Health guidelines for personal care and body art industries

Prepared by the Communicable Disease Control Section, Department of Human Services

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Foreword

The principle purpose of this set of guidelines is to assist those involved in the personal care and body art industry to comply with the Health (Infectious Diseases) Regulations 2001 by providing information on: (1) how infection can be associated with the procedures employed in the industry, and (2) precautions to protect clients and employees. The guidelines are designed around a risk management approach to the transmission of infection from client to client, client to operator, and operator to client. Risk management involves an analysis (identification) of potential hazards, the controls (policies/procedures) required to minimise the hazard, and the corrective action to be taken if the control (action) does not achieve its aim of preventing or minimising the transmission of infection.

The guidelines also provide information on general matters that may be useful to the industry in performing its practices, and on infection control in general. Some personal care and body art body industry practices are not specifically covered by the Health (Infectious Diseases) Regulations 2001, but these guidelines include information on general infection control and prevention to assist these practices.

These guidelines are not intended to replace industry-specific guidelines for personal care and body art body premises. Proprietors and operators should also consult with their professional organisations and other organisations relevant to aspects of their business. These guidelines should be used as a guide to best practice and as a reference tool for people associated with the industry, including environmental health officers. A 'Business self-summary' form is provided on page v for cross-referencing purposes.

The guidelines are divided into the following five parts.

Part A: General information on infection (transmission and prevention); regulations related to the establishment of business premises; occupational health and safety issues; and details on how to clean, disinfect and sterilise instruments and equipment used to perform personal care and body art industry procedures.

Part B: A consideration of the personal care and body art industry under five general headings:

(1) beauty therapy procedures, including waxing, facials and nail treatments

(2) physical therapies, including massage, solariums and spas

(3) hairdressing

(4) body art, including tattooing and body piercing

(5) colonic irrigation.

The Department of Human Services, in conjunction with the Chinese Medicine Registration Board, is developing separate infection control guidelines for acupuncture. Existing departmental standards of practice for acupuncture are to be followed until the review is completed.

Part C: General information on risk analysis and management, to assist proprietors and operators to develop policies and procedures to improve infection control and prevention practices. Appendix 2 contains risk analysis tables with examples.

Part D: Glossary

Part E: Appendixes

Business self-summary

Proprietor

Manager

Business name

Business address

Telephone number

Email address

Business type

Name of local government

Activities	See
Example	
Use of disposable razor blades	Part B, section [add relevant no.]
Cosmetic tattooing	Part B, section [add relevant no.]

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Figures and tables

Part A: General requirements

1. General information

1.1 Introduction

Personal care and body art businesses should supply professional, competent, safe and hygienic practices in clean premises. Unsafe or unhygienic practices can lead to the spread of infectious diseases that can affect the health of the client as well as jeopardise the health of the operator. Illnesses such as hepatitis B, hepatitis C and HIV/AIDS can spread by blood-to-blood contact, so it is essential for staff to understand the precautions required for any procedure that may involve skin penetration and possible blood contamination.

Infection may also be spread during procedures that do not involve skin penetration. These infections include staphylococcal infections such as impetigo, the wart and herpes viruses, and fungal infections such as tinea.

1.2 How infections occur

Instruments that penetrate the skin – for example, lances, electrolysis needles, comedone extractors, body piercing and other instruments – become contaminated by blood or body fluids/substances. Infection may occur when contaminated instruments are not effectively cleaned and sterilised before use on another person, or when single-use instruments are not discarded immediately after use.

The person at risk may be the next client or the operator if accidental penetration of the skin occurs. This is called a sharps or occupational exposure injury. Contact between blood and contaminated instruments, and then with open cuts, sores or broken skin, can also lead to infection.

Blood does not have to be visible on an instrument or needle for infection to be transmitted, so all reusable skin penetration instruments must be cleaned and sterilised before use on another client. Items required to be sterile at the time of use should be packaged before sterilisation and then stored sterile. All reusable instruments not required to be sterile at the time of use should be cleaned after each client use.

Contamination is the spread of microorganisms from one item to another. This is how organisms that cause infection can spread in personal care and body art premises. Contamination can occur when:

- strict operator hygiene is not observed
- operators share the same equipment or materials
- used and clean instruments come into contact with one another
- clean instruments are placed on unclean surfaces
- sterile instruments are placed on unsterile surfaces or come into contact with unsterile instruments
- contaminated dressings, spatulas and single-use gloves are not disposed of immediately and appropriately after use

- the structural facilities, furnishings and fittings of the premises cannot be, or are not, adequately cleaned between clients
- towels and other articles used on clients are not changed or thoroughly cleaned between clients.

The guidelines refer to single-use items. Any item marked by its manufacturer as being for single-use must not be cleaned and sterilised for reuse on the same client at another time or on any other client.

1.3 Legislation

The Health (Infectious Diseases) Regulations 2001 set out the requirements that proprietors of premises registered under the *Health Act 1958* must observe.

- The premises must be kept clean.
- Any article used for penetrating the skin must be sterile at the time of use.
- Any article that has penetrated the skin or is contaminated with blood or body fluids/substances must be either disposed of immediately after use or cleaned and sterilised before being used on another person.
- Any other used article must be cleaned before being used on another person.
- Operators must keep themselves and their clothing clean, and have no exposed cuts, abrasions or wounds.
- Proprietors must provide written health information to each client about the potential health risks associated with skin penetration procedures.

1.4 Benefits of compliance with these guidelines

The proprietor or operator should balance the benefits of using these guidelines against the costs, and against the consequences of not having specific infection control and prevention procedures. The use of single-use, cartridge-type ear and nose piercing guns, for example, is insignificant compared with the reduced risk of transmitting blood-borne infections. Businesses are expected to have sufficient supplies of equipment to enable them to comply with the cleaning, disinfection and sterilisation sections of the guidelines.

Businesses have a legal responsibility to provide a safe service, and a risk management program enables them to take all reasonable precautions. The identification of potential hazards and their management reduces the likelihood of untoward incidents. Further, the provision of a consistent quality service enhances both business reputation and client loyalty.

Compliance with the guidelines is therefore in the best interest of personal care and body art industries because every client and operator is at risk if proper infection control procedures are not followed. Proprietors and operators should be familiar with the Australian and New Zealand standards as they relate to their premises and practices. The Department of Human Services recommends compliance with the standards cited throughout the guidelines as established best practice.

2. Premises

These guidelines provide suggestions for improvements in premises design to promote good hygiene practices. New premises should comply from the outset, while established premises should plan for these improvements over the next two years. Proprietors can liaise with their local government environmental health officer to develop a strategy/works program to implement improvements. When a business changes hands, these improved design features should be required before the transfer of registration to the new business.

2.1 Registration

Before operating a personal care and body art business, the proprietor/operator has to consider a number of compliance issues. The following information provides a best practice guide.

A person conducting a personal care and body art business – including hairdressing, beauty parlour work, tattooing, ear piercing or any other process involving the penetration of the skin – must register such premises with the local government under the *Health Act 1958*. Current legislation does not require the registration of solaria, colonic irrigation or massage businesses.

A new registerable business in existing premises **must**:

- ensure the premises has current registration
- apply to transfer the registration of the premises to the new proprietor before that proprietor takes over its operation.

A new registerable business in new premises **should**, before applying for registration:

- consult with the local government health department to discuss the proposal, preferably before selecting a site
- submit detailed plans of the interior layout of the proposed premises to local government, in accordance with these guidelines
- obtain local government approval for the plans before commencing work on the premises
- contact the Business Licence Centre for information
- contact Small Business Victoria for business advice and information
- contact the appropriate industry association for advice.

Any new business **must**:

- submit an application for registration to the local government
- obtain local government approval before opening.

2.2 General requirements

Equipment, furniture, fittings, floors and walls should be purpose built or purchased specifically for the task to be performed. They should be durable, safe and suitable for cleaning and maintenance, and constructed of sealed, nonporous material. There should be adequate lighting and ventilation throughout the premises. Particular attention should be paid to those areas that are frequently damp, such as above, behind and under wash basins. The premises should be planned to provide separate function-specific client and cleaning/sterilising areas. The area of client procedure rooms/cubicles should be no less than 2.5 metres square. The cleaning area should be designed to ensure movement of instruments/equipment in a one-way direction from dirty to clean to sterile areas (figure 1). It should also have sufficient bench space for good working practices.

2.3 Specific requirements

2.3.1 Hand basins

A hand basin with hot and cold running water supplied through a single outlet, liquid soap and paper towels should be installed in the procedure room/cubicle. An appropriate splashback should be provided behind plumbing fixtures. In addition to a hand basin in the procedure room/cubicle there should be a hand basin in the cleaning area.

Where skin penetration procedures are performed, the hand basin should be hands free (for example, foot operated, electronically controlled or knee operated). Elbow-operated taps are not desirable.

In establishments where hairdressing only takes place, a hair washing basin with hot and cold running water supplied through a single outlet can also be used for washing hands.

2.3.2 Equipment sinks (hairdressing)

Separate sinks with hot and cold running water supplied through a single outlet (hot water not less than 70°C) should be located in the cleaning area for instrument and equipment washing.

2.3.3 General plumbing

Plumbing must conform with the requirements of the Plumbing Industry Commission (Victoria) and Standards Australia. These include:

- Australian Standard/New Zealand Standard (AS/NZS) 3500.1:2003 Plumbing and drainage – Water services
- AS/NZS 3500.2:2003 Plumbing and drainage – Sanitary plumbing and drainage
- AS/NZS 3500.4:2003 Plumbing and drainage – Heated water services.

Hot water installations should have sufficient capacity for the business being undertaken.

Premises may include other plumbing fixtures beside the handbasin, such as that used for general cleaning.

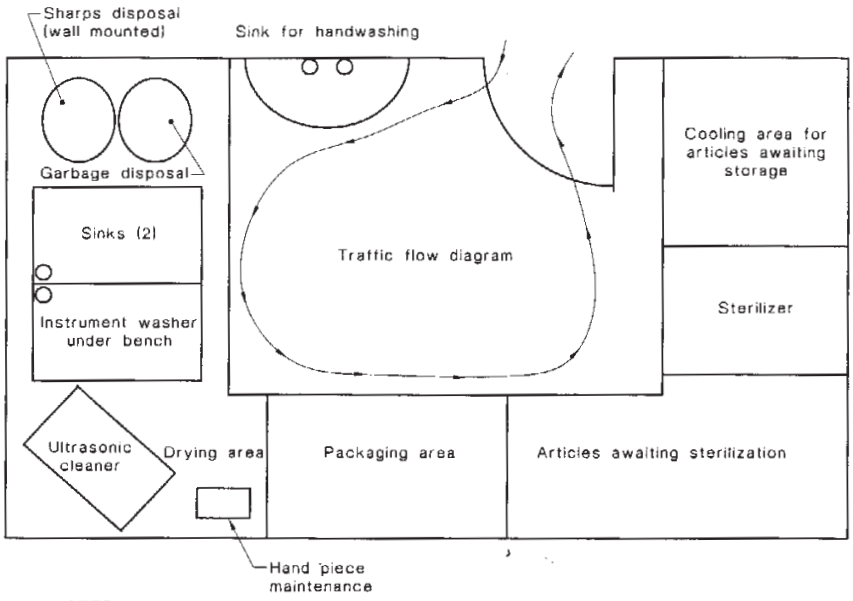
2.3.4 Electrical safety

All electrical equipment must meet prescribed electrical standards.

2.3.5 Linen

Paper towel, paper strips or clean linen are recommended and must be changed between clients. Soiled linen, towels and protective clothing should be placed in a washable, leak-proof receptacle, and laundered using hot water (70–80°C) and detergent. All clean linen, towels and clothing must be stored in a clean environment to reduce contamination.

Figure 1: Suggested layout for a cleaning area



NOTES:

1 Arrow direction indicates the flow of instruments and equipment from dirty—clean—sterile.

2 Personnel working in the processing area should wash their hands—

(a) after handling soiled items and removal of gloves;

(b) before handling clean items; and

(c) before handling sterile items.

Source: AS/NZS 4815:2001.

2.4 Disposal of waste

All bins used for waste must be lined with a plastic bag that can be sealed for disposal. It is essential that clinical and related waste (formerly known as infectious waste) is properly packaged, labelled, handled and transported to minimise the risk of occupational exposures and the transmission of infectious diseases to both waste handlers and the community. The Environmental Protection Authority has requirements for the management of clinical and related waste.

2.4.1 Handling and disposal of sharps

Sharps are considered clinical waste. Sharps used for skin penetration, such as needles, must be handled carefully during procedures to avoid needle stick injuries and the possible transmission of blood-borne diseases.

Sharps containers must comply with AS 4031:1992 Nonreusable containers for the collection of sharp medical items used in health care areas, AS 4031:1992/Amdt 1 Nonreusable containers for the collection of sharp items used in health areas and AS/NZS 4261:1994 Reusable containers for the collection of sharp items used in human and animal medical applications.

Suitable sharps containers are rigid-walled, puncture-proof containers with tight-fitting lids that prevent sharp objects, such as razor blades that may be contaminated with blood, from injuring another person. These containers can vary in size up from 1 litre containers. Disposal of sharps containers need occur only when the container is full, but before it is overflowing. Ask your local government environmental health officer if you require further advice.

Immediately after use, the operator should:

- not recap sharps
- place single-use sharps into a sharps container that meets Australian standards
- place multiple-use reusable sharp instruments into the container at the end of their useful life
- not force items into the container, so as to prevent injury.

Sharps containers should be placed a minimum of 1 metre above floor level, out of the reach of children. When the container is full, seal and dispose of it in accordance with Environmental Protection Authority requirements.

2.4.2 Disposal of other clinical and related waste

Clinical and related waste, such as blood-stained swabs, cotton wool and gloves, must be placed into a plastic bag-lined washable bin with a close-fitting lid marked ‘infectious waste’, and disposed of according to Environmental Protection Authority requirements.

2.4.3 Disposal of general waste

All general waste, such as papers and powdered pigments, should be placed into a plastic bag-lined washable bin with a close-fitting lid marked ‘general waste’. General

waste can be disposed via normal refuse collections. Bins should be regularly emptied and washed.

2.4.4 Disposal of liquid waste

All liquid waste may be disposed of via the sewer, provided the local water authority has given prior permission. Plumbing must meet regulations. All liquid waste must be diluted well during disposal, via the running of four times the amount of cold water through the system at the same time.

2.5 Dispensing

To avoid contamination, the operator must ensure any make-up, fluid, cream, ointment or similar substance is removed from its original container/tube (including self-dispensing pumps) using a clean disposable applicator. Leftover creams, ointments and similar substances must not be returned to the original container and must not be used on any other client. Applicators used for dispensing must not be re-dipped into the original container and must be discarded after each client. Single-use applicators are recommended.

2.5.1 Pumps/spray bottles/nozzles

Pump outlets, bottles and nozzles are a potential source of contamination, particularly due to the build-up of contents around the outlet. Nozzles should be cleaned frequently and dried before being replaced. Wash bottles and nozzles in warm water and detergent, rinse them under hot running water, and dry them using a lint-free cloth, before refilling the bottle or replacing the pump/spray nozzle. Pump/spray bottles should never be topped up. Drop-in cassette dispensers are more convenient and economical (see part A, section 3.4.2).

2.6 Animals

Animals, other than guide dogs for the hearing- or sight-impaired client, should not be permitted in procedure areas. Having animals in premises should be discouraged.

2.7 Records

For all premises covered by these guidelines, it is important to keep accurate records of every procedure carried out on each client. All businesses should also record every incident relevant to occupational health regulations. Accurate and detailed records are valuable if there is any infection or possibility of a blood-borne virus transmission. In the case of a blood-borne virus, for example, these records can be cross-checked for the probability for or against a reported infection resulting from a specific procedure or incident (see part E, appendix 3 for examples of records).

Operators should also ensure that they comply with the relevant legislation regarding the collection, storage, use and disclosure of personal and/or health information.

For body art/colonic irrigation industry requirements please see specific sections.

3. Occupational health and safety

3.1 Health and safety in the workplace

Employers are responsible for providing a safe work environment to minimise risks to the health of employees, clients and other persons entering the premises. This effort involves providing:

- adequate staff training, including training in hygiene and infection control
- properly maintained facilities and equipment, including personal protective equipment
- a suitably designed and clean workplace to minimise potential hazards, such as the safe storage of equipment and chemicals, sharps and other clinical and related waste.

3.1.1 Immunisation

No vaccine is available for the prevention of hepatitis C and HIV/AIDS. There is, however, a safe and effective vaccine for the prevention of hepatitis B. Immunisation is recommended for all operators involved in skin penetration procedures and for staff involved in cleaning instruments/equipment. A primary immunisation course in hepatitis B consists of three injections over six months. Hepatitis A immunisation is recommended for personnel working in colonic irrigation premises. Immunisation can be arranged through a general practitioner or the local government.

3.1.2 Smoking

Operators should not smoke during client procedures because the operator risks transferring bacteria from their mouth and nose onto their fingers and then to the client, as well as providing a passive smoking hazard.

3.2 Emergency situations

It is essential for premises to have contact numbers for local and emergency services at hand.

3.2.1 First aid

WorkCover Victoria can provide information on first aid kits. Each workplace should conduct a risk assessment (see part C) to determine likely workplace hazards and develop a first aid kit accordingly. The contents of the kit will depend on factors such as the number of employees, the nature of any hazards and the location of the workplace. In most workplaces, a basic first aid kit would include the following items.

- Basic first aid notes
- Sterile eye pads
- Eye bath
- Individually wrapped sterile adhesive dressings
- Disposable gloves
- Scissors
- Triangular bandages

- Sterile coverings for serious wounds
- Normal saline
- Adhesive tape
- Crepe bandage
- Safety pins
- Different-sized sterile, unmedicated wound dressings
- Addresses and telephone numbers of emergency services
- Names and contact details of workplace first aid officers

3.2.2 Training/education in first aid

It is strongly recommended that proprietors/operators of personal care and body art premises complete a first aid course. The course should cover basic first aid, including cardiopulmonary resuscitation (CPR) and the management of burns and eye injuries/hazards such as splashes.

Infection control/prevention and sterilisation training is also strongly recommended as a way of reinforcing the principles and practices in these guidelines. Contact an environmental health officer from local government or the Department of Human Services for further information.

3.2.3 Burns

Burns are a type of soft-tissue injury that can occur when the body is exposed to certain chemicals, electricity or extreme heat or cold. The severity of the burn depends on the temperature of the object or gas causing the burn, the length of exposure to the source, the location of the burn, the extent of the burn, the victim's age and the victim's medical condition. The people most at risk of severe burns are those aged over 60 years and those aged under 5 years, because their skin is thinner. Burns are classified by the source (such as heat, cold, chemicals, electricity or radiation) and depth. Most burns caused by flames or hot oil require medical attention.

What to do for burn care

- Cool burns by flushing with cool water.
- Remove rings and jewellery.
- Cover the burn with a dry sterile dressing.
- Take steps to minimise shock.
- Seek medical attention.

What NOT to do for burn care

- Apply ice directly to burns.
- Touch burns with anything except sterile or clean dressings. Do not pull clothes over any burned area.
- Remove pieces of cloth that stick to a burned area.
- Try to clean a full thickness burn.
- Break blisters.
- Use any kind of oil or ointment on severe burns.
- Use cotton wool or other fluffy material on burns.

Treat scalds by removing any nonadherent clothing because it traps the heat. Cool the scalded area with water for up to 20 minutes and treat as a burn. With chemical burns, the strength of the chemical and the length of the contact will determine the severity of the burn. The chemical will continue to burn as long as it is on the skin, so the chemical must be removed from the body as quickly as possible. Burns to the eyes from a chemical must be flushed with water (preferably sterile saline) until ambulance personnel arrive. Ensure water flushes underneath the eyelids.

3.2.4 Bleeding

When bleeding occurs either during a personal care and body art procedure or accidentally, the operator should:

- put on single-use gloves if not already wearing them
- prevent the bleeding by applying pressure to the wound until it stops, using a dry sterile single-use dressing
- apply an additional dressing, bandage very firmly if bleeding continues, and call for medical assistance
- handle both the dressing and the contaminated implement carefully to avoid coming into contact with blood or body fluids/substances from the client or the instrument
- place contaminated dressings or swabs in a plastic bag before disposing of them in the clinical and related waste bin
- thoroughly wash hands with soap and hot water after treating wounds or handling contaminated dressings, then pat dry
- discard single-use instruments into the appropriate clinical and related waste container
- place contaminated reusable instruments in the appropriately marked container, and clean and sterilise them according to the procedures outlined in part A, section 5
- document the incident and all actions taken in an incident record book (see part E, appendix 3).

3.2.5 Occupational exposure to blood and/or body fluids/substances

The following details expand on the procedures described in part A, section 3.2.4.

Intact skin

If blood and/or body fluids/substances come into contact with intact skin, then wash the area thoroughly with liquid soap and warm water, then pat dry.

Nonintact skin

If blood and/or body fluids/substances comes into contact with skin that is chapped, cut or abraded, or has dermatitis, or if accidental penetration (for example, a sharps injury) occurs, then the operator should:

- flush with warm, running water, then wash with liquid soap and warm water
- thoroughly pat dry
- cover with a waterproof dressing
- apply firm pressure to control bleeding if required.

Mucous membranes (eyes/mouth)

If blood and/or body fluids/substances come into contact with mucous membrane, then the operator should:

- for eyes, rinse gently with eyes open, using copious amounts of warm tap water or saline
- for the mouth, spit out the blood or body fluid, then rinse the mouth thoroughly and repeatedly with warm water.

Follow-up action

Report the incident to the proprietor/manager immediately and ensure appropriate follow-up with a general practitioner. Document the following:

- the name of the exposed individual
- the date and time of exposure
- how the incident occurred
- a description of the injury and treatment provided
- the name of the individual who is the source of the blood or body fluid (if known).

A general practitioner should evaluate all exposures as soon as possible for both the source individual and the person exposed. This examination may include serological testing for evidence of hepatitis B, hepatitis C and HIV antibodies, after appropriate pre-test counselling and informed consent.

3.3 Hand care

3.3.1 Broken skin

Small areas of broken or infected skin on exposed parts of the operator's body should be covered with a waterproof dressing that completely covers the affected area. If a cut or abrasion is on the hands, then single-use gloves should be worn during all procedures.

3.3.2 Hand-washing techniques

The spread of infection from hands has been recognised. Washing hands is the single most important factor in preventing infection (after cleaning and sterilising equipment) and cannot be overstated. Unbroken skin is the best defence because it provides the perfect barrier against infection. The purpose of washing hands is to reduce any microorganisms that may be present. Unless the fingernails are visibly dirty, a nailbrush should not be used because it may cause breaks in the skin during vigorous brushing. Obvious dirt under the nails must be removed.

Good hand-washing facilities are essential and should be located within the treatment area. Hands-free taps are required for premises carrying out high-risk procedures (for example, skin penetration). Liquid soap dispensers using single-use cassettes are recommended, because they do not permit a topping-up process and they minimise the risk of contamination.

