Clean Needle Technique - Best Practices

What is Clean Needle Technique?

Clean needle technique are steps that can be taken when performing ear acupuncture that minimize the risk of infection. Acupuncture on the whole has an excellent safety record and following clean needle practice is part of our focus on safety. Organisms that cause infections can be transmitted via contaminated surfaces, hands, needles, needle trays, and by body fluids like aerosol droplets from sneezing, coughing, blood, saliva, etc. However, most infectious agents cannot survive on an inanimate object for even a short period of time. Immunocompromised individuals like the very young, very old, or people with immune system disorders, are at higher risk. Clean needle technique is a universal precaution and should always be followed.

Clean technique for ear acupuncture DOES NOT require the provider to wear gloves, which can actually increase risk of needle stick injury because of diminished tactile sensitivity and/or dexterity. The only time gloves or finger cots are warranted is if the provider has an open cut, abrasions, burn, or wound on their hand. A bandage over the open area will also suffice.

Supply list:

- Sterile acupuncture needles in box or container where it is easy to reach in and grab a sealed packet
- Hard plastic sharps container
- Needle tray to place opened packets- a shallow bowl, or tray works well for this
- Cotton swab or cotton balls in container with wide opening so that you can reach in and grab one without touching all the rest
- Rubbing alcohol swabs
- Hand sanitizer with anti-bac ingredient e.g. rubbing alcohol 60%, Thymol, etc.
- Trash receptacle for used cotton swabs/balls, needle packaging, rubbing alcohol swab packaging (This could be a paper bag with the top rolled down to keep its form.)

Optional:

- Ear probe/ press balls
- Rubbing alcohol dispenser (expensive, spills in kit, packaged swabs better)
- Magnet on handle (get from auto part store) to pick up stray needles with

Preparation

Get all your materials and supplies together. Set them up in a way that makes sense for your workspace e.g. trash on the ground, sharps container within reach, cotton swabs or cotton balls in a container with a wide opening, hand sanitizer w/ pump or with cap open, etc.

Before you start, if possible, wash your hands under running water with soap for the amount of time it takes to sing the alphabet song. If there is no running water available, use hand sanitizer to thoroughly sanitize your hands.

Handling needles:

Clean your hands with soap and running water, or by using hand sanitizer, before setting up your workstation or opening needle packs.

Provider needs to be able to open needle packets without contaminating or dropping needles.

Dropped needles should be rounded up and put in a sharps container as soon as possible but wait to finish needling the person before picking up needles from the floor unless you want to re-sanitize your hands before continuing needling.

Opened needle packs can be set down while needling a patient, on a clean, flat, stable surface.

10-pack needles- usually come with a tube. We will not be using this tube during the AAT training, but some practitioners do. It is simpler to learn to needle without the tube, especially with short (1/2") ear needles. If you use a guide tube to insert needles, use a new guide tube for each patient. When using a guide tube, the needle is dropped into the tube handle first so that the practitioner does not accidentally touch the needle tip.

Hold needles by the handle and avoid touching the shaft or tip of the needles to anything but the point where you will be inserting the needle. Needles come with either a "pipe" handle (plastic or metal) or "spring" handle (wound wire handle).

Inserting needles:

There are a few ways to handle needles; some people will remove all 10 needles from the packaging and hold them by the handles with one hand, while needling with the other. Some people remove needles one at a time from the packet to needle. It takes practice to develop smooth needling skills.

Free-handing means inserting the needles without the aid of the plastic guide tube that comes in the needle packet. Free-handing is simpler to learn and develop skills with than using a guide tube which requires more steps.

Acupuncture needles are very thin wire and can flex slightly when inserted. Position yourself relative to the ear you are needling so that the needles can be inserted straight into the point, with minimal flexing of the needle shaft, and so that both the practitioner and the patient are comfortable. This will lead to better insertion technique and less sensation or pain for the patient.

Needle insertion in the ear is shallow ~1/8" to 1/16" depending on the

fleshiness of the ear and the point being needled.

