or burns if using damaged portable electrical appliances, their cables, plugs, e.g., lamps, photocopier, extension lead	All portable electrical equipment must be tested for electrical safety (PAT tested) at correct intervals and labelled with the date of the test. Electrical cables and plugs should be regularly visually inspected by the user for damage	Any defective equipment should be reported immediately to the responsible person then suitably labelled and taken out of use until the repair has been carried out. Electrical equipment must always be operated in accordance with manufacturers' instructions
Fire safety – during on site or home visit sessions	<b>Low risk.</b> Could suffer from smoke inhalation or burns if trapped in building. Due to combustible materials encountering/close to heat source, e.g., portable heaters, overloading electrical sockets	Equipment should be switched off when not in use for long periods. All portable electrical equipment must be PAT tested for electrical safety at appropriate intervals. The fire alarm system is installed, maintained, and tested	Fire risk assessments for each building should be carried out periodically. Everyone must be acquainted with the Emergency evacuation procedure
Lone working	<b>Low risk.</b> Allied staff unable to promptly summon emergency assistance in the event of serious injury, sudden illness, or personal threat	Lone working should be minimised or avoided where feasible. If unavoidable, ask for family/carers to join the session for safeguarding. A specific lone worker risk assessment may be required in circumstances	Always have contact details of significant others on personal belongings. Make a significant other aware of your schedule of the day in advance

		where any potential risks are increased (e.g., expectant mothers, persons with mobility issues or medical conditions).	
Client fainting	<b>Low risk.</b> Uncommon but can happen. Knowing what to do is important	If client does not regain consciousness in 1 – 2 minutes, call 999. Place client in the recovery position. If someone is about to faint, the easiest thing to do is to tell them to put their head between their knees if they are sat down. Do not let them get up	Check client's previous medical history. Train and practice correct procedure for recovery position. Have someone on site who is trained as an emergency responder/first aider
Professional suffering from strain in shoulders and back from performing procedure	<b>Low risk.</b> If good posture is maintained and professional takes regular breaks	Make sure client is on a suitable comfortable chair. A saddle stool is best for the practitioner. Keep back straight and shoulders relaxed. If wax is difficult to remove – use oil in client's ear to give professional a short break	Pay attention to body signals and assess equipment. Ensure layout of room and equipment allows procedure to be performed in a way that is comfortable to both client and Audiologist