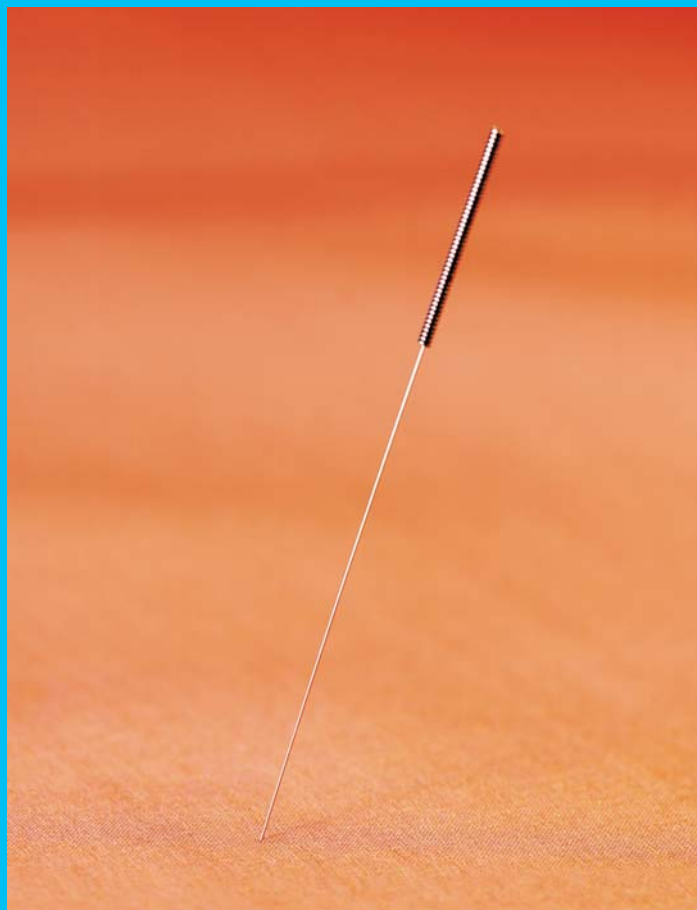


CODE OF PRACTICE FOR HYGIENIC SKIN PIERCING



Contact details

Environmental Health
Dartford Borough Council
Civic Centre
Home Gardens
Dartford
Kent DA1 1DR

Tel: 01322 343434
Email: healthandsafety@dartford.gov.uk
Web: www.dartford.gov.uk

This document has been produced with reference to the following sources:

- Health Protection Agency
(Kent Health Protection Unit Guidelines)
- Chartered Institute of Environmental Health
(Body art, cosmetic therapies and other special treatments)
- Medical Devices Agency
(Benchtop Steam Sterilisers – Guidance on Purchase, Operation and Maintenance)
- Health and Safety Executive
(Pressure Systems – safety and you (Pressure Systems Safety Regulations 2000))

This book belongs to:

Business name:

Business address:

Manager's signature:

Date:

Version 3/January 2009

Contents

	Page number
1. Introduction	3
2. Training and competency	4
3. Micro-organisms and the chain of infection	5
4. Customer care	7
5. Record keeping	7
6. Skin preparation before a skin piercing procedure	8
7. Constructional standards	9
8. Cleanliness of premises and fixtures	9
9. Washing facilities	10
10. Personal cleanliness of operator	10
11. Maintaining a clean environment	11
12. Personal protective equipment	12
13. Dyes/pigments	13
14. Equipment	14
15. Single-use items	15
16. Decontamination of equipment	15
17. Blood spillages	20
18. Uses of sodium hypochlorite and strengths of solution	21
19. Needle-stick injury or splash from blood or body fluids	22
20. Disposal of waste	23
21. Sharps	24
22. Ear-piercing	25
23. Insurance	25
24. Legal references – list	25
Appendix 1 – Guidance on the medical questionnaire	26
Appendix 2 – Aftercare of client	29
Appendix 3 – Use of local anaesthetics	30
Appendix 4 – Hand hygiene	31
Appendix 5 – Chemical cleaning and disinfection	33
Appendix 6 – Example maintenance record sheet	34
Appendix 7 – Vaccinations	35

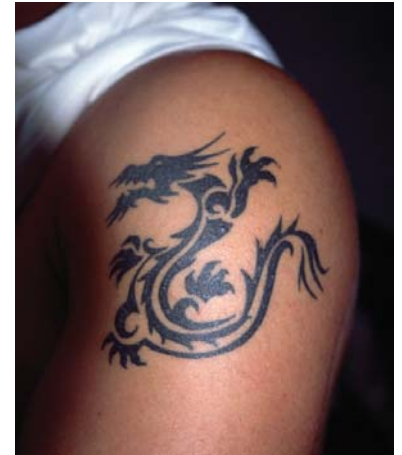
1. Introduction

If you operate a business which involves the practice of puncturing or piercing the skin or flesh of the human body, then this code of practice applies. Skin piercing and puncturing includes:

- Acupuncture;
- Cosmetic piercing (ear-piercing and cosmetic body piercing);
- Tattooing and semi-permanent skin colouring (micropigmentation, semi-permanent make-up and temporary tattooing); and
- Electrolysis.

If you carry out any of these practices in the borough of Dartford then you must be registered with Dartford Borough Council by law:

- Local Government (Miscellaneous Provisions) Act 1982, as amended by the Local Government Act 2003; and
- Dartford Borough Council's byelaws for skin piercing activities.



Registration is important to ensure that you are operating within controlled conditions, to reduce the risk of introducing micro-organisms that can cause infection. You have responsibilities for the health and safety of anyone you employ, your clients and any others who may be affected by your business (Health and Safety at Work etc Act 1974).

This Code of Practice sets out known procedures and practices that you must follow in order to comply with the law. Procedures that you must follow to comply with the law are written in bold type. An alternative procedure is only acceptable provided it is equally effective.

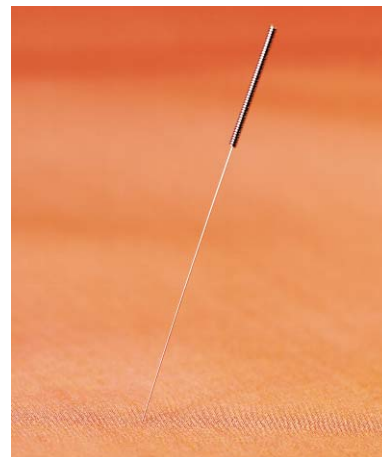
Also included in this document are recommendations for best practice and information to help you understand the chain of infection and how to eliminate the risks of cross-contamination as far as possible.

2. Training and competency

Practitioners must be at least 18 years old and should be able to demonstrate appropriate training for the procedure they are carrying out.

