


**BUSINESS RULE**

## Alcohol Based Skin Preparation Solutions in the operating theatre environment (RCOS)- Safe use of POWH CLIN084

<b>Target Audience</b>	
<ul style="list-style-type: none"> <li>• Medical Officers</li> <li>• Nursing Staff and Operation Assistants</li> <li>• Nurse Educator/Clinical Nurse Educator</li> <li>• Nurse Unit Manager/Operations Supervisor</li> </ul>	
<b>Purpose Statement</b>	
This document outlines responsibilities for medical and Nursing Staff regarding the Safe Use and storage of Alcohol Based Skin Preparation Solutions in the Operating Theatre environment	
<b>Contact numbers</b>	<b>National Standard Alignment</b>
Randwick Campus Operating Suite: Telephone 9382 4208	

<b>Change Summary</b>
<p><b>Month &amp; Year: July 2025</b>  <b>Review type: Minor Review</b></p> <ul style="list-style-type: none"> <li>• Review of references and additional of new references following literature search</li> <li>• Risk rating reduced from High to Medium due to no incidents since last procedural review in 2020</li> </ul> <p> <input type="checkbox"/> Evidence/Procedural change  <input type="checkbox"/> Identified risk (RCA, Critical Incident, Safety Alert, Complaint, Audit/Performance data)  <input type="checkbox"/> New/Updated MoH or SESLHD overarching document  <input checked="" type="checkbox"/> Scheduled Review according to Risk Rating  <input type="checkbox"/> Required as National Standards  <input type="checkbox"/> N/A new document         </p>

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Feedback about this document can be sent to [SESLHD-POWHPolicy@health.nsw.gov.au](mailto:SESLHD-POWHPolicy@health.nsw.gov.au)



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**Alcohol Based Skin Preparation Solutions in the operating theatre environment - Safe use of POWHCLIN084**

<b>TYPE OF BUSINESS RULE</b>	Clinical Business Rule
<b>SERVICE FOR USE IN</b>	POWH Randwick Campus Operating Suite (RCOS)
<b>DATE OF RATIFICATION</b>	July 2025
<b>REVIEW DATE</b>	July 2028
<b>RISK RATING</b>	Medium
<b>NATIONAL STANDARD ALIGNMENT</b> <i>Clinical policies to align with one or more of the National Standards 1-9 (Version 2)</i>	Standard 1: Clinical Governance Standard 3: Preventing and Controlling Infections Standard 4: Medication Safety Standard 5: Comprehensive Care
<b>FUNCTIONAL GROUP/SUBGROUP</b>	Risk Minimisation
<b>FORMER REFERENCE(S)</b>	Safe Use of Alcohol Based Skin Preparation Solutions May 2012, Updated June 2015, POWH CLIN084 June 2022
<b>EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR</b>	Director of Nursing Director Clinical Services
<b>AUTHOR/CUSTODIAN</b>	Clinical Nurse Consultant Randwick Campus Operating Suite
<b>KEY TERMS</b>	Alcohol, Skin Preparation, Fire safety

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**1. PURPOSE & SCOPE**

The clinical business rule informs operating theatres staff of appropriate precautions and expected procedures to ensure safe use of alcohol based skin preparation used in patientcare.

**Background**

The Clinical Excellence Commission published the [Infection Prevention and Control Practice Handbook 2020](#). This handbook advises of risk reduction strategies when using alcohol based skin preparation solutions in the operating theatres<sup>1-2</sup>.

Alcohol based skin preparations are considered one of the most effective and rapid acting skin preparation solutions affecting gram positive and negative bacteria<sup>2,5,6 & 7</sup> but are highly flammable and present a fire risk in the operating theatre<sup>18,19,20,21</sup>.

Fires can occur when fuel, an oxidiser and an ignition source come together<sup>8-10,18,19 & 20</sup>. Fires in the operating theatre are considered rare<sup>2</sup>, but avoidable events<sup>19 & 20</sup>.

All three elements are present in the operating theatre<sup>6,18-21</sup>, for example, alcohol based skin preparation, combined with the oxygen rich environment in the operating theatre could ignite when exposed to a heat producing source such as a diathermy or laser<sup>5,6,8</sup>.

