

GUIDELINES

ON THE

Safe and hygienic practice of skin penetration



Department
of Health

DEPARTMENT OF HEALTH

S O U T H A U S T R A L I A N H E A L T H C O M M I S S I O N G U I D E L I N E

G U I D E L I N E S O N T H E

*Safe and hygienic practice
of skin penetration*

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of skin penetration.

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This guideline is one of a series of guidelines designed
to assist Local Government in the administration of
the *Public and Environmental Health Act* and
Regulations.

Should you wish to comment on the information
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and should be addressed to:

Presiding Member,
Public & Environmental Health Council
PO Box 6, Rundle Mall, Adelaide 5000

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FOREWORD

This publication, *Guidelines on the Safe and Hygienic Practice of Skin Penetration*, has been prepared on behalf of the Public and Environmental Health Council (the Council).

The Council is established under the provisions of the *Public and Environmental Health Act 1987* (the Act) and is required to initiate, carry out or oversee programs and activities designed to improve public and environmental health. The Act empowers the Council to issue guidelines to assist local councils in the administration of the Act.

This guideline incorporates “best practice” information (at the time of publication) relevant to both local councils and owners/operators of premises where the practice of skin penetration is carried out. The risk of transmission of infection can be minimised by ensuring that premises are maintained in a hygienic manner, that knowledge of and the application of infection control techniques including aseptic procedures are practised and that effective sterilisation of equipment is ensured.

For the purposes of this guideline, skin penetration practices may include any process, whether intentionally or otherwise, that involves the shaving, piercing, cutting, puncturing or tearing of the skin or mucous membrane.

Any successful business providing personal services must ensure that its clients receive procedures that are professional, competent, safe and hygienic. Proprietors and staff of these businesses must be aware of the possible wider consequences of the procedures they use.

Unsafe or unhygienic procedures may not only affect the health of the client but could also jeopardise the health of the operator. Most seriously, where procedures involving penetration of the skin are not managed correctly, they can be the means of transmitting blood-borne infections including hepatitis B or hepatitis C or HIV.

It is essential that proprietors and staff be fully aware of the potential dangers of their procedures and understand the precautions that need to be taken to minimise the likelihood of infection or spread of disease.

This guideline should be read in conjunction with the following publications:

- *Infection Control Guideline for the prevention of transmission of infectious diseases in the health care setting* Jan 2004; Department of Health and Ageing. Available from: www.icg.health.gov.au.
- Australian/New Zealand Standard 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*. (AS/NZS 4815:2001). Available from Standards Australia: www.standards.org.au.
- Australian/New Zealand Standard AS/NZS 4187-2003 *Cleaning, Disinfecting and Sterilising reusable medical and surgical instruments and maintenance of associated environments in health care facilities* (AS/NZS 4187:2003). Available from Standards Australia: www.standards.org.au.
- Australian Standard AS 2182-1998 *Sterilisers – Steam – Benchtop* (AS 2182:1998). Available from Standards Australia: www.standards.org.au.

DEFINITIONS

<i>Acupuncture</i>	the practice of inserting sterile needles into specific parts of the body to treat disease or relieve pain.
<i>Antiseptic</i>	a substance that is recommended by its manufacturer for skin application to kill micro-organisms or to prevent the growth of micro-organisms to a level that may cause infection and that is not represented to be suitable for internal use.
<i>AS</i>	Australian Standard is a published document which sets out technical specifications or other criteria necessary to ensure that a material or method will consistently do the job it is intended to do.
<i>Aseptic procedure</i>	a procedure designed to prevent the transfer of micro-organisms, thereby reducing the risk of infection. Includes non-touch technique, sterilisation of instruments and skin disinfection.
<i>The Authority</i>	in relation to a local government area - the local council for that area. in relation to a part of the State that is not within a local government area - the Minister charged with the execution of the Act, in this case the Minister for Health.
<i>Autoclave</i>	a device that uses temperature, pressure and moisture to sterilise equipment.
<i>Bacteria</i>	a single celled organism that may be capable of causing disease, and has the potential to multiply on any surface including the skin with the right conditions.
<i>Body piercing</i>	the piercing of holes in parts of the body for the purpose of inserting pre-sterile jewellery or other adornments in the opening.
<i>Body substance</i>	includes any human bodily secretion or substance other than blood.
<i>Blood</i>	a liquid, usually red, and circulating through the heart, arteries, capillaries and veins that carries oxygen to and carbon dioxide from the tissue of the body.
<i>Cleaning</i>	the physical removal of foreign material, for example, dust, soil, blood, secretions, micro-organisms and other such substances from surfaces by washing in detergent and warm water to reduce the number of micro-organisms. Cleaning must be done before sterilization.
<i>Client</i>	any person on whom a skin penetration procedure is being or is to be carried out but not necessarily for gain or reward.
<i>Coagulation</i>	clotting; the process of changing from a liquid to a solid.
<i>Cross contamination</i>	the process of infectious agents being transferred from one item to another via direct or indirect contact.
<i>Cross infection</i>	the transfer of an infectious agent from one person to another by any means.

