

GUIDELINES FOR CONTROL OF
INFECTION
IN SPECIAL TREATMENTS

(TATTOOING, BODY PIERCING &
ACCUPUNCTURE)

WORKING PARTY OF LONDON
CONSULTANTS IN COMMUNICABLE DISEASE CONTROL
AND
COMMUNITY INFECTION CONTROL NURSES

August 2000

CONTENTS

1. Introduction

1. Legal Framework

2.1 Record keeping

3. The Premises

3.1 General Requirements

3.2 Hand Wash Basins

3.3 Sinks and washing equipment

3.4 Record keeping

4. Staff Health

4.1 Hepatitis B Vaccination

4.2 Smoking

5. Standard Infection Control Precautions

5.1 Hand washing

5.2 Personal Protective Clothing

5.3 Bleeding

5.3.1 Blood spillage

5.3.2 Sharps

5.3.2 Sharps Injury

5.4 Waste Management

5.4.1 Clinical Waste

5.4.2 All other Waste

5.4.3. Sharps containers

6. Cleaning of Premises and Equipment

6.1 Definitions

6.2 Cleaning Premises

6.3 Sterilisation

6.3.1 Benchtop Steriliser - Autoclave

6.3.2 Using Benchtop Steriliser

6.4 Ultrasonic cleaner

6.5 Decontamination of special equipment

7. Generic Standard Procedures

7.1 Choice of Instruments, Needles and Jewellery

7.2 Tattooing

7.3 Body piercing

7.4 Acupuncture

Appendix 1: Audit tool for infection control assessment of special treatment centres

Appendix 2: Record Sheet for Bench Top Steriliser

Appendix 3: References

AUTHORS

Working Party of London Consultants in Communicable Disease Control (CCDCs) and Community Infection Control Nurses:

Dr Barry Walsh, CCDC, Kingston & Richmond HA (Chairman)

Fatima Mayet, Public Health Infection Control Nurse Specialist, Barnet Health Authority

Gladys Xavier, Public Health Infection Control Nurse Specialist, Redbridge & Waltham Forest HA

Dr Bernadette Nazareth, CCDC, Redbridge & Waltham Forest HA

Dr Dipti Kumar, CCDC, Ealing Hammersmith and Hounslow HA

Dr Margie Meltzer, Specialist Registrar, Barnet HA

ACKNOWLEDGEMENTS

We would like to thank all those who assisted in producing this document especially the Audit kindly provided by J Kim Gunn, North Staffordshire Health Authority. We are grateful to Dr Peter Hoffman, Central Public Health Laboratory, for his expertise.

We would also like to thank all the London CCDCs and Environmental Health Departments who commented on the various drafts of this document.

1. INTRODUCTION

Blood borne viruses, such as Hepatitis B can be spread via tattooing and acupuncture (see references). Local bacterial infections, gangrene, amputation and even death following skin piercing procedures have been documented in the literature. It is therefore imperative that the safe working practices described in this document are adhered to at all times in order to protect the client, operator and practitioner.

This publication was commissioned by the London Consultants in Communicable Disease (CCDC) Group. The document is intended as guidance for the Licensing Authorities of the London Boroughs as well as CCDCs and Control of Infection Nurses. It includes an audit tool developed by J Kim Gunn, North Staffordshire Health Authority.

This document can be used to provide control of infection advice to tattooists, acupuncturists and body piercers and minimise spread of infection. The document does not apply to other treatments e.g ear piercing, electrolysis etc

2. LEGAL FRAMEWORK

- London Local Authorities Act 1991 is an adoptive piece of legislation only available for London Local Authorities. Not all London Local Authorities have adopted the Act and made license conditions relation to special treatments. License conditions between London Local Authorities that have adopted the Act are likely to differ.
- The licence issued under the London Local Authorities Act 1991 is an annual license and the License holder would be required to meet the licensing conditions of the local authority in whose area they operate.
- English and Welsh Local Authorities outside of London or those London Authorities that have not adopted the London Local Authorities Act 1991 may control skin piercing activities using the Local Government (Miscellaneous Provisions) Act 1982 sects. Skin piercing activities that may be controlled under this Act by 'one off' registration and not annual licensing and subsequent application of bye laws are:
 - a) Acupuncture
 - b) Tattooing
 - c) Ear piercing
 - d) Electrolysis
- Practitioners have responsibilities under the Health and Safety at

Work etc Act 1974 and associated legislation.