When to wash hands

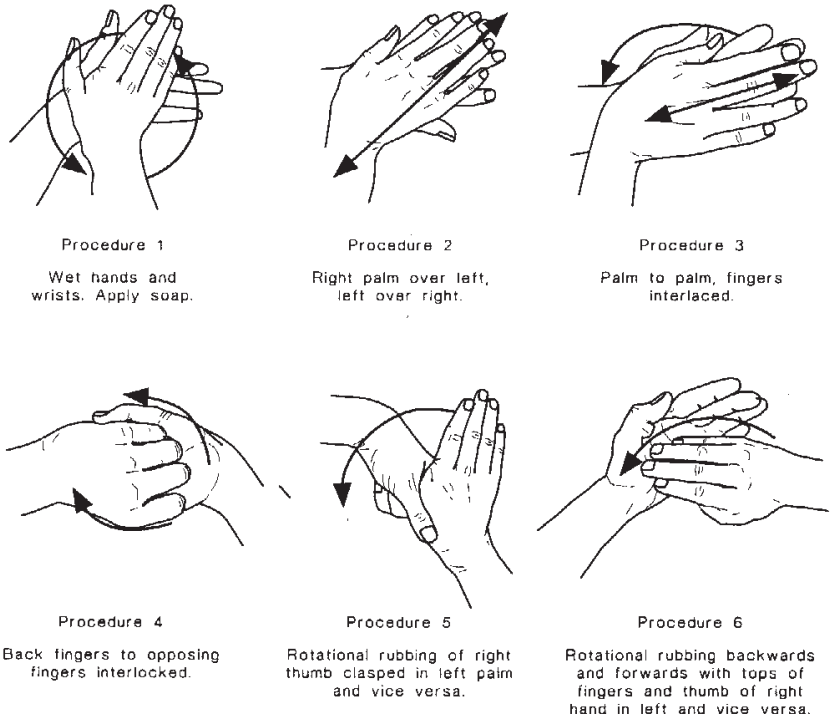
- Before and after contact with each client
- After contact with blood or body fluids
- After using a tissue or handkerchief
- After smoking
- After going to the toilet
- Before and after eating
- After answering the phone or touching any potentially contaminated objects, and before returning to a client

How to wash hands (see figure 2)

- First, wet hands with warm running water, use liquid soap (one pump measure is sufficient), then rub hands vigorously for a minimum of 15 seconds.
- Wash hands all over, including:
  - backs of hands
  - wrists
  - between fingers
  - under fingernails.

- Rinse hands well.
- Pat dry hands thoroughly using a paper towel.

Figure 2: Routine hand-washing technique



NOTE: Repeat procedures 1-6 until the hands are clean. Rinse hands and pat dry.

Source: AS/NZS 4815:2001.

What to use for hand washing

For an ordinary and hygienic hand wash, applying plain liquid soap is sufficient. For all skin penetration practices, a procedural hand wash is required. This procedural hand wash should last for 3 minutes, working through each of the steps in figure 2. The wrists and the lower part of the lower arm (just above the wrist) should be included as part of this hand wash.

Operators should use one of the following antimicrobial soap solutions:

- aqueous 2% chlorhexidine-based solution
- aqueous 4% chlorhexidine-based solution
- aqueous povidone-iodine.

People with an allergy to the chlorhexidine or povidone-iodine solutions should use a triclosan 2% solution.

3.3.3 Use of protective hand creams and lotions

Hand creams and lotions should be applied regularly during the day to provide protection and help prevent chapped and cracked skin.

3.4 Personal protective equipment

3.4.1 Gloves

The use of sterile single-use gloves is encouraged when skin penetration procedures are being performed and the operator's hands are likely to be contaminated with blood or body fluids/substances or come into contact with mucous membranes or nonintact skin. Sterile gloves should also be worn when sterile equipment is being used (see part A, section 4.1). Sterile gloves should comply with AS/NZ 4179:1997 Single-use sterile surgical rubber gloves – Specification. They should remain in the manufacturer's carton until required, and they should not be opened until immediately before the procedure. The use of nonsterile single-use gloves is the minimum requirement if sterile gloves are not provided on site.

Wearing gloves must not replace hand washing because gloves may have defects that are not immediately obvious, or they may become damaged during use. Single-use gloves (sterile and nonsterile) should be carefully removed to avoid contamination of hands or other surfaces. They must not be washed or reused.

Single-use gloves should be:

- removed when leaving the client for any reason, and/or
- removed if they become torn, and
- changed after each client, and
- disposed of in the clinical and related waste receptacle, and
- used before the expiry date.

Some operators may develop an allergy or sensitivity to latex gloves. This reaction is likely to be due to contact with latex proteins that might not have been adequately removed during the manufacturing process. In the presence of sweat or moisture, these proteins may become absorbed into the lubricant powder used in the latex gloves. Operators who develop sensitivities or allergies to latex can use powder-free latex gloves or alternatives to latex, such as neoprene.

3.4.2 Clothing

The operator should wear clean washable garments or coveralls that enable them to thoroughly wash their hands when attending to clients. Personal protective equipment protects the clothing and skin from contamination with blood or body fluids and substances. Watches, wrist and finger jewellery, including wedding rings, should not be worn when attending to clients because these items provide a potential source of infection. Hand jewellery should not be worn during skin penetration procedures because it may tear the gloves.

3.4.3 Masks

Operators should wear masks when there is a possibility of splashing or splattering of blood or other body substances. The type of mask best suited to a particular situation depends on the nature of the activity. There are two main types of mask used in skin penetration procedures and cleaning.

1. *Surgical masks* reduce the risk to operators from splashing and spraying of body fluids/substances. They are generally loose fitting without a tight air seal, and they are not efficient in preventing the wearer from inhaling air-borne particles. See AS/NZS 4381–2002 Single-use face masks for use in health care.
2. *Particulate filter personal respiratory protection devices* are close fitting and capable of filtering up to 95 per cent of air-borne particles. They should be worn when using lasers. See AS/NZS 1715:1994, Selection, use and maintenance of respiratory protective devices, and AS/NZS 1716:2003 Respiratory protective devices.

Masks should:

- be fitted and worn according to the manufacturer's instructions
- not be touched by hands while being worn
- cover both mouth and nose while being worn
- be removed as soon as practicable after they become moist or visibly soiled
- be removed by touching the strings and loops only
- not be worn loosely around the neck, but be removed and discarded immediately after use.

3.4.4 Eye protection

Eyes should be protected from splashing created during cleaning procedures, although the practices used by the operator should ensure these events are kept to a minimum. Various types of eye protection are available, including goggles, face masks, visors and full-face shields, which have either reusable or single-use guards.

3.4.5 Aprons

Waterproof aprons should be worn when attending to clients during colonic irrigation procedures and also when undertaking cleaning procedures.

3.4.6 Footwear

Footwear should cover the foot, to protect against accidental injury from dropped items of equipment.

3.5 Use and storage of chemicals

Many chemical products used in personal care and body art procedures have the potential to harm the health of the operator and client if they are not labelled, handled and stored with care. To protect the operator and the client, consider the following practices.

- Ensure premises are well ventilated.
- Only use drop-on or brush-on products.
- Try to avoid aerosol products.
- Wear gloves when decanting or mixing products such as chemicals (including ready-made inks and powdered pigments) because they should not come into contact with the skin of the client or operator.
- Label all solutions decanted from bulk containers, and date them with the day of decanting and a use-by date if applicable.
- Do not eat, drink or smoke in areas where chemicals are stored or used, because food and drink may absorb emitted vapours that can be flammable. (A specific staff room should be set aside for breaks and the consumption of food.)
- After handling chemicals, wash hands before consuming food or drink, because chemical residues on the hands will contaminate food and will be ingested.
- Label all chemical containers, secure their lids and store them in a cool area away from gas appliances.
- Secure chemicals to prevent unauthorised access.
- Remember that cotton wool and similar articles soaked with chemicals will be present in waste, so fumes will be dispersed into the room if not adequately contained. Remove waste regularly from the immediate client area to a larger, covered bin.

Proprietors and operators should request (from manufacturers/suppliers of chemicals) material safety data sheets relating to the safe handling, storage and first aid requirements for chemical products. All personal care and body art proprietors/operators should refer to these sheets for advice and keep copies on the premises at the point of use.

Glutaraldehyde (sold under various names) is an instrument-grade disinfectant that is not suitable for the personal care and body art industry. There are major occupational health and safety requirements for the use of this product, such as the required use of personal protective equipment and elaborate air removal systems. Contact the Victorian WorkCover Authority and the Department of Human Services for additional information (see part A, section 5.3).

4. Practices – general

4.1 Preparation

4.1.1 Preparation of client procedure areas

To provide a safe working environment, the operator should:

- ensure the work area is clean and tidy
- ensure all required items are within reach, and remove items not required from the immediate area
- ensure work surfaces including procedure chair, couch etc, are cleaned with warm water and detergent, then rinsed and dried
- place leak- and puncture-proof washable containers (only used for these purposes) with a firm-fitting lid labelled 'dirty instruments for cleaning and sterilisation' in the work area for the collection of used instruments.

Sterile items should be opened on to a sterile single-use towel that has been placed on the workbench. Packages containing sterile instruments or needles should be opened and handled using a non touch technique, in front of the client to demonstrate that sterile instruments are used.

Items should be sterilised on a fully perforated metal or plastic tray. The packaging can be opened by removing (peeling) either the laminate or paper side of the packaging off, leaving the tray and its contents on the other half of the packaging as a sterile surface. The tray contents can be used and replaced on the tray during the procedure (as necessary) to maintain sterility and to reduce the contamination of work surfaces. All items opened or contaminated during a procedure must be fully cleaned and sterilised after each procedure even though they have not been used for the procedure. The use of a tray may also prolong the life of items provided the tips of sharp items are protected. Fully perforated trays are readily available in various sizes and tip protectors that are steam penetrable are also readily available. See part A, section 6.1.

4.1.2 Client preparation

The client should be provided with privacy, depending on the type of procedure being undertaken. A clean gown and drapes that cover the privacy of the client should be provided. Each client should also be provided with additional equipment where necessary (such as goggles for solaria procedures), along with a full explanation before any procedure commences.

4.1.3 Preparation for skin penetration

When performing skin penetration procedures, wear sterile single-use gloves. Nonsterile single-use gloves are a minimum requirement if sterile gloves are not provided.

Preparation of needles

The operator must replace needles that become contaminated during preparation and procedure, such as if they accidentally touch a nonsterile surface. Take care not to contaminate needles when inspecting them for defects, such as damaged or blunt points. Needles must never be tested for sharpness on either the skin of the operator or client before use. Reusable needles are **not** recommended for electrolysis; only sterile single-use needles should be used.

New, nonsterile single-use needles should be cleaned, sterilised, inspected for defects and soldered on delivery and then cleaned and sterilised again, prior to use on a client for a tattooing procedure. Use a lead-free solder and effective cleaning should remove the flux residues from the soldering process.

Preparation of the client's skin

The client's skin should be clean and free from cuts, abrasions and any visible sign of infection. The skin can be washed with a liquid soap or anti-microbial solution and dried. Before any skin penetration procedure, the treated area must then be disinfected. Check with the client for iodine allergy before using iodine-based preparations. Areas around the eyes should only be cleansed with warm water or aqueous (water-based) skin disinfectants. If unsure whether a disinfectant is water-based or not use only warm water.

Skin may be disinfected with any one of the following:

- 70% w/w ethyl alcohol
- 80% v/v ethyl alcohol
- 60% v/v isopropyl alcohol
- alcohol (isopropyl or ethyl) formulations of 0.5 to 4 % w/v chlorhexidine
- aqueous formulations of 0.5% w/v chlorhexidine
- aqueous or alcohol povidone-iodine (1% w/v available iodine).

The disinfectant can be applied to the skin using a clean single-use swab from a clean single-use pack, or dispensed from a pump pack or single-use bottle. Leave the solution on for a minimum of 30 seconds or until dry, before commencing skin penetration. Do not touch the area to test for dryness. Sterile single-use swabs with 70% w/w ethyl alcohol are also available for skin disinfection. At the end of a skin penetration procedure, any remaining disinfectant must be discarded. Observe the use-by dates on disinfectants.

4.2 Cleaning

4.2.1 Cleaning up after a procedure

After completing any procedure, carry out the following steps.

1. Place all contaminated single-use sharp instruments into a sharps container immediately after a skin-penetration procedure has been performed.
2. Place all reusable skin penetration instruments, or other reusable instruments contaminated with blood, into the container labelled 'dirty instruments for cleaning and sterilisation.'
3. Place all reusable instruments from low- and medium-risk procedures into a container labelled 'dirty instruments for cleaning.'
4. Place the containers in the area set aside for cleaning.
5. Do **not** store instruments or needles in chemical disinfectant either before or after cleaning, sterilisation or thermal disinfection.
6. Dispose of all used single-use items (such as applicators, paper toweling and protective coverings from surfaces) into the clinical and related waste bin.
7. Place used linen into a washable leak-proof receptacle with a close-fitting lid labelled 'dirty linen' and launder (see part A, section 2.3.5).
8. Remove and dispose of gloves in the clinical and related waste bin, then wash hands and thoroughly pat dry (see part A, section 3.3.2).

Care should be taken when handling sharp instruments to avoid potential sharps injuries.

4.2.2 Routine cleaning of work surfaces

General-purpose utility gloves should be worn for general cleaning procedures. Utility gloves may be reused but should be washed in detergent after use and stored in a dry place, or replaced if torn, cracked, peeling or showing signs of deterioration. Proprietors should use gloves robust enough to stand general cleaning and not tear. Vinyl gloves should not be used, because they are more likely to develop large holes and are prone to tearing.

Following client treatment, all work surfaces used, for example, procedure couches/chairs, solariums, benches and tables, should be washed with warm water and detergent, rinsed and dried using a clean lint-free single-use cloth. Additionally, at the end of each working day, wash all visibly soiled surfaces with warm water and detergent. Rinse and dry using a clean lint-free single-use cloth (see part E, appendix 3).

4.2.3 Cleaning standards for change/shower rooms and toilets

Cleaning requires surfaces to be free from smudges, smears, body fats and mineral deposits. Surfaces include plumbing fixtures, tiles and other polished surfaces. Sanitary disposal units should be regularly emptied.

4.2.4 Clean-up procedures following blood or body fluid spills

Surfaces contaminated with blood or body fluid should be cleaned in accordance with the following procedures.

1. Handle all soiled dressings and contaminated instruments carefully, wearing single-use gloves, apron, protective eyewear.
2. Dispose of contaminated single-use instruments into a sharps container, then clean and sterilise reusable instruments according to part A, sections 5 and 6.
3. Soak up blood using paper towels.
4. Wash affected areas with warm water and detergent.
5. Rinse and dry affected areas using paper towels.
6. Dispose of all used paper towels by placing them in the clinical and related waste bin.
7. After treating wounds, handling contaminated dressings or cleaning up blood, remove gloves and dispose of them in the clinical and related waste bin.
8. Wash hands and thoroughly pat them dry.

For major spills:

- follow procedures 1–4 from the above list
- mix a fresh solution of 1:4 diluted bleach–for 1:4 dilution, add 1 cup (250 millilitres) of bleach to 3 cups (750 millilitres) of warm water
- wipe over the area using paper towels
- rinse the area thoroughly and dry well, because bleach is corrosive
- follow procedures 5–8 from the above list.

5. Cleaning and disinfection of reusable instruments and equipment

For an excellent reference on the cleaning, disinfection and sterilisation of used items, see AS/NZS 4815:2001 Office-based, health-care facilities not involved in complex patient procedures and processes – Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of the associated environment. It provides clear instructions for all steps in the processing of reusable items.

5.1 Categories of instruments

Instruments and equipment, together with their cleaning, disinfection and sterilisation requirements, can be classified into categories based on their intended use (see part A, section 6). Table 1 provides examples of the instrument types, procedures and cleaning processes required. Use the risk analysis chart (see part E, appendix 2) to assess the risks for each instrument or item of equipment.

Table 1: Suggested level of risk associated with a particular procedure/site (examples only)

Risk	Procedure	Cleaning/disinfection/ sterilisation
High risk	• Penetration of sterile or mucosal tissue with a sharp instrument	Clean, sterilise
	• All body piercing and tattooing procedures	Clean, sterilise
	• Accidental breaks of intact skin, such as shaving or occupational exposure	Clean, sterilise
Intermediate risk	Manicure/pedicure	Clean, dry, disinfect (as necessary), rinse off disinfectant with distilled water, dry (Alcohol evaporates, so does not require rinsing.)
Low risk	Hairdressing (for example, combs)	Clean, dry

Disposal or cleaning (and sterilisation) is required for intermediate- and low-risk categories if items are contaminated with blood, body fluids or substances.

5.2 Cleaning procedures

5.2.1 General cleaning procedures

- Wear personal protective equipment while cleaning (including heavy utility gloves – see part A, section 3.4) and clean all equipment items before their first use.
- Remove used items from the labelled containers and sort them according to the appropriate cleaning method.
- Clean instruments and trays immediately after a procedure. (If cleaning cannot be performed immediately, then instruments should be covered in warm water to prevent soils from becoming fixed, which would make cleaning difficult.)

- Do not leave instruments soaking for longer than one hour. (Instruments that cannot be immersed should be cleaned immediately).
- Protect the tips of sharp reusable items from damage during cleaning and clean carefully to avoid a sharps injury to the operator.

5.2.2 Cleaning process

- Rinse under warm running water to remove organic material. Do not use either very hot or very cold water because this will fix the soil to the item, making it more difficult to clean.
- Fill the sink with warm water and liquid detergent (preferably low-foaming, nonabrasive, noncorrosive, biodegradable, free-rinsing, nontoxic detergent of a mild alkaline formulation). Common household detergents should not be used because they have high-foaming properties and their residue is difficult to rinse off.
- Follow the manufacturer's instructions for detergent use. (Material safety data sheets contain information on the formulation, use and suitability of particular items.)
- Ensure all staff are familiar with each chemical used in cleaning items.
- Use cleaning products containing enzymes, which break down proteins in organic matter, only if suitable for the item. (They are not recommended for routine use.)
- Use products containing enzymatic matter according to standard precautions, and wear nitrile-type gloves.
- Note that cannulated (hollow or lumened) items such as stainless steel receiving tubes used in body piercing are a particular challenge to clean. (Immersion in an ultrasonic cleaner may assist in the manual cleaning by removing or loosening soils.)
- Note that reusable tubing is also a challenge to cleaning and has the potential to generate infectious aerosols. Use single-use tubing instead.

For most personal care and body art industries, manual cleaning will be the best method. Manual cleaning is used when items require care in their handling and are not suited to mechanical cleaning methods (for example, an ultrasonic cleaner). Ultrasonic cleaners may be used for some parts of the manual process (depending on the fragility of the item).

Ultrasonic cleaner method

Ultrasonic cleaners work by producing high-frequency, high-energy sound waves that cause organic material to dislodge and drop to the bottom of the tank. Use only a manufacturer-recommended detergent because others may limit the effectiveness of the ultrasonic cleaner. Cannulated items may require additional manual cleaning, because these items are not always successfully cleaned in an ultrasonic cleaner. Cannulated items should be brushed thoroughly and rinsed before being carefully placed into the ultrasonic tank, to ensure air is not trapped within the lumen. They should be brushed again on removal (using a clean brush) to remove loosened

debris. Ultrasonic cleaners do not sterilise or disinfect instruments, but they provide a safe and effective means of cleaning most reusable instruments before sterilisation.

It is important that the cleaner is tested (via an aluminium foil test) each day to ensure the correct operation of the ultrasonic transducer. Do not submerge fingers or body parts into the fluid of an operating ultrasonic tank because the energy will damage joint tissues and result in long-term arthritic conditions. A notice should be attached to each ultrasonic cleaner, stating 'while operating the ultrasonic cleaner, do not submerge fingers or other body parts into the fluid'. Keep the ultrasonic cleaner lid on during the operation to reduce the emission of high-frequency sounds to a safe level, because they may damage hearing (and also to contain aerosols emitted from the surface of the cleaning fluid, which can pollute the surrounding atmosphere and be a source of air-borne organisms). Table 2 summarises the steps.

Table 2: Summary of steps in manual and ultrasonic cleaning

Manual cleaning
1. Put on personal protective equipment, including heavy-duty household gloves.
2. Separate items according to the method of cleaning.
3. Rinse items in warm running water to remove soil.
4. Dismantle or fully open items to ensure all parts are present.
5. Immerse items (a few at a time) in the sink with warm water and detergent.
6. Scrub items using a soft nylon-bristle brush.
7. Keep each item low in the sink (below the surface) to prevent splashing and the formation of aerosols.
8. Rinse items in warm to hot running water.
9. Dry items with a lint-free cloth
10. Inspect the item for cleanliness and completeness
11. Do not reassemble the items before thermal disinfection or sterilisation.
Ultrasonic cleaning
Follow steps 1–4 for manual cleaning
5. Operate the machine to degas the solution.
6. Immerse items in the ultrasonic cleaner (which is filled with warm water and detergent).
7. Keep the lid on during the operation to prevent aerosols and splashing.
8. Rinse items in warm-to-hot running water.
9. Dry items with a lint-free cloth
10. Inspect the item for cleanliness and completeness.

Items that cannot be fully immersed should be wiped over using a lint-free cloth dampened in warm water and detergent, then rinsed and dried. A 70% ethanol alcohol solution should then be used to chemically disinfect the item.

Monitoring of ultrasonic cleaners

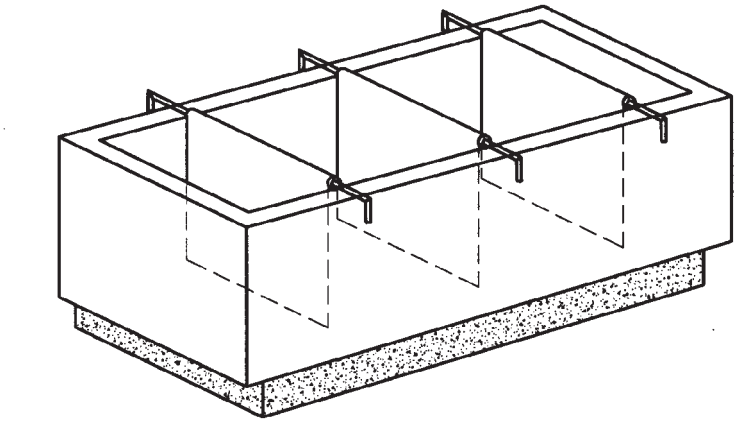
Ultrasonic cleaners should be cleaned daily. The base plate, gaskets, water strainers and filters must be checked and cleaned, and a daily performance test is essential to check the transducer function.

Ultrasonic transducer performance test (aluminium foil test)

This test is designed to test the transducer function of the ultrasonic cleaner.

- Cut a strip of aluminium foil that is approximately the width of the tank and twice its depth.
- Fill the ultrasonic cleaner tank, add detergent and degas the tank (see the manufacturer's instructions).
- Lower the foil vertically into the tank until it almost touches the bottom of the tank. (Do not immerse hands.)
- Operate the ultrasonic cleaner for 10 seconds (without the lid).
- Remove the foil and inspect it for an even distribution of perforations and pitting. If pitting or perforations are uneven, then the ultrasonic cleaner should be checked for faults or serviced.
- An uneven distribution of perforations and pitting of the aluminium foil indicate that the ultrasonic cleaner is not functioning at maximum efficiency and should not be used until it has been serviced.

Figure 3: Aluminium foil test–wire frames for supporting sheets of aluminium foil



Maintenance of ultrasonic cleaners

Ultrasonic cleaners should be operated and maintained according to the manufacturer's instructions. Ultrasonic cleaners must comply with AS 2773.1:1998 Ultrasonic cleaners for health care facilities, Part 1: Nonportable and with AS 2773.2–1999 Ultrasonic cleaners for health care facilities, Part 2: Benchtop. All cleaning equipment should be nonabrasive, and washed and dried after use.

5.2.3 Drying instruments/equipment

Do not dry items in ambient air (for example, on a bench) because this will allow air-borne contamination. Equipment wiped over with a 70% alcohol solution should be

wiped dry before storage. Use a lint-free cloth to dry items. Paper towelling is not appropriate because it is not lint free.

Do not handle cleaned items or packaging materials if a hand cream/lotion has been recently used; wash hands first. Hand creams/lotions, especially oil based ones, will leave marks that may attract contaminants and provide an impenetrable barrier to steam. Once items are dry, they may be handled with clean, ungloved hands.