<i>Decontamination</i>	the removal of micro-organisms or foreign matter (or both) from contaminated materials or living tissue.
<i>Detergent</i>	substance that enhances the cleansing action of water or other liquid.
<i>Disinfectant</i>	a substance used to reduce a range of micro-organisms.
<i>Disinfection</i>	a process that reduces the number of micro-organisms but may not necessarily kill all of them.
<i>Electrolysis</i>	involves the insertion of a sterilised needle into the individual hair follicles to the root. An electric impulse is passed through the needle to the root area to aid in the removal of hair.
<i>Equipment</i>	can include any article, instrument, item, or material that is used to penetrate the skin or assist with a skin penetration procedure.
<i>Hepatitis B</i>	an infection of the liver caused by the hepatitis B virus and can result in long term illness including liver damage or cancer of the liver. The infection is spread when infectious body substances (blood, semen or vaginal fluids) come into contact with body tissues beneath the skin (e.g. through needle puncture or broken skin) or mucous membrane (e.g. eyes, nose, mouth or genitals). A vaccine is available.
<i>Hepatitis C</i>	an infection of the liver caused by the hepatitis C virus which can cause long term illness resulting in liver damage and cancer of the liver. The infection is spread when infectious blood enters the blood stream (e.g. through a blood contaminated needle used for skin penetration or tattooing) or through blood splashes to mucous membranes (e.g. eyes, nose or mouth) There is no vaccine available.
<i>HIV</i>	human immunodeficiency virus (HIV) – is the blood-borne virus that causes AIDS. This virus attacks white blood cells that are a vital part of the body's immune system. HIV can be transmitted through infected blood and other body substances. There is no vaccine available.
<i>Hygiene taps</i>	able to be operated without the use of the operator's hands.
<i>Infection</i>	an infection occurs when micro-organisms invade the body and multiply causing illness.
<i>Infection control</i>	process that minimises the risk of spreading infection while performing procedures on clients.
<i>Manicure</i>	professional care for the hands and fingernails, including shaping and polishing.
<i>Medical waste</i>	waste material that has the potential to cause sharps injury, infection or public offence.
<i>Micro-organism</i>	minute forms of life which can be bacterial, viral, or fungal that may be capable of causing infection or disease.
<i>Minor</i>	any person under the age of 18 years (<i>Summary Offences Act</i>).
<i>Mucous membrane</i>	thin sheets of tissue that line various openings of the body such as the mouth, nose or genitals.

<i>Operator</i>	the person carrying out procedures in the process of skin penetration.
<i>Pathogenic</i>	capable of causing disease.
<i>Pedicure</i>	professional care for the feet and toenails, including shaping and polishing.
<i>Reprocessing</i>	all steps necessary to ensure contaminated reusable equipment is ready for its intended use. The steps include cleaning, disinfection or sterilisation.
<i>Reusable item</i>	an item designated or intended by the manufacturer to be suitable for reprocessing and reuse.
<i>Risk analysis</i>	a process for assessing the risk posed by an identified hazard, managing (minimising) the risk and communicating risk information to all stakeholders.
<i>Sharps</i>	any objects or devices having sharp points or cutting edges capable of cutting or penetrating the skin, eg. electrolysis, acupuncture, tattoo and body piercing needles, razors, scalpel blades, etc.
<i>Single-use equipment</i>	equipment designed by the manufacturer for single-use or single client use only.
<i>Skin disinfectant</i>	an antiseptic that is intended for the application to intact, healthy skin to prevent the transmission of micro-organisms from person to person or from the skin penetration site to the underlying tissue. Skin disinfectants include antimicrobial and antiseptic soaps, hygienic handwashes, hygienic hand rubs, surgical hand rubs and surgical handwashes.
<i>Skin penetration</i>	means any process, whether intentionally or otherwise, that involves the shaving, piercing, cutting, puncturing, tearing of the skin or mucous membrane.
<i>Soil</i>	visible dirt or debris that may protect, harbour or assist the growth of micro-organisms.
<i>Spore</i>	a resistant form of certain species of bacteria.
<i>Standard precautions</i>	Work practices required for the basic level of infection control. Standard precautions are recommended for the treatment of all clients, and apply to all body fluids, regardless of whether they contain visible blood, non-intact skin and mucous membranes.
<i>Sterilisation</i>	the process of rendering objects free from all forms of viable micro-organisms, including spores.
<i>Tattooing</i>	puncturing of the skin with a needle to introduce coloured pigment leaving a permanent mark or design.
<i>Virus</i>	a microscopic organism that only multiplies in living cells and can cause disease.