- Tattooing of Minors Act 1969 makes it an offence to tattoo a person under 18 years. Operators should consider the issue of parental consent when dealing with young people.
- There is no statutory age limit for body piercing. Body piercing should not be undertaken on any person under the age of 18. Proof of age, preferably photo identification should be sought if there is any uncertainty.
- The Prohibition of Female Circumcision Act (1985) prohibits mutilation, infibulation or circumcision of female genitalia. It states that female genital mutilation, cutting, piercing or otherwise surgically modifying genitalia for non-medical reasons is illegal.
- Only doctors are permitted to administer local anaesthesia in the UK by injection or topical creams. Some body piercers have been found to be administering topical Prescription Only Medicines (POM) to their clients e.g Emla cream. Ethyl Chloride is a cooling spray, highly flammable and its use needs to be assessed with regard to individual procedures, as it is not for use on mucus membranes, nor sterile etc.

MOBILE TATTOOING AND BODY PIERCING

For mobile tattooing and body piercing businesses operating in areas where the Local Authority have adopted the London Local Authorities Act 1991 they are not legal unless every place where the procedure is undertaken complies with the licensing conditions of that Authority and are licensed as special treatment premises. (The guidelines have no legal force unless adopted as a condition of a license).

Any person wishing to conduct a mobile tattooing or body piercing business should seek advice from the Borough Licensing Department before tattooing or body piercing is carried out.

3. THE PREMISES

3.1 General Requirements

The premises should be properly planned. There should be good lighting and ventilation throughout. Make sure that the operating areas are separate from the cleaning areas.

Floors should be non-slip and washable. Carpets should not be used in the operating area.

A suitable operating bench or couch, shelves and fittings should be made of smooth, waterproof materials that are easy to clean. Make sure there is sufficient space for all equipment.

Ideally, the bench or couch should have a paper roller towel system to be used between clients.

3.2 Wash Hand Basins

An easily accessible wash hand basin, properly connected to the drainage system, with hot and cold running water, preferably by mixer taps. Elbow or foot operated taps should be considered. Cartridge type liquid soap and hand paper towels in dispensers should be installed in the immediate area where procedures are carried out. Access to wash hand basin should be clear.

3.3 Sinks for washing equipment

A sink with hot and cold water additional to the wash hand basin should be provided exclusively for washing equipment and instruments and should be located in a separate area.

3.4 Recording keeping

It is important to keep accurate records of every client. A written record needs be made of the client's personal details including full name, address, telephone number, date of birth, relevant medical history, consent signature, procedure carried out, site of piercing, type of jewellery and date it was carried out together with the name of the operator. Such records should be kept on the premises named in the licence, for a period of no less than 5 years. Staff training records should also be kept on site.

Records containing named clients' health data are confidential and should be stored in a locked cabinet.

These records will be valuable if there is any question of an infection problem later and may often help to protect the operator.

An Accident/Incident Book should be kept on the premises to record injuries.

4. STAFF HEALTH

4.1 Hepatitis B Vaccination

A safe and effective vaccine for the prevention of Hepatitis B is available. Vaccination is strongly advised for all tattooists, body piercers and acupuncturists involved in skin penetration procedures and for staff who may be involved in cleaning skin penetration instruments and equipment.

A primary vaccination course usually consists of three injections over six months (1,2 and 6 months). At the end of this time, about 8 months from beginning of immunisation, a blood test for hepatitis antibodies must be done to check that the vaccination has been effective. New guidance recommends that booster doses of vaccine are not required

provided the person has responded to the vaccine.

Vaccination and blood tests can be arranged through General Practitioners. Operators should keep copies of their antibody results following vaccination for inspection.

4.2 Smoking

No operator should smoke when carrying out procedures or treatments on a client. Smoking not only looks unprofessional, but also runs the risk of transferring bacteria from the operator's mouth via fingers to the client. Eating and drinking should not be encouraged in the operating area. Staff should wash their hands after smoking.

5. STANDARD INFECTION CONTROL PRECAUTIONS

HIV (the virus which causes AIDS), Hepatitis B and Hepatitis C viruses are present in blood and spread by infected blood entering another person's bloodstream. Blood does not have to be visible on an instrument or needle for infection to be transmitted.

The principle underlying Standard Infection Control is that it is not possible to identify clients who are infected with hepatitis or HIV and operators who are potentially infected with blood borne or other disease. Blood and body fluids include blood/ blood products, all body secretions and exudate.

The following procedures will minimise the risk of cross infection.

5.1 Hand washing

Hand washing is one of the most important procedures for preventing the spread of infection and the first step in infection control.