5.2.4 Offsite sterilisation

Instruments being sterilised offsite must be cleaned and packaged before being transported in a clean, closed puncture-proof container. Loose instruments should be transported in a clean, closed puncture-proof container ensuring they are not damaged in transit. Some offsite sterilising services may wish to do the packaging; in this case, cleaning is still necessary before transport.

5.3 Disinfection

5.3.1 General

Instruments used on intact skin may be washed and stored in a dry place, but instruments that penetrate the skin must undergo cleaning and sterilisation. The use of disinfectants does not replace the need for good cleaning practices, and all items/equipment/surfaces must be thoroughly cleaned before disinfection. Disinfectants should be used only when equipment or the environment is contaminated with blood or other body substances however, items that can be, must be sterilised after cleaning. Detergent solution is sufficient for cleaning off perspiration, for example. Disinfectants can become easily contaminated and are a potential source of infection. Solutions should be labelled appropriately (with the name, date and dilution strength). Do not mix detergent or disinfectant solutions because they may react with each other and, in doing so, reduce their effectiveness or cause harm. Some disinfectants, such as those producing chlorine, must be freshly prepared.

Only disinfectants specified in the Australian Register of Therapeutic Goods (ARTG) should be used by operators for disinfection. This disinfectant should only be used for the approved purpose.

5.3.2 Storage of chemicals

See part A, section 3.5.

5.3.3 Use of bleach (sodium hypochlorite)

- All references to ‘bleach’ (sodium hypochlorite) throughout the guidelines relate to household-grade bleach products with a concentration of 40,000 parts per million (ppm) of available chlorine (ppm avCl) or 4% avCl.
- To dilute bleach for a 1:4 dilution, add 1 cup of bleach (250 millilitres) to 3 cups of warm water (750 millilitres).

- Prepare bleach solution as required, or prepare daily (label bottle) as its effectiveness deteriorates rapidly.
- To prevent deterioration, store bulk bleach containers in dark cool areas (and strictly adhere to use-by dates on bleach products).
- Wear gloves when handling bleach, because it can cause skin irritation.
- If splashing occurs, rinse the affected area immediately, following the instructions contained in part A, section 3.2.5.
- Rinse bleach solution from all surfaces, because bleach is corrosive.
- Dry surfaces.

It is not necessary to routinely use bleach or other disinfectants.

5.3.4 Disinfection processes

Chemical disinfection should be used only for items for which sterilisation and thermal disinfection are not suitable–for example, items unable to be immersed in water (thermal) or unable to withstand high-pressure gradients (sterilisation). Items that can be fully immersed but are unable to withstand high-pressure gradients may be disinfected in a suitable chemical disinfectant solution if necessary. Thermal disinfection is recommended for items that can be immersed but are not required to be sterile at the time of use.

Due to the misuse and overuse of chemical disinfectants, many microorganisms have become, or are becoming, resistant to them. For this reason, the routine use of disinfectants is **not** recommended.

Items of equipment should be immersed in a chemical disinfectant solution only for the time specified by the manufacturer. They should be removed and rinsed with distilled water before being dried and stored. Chemical disinfectant solutions should be discarded immediately after use (see part A, section 2.4.4). The container should have a close-fitting lid. Spray bottles are **not** a suitable method of disinfecting equipment because the aerosols produced do not come into contact with all parts of the equipment.

Proprietors/operators who choose to use chemical disinfectants as part of their practices should consider each chemical and its use carefully, and follow the manufacturer's instructions. (Table 1 in part A, section 5.1 provides a guide for when a disinfection process [thermal or chemical] can be used.)

Thermal disinfection

Thermal disinfection uses heat and water (moist heat) at temperatures that destroy most organisms. It is the most cost-effective and efficient method of disinfection. It is only suitable for items that can be fully immersed in water at high temperatures. All items must be fully immersed for the entire time once the water boils. Additional items must not be added during this boiling stage.

Table 3: Time/temperature ratios for thermal disinfection

Surface temperature (°C)	Minimum disinfection time (minutes)
90	1
80	10
75	30
70	100

Thoroughly clean and dry items before the thermal disinfection process (see part A, section 5.2.2).

Chemical disinfection

- All items that can be fully immersed in water may be disinfected in a chemical disinfectant solution.
- All items should be cleaned and dried before chemical disinfection (see part A, section 5.2.2).
- Fully immerse items for the time specified by the item/equipment and chemical manufacturer, then rinse them with distilled water and dry with a lint-free cloth.
- Wipe over nonimmersible items with a 70% alcohol solution, then dry them using a lint-free cloth.

It is essential to dry items fully after cleaning (before either wiping or immersing the item in a chemical disinfectant) because any moisture will dilute the solution, making it ineffective. Wiping instruments with disinfectants before use does not sterilise them. Instruments must not be stored in disinfectants before or after cleaning or sterilising.

Suitable equipment disinfectants

Suitable disinfectants are those with the following strengths:

- 70% w/w ethyl alcohol
- 80% v/v ethyl alcohol
- 60% v/v isopropyl alcohol.

Observe the use-by dates on all disinfectants, including those on decanted containers.

6. Sterilisation of reusable instruments and equipment

In addition to AS/NZS 4815:2001, an excellent reference is AS 2182:1998 Sterilisers – Steam – Benchtop.

This section of the guidelines outlines the process for steam-under-pressure sterilisation as the recommended process for businesses in the personal care and body art industries. Read and implement part A, section 5 before commencing any part of the sterilisation process.

Sterilisation is a validated process used to render an item free of all forms of viable microorganisms. Unless items are processed under controlled conditions, they will have microorganisms on them and, by definition, are nonsterile. The purpose of sterilisation is to destroy all of these micro-biological contaminants.

Sterilisation requires special training and skills to select the correct steam sterilisation process for the processed item, validate the sterilisation process and monitor each cycle. Skill, knowledge and understanding are required to interpret when the sterilisation cycle parameters (time, temperature and pressure) have been met, to interpret changes in both the chemical and biological indicators used to monitor the sterilisation process, and to decide the actions required to correct cycle failures. It is recommended that a business, unless its operators have received adequate training, should purchase sterilisation services from an appropriate local provider.

Steam is the most widely used and appropriate method of sterilisation in the personal care and body art industry. Steam sterilisation occurs when a combination of heat and moisture is maintained at a pre-set, temperature-pressure-time relationship. It coagulates cell proteins and efficiently kills all microorganisms, including spores. The available latent heat generated is responsible for the rapid destruction of microorganisms. It is nontoxic and more economical than other sterilisation methods.

6.1 Packaging of equipment to be sterilised

Do **not** handle cleaned items or packaging materials after recent use of a hand cream/lotion; wash hands first. Hand creams/lotions, especially oil-based ones, will leave marks that will attract contaminants and provide an impenetrable barrier to steam.

Items to be used sterile should be cleaned, dried and placed on fully perforated metal or plastic trays to allow steam to penetrate all parts of the package and its contents. Trays should be inserted into the package with the contents clearly visible through the laminate side of the packaging. Tray inserts to hold items in position are also available.

The tray can be used as a sterile surface during a procedure when either the paper or laminate side is fully removed. The use of an instrument tray may prolong the life of instruments as they are less likely to move around. Suitable fully perforated trays are readily available in various sizes and tip protectors that are steam penetrable are also readily available.

6.1.1 Packaging materials

The correct type and method of packaging must be used for the type of steriliser available; for example, sterilisers without a drying cycle must **not** be used for packaged items. Many different types of packaging are available, such as laminate/paper (pouches) or all-paper bags. All laminate/paper or all-paper packaging is single-use only. Nylon packaging is **not** suitable for use in a steam steriliser. Hollowware (bowls) should be packaged separately from instruments, with the opening facing the paper side of the laminate/paper packaging (pouches) to allow air to escape.

If drapes are used, then they should be single-use and packaged separately from all other items. Sterile single-use drapes are available commercially. Items should not be too heavy for the type of packaging used, because they may break the package, particularly if they are also sharp. Packages should not be overfilled. The tips of sharp items should be protected to maintain sharpness and to prevent damage to packaging. Bundling of items in the bottom of a package may inhibit air removal and steam penetration.

Do not use rubber bands around packages (or items within packages), because air/moisture will be trapped during sterilisation. The use of rubber bands to hold sterile packages together can cause crinkling and creasing that can weaken the paper packaging and compromise sterility. Items with ratchets/clips should not be sterilised in the locked position. Leaving items open allows steam to penetrate all surfaces during the sterilising process. If the integrity of a sterilised package is compromised, then the items should be completely reprocessed, commencing with the cleaning process. Packages must not be re-labelled and re-sterilised.

6.1.2 Labelling

Packaging must be dated and labelled immediately before being sterilised. Do not use a sharp pen or 'Biro' pen because it will damage the packaging material. Water-based ink pens should not be used, because they will 'run' during sterilisation. Each item being sterilised should have an identifying code for tracing steriliser faults if required. This code should be recorded on the sterilisation monitoring record (see part A, section 6.4).

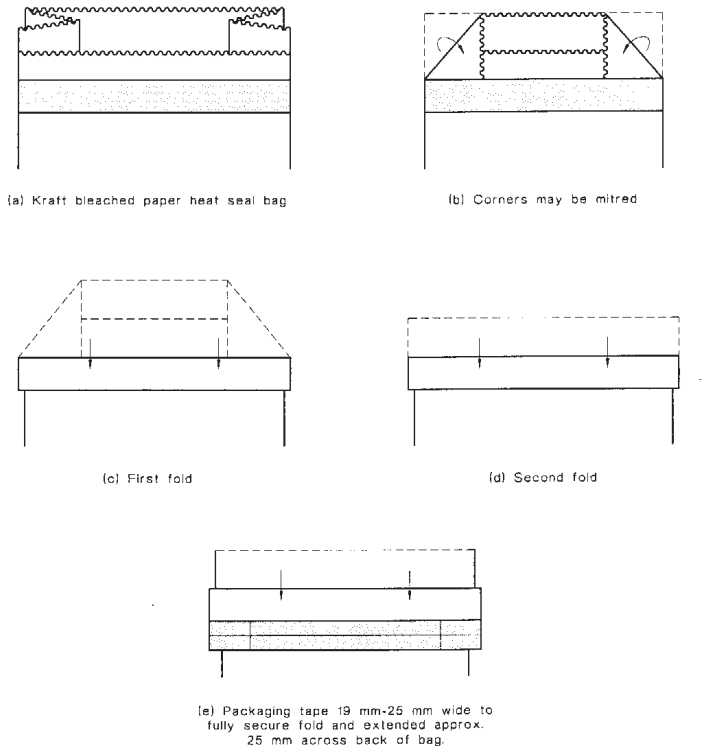
If items are not for immediate sterilisation, then the package must be dated only when the package is to be sterilised. Care should be taken to keep these packages separate from sterile items: they should be stored in a separate, clearly labelled cupboard or covered container. Best practice is always to sterilise items as soon as possible after packaging.

6.1.3 Sealing packaging

The most suitable packages are usually a laminate/paper material, and they are self-sealing using steriliser indicator tape or a heat-sealing unit. Steriliser indicator tape can be used to seal a package (usually a paper bag type). Steriliser indicator tape

should be pressure sensitive and clearly demonstrate a colour change after the sterilising process. The opening of a nonself-seal bag/pouch is to be folded over two or three times with the indicator tape so it is long enough to completely seal the front with a small fold to the back (see figure 4).

Figure 4: Sequential procedure for sealing bags with adhesive tape



Source: AS/NZS 4815:2001.

A heat-sealing unit may be used for sealing both laminate/paper and paper bags. Inspection of the package after heat sealing is essential to ensure the seal is complete, especially if pouch-type packaging is used, because air can be trapped inside and cause a 'popping' of the seal during sterilisation. A heat-sealing unit requires cleaning and servicing to ensure an efficient sealing action. The unit should be checked before sealing to ensure the temperature setting is correct. Scorching occurs if the temperature is too high, resulting in the packaging not withstanding the sterilisation process; if the temperature is too low, then sealing is defective and the sterility of the article is compromised.

Staples, string, nonadhesive tape, masking tape and elastic bands are not suitable as sealing agents.

- They do not provide a complete seal.

- They cause compression within the package, particularly during the sterilisation process.
- They cause damage to the outer packaging.
- They do not act as external indicators.

All packages should be checked after sterilisation to ensure integrity of the seal.

6.2 Sterilisation

6.2.1 General

The following equipment will not sterilise items, so do not use any of these items for this purpose.

- Microwave ovens
- Pressure cookers
- Incubators
- Ultraviolet cabinets
- Boiling water units
- Ultrasonic cleaners
- Household ovens
- Other similar units, such as pie warmers
- Dishwashers
- Glass (heat) bead 'sterilisers'

6.2.2 Steam sterilisation

Follow the manufacturer's instructions for steriliser use, for example only using distilled water, because each steriliser is designed to achieve specific sterilisation cycle parameters (time/temperature/pressure) that should not be altered without the manufacturer's agreement. Time, temperature and pressure settings reflect the type of load content and packaging materials to be used.

Sterilisers without a drying cycle must not be used for packaged items, but sterilisers with a drying cycle can be used. Sterilisers should have a sterilisation cycle process recorder/printer that monitors cycle parameters because this saves the proprietor/operator time during the sterilisation process. If a process recorder printer is not fitted, then every sterilising cycle must be monitored every 10 seconds and the time, pressure and temperature of every cycle must be recorded. Existing sterilisers without process recorder/printers should be upgraded or replaced to ensure automatic parameter (time/temperature/pressure) monitoring.

Table 4: Time/temperature/pressure relationships (parameters)

Temperature (°C)	KiloPascal	Millibar	psi *	Holding time (minutes)
121	103	1030	15	15
126	138	1380	20	10
132	186	1860	27	4
134	203	2060	30	3

** psi = pounds per square inch.*

Total processing time includes penetration time and holding time, plus a safety factor. Penetration time is the time taken for all parts of the load (inside the packaging) to reach the required sterilising temperature after the temperature has been reached in the sterilising chamber. These times and temperatures are based on the assumption that all items within the chamber are completely clean.

Steam sterilisers use gravity to remove air from the chamber by displacing it with steam. This is a relatively slow process, but some sterilisers have built-in mechanisms that assist this process by either pulsing additional steam into the chamber or using a vacuum and a pulsing action to withdraw the air.

Sterilisers should have their internal water reservoir emptied on a minimum weekly basis. The reservoir and pipes should be regularly cleaned. Sterilisers with a drying cycle use the internal chamber heat to dry items, but this only works when the door of the steriliser chamber is closed. This means the door must not be opened during the drying cycle. (Some sterilisers require a switch to be moved to initiate this drying stage.)

Packaged items that are still damp at the end of this drying stage must not be considered sterile and must be reprocessed. Check both cycle parameters and the method of chamber loading to ascertain the cause of cycle failure. The number of items per load should be limited to allow the sterilising cycle to work effectively.

Cannulated items and reusable tubing

These items and tubing pose a particular challenge to the sterilisation process with possible air (cannulated items) or air/water (tubing) entrapment during the sterilisation cycle. Air remaining in the steriliser chamber and/or cannulated items/tubing will prevent effective sterilisation, leading to sterilisation failure. Water remaining in reusable tubing will wet the packaging, rendering the tubing nonsterile. The use of single-use tubing is recommended.

6.2.3 Chemical and biological indicators

These indicators are designed to detect failure of the sterilisation process by monitoring one or more process parameters. The proprietor/operator should check with the steriliser manufacturer to ascertain the most appropriate type of indicator (chemical/biological) to be used, following AS/NZS 4815:2001. The type of indicator chosen will depend on the type of steriliser, packaging or cycle parameters,

including the presence or absence of a process recorder/printer, and on whether loads have been validated.

Chemical indicators

The manufacturer's instructions should be followed when using chemical indicators. The operator should discuss the most appropriate indicator for use (with both steriliser and indicator manufacturers), taking into account the types of item being sterilised, the type of packaging and the type of steriliser being used.

Chemical indicators are divided into six classes, and various indicators are available (see table 5). They should not be used, however, as a substitute for a permanent record of the sterilisation process. The exposed indicator may alter with time (for example, it may fade) and it is not reliable for record-keeping, so the result should be documented.

Chemical indicators should be used according to their classification, and a chemical indicator failure should be investigated to establish the cause of the failure of the sterilisation cycle before continuing to use the steriliser. Items from a sterilisation cycle with a failed chemical indicator must be re-cleaned and re-packaged before being re-sterilised.

Table 5: Classes of chemical indicators and their use

Class	Test for	Example of indicator	How used
Class 1	Evidence of a process	Indicator tape	With a single item–external indicator.
Class 2	Specific tests of the process	Air removal or Bowie Dick type test	Specific tests as per AS/NZS 4187:2003
Class 3	A specific parameter	Temperature	For one critical parameter essential to the sterilisation process
Class 4	More than one parameter	Temperature and time	For two or more critical parameters essential to the sterilisation process
Class 5	Integrating indicators	Time, temperature and moisture	React to all critical parameters over a specified range of sterilisation cycles, based on stated microorganism inactivation
Class 6	Emulating indicators	Cycle verification (134°C for 3.5 minutes in steam)	React to all critical parameters over a specified range of sterilisation cycles, based on the steriliser settings

Biological/enzymatic indicators

This type of indicator monitors the microbial killing power of the sterilisation process. Biological/enzymatic indicators may include bacterial spores, bacterial spores coated with an enzyme preparation, or enzymes extracted from bacterial spores. For steam sterilisation, the preferred test organism is *Geobacillus stearothermophilus* (formerly *Bacillus stearothermophilus*).

As a minimum biological/enzymatic indicators must be used after the installation of the steriliser, after major repairs and as part of validation procedures. Failures, when growth is detected, must be investigated before continued use of the steriliser. Items from a sterilisation cycle process with a failed biological/enzymatic indicator must be re-cleaned and re-packaged before being re-sterilised.

Incubation of biological/enzymatic indicators should be used according to the manufacturer's instructions (incubation kits are available from manufacturers). An indicator not exposed to the sterilisation process is incubated as a control for the exposed biological/enzymatic indicator. A permanent record of these results should be kept on file.

6.2.4 Loading the steriliser

Correct loading of the steriliser is essential for effective sterilisation: correct loading techniques permit efficient air removal from the chamber, total steam penetration and saturation of all items, allow drainage of condensate, assist in the drying stage and reduce damage to packaging. In effect, correct loading maximises efficient steriliser use. Items should not exceed the boundaries of the loading tray within the chamber and should not touch the walls of the chamber (because this will bring them into contact with condensate on the chamber walls).

Hollowware (bowls) should be tilted on their side to permit drainage of both air and condensation during the sterilisation process, and linen should be loaded so the layers are vertical for efficient air removal and steam penetration. Hollowware or instrument packages should not be loaded above linen because any condensation will wet the linen/packaging, making it difficult for steam to penetrate the linen/packs and sterilise the items.

Packaging of laminate/paper design should be positioned on its edge, with each package surface being paper to laminate. Do not place too many packages together because air removal and steam penetration may be compromised; however, they may be laid flat on the loading tray in a single layer with the paper side downwards on the tray surface. Items to be processed unpackaged may be laid directly on the loading tray in a single layer, but do not over fill the tray with items.

6.2.5 Unloading the steriliser

Sterilisers with a drying cycle

Once the sterilising (including drying stage) cycle is complete, the load should be removed immediately from the chamber and visually inspected to ascertain that the load is dry, that the indicators used have changed to the required colour and that the seals are intact. Unpackaged items should not be directly handled, because this would render the item unsterile. All other parameters (time, temperature, pressure) must be checked, then recorded and signed as correct by the operator removing the load.

Items should be placed in an area where disturbance is minimal, to cool down. Forced cooling is not permitted because it will compromise the integrity of the item

and its packaging. Items should not be placed on solid surfaces during this cooling phase, because condensation will result from vapour still inside the package. Wet packaging, dropped items or nonintact seals mean the item cannot be considered sterile and must be re-cleaned, re-packaged and re-sterilised.

Sterilisers without a drying cycle

Removal of these items depends on whether the item is intended for immediate use or for storage. Items for immediate use as sterile items must be removed using sterile gloves (the nontouch [aseptic] technique – see part D, Glossary.) Items for storage should be dried with a single-use lint-free cloth before being stored. It should be noted that unpackaged, stored items must not be used as sterile items and must be reprocessed prior to use.

6.3 Storage of sterile items

All sterilised packaged items should be stored in a way that will prevent contamination and damage to packaging. Storage may be in cupboards with close-fitting doors and smooth washable surfaces, or in washable plastic containers with close-fitting lids. Cupboards and containers should be dust free, used only for sterile items. (Cupboards should be cleaned and dried weekly, and the cleaning process should not compromise sterility of the item.)

Ultraviolet cabinets are **not** suitable storage places. The ultraviolet rays act only on surfaces that they contact, and they damage packaging compromising sterility. Cardboard boxes are not suitable containers for storage of sterile items because they are porous, cannot be cleaned and may harbour harmful microorganisms. Items purchased sterile from commercial sources require similar storage conditions to those items sterilised in-house.

Sterile stock is event related (see part D, Glossary), and influential factors include the shelf life of the type of packaging material used, the type of storage and handling conditions (the likelihood of product material deterioration and package design).

All premises should develop a system of stock rotation based on either the date of sterilisation or the steriliser load number. Packaging is considered nonsterile and unsuitable for use when: it is incorrectly wrapped; it has been opened or damaged; it is still wet after the sterilising cycle; it has been placed on a wet surface; it is placed or dropped onto a contaminated surface such as the floor; or there is no indication that it has been through a sterilising process.

Factors that compromise sterile stock include incorrect cleaning procedures in storage areas, the presence of moisture and condensation, climatic extremes, excessive exposure to sunlight or other sources of ultraviolet light, vermin or insects, inappropriate packaging materials, incomplete sealing of packaging, the presence of sharp objects or rough handling causing damage, and incorrect handling during transportation.

6.4 Monitoring/maintenance of the steriliser and associated equipment

6.4.1 Sterilisers

Monitoring of sterilisers

Sterilisers require commissioning on installation before being used. Commissioning involves testing the steriliser cycle parameters for performance on-site. Performance testing (or validation – see part D, Glossary) of the sterilising cycle parameters must be undertaken on installation, after routine servicing, after major repairs and when validating steriliser loads and packaging materials. Routine calibration testing must be performed at least every six months.

Monitoring of the sterilising process includes the cycle parameters (time, temperature, pressure), chemical indicators (results) and/or biological/enzymatic indicators (results), load contents and load number, date and time. Steriliser service records must be maintained, including those completed during calibration testing.

Maintenance of sterilisers

Sterilisers should be cleaned weekly and when soiled, and maintained in strict accordance with the manufacturer's recommendations. The chamber drain should be kept clear and the recording device should function correctly. All gauges should be accurate and the door gasket should be intact.

The loading trays should be cleaned daily and the steriliser should be cleaned when cool enough to permit the chosen cleaning agent to work efficiently and to prevent occupational health and safety hazards.

6.4.2 Heat-sealing units

Heat-sealing units should be cleaned weekly and tested daily to ensure the operating temperature is correct. The package seal must be checked before and after sterilisation.

6.4.3 Records

See part E, appendix 3.

6.5 Validation of steriliser loads

Validation is a process that must be documented. It includes identification of the steriliser, the process parameters (time, temperature, pressure), steriliser chamber characteristics (such as hot and/or cold spots), the types of item being routinely sterilised, and details of the cleaning and packaging processes used with the items being sterilised.

Three successful, consecutive and identical loads are required for a demonstrated validated cycle, although routine monitoring of the steriliser cycle is still required. Validation must be repeated if changes occur in the type of packaging used, major servicing of the steriliser is performed, the package contents are changed, or the routine load or cycle parameters are changed (see part E, appendix 3 for information on validation procedures).