Full records must be kept on the premises of all qualifications and courses attended, and be available for inspection at all times. These should include first aid, hand hygiene, skin disinfection, decontamination of equipment and use of autoclaves.

Practitioners have a duty for their own ongoing professional development. This may include subscriptions to relevant newsletters, journals and articles; attending seminars and conferences or joining a relevant trade association.



Tattoo, Semi-Permanent Skin Colouring and Cosmetic Piercing

- **Practitioners should attend a relevant course on infection control, and a refresher course at least every five years.**
- **Training must include procedures on dealing with body fluid spillage (vomit, blood, urine etc), needle-stick injury and all safe working methods.**
- **Practitioners should be carefully supervised during the first year of practice by a practitioner who has been successfully practising routinely over the previous five years. Records of supervision should be kept on the premises. (It may take up to two years of full-time practice to achieve the minimum level of competence).**
- **Practitioners should be able to demonstrate competency and knowledge on anatomy, diseases and their transmission and infection control procedures.**

Ear-Piercing

- **Practitioners must have received appropriate training and records of training must be available for inspection at all times.**

Electrolysis

- **Practitioners must have completed a course recognised by a professional association and records should be available for inspection at all times.**
- **Practitioners should be appropriately supervised during their first year following qualification.**

Acupuncture

- **Practitioners must have completed a relevant course and be registered with a professional association.**

Recognised associations: British Acupuncture Council; Acupuncture Association of Chartered Physiotherapists Secretariat; Association of Traditional Chinese Medicine (UK); Ayurvedic Medical Association UK; British Medical Acupuncture Society; and College of Ayurveda.

3. Micro-organisms and the chain of infection

Infections are caused by the introduction of micro-organisms (germs) to the body in sufficient numbers to cause infection. Not all micro-organisms are as potent as others, therefore the number of micro-organisms needed to cause infection varies.

The “chain of infection” describes how micro-organisms, the source of infection, get out of their natural reservoir (i.e. where they normally live) and are spread to a new site (i.e. into the body’s tissues or onto clean equipment) where they may cause harm.

When a needle breaks a person’s skin, blood, serum or small fragments of tissue inevitably adhere to the needle or instrument used. These can then be transferred to dyes, operator’s hands or other objects in the room if stringent infection control procedures are not followed. As a result, other instruments, cloth or paper, that come into contact with the pierced skin, may also become contaminated. Decontamination and sterilisation or disinfection (as appropriate) is essential to ensure that infection is not transmitted to others.

Blood or serum does not have to be visible on the instrument or needle to transmit infection.

Disinfection: a reduction in numbers of microbes to levels where bacterial infection probably will not occur.

Sterilisation: the complete removal of all micro-organisms.

The term “micro-organisms” includes bacteria, viruses, fungi, helminths (worms) and ectoparasites:

Bacteria

Examples of bacteria are Staphylococcus aureus, Streptococcus, Listeria, Legionella, Pseudomonas, Klebsiella, Escherichia coli. There are many more bacteria, some of which live in or on our bodies, protecting us against other potentially harmful bacteria. Other bacteria live in the environment and act in the breakdown of organic material.

Viruses

Examples of blood-borne viruses are hepatitis B, and C, and human immunodeficiency virus (HIV). The hepatitis B and C viruses and the HIV virus can live undetected in the blood for many years and affect how the liver works.

The virus of Hepatitis B is very resilient and spreads readily from person to person by contact with very small amounts of infected blood, serum or tissue fluids. With tiny abrasions in the skin, or where a procedure involves piercing the skin, even where blood is not normally drawn, the serum that exudes is equally infectious. Disinfection of instruments is **not** adequate, and instruments **must** be sterilised.

Other viruses cause measles, mumps, rubella, chickenpox, the common cold and flu. These viruses are always present in a certain number of people and are spread in blood, respiratory secretions, and exude from lesions (e.g. chickenpox).

The hepatitis A virus is mainly food or water borne, and can be passed from person to person by the faeco-oral route (e.g. if an infected person does not wash their hands properly after going to the toilet, then touches or prepares food or drink, or equipment used in the preparation of food

or drink, for someone else).

Fungi

Some examples of fungi are Athletes' Foot, aspergillus, and candida (thrush). Some fungi can be extremely dangerous if they get into the tissues of a person whose immune response is poor (e.g. through a break in the skin).

Helminths (worms)

Examples of helminths are threadworms, tapeworms, round worms. These do not usually present a risk of infection in skin piercing establishments.

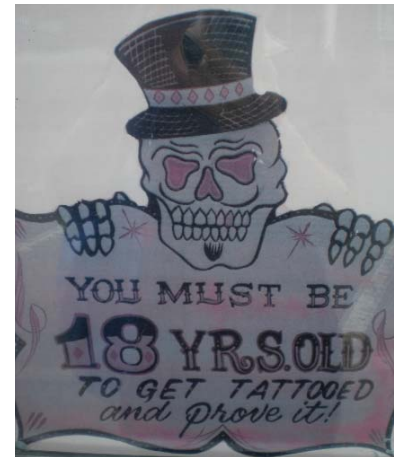
Ectoparasites

Examples of ectoparasites (which live on the surface of the skin or just beneath it) are headlice and scabies. These are spread by prolonged, direct, skin-to-skin contact.

4. Customer care

It is illegal to tattoo anyone under the age of 18. A notice should be displayed with details of the Tattooing of Minors Act 1969. Operators should carry out checks to ensure that clients are over 18. It is good practice for body piercers to follow the same principles. In any case, where a client is under the age of 18, parental consent should be sought, and records maintained to avoid any conflict later.

Adequate enquiries must be made before the procedure is carried out to ensure that customers are not suffering from any infectious disease or other relevant medical condition before the operation commences. Further information is available in [Appendix 1, 'Guidance on the medical questionnaire'](#).



Adequate records should be maintained of all customers including details of their treatment.

Written information, specific to the procedure the client has had done, should be given. For further guidance see [Appendix 2, 'Aftercare of the Client'](#).

5. Record keeping

Operators should record the following information for each customer:

- **Date of procedure;**
- **Client's name, address and telephone number;**
- **Age given;**
- **Procedure carried out, including position on the body, type of jewellery used (if applicable);**
- **Relevant medical history;**
- **Signature of client authorising procedure;**
- **If cosmetic piercing is provided to a minor, written parental consent must be obtained. Nipple and genital piercing is prohibited on minors, regardless of parental consent.**



The Data Protection Act 1998 applies, and records kept are confidential and must be held securely.

Records should be maintained for at least three years.

