

GUIDELINES FOR THE CONTROL OF INFECTION IN SKIN PIERCING



May 2004

**Cambridgeshire and Peterborough
Public Health Protection Unit**

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ACKNOWLEDGEMENTS

This guidance was prepared by a subgroup of the Cambridgeshire and Peterborough District Control of Infection Coordinating Group. The membership of the subgroup comprised:

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Section B is based on the *Guidelines for Control of Infection in Special Treatments (Tattooing, Body Piercing and Acupuncture)* produced by a working party of the London Consultants in Communicable Disease Control and Community Infection Control Nurses in August 2000.

The consent forms are based on the one developed by the Merton Sutton and Wandsworth Collaborative Special Treatment Working Group in July 2002.

SECTION A - GENERAL INFORMATION

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1. INTRODUCTION

Skin piercing is a risk activity. There is the potential to cause harm and injury to a client or operator through unsafe practice. Public health is directly affected by the quality of the skin piercing service. Operators and clients in the skin piercing industry risk contracting a range of infections, which can lead to serious illness. Blood-borne viruses, such as Hepatitis B and C, and HIV (Human Immunodeficiency Virus) can be spread via procedures such as tattooing and body piercing. Local bacterial infections, gangrene, amputation and even death following skin piercing procedures have been documented in the literature.

Infection control procedures regulate this risk and prevent the transmission of disease. The purpose of this guidance is to help those in the skin piercing industry better understand how to protect themselves and their clients from the risk of infection. It aims to encourage operators to reduce harm from skin piercing and promote healthy skin piercing practices.

This guidance will explain:

- how to promote a safe work environment for operators performing skin piercing procedures.
- how to minimise the risk of transmitting blood-borne and other infections by the use of standard precautions during skin piercing procedures
- how to ensure appliances are clean and sterile before being used for skin piercing

It is vital that the safe working practices described in this document are followed at all times in order to protect the client, operator and proprietor.

2. TERMINOLOGY

Cosmetic piercing is a general term for ear piercing and cosmetic body piercing.

Cosmetic body piercing is the perforation of the skin and underlying tissue, usually with the aim of inserting jewellery. Popular sites are the nose, tongue, nipple, eyebrow and navel. The genitalia may also be pierced in a variety of ways.

Skin-colouring covers semi-permanent skin-colouring and permanent skin-colouring (tattooing)

Semi-permanent skin-colouring is a general term for micropigmentation, semi-permanent make-up and temporary tattooing. The skin colouring is inserted into a person's skin without breaching the skin's outer layer (the epidermis). The effect is said to last for three to five years.

Tattooing is defined as marking the skin with permanent pigments by puncturing the skin's outer layer (epidermis) using needles.

Acupuncture is the practice of inserting needles into specific parts of the human body. It has been associated with traditional Chinese medicine for many centuries and is now becoming increasingly popular within the western world.

Electrolysis is the practice of hair removal using a small probe to deliver an electrical current to individual hair roots.

Skin piercing is a general term that we have used to cover all of the above.

3. LEGAL FRAMEWORK

- English and Welsh Local Authorities outside of London may control certain skin piercing activities using the Local Government (Miscellaneous Provisions) Act 1982. 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
- Section 120 and Schedule 6 of the Local Government Act 2003 on the Regulation of Cosmetic Piercing and Skin-colouring Businesses, which amend section 15 of the Local Government (Miscellaneous Provisions) Act 1982 came into force on 1 April 2004.
- These new provisions essentially add cosmetic piercing and semi-permanent skin-colouring businesses to section 15 of the 1982 Act and give local authorities in England (outside London) and Wales, specific powers relating to persons carrying on businesses of cosmetic piercing (piercing of the body including the ear) and semi-permanent skin-colouring (including micropigmentation, semi-permanent make-up and temporary tattooing).
- Local authorities will require such businesses:
 - to register themselves and their premises; and
 - to observe byelaws relating to the cleanliness and hygiene of premises, practitioners and equipment.
- Practitioners also have responsibilities under the Health and Safety at Work etc Act 1974 and associated legislation to ensure that he 'conduct his undertaking in such a way as to ensure, so far as is reasonably practicable, that he and other persons who may be affected thereby are not exposed to risks to their health or safety'.
- 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. Therefore, piercing the female genitalia could be an offence and this must be borne in mind should such a piercing be requested.
- The administering of local anaesthetic injections other than by a registered medical practitioner is an offence under the Medicines Act 1968. The administering of surface local anaesthetics (e.g. ethyl chloride) is not recommended, as too large a dose can be damaging. Ethyl Chloride is a cooling spray, highly flammable and it is not for use on mucous membranes, nor sterile.

3.1 Consent

- There is no statutory age of consent for cosmetic piercing (cosmetic body piercing and ear piercing). Cosmetic piercing of a minor is lawful provided a valid consent is given. Under-sixteen's can probably give consent if the practitioner judges them to have reached sufficient maturity to fully understand the implications of their request, and if they are given sufficient information for them to make a sound decision. Furthermore, the courts have held that a parent's right to decide on behalf of his or her child yields to the child's competence to make a decision (i.e. if he or she is capable of understanding the nature of the act to be done). Body piercing for sexual gratification is unlawful.
- Children under the age of 16 are not able to consent lawfully to a piercing that would

be regarded as indecent assault. Genital or nipple piercing performed on someone under the age of 16 might be regarded as indecent assault under sexual offences legislation depending on the facts of the case.

- A statutory minimum age of consent for tattooing (18 years of age) is specified in the Tattooing of Minors Act 1969. This makes it an offence to tattoo a person under 18 years.
- If proof of age is required and the parent/guardian is not present as witness, then suitable photo identification e.g. passport should be sought.

4. SOURCES OF INFORMATION

1. London Consultants in Communicable Disease Control and Community Infection Control Nurses. Guidelines for Control of Infection in Special Treatments (Tattooing, Body Piercing and Acupuncture). August 2000.
2. Chartered Institute of Environmental Health. Body Art, Cosmetic Therapies and other Special Treatments. Barbour Index plc 2001.
3. Health and Safety Executive. Blood-borne viruses in the workplace: guidance for employers and employees. <http://www.hse.gov.uk/pubns/indg342.pdf>
4. Medical Devices Agency. The Purchase, Operation and Maintenance of Bench Top Steam Sterilisers. 2nd Ed. Medical Devices Agency DB 9605. 1997
5. Health & Safety Executive/ Local Authorities Enforcement Liaison Committee (HELA). Enforcement of Skin Piercing Activities LAC Number 76/2
There is free access to this document at: www.hse.gov.uk/lau/lacs/index.htm
6. Health and Safety Executive/Local Authorities Enforcement Liaison Committee (HELA). Cosmetic treatment (Micro-pigmentation/ semi-permanent tattooing/ semi-permanent makeup). Local Authority Circular 14/1, October 2003. www.hse.gov.uk/lau/lacs/14-1.htm
7. Hairdressing And Beauty Industry Authority (HABIA) – the standards setting body for hair, beauty and body art. Fraser House, Nether Hall Road, Doncaster, DN1 2PH; Tel 01302 380000, Fax 01302 380028, Email enquiries@habia.org; <http://www.habia.org>. (Approved National Occupational Standards (NOS) are currently available from HABIA for ear piercing and semi-permanent make-up, and will become available for cosmetic body piercing).

SECTION B – INFECTION CONTROL

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1. GENERAL PRINCIPLES

Basic principles for safe skin piercing services include:

- Keep premises clean and hygienic
- Observe good personal hygiene; make sure that any cuts, abrasions or wounds are covered
- Only use sterile instruments for penetrating the skin, and preferably single-use disposable articles
- Any article that has penetrated the skin or is contaminated with blood:
 Dispose of immediately, as infectious or biological waste, **or**
 Clean and sterilise before using on another person
- Do not permit animals on the premises where skin penetration activities are carried out, except guide dogs for the blind
- Provide adequate training for staff in all areas of hygiene, infection control and first aid
- Hepatitis B vaccinations for all skin piercing operators.

It is the operator's responsibility to ensure that the whole service is provided to a sufficient standard of hygiene to ensure client and operator safety.

2. THE PREMISES

2.1 General Requirements

The premises should be properly planned. There should be good lighting and ventilation throughout.

The treatment areas should be separate from the cleaning areas.

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

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

The procedure bench or couch should have a paper roller towel system to be changed between clients.

2.2 Wash Hand Basins

There should be 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 are ideal.

Cartridge-type liquid soap and hand paper towels in dispensers should be installed in the immediate area where procedures are carried out.

Access to the wash hand basin should be clear.

2.3 Sinks for washing equipment

A deep 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.

2.4 Record 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 3 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.

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

3. STANDARD INFECTION CONTROL PRECAUTIONS

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

Blood and body fluids include blood/ blood products and all body secretions.

Because it is not possible, without testing, to identify clients or operators who might be infected with the hepatitis viruses, HIV, etc, **Standard Infection Control** procedures, as detailed below, need to be used at all times.