When to wash hands

- before and after direct contact with each client
- after contact with any blood / body fluids
- before and after using gloves
- after visiting the toilet
- any point when cross contamination occurs

How to wash hands

- Remove jewellery.
- Place hands under hot running water and then apply liquid soap.
- Rub hands vigorously to form lather.
- Pay attention between fingers, under fingers and thumbs, backs of hands and wrists.
- Rinse hands well
- Dry thoroughly with disposable paper towel.
- Nailbrushes are not recommended unless single use

- Cuts and abrasions should be covered with a waterproof plaster and changed as necessary.

5.2 Personal Protective Clothing

- Single use disposable plastic aprons should be worn for each client.
- Hot wash with detergent is sufficient for cleaning work clothes.
- Operator should routinely wear disposable single use vinyl or latex gloves while carrying out special treatments. Non powdered latex gloves are advised to avoid skin sensitisation.
- Gloves should be changed between clients or when otherwise contaminated during the procedure.
- Gloves should be replaced with new gloves if there is evidence of tearing or puncture.

5.3 Bleeding

Should bleeding occur at any time during the course of a procedure or accident, follow the points below:

- Put on latex disposable gloves (if not already wearing them)
- Stop the bleeding by applying pressure to the wound with a dry sterile dressing
- Dispose of dressing into yellow clinical waste bag
- Deal with spillage immediately
- Replace the sterile dressing

5.4 Blood Spillage

This poses a health risk; therefore all fluid spill must be cleaned up immediately.

- Wear disposable gloves
- Place disposable paper towels on blood spillage
- Pour bleach on top of paper towels
- Discard paper towels into yellow clinical waste bag
- Discard gloves into yellow plastic bag
- Wash hands thoroughly

Spills on clothing - sponge with lukewarm soapy water and wash as soon as possible in the hottest cycle the garments will stand.

Splashes into eyes or mouth: rinse freely with water. Keep a record of the incident in the Accident/incident book.

5.3.1 Sharps Injury

Contaminated sharps include needles, 'venflons' and other sharp instruments which may cause injury to operators and lead to spread of infection.

Extreme care should be exercised during the use and disposal of sharps. Never re-sheathe needles.

If a sharps injury occurs, this should be documented in an Accident book and advice sought from the person's Accident and Emergency Department.

First Aid:

- Encourage bleeding by squeezing gently
- Do not suck wounds
- Wash well with soap and warm running water
- Dry and cover with a waterproof plaster
- Document details including client's name in accident book
- Even if immunised against Hepatitis B, the operator should seek immediate advice from local Accident and Emergency Department.

5.4 Waste Management

Waste management and disposal are governed by a legal framework that includes the Environmental Protection Act 1990. Bins for general non-contaminated waste should not be in the treatment area. The clinical waste bin in the treatment area should be foot operated.

5.4.1 Clinical waste is defined as anything that is contaminated with blood or body fluids and includes gloves, aprons, disposable pigment dye caps, used tissue paper and paper towels used for mopping spills. Yellow polythene disposable bags clearly marked 'clinical waste for incineration' should be used.

Handling of clinical waste

- Remove the yellow bag when 2/3rds full
- Seal the bag securely
- Mark with 'point of origin' label prior to disposal
- Store in a lockable, vermin-proof enclosure for collection.
- Clinical waste should be collected by a licensed operator (information available from the local authority)
- Do not place aerosols, batteries and broken glass in yellow bags.

5.4.2 All other waste

All other non-contaminated waste such as papers etc. should be placed in a suitable refuse container and disposed of as normal waste.

5.4.3 Sharps containers

All needles, cannulas and venflons and other sharp instruments should be disposed of in a sharps container available from the Local Authority or licensed operator. The container must comply with British Standard Specification BS7320 and UN3291 and carry the 'kitemark'.

Sharps containers should always be kept out of reach of children. Sharps containers should be disposed of when $\frac{3}{4}$ full to avoid accidental injury.

Ensure that the container is well sealed and labelled with 'point of origin' prior to disposal.

Sharps bins must be collected by a licensed operator for disposal by incineration.

6. CLEANING OF PREMISES AND EQUIPMENT

6.1 Definitions

Cleaning is a physical process which removes soil e.g. dust, dirt and organic matter, along with large proportions of germs. Cleaning with hot water and detergent breaks up grease and dirt on floors and surfaces. Cleaning is also essential prior to disinfection and sterilisation of instruments and equipment.

Decontamination is a general term used to render an item safe for use. Methods include the following:

a) **Disinfection** is a process that reduces the number of micro-organisms at a level where they will not be harmful to health.

b) **Sterilisation** (e.g. autoclaving) is a process that destroys all living organisms. It is essential that all instruments in contact with skin be sterile.

Surfaces contaminated with blood should be cleaned using bleach. Wear gloves when handling bleach.