Part B: Industry-specific requirements

1. Beauty therapy procedures

1.1 General

Pump dispenser outlets are a potential source of contamination, so the operator should ensure any make-up, fluid, cream, ointment or similar substance is removed from the original container or tube (including self-dispensing pumps) using a clean disposable applicator. Leftover creams, ointments or similar substances should not be returned to the original container and should not be used on any other client.

Applicators used for dispensing should not be re-dipped into the original container and should be discarded after each client. (Single-use applicators are recommended.) Due to the risk of contamination, refillable liquid soap and other dispensers should be cleaned and dried before reuse and they should not be topped up. Drop-in cassette dispensers are more convenient and economical.

Ultraviolet light cabinets are not suitable as drying cabinets for brushes or other equipment. Professional make-up artists should follow the information in these guidelines when applying make-up in all settings or performing other beauty procedures.

1.2 Methods of hair removal

1.2.1 Waxing

Concerns have been raised that there is a risk of passing microorganisms from one client to the next if waxing is not performed properly. Even though the risk is believed to be low, steps can be taken to reduce the risk further. It is also important that beauty therapists can demonstrate their practices are safe, so that should a client develop an infection, the beauty therapist can demonstrate that they have taken adequate precautions. Beauty therapists are therefore encouraged to employ a risk management approach to their procedures.

Prior to waxing, the area of skin being waxed should be cleaned using a skin cleanser. This will reduce the levels of skin bacteria and the possibility of skin infection. It will also remove dirt and oils from the skin providing better wax adhesion.

Wax must not be applied to broken skin or over an area where blood has been drawn. If blood is drawn during a procedure, the operator should follow the procedures outlined in 3.2.4 and 3.2.5 (Part A) to manage the bleeding.

If wax and instruments are contaminated with blood or body fluids/substances, then the following procedures must be performed:

- the wax must be immediately discarded into the clinical and related waste container
- wooden applicators must be placed into the clinical and related waste container
- metal applicators or tweezers must be either discarded (placed into sharps container) or cleaned and disinfected before being used on another client. If contaminated with blood or body fluids they should be cleaned and sterilised. The metal instruments should be initially cleaned using a wax solvent to remove all traces of wax.

Wax is supplied in several forms; glucose (water soluble), strip (soft) wax, and hot (hard) wax.

Glucose (water soluble) wax

This type of wax is more liable to permit the growth of potentially harmful microorganisms. Its use is not recommended.

Strip (soft) wax

Strip wax is available in two forms; water based or oil based. Only oil based strip wax should be used on clients. Strip wax should not be reused. Used wax should be discarded into a plastic bag that is then sealed and placed in the general waste bin.

Hot (hard) wax

Hot wax is commonly re-used several times before being discarded. If being re-used the wax should be heated to a temperature of 125° C (allows pouring consistency) and strained free of hairs and skin debris. Heating to this temperature would also destroy any harmful microorganisms. Straining should be performed using a fine mesh strainer (not a common kitchen strainer) and gauze. The gauze should be discarded into a plastic bag that is then sealed and placed in the general waste bin. The mesh strainer should be cleaned and disinfected.

Hot wax used to remove hair from the face, underarm and pelvic area should not be re-used.

Roll on applicators

Roll on applicators that can be dismantled and thoroughly cleaned are recommended. Applicators that cannot be dismantled should not be used because they contact the client's skin and cannot be cleaned and disinfected adequately between clients. In between clients re-usable applicators should be:

- initially cleaned using a wax solvent to remove all traces of wax
- thoroughly cleaned using the method in Part A, 5.2
- dried, reassembled and stored appropriately.

Wax cartridges with their roll on applicators attached should be placed in an enclosed heating unit capable of heating the wax cartridge and roller head to a temperature level of 70-80° C for a minimum of 15 minutes.

Waxing and risk management

The risk of spreading infection from one client to another through wax has been raised as an issue. The concern is that pots of wax could be contaminated with skin or blood borne viruses from one client, especially if bleeding has occurred, and then spread to the next client if the same equipment is used. There is insufficient evidence to clearly demonstrate the extent of this risk, but it would appear that the risk is low. However, operators should ensure that their processes for waxing clients and management of equipment minimises the potential for cross contamination.

Operators should also maintain documentation (see part E appendices) of their processes.

Using a risk management approach to waxing the Department of Human Services recommends either of the following two methods, which remove the possibility of cross contamination between clients altogether:

- the use of single use pots for each client; the wax pot should be thoroughly cleaned after use.
- avoidance of re-dipping applicators if wax pots are used on more than one client. Single-use wooden spatulas are recommended because these can be thrown away after use.

However, if neither of these methods is practical, it is essential that temperature control be employed, as a means of controlling any possible risk. All types of wax (both strip and hot wax) should be kept undisturbed at a minimum temperature level of 70–80ºC for a minimum of 15 minutes between clients. (Viruses such as HIV would be expected to be inactivated at this temperature.) For strip waxing, this should be monitored and recorded before the first client and at least one other time during the day. For hot waxing, monitoring should occur between clients, or at least twice during an 8-hour day. For both strip and hot wax, monitoring should also occur after pots have been refilled or replaced with a new pot. The temperature and time of holding should be recorded and available for inspection for a reasonable period (at least one year).

Client advice

Skin may be more susceptible to irritation or infection for up to 48 hours after a waxing procedure, so clients should be advised that they should not:

- swim or have a spa bath
- wear tight clothing such as jeans, tights and leotards, because these may cause excessive perspiration
- sunbathe or have a solarium treatment
- use a deodorant on the waxed area.

1.2.2 Electrolysis

The following three types of electrolysis are commonly used by beauty therapists to remove unwanted hairs.

1. *Thermolysis* uses radio waves to generate heat. The effect is to coagulate the papilla (blood supply) to prevent it from feeding the bulb. This prevents the follicle from producing more hairs.
2. *Electrolysis* uses a direct current (galvanic). When applied through the probe, the current produces a chemical called ‘lye’, which destroys the growing cells and the papilla.

3. A *combination* of the other two types can be used for efficiency and comfort.

   All three methods are applied by passing a fine probe down the hair follicle without breaking the skin. When the probe is in position, the correct amount of one or both currents is applied. The transmission of blood-borne viruses and other infections may occur during the removal of hair by electrolysis, because the electrically heated needles inserted into hair follicles may become contaminated with blood. To reduce the risk of transmission of infection, it is essential that only sterile single-use needles are used.

   Sterile single-use needles are inexpensive and readily available, so reuse of electrolysis needles is not necessary. One needle may be used for removing as many hairs as necessary from one client during one procedural session, but the needle must be sterile at the first time of use. The needle must be disposed of into an approved sharps container immediately after use. Electrical currents do not sterilise needles.

1.2.3 Lasers

Department of Human Services recommends that personal care and body art premises operating lasers follow the standards on the safe use of lasers in health care (AS/NZS 4173:1994) and laser safety (AS/NZS 2211.1:2004). Lasers used in personal care and body art premises are usually self-contained units with limited equipment requiring cleaning and sterilisation. Although the end through which the laser beam is released should not come into contact with the client, it will become contaminated during use, via the dispersal of contaminated tissue. The end pieces of the laser arm should be cleaned and sterilised after each client use and then stored in a dry place.

1.2.4 Alternative forms of hair removal

Other methods of hair removal are available, but limited information is available on both these techniques and their infection risk. The following are three examples.

1. *Plucking* involves using tweezers or another instrument to 'pluck' the hairs one by one from the area. It is best suited to small areas such as eyebrows. Plucking is more likely to cause bleeding due to the nature of the hair removal. Instruments must be cleaned and disinfected after each client (see part A, sections 5 and 6). If contaminated with blood or body fluids they should be cleaned and sterilised.
2. *Sugaring* involves heating a sugar-based paste, spreading it onto skin and then removing it using the hands to 'roll' it against the hairs to remove them. Sugar-based pastes must not be used in personal care and body art premises because they provides a perfect medium for the growth of potentially harmful microorganisms.
3. *Threading* involves pulling hairs from the follicles using a thread that is moved quickly over the skin, catching the hairs and causing their dislodgement from the follicle. Threads must be used only once and then discarded.

1.3 Manicure, pedicure and nail treatments

1.3.1 General

The hands and feet of clients should be cleaned and dried before a manicure or pedicure. Any instrument or part of an instrument used on a client should be cleaned with detergent and warm water, dried and thermally disinfected before being used on another client. If an instrument penetrates the skin, then it requires cleaning and sterilisation. Single-use instruments are recommended and should be discarded after each client use.

1.3.2 Fungal (onychomycoses) and bacterial nail infections

Infections can be spread between the client and operator, and from client to client, if the instruments used have not been thoroughly cleaned and sterilised or disinfected between clients. Good hygiene and sensible precautions will reduce the transmission of nail infections.

Fungal infections can cause tinea or ringworm, affecting hair, skin and nails. Paronychia (infection of the nail folds) can be caused by *Candida albicans* (a form of yeast infection) and the bacteria *Staphylococcus aureus* and *Streptococcus pyogenes* (group A streptococci). If the bacterium produces a cellulitis (a spreading infection), then it can cause severe damage and become serious very quickly. Fungi more commonly infect toenails than fingernails; less than 10 per cent of nail infections involve fingernails.

In the attachment of acrylic nails and similar products to normal nails, care should be taken to avoid the formation of spaces between the two, which could provide the perfect environment for microorganisms to grow. It is important that an operator does not work on nails that are abnormal in appearance or have any evidence of infection (redness, pus, tenderness or swelling). The operator should not disguise nails affected by an infection, and should advise the client to consult a medical practitioner.

1.3.3 Manicure and pedicure

Bowls used to soak the hands or feet of clients should be cleaned and dried between each client use (see part A, section 5).

1.3.4 Chemicals used in nail treatments

To protect the operator and the client against undesirable chemical exposure:

- ensure premises are well ventilated
- only use drop-on or brush-on products rather than aerosol products
- keep lids on all containers to reduce vapour escaping into the air, because cotton wool and similar articles soaked with chemicals will disperse fumes into the room (see part A, section 3.5).

1.3.5 Instruments

The following instruments should be used:

- single-use chamois buffers and emery boards (one for each client as they can not be effectively cleaned)
- reusable cuticle sticks and cutters, which should be cleaned and dried between clients (single - use cuticle sticks are recommended).
- nail brushes, which should be cleaned and dried between clients
- burrs used for buffing, which should be cleaned and dried between clients (single - use burrs are recommended).
- single-use nail files (reusable nail files should be cleaned and dried between clients).

Disinfection (thermal/chemical - 70% alcohol) may be carried out following cleaning.

1.4 Facials

The client's face should be cleaned before any massage of facial tissue or the application of lotions, creams, moisturisers or make-up (see part A, section 2.5). All applicators should be either single use or cleaned and dried after each client. Ultraviolet light cabinets are not suitable as drying cabinets for brushes or other similar equipment.

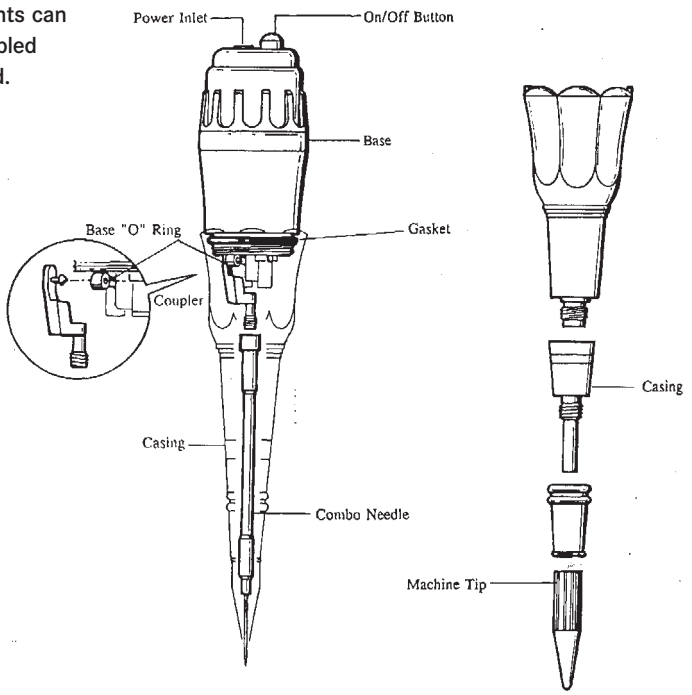
1.5 Cosmetic tattooing

See part B, section 4 as the main reference for this section. Cosmetic tattooing is also referred to as pigment implantation, semi-permanent creation, permanent make-up, derma-impigmentation and micro-pigmentation. All these procedures are similar to those involved in tattooing. The same principles apply regardless of the type of premises in which the tattoo is undertaken.

It is recommended that cosmetic tattooists use single-use devices. Reusable instruments should be used only if the premises has its own steriliser or has convenient access to one so the device is appropriately cleaned and sterilised. The needle chamber must be capable of being detached from the motor housing to enable thorough cleaning and sterilisation; consequently, tattooists should use only those devices where all parts can be sterilised (see figure 5).

Figure 5: Example of an acceptable instrument for cosmetic tattooing.

All components can be disassembled and sterilised.



Source: Advanced International.

1.6 Electrodes for muscle stimulation

There is a risk of infection if the electrodes become contaminated. As electrodes cannot be immersed they should be wiped with a cloth dampened in warm water and detergent, rinsed and dried after each client use. Wipe electrodes over with a solution of 70 per cent alcohol and dry using a lint-free cloth (see part A, section 5.3).

1.7 Other beauty procedures

There are many other beauty treatments available to clients, such as mud baths, skin exfoliation, body polishing, brush cleaning, eyelash perming and tinting, eyebrow tinting and bleaching of facial hair. Each proprietor and operator should assess the risk of infection associated with each procedure, using the information provided on low-, intermediate- and high-risk procedures (see table 1, part A, section 5.1 and part C).

1.8 Mobile beauty therapies

Low-risk procedures such as hairdressing, hairstyling, manicures/pedicures and make-up procedures can be conducted in the client's home or other settings (for example, a hotel, hostel, day care centre or nursing home) if the operator is registered with the local government within which they reside. Mobile personal care and body art businesses that conduct skin penetration procedures are not permitted.

1.9 Beauty therapy – cleaning, disinfection and disposal schedule

Table 6: Beauty therapy equipment – cleaning, disinfection and disposal schedule

	Equipment	Reason	When	How	Additional information
High risk	Reusable instruments Tattoo gun	Potential for skin infections or for blood borne virus transmission.	After each client.	Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth. Package with chemical indicator and seal. Sterilise.	Note: Some parts of the tattoo gun are not immersible. Use a lint free cloth for all stages of the cleaning process. Store appropriately.
	Single-use needles	Potential for skin infections or for blood borne virus transmission.	Dispose of after each client.	Dispose of into a sharps container.	Refer to part A, section 2.4.1.
	Tweezers Probes	Potential for skin infections or for blood borne virus transmission.	After each client.	Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth. Sterilise if contaminated.	Use a lint free cloth for all stages of the cleaning process. Store appropriately.
	Lasers	Potential for skin infections or for blood borne virus transmission.	After each client.	Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth. Sterilise or disinfect laser parts as appropriate.	Use a lint free cloth for all stages of the cleaning process. Store appropriately.

Table 6: Beauty therapy equipment – cleaning, disinfection and disposal schedule *continued*

	Equipment	Reason	When	How	Additional information
Intermediate risk	Face brushes – Make-up – Eyebrow – Other Face sponges	Risk of infection if previous client has skin lesions or infection.	After each client.	Rinse free of lotions, creams and make-up. Wash in warm water & detergent. Rinse in hot running water. Dry thoroughly.	Note: Brushes & plastic items will not withstand the sterilisation process. Do not dry these items in an Ultraviolet Light (UV) cabinet as they become brittle with a shortened life.
	Non-immersible equipment: Tattoo guns Electrical items Reusable muscle stimulator electrodes	Potential for infection.	After each client.	Wipe over with cloth dampened in warm water & detergent. Rinse by wiping with cloth dampened in hot water. Dry thoroughly. Wipe over with cloth dampened with 70% alcohol solution and allow to dry.	Use a lint free cloth for all stages of the cleaning process. Single use electrodes should be disposed of in the general waste. May be disinfected in addition to cleaning.
Low risk	Nail clippers/scissors Cuticle sticks Nail burrs Nail files	Potential for infection.	After each client.	Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth. Dispose of or sterilise if contaminated.	Become high risk if they penetrate or abrade the skin. Note: Plastic equipment may not withstand the sterilisation process. Use single use where possible.
	Eyelash curlers Nail brushes Nail buffers Emery boards	Potential for infection.	After each client.	Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth. Dispose of or sterilise if contaminated.	May be disinfected in addition to cleaning. Become high risk if they penetrate or abrade the skin. Note: Plastic equipment may not withstand the sterilisation process. Note: Some buffers (and handles) may be washable (for example, chamois) – see the manufacturer's instructions on cleaning and drying these items. Other buffers should be single use and disposed of after each client. Emery boards should be single use and disposed of after each client as they cannot be washed and dried effectively.

Table 6: Beauty therapy equipment – cleaning, disinfection and disposal schedule *continued*

	Equipment	Reason	When	How	Additional information
Low risk	Hand bowls	Potential for contamination.	After each client.	Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth.	
	Foot baths	Potential for contamination.	After each client.	Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth. Use chlorine-based disinfectant (bleach) to disinfect, rinse in hot water and dry with lint free cloth.	Note: Cleaning may not be sufficient to remove some fungal microorganisms therefore disinfection after each client is essential particularly if the foot bath is of the 'spa' type. Refer to part A, section 5.3.
	Single use Applicators	Potential for infection.	After each use.	Dispose of into a clinical or related waste container.	Use once only.
	Bottles/sprays/ pump dispensers: – Liquid soap – Water – Lotions – Creams – Gels	Potential for contamination.	When empty.	Wash in warm water & detergent. Rinse in hot running water. Dry thoroughly with lint free cloth before refilling.	These should never be 'topped up'. Manufacturer's containers should be discarded when empty.
	Dye mixing bowls	Potential for contamination.	After each client.	Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth.	Prevent residual dyes being mixed into new preparations.
	Wax thermometers Wax pots Reusable wax applicators – Metal – Plastic Saucepans Strainers	Potential for skin infections or for blood borne virus transmission.	After each client.	Remove wax using appropriate solvent for the type of wax. Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth.	Wax applicators should be sterilised after being cleaned if: – Blood is drawn during waxing procedures – The wax pot is used for more than one client – Redipping of applicators into the same wax pot occurs. There is a risk of burns during reheating of hot (hard) wax prior to reuse. Refer to part A, section 3.2.
	Nail varnish brushes	Potential for contamination.	After each client.	Remove varnish using an appropriate solvent. Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth.	Use single use brushes or varnish pots.

Table 6: Beauty therapy equipment – cleaning, disinfection and disposal schedule *continued*

	Equipment	Reason	When	How	Additional information
Low risk	Linen – Towels – Gowns – Hair covers – Hair bands – Other	Potential for infection.	After each client.	Wash in hot water (70-80°C) and detergent. Dry in open air or in clothes dryer on hot setting. Dry as required by type of material.	Place into washable leak-proof linen bin before laundering.
	Capes	Risk of infection if previous client has neck lesions or infection.			Use a clean towel or paper tape around neck.
	Client couch/chair	Potential for contamination and prevents dust accumulating.	After each client	Wash with warm water & detergent. Dry thoroughly with lint free cloth.	
	Equipment trolley	Prevents dust accumulating and contaminating clean equipment.	Weekly	Use damp cloth to remove dust. Wash with warm water & detergent. Dry thoroughly with cloth before refilling.	Ensure items are in closed containers. Cover when not in use. Use a lint free cloth for cleaning.

2. Body art–tattooing and piercing

2.1 General

Body art is used to describe any process to decorate or adorn the body by means of implantation, or the marking of the skin in a permanent way by means of injection, incision or heat. Current practices include tattooing and cosmetic tattooing, body piercing, branding, scarification, braiding and three-dimensional art such as beading or devil's horns.

Invasive body art involves a high risk of transmission of blood-borne viruses such as hepatitis B and C and HIV, and bacterial infections that can be transmitted by unclean and nonsterile equipment and unhygienic procedures and premises. The potential for serious infection occurs during body art procedures because needles used to penetrate the skin become contaminated by blood and body fluids, which do not have to be visible on an instrument, needle or working surface for infection to be transmitted. There is also a risk of nerve damage and unwanted scarring if procedures are poorly performed.

Every client and worker is at risk if proper infection control procedures are not followed. The client's skin should be clean and free of infection, and all instruments used in skin penetration practices (including needles and attachments such as nozzles, needle bars and tubes) must be sterile at the time of use.

In Victoria it is illegal to tattoo any person under the age of 18 years (Summary Offences Act 1966, s. 42(10). There is no legal age limit for body piercing.

2.2 Preparation of work area and equipment for body piercing and tattooing

See part A, section 4.1.

2.3 Bleeding

See part A, section 3.2.4.

2.4 Dispensing – pigments, creams, jelly etc.

See part A, section 2.5.

2.5 Tattooing

2.5.1 Specific tattooing requirements

The same principles apply to all methods of tattooing, including cosmetic tattooing (see part B, section 1.5), regardless of the type of premises in which the tattooing is undertaken (see part A, section 4).

- Cover surfaces that may need to be touched (for example, spray and ink bottles) with single-use plastic bags so only the nozzles are exposed. Cover light fittings and power pack controls with cling film.

- Dispense the required pigment, lubricating jelly, antiseptic cream and any other lotion (including solutions used to clean the skin during the tattooing process) into single-use containers using single-use spatulas.
- Place water to be used for rinsing between colours into a single-use cup.
- Place sufficient single-use wipes for one client in the area. Wipes must be stored where they cannot become contaminated.
- Open all sterile items (including tubes and needles attached to needle bars) in the presence of the client to show sterile instruments are being used. Check the chemical indicators for colour change and, if satisfactory, then assemble the handpiece.

  The operator should document the chemical indicator results on the client sheet (see part E, appendix 3).

  Any leftover pigments, creams, water and wipes must be immediately discarded after each client.
- Replace any sterile instruments or needles accidentally touched by the operator or contaminated in any other way, either before or during a treatment, with another sterile instrument or needle.
- Take care when inspecting needles for defects such as damaged or blunt points. Needles must never be tested for sharpness on the skin of the operator or client. Self-illuminating magnifying glasses are available to check needles for bluntness or barbs.
- Clean and sterilise nonsterilised needles before inspection, then re-clean and re-sterilise them before using them on a client.
- See part A, section 4.1.3 before soldering any needles together.
- Use a lead-free solder. Effective cleaning of the solder removes the flux residue from the soldering process.

2.5.2 Skin preparation

See part A, section 4.1.3 and also note the following practices.

- Ensure the client's skin is clean and free from infection, sores or wounds on or around the tattoo site.
- If the tattoo area needs to be shaved, then use a new single-use safety razor for each client and immediately discard it into the sharps container (see part A, section 2.4.1).
- Disinfect the site where the procedure will be carried out.
- Use an antimicrobial lotion or plain liquid soap on the skin before the placement of a single-use stencil. Multi-use deodorants should never be used.

- Apply lubricating jelly to the tattoo site using a new single-use spatula for each client. If extra jelly is required, then use a new spatula; discard the spatula after each application. Never use gloves or bare fingers.
- Immediately discard any leftover detergent or lubricating jelly.

2.5.3 Procedure

Each tattooist must have a fully equipped and separate workstation. Equipment must not be shared. The area of the room or cubicle should be no less than 2.5 metres square. The floor, walls and doors should be made of a sealed nonporous material.

The use of sterile single-use gloves is encouraged when skin penetration procedures are being performed. The use of nonsterile single-use gloves is the minimum requirement if sterile gloves are not provided.