Surgical site infections are acknowledged as a high contributor to healthcare acquired infections amongst hospitalised patients<sup>2,4,5,6 & 10</sup>. Development of a SSI poses a significant risk to patients including increased length of stay and healthcare costs both potentially impacting on morbidity and mortality rates<sup>6 & 10</sup>. When considering the use of alcohol based skin preparations in the operating theatre, there is a need to balance the risk of fire with the risk of surgical site infections<sup>2,5,6</sup>.


**Aboriginal Health Impact Statement**

This Business Rule outlines a local process that is inclusive for all population groups. For resources on caring for Aboriginal and Torres Strait Islander peoples visit the [POWH Aboriginal Health webpage](#)

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**2. KEY SAFETY POINTS**

	When considering the use of alcohol based skin preparations in the operating theatre, there is a need to balance the risk of fire with the risk of surgical site infections
	Ensure safe use of alcohol based skin preparation used in patient care.
	Alcohol based skin preparation solutions must be stored in a central location, preferably in the pharmacy storeroom

**3. ROLES AND RESPONSIBILITIES**

Role	Responsibilities
Medical Officer	Responsible for the use of alcohol based skin preparation solution for patients <sup>1&amp;2</sup> under their care. Where there exists preference list/card for the proceduralist, the preferred solutions for skin prep will be documented <sup>8</sup> . This will enable nursing staff to plan ahead for required extra precautions regarding patient safety. Preference cards of medical personnel should be reviewed annually to ensure accuracy and currency of alcohol based skin preparation <sup>9</sup> .
Nursing staff and Operation Assistants	<b>Nursing staff</b> must have attended and completed training requirements as set out in this Business Rule and retain evidence of the same <sup>2,8</sup> . Review proceduralists preference cards where these exist. Update preference cards to reflect accuracy and currency as required <sup>9</sup> . <b>Operation Assistants</b> must have attended and completed training on storage and handling of alcohol skin preparation solution on orientation to the department.
Nurse Educator/ Clinical Nurse Educator	Will facilitate and supervise training on orientation for all nursing staff and operation assistants. Facilitate ongoing mandatory training opportunities annually or as required. Will maintain evidence of education and training in the RCOS.
Nurse Unit Manager/ Operations Supervisor	Will follow NSW MoH Policies, SESLHD Procedure and POW requirement for all new staff assigned to their portfolios and support time for orientation at the commencement of employment and attendance and completion of annual

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	training requirements.
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**Training requirements**

Training on orientation

Attend organisation Fire training annually.

Access, read and review practice for NSW Health, PD2025\_006, [Clinical Procedure Safety](#)<sup>1</sup>.

**4. PROCESS / PROCEDURE**

**4.1 Annually**

Fire training attendance, evacuation drill participation and assessment is mandatory for all staff of RCOS.<sup>2,6</sup>

Maintain awareness of any changes to practice for Procedure Safety Checklist<sup>1,2,1</sup>

**4.2 Procedure Safety Checklist**

When using alcohol based skin preparation during high risk procedures, the team responsible for each patient procedure will actively participate in the Level 3 proceduresafety checklist step of Time Out. During [anticipated critical events](#) (4.5.11) confirm:

- Appropriate action has occurred to protect patients and staff
- outline plan of action and roles for the unlikely event of a fire

Time out procedure can be located in NSW Health, PD2025\_006, [Clinical Procedure Safety](#)<sup>1</sup>.

**4.3 Product selection and storage**

Any alcohol based skin preparation product/s available for use in the operating theatres must be approved by the Australian Therapeutic Goods Association (TGA)<sup>1,2,4, & 11</sup>

The alcohol based skin preparation solution is to be used for the purpose/s as specifiedby the manufacturer, with adherence to additional requirements and precautions.

Ensure the storage of alcohol based skin preparation solutions is consistent with NSW Health Information Sheets; Hazardous Chemicals Using, Handling, Labelling, Storage & Transportation; and Hazardous Chemicals – Managing Hazardous Chemicals in theWorkplace,<sup>1,2 & 3</sup> and relevant Material Safety Data Sheets (MSDS)<sup>12-</sup>



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Alcohol based skin preparation solutions are stored in a central location<sup>15</sup>, preferably in the pharmacy storeroom.