General-purpose utility gloves should be used for all routine cleaning tasks. Change these when there is evidence of peeling, cracking, tears. Disposable single use cloths should be used for cleaning.

Where possible, purchase single use detergent/disinfectant containers with spray nozzle. Use commercial brands in preference to 'home made' squeeze bottles or containers with spray nozzles, which can become contaminated with environmental bacteria unless thoroughly washed and fully dried every day.

Recommended Cleaning Agents	Notes
Skin: Savlon (Cetrimide) Dettol (Chloroxylenol) Alcohol wipes (70%) Isopropyl alcohol Liquid soap	<ul style="list-style-type: none"> - Different brands exist. Activity - Use sparingly
Environment Bleach (hypochlorite) Cidex (Glutaraldehyde) Detergent + hot water (Fairy Liquid) Cream cleaner	<ul style="list-style-type: none"> - Ensure 1000 ppm available chlorine - this corresponds to 1 in 100 dilution of household bleach. - <u>Never</u> recommended in Special Treatment Centres - Used for cleaning surfaces - Used for cleaning surfaces

6.2 Cleaning Premises

ITEM	FREQUENCY	METHOD
Surfaces	At least daily	use general purpose detergent and hot water. Rinse and dry thoroughly. Operating area surface cleaned between clients
Hand wash basins and sinks	daily	cream cleanser
Floors	daily	suction clean to remove dust. Clean by washing with hot water and detergent, e.g. 'Fairy liquid' disinfection is required only after contamination with blood spillages. When spillage has occurred, wearing gloves and aprons, wipe up spillage with disposable paper towels (see blood spillage 5.4)
Bins	daily	empty bins daily. Clean inside with hot water and detergent. If contaminated, wipe over with disinfectant..
Couches	daily	clean with hot soapy water, rinse and dry thoroughly. If contaminated with blood, attend to immediately.
Liquid Soap dispensers	weekly	Wash with hot water and detergent. These should be of the cartridge type and should not be 'topped up'.
Walls/ Ceilings	periodically	Clean with hot water and general purpose detergent. If visibly contaminated, clean with bleach.
Drains	periodically	Hot water and detergent is sufficient, disinfectants are not needed.

6.3 Sterilisation

All instruments used in the procedure to pierce a person's skin e.g clamps, forceps or objects in contact with broken skin, should be considered to be contaminated and should not be used until they have been sterilised.

Water boilers, hot air ovens and UVA light boxes are not effective methods of sterilising tattooing/skin piercing equipment and must not be used.

6.3.1 Bench top steriliser - autoclave

The most reliable method of sterilising equipment is moist heat using steam under pressure i.e autoclave. This is the method by which sterilisers operate. The Medical Devices Agency guidance on bench top sterilisers applies to all operators (medical and dental) and includes tattooists, body piercers and acupuncturists. See Reference (Appendix 3) for details of this guidance.

All persons operating benchtop autoclaves should have received training on the safe use of portable autoclaves.

The following sterilisation temperature bands, holding time and pressure for sterilisation, using high temperature steam, must be checked daily before the start of the session and documented on a log sheet:-

Option	Sterilisation Temperature Range (0C)			Approx Pressure (bar)	Minimum Hold (min)
	Normal	Minimum	Maximum		
A	136	134	137	2.25	3
B	127.5	126	129	1.50	10
C	122.5	121	124	1.15	15

Steam sterilisers without a pre sterilising vacuum phase must not be used for the sterilisation of wrapped items or instruments with narrow lumens e.g needle tubes.

The owner of the autoclave is responsible for:-

- Ensuring the machine is certified as suitable by a competent person
- The machine is properly maintained and in a good state of repair.
- Installation and validation of the autoclave is done via an authorised person.
- Daily, weekly, quarterly and yearly testing is completed and documented in a log book. [see Appendix 2 for example of Record Sheet].

Daily Test

Run a normal cycle and monitor:

- Time/temperature/pressure limits at beginning/maximum holding time/end
- Cycle completed indicated
- Door cannot be opened during cycle
- No dysfunction observed
- Record on log sheet

Weekly Test

As above including:

- Examine door seal
- Check door safety devices
- Check pressure devices

6.3.2 Using Benchtop Steam Steriliser

- Annual maintenance records by the manufacturer must be kept by the operator.
- Each day a fresh container of **sterile irrigation water** (not distilled water) should be used to fill the reservoir to the indicated level. (HTM 2031).
- Run the empty 'test cycle' and record the results.
- Always thoroughly pre-clean instruments by use of an ultrasonic cleaner as any debris remaining on the instruments may contain organisms.
- Always use the trays provided with the autoclave and do not place items in bowls or dishes.
- Do not wrap clamps, forceps, needle boxes etc or place them in bags before sterilisation, as steam needs contact with instrument to sterilise it. Some practitioners may have 'hospital type' sterilisers which have a pre-sterilising vacuum stage allowing autoclaving of instruments in bags.
- Kidney dishes and containers should be placed in the chamber 'on edge' to allow air/steam to be displaced either upwards or downwards.
- Do not overload the tray. Instruments should not touch each other.
- Ensure that door is sealed and set time/temperature/pressure controls for required cycle.
- When the cycle is complete and the safety lock releases, remove instruments and place them on a covered pre-sterilised container. Keep clean and dry.
- Items should be re-sterilised if not used within 3 hours.

- At the end of each day the steriliser should be drained of any remaining liquid and mopped dry with paper towels. The outside of the machine should also be wiped clean and left dry, ready for the following morning. Discard any sterile water remaining in that day's container(s).

Do not sterilise single use items. These should be discarded in an appropriate manner after first use.

Benchtop steam sterilisers are designed for processing of equipment for immediate use within a clinical environment. Once the door is open the load is exposed to recontamination. Benchtop steam sterilisers should, therefore, only be used to sterilise loads for immediate use within the immediate clinical environment.

Storage containers should be clean and covered with a lid. Autoclaved equipment should be stored dry.

The Medical Devices Agency Guidance on Bench Top Sterilisers applies to all operators (medical, dental) and includes acupuncturists, tattooists, body piercers.

The guidance contains advice on buying sterilisers, maintenance contracts, daily testing, processing of instruments and their storage.

- 6.4 Ultrasonic cleaners:** are probably the most practical automated method of removing material from instruments prior to sterilisation. Current bench top mounted models are fully portable and do not require any fixed services, incorporate automatic timers, have thermostatically controlled heating and are extremely effective at removing surface material. Operators should be advised to keep the lid of ultrasonic cleaner on during the cycle to prevent splashing of cleaning fluid splashing around the work surface.

Always follow the manufacturer's recommendations on usage.

6.5 Decontamination of special equipment

Equipment	Recommendations
Tattooists: Holders for stainless steel bars. Needles Needle bars Pigment caps trays Motors Elastic bands	disinfect between clients <u>single use only.</u> Disengage from holders and dispose immediately into sharps container. Clean in ultrasonic cleaner and sterilise in autoclave <u>single use trays recommended.</u> Discard after each client. If re-usable cap trays should be stainless steel. Discard ink and caps after each client. Trays should be small enough to fit into ultrasonic and autoclave. consider covering with food grade plastic bag between each client to avoid contamination. damp wipe between clients after disengaging from electrical source. remove from machine and discard after each client
Body piercing: Needles, venflons Clamps used for skin folds, looped forceps and pliers Jewellery	<u>pre sterilised single use only.</u> autoclave autoclave before use.
Acupuncture: Acupuncture needles	<u>pre sterilised single use only.</u> If re-usable gold or other needles are used, ultra sonic clean and autoclave after each client.
General - All treatments: Stainless steel forceps Plastic container marked 'dirty instruments' Plastic container with lid for <u>clean</u> instruments Towels Cups Razor	ultra sonic clean and autoclave after use wash with hot soapy water, rinse and dry thoroughly. <u>If stainless steel kidney dishes</u> are used, clean and autoclave after each use or use single use dishes. as above disposable paper towels disposable paper cups disposable razor should be used and discarded in sharps bin

7. GENERIC STANDARD PROCEDURES

Pre treatment

It is very important that the work area is prepared so as to avoid having to leave the client in the middle of a procedure to get something which may be needed.

- Ensure that the work area is clean and tidy.
- Make sure all the items needed are in easy reach and that any items not required are removed from the immediate area.
- Place a container labelled 'dirty instruments for sterilising' in the work area for the collection of these instruments.
- Have disposable tissues handy for handling telephone, switches etc. during procedure.
- Prepare skin cleaning spray for each day (tattooing) according to manufacturer's instructions.
- Spray bottles can be covered in a good grade plastic bag to protect bottle from potential contamination. The bag can be changed between each client.

Hands must be washed thoroughly according to the procedure outlined [5.1] and disposable gloves should be worn.

Packages containing sterile needles should be opened in front of the client to show that sterile instruments are being used.

Written signed consent must be obtained from client prior to procedure.

Verbal and written instruction on the after care of tattoo and piercing site must be given.

Antibiotic or antiseptic creams should not be used without medical advice.