- Wash hands using antimicrobial or plain liquid soap and thoroughly pat dry before putting on single-use gloves.
- Always wear single-use gloves on both hands for each client and wear throughout the tattooing procedure.
- Tattoo an outline of the design on the skin.
- Change the needle assembly or handpiece after each client use.
- Tattoo the colour or shade of the outline on the skin.
- Where possible, avoid contaminating the work area with the client's blood.
- Avoid cross-contamination between surfaces.
- When tattooing, do not eat, drink or smoke. If having to leave during the procedure (for example, to answer the phone or for a toilet break), then remove and dispose of gloves and wash and thoroughly pat dry hands. Before resuming tattooing, wash hands, thoroughly pat dry and put on new single-use gloves.
- If the client takes a break during the tattooing process, then cover the skin being tattooed with a dry clean dressing.
- Use pre-dispensed cleaning solution and single-use wipes to remove excess pigment and blood from the tattoo site. Dispose of wipes into the clinical and related waste container.
- When the tattoo is completed, clean the area, then remove gloves and wash and dry hands, then re-glove (using single-use gloves).
- Remove antiseptic cream from a single-use container and apply to the treated area by means of a single- use spatula. Cover site with a sterile dressing.
- Remove gloves, and wash and dry hands.

- Take time to demonstrate to the client how to care for the tattoo to prevent infection, and provide the client with the same information in writing. Ensure the client has fully understood these instructions.

2.5.4 Cleaning, disinfection and sterilisation procedures for instruments

All tattooing procedures are high risk for the possibility of contamination with blood and body fluids or substances.

See part A, sections 5 & 6.

2.5.5 Record keeping

It is important to keep accurate records of every tattooing procedure for each client. These records should include name, address, the date, a description of the procedure, and sterilisation information relevant to the instruments used. Accurate and detailed records are valuable to the body artist if there is any infection or possibility of a blood-borne virus transmission from a procedure. For example, in the case of a blood-borne virus, these records can be cross-checked for the probability for or against a reported infection as a result of a specific procedure (see part A, sections 2.7 and 3.2; and part E, appendix 3).

2.5.6 Mobile tattooing

Due to the high risk of spread of infection where skin penetration procedures are carried out, mobile tattooing businesses are not permitted.

2.6 Body piercing

2.6.1 Areas used for piercing and other forms of body art, and potential risks

This table describes common body piercing sites and known potential risks associated with these pierced areas. The list is not complete: as fashions change, additional practices will arise and other risks may be associated with them.

Table 7: Common piercing sites and known potential risks

Piercing sites	**Potential risks**
Ear piercing–the lobe or the upper cartilaginous parts are the most usual sites. The tragus, the conch and the rook may also be pierced.	• Infection
Nose–the nostril or the septum	• Infection
Mouth/face–lips, tongue, eyebrows, cheeks, chin	• Potential airway obstruction or difficulty in breathing due to swelling from insertion or infection • Interference with speaking and chewing • Possible oral surgery to retrieve lost or submerged objects within the tongue tissue • Mouth irritation or trauma to teeth and gums if inappropriate jewellery is used, including fracture to the enamel and gingival recession • Tongue–nerve damage, severing of large blood vessels, swelling, airway obstruction, increased salivary flow, permanent numbness and loss of taste • Eyebrows–damage to the nerves responsible for eyelid movement • Infection (bacterial, viral and fungal)
Skin surfaces–neck, forearms, wrist	• Rejection, where skin tension puts pressure on the jewellery and leads to rejection • Infection
Navel	• Risk of severe infection if the umbilicus is pierced
Nipple	• From piercing of the female areola, possible effect on ability to breastfeed • Infection
Genitals Female–clitoris, clitoral hood, labia, forchette and triangle Male–urethra, foreskin, frenum, scrotum and the pubic area	• Infection *Note:* Body artists should refer to s.47 of the *Crimes Act 1958* (indecent act with a child under the age of 16 years) and to s.49 (indecent act with a child 16 years old) to be aware of the potential legal consequences of genital piercing a minor.
Other forms of body art	**Potential risks**
Scarification and cutting with a surgical scalpel or laser to produce scar tissue. Some clients insert foreign matter such as clay or ash into the wounds to achieve permanently raised welts known as keloids.	• Infection • Rejection of the foreign matter
There is a current trend towards tongue splitting.	• Speech impediment • Numbness • Loss of taste
Branding using heated surgical steel; cold branding using dry ice.	• Infection
Braiding by cutting adjacent strips of skin, keeping one end attached and braiding them together (The loose ends are then re-attached to the skin.)	• Infection • Skin loss if the reattachment does not take
Beading/three-dimension body art, where the skin is slit and stainless steel beads, rings or other jewellery are implanted beneath the skin. (For devil's horns, teflon and/or coral inserts are adhered to the skull underneath the skin.)	• Infection • Rejection of the foreign matter

Healing times from piercing depends on the location on the body, the technique employed, the health of the individual, the quality of the jewellery, and the aftercare undertaken. Healing times can vary from a few weeks to six or nine months.

2.6.2 Choice of jewellery

Appropriate jewellery is well polished and specifically designed for body piercing, with no nicks, scratches or irregular surfaces. Metals are chosen for their biocompatibility (or body-friendly) quality. Some metals are more biocompatible than others due to their specific composition or alloys. Surgical stainless steel, niobium, titanium and platinum are common. The metals to which people are most often sensitive are nickel, copper and chromium. Dense, low-porosity plastics such as monofilament nylon, acrylic or lucite are also used.

All jewellery must be sterile at the time of insertion. Infection results from the use of substandard, nonsterile jewellery and poor operator practices. Surgical stainless steel is the most suitable metal because it can be effectively cleaned and sterilised before piercing. The grade recommended is 316 LVM, with grade 316 L being an acceptable minimum. 18 carat gold jewellery can be used although the gold may react with body tissue and fluids and delay healing. Gold jewellery less than 18 carats will tarnish during sterilisation due to the amount of alloy present. Unless gemstone jewellery is of high-quality manufacture with solid backing, it is not suitable for initial piercings because it may not withstand pressure gradients during sterilisation. Less than 18 carat gold jewellery or gemstones can be inserted once the piercing has healed.

The use of gemstones and gold and sterling silver beads in rings may be unsuitable for genital piercings because the materials react with urine. In this instance, periodic removal and cleaning of the jewellery is required. If the client wants to use their own jewellery, they should take it to the studio the day before to check its suitability for sterilisation and, if appropriate, have it sterilised. Jewellery bought from alternative sources other than the piercing studio will not be sterile and may not be of suitable quality or size, or appropriate for sterilisation.

2.6.3 Instruments

Deterioration of equipment, specifically plated-metal surfaces, occurs as a result of repeated cleaning and sterilisation processes. It is recommended that only good quality stainless steel instruments be used and maintained. Needles must be pre-sterilised and single-use. They must be discarded into a sharps container immediately after use.

Stud guns are designed for ear lobes only, while nostril piercing guns are used for the nose. These guns may damage body tissue when used on other parts of the body. They must be of the sterile single-use cartridge type. Other instruments used in body piercing that must be sterile at the time of use are clamps, needle pushers, insertion tapers and any other instrument likely to come in contact with open tissue

or to be contaminated with blood or body fluids/substances. Under no circumstances should any item marked by its manufacturer as single-use be cleaned and sterilised for reuse on another client.

2.6.4 Skin preparation

See part A, section 4.1.3.

2.6.5 Procedures

General procedures

The potential for serious infection occurs during all body art practices. Each body artist must have a fully equipped and separate workstation. The area of the room/cubicle should be no less than 2.5 metres square. The floors, walls and doors should be made of a sealed, nonporous material.

The use of sterile single-use gloves is encouraged when skin penetration procedures are being performed. The use of nonsterile single-use gloves is the minimum requirement if sterile gloves are not provided.

The body artist should:

- wash their hands with antimicrobial soap and thoroughly pat dry before putting on single-use gloves
- clean the area to be pierced with a broad-spectrum antimicrobial solution
- mark the area with a nontoxic single-use marker
- if a clamp is to be used, apply the sterile clamp using a sterile rubber band to secure it
- perform the piercing by pushing the sterile single-use needle through the skin (noting that it is important to follow the markings exactly)
- insert sterile jewellery into the piercing and then close using sterile ring closing and circlip pliers.

If at any stage the body artist needs to touch anything that has not been sterilised, then they should remove their gloves and wash and thoroughly pat dry hands. Before resuming the piercing, the body artist should again wash and thoroughly pat dry hands, and put on a new pair of single-use gloves.

Ear piercing

Ear piercings have been detailed because ears are the most commonly pierced area. The preferred method of piercing ears is the use of a single-use ear-piercing gun. The secondary option is the employment of an ear-piercing system that minimises the risk of contaminating the gun. In these systems, a pre-sterilised single-use cartridge containing the stud and butterfly is inserted into the gun. No contact occurs between the gun and the ear, and the cartridge should be discarded into the clinical and related waste bin after the studs are inserted. All reusable ear-

piercing guns must be thoroughly cleaned and disinfected, with particular attention to the cartridge holder, to minimise the risk of spreading infection.

Methods of ear piercing using a trocar and cannula or needle and cork are not recommended, due to the difficulty of sterilising cork. Where these methods are used, all articles that penetrate the skin must be disposed of or cleaned and sterilised. Cork can be sterilised only by gamma irradiation or ethylene oxide gas.

Strict care must be taken when handling ear-piercing equipment. Ear-piercing studs must be sterile at the time of use.

- Only use studs that have been taken from a sealed sterile package.
- Be familiar with the loading procedures. (Load all guns without touching the studs or the stud-holding devices on the gun.)
- Dispose of sterile single-use cartridges after use on each client. (The cartridge holder is also contaminated during use and therefore must be cleaned and disinfected between clients.)
- Do not use any stud packets that have been opened previously or that are split. The contents of these packs are no longer sterile and may cause infection if used for this purpose, although they can be sold in the same way that other studs and earrings are sold for general use.

2.6.6 Possible medical implications

Clients should be advised that the placement of some piercings/implants may hinder the delivery of required medical interventions.

2.6.7 Cleaning, disinfection and sterilisation procedures for instruments

See part A, sections 5 and 6.

2.6.8 Record keeping

It is important to keep accurate records of every body piercing and body art procedure for each client. These records should include name, address, date, a description of the procedure and jewellery, and sterilisation information relevant to the instruments used. Accurate and detailed records are valuable to the body artist if there is any infection or possibility of a blood-borne virus transmission with the client. For example, in the case of a blood-borne virus, these records can be cross-checked for the probability for or against a reported infection as a result of a specific procedure.

See part A, sections 2.7 and 3.2, and part E, appendix 3.

2.6.9 Mobile body piercing

Due to the high risk of spreading infection with skin penetration procedures, mobile businesses are not permitted.

2.7 Body art – cleaning, disinfection and disposal schedule

Table 8 provides a summary schedule for both tattooing and body art equipment in terms of cleaning, disinfection and disposal.

Table 8: Body art equipment–cleaning, disinfection and disposal schedule

	Equipment	Reason	When	How	Additional information
High risk	Single-use razors	Potential for skin infections or blood-borne virus transmission	After each client	Dispose of into a sharps container.	See part A, section 2.4.1.
	Single-use needles	Potential for skin infections or blood-borne virus transmission	After each client	Dispose of into a sharps container	See part A, section 2.4.1.
	Single-use rubber bands	Potential for skin infections or blood-borne virus transmission	After each client	Dispose of into clinical and related waste container.	See part A, section 2.4.2. Rubber bands weaken through multiple sterilisations.
	Reusable instruments Jewellery (such as needle bar and tube, clamps, ring closers, and receiving tubes). Tattoo gun	Potential for skin infections or blood- borne virus transmission	After each client	Wash in warm water and detergent. Rinse in hot running water. Dry with lint-free cloth. Package with a chemical indicator and seal. Sterilise.	*Note:* Some jewellery will not withstand the sterilisation process. Some parts of the tattoo gun are not immersible. Use a lint-free cloth for all stages of the cleaning process. Store appropriately.
Intermediate risk	Shaving brushes (if used)	Risk of infection if previous client has skin lesions or infection	After each client	Rinse free of hair and shaving cream. Wash in warm water and detergent. Rinse in hot running water. Dry thoroughly.	*Note:* Brushes and plastic items will not withstand the sterilisation process.
	Nonimmersible equipment Electrical items	Potential for infection	After each client	Wipe over with cloth dampened in warm water and detergent. Rinse by wiping with cloth dampened in hot water. Dry thoroughly. Wipe over with cloth dampened with 70% alcohol solution and allow to dry.	Use a lint-free cloth for all stages of the cleaning process.

Table 8: Body art equipment–cleaning, disinfection and disposal schedule *continued*

	Equipment	Reason	When	How	Additional information
Low risk	Clippers	Potential for infection/ infestation	After each client	Use lint-free cloth to remove hair Wash in warm water and detergent Rinse in hot running water. Dry with lint-free cloth	Clippers become high risk if they penetrate or abrade the skin *Note:* Plastic clipper attachments will not withstand the sterilisation process.
	Single-use ink Wells/caps	Potential for infection	After each use	Dispose of into a clinical and related waste container.	Use once only. Some inkwells are reusable. See above note on reusable instruments for cleaning. Single-use inkwells are preferred.
	Single-use applicators	Potential for infection	After each use	Dispose of into an clinical and related waste container.	Use once only.
	Single-use skin markers	Potential for infection	After each use	Dispose of into a clinical and related waste container.	Use once only.
	Bottles/sprays/pump dispensers – Liquid soap – Water – Lotions – Creams – Gels	Potential for contamination	When empty	Wash in warm water and detergent. Rinse in hot running water. Dry thoroughly with lint-free cloth before refilling.	Never top up. Discard manufacturer's containers when empty.
	Dye-mixing bowls Shaving bowls	Potential for contamination	After each client	Wash in warm water and detergent. Rinse in hot running water. Dry with lint-free cloth.	Prevent residual dyes being mixed into new preparations.
	Equipment trolley	Prevention of dust from accumulating and contaminating clean equipment	Weekly	Use damp cloth to remove dust. Wash with warm water and detergent. Dry thoroughly with cloth before refilling.	Ensure items are in closed containers. Cover when not in use. Use a lint-free cloth for cleaning.

3. Hairdressing

3.1 General

Infection can occur during hairdressing procedures. Items such as razors, scissors, combs, clippers and hairpins can accidentally penetrate the skin. Blood and body fluids do not have to be visible on instruments, equipment or working surfaces for infection to be transmitted. Both clients and operators are at risk.

Operators should ask clients if they have any skin lesions such as prominent moles and require them to specify the location so appropriate care can be taken. If hairdressing premises perform other personal care and body art procedures, including skin penetration, then the operators should follow the relevant sections in these guidelines.

3.2 Risks

3.2.1 Infection

Infections that can be spread in hairdressing premises include skin infections on the scalp, face and neck such as impetigo (also known as school sores) and fungal infections such as tinea capitis and ringworm. These infections can spread when instruments and equipment used on clients are not cleaned between client sessions or are not handled or used in a hygienic manner, and when structural facilities such as furnishings and fittings are not kept clean and in good repair.

3.2.2 Blood-borne viruses

A risk of the transmission of a serious disease such as hepatitis B and C and HIV can occur when using razors, scissors or clippers, which can abrade the skin and/or cut accidentally. Contaminated instruments can transfer infection directly to the blood of another individual (for example, the operator or next client) if that individual has open cuts, sores or broken skin.

3.2.3 Other risks

Burns

Burns can occur during hairdressing procedures involving hot rollers, tongs and crimpers. They can also occur when hair is being washed with water that is too hot or when stationary or hand-held dryers are improperly used. Operators should be familiar with first aid procedures for burns (see part A, section 3.2.3).

Pediculosis or head lice

People get head lice from direct hair-to-hair contact with someone who has head lice. Head lice do not transmit any infectious diseases and there is no evidence to suggest that the environment is of significant concern in their transmission. They are fragile insects, easily killed by water temperatures greater than 60°C. No disinfection or fumigation of the salon is required. See www.health.vic.gov.au/headlice.

3.3 First aid and occupational exposure to blood

See part A, section 3.

3.4 General hairdressing equipment

3.4.1 Use and disposal of razors and blades

All razors and blades are considered to be contaminated with blood, body fluids or substances after use. Routine cleaning of razor blades is not adequate to minimise the risk of transmission of blood-borne diseases. The safest and most efficient way of preventing the spread of these diseases is to use single-use items.

Single use (disposable) razors

If the razor is a single-use type, then it must not be used again on another client and must be disposed of into a suitable sharps container immediately after use.

Single use (disposable) blades

Where a safety-type razor is used, remove the blade from the razor body, taking care not to cut yourself. Dispose of the blade as above. The blade holder must be cleaned and disinfected between clients. If contaminated, it must be sterilised or disposed of. Do not use the body of the razor again until these measures have been taken.

Electric razors

Electric razor blades are considered contaminated with blood, body fluids or substances after use in the same way that other razors and blades are contaminated. The blades, mesh and the blade mechanism housing are difficult to clean and will not withstand the sterilisation process. This difficulty is due to their design and the materials from which they are made. Debris from shaving, such as blood, hair and skin cells, have been found in the body and motor of electric razors. Electric razors are therefore not recommended for use on clients and should not be loaned to clients.

Razor haircutting

Razors should be used so the operator can see the blade at all times. Blades may scrape the skin and become contaminated. Razor blades used for hair cutting should be changed after each client, and the blade should be disposed of into a sharps container. The handle should be washed and dried after the blade has been removed; if contaminated, it also requires sterilisation. See part A, sections 5 and 6 and section 2.4.1.

3.4.2 Clippers

Clippers should be used in such a way that the operator can see the tip of the clippers at all times. Clippers, including those with plastic attachments, should be dismantled after each use and thoroughly cleaned before being used on another client. If contamination occurs, then the clipper blades must be dismantled, cleaned and sterilised. Plastic attachments must be disposed of into a sharps container.

3.4.3 Ultraviolet (UV) cabinets

These cabinets do not sterilise instruments and other articles placed in them because the UV radiation does not penetrate to all surfaces. Some viruses are not particularly susceptible to UV radiation, and UV cabinets are not suitable storage receptacles because the UV rays damage combs and brushes, and compromise sterile packaging. See part A, section 6.2 and 6.3.

3.5 Cleaning and sterilisation of hairdressing equipment

Over the years, many types of disinfecting solutions have been used in the hairdressing industry. The use of disinfectants requires operators to apply these solutions in strict accordance with the manufacturer's directions. Due to the problems experienced, the use of disinfecting solutions is not recommended.

Table 9 provides a guide on cleaning requirements for equipment commonly used in the hairdressing industry. The main references for the table are part A, sections 2, 5 and 6. Any item that accidentally penetrates or abrades the skin must be considered and dealt with as a high-risk category item. These items include, but are not limited to, scissors, combs, clippers, hair pins/clips and razors used for hair cutting. Any item dropped on the floor must be cleaned and dried, or discarded as per the table.

Table 9: Cleaning requirements for hairdressing equipment

	Equipment	Reason/risk	When	How	Additional information
High risk	Single-use razors	Potential for skin infections or blood-borne virus transmission	After each client	Dispose of into a sharps container.	See part A, section 2.4.1.
	Safety razors	Potential for skin infections or blood-borne virus transmission	After each client	Dispose of blade into sharps container. Wash handle in warm water and detergent. Rinse in hot running water. Dry with lint-free cloth. If contaminated sterilise or dispose of into a sharps container.	
	Electric razors	Potential for skin infections or blood-borne virus transmission	Do not use.		*Note:* Electric razors cannot withstand immersion or sterilisation
Intermediate risk	Shaving brushes	Potential for infection if previous client has facial skin lesions or infection	After each client	Rinse free of hair and shaving cream. Wash in warm water and detergent. Rinse in hot running water. Dry thoroughly.	*Note:* Brushes and plastic items will not withstand the sterilisation process.

Table 9: Cleaning requirements for hairdressing equipment *continued*

Low risk

Equipment	Reason/risk	When	How	Additional information
Scissors Clippers	Potential for infection or infestation	After each client	Use lint-free cloth to remove hair. Wash in warm water and detergent. Rinse in hot running water. Dry with lint-free cloth.	Scissors become high risk if they penetrate or abrade the skin. *Note:* Plastic clipper attachments will not withstand the sterilisation process.
Haircutting razors	Potential for infection or infestation	After each client	Sterilise or dispose of if blood is drawn. Dispose of blades into sharps container.	See above note on safety razors.
Combs Hair brushes Hairnets Neck brushes Ear caps Hair pins/clips	Potential for infection or infestation	After each client and when dropped on the floor	Use lint-free cloth to remove hair. Wash in warm water and detergent. Rinse in hot running water. Dry with lint-free cloth.	*Note:* Brushes and plastic items will not withstand the sterilisation process. Dispose of any piece of equipment that pierces the client's skin into a sharps container.
Rollers – Regular – Hot – Hot tongs – Crimpers	Potential for infection or infestation	After each client and when dropped on the floor	Use lint-free cloth to remove hair. Wash in warm water and detergent. Rinse in hot running water. Dry with lint-free cloth.	Store in covered containers. For a risk of burns, see part A, section 3.2.
Bottles – Shampoo – Conditioner Shaving bowls	Potential for contamination	When empty	Wash in warm water and detergent. Rinse in hot running water. Dry thoroughly with lint-free cloth before refilling.	Never top up.
Dye mixing bowls	Potential for contamination	When empty	Wash in warm water and detergent. Rinse in hot running water. Dry with lint-free cloth.	Prevent residual dyes from being mixed into new preparations.
Capes/wraps	Potential for infection if previous client has neck skin lesions or infection	After each client unless a clean towel or paper tape is used around neck	Wash in warm water and detergent. Rinse in hot running water. Dry according to type of material.	Launder–see part A, section 2.3.5. Use a clean towel or paper tape around neck.
Equipment trolley	Prevention of dust and hairs from accumulating or contaminating clean equipment	Weekly	Use lint-free cloth to remove hair. Wash with warm water and detergent. Dry thoroughly with lint-free cloth before refilling.	Ensure items such as rollers are in closed containers. Cover when not in use.

3.6 Mobile hairdressing

Mobile hairdressers must register their principle place of business (for example, their residence) with local government. They should comply with these guidelines, thus maintaining the cleanliness of equipment and personal hygiene standards. For example, the use of impervious and easily cleanable containers with lids for transporting equipment. If additional procedures are undertaken, such as hair removal using wax, then the operators should follow the relevant sections of these guidelines.

4. Colonic irrigation

4.1 General

Colonic irrigation is also known as colonics, colonic lavage, colon irrigation, high colonic or colon hydrotherapy. The practice involves cleansing the entire colon from the rectum to the caecum using filtered and temperature-regulated warm water, which enters and exits the colon through tubes connected to a rectal catheter.

Various forms of colonic therapy have been used over the centuries. The practice is based on the belief that irrigating the bowel cleanses the body of toxins, improves overall colon function, reduces gas and fever, controls infection, eliminates disease and relieves constipation, skin problems, sinus, backache, headache, fatigue, bad breath, coated tongue, indigestion and bloating.

If equipment is not sterile and infection control procedures are not followed, then there is the potential for transmission of bowel infections (including hepatitis A), as well as blood-borne viruses such as hepatitis B and C and HIV. There is also the potential for serious injury.

Victoria's *Health Act 1958* has no provisions requiring a colonic irrigation business to register with local government. These guidelines have been produced to assist operators to implement infection control requirements and safe practices.