To avoid accidental selection and use of incorrect skin preparation solution, alcohol based skin preparation solutions are not to be stored<sup>1</sup>:

- Next/near to other skin preparation solutions<sup>9,15</sup> in look-alike containers
- In the individual operating theatres<sup>2</sup>
- Scrub bays or
- Sterile stock room

The Alcohol based skin preparation solutions is to be collected specifically for each individual set up. If unopened, return to the pharmacy store room prior to the commencement of the next procedure where possible<sup>4,5</sup>.

When in the operating theatre alcohol based skin preparation solution containers and/or items soaked in the same are not to be placed directly above, below and or near<sup>12-14</sup>

- Oxygen enriched environments
- Inhalational gas delivery systems
- Electrical devices / power supply

#### 4.4 Quantity of solution, run off and pooling

The quantity of alcohol based skin preparation solution used to prepare the skin will be kept to a minimum<sup>1, 2, 7, 11, 15</sup>, to avoid run-off and pooling either on or around<sup>1-2, 5, 6, 7 & 9</sup>.

- the patient,
- beneath pneumatic tourniquets,
- electrodes,
- electrosurgical dispersive pads,
- hair
- Endotracheal tube ties.
- skin folds / umbilicus
- in between digits

#### 4.5 Solution

- 100ml or less<sup>4</sup>
- Single use containers<sup>11, 15</sup> of alcohol based prep solution will be available for use
- Solutions with dye are recommended<sup>1-2, 7-8</sup>. The use of dye allows

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- visual observation of where the patients 'skin has been prepped,
- Reduces the amount used and
- Limitation of run off and any pooling that may have occurred will be visible<sup>13, 7-8</sup>.
- Prefilled Skin solution sticks with swabs are preferred as an alternative to decanting for limiting run off. It also allows for containment of unused solutions.

Any solution run off that occurs will be contained by absorbent sheets ('blueys') that are placed around the patient and must be removed before the surgical drapes are applied to the operative area <sup>2, 6, 9, 11, 16</sup>. Removal of 'blueys' is the responsibility of the scout nurse<sup>5, 8</sup>.

If staff scrubs/uniforms/ Personal Protective Equipment (PPE) become soaked in alcohol based skin preparation solution, they are to leave the area and change into clean scrubs/uniforms as soon as possible <sup>2</sup>.

### 4.6 Decanting and disposal of alcohol based skin preparation solution

The use of alcohol based skin preparation solution in patient care areas is done according to ACORN Standard, Perioperative patient skin antisepsis <sup>5</sup>.

Before opening and decanting the alcohol based skin preparation solution, the perioperative nursing staff will

- Refer to the surgeons/anaesthetists' preference card <sup>6 & 14</sup>
- Verbally confirm with the surgeons/anaesthetists <sup>3, 14</sup>

When decanting solutions staff are to wear appropriate PPE<sup>3, 4</sup> and be aware of possible ignition sources at the time of decanting <sup>17</sup>.

Once the alcohol based skin preparation solution has been applied to the patient's skin any excess solution remaining in the gallipot is to be removed from the operating theatre. The solution is to be flushed down the sink and the gallipot rinsed prior to disposal in the appropriate waste management bag <sup>12 - 14</sup>.

The raytec swabs used to apply the alcohol based skin preparation solution must remain in the operating theatre until the completion of the procedure and the final count has been completed <sup>3</sup>

### 4.7 Drying and evaporation time

Recommended drying times following application of alcohol based skin preparation solution is a minimum of 3 minutes in hair free zones; it is suggested more time is

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required for larger prepped surface areas and or excessive hair<sup>5, 7, 8 & 9</sup>.

Recommended drying times must be followed according to the manufacturer's instructions and the Clinical Excellence Commission [Infection Prevention and Control Practice Handbook 2020](#) prior to draping. This allows for the isopropyl alcohol component of the solution to

- evaporate before draping the patient
- before activation of any electrosurgical / laser device<sup>2, 4, 5, 6, 8, 16 & 17</sup>.

This is the surgeon's/anaesthetist's responsibility and permission to proceed must be given verbally by the surgeon/anaesthetist.