After treatment

- Place all dirty instruments into plastic container marked 'dirty instruments' for removal to cleaning area. Pre-clean any re-usables in sink with hot soapy water. Re-usables should then be placed into ultrasonic cleaner and sterilised in the autoclave prior to use. All other equipment should be attended to as soon as possible.
- Wash all equipment first before autoclaving.
- Discard all needles into sharps container immediately following use by the operator
- Dispose of all single use items (spatula, pigment caps tray, used tissues and wipes, paper towels etc) into the yellow waste bag.
- Clean plastic containers used for collecting dirty instruments.

- Change paper towel on couch / chair
- Remove gloves and disposable apron and discard in yellow clinical waste bag
- Change bags around spray bottle and tattoo machine
- Wash, rinse and dry hands thoroughly.

7.1 Choice of Instruments, Needles and Jewellery

Pre-sterilised, single-use, disposable needles should be used in body piercing and acupuncture. Pre-sterilised single use tattooing needles should be used in tattooing. Under no circumstances should any item marked by its manufacturer as single use be cleaned and sterilised for re-use on another client.

Other instruments that have accidentally penetrated the skin or are contaminated with blood must be properly cleaned and sterilised before further use.

The jewellery used in body piercing should either be surgical grade stainless steel with very low nickel content) or 14-18 carat gold. Only after the piercing site has completely healed should jewellery be changed for different metals/materials if required.

7.2 Tattooing

Preparation for tattooing:

- Wash hands thoroughly
- after soldering needles onto the sterile needle bars using lead free solder, remove any flux residue by using ultrasonic and autoclave prior to use.
- elastic bands used on machines should be discarded after each client
- dispense pigments into single use disposable pigment trays or disposable caps ensuring sufficient quantity to complete procedure
- adjust couch / chair to operator height prior to commencing the procedure.
- wash, rinse and dry hands thoroughly.
- put on disposable gloves
- If necessary, shave area with disposable razor then discard razor immediately after use into sharps container

Procedure

- open tray containing sterile equipment, and set up tattoo machine in front of the client to show that sterile instruments are being used
- Use clean water to rinse needles if changing dyes, inks without changing needles on same client.
- 'Dettol' used for transferring stencils should be used sparingly.
- The use of deodorant sticks between patients is not advised. It is essential that single use sticks should be considered.
- The temper or sharpness of a needle must not be tested on the client's or the operators skin before use.
- Savlon skin detergent is used to wash off excess dye and soften skin. Ensure appropriate (cleaned daily) spray bottle
- Replace any sterile instrument accidentally touched by operator or contaminated in any way.
- Petroleum jelly on wound after tattooing is not recommended as it is best to keep wound dry for natural healing
- Place a dry sterile dressing over tattoo, fix with Micropore tape

After procedure:

- Needles need to be broken off needle bar before being discarded into sharps bin.
- Dismantle tubes and needle bars from machine and place into plastic container marked 'dirty instruments'.
- Appropriate aftercare needs to be provided for each client.

7.3 Body Piercing

Closed ear piercing guns should not be used to pierce any part of the body other than the fleshy part of the ear lobe.

Procedure:

- Ensure all equipment is set out.
- Wash, rinse and dry hands thoroughly and don disposable gloves.
- Clean skin surface with individual alcohol wipes (70% isopropyl alcohol)
- Mark skin for piercing with gentian violet pen.
- All tattooing and body piercing needles should be single use and disposed of immediately following use by the operator and under no circumstances be left to be disposed of by someone else.
- Hold skin folds with sterile clamps.
- Penetrate skin folds using sterile venflon, remove needle leaving plastic cannula in situ. Place sharp needle into sharps container immediately.
- Remove sterile jewellery from tray using sterile forceps and thread it through the plastic cannula and fix. Remove plastic cannula and discard in sharps container.
- Jewellery should be closed with pliers or manually.
- For tongue and genital piercings where the mucous membranes are not cleaned prior to marking the piercing site, it is good practice to either use a gentian violet pen and discard it or use a single use cosmetic cotton bud and gentian violet ink to mark the piercing site and dispose of the cotton bud immediately.

Client advice after body piercing :

- Client should be given written / verbal / information about the piercing
- Client should be advised to wash their hands before touching the piercing, never allow oral contact with the fresh piercing, not to wear tight clothing over the piercing, not to go swimming until the piercing has healed, to wear clean cotton underwear until genital piercings have healed if possible and so forth.
- May be tender, itchy, slightly red or bruised for a few weeks. May bleed a little for the first few days.
- May also secrete a whitish-yellow fluid (plasma) which crusts on the jewellery; this is not pus.
- The skin may tighten around the jewellery as it heals, making turning somewhat difficult.
- Allow natural healing to take place without the introduction of antibacterial agents or antiseptics.
- Contact your GP promptly if the wound inflammation (red painful swelling with pus (thick white fluid) formation) develops.