4.2 The procedure

The first stage of a colonic irrigation procedure involves massage of the lower abdominal area. The operator or the client gently inserts a sterile single-use catheter into the rectum. Filtered, gravity- or pressure-fed and temperature-regulated warm water (and occasionally herbs or oxygen, for ozone therapy) is gradually introduced into the colon, and natural evacuation of faeces occurs. Where the intention is to use additives, the operator should check with the client before any procedure that the client does not have any allergies to the proposed substance. In addition, care should be taken to ensure the system's tubing does not become blocked during the procedure. A single session lasts 30–45 minutes and uses 18–20 litres of water.

Water temperature must be regulated to normal body temperature to prevent thermal shock or scalding. The temperature of the water delivery should be 34–40ºC and should never exceed 40ºC. Normal body temperature (37.6ºC) should be the guide.

A water-based lubricant in a single-use sachet is recommended to assist catheter insertion. Single-use gloves should be worn by the operator when assisting a client to insert a catheter, and discarded immediately. If the client is positioning the catheter, then they should be provided with single-use gloves and wipes. Wipes or gloves should be discarded into the clinical and related waste bin. Care should be taken to avoid cross-contamination.

Operators should wear personal protective equipment, including a clean plastic apron and single-use gloves when cleaning the equipment and environment after the session. Operators should keep themselves and their clothing clean, and have no

exposed cuts, abrasions or wounds. Hands must be washed and thoroughly dried immediately before regloving before the procedure and on completion of the procedure (see part A, section 3.4).

Colonic irrigation differs from the enema currently used in the health care environment. Enemas use small amounts of electrolyte-based solutions to cleanse the small bowel before surgery and to assist in faecal disimpaction procedures. Protocols for urgent medical assistance should be in place (see part A, section 3.2).

4.3 Risks

People who have acute or chronic illnesses, are suffering from diarrhoea or are immunocompromised should seek medical advice before undertaking any colonic irrigation procedure. Potential risks for any client include:

- infection due to unsterile equipment or equipment that permits backflow of faecal material to the water system
- trauma to the colon, such as ulceration or perforation; exacerbation of chronic bowel disease such as diverticulitis, Crohn's disease or haemorrhoids; and thermal shock or scalding if controls regulating the water temperature fail
- a reduced capacity to control bowel movements for a period of time after the procedure
- the removal of normal intestinal flora, which may lead to such problems as gastrointestinal infections.

4.4 Set-up

See part A, sections 2.2 and 2.3. The procedure room should:

- be as hygienic as possible and protect the operator and the client from disease transmission
- have adequate ventilation, heating and cooling to ensure patient comfort (although moveable floor heating/cooling units should not be used because they constitute a safety hazard due to the presence of fluids)
- have smooth, impervious and washable floors
- be fitted with a hands-free hand basin with hot and cold running water supplied through a single outlet, liquid soap and paper towels
- have a toilet for the exclusive use of the client, located in the procedure room or as an en suite
- have an en-suite shower
- have paper towel on client couch
- have paper towel for each client to clean himself/herself after the irrigation procedure

- have two waste receptacles: one for clinical and related waste (for any item contaminated with blood) and the other for other single use items.

Clean and comfortable facilities should be made available for the client to change, and clean gowns, robes and towels should be provided. Separate toilets should be made available for public and staff use.

4.5 Equipment

Colonic irrigation equipment should have an Australian Register of Therapeutic Goods inclusion number. Policies and procedures for safe operation must be in place, and operators must follow the manufacturer's instructions, including maintenance procedures.

Under no circumstances should the colonic irrigation equipment be connected directly to a potable water supply system. A direct connection could result in: (a) serious (and possibly fatal) injury to a client due to application of mains pressure; and (b) under abnormal supply conditions (such as a sudden drop in mains water pressure), contamination of the potable water supply with faecal material. The following practices are also important.

- Controls should be placed so clients are unable to alter settings once the procedure commences.
- Suitable water filters (1–20 microns filtration) should be fitted to all systems to reduce/remove particulate matter. The water must be filtered before entering the storage tank. The filter elements must be replaced at the manufacturer's recommended intervals and as necessary. (It may also be necessary to install a pump to ensure adequate water flow to the storage tank.)
- For a gravity-fed system, the minimum vertical distance between the top of the couch and the tank outlet spigot should be 650 millimetres and the maximum distance between the couch top and the upper level of water in the feed tank should be 1300 millimetres.
- There should not be pumps, other pressure-enhancing devices or suction facilities on the client side of the tank. Mechanisms for regulating water temperature must be installed at the mains and the tank.
- The use of single-use tubing is recommended (AS/NZS 4815:2001, page 23). All reusable tubing poses a challenge to cleaning processes, and the cleaning processes have the potential to generate infectious aerosols (particularly given that tubing is difficult to sterilise). If equipment tubing requires lubrication, then each end should be moistened with water before connection.
- If UV light is used, then it must be fitted with screening to protect the client, because it can damage the skin and retina.

4.5.1 Catheters

Catheters must be sterile and single use only. Operators should purchase only items that are on the Register of Therapeutic Goods, and they should ask suppliers for the Australian Register of Therapeutic Goods number.

4.5.2 Plumbing/sewage disposal

The consent of the local water authority must be sought before the installation of any colonic system, and installation must conform with the standards of the Plumbing Industry Commission (Victoria) and Standards Australia:

- Australian Standard/New Zealand Standard (AS/NZS) 3500.1:2003 Plumbing and drainage – Water services
- AS/NZS 3500.2:2003 Plumbing and drainage – Sanitary plumbing and drainage
- AS/NZS 3500.4:2003 Plumbing and drainage – Heated water services.

The following practices are also important.

- All plumbing should be easily accessible.
- The system must be odourless and prevent backflow to, and subsequent contamination of, mains water.
- A reduced pressure zone device (RPZD) should be fitted on the water supply line to the colonic equipment.
- Water authorities may also require a RPZD to be fitted at the water meter outlet to contain any possible backflow within the property.
- The storage tank should be vented to atmosphere. Gravity-fed tanks create a physical air gap, known as a registered air break, to prevent backflow.
- The treatment bed must be equipped with nonreturn and pressure-reducing valves to prevent backflow of faecal material.
- All waste must be discharged to a sewer, and there must be approval for this connection.
- A pressure hose should be available to clean the system.
- Hot water installations must deliver water at the outlet of all sanitary fixtures used primarily for personal hygiene at a temperature to ensure scalding does not occur.
- Hot water is to be stored at 60°C to inhibit the growth of Legionella bacteria.

4.6 Waste disposal, cleaning and disinfection procedures

See part A, sections 2.4, 3.4, 4 and 5.

4.6.1 Disinfectants

Hospital-grade disinfectants should be used in colonic irrigation premises for the couch, the external irrigation system and en-suite facilities. The internal water tank should be disinfected using a 5 per cent solution of sodium hypochlorite (chlorine). This solution should be left for 10 minutes and then rinsed thoroughly using at least two tanks full of water.

A 5 per cent chlorine solution can be obtained by either:

- 450 millilitres per 4.5 litre tank of a commercial product (for example, laundry bleach with 4–5 per cent available chlorine), or
- 225 millilitres per 4.5 litre tank of sodium hypochlorite (12 per cent available chlorine, but usually accepted as 10 per cent available chlorine).

Table 10 outlines a recommended cleaning, disinfection and disposal schedule.

Table 10: Colonic irrigation–cleaning, disinfection, and disposal schedule

	Equipment	Reason/risk	When	How	Additional information
High risk	Catheter Gloves	Faecal material harbours microorganisms.	Immediately after use	Use sterile rectal catheters only. ↓ Dispose of immediately after use.	Catheters and gloves are single use only, so cannot be cleaned and disinfected. If contaminated with blood dispose of in the clinical and related waste bin.
	Procedure couch En-suite toilet En-suite shower Hand-wash basins		After each client and daily As above As above As above	Wash with warm water and detergent and dry. ↓ Wipe over with a hospital-grade surface disinfectant.	Wear personal protective equipment when cleaning.

Table 10: Colonic irrigation–cleaning, disinfection, and disposal schedule *continued*

	Equipment	Reason/risk	When	How	Additional information
Intermediate risk	Single-use towels	Potential hazard	Immediately after use	Dispose of into clinical and related waste bin.	
	Linen		After each client	Wash in hot water (70–80°C) and detergent. ↓ Dry in open air or in clothes dryer on hot setting.	Place into washable leak-proof linen bin before laundering.
	Procedure room – Floors – Walls		Daily After each client Weekly and when visibly soiled	Wash with warm water and detergent and dry. ↓ Wipe over with a hospital grade surface disinfectant.	Wear personal protective equipment when cleaning.
Low risk	Operator personal protective equipment	Potential hazard	Daily and when soiled	See linen section above	Wear personal protective equipment when cleaning.
	External tank equipment		Weekly	Wash with warm water and detergent and dry. ↓ Wipe over with a hospital-grade surface disinfectant.	
	Internal water tank		Weekly	Fill tank with sodium hypochlorite solution. ↓ Leave 10 minutes. ↓ Rinse thoroughly using two tank fulls of water. (Also see disinfection section above)	Sodium hypochlorite is corrosive, leading to rinsing requirements.

4.7 Records

All client consultations should be conducted in privacy, particularly when taking a client history. A record should be kept of all staff, including name, date of birth, gender, home address and contact telephone numbers. The responsibilities of each staff member should also be documented.

Clients should read and sign a consent form, which contains details of name, address, age, medical history and other relevant information. An example is attached in part E, appendix 3. These forms and details of further procedures and progress should be kept in a secure location for at least seven years since the last visit or, in the case of minors, seven years after the client reaches the age of 18 years (that is, until 25 years of age). Clearly written after-care instructions should be given to all clients.

The operator should also record incidents of bleeding, complaints of pain, any required treatment or the need to seek medical treatment. If a client has been referred from another source, then a report of the treatment results, observations and recommendations should be recorded. All records should be kept confidential.

When the operator becomes aware of any infection, complication or disease resulting from any colonic irrigation procedure, these should be reported to the local government environmental health officer or the Department of Human Services within 24 hours. In the event of an investigation, the records should be made available on request to local environmental health officers and the department officers, who will deal with them according to State privacy legislation.

5. Physical therapies

Under the current Health Act (1958) the following practices do not require registration with local government. The information provided relates to general hygiene in minimising the risk and the spread of potentially harmful microorganisms that may lead to infection. Adoption of the outlined information is encouraged.

5.1 Massage

In performing various massage therapies, the operator needs to assess all possible infection risks and to consult their professional organisation. See the following sections for appropriate procedures to reduce the potential for the transmission of infection:

- hands–see part A, section 3.3
- surfaces–see part A, section 4.2.2
- linen–see part A, section 2.3.5
- oils/creams–see part A, section 2.5.

5.2 Solaria

Guidelines for the installation, maintenance and operation of solaria are outlined in AS/NZS 2635:2002 Solaria for cosmetic purposes. The standard seeks to increase the levels of safety associated with the use of solaria. The Department of Human Services recommends compliance. The following are key requirements of the standard.

5.2.1 Age limit

It is recommended that an operator does not allow an individual under the age of 18 years to use a sun-tanning unit without parental or guardian consent. Any individual under the age of 15 years is strictly not permitted.

5.2.2 Warning notices

Commercial premises should place one or more notices (of A4-size paper) presenting the following information (in legible print) within the immediate view of every client entering the premises and in each sun-tanning unit cubicle.

- Exposure to ultraviolet radiation from a sun-tanning unit contributes to the skin-ageing process and may cause skin cancer.
- People with fair skin and who are unable to tan should not use a sun-tanning unit.
- Intentional exposure to sunlight or a sun-tanning unit should be avoided for 48 hours after sun-tanning exposure.
- Protective goggles should be worn at all times while undergoing sun-tanning unit exposure.
- Age restrictions as discussed above.

5.2.3 Client consent form

Prior to the commencement of tanning sessions, the solarium operator should hand a consent form (appendix A of AS/NZS 2635:2002) to the client. This consent form advises clients of the first four points under part B, section 5.2.2 and also of risks of certain medical conditions and medications.

The solarium operator should ensure the following practices.

- The client signs and dates the form.
- The client returns the signed and dated form before the commencement of the first tanning session in the premises.
- The original signed and dated form is filed in the records of the premises for a period of not less than two years.
- A copy of the signed and dated form is handed to the client.

5.2.4 Measurements

The standard recommends that measurement of ultraviolet radiation levels of solaria occur immediately after the commissioning or replacement of any item of sun-tanning equipment that is not to the original manufacturer's specification. It is therefore important to use only items of equipment (including lamps) that comply with the manufacturer's specifications.

5.2.5 Maximum exposure times

The standard has technical exposure limits based on various skin types. These ensure no individual suffers erythema (skin reddening) as a result of ultraviolet exposure in a solarium.

5.2.6 Maximum repeat exposure

Repeat exposures should not be undertaken sooner than 48 hours after the previous exposure.

5.2.7 Promotion

Claims of noncosmetic health benefits should not be made in the promotion of sun-tanning unit use.

5.2.8 Skin type exclusion

Individuals with skin type 1 (fair skin that always burns, never tans and is often accompanied by red hair and freckles) should not be allowed to use a sun-tanning unit.

5.2.9 Hygiene

Any part of a surface of a sun-tanning unit that is subject to body contact, including protective goggles, should be either cleaned and disinfected or, if disposable, completely replaced after the solaria unit has been used by any individual (see part A, section 4.2.2).

5.2.10 Supervision

In commercial premises, all sun-tanning unit use by any client of the premises should be subject to supervision by a trained operator at all times.

5.2.11 Solarium operator training

Any individual who is supervising the operation of a solarium or sun-tanning unit should be properly trained in the following:

- requirements of the standard and their practical implementation
- the proper determination of skin types and exposure times
- the proper screening for potential exposure limiting conditions
- emergency procedures in case of overexposure to ultraviolet light
- the types and wavelength of ultraviolet light
- proper procedures for cleaning and disinfecting protective eyewear and tanning equipment.

5.2.12 Unstaffed, coin-operated premises

Unsupervised, self-service solaria do not meet the standard and therefore are not recommended for use.

5.3 Saunas

The main infection risk relates to the surfaces of the sauna. Operators should ensure surfaces are kept clean. Only nonabrasive cleaners should be used (see part A, section 4.2.2). Clients should be encouraged to use a clean towel for sitting or lying on while using the sauna. If the operator provides towels, they should be handled accordingly once used (see part A, section 2.3.5).

5.4 Flotation tanks

The main infection risk for floatation tanks is the salt water that is reused between clients. Operators should ensure both internal and external surfaces are kept clean, using nonabrasive cleaners to remove scum and to prevent corrosion caused by splashing of the highly concentrated salt water (see part A, section 4.2.2). Regular maintenance should include checking the filters.

When applying oils or creams to protect the skin from the concentrated salt water, appropriate dispensing procedures should be used (see part A, section 2.5).

5.5 Spas and pools

Pools and spas are required to comply with the Health (Infectious Diseases) Regulations 2001, part 7 (public spa pools and public swimming pools).

5.6 Gymnasium equipment

Daily cleaning of the gymnasium environment and its equipment is important to prevent the spread of infection and provide a safe environment for users and staff. Additional cleaning is required immediately when and where any person has sweated profusely.

Bacteria such as *Staphylococcus aureus* (golden staph) can cause conjunctivitis and skin infections when transferred from inadequately cleaned equipment and reusable towels. The spread of infection is assisted by the reuse of a single towel for cleaning and by the use of the gymnasium user's own towel to wipe down equipment. Supplied reusable towels should be used only once and placed in a receptacle for laundering (see part A, section 2.3.5).

The following cleaning equipment should be readily available for gymnasium users or staff:

- a solution of warm water and detergent in a pour bottle
- paper towels for cleaning and drying equipment

There should be a receptacle for the disposal of used paper towels. Facilities should be available for users and staff to wash their hands after cleaning or wiping down equipment (see part A, sections 2.3.1).

5.7 Alternative therapies

There is an abundance of alternative therapies, including naturopathy, aromatherapy, homeopathy and ear candling. It is important for the operator to consider all possible infection risks and, if possible, consult their professional organisation. If those therapies consites of procedures that penetrate the skin then premises must be registered and guidelines for skin penetration (part B, section2) should be followed. See the following sections for appropriate procedures to reduce the potential for infection transmission:

- hands–see part A, section 3.3
- surfaces–see part A, section 4.2.2
- linen–see part A, section 2.3.5
- oils/creams–see part A, section 2.5.

Part C: Risk management

1. Information

The *Health Act 1958* and the Health (Infectious Diseases) Regulations 2001 are designed to protect public health. To comply with public health legislation, it is good practice for proprietors to establish a risk-based approach to their operation by identifying potential hazards and ways in which these hazards can be controlled. This system is already well established in the food industry and can be adapted to suit other industries.

2. Records

Accurate records are invaluable if infection problems occur and may assist the operator when investigations are conducted – for example, for verifying procedures performed, when they were performed and on whom.

Records should include, but are not limited to, the following:

- client records: name, address and contact number, date and type of procedures, instruments used
- sterilisation: maintenance, cycle and validation
- occupational exposure
- staff immunisation
- cleaning: environment, equipment, instruments and steriliser
- maintenance schedule: instruments, steriliser and equipment
- staff training and qualifications
- sick leave
- client complaints
- stock movement
- laundry
- hazardous chemicals
- business records.

It is important to maintain records for each control point achieved and each corrective action taken (if applicable). For example, the records maintained for the sterilisation process would be the time, temperature and pressure achieved for each sterilisation cycle. If corrective action is required, then this should also be recorded together with the date, the corrective action taken and the cause of the failure.

3. Risk analysis

The following steps should be taken to establish a risk-based system for business premises.

3.1 Identifying potential hazards

To identify potential hazards, an operator needs to examine each step in the operation of the business's practices and, for each step, identify the things that could go wrong. A hazard consists of the potential to cause harm to the client or operator, and can be biological (for example, infection caused by bacteria, viruses), chemical (for example, toxic tattooing ink), physical (for example, broken glass) or radiological (for example, a laser used incorrectly). The majority of hazards encountered are usually biological.

The following list shows the work practices that need to be examined for potential hazards. This list is not exhaustive, and individual businesses may identify other areas of hazard.

3.1.1 Premises design

- Workflow
- Personal hygiene facilities
- Cleaning facilities

3.1.2 Cleaning of premises

- Cleaning equipment
- Detergents
- Areas: client procedure, equipment cleaning, reception areas
- Methods of cleaning

3.1.3 Sterilisation

- Sorting of instruments
- Cleaning of instruments
- Packing
- Loading
- Sterilisation process
- Unloading the steriliser

3.1.4 Storage and handling of all stock

The consistent sterility of stock is event related (see part D, 'Glossary'; part A, section 6.3; AS/NZS 4815, section 9) and does not rely on a specific date or time frame. Consider the following points when storing and handling stock:

- packaging
- date marking
- storage conditions
- stock rotation

3.1.5 Waste control

- Segregation of waste at its source
- Use of sharps containers at the point of use of sharps
- Use of clinical and related waste bins or bags
- Use of clearly labelled, puncture-proof containers with close-fitting lids
- Correct storage of all types of waste awaiting collection

3.1.6 Specific practices

- The development and documentation of policies and procedures for all work practices related to the business, such as the use of wax and the sterilisation of needles and instruments
- Education of all staff in these practices
- Cleaning practices

3.2 Controls

Once hazards have been identified, controls should be established for each hazard. Controls are ways of reducing risks to a safe level or removing the risks completely. For example, one identifiable hazard in tattooing is the sterilisation of tattooing needles. The control is to achieve sterilisation via the correct time, temperature and pressure parameters or via the use of single-use products.

3.3 Corrective action

Corrective action is the action that must be taken if the control is not achieved. If, for example, the correct time, temperature and pressure parameters are not met for needles (which are going to be used for tattooing), then the instruments must be reprocessed (re-cleaned, re-packed and re-sterilised) before use.

3.4 Verification

It is important to monitor the system to ensure it is working effectively. For the example cited above, a steriliser should be serviced annually and calibrated by a NATA-certified service person. Keep a record of the date of service and the calibration results.

3.5 Risk analysis chart

Part E, appendix 2 has a sample risk analysis chart. The hazards identified in this chart are only examples: additional hazards may be present in a business's premises.

3.6 Audit tool

Part E, appendix 3 contains an audit tool for use by local government environmental health officers inspecting establishments where skin penetration is performed.

Part D: Glossary

The following definitions apply throughout these guidelines.

aerosol

A substance enclosed under pressure and released as a fine spray by means of a propellant gas. In chemistry terms, it is a colloidal suspension of particles dispersed in air or gas. In medical terms, it also means the fine particles that are emitted after coughing and that may be a vehicle for transmitting infection.

aluminium foil test

A test of the performance of the ultrasonic cleaner transducer

applicator

A term referring to both single-use and reusable spatulas or similar devices

asepsis

The prevention of microbial contamination of living tissues or sterile items by excluding, removing or killing microorganisms

aseptic or non touch technique

Those practices that reduce the risk of post-procedure infections in clients by decreasing the likelihood that microorganisms will enter tissues during an invasive procedure (Aseptic means the object is 'without microorganisms'.)

batch principle

One designated cycle of a steriliser, which enables the tracing of the item or problem(s) to the source

benchtop steam steriliser

A self-contained, portable, electrically heated machine that has an integral water storage reservoir, generates saturated steam at selected temperatures up to 134°C by an electrical heating unit within or on the sterilising chamber, and may be designed to dry wrapped items

bioburden

The number and types of microorganism present on an item

biofilm

On the surface of an instrument, a layer of material that contains biological materials and, in which, microorganisms may be embedded

biological indicator

An inoculated carrier (on which a defined number of test microorganisms have been deposited) contained within its primary pack, ready for use, which provides a defined resistance to the specified sterilisation process

body fluids

Blood, mucous, sweat, oil, saliva, urine, ooze from a festering sore, tears

Bowie Dick test

An air detector test for pre-vacuum sterilisers. Air must be completely eliminated from the steriliser chamber to achieve effective sterilisation in the given time, temperature and pressure parameters. The presence of residual air inhibits the sterilisation process.

calibration

The comparison of a measurement system or device of unknown accuracy to a measurement system or device of a known accuracy, to detect, correlate, report or eliminate by adjustment any variation from the required performance limits of the unverified measurement system or device

chemical indicator

A system that reveals a change in one or more defined process variables based on a chemical or physical change resulting from exposure to a process

cleaning

The removal of soiled matter (including organic material) and the reduction of the number of microorganisms from the surface of an item using detergent and running water

clinical and related waste

Waste generated in a clinical or similar setting that has the potential to cause disease, injury or public offence. Examples of clinical and related waste include: human blood and body fluids other than urine or faeces; any body fluid, materials or equipment containing urine or faeces where there is visible blood; human tissue, including teeth but not hair and nails; materials or equipment containing human blood or body fluids other than urine or faeces.

commissioning

Documenting of evidence that equipment has been provided and installed in accordance with its specification and that it functions within predetermined limits when operated in accordance with the manufacturer's instructions

condensation

The process by which steam condenses to form water during the steam sterilisation process

contamination

The spread of microorganisms. It can be physical or chemical.

control
The reduction of a risk to a safe level. Also, the means to remove the risk completely

corrective action
Action to be taken if the control for a particular hazard is not achieved

detergent
A substance that enhances the cleansing action of water (preferably warm/hot) or another liquid

disinfectant
A chemical liquid that destroys all bacteria and other microorganisms except bacterial spores

disinfection
The inactivation of all microorganisms except bacterial spores by chemical or thermal (heat and water or boiling) means

dispensing container
A container that releases a product

disposable gloves
Single-use gloves that are disposed of after each use

drying cycle
The stage in the steam steriliser cycle during which the items in the chamber are dried. This stage occurs immediately following the sterilisation stage, while the steriliser chamber remains sealed. A typical sterilisation cycle that can achieve drying comprises several stages: air removal, sterilisation, exhaust, drying and return to atmospheric pressure.

electrolysis
Passing a fine probe down the hair follicle without breaking the skin. When the probe is in position, the correct amount of one or both currents is applied. The following three methods are commonly used by beauty therapists:

1. thermolysis. Radio waves are used to generate heat. The effect is to coagulate the papilla (blood supply) to prevent it from feeding the bulb. This prevents the follicle from producing more hairs.