1. INTRODUCTION

The practice of skin penetration for decorative, health or cosmetic purposes has existed in various forms throughout history.

Modern medical knowledge has made us aware of the potential dangers associated with skin penetration procedures. If precautions are not taken, blood-borne viruses such as hepatitis B, hepatitis C, human immunodeficiency virus (HIV) and a range of bacterial infections can be transmitted to clients or operators by contaminated equipment or unhygienic premises and procedures.

The risk of exposure to a blood-borne virus varies for clients and operators. The larger the population who have a blood-borne virus and are involved in skin penetration procedures, the higher the risk that someone else can be exposed during tattooing, body piercing etc, *unless the needles and instruments are sterile*. Clients are not required to tell the practitioner if they are infected with a blood-borne virus. Operators must assume that all blood and other body substances are potential sources of infection.

The purpose of this guideline is to assist relevant authorities and operators of premises where the practice of skin penetration procedures such as acupuncture, tattooing, micropigmentation, body piercing, waxing, electrolysis or other hair removal/beauty therapies are undertaken, by providing information on how infection can occur and how the risk to clients, employees and the community can be minimised.

When operators are designing their premises, renovating or moving into an existing space, they should contact the local council environmental health section for further information.

Occupational Health Safety and Welfare

All enquiries relating to occupational health safety and welfare should be referred to Workplace Services on 1300 365 255.

2. POWERS OF AUTHORISED OFFICERS

Authorised officers are not expected to assess the skin penetration operator's technique. However, they can ensure certain levels of hygiene exist. A suitable working environment should be maintained, and no aspects of business should affect the health of the clients or those employed at the premise.

Part III of the *Public and Environmental Health Act* provides the necessary power for an authority to serve a notice on the owner of premises (or any other responsible person) to require specified action to improve the condition of the premises. Where an activity may give rise to a risk to health and/or result in the emission of offensive material or odour, a person can be required to desist from the activity.

A notice issued by an authority pursuant to the provisions of the *Public and Environmental Health Act* may make reference to these guidelines. Non-compliance with the requirements of this guideline does not necessarily imply a breach of the Act. Specific sections of the guideline may be incorporated into a notice under the Act, and then the person to whom the notice was issued could be liable to prosecution if the notice is not complied with.

Part V of the *Public and Environmental Health Act* empowers Authorised Officers to:

- enter and inspect the premises at reasonable times
- make inquiries
- ask questions
- examine, inspect and test equipment

- take samples
- take photographs and videos
- require records to be produced
- examine and copy the records.

Inspections will generally be performed on a routine basis and additional inspections will occur if complaints are received or investigations are required. Random inspections may also be undertaken. A person must not hinder or obstruct an Authorised Officer.

3. RISK MINIMIZATION

In developing effective infection control strategies in the skin penetration industry, operators must identify situations where there is significant risk of spread of harmful micro-organisms and intervene at the appropriate time to prevent that spread. Micro-organisms are everywhere and are continually introduced into the environment. They live on skin, in food and dirt. Micro-organisms are easily spread between clients and operators and are easily transferred by contact with unwashed hands, soiled equipment or contact with blood and body substances. Operators must assume that all blood and other body substances are potential sources of infection. To minimise transfer of micro-organisms, operators must perform all procedures in a safe and hygienic manner, following all infection control techniques and procedures.

The body's first lines of defence against invasion by micro-organisms are the skin and the mucous membranes. Provided they remain intact, they provide a very effective barrier against infection. Skin penetration procedures involve the penetration of these barriers thereby increasing the risk of infection. Infection can occur if equipment is contaminated, from direct person-to-person contact with blood or other body substances, or while the site is healing. The use of infection control techniques for skin penetration procedures minimizes the risk of infection.

In any procedure that involves penetration of the skin, contamination of equipment with blood (or body fluids) cannot be avoided. It is possible that clients and operators may include people who are carriers of viral infections such as hepatitis B, hepatitis C or HIV. Contaminated skin penetrating equipment can transmit these blood-borne viruses to clients or to operators who may accidentally pierce themselves. Unhygienic practices and procedures may also transmit other skin and mucous membrane infections including herpes simplex virus which may result in small painful blisters that break open to form shallow painful sores, and fungal infections such as ringworm or tinea which are spread by direct skin contact or from contaminated surfaces. Common bacteria such as *Staphylococcus* and *Pseudomonas* can also cause serious infection and may prevent healing of the site. These bacteria may be transmitted by unhygienic practices.