Occasionally, selected jewellery may not be appropriate. If the jewellery is too thin or too heavy, or awkward in size and diameter, healing problems may be experienced. The piercer should be contacted if a change in jewellery is required.

7.4 Acupuncture

skin preparation:

- A new alcohol swab should be used for each separate area of the body e.g. if needles are to be inserted into both the back and leg areas, use separate swabs for the back and leg.
- Pre-sterilised, single-use, disposable needles should be used in body piercing and acupuncture. Under no circumstances should any item marked by its manufacturer as single use be cleaned and sterilised for re-use on another client.
- If re-useable instruments e.g. gold acupuncture needles, have to be used for penetration of the skin they must be cleaned and sterilised for re-use on another client.

30/03/2001

H:\phsec\gfenelon\DATA\BARRY\POLICY\Guidelines Special TreatmentsFinal.doc

APPENDIX 1

AUDIT TOOL FOR INFECTION CONTROL ASSESSMENT OF SPECIAL TREATMENT CENTRES*
--

OPERATOR'S NAME: _____

		Yes	No	
N/A				
UNDERTAKES:	TATTOOING	Y	Y	Y
	SKIN PIERCING	Y	Y	Y
	ACUPUNCTURE	Y	Y	Y
	ALL	Y	Y	Y

ADDRESS: _____

DATE: _____

PRESENT: _____

Answer Yes, No or not applicable - please tick a box for all questions

		Yes	No	N/A
1.	Liquid hand soap dispenser in operating area located near the wash hand basin			
2.	Paper towels dispenser at all sinks in operating areas and wash hand basin within operating room			
3.	Sinks in operating area are free from nail brushes			
4.	Mixer taps are fitted at sinks			
5.	Wash hand basin and sinks in operating areas are free from cups and drinking facilities			
6.	Access to wash hand basin is clear e.g. no equipment soaking in the sink			
7.	Separate area for cleaning instruments			

Comments

*Source: J Kim Gunn, Public Health Specialist (Communicable Disease Infection Control),
North Staffordshire Health Authority. Reproduced with her permission.

STANDARD 2. Tattooing/skin piercing/acupuncture practices will reflect Local Authority Guidance, Bye Laws and best practice to reduce the risk of cross infection to clients, whilst providing appropriate protection to operators.

The following protective clothing is available for use:

		Yes	No	N/A
1.	Non sterile latex/vinyl gloves			
2.	Disposable plastic aprons			
3.	Eye Goggles			

Procedures:

		Yes	No	N/A
4.	Operators are aware of the procedure for dealing with blood spillage. Bleach is available for cleaning up blood spillage			
5.	Isopropyl alcohol (70%) wipes are used to clean the client's skin prior to the procedure			
6.	Disposable single use razors are used to shave client's skin prior to the procedure			
7.	Local Authority Bye Laws/Licensing Conditions			
8.	Guidelines are available and known to operators			
9.	Suitable verbal and printed information regarding aftercare of tattoo/ skin piercing/acupuncture is available for clients to take away			
10.	Single use sterile dressings are applied as appropriate following the procedure			

Comments:

STANDARD 3: The practice environment will be appropriately maintained to reduce the risk of cross infection
--

		Yes	No	N/A
1.	All general areas are clean			
2.	Carpet in operating area			
3.	Sufficient surface for operating and suitable lay of clean and dirty operating fields			
4.	Operating areas are clean and free from extraneous items			
5.	Sufficient lighting for operating. Adequate ventilation			
6.	All sterile products are appropriately stored above floor level			
7.	Client couches/chairs in the operating areas have wipeable surfaces			
8.	Client couches/chairs in the operating areas are in a good state of repair			
9.	Disposable paper is used to protect the couches/chairs in the operating area			

Comments:

STANDARD 4: Waste will be disposed of safely without risk of contamination or injury and within current guidelines

		Yes	No	N/A
1.	The operator has written instructions on the safe disposal of waste			
2.	Foot operational bins are in working order in operating areas			
3.	Appropriate yellow bags are used for disposal of clinical waste			
4.	Clinical waste and domestic waste is correctly segregated			
5.	Waste bags are less than $\frac{3}{4}$ full and securely tied			
6.	Clinical waste is stored in designated area prior to disposal			
7.	The storage area is locked and inaccessible to unauthorised persons and pests			
8.	Bags are labelled with source (Operator's Name) - in accordance with the Duty of Care			
10.	Collection of clinical waste is undertaken at least weekly with a registered company and disposed of by incineration			
11.	Storage facilities for clinical waste should be lockable e.g lockable cupboard. The storage area should be marked with a biohazard sign.			
12.	Waste transfer notes should be kept on site and must identify the waste, type of container, quantity of waste, time and place of transfer and name/address of transferor and transferee.			