6. Skin preparation before a skin piercing procedure

The client's skin should be cleaned before any invasive procedure is carried out. This prevents bacteria living on the surface of the skin from being introduced into the tissues of the body. If the client's skin is dirty, the area to be pierced should be washed with soap and water before using alcohol to disinfect it.

An alcohol-based skin disinfectant (e.g. solution of 70% alcohol in 0.5% chlorhexidine or wipes containing 70% alcohol) should be used in accordance with the manufacturer's guidelines. Alcohol preparations kill micro-organisms by drying them out; therefore in order to be effective, the alcoholic preparation must be allowed to dry before the start of a procedure.



Solutions used to wipe procedure sites must be freshly made-up for each client to discourage the growth of potentially harmful micro-organisms (germs) in the solution. It is recommended that these solutions are used from a disposable cup that is thrown away after one use. The use of squeezable bottles for these solutions is not recommended (even if the bottle is covered with cling-film that is changed after every client).

If the client's skin is broken, sore, infected or damaged in any way at or near the site to be tattooed or pierced, the procedure should be postponed until the skin is healed. Skin in a poor condition is more likely to become infected, with potentially fatal consequences for the client.

Where applicable, to mark the placement of a piercing, a single use water-based marker pen should be used. Alternatively a single-use toothpick dipped in gentian violet could be used, and the bottle should be discarded after each client.

For guidance on use of [Local Anaesthetic Agents](#), refer to [Appendix 3](#).

7. Constructional standards

The floors, walls, screen, partitions and ceilings of premises should be of sound construction, smooth finish and capable of being readily cleaned and redecorated where appropriate. Finishes should be light reflective colours.

Effective and suitable means of ventilation should be provided.

Adequate lighting must be provided.

There should be suitable and sufficient sanitary accommodation for operators and clients.

For tattoo and cosmetic piercing, there should be sufficient space to conduct the business (e.g. 5m² floor space for each operator in the establishment).

The treatment area must be solely used for giving treatments, and must be completely separated from all other rooms by full height walls or partitions.



8. Cleanliness of premises and fixtures

The floor and floor covering, internal walls, screen partitions and ceiling shall be maintained in a clean condition.

A suitable receptacle with close fitting lid shall be provided for waste material (for guidance on [waste disposal](#) please refer to [section 20](#)).

Every chair, seat or couch shall be capable of being readily cleaned and shall be maintained in a clean condition.

Every shelf, table, cabinet, wash-hand basin and other fitting shall be capable of being readily cleaned and shall be maintained in a clean condition.



9. Washing facilities

A wash-hand basin must be provided in the immediate vicinity of the treatment area, with an adequate supply of running hot and cold water. The wash-hand basin is for hand washing only.

Ideally hot and cold water should be available via a mixer tap, to deliver water at a comfortable temperature.

Liquid soap and disposable towels must be provided and maintained at the hand washbasin, ideally from wall-mounted dispensers.



After hand-washing, hands should be dried thoroughly on disposable, paper towels, which should be discarded into a foot-operated waste bin.

Foot, elbow, wrist or sensor taps are recommended so that once washed, clean hands are not re-contaminated by turning off dirty taps.

If hand-operated taps are in place, use a paper towel to turn them off after hand washing.

Effective drainage is required to prevent pooling of contaminated water in the basin.

The use of fabric, washable towels is unsuitable, since they remain damp, encouraging the growth of micro-organisms.

10. Personal cleanliness of operator

Every person who attends a customer must have clean hands. Finger nails should be clean and kept short so that they can be kept clean more easily.

Guidance for [hand hygiene](#) is available in [Appendix 4](#).

Cuts, sores and grazes on exposed skin (eg hands or forearms) must be covered with a clean, waterproof dressing. This protects the operator from the risk of infection from the client's blood splashes, and the client from the risk of infection if the operator has an oozing wound.

There must be no eating or drinking in the procedure area. This is to protect the operator from consuming food or drink that may have been in contact with a contaminated surface or piece of equipment.

11. Maintaining a clean environment

Cleaning is a process that physically removes contamination, including some microorganisms, but does not necessarily destroy all microorganisms, even if a surface looks cleaner.

“Clean” and “dirty” zones should be maintained in the treatment area. Zoning prevents the transfer of “dirty” equipment used during a procedure to a “clean” area. Good housekeeping will also help prevent work areas from becoming cluttered – untidiness is more likely to lead to contamination and cross-infection.

Once equipment has entered the “dirty” zone, even if it is not used, it must be decontaminated before it is put back into the “clean” zone.

All surfaces (e.g. piercing chair, work surface) that could become contaminated should be protected with paper roll during use; this should be changed after every client. If the paper roll becomes contaminated it should be discarded as hazardous (clinical) waste. If the paper roll is not contaminated, it can be discarded as non-hazardous waste (refer section 18).

Paper or other material used as a covering on a chair or seat or couch and any towel, cloth or any article which is applied to the customer’s skin shall be clean and must not have been used in connection with any other customer unless it consists of a material which can be and has been adequately cleaned.

Surfaces can be protected by cling film and paper/kitchen roll to protect them from contamination by blood or body fluids. The cling film and kitchen roll must be changed after every client.

Electric cables and motors should be covered by a protective impermeable plastic sleeve, which must be changed after every client.

The surface should be wiped over with detergent and warm water in between each client, or with a 10% hypochlorite solution if there is contamination with blood or body fluids. This should be left on for two minutes to kill any potentially harmful micro-organisms, then rinsed off to avoid damaging metal surfaces.

Alcohol sprays or wipes should not be used to clean dirty surfaces because they do not penetrate organic matter (e.g. blood or body fluids) to reach underlying surfaces. Alcohol may also damage some materials e.g. waterproof finishes.



12. Personal protective equipment (PPE)

Gloves must be worn at all times when the operator may be in contact with blood or other body fluids, and should not be used as a substitute for good handwashing.

Single-use, disposable, non-powdered latex gloves are recommended when contact with blood or body fluids is expected. Powdered gloves increase skin irritation. If latex gloves are used, choose those with a low protein content to help prevent latex allergy.



If the client or operator has a latex sensitivity, disposable nitril gloves should be worn instead of latex. Vinyl gloves that are not CE marked do not offer the same level of protection as latex or nitril gloves against all the micro-organisms that may be in blood or body fluids. Transparent polythene gloves are loose-fitting and easily perforated, so are not suitable for this kind of work.

If your skin starts to become sore when wearing latex gloves, remember that you may be developing sensitivity to latex, and powdered gloves can increase skin irritation. Alternatives (e.g. nitril gloves) are available. If your skin is sore, you should discuss this with your GP.

Further information on latex allergy can be found at www.hse.gov.uk/latex/about.htm

Further information on skin care and dermatitis can be found at www.hse.gov.uk/skin/

Hands should be washed and properly dried on a disposable paper towel:

- before gloves are put on, and
- after they are taken off.