2. electrolysis. This is a direct current (galvanic). When applied through the probe, it produces a chemical called 'lye', which destroys the growing cells and the papilla.

3. the blend. This electrolysis approach combines both of the above for efficiency and comfort.

environmental health officer

An authorised officer employed by either local government or the Department of Human Services

enzymatic indicator

An indicator that uses detection of a spore-derived enzyme rather than the conventional observation of visible organism growth in culture media

event-related sterility

The application of stock storage based on events rather than on time. The continued sterility of stock is related to events that affect the packaging and contents, including:

- the shelf life of the type of packaging materials used
- the type of storage and handling conditions
- possible damage to the packaging from contents such as sharp items
- the likelihood of product material deterioration
- packaging design.

The dating of sterile stock is to aid the rotation of stock so older stock is used first. This reduces the time for which stock is on the shelf and reduces the opportunities for damage to the packaging due to poor storage conditions.

HACCP

Hazard analysis and critical control points

hazard

A danger or risk to the client and operator through an unsafe environment or procedure

high risk instrument

A device that penetrates skin

holding time

The minimum time at a given temperature that has been established to destroy all microorganisms

hygienic

An environment in which protective measures have been taken to limit the spread of infectious diseases

infection

Invasion and multiplication of microorganisms in body tissue

infection control and prevention
Minimisation of the risk of spreading or preventing infection

instrument
An appliance, apparatus or tool (including a needle)

intermediate risk instrument
An instrument that comes into contact with intact mucous membranes or broken skin

kilopascals
The measurement of pressure for steam sterilisation: 1 kilopascal = 1,000 Newtons per square metre

laser
An instrument that generates an intense narrow beam of coherent monochromatic light by stimulating the emission of photons from excited atoms or molecules. For the health and beauty industries, the relevant classes of laser are Class 3B and Class 4.

low-risk instrument
A device that comes into contact with intact skin

material safety data sheet
A sheet that provides information on the chemical composition of a product, safety precautions and the occupational health and safety requirements for use, first aid and the disposal of the specified chemical

monitoring
A programmed series of challenges and checks, repeated periodically and carried out according to a documented protocol, which demonstrates that the process being studied is both reliable and repeatable (for example, steriliser cycles)

mucous membrane
Thin elastic tissue that lines cavities connected with the skin–for example, the eyes or mouth

occupational exposure
When an operator is exposed to something harmful in fulfilling the duties of his or her job

operator
A person who carries out a procedure associated with the business of health and beauty, tattooing or body piercing

parametric release

The declaration of a product as sterile, based on physical or chemical (or both) process data, rather than on sample testing or biological indicator results–for example, the time, temperature and pressure relationships in steam sterilisation

penetration time

The time required for every part of a load to reach the selected sterilising temperature after that temperature has been reached in the sterilising chamber

porous load steriliser

A steriliser suitable for bundles and packs (porous materials), and equipped with a drying cycle

personal protective equipment

The equipment to be worn when performing duties that may involve possible occupational exposure to blood, splashing or aerosols from cleaning processes–for example, masks, goggles, gloves and aprons

pressure

The continuous physical force exerted on or against an object by something in contact with it, measured in these guidelines by kilopascals

process challenge device

An item designed to assess the performance of the sterilisation process. It simulates the product to be sterilised and constitutes a defined challenge to the process.

proprietor

The person or company to which the premises are registered under the *Health Act 1958*. This may be the owner of the business, or the actual premises. The proprietor is the legal entity responsible for all practices occurring within the premises.

related waste

Those pharmaceuticals that have reached their use-by date, such as chemical disinfectants and antiseptic solutions used for skin cleansing before procedures–for example, solutions containing ethyl alcohol and/or chlorhexidine. The Environmental Protection Authority requires all pharmaceutical waste to be incinerated. Proprietors/operators should obtain suitable containers from an approved waste disposal contractor who will arrange incineration. Disposal via the sewer or general waste IS NOT an approved method of disposal.

reusable

An instrument designated or intended by the manufacturer as suitable for reprocessing and reuse. It is not a device that the manufacturer designates or intends for single-use only.

revalidation
The repetition of part or all of the validation test requirements to reconfirm process reliability

safety factor
The extra time added to the holding time to ensure sterilisation is achieved. A precautionary measure, it is calculated as 25 per cent of the holding time.

sharp
A sharp instrument that is designed to penetrate skin or mucous membrane–for example, a needle or scalpel

single-use
An instrument or glove designed and labelled for one use only. It must be immediately discarded after use.

skin penetration procedure
Any process involving the piercing, cutting, puncturing, tearing or shaving of the skin or mucous membrane

soil
Visible dirt or debris that may protect, harbour or assist the growth of microorganisms. It may include organic matter, organic substances, residual soil, inorganic matter, blood and body fluids.

solute
A substance dissolved in a liquid

solution
A mixture of one or more solutes dissolved in a solvent

solvent
The substance in which a solute dissolves to produce a mixture

spore
A minute, typically single-celled, reproductive unit characteristic of lower plants, fungi, protozoans and bacteria capable of giving rise to a new individual without sexual fusion

standard precautions
Work practices that require everyone to assume that all blood and body fluids are potential sources of infection, independent of perceived risk. Such precautions involve the use of safe work practices and protective barriers, and the safe disposal of body substances and soiled material.

sterile

The state of being free from viable microorganisms, including bacterial spores

sterile gloves

Single-use gloves that are sterile at the time of use. They must come from a package that labels the gloves as being sterile.

sterilisation

The validated process used to render a product free of all forms of viable microorganisms

sterilisation cycle

A defined sequence of operational steps to achieve sterilisation that are carried out in a sealed chamber

sterilisation time

The total time of the sterilisation stage after the load in the sterilising chamber has reached sterilising conditions (penetration time plus holding time plus safety factor)

sterilising agent

The medium used for the sterilising process.

temperature

The degree or intensity of heat under pressure in a substance or object. It is measured in these guidelines by degrees Celsius. *Sensible heat* is the quantity of heat that is required to raise the temperature of water to boiling point. *Latent heat* is the additional heat that is absorbed when boiling water is converted to steam at the same temperature (100ºC at atmospheric pressure).

ultrasonic cleaner

A machine that can be used instead of manual cleaning. It works by subjecting instruments to high-frequency, high-energy sound waves, loosening or dislodging soil. The soil either drops to the bottom of the tank or is loosened for removal during the rinsing process.

validation

The documented procedure for obtaining, recording and interpreting the results required to establish that a process will consistently yield a product complying with predetermined specification (see AS/NZS 4815:2001 and part E, appendix 3)

wax

1. *Strip wax.* Wax applied to the skin in a thin layer and removed using single-use paper/cloth strips. These strips are applied to the wax with minimal pressure to assist the wax to adhere to the strips.

2. *Hot wax.* Wax applied in a thick layer using a circular motion to create adhesion of the hairs, then left to cool minimally before being peeled off. The used wax is heated (for approximately $1^{1}/_{2}$ hours) to a temperature of 125ºC (pouring consistency melting point is 80ºC) so it can be strained of hairs and skin debris. It is strained using a fine mesh strainer and gauze. The gauze should be discarded in the clinical and related waste bin.

weight/weight (w/w)

Number of grams of solute per 100 grams of solution (or mixture)

weight/volume (w/v)

Number of grams of solute per 100 millilitres of solution (or mixture)

volume/volume (v/v)

Number of millilitres of solute per 100 millilitres of solution (or mixture)

wet steam

Steam that contains minute drops of water due to condensation. It inhibits the release of latent heat (energy), which is necessary to achieve sterilising conditions.

Part E: Appendices

Appendix 1: Extract from the Health (Infectious Diseases) Regulations 2001

The following is an extract of the section relating to registered premises. This extract should be used in conjunction with the full set of Regulations where applicable.

Part 5: Provisions relating to business and premises registered under section 366C of the Act

Division 1: Definitions

22. Definitions

In this Part:

"**article**" means any appliance, instrument, container, applicator, cosmetic, dye, dressing or thing used in connection with a business;

"**business**" means a business referred to in section 366C(1) of the Act;

"**premises**" means any premises upon which a business is conducted.

Division 2: Cleanliness

23. Cleanliness of premises

(1) The proprietor of a business or the person in charge of premises must ensure that the premises are kept in a clean and hygienic state.

Penalty: 20 penalty units.

(2) Sub-regulation (1) does not apply to premises if the proprietor conducts a business which is prescribed as an exempt business by regulation 5 of the Health (Exempt Businesses) Regulations 2000

24. Cleanliness of equipment

(1) The proprietor of a business or the person in charge of premises must ensure that:

(a) an article intended to be used for penetrating the skin of a person is sterile at the time of use; and

(b) an article which has penetrated the skin of a person or is contaminated with blood is:

(i) destroyed or disposed of immediately in such a manner as to prevent the infection of any other person; or

(ii) sterilised in accordance with sub-regulation (2) before it is used on any other person; and

(c) any other article is clean before it is used on a person.

Penalty: 20 penalty units.

(2) An article is sterilised for the purposes of sub-regulation (1)(b)(ii) if the article has been:

(a) thoroughly cleaned and rinsed, then sterilised by the use of steam under pressure:

(i) at 121°C for 15 minutes at a pressure of 103 kilopascals; or

(ii) at 126°C for 10 minutes at a pressure of 138 kilopascals; or

(iii) at 132°C for 4 minutes at a pressure of 186 kilopascals; or

(iv) at 134°C for 3 minutes at a pressure of 206 kilopascals; or

(b) thoroughly cleaned and rinsed, then sterilised by the use of dry heat at 160° for a minimum of 120 minutes; or

(c) taken from a sealed container that bares a label stating that the contents are sterile.

25. Personal hygiene

The proprietor of a business or the person in charge of premises must ensure that each person in the business who is engaged in carrying out any hairdressing or beauty or similar process on any other person or any tattooing, ear piercing, acupuncture or other process involving the penetration of the skin of any other person:

(a) is clean; and

(b) has no exposed cuts, abrasions or wounds-

before carrying out the process.

Penalty: 20 penalty units

Division 3: Provision of information

25A. Information to clients of skin penetration premises

(1) The proprietor of a business that provides tattooing, ear piercing, acupuncture or any other process involving the penetration of the skin in a living human being must ensure, before such a process is provided to a person, that written information is provided directly to the person about the transmission of infectious diseases associated with the process.

Penalty: 20 penalty units.

(2) A proprietor of a business that provides tattooing, ear piercing, acupuncture or any other process involving the penetration of the skin in a living human being must take reasonable steps to ensure that the information about the transmission of infectious diseases provided to a person under sub-regulation (1) is medically accurate.

Penalty: 20 penalty units.

(3) This regulation does not apply to –

(a) a business that is prescribed as an exempt business by regulation 5 of the Health (Exempt Businesses) Regulations 2000; or

(b) the practice of acupuncture of-

(i) a person registered as an acupuncturist under the Chinese Medicine Registration Act 2000; or

(ii) a person authorised in accordance with section 61(11) of that Act.

Appendix 2: Risk analysis charts

(a) General requirements

(b) Industry specific requirements

(a) General requirements

Hazard	Control	Corrective action	Records	Verification
1. Premises design				
1.1 Workflow *Cross-contamination*	Provide a logical workflow from soiled area to clean area.	Cease operation until logical workflow from dirty to clean can be achieved.	Record date of defect and corrective action taken.	Weekly check to ensure workflow is operating correctly
1.2 Personal hygiene *Cross-contamination*	Provide in the procedure area an accessible wash hand basin used only for washing hands, with hot and cold running water, soap and paper towels.	Cease operation until a hand basin used only for hand washing is provided/ repaired, with a supply of hot and cold water, soap and paper towels.	Record date of defect and corrective action taken.	Weekly check to ensure hand basin is operating correctly
1.3 Cleaning facilities *Contamination*	Provide a sink used only for the cleaning of equipment and surfaces, which has a supply of hot and cold water and detergent.	Cease operation until sink used only for cleaning of equipment is provided/ repaired, with a supply of hot and cold water, soap and paper towels.	Record date of defect and corrective action taken.	Weekly check to ensure sink is operating correctly
2. Cleaning premises and instruments				
2.1 Manual cleaning *Contamination*	Clean with hot soapy water and correct cleaning equipment.	Re-clean unclean surfaces.	Design a cleaning schedule that details date premises cleaned, areas cleaned and member of staff who carried out the cleaning. A copy of this should be followed, dated and signed daily.	Weekly check to ensure staff are cleaning equipment and surfaces in accordance with cleaning schedule
3. Sterilisation				
3.1 Packing 3.1.1 Steriliser with a drying cycle *Incorrectly packed instruments resulting in failure of sterilisation process*	Use a new intact steriliser bag for each cycle. Place the instruments in bags that are unlocked or open. Seal the bags.	Re-clean instruments and then repack in a new bag. Re-sterilise.	Record the date of the incident, any corrective action and the reason that the incident occurred.	Weekly check to ensure staff are using bags and loading equipment correctly
3.1.2 Steriliser without a drying cycle *Incorrectly packed instruments resulting in the failure of the sterilisation process*	No instruments should be packed in bags.	Re-sterilise without bag.	Record the date of the incident, any corrective action and the reason that the incident occurred.	Weekly check to ensure staff are using bags and loading equipment correctly
3.2 Loading 3.2.1 Steriliser with a drying cycle *Incorrectly loaded instruments resulting in the failure of the sterilisation process*	The bags must be placed paper side down or if placed on edge then place paper to laminate. Bags must not touch and not be overloaded.	Re-clean instruments and replace in new bags. Load in correct manner. Re-sterilise.	Record the date of the incident, any corrective action and the reason that the incident occurred.	Weekly check to ensure staff are loading correctly

Hazard	Control	Corrective action	Records	Verification
3.2.2 Steriliser without a drying cycle *Incorrectly loaded instruments resulting in the failure of the sterilisation process*	Place instruments opened or unlocked on a perforated or mesh tray. Instruments must not touch chamber walls. Steriliser must not be overloaded.	Re-clean instruments and place in the correct way into the steriliser.	Record the date of the incident, any corrective action and the reason that the incident occurred.	Weekly check to ensure staff are loading correctly
3.3 Sterilisation process *Failure of correct temperature, time and pressure to achieve sterilisation*		If the required time, temperature and pressure have not been achieved, re-pack in a new bag and re-sterilise.	Record temperature every 10 seconds during cycle OR use a process recorder and check after each cycle. Use a class I indicator with each bag or a class 4, 5 or 6 chemical indicator with each cycle. Record any batches that did not achieve sterilisation together with calibration.	Weekly maintenance of steriliser, which must be serviced/calibrated/ revalidated annually
3.4 Storage and handling of sterile stock *Risk of contamination of instruments during storage*		Discard any packages that are damaged or moist, or have been exposed to UV light, excessive temperatures. Re-clean, pack and re-sterilise the contents. Clean and repair the storage areas in compliance with AS/NZ 4185.	Record any damaged packaging,together with the date and the reason that the packaging was damaged. Record weekly monitoring of storage.	Weekly check that packaging stock rotation is operating efficiently
4.0 Waste 4.1 Sharps *Cross-contamination*		Do not commence skin penetration until a sharps container that complies with AS 4031 is present at the penetration site. Place container in safe place. Arrange for container to be removed by a contractor licensed with the Environmental Protection Authority.	Record the date of the incident, any corrective action and the reason that the incident occurred. Maintain records of licensed contractors employed and dates of collection.	Weekly check to ensure sharps and clinical and related waste containers are present and being used correctly

(b) Industry specific requirements

Hazard	Control	Corrective action	Records	Verification
1.0 Beauty therapy				
1.1 Waxing *Cross-contamination from recycling*	Do not recycle any wax used on the pubic area, face or underarms.	Immediately dispose of any wax used on these areas.	Maintain client records.	Weekly check to ensure staff are adhering to practice
Cross-contamination from blood or body fluids in wax pot	Maintain wax pot at a temperature of above 70°C at all times, with 15 minutes between clients, OR use a single-use spatulas for each dip of the wax pot OR use a single wax pot for each client.	Immediately cease operating until correct standards have been applied.	Record the date of the incident, any corrective action and the reason that the incident occurred. Maintain daily records of wax temperatures.	Weekly check to ensure staff are adhering to practice
1.2 Equipment contaminated *Contamination with blood, leading to risk of infection*	Either discard or clean and sterilise before reuse.	Immediately cease operation until sterile equipment can be used.	Maintain records of incidents and sterilisation or other action taken.	Weekly check to ensure staff are adhering to practice
1.3 Electrolysis *Risk of infection*	Use sterile single-use needles only. If the operator, wear gloves. Dispense lotions via a pump or single-use.	Immediately cease operation until correct standards have been applied.	Maintain client records. Record the date of the incident, any corrective action and the reason that the incident occurred.	Daily check to ensure staff are adhering to practice
1.4 Cosmetic tattooing (see body art section) *Risk of infection*	Use single-use device or a device with all parts that can be effectively cleaned and sterilised.	Immediately cease operation until suitable equipment is purchased.	Maintain client records. Record the date of the incident, any corrective action and the reason that the incident occurred.	Weekly check to ensure staff are adhering to practice
2.0 Hairdressing *Risk of infection from use of instruments contaminated with blood*	Dispose of contaminated instruments into a sharps container immediately or sterilise before reuse.	Immediately cease operation until correct equipment is obtained.	Maintain client records. Record the date of the incident, any corrective action and the reason that the incident occurred.	Weekly check to ensure staff are adhering to practice
3.0 Body art *Risk of infection from contaminated needles or stencils*	Use only sterile single-use needles or sterilise needles after use on each client. Use only single-use stencils.	Immediately dispose of or sterilise contaminated instruments.	Maintain client records. Record the date of the incident, any corrective action and the reason that the incident occurred.	Weekly check to ensure staff are adhering to practice
Risk of infection to operator from client's blood	Wear single-use disposable gloves during procedure.	Immediately cease operation until correct equipment is obtained.	Maintain client records. Record the date of the incident, any corrective action and the reason that the incident occurred.	Weekly check to ensure staff are adhering to practice

Hazard	Control	Corrective action	Records	Verification
Risk of infection to client from operators sharing equipment	Must not share equipment with other operators while working on clients.	Immediately cease operation until correct procedure is maintained.	Maintain client records. Record the date of the incident, any corrective action and the reason that the incident occurred.	Weekly check to ensure staff are adhering to practice
Risk of infection from application of contaminated lotions etc.	Use single-use lotions or dispense with single-use spatula for each client or dispense into single-use pots.	Immediately dispose of any contaminated lotion.	Maintain client records. Record the date of the incident, any corrective action and the reason that the incident occurred.	Weekly check to ensure staff are adhering to practice
Risk of infection from contaminated wipes/ paper towel	Use single wipes. Ensure wipes etc. are disposed of in a manner to prevent contamination.	Immediately dispose of contaminated wipes in the clinical and related waste bin.	Maintain client records.	
Risk of infection from contaminated inks or jewellery	Ensure water used for rinsing needles and inks is placed in single-use containers for each client. Use aseptic technique for preparing own inks or pre-purchased sterile inks. Use only sterile jewellery.	Immediately dispose of contaminated water. Immediately dispose of contaminated ink or return unsterile to manufacturer. If jewellery is not sterile, then sterilise before use.	Maintain client records.	Weekly check to ensure staff are adhering to practice
4.0 Colonic irrigation				
Risk of infection and cross-contamination	Use single-use sterile catheters only. Use single-use gloves.	Cease operation until correct equipment is obtained.	Maintain client records. Record the date of the incident, any corrective action and the reason that the incident occurred.	Regular stock check
Risk of infection from contaminated equipment	Ensure the colonic irrigation equipment is not connected directly to a potable water supply. Ensure equipment does not allow a backflow of faecal matter into clean water.	Cease the use of equipment until it is of an acceptable standard so faecal contamination of clean water cannot occur.	Maintain service records. Record the date of the incident, any corrective action and the reason that the incident occurred.	Regular maintenance of equipment

Appendix 3: Records/pro-formas

Client/staff specific

Client Procedures Record

Colonic Irrigation Client Record

Incident(s) Record

Equipment specific

Wax Temperature Record

Thermal Disinfection Record

Chemical Disinfection Record

Steriliser Monitoring Record

Ultrasonic Cleaner Test Record

Heat Sealer Test Record

Equipment Maintenance Record

Validation of Steriliser/Loads Record

Recommended Cleaning Frequencies

Health Act Audit Tool

Client procedures record

Premises: _____

Address: _____

_____

Telephone: _____

Facsimile: _____

Mobile: _____

Client details

Name: _____

Contact number(s): _____

Address: _____

_____

Date of birth: _____

Date of treatment	Operator's name	Treatment(s) provided	Equipment used/ type of wax used	Steriliser date(s)/ load number(s)	Comments

Colonic irrigation client record

Please print clearly and answer all the questions asked.

Name: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Post code: _____

Date of birth: _____ Age: _____ Height: _____ Weight: _____

Occupation: _____

Doctor's name: _____ Telephone contact: _____

The following questions are being asked to identify potential risks or concerns before a procedure. All information provided is confidential and will be maintained in a secure location. The information will be available to you on request. Please write your response, or tick (✓) or circle as appropriate.

1. **Are you taking any medication at present? If yes, please state.**

_____

_____

2. **Have you had any surgery or bowel investigations in the past five years? If yes, please describe.**

_____

_____

3. **Do you have, or have suffered from, any of the following in the past three months?**

Bowel problems:

☐ Diarrhoea ☐ Constipation ☐ Blood in stools
☐ Bowel strain ☐ Rectal bleeding ☐ Ulcerative colitis
☐ Diverticulosis ☐ Crohn's Disease ☐ Haemorrhoids

Other:

☐ Arthritis ☐ Cancer ☐ Low blood sodium (hyponatremia)
☐ Stomach ulcers ☐ Diabetes ☐ Heart condition
☐ Headaches ☐ Epilepsy
☐ Bad breath ☐ Respiratory problems

Are you pregnant? ☐ Yes ☐ No

Do you have any allergies?
Please detail:

_____

_____

_____

4. **Do you have any other medical issues that the operator may need to know about relating to this procedure?**

_____

_____

5. **How often do you have bowel movements?**

☐ Once per day ☐ Twice per day ☐ Three or more times per day ☐ Other (Please specify)

_____

6. **Have you undertaken colonic irrigation before? If so, when? Did you experience any difficulties?**

_____

7. **Reason for current visit?**

_____

Colonic irrigation consent

My medical information is supplied to the best of my knowledge.

I fully understand the procedure and give my consent for the treatment of colonic irrigation. I am also aware that in some instances, depending on my present state of health, some side effects may occur, the nature of which have been explained to me. Further, I understand that certain health conditions are contra-indicated for colonic irrigation and nondisclosure of full information regarding my health history may possibly result in a detrimental outcome. Further, I will advise any changes from my present state of health for all subsequent irrigations.

Signature _____ Date _____

To be answered after the first irrigation only

Please describe your experience during your first irrigation:

_____

_____

Operator details

I declare that all aspects of the procedure, including the risks and possible side effects associated with colonic irrigation have been fully explained to the client.

Name _____ Signature _____

Date _____

Maintain accurate client progress records and keep with this history. Please note that while records are confidential, officers of the local government environmental health department and/or the Department of Human Services may request records in the event of an investigation. Officers will deal with the records according to State privacy legislation.