### 4.8 Electrosurgical equipment

Electro surgical equipment is the prime ignition source in 68% of surgical fires<sup>8-9</sup>. The following best practice recommendations minimise the risk of fire and patient injury<sup>10</sup>

Prior to using any electrosurgical equipment the device:

- Must be inspected to ensure all cables and connections are intact and free of damage<sup>5 & 7</sup>
- All cabling is to be free to tension<sup>8</sup>
- Fluids are not kept/stored in contact with the device<sup>8, 18</sup>

Electrosurgical instruments should be used on the lowest useful power setting, to minimise the risk of sparking and excessive temperatures<sup>5, 8 & 10</sup>

The activation device is placed in a quiver/protective holder whenever it is not in use to prevent accidental activation.<sup>5, 8</sup>

To avoid inadvertent activation, care must be taken with the placement of the foot pedal for the electrosurgical instrument so it does not become confused with the foot pedals controlling other equipment, such as lasers<sup>8</sup>.

### 4.9 Oxygen rich environment

An oxygen enriched environment exists when oxygen concentrations are higher than 21%<sup>5, 7</sup>. To maximise patient and staff safety the following standards of care are to be employed when alcohol based skin preparation solutions are in use:

- If possible, minimum oxygen concentration will be administered. Consider use of artificial airway devices to achieve closed system for oxygen delivery<sup>2, 15 - 16</sup> if oxygen concentrations are above 30%<sup>16, 17</sup>

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- Arrange/configure surgical drapes in such a manner that minimises the risk of oxygen accumulation <sup>2, 9, 10 & 16</sup>. Where surgery involves the head and or neck consultation must occur between the anaesthetic and surgical teams regarding oxygen therapy and management of airway delivery devices <sup>2, 7-8, 15 & 16</sup>

**NB: When the Optiflow THRIVE device is in use this is considered a high risk for fire and potential for a critical event. In the event of fire on the surgical field <sup>9, 16-17</sup>**

- Remove burning material off the patient
- Extinguish the fire with water
- Turn off sources of ignition and oxygen
- Assess patient requirements and prioritise care
- Raise the alarm to the Floor Coordinator
- Place moist [surgical] sponges on burnt tissue to minimise injury
- Initiate a RACE response / Call a Code Red 2222 if required

### 4.10 Spills

There is little literature supporting best practice guidelines for the clean-up of alcohol based skin preparation solution spills. The material safety data sheets (MSDS) available for the solutions used in RCOS provide clear directions for clean-up of large spills; large spills as guided by Workcover NSW are suggested to be in excess of 50Litres.

The below recommendations are made in review of the Material Safety Data Sheets'(MSDS) available in relation to the context of practice that alcohol based skin preparation solution spills are small in nature.

#### Recommendations for spill clean-up <sup>12 - 14 & 18</sup>

- Ensure appropriate PPE is in use
- Contain the spill
- Access the appropriate spill kit
- Soak up the spill, with non-combustible material and dispose in the appropriate waste container.

### 4.11 Non-compliance

Incidents and or near misses that occur as a result of alcohol based skin preparation must be reported via IIMS. The IIMS incident number is to be documented in the patient's medical record.

Non-compliance must be reported to the specialty NUM responsible for the collective specialities the procedure falls within.

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Repeated non-compliance will be reported through the RCOS NM 5 position to the RCOS Operating Suite Management Committee (OTMC) or to Program Co-Director/s(CTOT) to determine appropriate action.

**5. DEFINITIONS**

Term	Definition
IIMS	Incident Information Management System
OTMC	Operating Theatre Management Committee
RCOS	Randwick Campus Operating Suite
Skin preparation	Reduction of transient microbes from the proposed operative site using antimicrobial solution <sup>1</sup>
SSI	Surgical site infection

**6. DOCUMENTATION**

- eMR – Surginet electronic Health Care Record
- Nursing Orientation Record
- In-service records
- IMS+
- Clinical Procedure Safety Checklist

**7. COMPLIANCE**

**7.1 Knowledge Monitoring Questions**

Question 1	Where is alcohol skin preparation stored?
Answer	Pharmacy store room
Question 2	While using alcohol skin preparation solution to prepare patient skin, you must?
Answer	<ul style="list-style-type: none"> <li>a. Avoid run-off</li> <li>b. Avoid pooling on or around patient</li> <li>c. Use 100ml or less single use containers</li> <li>d. Remove any wet sheets or blueys</li> </ul>

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Question 3	Before decanting alcohol based skin preparation solution, staff must check their preference card and verbally confirm? True or False
Answer	True
Question 4	Alcohol skin preparation solution applied in the skin must dry prior to draping. True or False
Answer	True

**7.2 Compliance Evaluation**

Education records- safe use and storage of the alcohol based skin preparation solution education included in the staff orientation programme.