Gloves must be CE-marked for use with 'biological agents'

Gloves should be discarded as hazardous (clinical) waste when taken off.

Gloves must be changed after every client.

If you are doing two procedures on the same client (e.g. a tattoo on an arm and a tattoo on the back), gloves must be changed in between the two procedures. This is to avoid taking micro-organisms from one site of the body to another.

Gloves must be changed if they become punctured during use.

The operator should wear clean, practical clothing, preferably with short or three-quarter length sleeves, to allow thorough hand washing up to the wrists. Work clothing should be changed daily.

The operator should wear a disposable, single-use plastic apron to protect his/her own clothing during procedures and to prevent possible cross-contamination. Aprons should be changed after every client and disposed of as hazardous (clinical) waste after use.

Fabric towels should not be used to protect the operator's clothing from the client's body fluids. If needed, paper towel (e.g. kitchen roll) should be used for this purpose in addition to the plastic apron. Paper towel used in this way must be discarded as hazardous (clinical) waste.

If heavy bleeding occurs, or if dealing with a large spillage of blood or body fluids, the operator should consider the use of eye protection and/or a full-face visor to protect the eyes and/or the mucous membranes of the nose and mouth from body fluid (including blood) splashes.

13. Dyes/pigments

Quality control during the manufacture and packaging of pigments and inks is important, because the products are intended for injection into the lower layers of the skin, known as the dermis. This lower skin layer contains blood vessels and nerve endings – so injected material needs to be sterile to prevent infection.

Assess your product needs and avoid large orders. Once containers are opened there is a risk of air-borne contaminants such as bacteria and fungi. Never use a product beyond its use-by date.



All dyes or pigments used for tattooing, micro-pigmentation and semi-permanent tattooing should be sterile and inert. They should be bought from reputable suppliers and should be appropriate for the procedure they are being used for.

Fresh pigments from a clean container should be used for each customer. The containers used to hold the dyes or pigments for each customer should be either sterile, pre-packed or single-use. They should be disposed of after each client, or decontaminated and sterilised after each client and kept in clean conditions until the next use (in which case the containers will need to be autoclavable).

The dyes or pigments should be supplied with data sheets stating the level of sterility each dye or pigment has, and whether or not it contains any metal impurities.

14. Equipment

Contamination of equipment may occur either with blood-contaminated dye pigment tracking back up into the equipment and/or by fine droplet contamination inside or outside the equipment, or by contact with contaminated blood/hands. **Parts of the equipment that have become contaminated in this way must be either disposable or able to be cleaned, disinfected and where necessary sterilised. Used needles, needle covers, and needle bars should always be single-use only. The remaining parts of the equipment – usually those housing the motor – can then be cleaned and disinfected, and re-used without the risk of cross-contamination between clients.**



It is essential that equipment is decontaminated in a way to prevent the spread of infection to the operator or clients.

If equipment is not single-use and cannot be sterilised due to the nature of the equipment (e.g. some motorised equipment used in tattoo and micro-pigmentation).

Five steps to achieve equipment disinfection:-

- 1. Any non-replacement part of the equipment that has or may have become contaminated must be partially submerged, i.e. to cover all contaminated regions, in an ultrasonic bath containing an appropriate ultrasonic cleaning solution.**

The cleaning solution should be made up and used in accordance with the manufacturer's instructions.

- 2. The equipment must be rinsed in clean water following ultrasonification.**
- 3. The equipment must then be immersed in a disinfectant that is capable of killing bacteria and blood-borne viruses, including hepatitis B, hepatitis C and HIV.**

When carrying out disinfection of equipment, ensure that:

- a) Parts must be immersed for the correct contact time;**
- b) Affected parts are fully covered in the disinfectant;**
- c) The disinfectant is used at the correct concentration;**
- d) The disinfectant is fresh; and**
- e) The equipment is compatible with the disinfectant you are using and manufacturer's instructions are followed.**

- 4. The equipment must again be properly rinsed in clean water to remove all chemical residues.**
- 5. Finally, the equipment must be dried using a clean, single use, disposable paper towel.**

Disinfection reduces the number of live microorganisms but may not necessarily kill all bacteria, fungi, viruses and spores. Disinfection is therefore not the same as sterilisation. Prior cleaning is required before disinfection. Any surface that is soiled can reduce the effectiveness of the disinfectant.

15. Single-use items

If a piece of equipment has been identified for “single use only” it must not be re-used on any other client.

Any package with this symbol on the outer pack is designed for single-use only and must not be re-used: 

All razors must be single-use only.

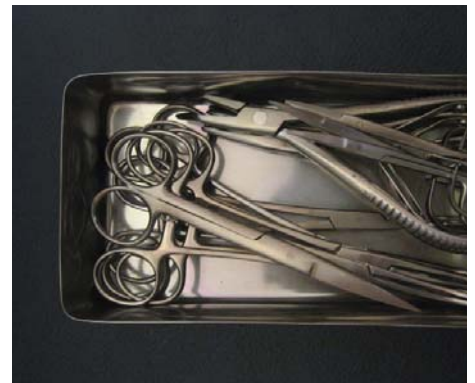
Needles used for tattooing must be single-use only. They should be discarded into a sharps bin immediately after use.

Elastic bands on tattoo motors must be changed in between every client.

16. Decontamination of equipment

All non-invasive equipment (e.g. tattoo motors) and invasive equipment that has been in the dirty zone must be decontaminated between every client, whether used or not. Decontamination must be done following the manufacturer’s instructions and may involve cleaning only, cleaning and disinfection, or cleaning and sterilisation.

The operator must ensure that all instruments and equipment to be used during an invasive procedure are kept sterile until used.



Equipment that is used invasively (i.e. goes through intact skin) must be sterile at the point of use. Great care should be taken to avoid any needlestick injury or splashing to the eyes and face while cleaning equipment used for invasive procedures.

The most essential part of decontamination is the initial cleaning done to remove organic matter. If an item of equipment is not clean before being sterilised, the item will **not** be sterile at the end of the process. The manufacturers’ instructions **must** be followed about the correct way to clean all instruments or equipment. Further information on ‘[Cleaning and disinfecting agents](#)’ is available in [Appendix 5](#).

The tattoo machine’s motor or frame cannot be sterilised and should be carefully wiped between clients with 70% alcohol.

When considering the purchase or replacement of steam sterilisers, consideration should be given to those with an integral printer.

Washing equipment or instruments by hand

If washing dirty equipment or instruments by hand, you must use a dedicated sink. You must not use the hand washbasin for instrument cleaning. Wear disposable gloves and a plastic

apron, and eye protection in case of splashing with dirty water.