3.1 Hepatitis B Vaccination

A safe and effective vaccine for the prevention of Hepatitis B is available. Vaccination is strongly advised for all operators involved in skin piercing procedures and for staff who may be involved in cleaning skin piercing 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 B antibodies must be done to check that the vaccination has been effective.

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

3.2 Hand care

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 (see diagram)
- Rinse hands well
- Dry thoroughly with disposable paper towel

Nailbrushes are not recommended unless single use. Finger nails should be kept short and clean.

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

3.2.1 HANDWASHING PROCEDURE

1. Wet your hands thoroughly and apply soap.



2. Rub your hands together (palm to palm)



3. Rub the back of your left hand with the palm of your right. Then swap and rub the back of your right hand with your left palm.



4. Rub your palms together with your fingers interlocked



5. Interlock your fingers. Rub the backs of the fingers of your right hand in your left palm. Then do the same with the fingers of your left hand in your right palm.



6. Clasp your left thumb in your right palm. Rotate your thumb. Then do the same with your right thumb in your left palm



7. Rub the fingers of your left hand in a circular pattern in your right palm. Then do the same with the fingers of your right hand in your left palm.

8. Rinse your hands. Pat them dry with paper towels, working from your finger tips down to your wrists.

3.3 Smoking, eating and drinking

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

3.4 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 latex gloves while carrying out special treatments. Non-powdered latex gloves are advised to avoid skin allergy.
- 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.
- Gloves should never be reused or washed for reuse.

3.5 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 for the procedure)
- Stop the bleeding by applying pressure to the wound with a dry sterile dressing
- When bleeding has stopped, replace the sterile dressing with a waterproof dressing
- Dispose of soiled dressing into yellow clinical waste bag
- Deal with any spillage immediately (see 3.6)

3.6 Blood Spillage

All fluid spill must be cleaned up immediately.

- Wear disposable gloves and apron
- Place disposable paper towels on blood spillage to mop up excess and then dispose of in yellow clinical waste bag
- Pour bleach (10,000 parts per million or a one in ten dilution of household bleach) on top of spillage area and leave for at least two minutes
- Alternatively, use chlorine granules found in spillage kits or use another product proven to kill blood-borne viruses and use as directed by the manufacturers
- Use paper towels to wipe up bleach and spillage and then discard into yellow clinical waste bag
- Wash area with hot water and detergent and dry area using paper towels and discard into yellow clinical waste bag
- Discard gloves and apron into yellow plastic bag
- Wash and dry hands thoroughly.

If blood spillage has already dried: apply bleach solution/chlorine granules to a wet paper towel & clean spillage area. Discard waste as above.

Spills on clothing: change clothes, immediately if possible, and put soiled clothes into a plastic bag. Wash as soon as possible in the hottest cycle the garments will stand. Discard the plastic bag into a yellow, clinical waste bag.

3.7 Sharps Injury or Blood Splashes

Sharps include needles, 'venflons' and other sharp instruments that 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-sheath needles.

If a sharps injury occurs or blood splash into eyes or mouth occurs, this should be documented in the Accident book. Following immediate first aid, the operator should seek advice from the local Accident and Emergency Department even if they are immunised against Hepatitis B.

3.7.1 First Aid for Sharps Injuries or Splashes:

- Encourage bleeding by squeezing gently
- Do not suck wounds
- Wash well with soap and warm running water
- Dry and cover with a waterproof plaster
- **Splashes into eyes or mouth:** rinse freely with water
- **Document details including client's name in accident book**

3.8 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 (i.e. household waste) and clinical waste should be separate, clearly labelled (i.e. clinical waste bins should be marked as 'Biohazard- clinical waste') and foot operated pedal bins with lids so that all waste is contained safely and segregated properly. 'Flip lid' bins should not be used as hands can become easily contaminated in using them.

3.8.1 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.

3.8.2 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.

3.8.3 Sharps containers

All needles, cannulas and venflons and other sharp instruments (e.g. razors) 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 'kite mark'. Make sure that the container is assembled correctly.

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 sealed and labelled with 'point of origin' prior to disposal.

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

4. CLEANING OF PREMISES

All areas should be cleaned regularly as part of a documented cleaning policy and rota (see section 4.1)

Disposable single use cloths should be used for cleaning tasks. General-purpose utility gloves (e.g. 'Marigold') should be used for general environmental cleaning procedures and should always be used when handling bleach. Change these when there is evidence of peeling, cracking or tears.

Detergent and hot water is adequate for most routine cleaning. Surfaces contaminated with blood should be cleaned as per section 3.6.

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.

All chemicals should be handled and stored in accordance with manufacturers instructions/COSHH Regulations. The product safety data sheets should be accessible to all staff. All chemicals used on the premises should be stored in an identified cool, dry and well ventilated place (room/cabinet) that is lockable, out of reach of visitors/ the public and in their original containers. Expiry dates should be routinely checked.

Recommended Cleaning Agents for the Environment	
Disinfectant spray	<ul style="list-style-type: none">• Used for cleaning surfaces between clients
Detergent + hot water	<ul style="list-style-type: none">• Used for cleaning surfaces at end of sessions/ day
Cream cleaner	<ul style="list-style-type: none">• Used for cleaning surfaces
Bleach (hypochlorite)	<ul style="list-style-type: none">• For environmental cleaning Ensure 1000 ppm (parts per million) available chlorine - this corresponds to 1 in 100 dilution of household bleach. Not for use on metal surfaces.

N.B. Glutaraldehyde (Cidex) must *never* be used

4.1 Protocol for Cleaning Premises

ITEM	FREQUENCY	METHOD
Surfaces	at least daily	<p>Operating area surface cleaned and dried between clients using detergent & water or disinfectant spray. Use disposable cloths/ paper towels.</p> <p>At the end of the day use general-purpose detergent and hot water. Dry thoroughly.</p>
Hand wash basins and sinks	daily	Cream cleanser
Floors	daily	<p>Suction clean i.e. vacuum clean to remove dust. Wash with hot water and detergent.</p> <p>Disinfectant is required only after contamination with blood spillages (see section 3.6) i.e. clean area with disposable towels using bleach solution of 10,000 parts per million.</p>
Bins	daily	Empty bins daily. Clean inside with hot water and detergent. If contaminated, wipe over with disinfectant.
Couches	regularly	Wipe with hot, soapy water and dry thoroughly. Clean with bleach if contaminated with blood (see section 3.6).
Walls/ Ceilings	periodically	Clean with hot water and general purpose detergent. Clean with bleach if contaminated with blood (see section 3.6)

5. STERILISING INSTRUMENTS

5.1 Definitions:

Cleaning is a physical process which removes dirt e.g. dust and organic matter, along with large proportions of germs. Cleaning with warm water and detergent breaks up grease and dirt and is 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**, 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), a process that destroys all living organisms. It is essential that all instruments in contact with non-intact skin be sterile.

5.2 Cleaning

Cleaning instruments is an essential part of the decontamination process – **inadequately cleaned instruments cannot be sterilised effectively.**

Pre soaking of instruments is not necessary and does not replace the need for adequate cleaning before sterilisation.

5.2.1 Manual cleaning: Detergent and warm water are recommended (disinfectant solutions are not required). Manual cleaning should be done before placing instruments in an ultrasonic bath and should always take place below the water level rather than under running water to reduce the risk of splashing into eyes. Staff should always wear protective clothing when washing instruments. If there is a risk of splashing occurring, goggles should also be worn.

Cleaning equipment such as brushes should be disinfected regularly and kept clean and stored dry between use. This means either being disposed of after each session or being sterilised before reuse. Brushes should not be stored wet in any disinfectant solutions. Any cleaning cloths used should ideally be disposable.

5.2.2 Ultrasonic cleaners: are 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. They incorporate automatic timers, have thermostatically controlled heating and are extremely effective at removing surface material.

The lid of the ultrasonic cleaner must be kept on during the cycle to prevent contamination of the surrounding area. All instruments placed in the bath need to be fully submerged in the detergent solution and then rinsed afterwards in water before placing in an autoclave. The bath should not be overloaded with instruments and should be emptied and drained daily. The detergent solution should be renewed if it becomes full of sediment.

The manufacturer's recommendations on usage should always be followed, particularly with regards to the appropriate detergent solution to use with the ultrasonic bath.

Ultrasonic cleaners do not sterilise or disinfect instruments. However, they provide a very safe and effective means of cleaning instruments prior to sterilisation.

5.3 Sterilisation

All re-usable 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 skin piercing equipment and must not be used.

5.3.1 Benchtop steam steriliser – autoclave

The most reliable method of sterilising equipment is moist heat using steam under pressure i.e. autoclave.

The Medical Devices Agency Guidance (A4.4) on benchtop steam sterilisers applies to all operators. The guidance contains advice on buying sterilisers, maintenance contracts, daily testing, processing of instruments and their storage.

The Chartered Institute of Environmental Health (2001) Guidelines also provide detailed information and guidance regarding autoclave use.