Comments:

STANDARD 5: Sharps will be handled safely in order to negate the risk of sharps injury and in accordance with current guidelines

		Yes	No	N/A
1.	Sharps boxes are available for use and located within easy reach.			
2.	Sharps boxes conform with British Standard BS7320/UN3291			
3.	The box is less than $\frac{3}{4}$ full with no protruding sharps			
4.	The sharps is assembled correctly - check lid is secure			
5.	The sharps box is labelled with point of source			
6.	Staff are aware of inoculation injury policy and procedure to take in case of accident/needlestick injury. Procedure displayed in treatment area.			
7.	Sharps boxes are stored above floor level and safely out of reach of children and visitors			
8.	Sharps boxes are disposed of appropriately			

Comments:

STANDARD 6: Appropriate detergents/disinfectants and antiseptics are used correctly to negate the risk of infection
--

		Yes	No	N/A
1.	Disinfectants are used appropriately			
2.	A sink is available for washing items separate to hand washing facilities			
3.	Environmental surfaces are protected with disposable paper towelling between clients			

Comments:

STANDARD 7: (cont'd)

		Yes	No	N/A
10.	Ultra sonic cleaner is emptied daily and kept dry overnight			
11.	Dye containers are single use only and are appropriately disposed of following use			
12.	Sterile disposable needles are single use only			
13.	If acupuncture needles are re-used they are appropriately sterilised between use			

Comments:

SUPPLEMENTARY QUESTIONS TO OPERATOR:

How long have you been practising?	0 - 4 years	Y
	5 - 9 years	Y
	10 - 15 years	Y
	>15 years	Y

		Yes	No
1.	Have you ever had clients return to inform you of infection as a result of procedures?		
2.	Have you every had clients return to inform you of infection as a result of a visit to another practice?		
3.	Are you immunised against Hepatitis B?		
4.	Laboratory Record of serological response?		
5.	Do you require clients to sign a consent form?		
6.	Do you ask clients health related questions prior to undertaking the procedures?		
7.	Do you keep records of client information?		
8.	Do your records include: Numbered declaration sheets Names / addresses Age Proof of identification Body part pierced / tattooed?		
9.	Do you belong to any professional body/organisations? If 'yes' which: _____ _____		
10.	Where do you purchase products from?		
11.	Do you give after care guidance to your clients?		
12.	Do you have multiple use items for patients? e.g. Skin sprays Deodorant sticks Marking pens Petroleum jelly containers Other _____ (Please list)		

APPENDIX 2

BENCHTOP STEAM STERILISER DAILY RECORD SHEET (COPY FORM FOR USE)

Name _____ Premises _____

Autoclave Reference Number _____

Week Commencing Monday _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Cycle Counter Number						
Time to reach holding temp						
Temp during holding period						
Pressure during holding period						
Total time at holding temp/pressure						
Initials of authorised user						

Weekly Safety Test	Yes/No	Comments
Door seals secure		
Door safety devices functioning correctly		
Safety Valves operating correctly		
Observations		
Name	Date	Signature

PLEASE KEEP THESE RECORDS IN A RING BINDER FOR INSPECTION

APPENDIX 3

References

- 1) Tope WD. State and territorial regulation of tattooing in the United States. J.AM ACAD DERMATOL. 1995; 32: 791-9
- 2) Smith BF. Occurrence of hepatitis in recently tattooed service personnel. JAMA 1950: 144, 1074-6
- 3) Long CE and Rickman LS. Infectious complications of tattoos. Review article Clinical Infectious Diseases 1994: 18(4): 610-619
- 4) The Purchase, operation and maintenance of Bench Top Steam Sterilisers 1997. 2nd Ed. Medical Devices Agency DB 9605
- 5) Standards of Practice for Tattooing and Body Piercing Health (Infectious Diseases) Regulations 1990
- 6) Guidelines for Local Authorities Body and Skin Piercing Part 1. Scottish Centre for Infection and Environmental Health. 1998
- 7) Noah N D, A Guide to hygienic skin piercing PHLS 1983
- 8) Noah N D, Guidelines for body piercing Kings College, London 1996
- 9) Ayliffe GAS, Coates D, Hoffman P N, Chemical Disinfection in Hospitals PHLS 1993
- 10) Procedure Standards Association of Professional Piercers 1998, San Francisco