The equipment or instruments being cleaned by hand should be cleaned in a sink deep enough to fully submerge the items. The items should be cleaned under water to prevent any spray or aerosol being generated, at a temperature below 35°C to prevent proteins in the blood coagulating on the equipment. Then clean the items with hot water and detergent, and rinse them in clean water before they are sterilised.

Equipment or instruments used invasively should not be washed by hand. They should be washed in an ultrasonic cleaner to minimise the risk of needle-stick injury and to ensure thorough cleaning.

Ultrasonic cleaning

Small items may be cleaned in an ultrasonic cleaner. The items should be held in a mesh basket (supplied by the manufacturer) and the lid of the ultrasonic cleaner should be in place when the machine is in use, so that the contaminated solution cannot splash operators, and to prevent aerosol formation.

Ultrasonification is an efficient cleaning method and operates using a process known as cavitation – millions of bubbles are generated that vibrate within the liquid bath. This cleaning attacks every surface, including recessed and hollow regions.

NB Ultrasonic cleaning is not a disinfection process and items cleaned by ultrasonification must be subjected to a subsequent disinfection or sterilisation process as appropriate. Therefore items removed from the cleaner should be handled with care.

If a tattooist has soldered his/her own needles onto a needle bar, both the soldered needle and the needle bar should be cleaned in the ultrasonic cleaner and sterilised in the autoclave before use.

After use, both the soldered needle and the needle bar should be cleaned in the ultrasonic washer and sterilised in the autoclave before the needle is removed and discarded into the sharps' bin.

An enzymatic agent recommended by the manufacturer of the ultrasonic cleaner should be used to clean the equipment in it.

The cleaning solution must be changed as soon as it is visibly soiled OR every four hours.

The tank of the ultrasonic cleaner should be emptied at the end of every day, rinsed out and dried. The tank should be cleaned with a suitable agent as recommended by the manufacturer at least weekly. More frequent cleaning may be needed in hard water areas.

Ultrasonic cleaners must be periodically tested according to the manufacturer's instructions.

Steam sterilisation (use of the autoclave)

Steam sterilisation in a bench-top steam steriliser is the preferred method of sterilisation, because it is quick, automated, reliable, non-toxic and effective when used correctly.

Autoclaves rely on the use of steam under pressure. It is important that items placed in the unit are

clean to ensure that the steam comes into contact with the entire surface of items and so sterilises them effectively.

Wrapped or hollow items will not allow steam penetration unless there is active removal of air (vacuum stage) from within these items.

Choosing the right steriliser:

- A traditional steam steriliser is **not** a suitable means of sterilisation for equipment that is hollow, not is it suitable for wrapped/packaged items **unless** the steriliser is a vacuum steam steriliser with pre-sterilisation forced air removal and post-sterilisation drying stages. Maintenance and use of these sterilisers is more complicated.
- You should only use the type of steriliser that is suitable for the types of loads that you intend to process – the manufacturer should clearly state the types of load for which the steriliser is suitable.
- If the steriliser has more than one type of cycle, ensure you use the correct cycle for the load.
- Consider how you will maintain and service the equipment. For example, service contract and periodic testing, and contingency plans in the event that the steriliser either breaks down or if you cannot be assured that it is working effectively.
- Ensure that you test new equipment before using it to ensure that it is working correctly.

If using a steam steriliser -

- **All items must be clean and dry before being put into the steriliser. Do not overload the steriliser – items will not be sterilised if steam cannot penetrate to all the surfaces of all the items. An example record sheet is available in Appendix 6.**
- **Equipment sterilised in a bench-top steriliser is only considered sterile if used straight from the steriliser as soon as it is cool enough, or within up to three hours. The door of the steriliser should not have been opened before the equipment is removed for the equipment to be considered sterile. The sterilised load items will be contaminated as soon as the steriliser is opened.**
- **If the equipment does not have to be sterile at the point of use, once sterilised and dried thoroughly in the steriliser it can be stored in a clean, washable, airtight, lidded container until used.**

Micro-organisms are carried on dust particles and thrive in wet or damp conditions.

- **Equipment stored in an airtight, lidded container should be removed before a procedure begins. The person removing the equipment should have clean, gloved hands.**
- **The steriliser water chamber and reservoir should be drained and cleaned at the end of each day, and then left to dry.**
- **Water should not be left standing in the steriliser for more than a few hours. At the end of the day the steriliser should be drained and all internal surfaces rinsed with (ideally) sterile water and left to dry.**

Residual water or moisture left following a sterilisation cycle will quickly become colonised with

micro-organisms which can be harmful to the client.

The water droplets present in the steam will contain the same contaminants as the water used in the steam steriliser. When the steam condenses on the load during sterilisation, contaminants will be transferred to the surfaces of the load where they will be concentrated when the load dries. The quality of the water used in the steriliser is therefore crucial.

Steriliser manufacturers usually recommend the use of distilled, de-ionised or reverse osmosis water. Levels of mineral contaminants are likely to be low but unknown. Purified water safeguards the steriliser but may not prevent contamination of the load with organic substances that could be harmful to the client.

The Medical Devices Agency recommends the use of sterile water, which has specification limits for mineral, toxic metal and endotoxin contaminants.

To minimise contamination of the steriliser and its load, part-used containers of sterile water should be discarded, as its microbiological purity will be compromised from the moment the container is opened.

Maintenance and record keeping -

- **The details of all sterilisation cycles should be kept as a record.**
- **You should carry out routine cleaning and maintenance in accordance with the manufacturer's instructions and at the intervals specified.**

It is expected that quarterly and annual checks should be carried out by a registered, authorised person.

The details of Authorised Persons are available from the Institute of Healthcare Engineering and Estates Management (0239 282 3186).

The United Kingdom Accreditation Service (UKAS) can advise on bodies that have relevant accreditation for the provision of competent persons (020 8917 8400 or www.ukas.com).

- **Operators must carry out daily and weekly checks, recording the written results to provide a record that the steriliser was working safely within known parameters.**
- **There must be a written scheme of examination and a maintenance programme to ensure that the steriliser's pressure system is regularly checked for safety. These are legal requirements under the Pressure Systems Safety Regulations 2000.**

The written scheme of examination must specify the nature and frequency of examinations, and include any special measures that may be needed to prepare a system for safe examination. It is a statutory examination designed to ensure that your pressure system is safe for use. It is not a substitute for regular and routine maintenance.

The maintenance programme should take into account the system and equipment age, its uses and environment.

- The results of all checks and details of repairs should be recorded, and must be kept on the premises for health and safety officers to view. Sterilisers that are not maintained correctly and tested periodically can be dangerous. Steriliser door locks and their operating mechanism, hinges and door seals all form part of the pressure containment system. The force on a benchtop steam steriliser door can be about $\frac{3}{4}$ tonne.