Audit – observational audit on use and storage of the alcohol based skin preparation solution to be scheduled by Nurse Unit Managers into QARs and reviewed by NM and CNC.

IIMS data- to be reviewed by the managers and appropriate action to be taken if any and discussed locally and at the Programme Quality and Safety Meeting.

**8. RELATED POLICIES/PROCEDURES/GUIDELINES/BUSINESS RULES/REFERENCES**

Number	Policy/Procedure/Guideline/Business Rule
1	NSW Health. February 2025. <a href="#">Clinical Procedure Safety</a> (PD2025_006)
2	Clinical Excellence Commission, 2020, <a href="#">Infection prevention and control practice handbook</a> .
3	NSW Health. January 2023. <a href="#">Accountable Items used in Surgery and Other Procedures</a> (PD2023_002).
4	Central Coast Local Health Network, March 2022, <a href="#">Skin preparation for patients (adults and children) undergoing surgery or procedures in the operating suite</a> , (PR2009_294).
5	Guidelines in Practice: Preoperative Patient Skin Antisepsis. <i>AORN Journal</i> . 2022; 115(2):156-166. doi:10.1002/aorn.13605 <a href="https://aornjournal-onlinelibrary-wiley-com.ezproxy.utas.edu.au/doi/full/10.1002/aorn.13605">https://aornjournal-onlinelibrary-wiley-com.ezproxy.utas.edu.au/doi/full/10.1002/aorn.13605</a>
6	Asepsis, Standards for Perioperative Nursing in Australia, Australian College of Perioperative Nurses (ACORN) 2020. 16 <sup>th</sup> ed. Vol.1, Adelaide
7	<a href="#">The Use of Alcohol Based Skin Preparation in Operating Theatres</a> . (2017). Medsafe. New Zealand Medicines and Medical Devices Safety Authority. <a href="http://www.medsafe.govt.nz/hot/alerts/alcoholalert.asp">http://www.medsafe.govt.nz/hot/alerts/alcoholalert.asp</a> ; accessed 08/03/2019.
8	Australian College of Perioperative Nurses (ACORN) 2020. 16 <sup>th</sup> ed. Vol.1,



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Number	Policy/Procedure/Guideline/Business Rule
	Adelaide, Electrosurgical Equipment, Standards for Perioperative Nursing.
9	Cowles CE Jr, Culp WC Jr. Prevention of and response to surgical fires. BJA Educ. 2019 Aug;19(8):261-266. Accessed 17 March 2022.
10	Kezze I, Zoremba N, Rossaint R, Rieg A, Coburn M, Schälte G. Risks and prevention of surgical fires : A systematic review. Anaesthesist. 2018 Jun;67(6):426-447. Accessed 17 March 2022.
11	Australian College of Perioperative Nurses (ACORN) 2020. 16 <sup>th</sup> ed. Vol.1, Adelaide, Preoperative patient skin antisepsis, Standards for Perioperative Nursing.
12	Becton, Dickinson and Company. Safety data sheet. BD™ Chloraprep™ Applicator with Hi-Lite Orange™ Tint, 10.5mL and BD™ Chloraprep™ Applicator with Hi-Lite Orange™ Tint, 26mL. 2019 Nov 19..
13	Perrigo Australia. Safety data sheet. Iodine 1% in Alcohol 70% 100mL. 2016 Jun 20.
14	<a href="#">Perrigo Australia. User guide PERRIGO SURGI-PREP® C+ Pink and PERRIGO SURGI-PREP® C+ Red CHLORHEXIDINE GLUCONATE 2.0% w/v AND ETHANOL 70% v/v. 2019 Aug 1.</a>
15	Australian College of Perioperative Nurses (ACORN) 2020. 16 <sup>th</sup> ed. Volume 1, Adelaide, Medication safety, Standards for Perioperative Nursing.
16	Jones TS, Black IH, Robinson TN, Jones EL. Operating Room Fires. Anaesthesiology. 2019 Mar; 130(3):492-501. Accessed 17 March 2022.
17	Australian College of Perioperative Nurses (ACORN) 2020. 16 <sup>th</sup> ed: Vol 1. Adelaide, Surgical safety, Standards for Perioperative Nursing.
18	<a href="#">Perigo Australia: Material Safety Data Sheet Iodine 1% in Alcohol70%. 2017</a>
19	Jones. E.L., Overbey. D., Chapman. B.C., Jones. T.S., Hilton. S. S., Moore. J.T., and Robinson. T.N. (2017). Operating Room Fires and Surgical Skin Preparation. Journal American College of Surgeons. 225: 160-165.
20	Boscarelli A, Frediani S, Ceccanti S, Cervellone A, Pesce MV, Cozzi DA. Fire in the Operating Room During Hypospadias Repair. Urol Case Rep. 2017 Sep 5;15:23-25.