It is important that the correct type of autoclave is purchased for the type of sterilisation required.

Traditional benchtop autoclaves (non-vacuum) are considered suitable for solid or unwrapped instruments. Pouches or other wrappings must NOT be used in these autoclaves.

For the sterilisation of wrapped/pouched items; porous loads (e.g. gauze swabs); instruments with lumens (i.e. tubes, tips and grips), a vacuum steam autoclave should be used. This ensures that all parts of the load (especially hollow tubes) are exposed to steam at the required temperature. It is important that such a steriliser has a vacuum drying cycle as well so that sterilised loads are dry at the end of the cycle. Autoclave bags are porous when they are wet and the instruments inside could get contaminated if the bags are removed from the autoclave while still damp.

For both types of autoclaves, however, it is essential that the instruments are thoroughly cleaned using both manual and ultrasonic cleaning, to remove visible contamination BEFORE they are autoclaved.

5.3.2 Using a Benchtop Steam Steriliser

- Each day a fresh container of sterile water for irrigation (not purified /distilled water as contaminants may be present) should be used to fill the reservoir to the indicated level. Run the empty 'test cycle' and record the results
- Always use the trays provided with the autoclave and do not place items in bowls or dishes
- Dismantle instruments/ jewellery as far as practicable before cleaning and autoclaving
- Open any hinged instruments
- Position all instruments to enable full drainage and steam penetration of all lumens and hollows
- Do not wrap clamps, forceps, needle boxes etc in gauze, or place them in bags before sterilisation, as steam needs to make contact with the instruments to sterilise them. Some practitioners may have sterilisers that have a pre-sterilising vacuum stage & drying cycle allowing autoclaving of instruments in bags/ pouches
- 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 in a clean airtight plastic container. Keep clean and dry
- Items should be re-sterilised if not used within 3 hours (unless vacuum autoclaved in pouches)
- Single wrapped/ pouched items processed in vacuum autoclaves may be kept for up to six months before the need for re-sterilisation. They should be stored in a dry area out of direct sunlight.
- At the end of each day the autoclave should be drained of any remaining water and the outside of the machine should be wiped clean and left dry, ready for the following morning
- Do not sterilise or re-use single use items. These should be discarded in an appropriate manner after first use.

5.3.3 Maintaining a Benchtop Steam Steriliser

Effective sterilisation using a benchtop steriliser relies upon correct use and maintenance of the unit. All persons operating benchtop autoclaves should have received training on the safe use of portable autoclaves and follow manufacturer's instructions. Training is often provided by manufacturers but needs to be requested by the operator. All training should be documented.

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
- Ensuring training of the operator occurs and is documented
- Daily, weekly, quarterly and yearly testing is completed and documented in a logbook. [See 4.4 for example of Record Sheet].

Quarterly and yearly testing of the autoclave should be carried out by a competent person. This contract should be set up via the autoclave supplier or manufacturer and all records kept on site.

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 (0°C)			Approx. Pressure (bar)	Minimum Hold (minutes)
	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

5.3.4 Daily Testing

Run a normal cycle and monitor:

- Time/temperature/pressure limits at beginning/maximum holding time/end
- That 'cycle completed' is indicated
- That door cannot be opened during cycle
- That no dysfunction is observed
- Process indicator strips do not need to be used as they are of little value and can be misleading. They only distinguish items that have been processed with those that

have not. They DO NOT show that sterilising conditions have been met. Only emulating indicators conforming to ISO 11140 part 1- *Sterilisation of health care products- Chemical indicators (Class 6- Emulating indicators)* are designed to react to all critical parameters (e.g. time, temperature and saturated steam pressure) of a specified sterilisation cycle and show whether sterilising conditions have been met

Record on log sheet

5.3.5 Weekly Testing

As above including:

- Examine door seal
- Check door safety devices
- Check pressure devices
- Record on log sheet

5.4 BENCHTOP STEAM STERILISER DAILY RECORD SHEET (copy form for use)

Name _____ Premises _____

Autoclave Reference Number _____

Week Commencing _____

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Cycle Counter Number							
Time to reach holding temp							
Temp during holding period							
Pressure during holding period							
Total time at holding temp/pressure							
Water drained at end of day							
Process check							
Printout attached							
Initials of authorised user							

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

PLEASE KEEP THESE RECORDS IN A RING BINDER FOR INSPECTION

5.5 Decontamination of Equipment

Equipment	Recommendations
<p>General - all treatments: Stainless steel forceps</p> <p>Instrument Containers: Plastic container marked 'dirty instruments'</p> <p>Plastic container with lid for <u>clean</u> instruments</p> <p>Towels</p> <p>Cups</p> <p>Razor</p>	<p>Wash, ultra sonic clean and autoclave after use</p> <p>Wash with hot soapy water, rinse and dry thoroughly. Stainless steel kidney dishes if used, clean and autoclave after each use or use single use dishes.</p> <p>as above</p> <p>disposable paper towels</p> <p>disposable paper cups</p> <p>Single use only. Disposable razor should be used and discarded directly in sharps bin. Do not re-sheath prior to disposal.</p>
<p>Tattooing: Holders for stainless steel bars i.e. tube, tip and grip</p> <p>Needles and Needle bars</p> <p>Pigment caps/trays</p> <p>Motors & clipcords</p> <p>Elastic bands</p>	<p>Dismantle after use and before cleaning/autoclaving</p> <p>Single use only. Disengage from tube and dispose immediately into sharps container.</p> <p>Single use caps/cap trays recommended. Discard after each client. Always ensure caps are clean before use.</p> <p>If re-usable, cap trays should be stainless steel. Discard ink and caps after each client. Trays should be cleaned between clients and small enough to fit into ultrasonic and autoclave after each session.</p> <p>Cover with food grade plastic bag (or plastic sleeve for clipcords) between each client to avoid contamination. Alcohol (70% isopropyl) is effective in disinfecting motor parts of tattoo machines but if too irritant for the motor, use mild disinfectant.</p> <p>Remove from machine and discard after each client</p>
<p>Body piercing: Needles, venflons/cannulae</p> <p>Clamps used for skin folds, looped forceps, pliers and receiving tubes</p> <p>Jewellery</p>	<p>Pre sterilised single use only.</p> <p>Wash clean and sterilise after use</p> <p>Ultrasonic clean & autoclave before use</p>

6. 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, 14-18 carat gold or titanium (6AL4V).

Stainless steel complying with Directive 94/27/EC is a low carbon, iron-chromium-nickel-molybdenum alloy. It minimises the risk of nickel allergies and has superior resistance to pitting and corrosion.

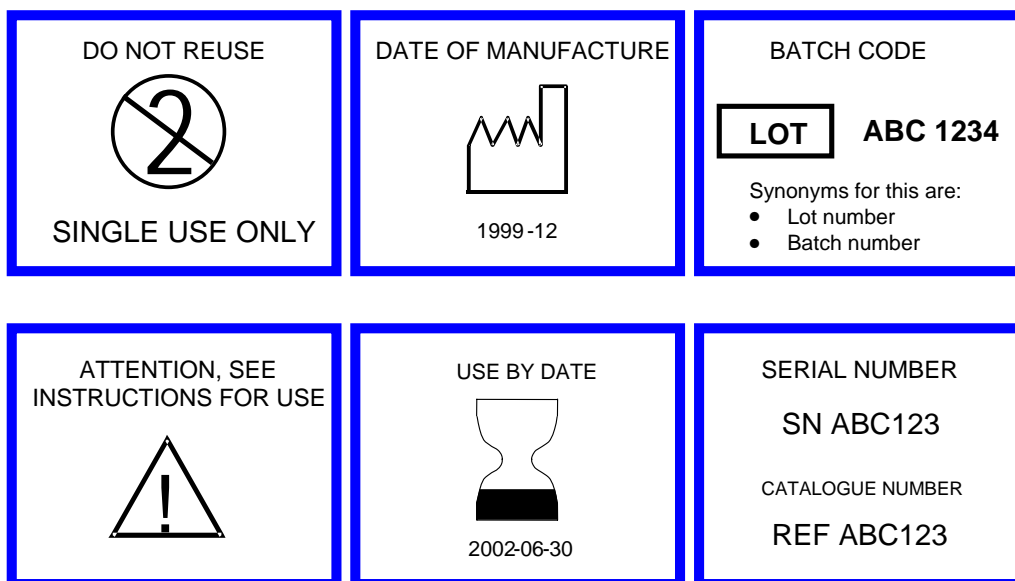
Only solid 14 carat and 18 carat material is said to be pure enough for body piercing applications. The use of gold below 14 carat increases the chance of metal impurities that may cause allergic reactions. Jewellery that is much more than 18 carat is generally too soft and becomes easily pitted and scratched. This may, in turn, encourage infection to develop.

Other metals that have been used safely in body piercing work providing they are free of nickel or other toxic metals include titanium.

Silver is not suitable for new or unhealed piercings because it damages easily and may increase the chances of infection.

