Schedule 2 – Consent for Ear Care Programme Form

This form should be completed by the resident where they have capacity, or by an authorised representative acting in the resident's best interests where capacity is lacking.

Care Home:_____ **Date :** _____

Resident Details

Full Name: _____ **Date of Birth:** _____

This consent covers all the services I/we have consented to that are delivered by Clear Sound Solutions Ltd. It remains valid until I/we revoke it.

Please tick (✔) either the "ALL services" box, or alternatively tick the individual services you consent to.
You may consent to all or selected procedures, provided it is clinically safe.

ALL SERVICES

☐ **Ticking this box consents to all the services listed below**
(Alternatively, you may tick any individual services you prefer.)

☐ **Otoscopy (Ear Examination)**
Visual inspection of the ear canal and eardrum using a specialist device.

☐ **Microsuction (Wax Removal)**
Safe removal of ear wax using a low-pressure suction device.

☐ **Hearing Screening Test**
Basic hearing check to identify possible hearing loss.
⚠ *If you have any implantable medical device in the head, neck, or shoulder region (e.g. ventriculoperitoneal shunt, cochlear implant, neurostimulator, or other magnet-sensitive implant), you MUST inform your Ear Care Practitioner (ECP) and must NOT proceed with this test.*

☐ **ENT Specialist Remote Review**
Remote review of ear images and/or clinical findings by an ENT specialist.

☐ **Advanced Referral (Audiogram & Hearing Aids Assessment)**
Referral for a full hearing assessment and consideration of hearing aids (no obligation).

☐ **Use of Olive Oil (Ear Wax Softening)**
Application of olive oil to soften ear wax prior to removal.
⚠ *If allergic to olive oil, you MUST inform your ECP and must NOT consent to this treatment.*

Consent Declaration

By signing, I confirm that:

- ★ I have read and understood the information provided.
- ★ I consent to the selected procedures, subject to clinical safety assessment.
- ★ I consent to the sharing of relevant medical information with the Ear Care Practitioner and Clear Sound Solutions Ltd solely for the safe delivery of the chosen services.

Resident Name/ Representative Name:_____

Relationship (if applicable): _____

Signature:_____

Patient Information Leaflet

Digital otoscopy combined with microsuction is considered the gold standard for ear wax removal and non-invasive ear health check-ups. It is often quicker, cleaner, safer, and more precise than alternatives such as irrigation or syringing.

Most people tolerate these procedures very well. However, as with any procedure, there are some possible side effects. These are listed below so you can make an informed decision.

Otoscopy (Examining your ears)

The Ear Care Practitioner (ECP) will ask for your permission to examine your ear(s)
using the digital video otoscope.This allows examination of the ear canal and eardrum.

Otoscopy risks

Common (*Might happen*)
- Mild discomfort when the otoscope is introduced / removed from the ear

Rare (*Probably won't happen*)
- Severe discomfort
- Trauma to the ear canal

Hearing Check

A hearing check involves placing headphones over both ears. Our device will play a range of different sounds at varying loudness and pitch through the headphones.
The aim of the test is to establish the quietest sounds you can hear and identify any potential hearing weakness.

⚠ *If you have any implantable medical device in the head, neck, or shoulder region (e.g. ventriculoperitoneal shunt, cochlear implant, neurostimulator, or other magnet-sensitive implant), then you **MUST** inform your ECP and **NOT** proceed with the hearing check. Headphones may generate magnetic fields that could interfere with such devices.*

Hearing Check risks

Common (*Might happen*)
- Discomfort to some loud or high pitch sounds in the test, but this tends to be temporary.
- Temporary increased awareness of pre-existing tinnitus

Rare (*Probably won't happen*)
- Dizziness
- Permanent increased awareness of pre-existing tinnitus
- Triggering a new awareness of tinnitus

Ear Wax Removal

Ear wax removal may be necessary to relieve fullness/blocked sensation of the ear, and/or to enable otoscopy and hearing check. If the wax cannot be fully removed,a second or third appointment may be required with further softening of the wax for a few days between visits using alternative softeners as advised. Two methods of wax removal may be used during your appointment, microsuction and/or manual removal using an instrument. Your ECP will choose the most appropriate method.
Your ECP has undertaken training and is certified as competent in ear care and wax removal and will use best practice procedures to minimise any risk.

Ear Wax Removal risks

Common (*Might happen*)
- Complete wax removal cannot be achieved
- Stimulation of cough reflex
- Minor discomfort or scratching sensation in the ear canal

Uncommon (*Unlikely to happen*)
- Discomfort (minimised by application of olive oil prior to appointment)
- Damage to skin of the ear canal (minimised by application of olive oil prior to appointment)
- Bleeding from ear canal
- Ear infection
- Temporary change in sensitivity of hearing
- Temporary increased awareness of pre-existing tinnitus

Rare (*Probably won't happen*)
- Damage to the ear drum during the procedure
- Feeling lightheaded
- Temporary dizziness

Extremely Rare (*Probably won't happen*)
- Permanent hearing loss
- Persistent increased awareness of pre-existing tinnitus
- Sustained awareness of tinnitus
- Fainting during or shortly after the procedure

You may ask the Ear Care Practitioner to stop the procedure at any time.
They will explain everything as they go and answer any questions you have.

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