Sterilising temperature range (°C)		Approximate pressure (bar)	Minimum hold time (minutes)
Minimum	Maximum		
134	137	2.25	3
126	129	1.50	10
121	124	1.15	15

Further guidance on bench-top steam sterilisers is available at www.mhra.gov.uk/home/groups/dts-bi/documents/publication/con007327.pdf

17. Blood spillages

If the environment is contaminated with blood or body fluids containing blood, use chlorine-releasing granules or a 10% hypochlorite solution (bleach) to deactivate any micro-organisms (e.g. hepatitis B, hepatitis C or HIV) that may be in the spillage.

Risk assessments must be carried out on all hazardous substances used at work; this includes detergents, disinfectants and body fluids (e.g. blood). Blood and body fluids are included because of the potentially harmful micro-organisms they could contain.

This is a legal requirement of the Control of Substances Hazardous to Health Regulations (COSHH) 2002.

Protocol for dealing with blood spillages:

IF YOU HAVE NOT HAD TRAINING IN THE USE OF SODIUM HYPOCHLORITE SOLUTIONS OR CHLORINE-RELEASING GRANULES, DO NOT USE THEM. REPORT THE SPILLAGE TO THE PERSON IN CHARGE.

IT IS IMPORTANT TO FOLLOW THE MANUFACTURER'S INSTRUCTIONS WHEN USING CHEMICAL DISINFECTANTS.

- **Wear disposable gloves and a plastic apron;**
- **If dealing with a large spillage of blood or body fluids, consider whether eye and face protection should be worn;**
- **Cover the spillage with chlorine-releasing granules or a 10% hypochlorite solution (bleach) and leave for two minutes;**
- **Use paper towels or a disposable cardboard scoop and pusher to remove the spillage and granules or solution; discard into a clinical waste bag;**
- **Change gloves (discard as clinical waste) and wash hands. Put on new gloves;**
- **Rinse the area with detergent and hot water to remove any staining;**
- **Remove PPE (discard as clinical waste) and wash hands again.**

18. Uses of sodium hydrochlorite and strengths of solution

Guidance on the use of sodium hypochlorite and the recommended strengths is shown below:

Use	Dilution of stock solution (%)		Available chlorine (ppm)
Blood spills	1 in 10	10	10,000
Environmental disinfection hard surfaces	1 in 100	1	1,000

Undiluted commercial hypochlorite (bleach) solutions contain approximately 10% (100,000ppm) available chlorine.

Hypochlorite concentration is expressed in terms of parts per million (ppm) available chlorine. This varies from brand to brand and also depends on how the product has been stored. Liquid bleach should be stored in a cool, dark place and used within six months of purchase.

Chlorine-releasing agents should not be diluted in hot water, nor mixed with acids nor inappropriate cleaning solutions, as a rapid release of chlorine may occur, causing irritation to the eyes and respiratory tract of the user.

Refer to the manufacturer's instructions for cleaning equipment (e.g. tattoo motors) contaminated with blood or body fluids.

19. Needlestick injury or splash from blood or body fluids

All needle-stick injuries (i.e. when the skin is pierced by a used, sharp instrument or piece of equipment), or splashes to the eyes, mouth, or an exposed area of broken skin, must be treated extremely seriously and urgent action taken. You must do this even if the instrument or piece of equipment looks clean.



If the injury has happened during the cleaning of equipment, it must be treated as a needle-stick injury. This is because there is still a risk of contamination with potentially harmful micro-organisms until the equipment has been sterilised.

Any wound should be made to bleed under clean running water – squeeze the area gently to do this. The aim of this is to squeeze out any potentially harmful micro-organisms. Do not suck the wound. Cover the wound with a clean dressing.

Rinse the mouth, eyes or broken skin thoroughly under clean, running water. If you have sterile eye wash solutions in your first aid kit, use this to flush the eyes.

Go to your GP or to the nearest hospital (accident and emergency department) immediately in case further treatment is needed. Treatment started within one hour of the injury can be effective in protecting against HIV.

This course of action must be followed even if you have had hepatitis B vaccination. Remember, there is no vaccine available against hepatitis C and HIV.

For further guidance on [Vaccinations](#), refer to [Appendix 7](#).

Inform the owner, manager or supervisor about the incident, which must be logged in the accident book.

20. Disposal of waste

Waste contaminated with body fluids is classified as “hazardous” or “clinical” waste. This includes contaminated gloves, aprons, cotton wool and paper roll.

Clinical waste must be disposed of into appropriately marked bags, which should be removed by an authorised contractor and taken for incineration.

A copy of the current contract for the removal of such waste and contractor’s license and transfer notes must be available for inspection on the premises at all times. Premises producing over 200kg of hazardous waste per annum may need to be registered with the Environment Agency – discuss this with your local authority.



Clinical waste should be labeled so that the source can be tracked in case of any problem after collection, and details of your waste disposal system should be available for inspection.

All other waste can be disposed of as non-hazardous waste, being discarded into non-hazardous waste bags that go to landfill for disposal.

There should be foot-operated, lidded bins to hold the hazardous and non-hazardous waste bags in the treatment area. This is to prevent cross contamination and to ensure proper segregation of waste.

21. Sharps

Sharps are used needles or any single-use item of equipment that may pierce the skin if not disposed of in a rigid container. They must be discarded in a designated sharps' bin placed within the treatment area (includes razors).

The sharps bin must be marked with either or both of the following two figures: BS 7320 or UN 3291, to ensure it meets current British Standard and European Union safety standards for sharps' disposal (BS7320) and transport of sharps bins (UN 3291).

Sharps bins must be colour-coded and labelled with the correct EWC (European Waste Code) for the sharps they contain.



The details requested on the front of the sharps bin should be completed when the bin is assembled and when it is locked. This is so that the source can be tracked if there is a problem after collection.

Sharps bins should be positioned out of the sight and access of unauthorised personnel. Do not store on the floor or window sills – they should be stored above knee and below shoulder level. Brackets are available for more secure.

Sharps bins should be handled with the lid in the “closed” position to avoid accidental spillage of the contents, and held away from the body.

Don't try to press sharps down into the container to make more room. When the container is three-quarters full, it should be locked. If the sharps container becomes damaged, place it inside a larger sharps container.

Before collection, sharps bins should be stored in a locked area inaccessible to members of the public or unauthorised personnel.

Sharps bins must be collected regularly by licensed contractors and sent for incineration. Best practice is for a weekly waste collection.

If staff are unsure about the correct use of sharps bins, the company representatives selling them are usually willing to give training when necessary.