Inserting the needle confidently, quickly and to the correct depth will increase chances for a painless insertion. Different people have different levels of sensitivity to having their ears needled. Different people have different types of ear tissue which may be easier or harder to needle.

We do not needle completely through the ear, **i.e. point does not come out back of auricle.** If this happens, don't panic. Remove the needle and check for bleeding. You may wish to reinsert this needle, or not. Either is fine. For this reason, you should never place your finger or hand behind the ear of the person you are needling.

Use a new needle from the packet for each insertion. If you have to insert a point more than once (it falls out, you miss the point you are trying to needle, etc.) use a new needle for each insertion. Needle tips can dull after a single insertion, and using a new needle minimizes risk of infection.

Removing needles from an ear:

Always have a cotton ball or cotton swab handy when removing needles. Ear points can bleed, sometimes a lot.

Remove one needle at a time and drop it into the sharps container. The sharps container should be placed on a flat, level surface within easy reach. Dropping the needle handle first can help needle to fall into opening of sharps container.

If a patient asks for a needle to be removed during a treatment, do so and place it in the sharps container.

All used needles are placed in sharps container as soon as they are removed.

Sometimes there is a small amount of blood when removing needles. Use a cotton ball or cotton swab to apply direct pressure to the bleeding point. You can ask a patient to hold a cotton ball in place if necessary.

Dispose of bloody cotton can be in trash unless the cotton is so saturated with blood that it would drip blood if squeezed (do not squeeze bloody cotton ever.)

Account for all needles placed during treatment. For those patients receiving 5NP there will be 10 needles to remove; 5 from each ear. If for some reason you did not place all 10 needles in a patient's ears, make a mental note about how many you did put in their ears. Or ask the patient to help you recall how many needles were placed in their ears.

If you do not pull the same number of needles from a patient's ears as you inserted, take time to look around on their clothing, the floor, chair, etc. for the missing needles. Use a magnet to remove needles from hair or clothing to avoid needle sticks. Asking a patient to check their own hair or clothing for a lost needle can be helpful.

Hand washing or hand sanitizing:

Rewash or sanitize hands between patients, before and after eating, touching your face, or hair, after using the restroom and after coughing or sneezing. Always cough and sneeze into your elbow or shoulder and encourage others to do the same.

Wash your hands with soap, under running water, if your hand is contaminated with a patient's blood or body fluids.

If patients use rubbing alcohol to swab their own ears be sure that there is a trash receptacle nearby or you can take the used swab and packaging from them after you treat them.

About Swabbing Ears with Rubbing Alcohol:

CNT does not require that patients' ears be swabbed or cleaned first unless they are visibly dirty.

WHO (World Health Organization) says: Skin preparation of patient before injection. Wash skin that is visibly soiled or dirty. Swabbing of the clean skin before giving an injection is unnecessary. If swabbing with an antiseptic is selected for use, use a clean, single-use swab and maintain product-specific recommended contact time. Do not use cotton balls stored wet in a multi-use container. ref: https://www.who.int/bulletin/volumes/81/7/Hutin0703.pdf

The skin on our ears can be very oily, which is part of the body's defense

from small particles entering the ear canal. A sticky or oily surface will catch micro particles, and also keeps our ear skin, which is not highly vascularized, from drying out. When using ear seeds, which use a small patch of surgical adhesive (band aid) to stick to the outer ear, it can be helpful to swab with rubbing alcohol first. After the outer ear completely dries the ear seeds will often stick better.

Other safety measures:

Assure that all needles are accounted for as a needle may have fallen out during the treatment and may be on the floor or the patient's clothing. Care should be used to always observe and use trauma informed care practices. Encourage the patient to sit for a moment if they desire before leaving.

Frequently check the chair and area one last time for lost or dropped needles and before a new patient enters the space. A flashlight beam can be helpful to find needles on the floor as the needles will reflect light.

Additional information on Clean Needle Technique for acupuncture students can be found here:

http://www.ccaom.org/downloads/7thEditionManualEnglishPDFVersion.pdf. A good deal of the information contained in the CCAOM CNT manual is not relevant to the practice of ear acu-techs.