Jewellery should be sterilised and kept in sterile conditions until inserted. Only after the piercing site has completely healed should jewellery be changed for different metals/materials if required.

Be aware of standard symbols used by manufacturers:



7. SKIN PREPARATION

Check that the client's skin is clean and free from infection. If the area needs to be shaved, use a disposable, plastic safety razor for each client and dispose of the razor into a sharps container immediately after use.

Prior to the procedure, prepare the skin using a skin cleaning preparation (see table below).

If petroleum jelly ('Vaseline') is to be placed on the client's skin, enough for one client only should be removed from the stock container with a clean spatula and placed in a small disposable container. A new spatula must be used if more petroleum jelly is required from the stock container. Roll on or stick applicators are not appropriate for multiple use situations.

Skin Cleaning Agents	Notes
1. Liquid soap	<ul style="list-style-type: none"> Dilute with water
2. Alcohol wipes (70% Isopropyl alcohol)	<ul style="list-style-type: none"> Allow to dry after application. Unsuitable for use on genitalia as causes discomfort
3. Chlorhexidine gluconate a. Chlorhexidine gluconate solution 20% (=4% chlorhexidine gluconate) - 'Hibiscrub' b. Chlorhexidine gluconate solution 2.5% (=0.5% chlorhexidine gluconate) in isopropyl alcohol 70% with emollients - 'Hibisol'	<ul style="list-style-type: none"> Effective disinfectant for skin & mucous membranes. Use instead of soap for pre-operative hand and skin preparation & for general hand & skin antisepsis. Diluted solutions can become easily contaminated and thus should be made up on a daily basis Use undiluted for hand & skin disinfection
4. Benzalkonium chloride: (=1% benzalkonium chloride) - 'Roccal'	<ul style="list-style-type: none"> Skin disinfection such as pre-operative skin preparation Avoid contact with eyes 'Roccal' to be used diluted 1 in 10 to 1 in 200 solution concentrate

Please note that 'Savlon' & 'Dettol' (Chloroxylenol) are not actually recommended for use as skin disinfectants, despite being used in practice. If used for transferring tattoo stencils to skin they need to be diluted and used sparingly.

It is important to wait at least 2 minutes between skin preparation and skin penetration so that the disinfectant has sufficient time to kill organisms.

8. MOBILE OPERATORS

All mobile operators need to be registered with their local authority and adopt good practice guidelines as described in this document.

All facilities must be connected to a sewer or have a waste-water storage tank suitable for the reception of all liquid wastes arising from the premises. Waste-water storage tanks must be discharged to the sewer.

The mobile establishment must be maintained in a clean condition at all times and must not be used for food preparation or accommodation.

Mobile operators must have direct access to handwashing facilities with liquid soap, paper towels and hot and cold running water.

They must also have facilities to adequately store all equipment and adequate procedures in place in order to handle clinical waste safely before and after use and whilst in transport.

The preparation of procedure packs with sufficient equipment for each client will assist operators in complying with guidelines. There must be adequate sterile equipment for all clients in between base returns. Enough aftercare dressings should be given to the client to cover the length of time of any festival that may be held away from towns/cities etc.

If the mobile facility does not have an autoclave, operators must use single-use pre-sterilised equipment for all procedures.

SECTION C – SKIN PIERCING CODES OF PRACTICE

- 1. Body Piercing Code of Practice**
- 2. Acupuncture Code of Practice**
- 3. Ear Piercing Code of Practice**
- 4. Electrolysis Code of Practice**
- 5. Tattooing Code of Practice**

1. BODY PIERCING CODE OF PRACTICE

Body piercing is the practice of piercing parts of the human body into which jewellery is inserted.

TYPES OF PIERCING

Nose

The piercing can be made in the nostril or the septum. The septal piercing through the central part of the nose which divides the nostrils is done through the thin web of skin beneath the central nasal cartilage and is fitted with a 'U' shaped keeper, a short plastic bar almost undetectable until a ring or tusks are inserted. Once this piercing is well healed, it is one of the few piercings that can be left empty as it doesn't seem to have the habit of closing up as some other piercings do.

Nose piercings take 6 to 8 weeks to heal, but can take as long as 6 months. The piercing can be problematic because of the difficulty in disinfecting the wet inner surface of the nose.

Mouth

Lips, cheeks and tongue are the usual sites and jewellery should be carefully selected to avoid irritation of the teeth or gums. Piercing through the coloured part of the lip is not advised. The labret is a central piercing through the lower part of the lip, about half an inch below the pink edge of the lip.

Tongue Piercing: Tongue piercings must be carried out with particular care due to the risk of injuring blood vessels or nerve tissue. The tongue will usually be swollen for one or two weeks after the piercing. Barbell studs should be used for the initial piercing which should be at least 1/4 longer than the tongue is at its thickest. It is extremely important that the barbell used allows for swelling of the tongue after the piercing is made or it will cause problems and discomfort.

All mouth jewellery tends to have a build-up of plaque, so good aftercare using a denture cleaner is essential. Also maintenance of the jewellery itself is crucial to avoid accidental swallowing or inhalation should it become detached.

Nipple Piercing

The placement is determined by the size and shape of the nipple, with correct placement being very important. The nipple should never be pierced with an ear piercing gun as the pins are too short, therefore pinching the nipple which may cause severe problems. Female piercings must not be made through the areola, although this is permissible for male nipples.

Nipples are usually pierced horizontally, but can also be pierced vertically or diagonally. Thinner or restricting jewellery should not be used as this can be extremely uncomfortable and will not heal well. The healing time is variable according to each person's body healing capacity and likely to take 4-8 months.

Navel Piercing

Navel piercing appears to be the most unpredictable of all. Many find problems with the long term establishment of this piercing which is influenced by a number of factors, including the differing shape of the body e.g. the depth of the navel, the thickness of the skin, the position of the waistline (which differs between men and women) and also the age of the person. Navel piercings are potentially dangerous because of the navel's direct link to the abdomen – severe infections can occur.

Not all are suitable for piercing and placement and choice of jewellery are critical for success. Healing time varies considerably and may take up to a year. This piercing, which is still greatly sought after and admired, is purely visual and lends itself to imaginative and decorative effects.

Genital Piercing

For both sexes, intimate contact is involved. There are also age of consent implications (see Section A 3.1). Children under the age of 16 are not able to consent lawfully to a piercing that would be regarded as indecent assault.

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. Therefore, piercing the female genitalia could be an offence and this must be borne in mind should such a piercing be requested.

In the female, the sites involved are the clitoris, the clitoral hood, the labia, the forchette and the triangle. All are dependent on the individual's anatomy and in general, the more pronounced the part, the greater the chance of success.

Healing times vary from a few weeks (clitoris and clitoral hood) to several months (outer labia).

In the male, the sites involved are the glans, the foreskin, the frenum, the scrotum or may simply consist of surface piercings of the pubic area. Healing times vary considerably from a few months to over a year.

BODY PIERCING PROCEDURE

Body piercing is potentially an extremely hazardous practice if performed badly. It should only be practised by competent, trained and experienced persons at suitable premises. Persons under the age of 18 years should not undertake body piercing.

Novice piercers should have shadowed an experienced piercer for a suitable period of time and performed piercings under supervision.

PRIOR TO TREATMENT

1. Draw the client's attention to the potential risks associated with body piercing (attached) and give the client the aftercare advice sheet.
2. Discuss the client's medical history and ensure that the consent form (see attached) is completed and signed. If the client is currently suffering or has suffered from any contraindications they should bring a letter from their GP before proceeding.
3. Keep a detailed record of the client's personal details, medical history, time and date of appointments and details of work/procedures carried out.
4. All genital piercing must be by appointment only. Advise the client to bring a friend to help ensure there is no misunderstanding or allegation of impropriety.
5. Do not use ear-piercing guns for other parts of the body, as the guns will become contaminated and could then cause infections of the ear, nose, etc of subsequent clients.
6. Both the operator and the client shall not be under the influence of drugs, alcohol or other substances.
7. All piercings must be undertaken in conditions of appropriate privacy.
8. To minimise the consequences of fainting, the client should be in a reclined position when piercing is carried out. **This is not appropriate for tongue piercing, as there is a risk of swallowing jewellery or the tongue falling back.**

PREPARATION AND OPERATION

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 that may be needed.

1. Ensure that the work area is clean and tidy.
2. Make sure all items needed for the procedure are within easy reach and that any items not required are removed from the immediate area.
3. Place a plastic container labelled 'dirty instruments for sterilising' in the work area for the collection of these instruments.
4. Have disposable tissues handy for handling telephone, switches etc. during procedure.
5. Needles must be pre-packed and pre-sterilised, and only used once before proper disposal in an approved sharps box. All needles and clinical waste must then be disposed of by a competent company/person.
6. Wash hands thoroughly according to the procedure outlined under Standard Infection Control Precautions (section 3.2) and wear disposable gloves.