Incident(s) record

Premises: _____

Address: _____

_____

Telephone: _____

Facsimile: _____

Mobile: _____

Name of client/ staff member	Date and time	Description of incident: 'what occurred'	Action(s) taken: e.g. 'cold water/dressing'	Medical attention? Yes/No	WorkCover? Yes/No	Remedial action(s)	Comments

Wax temperature record

Premises: _____ Telephone: _____

Address: _____ Facsimile: _____

_____ Mobile: _____

Wax temperatures to be taken as follows:

- Opening hours of 9–5: temperature taken twice during the day
- Opening hours of 9–9: temperature taken three times during the day

Pot number: _____ Date: _____

Time: _____ Temperature: _____

Time: _____ Temperature: _____

Time: _____ Temperature: _____

Client name	Timing commenced	Timing finished	Total time

Thermal disinfection record

Premises: _____

Address: _____

_____

Telephone: _____

Facsimile: _____

Mobile: _____

Date	Equipment	Vessel type (e.g. saucepan, crockpot)	Time boiling commenced	Surface temp. (°C)	Time elapsed	Removed and dried	Name	Comments

Chemical disinfection record

Premises: _____ Telephone: _____

Address: _____ Facsimile: _____

_____ Mobile: _____

Date	Equipment	Chemical used	Surface temp. (°C)	Time immersed	Time removed	Removed, rinsed and dried	Name	Comments

Steriliser monitoring record

Premises: _____ Telephone: _____

Address: _____ Facsimile: _____

_____ Mobile: _____

Date: _____ /_____ /_____ Steriliser number: _____ Time: _____

Biological indicators used: yes / no Number used: _____

Position(s): _____

Biological indicator results:

Exposed: Number: _____ pass / fail Number: _____ pass / fail

Number: _____ pass / fail Number: _____ pass / fail

Control: pass / fail

Action(s):

_____

_____

Cross out nonapplicable items in the following table.

Cycle number	Load contents	Sterilisation cycle times*	Monitoring times (10 second intervals)	Temperature (°C)	Pressure (kpa)	Drying stage: yes/no	Chemical indicator: pass/fail	Name of Operator	Cycle: pass/fail
		A: B: C:							
		A: B: C:							
		A: B: C:							

* A = turned on
B = sterilising commenced
C = sterilising completed

Ultrasonic cleaner test record

Premises: _____

Address: _____

_____

Telephone: _____

Facsimile: _____

Mobile: _____

Date	Test: pass/fail	By whom?	Remedial action	By whom?	Repair: yes/no	Date	Company	Cost

Heat sealer test record

Premises: _____

Address: _____

_____

Telephone: _____

Facsimile: _____

Mobile: _____

Date	Test nonsterile: pass/fail	By whom?	Test sterile: pass/fail	By whom?	Remedial action	By whom?	Repair: yes/no	Date	Company	Cost

Equipment maintenance record

Premises: _____ Telephone: _____

Address: _____ Facsimile: _____

_____ Mobile: _____

Equipment	Code	How often?	Company	Test: pass/fail	Repair: yes/no	Cost	Recommission: yes/no	Replace: yes/no	Company	Code	Cost

Validation of steriliser/loads record

Premises: _____ Telephone: _____

Address: _____ Facsimile: _____

_____ Mobile: _____

Biological indicators used (for each of the three cycles)

Cycle 1

Date: _____ /_____ /_____ Steriliser number: _____ Time: _____

Number used: _____ Position: _____

Results:

Exposed: Number: _____ pass / fail Number: _____ pass / fail

Number: _____ pass / fail Number: _____ pass / fail

Control: pass / fail Action(s):

_____

_____

Cycle 2

Date: _____ /_____ /_____ Steriliser number: _____ Time: _____

Number used: _____ Position: _____

Results:

Exposed: Number: _____ pass / fail Number: _____ pass / fail

Number: _____ pass / fail Number: _____ pass / fail

Control: pass / fail Action(s):

_____

_____

Cycle 3

Date: _____ /_____ /_____ Steriliser number: _____ Time: _____

Number used: _____ Position: _____

Results:

Exposed: Number: _____ pass / fail Number: _____ pass / fail

Number: _____ pass / fail Number: _____ pass / fail

Control: pass / fail Action(s):

_____

_____

Validation of steriliser/loads record (cont.)

Premises: _____ Telephone: _____

Address: _____ Facsimile: _____

_____ Mobile: _____

Cross out nonapplicable items.

Use a separate sheet for cycles that use a sterilising stage longer than 3 minutes.

Cycle number	Load contents	Sterilisation cycle times*	Monitoring times (10 second intervals)	Temperature (°C)	Pressure (kpa)	Drying stage: yes/no	Chemical indicator: pass/fail	Name of Operator	Cycle: pass/fail
1		A: B: C:							
2		A: B: C:							
3		A: B: C:							

* A = turned on
  B = sterilising commenced
  C = sterilising completed

Recommended cleaning frequencies

Premises: _____

Address: _____

_____

Telephone: _____

Facsimile: _____

Mobile: _____

When	Item	How	Reason
After each client	Instruments/equipment Benches Chair/couch Floor (hairdressing/ colonic irrigation) Toilet (colonic irrigation) Shower (colonic irrigation)	For details on instruments/equipment, see part B, industry specific sections – cleaning, disinfection and disposal schedule. Use warm water and detergent. Rinse and dry. Sweep first, then wash Clean first, then use disinfectant as necessary. Clean first, then use disinfectant as necessary.	Cleaning is essential before either disinfection or sterilisation can occur. Cleaning removes most microorganisms. Detergents work better in warm water. Rinsing removes detergent residues. Damp surfaces attract contaminants. Disinfectants do not work in the presence of dirt. Linen requires hot water for effective cleaning. **Do not** replace stock onto damp surfaces. Sterile packaging will become unsterile.
Daily	Benches Hand basins Hair wash basins (hairdressing) Clean-up sinks Linen Floors Toilet(s)	Use warm water and detergent. Rinse and dry. Rinse and dry. Rinse and dry. Use hot rather than warm water. Sweep free of debris first. Clean first then use disinfectant as necessary.	

When	Item	How	Reason
Weekly	Cupboards	Use warm water and detergent.	
	Equipment trolley	Use warm water and detergent.	
	Open shelving	Rinse and dry.	
	Bins	Rinse and dry.	
	Stock containers	Rinse and dry.	
	Water towers (colonic irrigation)	Use chlorine disinfectant regime.	
	External tank equipment (colonic irrigation)	Wash with warm water and detergent and dry. ↓ Wipe over with a hospital-grade surface disinfectant.	
	Internal water tank (colonic irrigation)	Fill tank with sodium hypochlorite solution. ↓ Leave 10 minutes. ↓ Rinse thoroughly using two tank fulls of water.	
	Floors, walls and other fittings (colonic irrigation)	Wash with warm water and detergent and dry. ↓ Wipe over with a hospital grade surface disinfectant.	
Quarterly or if soiled	Screens	Use warm water and detergent.	
	Walls	Rinse and dry.	
	Curtains	Use hot water rather than warm water.	

Health Act audit tool

Business name: _____ Premises no.: _____ Date for follow-up inspection: _____

Address: _____

Proprietor: _____

Skin penetration process(s): _____

Date: _____ Time: _____

Environmental health officer: _____

Comments: _____

_____

Category 1: premises design and workflow	Compliance		CCP (critical control point)	Comments
	YES	NO		
1.1 Designated zones 1.1.1 Skin penetration area separate from the cleaning area 1.1.2 Workflow following the sequence of soiled ➔ clean ➔ sterile			CCP	
1.2 Hand basin 1.2.1 Hands-free hand basin in the immediate skin penetration area 1.2.2 Hot and cold water from a single outlet with liquid soap/paper towels			CCP	
1.3 Sink 1.3.1 Sink used for manual cleaning of instruments and other cleaning uses			CCP	
1.4 Organisation 1.4.1 Premises that are uncluttered to facilitate cleaning				
1.5 Floor/walls/ceiling 1.5.1 Constructed of smooth/nonporous materials for ease of cleaning 1.5.2 Clean and in good repair				
1.6 Fittings/furniture 1.6.1 Constructed of smooth/nonporous materials for ease of cleaning 1.6.2 Clean and in good repair				
1.7 Toilets 1.7.1 Provided for staff: clean and in good repair 1.7.2 Hand basin with hot and cold water and liquid soap/paper towels				
1.8 Lighting and ventilation 1.8.1 Good lighting in areas for performing skin penetration and cleaning of instruments 1.8.2 Efficient ventilation throughout the premises				

Category 2: cleaning of premises and instruments	Compliance		CCP (critical control point)	Comments
	YES	NO		
2.1 Collection containers for soiled instruments 2.1.1 Readily cleanable and suitable 2.1.2 Located in the 'soiled area' of the cleaning zone 2.1.3 Appropriately labelled				
2.2 Manual cleaning procedures 2.2.1 Correct manual cleaning procedures for instruments		CCP		
2.3 Detergents for manual cleaning that conform with AS/NZS4815:2001 2.3.1 Use of detergents 2.3.2 Use of bulk solutions				
2.4 Equipment for manual cleaning 2.4.1 Suitable equipment for cleaning instruments and articles 2.4.2 Storage and cleanliness of equipment				
2.5 Soiled linen 2.5.1 Commercially laundered or washed with hot water				
2.6 Cleaning of premises 2.6.1 Routine cleaning schedule 2.6.2 Cleaning equipment				

Category 3: packaging and loading	Compliance		CCP (critical control point)	Comments
	YES	NO		
3.1 Materials 3.1.1 Suitable packaging used 3.1.2 Sufficient stock available and packaging not reused				
3.2 Labelling 3.2.1 Steriliser bags labelled appropriately				
3.3 Sealing 3.3.1 Packages correctly sealed				
3.4 Loading *Steriliser with a drying cycle* 3.4.1 Correct loading of bags 3.4.2 Correct loading of steriliser *Steriliser without a drying cycle* 3.4.3 Used only to process unwrapped items 3.4.4 Placement of instruments on a perforated or mesh tray				

Category 4: Sterilisation	Compliance YES	Compliance NO	CCP (critical control point)	Comments
4.1 Monitoring of the sterilisation cycle				
Sterilisation cycle monitored by one of the following methods				
4.1.1 Physical monitoring with an external chemical indicator				
4.1.2 Chemical monitoring			CCP	
4.2 Unloading				
For wrapped instruments				
4.2.1 Removal of packages				
4.2.2 Integrity of packages				
For unwrapped instruments				
4.2.3 Removal of unwrapped instruments				
4.3 Off-site sterilisation				
4.3.1 Cleaning and transport of instruments/articles off site				
4.3.2 Transport of sterile instruments/articles back to the premises			CCP	
4.4 Maintenance of the steriliser				
Steriliser weekly maintenance				
4.4.1 Weekly maintenance documented				
Steriliser general maintenance				
4.4.2 General maintenance documented			CCP	

Category 5: Storage and handling of stock	Compliance YES	Compliance NO	CCP (critical control point)	Comments
5.1 Sterile instruments				
Wrapped sterile instruments				
5.1.1 Storage of sterile stock				
5.1.2 Rotation of sterile packages				
Unwrapped sterile instruments				
5.1.3 Immediate use				
5.2 Staff personal items				
5.2.1 Area allocated for staff personal items				
5.3 Linen				
5.3.1 Storage of linen				

Category 6: Waste	Compliance YES	Compliance NO	CCP (critical control point)	Comments
6.1 Contaminated needles				
6.1.1 Disposal of contaminated needles				
6.1.2 Storage and removal of sharps containers			CCP	
6.2 Clinical and related waste				
6.2.1 Disposal of clinical and related waste				
6.2.2 Storage and removal of clinical and related waste			CCP	
6.3 Linen				
6.3.1 Storage of soiled linen				
6.4 Other waste				
6.4.1 Receptacles provided for other waste generated				

Category 7: Occupational health and safety	Compliance YES	Compliance NO	CCP (critical control point)	Comments
7.1 Hepatitis B immunisation 7.1.1 Staff offered/made aware of hepatitis B immunisation 7.1.2 Documentation of staff immunisation				
7.2 Protective clothing/articles 7.2.1 Wearing by staff of clean and/or protective clothing 7.2.2 Covering of broken skin/infections on hands 7.2.3 Protective clothing/articles for manual cleaning of instruments				
7.3 Occupational exposure protocol 7.3.1 Protocols for occupational exposure 7.3.2 Occupational exposure incidents documented				
7.4 Blood/body fluid protocol 7.4.1 Protocol for blood/body fluid exposure 7.4.2 Documentation of blood/body fluid exposure incidents				
7.5 Bleeding during skin penetration protocol 7.5.1 Protocol for blood loss during a skin penetration process 7.5.2 Bleach available for clean-up procedures				

Category 8: Staff training	Compliance YES	Compliance NO	CCP (critical control point)	Comments
8.1 Records kept of staff training needs				

Category 9: Tattooing	Compliance YES	Compliance NO	CCP (critical control point)	Comments
9.1 Processing of instruments 9.1.1 Correct processing of instruments after use 9.1.2 Disposal of single-use items into the correct waste receptacles			 CCP	
9.2 Use of gloves 9.2.1 Gloves worn when tattooing 9.2.2 Gloves changed when interrupted during tattooing 9.2.3 Integrity of gloves during the skin penetration process			CCP	
9.3 Equipment sharing 9.3.1 No equipment sharing between tattooists when working on clients			CCP	
9.4 Application of skin disinfectants/lotions/petroleum jelly 9.4.1 Composition of skin disinfectants 9.4.2 Dispensing of skin disinfectants and other preparations 9.4.3 Application of the stencil 9.4.4 Disposal of dispensed preparations			CCP	
9.5 Use of inks 9.5.1 Water for rinsing needles 9.5.2 Preparation of inks 9.5.3 Disposal of inks			CCP	
9.6 Wipes/paper towels 9.6.1 Wipes/paper towel dispensed to prevent contamination 9.7 Client surfaces 9.7.1 Cleaning of client's chair between use			CCP	
9.8 Work surfaces 9.8.1 Preparation of work surfaces				
9.9 After-care advice/dressings 9.9.1 After-care advice and application of dressing/bandage				
9.10 Hand washing 9.10.1 Appropriate hand washing				
9.11 Ultrasonic cleaner 9.11.1 Preparation for use 9.11.2 Operation 9.11.3 Daily maintenance 9.11.4 General maintenance				
9.12 Client documentation 9.12.1 Client details 9.12.2 Tracing of critical and semi-critical instruments				

Category 10: Body piercing	Compliance YES	Compliance NO	CCP (critical control point)	Comments
10.1 Processing of instruments 10.1.1 Correct processing of instruments after use 10.1.2 Disposal of single-use items into correct waste receptacles			CCP	
10.2 Use of gloves 10.2.1 Gloves worn when providing service to client 10.2.2 Integrity of gloves during the skin penetration process			CCP	
10.3 Sterilisation of jewellery 10.3.1 Use of sterile jewellery on client			CCP	
10.4 Application of skin disinfectants/lotions 10.4.1 Composition of skin disinfectants 10.4.2 Dispensing of skin disinfectants and other preparations 10.4.3 Disposal of dispensed preparations			CCP	
10.5 Client surfaces 10.5.1 Cleaning of client's couch between uses				
10.6 Work surfaces 10.6.1 Preparation of work surfaces				
10.7 After-care advice/dressings 10.7.1 After-care advice and application of dressing/bandage				
10.8 Hand washing 10.8.1 Appropriate hand washing				
10.9 Documentation 10.9.1 Client details 10.9.2 Tracing of critical and semi-critical instruments				

Category 11: Electrolysis	Compliance YES	Compliance NO	CCP (critical control point)	Comments
11.1 Processing of instruments 11.1.1 Correct processing of instruments after use 11.1.2 Disposal of single-use items into correct waste receptacles			CCP	
11.2 Use of gloves 11.2.1 Gloves worn when providing service to client 11.2.2 Integrity of gloves during the skin penetration process			CCP	
11.3 Application of skin disinfectants/lotions 11.3.1 Composition of skin disinfectants 11.3.2 Dispensing of skin disinfectants and other preparations 11.3.3 Disposal of dispensed preparations			CCP	
11.4 Client surfaces 11.4.1 Cleaning of client's couch between uses				
11.5 Work surfaces 11.5.1 Preparation of work surfaces				
11.6 After-care advice 11.6.1 After-care advice to client				
11.7 Hand washing 11.7.1 Appropriate hand washing				
11.8 Documentation 11.8.1 Client details 11.8.2 Tracing of critical and semi-critical instruments				

Category 12: Cosmetic tattooing	Compliance		CCP (critical control point)	Comments
	YES	NO		
12.1 Processing of instruments 12.1.1 Correct processing of instruments after use 12.1.2 Disposal of single-use items into correct waste receptacles			CCP	
12.2 Use of gloves 12.2.1 Gloves worn when providing service to client 12.2.2 Integrity of gloves during the skin penetration process			CCP	
12.3 Application of skin disinfectants/lotions 12.3.1 Composition of skin disinfectants 12.3.2 Dispensing of skin disinfectants and other preparations 12.3.3 Disposal of dispensed preparations			CCP	
12.4 Use of inks 12.4.1 Use of sterile and nontoxic inks 12.4.2 Disposal of inks			CCP	
12.5 Client surfaces 12.5.1 Cleaning of client's couch between uses				
12.6 Work surfaces 12.6.1 Preparation of work surfaces				
12.7 After-care advice 12.7.1 After-care advice and application of dressing/bandage				
12.8 Hand washing 12.8.1 Appropriate hand washing				
12.9 Documentation 12.9.1 Client details 12.9.2 Tracing of critical and semi-critical instruments				

Summary of critical controlpoints

Critical control points	Breach (↔ = breach)	Action taken
1 General categories		
1.1 Designated zones		
1.2 Hand basin		
1.3 Sink		
2.2 Manual cleaning procedures		
3.4 Loading		
4.1 Monitoring of the sterilisation cycle		
4.3 Off-site sterilisation		
4.4 Maintenance of the steriliser		
6 Waste		
6.1 Contaminated needles		
6.2 Clinical and related		
9 Tattooing		
9.1 Processing of instruments		
9.2 Use of gloves		
9.3 equipment sharing		
9.4 Application of skin disinfectants/lotions/petroleum jelly		
9.5 Use of inks		
9.6 Wipes and paper towels		
10 Body piercing		
10.1 Processing of instruments		
10.2 Use of gloves		
10.3 Sterilisation of jewellery		
10.4 Application of skin disinfectants/lotions		
11 Electrolysis		
11.1 Processing of instruments		
11.2 Use of gloves		
11.3 Application of skin disinfectants/lotions		
12 Cosmetic tattooing		
12.1 Processing of instruments		
12.2 Use of gloves		
12.3 Application of skin disinfectants/lotions		
12.4 Use of inks		

References

ACT Department Of Health, Housing And Community Care, *Draft code of practice on infection control (for office practices and other community-based facilities) 2001*, Second community consultation draft, April 2001.

Association of Operating Room Nurses, *Implementing an event related sterility maintenance policy: education module*, Denver, www.aorn.org/education/inservice.htm.

Australian Red Cross, *First aid: responding to emergencies*, BHP Billiton, Mosby Lifeline and Harcourt Health Sciences Company, Sydney, 1995.

Ayliffe GAJ, Babb JR, Taylor LJ, *Hospital-acquired infection principles and prevention*, 3rd edn, Butterworth Heineman, Oxford, 1999.

Chartered Institute of Environmental Health, *Body art, cosmetic therapies and other special treatments*, Chadwick House Group Ltd, London, 2001.

Colonic International Association (UK), 'Treatment facilities–a guide to good practice', In association newsletter, 25 March 1996.

Commonwealth Department of Health and Aged Care, *Hygienic procedures for tattooists*, Canberra.

Commonwealth Department of Health and Aged Care, *Hygienic procedures for body piercers, protecting the health of your customers and you*, Canberra.

Communicable Diseases Network Australia, *Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting*, Draft, May 2002, www.health.gov.au/pubhlth/strateg/communic/review/icg_pdf/.

Department of Human Services (South Australian Health Commission), *Safe and hygienic practice of skin penetration, Government of South Australia draft guidelines*, Adelaide, 2003.

EngenderHealth, Online Infection Prevention Course, 2003, www.engenderhealth.org/ip/index.html

EngenderHealth, *2001 annual report: improving women's health worldwide*, New York, 2001, www.engenderhealth.org.

Environmental Protection Authority Victoria, *Manual for the management and disposal of biomedical wastes in Victoria*, 2nd edn, Melbourne, 1993.

European Forum for Hospitals, 'Sterile supply: questions and answers', Q000–076, 2001, www.efhss.com/html/faq/faq.php3?thread=76.

Gardner JF, Peel MM, *Sterilisation disinfection and infection control*, 3rd edn, Churchill Livingstone, Melbourne, 1998.

Health Department of Western Australia, *Healthy body art*, Perth, 1999.

Hellard.M, Aitken C, et al., *An investigation of hepatitis C and commercial body piercing in Victoria*, Epidemiology and Social Research Unit, Macfarlane Burnet Institute for Medical Research and Public Health, Melbourne, 2002.

City of Whittlesea, Hobsons Bay City Council (Public Health Division), *Disease control and surveillance research programs 2000: Health Act audit*, Melbourne, 2001.

National Health and Medical Research Council, *National guidelines for waste management in the health care industry*, Canberra, 1999.

Queensland Department of Health, *21 health Regulations* 1996, part 5 (hairdressers), Brisbane, 1996.

Radke, EV, 'Event related shelf life (ERSL) in the workplace', *SRACA Journal* (Sydney), April 1998.

United States Air Force, *Dental infection control guidelines*, Chapter 6 'Decontamination, sterilisation, and sterile storage', 2000, www.brooks.af.mil/dis/icguidelines/chap6.htm.

Victorian WorkCover Authority, *Management of hazardous substances in the hairdressing and beauty industry*, Melbourne, 2001.

Wenzel R, Brewer T, Butzler J-P, *A guide to infection control in the hospital*, 2nd edn, International Society for Infectious Diseases, Boston, 2002.

Victorian legislation

Health (Infectious disease) Regulations 2001, Statutory Rule no. 41/2001

Standards Association of Australia

AS 1668.2:2002 The use of ventilation and airconditioning in buildings. Part 2: Ventilation design for indoor air contaminant control

AS 1668.2 Supplement 1:2002 The use of ventilation and airconditioning in buildings. Part 2: Ventilation design for indoor air contaminant control

AS 2182:1998 Sterilisers – Steam – Benchtop

AS 2773.1:1998 Ultrasonic cleaners for health care facilities, Part 1: Nonportable

AS 2773.2:1999 Ultrasonic cleaners for health care facilities, Part 2: Benchtop.

AS 4031:1992 Non-reusable containers for the collection of sharp medical items used in health care areas

AS 4381:2002 Single-use face masks for use in health care

AS/NZS 1715:1994 Selection, use and maintenance of respiratory protective devices

AS/NZS 1716:2003 Respiratory protective devices

AS/NZS 3500.1:2003 Plumbing and drainage – Water services

AS/NZS 3500.2:2003 Plumbing and drainage – Sanitary plumbing and drainage

AS/NZS 3500.4:2003 Plumbing and drainage – Heated water services

AS/NZS 3816:1998 Management of clinical and related wastes

AS/NZS 4011:1997 Single-use examination gloves–Specifications

AS/NZS 4011:1997/Amdt 1–1998 Single-use examination gloves–Specifications

AS/NZS 4146:2000 Laundry practice

AS/NZS 4179:1997 Single-use sterile surgical rubber gloves–Specifications

AS/NZS 4187:2003 Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities

AS/NZS 4261:1994 Reusable containers for the collection of sharp items used in human and animal medical applications

AS/NZS 4261:1994/Amdt 1: 1997 Reusable containers for the collection of sharp items used in human and animal medical applications

AS/NZS 4815:2001 Office-based health care facilities not involved in complex patient procedures and processes–Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of the associated environment