**9. REVISION & APPROVAL HISTORY**

Date	Revision No.	Summary of changes, Author and Approval
July 2011	Draft	Menna Davies CNC – Operating Suite Quality Committee
October 2011	0	Approved by Operating Suite Quality Management Committee
February 2011	0	Approved by Cardio-Thoracic Surgical Department.
March 2012	0	Approved by the Prince of Wales/ Sydney-Sydney Eye Hospital Policy and Procedure Review Committee for distribution.

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Date	Revision No.	Summary of changes, Author and Approval
May 2012	1	Updated. Violation of procedure to be reported to relevant management team who must inform Operating Suite Management Committee. Changes approved by Prince of Wales/ Sydney-Sydney Eye Hospital Policy and Procedure Review Committee.
March 2015	2	Updated by C. Ellis- CNC Operating Theatres. Summary of changes: <ul style="list-style-type: none"> <li>• Review of references, where references no longer available new references used following literature search.</li> <li>• Addition of actions in the events of fire and spills.</li> <li>• Review of documentation and compliance evaluation</li> <li>• Grading of references included.</li> </ul>
May 2015	2	Approved by the Prince of Wales/ Sydney-Sydney Eye Hospital Policy and Procedure Review Committee for distribution.
February 2018	3	Approval extended by the Prince of Wales/ Sydney-Sydney Eye Hospital Policy and Procedure Review Committee to extend the revision date until August 2018. Updated cover page/Header/Footer: Added Document number, National Standard Alignment, TRIM number
March 2020	4	Major review – Procedural change & Risk rating scheduled review Updated by C.Ellis and P.Bhusal CNC Randwick Campus Operating Theatres. <ul style="list-style-type: none"> <li>• Review of references and additional of new references following literature search.</li> <li>• Addition of 5.1 to include procedure safety checklist</li> <li>• Review of, responsibilities, documentation and compliance evaluation</li> <li>• Removal of signed acknowledgement for the medical officer.</li> <li>• Edit to 5.10 to ensure immediate cleaning of any alcohol spill to reduce risk of ignition</li> <li>• 5.11 added, if repeated no-compliance to report via RCOS WHS committee</li> <li>• References not graded as strong or weak in this revision. With the exception of one (1) small simulated study there is no strong evidence to support the practice guidelines in this Business Rule. Literature available is consistent in wording and practice recommendations based and is based on industry opinion and lived events. There has been no change to the practice expectations identified in the available current literature when compared to existing references used in previous versions of this Business Rule.</li> </ul>
1st April 2020	4	Approved by the Prince of Wales/ Sydney-Sydney Eye Hospital Policy and Procedure Review Committee for distribution.
29th March 2022	5	Minor Review Updated by Pooja Bhusal CNC in collaboration with leadership team Randwick Campus Operating Theatres <ul style="list-style-type: none"> <li>• Review of references and additional of new references following</li> </ul>



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Date	Revision No.	Summary of changes, Author and Approval
		literature search. <ul style="list-style-type: none"> <li>• Added to the current business rule template</li> <li>• Risk rating reduced from High to Medium due to no incidents since last procedural review in 2020.</li> </ul>
June 2022	5	Approved by the Prince of Wales/ Sydney-Sydney Eye Hospital Policy and Procedure Review Committee for distribution.
March 2025	6	Minor Review <ul style="list-style-type: none"> <li>• Review and update of references</li> <li>• Template updated</li> </ul>
July 2025	6	Approved by POWH/SSEH Policy and Procedure Review Committee for distribution.