7. Open any packages containing sterile needles/instruments in front of the client to show that sterile instruments are being used.
8. Hollow piercing needles should be a minimum of 1.2mm in diameter. To help reduce healing complications needles over 2.5mm should not be used.
9. Clean skin surface with individual alcohol wipes (70% isopropyl alcohol).
10. The administering of local anaesthetic injections other than by a registered medical practitioner is an offence under the Medicines Act 1968. The administering of surface local anaesthetics (e.g ethyl chloride) is not recommended, as too large a dose can be damaging.
11. If the piercing site is to be marked then this should be done with a fine indelible (gentian violet) pen.
12. For tongue and genital piercings where the mucous membranes are not cleaned prior to marking the piercing site, it is 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.
13. A hands away technique (e.g. using sterilised forceps) should be used where practicable, to reduce the risk of skin and soft tissue infections and injury to the piercer. The piercing needles should be held as far away from the tip as possible whilst affording adequate control of the needle.
14. Where it is possible to hold skin folds, always use sterile clamps.
15. Penetrate skin folds using sterile venflon, remove needle leaving plastic cannula in situ. Place sharp needle into sharps container immediately.
16. 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.
17. Close jewellery with pliers or manually.

AFTER THE PROCEDURE

1. 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.
2. Discard all needles into sharps container immediately following use by the operator.
3. Dispose of all single use items (spatula, pigment caps tray, used tissues and wipes, paper towels etc) into the yellow waste bag.
4. Clean plastic containers used for collecting dirty instruments.
5. Change paper towel on couch/chair.
6. Remove gloves and disposable apron and discard in yellow clinical waste bag.
7. Wash and dry hands thoroughly.
8. Explain aftercare regarding body piercing to client and make sure they have an advice sheet.

CLIENT NOTICE

CLIENTS SHOULD READ THIS NOTICE PRIOR TO HAVING SKIN PIERCED

THE FOLLOWING ARE RISKS ASSOCIATED WITH BODY PIERCING

- **ALLERGIC REACTIONS TO JEWELLERY METALS**
- **JEWELLERY EMBEDDING**
- **MIGRATION OF JEWELLERY**
- **LOCALISED SEVERE SWELLING AND BRUISING AROUND THE PIERCING SITE**
- **SCARRING**
- **LOCALISED INFECTION**
- **BLOOD POISONING (SEPTICAEMIA)**
- **THERE IS A GREATER RISK OF INFECTION ARISING WITH NOSE PIERCING BECAUSE THE INSIDE OF THE NOSE CANNOT BE DISINFECTED**
- **TONGUE PIERCING MAY GIVE RISE TO SWELLING, CHOKING AND POSSIBLE RESTRICTION OF THE AIRWAY**

BODY PIERCING CONSENT FORM

Name of Business:	
Address & Tel No of Premises:	
Name of Practitioner (print):	
Name of Client (print):	
Address & Tel No of client:	
Age of client and DOB:	
Age ID of Client seen:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <i>Please tick appropriate box</i>
Type of Piercing:	
Site of Procedure:	
Type of Jewellery used (as applicable):	

I declare that I give my full consent to body piercing being carried out by the aforementioned practitioner. I confirm that potential side effects of the procedure have been explained to me. A written advice sheet has been given to me and I agree that it is my responsibility to read this and follow the instructions on it, until the site has healed.

I confirm that the above information and medical history provided by me for this consent form is correct to the best of my knowledge and that I am not currently under the influence of alcohol or drugs.

Signature of Client/ Parent (if applicable)		Date:
IF PARENTAL CONSENT REQUIRED:		
Name of Parent (print): Contact Details of Parent:		
Signature of Practitioner:		Date:
Client Advice Sheet given	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please tick appropriate box</i>	

MEDICAL HISTORY OF CLIENT

	Yes (Tick)	No (Tick)	Action if Yes (Attach separate sheet if necessary)
Suffers from any heart conditions/ angina/blood pressure problems?			
Suffers from epilepsy? If Yes, how controlled?			
Prone to 'fainting attacks'? If yes, state reason:			
Suffers from haemophilia/other blood disorders?			
Suffers from any known blood-borne virus e.g. Hep B, Hep C, HIV?			
Suffers from any problems with skin healing in the past, e.g. diabetes/lupus/psoriasis/eczema?			
Suffers from any 'lumpy' raised scars (keloid scars)?			
Suffers from any known allergies eg plasters/creams/ metals/ latex/ food- stuffs/ other? Indicate which:			
Takes any prescribed medication regularly? If Yes, please list what:			
Pregnant?			
Any previous piercings at proposed site?			
Any other relevant information? eg genital warts if applicable			

BODY PIERCING - CLIENT ADVICE SHEET

A normal piercing:

- May be tender, itchy, slightly red or bruised for a few weeks.
- May bleed a little for the first few days.
- May secrete a whitish-yellow fluid (plasma) which crusts on the jewellery, this is not pus.
- May tighten around the jewellery as it heals, making turning somewhat difficult.

LOOKING AFTER THE PIERCING

NEVER use surgical spirit, hydrogen peroxide, essential oils or ANY liquid, cream or spray antiseptic product for cleaning the piercing.

Piercings above the Neck

The new piercing should be cleaned TWICE daily. Too little cleaning can cause an infection to develop and too much cleaning can cause irritation of the newly forming tissues. Leave your piercing alone when you are not cleaning it. Do not fiddle with it.

- Always wash hands well and dry thoroughly with a clean towel first.
- Use a piece of cotton wool dipped in your aftercare solution to soak off any crusted matter. Do not pick.
- Once this matter has been removed, clean the piercing and jewellery thoroughly with your aftercare solution using a cotton wool bud.
- Whilst the jewellery is wet with the aftercare solution turn it to clean the inside of the piercing. If it does not move easily do not force it.
- Finally dab the area with a clean tissue to remove any excess cleaning solution.
- Sea salt soaks (1/4 tsp pure sea salt in a cup of boiling water, cooled until warm) can help promote healing. However salt water is not antibacterial and not usually effective for general cleaning. Salt water should always be rinsed away after use with plenty of warm water.

Tongue Piercings

- With an oral piercing, after eating, smoking or putting anything in the mouth rinse with antibacterial (alcohol-free) mouthwash at a dilution of 50% - 75%, or sea salt water. **NEVER USE** mouthwash containing alcohol or table salt for any reason.
- A yellow secretion will be produced by the piercing and indicates normal healing. Remove this secretion with a cotton wool bud.
- Swelling can be reduced by sleeping with the head propped up with pillows when asleep.
- Suck on small ice cubes.
- When eating go slowly. Cut up your food into small pieces and place directly between the back teeth. Try to keep the tongue level to avoid biting jewellery.
- Buy a new toothbrush and gently brush your tongue and jewellery to remove plaque.
- Check the balls on the bar daily to ensure that they are screwed on tightly. The barbell should remain loose for a week and needs to be replaced by a shorter barbell when the piercing is healed. Only then will the visual appearance be correct.
- In some cases, the ball ends may become embedded in the tongue and will have to be removed.

As well as following the advice above there are also several things which we recommend that you **SHOULD AVOID:-**

- ✗ Oral sexual contact during the entire healing period.
- ✗ Chewing gum, fingernails, pens, sunglasses etc. during the healing. Don't share plates, cups or cutlery.
- ✗ Smoking. This will slow healing, so try and cut down or better still stop.
- ✗ Alcohol, aspirin, caffeine until initial swelling has reduced. Hot drinks, spicy foods and acidic foods can also increase discomfort and swelling.
- ✗ Playing with the piercing excessively even after healing. Remember metal is harder than teeth. Do not click it against your teeth or twist it in your mouth. The reasons for this are to prevent formation of unsightly lumps of scar tissue and granulomas, to prevent migration (movement) of jewellery and to prevent breaking teeth, swallowing jewellery or more dangerously inhaling jewellery.

Piercings below the Neck

The new piercing should be cleaned TWICE daily. Too little cleaning can cause an infection to develop and too much cleaning can cause irritation of the newly forming tissues. Leave your piercing alone when you are not cleaning it. Do not fiddle with it.

- Always wash hands well and dry thoroughly with a clean towel first.
- Soak the piercing with warm water to soften any dry crusted matter, do not pick. This can be done by either placing the piercing under running water or by inverting a cup of water over the piercing. The crusted matter can then be removed with a cotton wool bud.
- Next apply a small amount of antibacterial soap to the piercing and jewellery. Rub the soap in to form a lather and ensure the whole area is cleaned.
- Whilst the jewellery is wet with the soapy water turn it to clean the inside of the piercing. If it does not move easily do not force it.
- Finally rinse the piercing well with clean warm water to remove any remaining cleaning product, and dry thoroughly with a clean tissue.
- Hot soaks and compresses, with the optional addition of sea salt (1/4 tsp pure sea salt in a cup of boiling water, allowed to cool slightly) are strongly suggested for navel piercings. Salt water should be rinsed away with plenty of warm water afterwards.
- Do not remove the jewellery during cleaning.
- NEVER allow oral contact with the fresh piercing.
- Avoid wearing belts, tight trousers or restrictive clothing for about 6 months – 1 year.