22. Ear piercing

Problems have arisen not only from unhygienic practices during this operation, but from the adverse effects of unsuitable materials remaining in close contact with body fluids. It is most important that “sleepers” are made of suitable materials, for example gold, platinum and surgical stainless steel.

The use of modern “gun” injectors utilising sterile fitments, with no manual handling of those fitments, is to be recommended as a simple, virtually foolproof, practical method of ear piercing.

Customers should be advised to contact their medical practitioner in case of complications arising following the operation.



Do not use ear-piercing guns for any other parts of the body other than the ear lobe. In most cases, such equipment is designed for the ear lobe alone and the guns will become contaminated by inappropriate use elsewhere.

The guns can also cause tissue damage if incorrectly used, or result in jewellery that is too small being used, resulting in jewellery embedding.

23. Insurance

The business must have third party liability insurance to cover claims, damages or negligence, and employer's liability insurance where appropriate.

24. Legal references – list

- Dartford Borough Council byelaws, made under Local Government (Miscellaneous Provisions) Act 1982, as amended by the Local Government Act 2003;
- Health and Safety at Work etc Act 1974;
- Control of Substances Hazardous to Health Regulations 2002;
- Tattooing of Minors Act 1969;
- Pressure Systems Safety Regulations 2000;
- Smokefree (Premises and Enforcement) Regulations 2006.

Appendix 1:

Guidance on the medical questionnaire

Some prospective clients could have a medical condition which places them at greater risk of complications, should they choose to have a skin piercing treatment.

Congenital (present from birth) and other heart defects make it much more likely that a blood infection could cause serious heart complications.

High/low blood pressure can cause light headedness and be linked to heart circulation disorders.

Epilepsy – if the condition is not properly under control, fitting could occur during treatment. Medication can also cause side effects.

Pregnancy and nursing mothers – the immune response can be affected by pregnancy, and any infection could affect the unborn child. The treatment area must not interfere with the feeding process.

Known, chronic diabetic conditions can reduce a person's skin healing ability.

Known allergy to certain products (disinfectants, latex, trace metals) can result in a serious reaction, sometimes from minute amounts of a substance.

Eczema and psoriasis can make a person prone to skin infections/irritation.

Bleeding or clotting disorder or medication that can cause this may result in poor healing after even the slightest skin breakage.

Blood borne viruses can be spread if stringent hygienic work practices are not followed.

Autoimmune disease/other immune deficiency can make a person more prone to serious infection.

Medication can cause side effects that affect healing and recovery from treatment.

As well as obtaining relevant medical information from your prospective client, the client should give written consent to a specified procedure. If you have any concerns about your client's medical condition, you should refuse to carry out the procedure and advise them to contact their GP.

Under the Data Protection Act 1998, personal information collected must be stored securely (locked cabinet), and must not be used for any other purpose.

Client consent form and medical questionnaire

Name of premises:

Address of premises:

Name of operator:

Client name:

Client address:

Tel no:

Date of birth:

Proof of age (if app):

If YES, give details:

Allergies

Medication (e.g. antihistamines, steroids, aspirin)

Diabetes

Epilepsy

Haemophilia

Heart condition

Hepatitis

High/low blood pressure

Immuno-compromising condition

Implants

Pregnancy

Skin condition

Treatment details: Please describe the treatment & materials used (if appropriate) & site of procedure

Client information:

Certain treatments can result in the following complications:

- Scarring
- Blood poisoning (septicaemia)
- Jewellery embedding/migration
- Localised infection – particularly nose, navel and genitals
- Localised swelling and trauma around the site
- Allergic reactions
- Tongue piercings can lead to swelling, choking and restriction of the airway

I confirm that I give my full consent to the treatment being carried out. I confirm that potential complications for the procedure being carried out and aftercare instructions, have been explained to me. A written aftercare advice sheet has been given to me. I confirm that the above information provided by me is correct, and that I am not currently under the influence of alcohol or drugs.

Signature:

Date:

Practitioner's signature:

Date:

Appendix 2: Aftercare of the client

Clients should be advised to maintain a good standard of personal hygiene to avoid the introduction of potentially harmful micro-organisms (germs) into the body's tissues. Written aftercare information should be provided to reinforce verbal advice.

The procedure site should not be handled by the client for four days, but must be checked at least twice daily by the client. When checking the site, hands should be clean and care should be taken not to cough over the site. If the client has been advised to turn a piece of jewellery, it should be handled as little as possible, using a clean tissue to touch the jewellery.

When salt water is recommended for use to clean a site, it should have been boiled and allowed to cool before use. Sterile salt water (e.g. Normasol) can be bought from chemists for this purpose.

If any of the following signs or symptoms are seen, urgent medical attention should be sought:

- Redness spreading around the site and extending away from it;
- Pus or green/yellow fluid oozing;
- Bleeding that is not controlled by light pressure;
- Pain (rather than discomfort);
- Swelling;
- Heat;
- Immobility of, or reluctance to move, a limb/digit/part of the body.

The procedure site should be kept clean and dry to promote healing. It is usual for there to be some oozing from the site, which should be kept covered by a sterile, waterproof dressing to prevent potentially harmful micro-organisms getting into the body.

For body piercing, it is difficult to estimate the expected healing times since individuals heal at different times.

Clients should be advised about healing times, which may be prolonged because of the time it takes for the jewellery "tunnel" to become dry and healed after the initial tissue damage.

The US Association of Professional Piercer's indicate the following possible healing times:

Part of body	Healing time
Ear lobe, eyebrow, nasal septum	6 – 8 weeks
Ear (cartilaginous region), nostril	2 months – 1 year
Tongue	4 – 6 weeks
Lips, cheeks	6 – 12 weeks
Genitalia including inner labia, clitoral hood	4 – 12 weeks
Nipple, scrotum, outer labia	2 – 6 months
Navel, ampallang (transverse penile piercing)	4 months – 1 year

Appendix 3: Use of local anaesthetic agents

The use of ethyl chloride spray to “freeze” the skin before a procedure is not recommended. If left on the skin for too long, ethyl chloride has the same effect as frost-bite, damaging the skin and increasing the risk of infection at the site.

In the United Kingdom, any medicinal product that is injected becomes a “Prescription Only Medicine” which can **only** be administered by a qualified doctor or dentist.

Certain topical application creams are Prescription Only Medicines, therefore they cannot be used unless the client’s GP has prescribed it. If anyone other than a doctor or dentist prescribes such a cream, they are in breach of the Medicines Act 1968.

Certain lignocaine-based creams and sprays can be used legally as a topical anaesthetic by the purchaser but they must **not** be injected.

