DRAFT Best Practice Guidelines for Electrology Practitioners (Australia, 2025)

SECTION 1: CLINIC ENVIRONMENT & EQUIPMENT STANDARDS

1.1 Treatment Room Requirements

- Private, enclosed room with door (not partitioned)
- Hard, cleanable flooring (no carpet); walls and surfaces must be non-porous
- Good lighting and ventilation; magnification lamp mandatory
- Treatment bed with adjustable height and cleanable, non-absorbent surface
- No food, drink, or personal items in treatment space

1.2 Clean Zone Setup (Daily Start-up Protocol)

- Wipe all surfaces with hospital-grade disinfectant
- Inspect autoclave (if used) for functionality; review sterilisation logs
- Prepare sterile field with disposable barrier
- Set up sharps container, disposable gloves, sterile forceps, eye protection
- Remove all expired stock or compromised packaging

1.3 Electrology Equipment Standards

- Equipment must meet TGA approval or CE medical certification
- Only professional-grade multi-probe galvanic, thermolysis, or blend machines
- Machines calibrated according to manufacturer guidance (at least annually)
- Use only sterile, single-use insulated or gold-plated probes for insertions
- Foot pedal and handpieces disinfected between clients

1.4 Autoclave Requirements

- AS/NZS 4187-compliant benchtop autoclave
- Daily spore test (biological indicator) recommended
- Weekly mechanical print-out verification or digital log
- Maintenance log with internal and external service inspections
- Reprocessing area must be physically separate from treatment zone

SECTION 2: INFECTION CONTROL & STERILISATION

2.1 Hand Hygiene Protocol

- Hand washing with liquid soap before and after treatment
- 70%+ alcohol hand rub between glove changes
- No artificial nails or nail polish

2.2 Personal Protective Equipment (PPE)

- Disposable gloves (changed between clients and between tasks)
- Surgical mask for all facial treatments or prolonged sessions
- Protective eyewear for both client and practitioner during treatment
- Protective gown/apron for high-frequency sessions

2.3 Probe Handling Protocol

- Use sterile, single-use disposable probes
- Do not reuse or resterilise probes under any circumstance
- Use sterile forceps to remove probe from packaging without hand contact
- Dispose of probes immediately into sharps container

2.4 Surface and Instrument Cleaning

- Use instrument-grade disinfectant (TGA-approved)
- All reusable tools (forceps, tweezers) sterilised via autoclave
- Contact time for surface disinfectant must be followed (usually 5–10 mins)
- Change bed barrier (e.g. paper roll) between every client

SECTION 3: CLIENT CONSULTATION & DOCUMENTATION

3.1 Pre-Treatment Client Screening

- Obtain full health history, medications, allergies, hormonal status
- Screen for contraindications (e.g. pacemaker, metal implants, Roaccutane, pregnancy, cancer treatments)
- Explain risks (redness, folliculitis, pigmentation changes, scarring)
- Offer written pre-care instructions

3.2 Informed Consent

- Use a signed consent form outlining the procedure, expected outcomes, and risks
- Consent must be refreshed if medical history changes or treatment plan is updated

3.3 Documentation & Records

- Maintain confidential treatment records for 7 years
- Note every session's machine settings, modality used, areas treated, skin response
- Incident reporting protocol in place for burns, infections, or adverse reactions

SECTION 4: TREATMENT DELIVERY PROTOCOLS

4.1 Skin Prep

- Clean skin with 70% isopropyl alcohol or chlorhexidine solution
- Avoid area if broken, sunburnt, infected, or freshly exfoliated

4.2 Insertion Technique

- Insert probe parallel to follicle angle without pressure
- Avoid repeated insertions in one follicle in one session
- Use correct probe size for follicle diameter (usually F3 to F6)
- No plucking – treat until hair releases effortlessly

4.3 Treatment Timing & Skin Monitoring

- Thermolysis: typically 0.1–0.3 seconds, 5–6 intensity range (adjust by skin type)
- Blend: 3–10 seconds, depending on moisture content and follicle depth
- Stop treatment if blanching, excessive erythema, or bubbling is noted

4.4 Post-Treatment Care

- Apply post-treatment soothing gel (aloe vera, witch hazel, or colloidal silver)
- Advise client to avoid heat, makeup, active skincare, or sun exposure for 24–48 hours
- Provide written aftercare sheet
- Recommend SPF application once redness subsides

SECTION 5: CLIENT MANAGEMENT & SAFETY

5.1 Client Suitability

- Not suitable for Fitzpatrick 5–6 unless trained in dark skin thermolysis protocol
- Hormonal hair (e.g. PCOS, menopause) may need regular, longer-term programs
- Clients must be over 18 or have parental consent (not recommended under 16)

5.2 Managing Adverse Events

- Always keep aloe vera, hydrocortisone, and cold compresses on hand
- If client develops infection or suspected burn, recommend GP or dermatology referral
- Document all adverse outcomes and report serious incidents to ABIC if needed

5.3 Patch Testing

- Optional but encouraged for first-time clients, especially for facial or sensitive areas
- Document outcome of patch test before proceeding with larger zones

SECTION 6: CPD, ETHICS, AND PROFESSIONALISM

6.1 Ongoing Education

- Minimum 10 hours CPD per year (electrology-specific preferred)
- Topics to include: skin biology, laser/IPL risk interaction, infection control, hormonal conditions, and new modalities

6.2 Compliance with ABIC Code of Ethics

- Practitioners must uphold ABIC's ethical framework and client-first duty of care
- No deceptive advertising, unproven claims, or exploitative sales tactics

6.3 Confidentiality & Client Rights

- Store records securely and never disclose details without written consent
- Uphold dignity and cultural sensitivity in all treatments
- Allow clients to decline any part of treatment or stop at any time

SECTION 7: CLINIC OPERATIONS & GOVERNANCE

7.1 Waste Management

- Sharps disposed of in puncture-resistant yellow containers
- Clinical waste (cotton pads, gloves) bagged and removed per state guidelines
- General and contaminated waste separated clearly

7.2 Insurance & Legal Requirements

- Maintain professional indemnity and public liability insurance
- Register business with relevant state health authorities if required
- Ensure policies and procedures are reviewed annually

7.3 Auditing & Self-Assessment

- Conduct bi-annual audits of infection control, sterilisation, and documentation
- Use ABIC or SafeSkin audit templates
- Maintain a compliance binder with:
    - Sterilisation logs
    - Incident reports
    - CPD certificates
    - Consent forms and aftercare materials