Genital Piercing

- Genital piercees (male/female) can use a panty liner to absorb excess moisture and cushion the piercing. Avoid restrictive clothing or clothing that limits oxygen to the area. Any sexual contact should be gentle and latex barriers should be used to protect the piercing from partner's body fluids.

CHANGING AND REMOVING JEWELLERY

Everyone heals at a different rate. The average healing times for piercings, provided they are cleaned twice daily and treated like new healing tissues, are shown below. It is important to remember that even after the initial healing period, the piercing will still need one full year or longer to completely heal. Always treat the piercing with care and gentleness.

- Nose 2 - 6 months
- Lip/labret: 4 - 8 weeks
- Tongue: 4 - 8 weeks
- Cheek: 2 - 3 months
- Nipple: 4 - 8 months
- Navel: 6 - 15 months
- Genital Piercings: 2 - 12 months

Jewellery should not be changed during the initial healing period (often at least 6 months). Always wear the appropriate jewellery in the piercing, even when fully healed. The piercer should be contacted for further advice, if removal of the jewellery is being considered on a temporary or permanent basis.

There should be no attempt to increase the size of the piercing until it is completely healed. Such increasing should be carried out gradually by the insertion of progressively larger gauge sterile jewellery.

PROBLEMS THAT CAN OCCUR

Infection of the piercing

Piercing infections can usually be traced to one of the following activities:

- Touching the piercing with unwashed hands
- Oral contact with the piercing, including your own saliva
- Contact with cosmetics, oils, etc.
- Going into a pool, hot tub, lake, sea or other body of water.

The following are indications of infection:

- Redness and swelling.
- A sensation of heat at the piercing site.
- Pain, especially throbbing or spreading pain.
- Unusual discharge. It may be yellowish, greenish, or greyish.

Do not remove the jewellery as this may aggravate the problem by closing off the drainage for the discharge matter.

Do consult your doctor if symptoms of infection develop and inform the piercer of the problem.

Other problems

- Over cleaning, vigorous cleaning, or using a cleanser that is too strong can produce symptoms very similar to an infection. The skin may be very tender and appear shiny, and there may be a clear discharge.
- Friction caused by tight or heavy clothing, rough sexual activity, or excessive movement of the area can cause dark redness, a hard growth of skin over the scar (keloids), discharge and rejection/migration of jewellery.
- Stress, poor diet or illness can cause longer healing times or migration of the piercing.
- Occasionally the selected jewellery may not be appropriate. If the jewellery is too thin or too heavy, too large or too small in diameter, or not the appropriate style, healing problems may be experienced. The piercer should be contacted if a change in jewellery is required.

2. ACUPUNCTURE CODE OF PRACTICE

Acupuncture is the practice of inserting needles into specific parts of the human body. It has been associated with traditional Chinese medicine for many centuries and is now becoming increasingly popular within the western world.

There are different types of acupuncture as listed below.

Auricular Acupuncture

This technique uses the ear. Different parts of the ear relate to different parts of the body. Sometimes an 'indwelling needle' (looks like a stud earring) is left in place for self-therapy as well as pain relief.

Electro Acupuncture

This involves electrical stimulation of needles during acupuncture.

Marma Acupuncture

This is a holistic therapy, which involves skin piercing in a similar way to acupuncture. The same infection controls apply as to acupuncture.

Moxibustion

Moxibustion is the process of applying heat during acupuncture using 'moxa', a slow burning substance produced from mugwort which is said to intensify and speed up effects of acupuncture. The herbal product is burnt just above the surface of the skin.

Trigger Point Acupuncture

This is the application of acupuncture needles to the site of pain (trigger points)

Periosteal Acupuncture

This is the deeper insertion of acupuncture needles, so that the tip of the needle touches the covering of the bone (the periosteum)

ACUPUNCTURE PROCEDURE

PRIOR TO TREATMENT

1. Discuss the client's medical history and ensure that the consent form is completed and signed. If the client is currently suffering or has suffered from any contra-indications they should bring a letter from their GP before proceeding.
2. Keep a detailed record of the client's personal details, medical history, time and date of appointments and details of work/procedures carried out. Such records must be kept on the premises named in the registration certificate for a period of at least three years.

Equipment

1. It is recommended that pre sterilised, single use, disposable needles are used for acupuncture. If re useable instruments e.g. gold acupuncture needles are used they must be autoclaved (autoclave with steam at 134°C for three minutes) following use on each client, and subsequently kept sterile.

PREPARATION AND OPERATION

1. Wash hands thoroughly (see section 3.2). Keep nails short and clean.

It is strongly recommended that gloves are worn when treating clients. However, it is recognised that accuracy, and skin and needle 'feel' can be compromised by the use of gloves.

Suitable gloves **must** be worn if you have a cut or abrasion or any type of skin infection on the hands or wrist.

2. Do not test the sharpness of the needle on your skin before use.

Do not touch the shaft of the needle.

3. Allow the client to lie down on the treatment couch.
4. Use a new alcohol swab for each separate area of the body.

AFTER THE PROCEDURE

1. Following the procedure all disposable needles and clinical waste must be disposed of.
2. Wash and dry hands thoroughly.
3. Re-usable needles must be properly sterilised.
4. Do not cover the punctured area of skin.
5. If infection does occur it should be treated by a GP.

ACUPUNCTURE CONSENT FORM

Name of Business:	
Address & Tel No of Premises:	
Name of Practitioner (print):	
Name of Client (print):	
Address & Tel No of client:	
Age of client and DOB:	
Age ID of Client seen:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <i>Please tick appropriate box</i>

I declare that I give my full consent to acupuncture being carried out by the aforementioned practitioner. I confirm that potential side effects of the procedure have been explained to me. A written advice sheet has been given to me and I agree that it is my responsibility to read this and follow the instructions on it, until the site has healed.

I confirm that the above information and medical history provided by me for this consent form is correct to the best of my knowledge and that I am not currently under the influence of alcohol or drugs.

Signature of Client/ Parent (if applicable)		Date:
IF PARENTAL CONSENT REQUIRED:		
Name of Parent (print): Contact Details of Parent:		
Signature of Practitioner:		Date:
Client Advice Sheet given	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please tick appropriate box</i>	

MEDICAL HISTORY OF CLIENT

	Yes (Tick)	No (Tick)	Action if Yes (Attach separate sheet if necessary)
Suffers from any heart conditions/ angina/blood pressure problems?			
Has a pacemaker or any other electrical implant?			
Suffers from epilepsy? If Yes, how controlled?			
Prone to 'fainting attacks'? If yes, state reason:			
Suffers from haemophilia/other blood disorders?			
Suffers from any known blood-borne virus, e.g. Hep B, Hep C, HIV?			
Suffers from any problems with skin healing in the past, e.g. diabetes/lupus/psoriasis/eczema?			
Suffers from any 'lumpy' raised scars (keloid scars)?			
Suffers from any known allergies eg plasters/creams/ metals/ latex/ food- stuffs/ other? Indicate which:			
Takes any prescribed medication regularly? If Yes, please list what:			
Pregnant?			
Any other relevant information? e.g. genital warts if applicable			

ACUPUNCTURE - CLIENT ADVICE SHEET

Please read this carefully, and ask your practitioner if there is anything that you do not understand.

What is acupuncture?

Acupuncture is a form of therapy in which fine needles are inserted into specific points on the body. Some practitioners also use a smouldering herb called 'moxa' to warm these points.

Is acupuncture safe?

Acupuncture is generally very safe. Serious side effects are very rare - less than one per 10,000 treatments.

What are the side effects of acupuncture?

Pain during treatment occurs in about 1% of treatments.

Fainting can occur in certain patients, particularly after the first treatment.

Drowsiness can occur after treatment in a small number of patients, and if affected, you are advised not to drive.

Minor bleeding and bruising occurs after acupuncture in about 3% of the treatments.

Symptoms can get worse after treatment (less than 3% of patients). You should tell your acupuncturist about this, but it is usually a good sign.

3. EAR PIERCING CODE OF PRACTICE

With the ready availability of a wide selection of well-designed instruments using pre-sterilised ear-rings, ear piercing can now be performed safely, conveniently and easily without the use of needle and cork etc.

The following are currently approved ear piercing methods:

Method - Inverness

Manufacturer/Distributor - Inverness Corporation, USA

Method - Coren

Manufacturer/Distributor - Dr Buylines

Method - Caress 2000

Manufacturer/Distributor - Caress Manufacturing Ltd

Method - New Caflon Disposable

Manufacturer/Distributor - Caflon UK Ltd

Method - Studex Ear Piercing System

Manufacturer/Distributor - Studex Manufacturing UK Ltd

Method - Trips Sterile Guard

Manufacturer/Distributor - HS Walsh & Sons Ltd

Method - Medisept

Manufacturer/Distributor - Medisept UK Ltd

Method - Perfex

Manufacturer/Distributor - Caflon UK Ltd

Method - Blomdahl Medical Ear Piercing System

Manufacturer/Distributor - Lars Blomdahl AB (Sweden)

This list is liable to change and advice should be sought from the local authority as to the suitability of equipment.