Anaesthesia to the tongue or to the mucous linings of the mouth can only be given using a topical preparation licensed for use on the tongue or in the mouth. Sprays should not be used in the mouth because of the risk of inhalation of the spray (which may numb the respiratory tract and cause breathing problems) or accidental spraying of the eyes.

Appendix 4: Hand hygiene

Hand washing is the most important intervention in the prevention of the spread of infection. A liquid anti-microbial soap is recommended for hand washing. Alcoholic hand rub (cleanser) should not be used as a substitute for effective hand washing and should only be used on hands that are already physically clean (free from dirt and organic material). The following protocol takes 15 – 30 seconds for normal hand washing, and 2 minutes for hand washing before a skin piercing procedure:

Before washing your hands, wet them under running water and apply sufficient liquid soap to obtain a good lather. [NB: “dorsum” means back of the hand]



After washing your hands, rinse them under running water to remove all the germs loosened during hand washing, then dry your hands thoroughly on paper towels, ideally from a wall mounted towel dispenser.

Hand washing must be done at the following times:

- Before and after carrying out a skin piercing procedure;
- Before and after eating and drinking;
- After using the toilet;
- After smoking;
- After accidental contamination of hands with body fluids;
- If hands are visibly dirty;
- Before putting on gloves at the start of a procedure;
- After taking off gloves and apron at the end of a procedure;
- If gloves are removed during a procedure (e.g. to get more equipment) hands must be washed then, and again before putting on a new pair of gloves to resume the procedure.

The wearing of wrist watches or wrist bands is not advised while carrying out skin piercing procedures because it is not possible to wash the hands thoroughly up to the wrists.

Posters can be downloaded from the HSE website:

- Hand washing and applying hand cream:
<http://www.hse.gov.uk/skin/posters/skinwashing.pdf>
- Safe removal of disposable gloves:
<http://www.hse.gov.uk/skin/posters/singleusegloves.pdf>

Hand washing and applying hand cream

Follow the steps shown:



1. Wet hands with warm water.
2. Apply soap/cleanser. Never use solvents.
3. Distribute soap/cleanser, rubbing in for 30 seconds.
4. Ensure shaded areas are not missed.
5. Rinse off all the soap/cleanser.
6. Dry thoroughly with soft towel.
7. Turn off tap with towel.
8. Apply hand cream.
9. Ensure shaded areas are not missed.

Appendix 5: Chemical cleaning and disinfection

Common cleaning agents/disinfectants and their appropriate uses:

Cleaning agent	Instruments	Skin	Work surfaces
Powder or liquid detergent diluted in hot water as indicated by the manufacturer – this is a cleaning agent, not a disinfectant	Yes – can be used for initial cleaning of instruments prior to disinfection or steam sterilisation	No	Effective for cleaning down surfaces at end of sessions/day, prior to surface disinfection
Disinfectant	Instruments	Skin	Work surfaces
Bleach – hypochlorite – on application bleach products must contain minimum 1000ppm available chlorine, e.g. from sodium hypochlorite solution or other source of chlorine such as sodium dichloroisocyanurate (NaDCC) soluble tablets	No	No	Yes (hard, man made work surfaces) Corrosive – not for jewellery
60 – 80% alcohol available as a component of disinfectant spray or 60-70% alcohol wipes	No	Yes	Yes, but effect is greatly reduced by any soiling
Halogenated Tertiary Amines and quaternary ammonium compounds (eg Trigene); these products are often available as a spray, ready to use bulk solution, powder or wipes	Yes – but some products may damage metal surfaces with lengthy exposure	No	Yes
Chlorhexidine based products – often combined with alcohol eg Hibisol. Sachets should be individually packed to prevent contamination	No	Yes	No
Glutaraldehyde based products such as Omnicide	This substance cannot be used on skin and is both an irritant and a potent allergen. Exposure to it is strictly controlled under COSHH. Its use cannot be recommended unless appropriate exposure control measures are in place.		
Phenolic based products such as Hycolin, and related products such as Stericol and Clearsol	These products contain 2, 4, 6-trichlorophenol and or xylenol, and these chemicals were not supported under a recent biocides review. As such these products can no longer be supplied or used for any application, and were never appropriate for use on skin.		
The term sterilant is sometimes used by chemical manufacturers to describe chemical products that can kill many harmful microorganisms, including spores. Although a sterilant may be capable, under certain carefully controlled conditions, of producing sterility, such products should only be regarded as disinfectants.			

Appendix 6: Example maintenance record sheet

AUTOCLAVE DAILY RECORD SHEET

Copy form for use

Please keep these records in date order for inspection

Autoclave reference number:

Week commencing:

Daily test:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Cycle counter number (if available)						
Time to reach holding temperature						
Temperature during holding period						
Pressure during holding period						
Total time at holding temp / pressure						
Initials of authorised user						

Weekly test:	Yes / No	Comments:
Door seals secure		
Door safety devices functioning correctly		
Safety valves operating correctly		

Comments

Name	Date	Signature
------	------	-----------

Appendix 7: Vaccinations

Hepatitis B vaccination

All operators who could come into contact with blood or body fluids, or who use or handle sharp instruments, should have a course of hepatitis B vaccination (HSE 2001, DH 2006). If rapid protection is **not** required, this consists of three injections given over a period of six months, at 0,1 and six months with a blood test to check levels one to four months after the completion of the primary course.



If rapid protection **is** required, hepatitis B vaccination consists of three injections given at 0, 1 and 2 months with a fourth dose and blood test at 12 months.

The DH now recommends that all individuals at continuing risk of hepatitis B infection should have a booster five years after the primary course. There is no need for a blood test at this time.

Antibody responses to hepatitis B vaccine should be checked one to four months after completion of the primary course or, if the schedule to provide rapid protection is given, when the 12 month booster is given. Individuals should discuss the implications of the antibody titre levels with their GP; these levels inform you whether or not you are protected against hepatitis B.

A hepatitis B booster may be recommended after exposure to the hepatitis B virus (e.g. sharps' injury).

Hepatitis B vaccination can be organised through your GP, who may refer to you to another GP. You may have to pay for the vaccination, however if you are employed, your employer should pay for it.

Keep a record of the dates of vaccination and the results of future tests to check whether or not you have an adequate level of protection against hepatitis B and whether or not a booster is needed (this will be indicated on the test reports to your GP).

There are currently no vaccines available against hepatitis C or HIV.

Tetanus vaccination

All individuals handling sharps are advised to ensure they are up-to-date with tetanus vaccinations. Your GP will be able tell you whether or not you are fully protected against tetanus.



Published by

Dartford Borough Council, Civic Centre, Home Gardens, Dartford, Kent DA1 1DR

Web: www.dartford.gov.uk Tel: 01322 343434