Only pre-sterilised single-use studs and clasps, taken from a previously intact package, may be used to pierce ears.

The lobe or upper cartilage (helix) of the ear are the most usual sites for piercings. These two areas are made up of different types of tissue and have different healing times. The lobe takes 6-8 weeks, the helix 3-6 months.

EAR PIERCING PROCEDURE

Novice ear piercers should have shadowed an experienced piercer for a suitable time and performed ear piercing under supervision.

PRIOR TO PIERCING

- Ensure that the consent form (see attached) is completed and signed and give the client the advice sheet.
- Draw the client's attention to the potential risks associated with ear piercing e.g. allergic reaction to jewellery, jewellery embedding, scarring, localised infection.
- Keep a detailed record of the client's personal details, medical history, time and date of appointments and details of work/procedures carried out. Such records must be kept on the premises named in the registration certificate for a period of at least three years.
- Piercing guns are only suitable for use when piercing ears.
- If the skin of piercing area is broken or covered with a rash, do not pierce.
- Check the ear for cysts or keloids by pinching the ear lobe and feeling for a hard lump that can be moved. You may pierce through scar tissue and around a keloid, but never through a keloid, as it may result in infection
- Check that the size of the stud is suitable for the thickness of the ear lobe. Lobes more than 6mm thick need special care, as there is risk of compression and swelling from using studs which are too short. In such circumstances, use a 'long post' stud.
- There is some evidence that although infection is not more likely to occur in cartilage piercing, if infection does take hold it may be more difficult to treat and may cause scarring. Customers should be informed of the risks prior to piercing if they request cartilage piercing.

PREPARATION AND OPERATION

- Wash and dry hands thoroughly (see section 3.2).
- Seat customer.
- If the client is a child under 7 years of age, only pierce through the centre of the lobe to allow for future growth of the ear.
- If more than one hole is required in the same ear, make sure the piercings are at least 9mm apart.
- Do not perform more than two piercings per ear in one session.
- Move hair away from the ear, using a hair clip if necessary, and remove any existing earrings.
- Clean the area to be pierced, front and back, with an alcohol-based sterile swab and allow to dry.
- If marking points on the ear with a pen then preferably use gentian violet.
- Piercings through the cartilage must be carried out through the flat part of the ear.

- Check carefully that the stud package has not been damaged.
- Seat one of the cartridges in the instrument, taking care not to touch any of the sterile parts with your fingers.
- Carefully ensure the piercing is at right angles to the ear.
- If you inadvertently drop the stud or butterfly, discard it and start again.

AFTER THE PROCEDURE

- Dispose of plastic capsule and swab in waste bin with a plastic liner.
- Wash and dry hands thoroughly.
- Explain aftercare to client and make sure they have an advice sheet.
- Clean the ear piercing gun according to manufacturers' instructions.

EAR PIERCING CONSENT FORM

Name of Business:	
Address & Tel No of Premises:	
Name of Practitioner (print):	
Name of Client (print):	
Address & Tel No of client:	
Age of client and DOB:	
Age ID of Client seen:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <i>Please tick appropriate box</i>
Piercing Method:	
Type of Jewellery used (as applicable):	

I declare that I give my full consent to ear piercing being carried out by the aforementioned practitioner. I confirm that potential side effects of the procedure have been explained to me. A written advice sheet has been given to me and I agree that it is my responsibility to read this and follow the instructions on it, until the site has healed.

I confirm that the above information provided by me for this consent form is correct to the best of my knowledge and that I am not currently under the influence of alcohol or drugs.

Signature of Client/ Parent (if applicable)		Date:
IF PARENTAL CONSENT REQUIRED:		
Name of Parent (print): Contact Details of Parent:		
Signature of Practitioner:		Date:
Client Advice Sheet given	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please tick appropriate box</i>	

EAR PIERCING - CLIENT ADVICE SHEET

The aim of this advice is to ensure the piercing heals quickly, while minimising the risk of infection. Minor pain and/or redness is normal immediately after the ear-piercing.

- The jewellery or piercing should not be touched for at least 48 hours.
- After 48 hours, jewellery should be turned twice a day with clean hands.
- Hands should be washed with soap and water or scrubbed with a surgical hand disinfectant before touching jewellery.
- The wound should not be covered, and access to air should be allowed. The aim is to keep the piercing dry, as far as possible.
- Bathing and showering is permitted, but otherwise keep the pierced area dry. Gently use clean tissue to dry the area of the piercing after a bath or shower.
- Perfume, hair gel, aftershave and cosmetics should be kept well away from the newly pierced ear.
- No antibiotic lotions, creams or ointments should be used on the pierced ear, unless prescribed by a doctor.
- The healing period for an ear lobe is at least six weeks, for cartilage at least 3 - 6 months.
- The piercing studs must stay in place for six weeks, after which other post earrings may be worn. Post earrings must be worn for five to six months to ensure the hole does not close or shrink.
- Fish hook style or wire-style earrings should not be worn for at least six months, to avoid risk of accidental damage to the piercing.

INFECTION OF THE PIERCING

The following are indications of infection:

- Redness and swelling.
- A sensation of heat at the piercing site.
- Pain, especially throbbing or spreading pain.
- Unusual discharge. It may be yellowish, greenish, or greyish.

For cartilage piercing, extra careful aftercare is necessary and any unexpected or continuing pain or redness should be reported immediately to your doctor.

Do not remove the jewellery as this may aggravate the problem by closing off the drainage for the discharge matter.

Do consult your doctor if symptoms of infection develop and inform the piercer of the problem.

4. ELECTROLYSIS CODE OF PRACTICE

Electrolysis is the practice of hair removal by inserting needles along the shaft of a hair to its roots, then passing a current through the needle. The hair is then removed painlessly.

In the UK there are three popular methods of permanently removing hair using electrical currents: galvanic (electrolysis), diathermy (electro-epilation) and a combination of the two currents, described as 'blend'.

All three methods employ a fine needle inserted into each hair follicle (not the skin), to discharge minute amounts of electrical current with the aim of eliminating the blood supply to the base of the follicle. This prevents new hair from growing and takes repeated attempts, as hair grows in cycles and does not all appear on the surface at the same time. Success also depends on skill, accuracy and current intensity to the follicle.

Galvanic hair removal

This is now a dated treatment and may be referred to as 'DC' (direct current). The galvanic hair-removal machine passes current from the anode, the electrode held by the client, to the cathode – the active electrode, which is the electrolysis needle. The tissue fluids are recomposed to form sodium hydroxide, a strong alkali which dissolves areas it comes into contact with. This is a slow method of epilation, as it takes several seconds for the chemical reaction to take place. However long term it produces effective results.

Diathermy (electro-epilation)

The most common treatment; may be referred to as AC (alternating current) or SWD (short wave diathermy). The diathermy machine produces very-high frequency alternating currents at very-low current intensity. The needle tip delivers the high-frequency current, locally raising the temperature of the body tissues. This cauterises and coagulates the surrounding tissue within the follicle and is aimed at the hair root.

Diathermy removes hair quickly per session, but must be performed accurately throughout in order to achieve efficient results. This is a very popular method in salons and clinics.

Blend

This is a combination of the above two currents, using the best aspects of each method, and is increasingly popular. Diathermy is used to warm the follicle and act as a catalyst for the chemical reaction to the galvanic current. The combined reaction leads to a speeding up of the time needed to discharge the galvanic current.

Hazards associated with electrolysis:

- Burning
- Pain
- Infection (folliculitis)
- Scarring

The treatment may also be ineffective.

Many new electrolysis techniques do not require the skin to be pierced. If such techniques are being practiced the risks are greatly reduced.

ELECTROLYSIS PROCEDURE

Electrolysis must only be carried out by a competent, trained and experienced person at suitable premises.

PRIOR TO TREATMENT

1. Discuss the client's medical history and ensure that the consent form is completed and signed. If the client is currently suffering or has suffered from any contra-indications they should bring a letter from their GP before proceeding.
2. Keep a detailed record of the client's personal details, medical history, time and date of appointments and details of work/procedures carried out. Such records must be kept on the premises named in the registration certificate for a period of at least three years.

PLEASE NOTE

It is strongly recommended that disposable needles be used. If normal needles are used they must be autoclaved following use on each client, and subsequently kept sterile. (Autoclave with saturated steam at 134°C for three minutes).

PREPARATION AND OPERATION

1. Wash and dry hands thoroughly (see section 3.2) and preferably wear gloves.
2. Seat customer.
3. Place a towel/tissue on the table top.
4. Clean the area to be epilated with alcohol wipe.
5. Clean forceps with alcohol wipe.
6. Open pre-sterilised needle packet as instructed. Do not touch the sharp end or the shaft.
7. Insert into electrolysis machine and begin procedure.

AFTER THE PROCEDURE

1. Clean epilated skin with alcohol wipe.
2. Dispose of the needle in the sharps box and any other waste into a clinical waste bin.
3. Wash and dry hands thoroughly.
4. Explain aftercare to client and make sure they have an advice sheet.
5. If infection does occur it should be treated by a GP.

ELECTROLYSIS CONSENT FORM

Name of Business:	
Address & Tel No of Premises:	
Name of Practitioner (print):	
Name of Client (print):	
Address & Tel No of client:	
Age of client and DOB:	
Age ID of Client seen:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <i>Please tick appropriate box</i>
Electrolysis Method:	
Site of Procedure:	

I declare that I give my full consent to electrolysis being carried out by the aforementioned practitioner. I confirm that potential side effects of the procedure have been explained to me. A written advice sheet has been given to me and I agree that it is my responsibility to read this and follow the instructions on it, until the site has healed.

I confirm that the above information and medical history provided by me for this consent form is correct to the best of my knowledge and that I am not currently under the influence of alcohol or drugs.

Signature of Client/ Parent (if applicable)		Date:
IF PARENTAL CONSENT REQUIRED:		
Name of Parent print): Contact Details of Parent:		
Signature of Practitioner:		Date:
Client Advice Sheet given	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please tick appropriate box</i>	

MEDICAL HISTORY OF CLIENT

	Yes (Tick)	No (Tick)	Action if Yes (Attach separate sheet if necessary)
Suffers from any heart conditions/ angina/blood pressure problems/ abnormal pulse rates?			
Has a pacemaker or other electrical implant?			
Wears dentures or has a large amount of metalwork in the teeth?			
Suffers from sinus problems /asthma/ diabetes/cancer?			
Suffers from epilepsy/migraine/neuralgia?			
Suffers from haemophilia/other blood disorders?			
Suffers from any known blood-borne virus (e.g. Hep B, Hep C, HIV)?			
Suffers from any skin problems, e.g. hypersensitive skin/acne/lupus/ psoriasis/eczema?			
Suffers from any known allergies e.g. plasters/creams/metals/latex/food-stuffs/ other? Indicate which:			
Takes any prescribed medication regularly? If Yes, please list what:			
Pregnant?			
Any other relevant information?			

ELECTROLYSIS - CLIENT ADVICE SHEET

Please read this carefully and ask your therapist anything that you do not understand.

What is electrolysis?

Electrolysis is the practice of hair removal by inserting needles along the shaft of a hair to its roots, then passing a current through the needle. The hair is then removed painlessly.

In the UK there are three popular methods of permanently removing hair using electrical currents: galvanic (electrolysis), diathermy (electro-epilation) and a combination of the two currents, described as 'blend'

How does electrolysis work?

All three methods employ a fine needle inserted into each hair follicle (not the skin), to discharge minute amounts of electrical current with the aim of eliminating the blood supply to the base of the follicle. This prevents new hair from growing and takes repeated attempts, as hair grows in cycles and does not all appear on the surface at the same time. Success also depends on skill, accuracy and current intensity to the follicle.

Does electrolysis have side effects?

Electrolysis is generally very safe and serious side effects are rare. You need to be aware that treatment may be ineffective. Hazards associated with electrolysis include

- Burning
- Pain
- Infection of the hair root - folliculitis
- Scarring.

Is there anything I need to do after treatment?

- The area treated should be kept dry.
- Disinfectants are not recommended as they may cause an allergy.
- A shower is preferable to a bath, dab rather than rub the treated area dry
- Avoid smoking, strenuous exercise and swimming for the rest of the day
- Avoid other treatments or make-up on the treated area for at least 48 hours after treatment
- Avoid heat treatment e.g. hot baths, sauna, sun beds for at least 48 hours after treatment
- Consult your doctor if symptoms of infection develop.

5. TATTOOING CODE OF PRACTICE

TATTOOING OF MINORS ACT 1969

Under this Act it is illegal to tattoo persons under the age of 18. If proof of age is required and the parent/guardian is not present as witness, then suitable photo identification e.g. passport should be sought.

It is recommended tattooists adopt a policy of displaying a Notice stipulating that no persons under the age of 18 will be tattooed.

PRIOR TO TREATMENT

1. Discuss the client's medical history and ensure that the consent form is completed and signed. If the client is currently suffering or has suffered from any contra-indications they should bring a letter from their GP before proceeding.
2. Keep a detailed record of the client's personal details, medical history, time and date of appointments and details of work/procedures carried out. Such records must be kept on the premises named in the registration certificate for a period of at least three years.

PREPARATION AND OPERATION

1. Wash and dry hands thoroughly (see section 3.2).
2. Wear disposable gloves whilst tattooing to minimise the risk of infection. The gloves should be discarded after use on each customer.
3. Do not tattoo within six inches of an infected area of skin. The skin to be tattooed should be wiped with a spirit swab, i.e. "medi-swab". Shave the area with a disposable razor, which must be discarded after being used on one customer only.
4. Do not take Vaseline directly from a jar. A tube of Vaseline can be used but the tip should not touch the skin – the Vaseline should be squirted onto sterile gauze or a disposable spatula and smeared onto the skin. The spatula must only be used on one customer before being discarded along with any Vaseline remaining on the spatula.
5. Use single-use disposable needles. If re-usable needles are used they must be ultrasonically cleaned and autoclaved between customers.
6. The estimated number of needles needed for one day's use should be soldered on to the rods with lead free solder in advance of the day's work. The assembled needles and bars should be ultrasonically cleaned and sterilised. After being sterilised the needles and needle bars may be left in the autoclave ready for use in the following 2-3 hours. Note that once the autoclave is opened, the contents are at risk of re-contamination.
7. Use sterile forceps for handling sterile needles and bars. They should be re-sterilised with each batch of new needles.
8. Never test needles on your skin before use on a client.
9. Tattoo machines (motors and frames) cannot be sterilised and should be carefully damp wiped between clients with 70% alcohol.
10. Use disposable pigment capsules for dyes and throw away after each use. **Never** re-use a pigment holder since infected blood may contaminate the pigments.

11. Pigment capsules should be firmly placed in holders while in use, to avoid the possibility of spillage. These should be made of autoclavable material ie. aluminium or stainless steel. They should be autoclaved between sessions.

AFTER TATTOOING

1. Disengage the needles bars and place in an autoclavable dish, e.g. a stainless steel kidney dish. At the end of the session needles and needle bars must be cleaned ultrasonically and autoclaved.
2. Place disposable needles in sharps box for disposal.
3. Place all other waste in waste bin with a plastic liner.
4. Tape a sterile **non-stick** gauze over the tattooed area.
5. Wash and dry hand thoroughly.
6. Explain aftercare to client and make sure they have an advice sheet.

TATTOOING CONSENT FORM

Name of Business:	
Address & Tel No of Premises:	
Name of Practitioner (print):	
Name of Client (print):	
Address & Tel No of client:	
Age of client and DOB:	
Age ID of Client seen:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <i>Please tick appropriate box</i>
Site of Procedure:	

I declare that I give my full consent to tattooing being carried out by the aforementioned practitioner. I confirm that potential side effects of the procedure have been explained to me. A written advice sheet has been given to me and I agree that it is my responsibility to read this and follow the instructions on it, until the site has healed.

I confirm that the above information and medical history provided by me for this consent form is correct to the best of my knowledge and that I am not currently under the influence of alcohol or drugs.

Signature of Client/ Parent (if applicable)		Date:
IF PARENTAL CONSENT REQUIRED:		
Name of Parent (print): Contact Details of Parent:		
Signature of Practitioner:		Date:
Client Advice Sheet given	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please tick appropriate box</i>	

MEDICAL HISTORY OF CLIENT

	Yes (Tick)	No (Tick)	Action if Yes (Attach separate sheet if necessary)
Suffers from any heart conditions/ angina/blood pressure problems?			
Suffers from epilepsy? If Yes, how controlled?			
Prone to 'fainting attacks'? If yes, state reason:			
Suffers from haemophilia/other blood disorders?			
Suffers from any known blood-borne virus (e.g. Hep B, Hep C, HIV)?			
Suffers from any problems with skin healing in the past, eg diabetes/acne/lupus/psoriasis/eczema?			
Suffers from any 'lumpy' raised scars (keloid scars)?			
Suffers from any known allergies e.g. plasters/creams/ metals/ latex/food- stuffs/ other? Indicate which:			
Takes any prescribed medication regularly? If Yes, please list what:			
Pregnant?			
Any other relevant information?			

TATTOOING - CLIENT ADVICE SHEET

- Remove dressing after two hours.
- Wash with warm water and soap.
- Do not cover again.
- Make sure that the tattooed area does not get sunburnt.
- Do not pick or scratch tattoo.
- Avoid contaminating the tattooed area with paint, grease, dirt, etc.
- Do not swim in sea water or chlorinated swimming pools for one week.
- Wash tattoo with soap and water daily.