The risk minimization strategies that should be used in the skin penetration industry require the operator to:

- Wash hands immediately before and after attending a client and before attending the next client, or before resuming a procedure if interrupted (eg. answering the telephone)
- Wear clean disposable gloves when contact with blood or body fluid is anticipated
- Wear protective eyewear and clothing whenever there is a risk of splattering from blood or body fluids
- Use aseptic (non-touch) operating techniques
- Use fittings and equipment that have been properly cleaned and where necessary sterilised before use
- Maintain the premises in a clean condition
- Handle and dispose of sharps in a safe manner

- Consider being vaccinated against hepatitis B in accordance with the Australian Immunisation Guidelines.

The above strategies are referred to standard precautions (Refer to Definitions).

It is recommended that operators of any skin piercing business keep a record of all client appointments, recording the date, time and details of the procedure performed eg, female, navel pierced 1:30pm 15th March 2004. Names, addresses and phone numbers of clients will allow for easy follow-up in disease investigation and control if an outbreak of an infectious disease occurs. Further information to be recorded may include operator's name, jewellery used and what after-care advice was given. The operator is under no obligation to ask for the client's name, address and phone number, and the client is under no obligation to provide their name, address or phone number.

By adopting the infection control techniques and procedures outlined in these guidelines, operators will minimise the risk of transmission of blood-borne and other infectious diseases to clients and themselves.

Refer to Section 12 Skin Penetration Hazard Analysis Critical Control Point (HACCP) Plan.

4. PERSONAL HYGIENE

Hand hygiene

Why wash your hands?

- Hand washing is generally considered to be the most important measure in preventing the spread of infection
- Hand washing protects both the client and the operator.

When should hand washing be done?



- Before and after contact with each client
- Where multiple procedures are performed on a client, wash hands before and after each procedure
- Before resuming a procedure if interrupted (eg. answering the telephone)
- Immediately prior to putting on disposable gloves
- Immediately after removing disposable gloves for any reason
- After touching the nose, mouth or handling a nasal tissue or handkerchief
- Before and after smoking, eating or drinking
- After going to the toilet
- After contact with blood or other body fluids.

For how long?

- For routine hand washing, hands should be washed all over for at least 10 to 15 seconds
- Before commencing an aseptic procedure, hands should be should be washed all over for at least 1 minute.

How?

- Wet hands thoroughly preferably with warm running water and lather with a mild soap. A liquid soap is preferable, although bar soap can be used if kept dry and in good condition. Liquid soap dispensers also need to be maintained by regular washing and drying all reusable parts. Soap helps remove grease, dirt and micro-organisms. Warm water helps remove grease from hands and also encourages hand washing.

NOTE: An antimicrobial soap is not necessary for routine handwashing

- Pay special attention to the backs of hands, wrists and spaces between fingers
- Rinse hands thoroughly under running water
- Thoroughly dry the hands on a single-use towel or in another way that is not likely to transfer micro-organisms to the hands (eg hot air hand dryer). The dryness of hands and fingertips is related to the transfer of bacteria – that is, the drier the hands the less likely the hands are to transfer bacteria
- Turn off the tap with the used towel if hands-free taps are not available
- Alcohol-based hand rubs or gels offer a practical and acceptable alternative to hand washing and can be used provided hands are not dirty. The hand rub or gel must come into contact with all surfaces of the hand and the hands rubbed together until the solution has evaporated.

Hand care

- To minimize “chapping” of hands, pat hands dry rather than rubbing them
- Moisturising hand creams should be used regularly to avoid dryness and cracking
- Nailbrushes should not be used for scrubbing hands as they may damage the skin
- Cuts and abrasions should be covered by a water-resistant dressing that should be changed as necessary and when soiled.

General hygiene

Operators should pay careful attention to their own personal hygiene. Clean washable clothing should be worn and changed when soiled. Clean, freshly laundered clothing carries very few micro-organisms.

Aprons or other protective clothing should be worn when there is a risk of splash from body fluids.

Fingernails should be kept clean and short to allow for easy cleaning. If fingernails are long, extra effort must be made to thoroughly wash under nails.

Jewellery can act as a trap for micro-organisms and may make thorough cleaning of hands difficult. If jewellery is worn, extra effort is required to clean and dry under the jewellery after hand washing.

Operators should not smoke or eat while attending clients. These activities allow close contact with the mouth, transferring micro-organisms to the hand, which can then be spread between the client and operator.

It is recommended that animals are not allowed in rooms where skin penetration procedures are performed to prevent soiling of the premises, reduce micro-organisms and help maintain cleanliness. Companion animals used by the sight and/or hearing impaired are exempt.

5. GLOVES

Gloves used for skin penetration procedures

Gloves must be worn when it is likely that hands will be contaminated with blood or body fluids, or come into contact with mucous membranes.

Single-use gloves are to be worn for skin penetration procedures. They act as a physical barrier to protect the wearer's hands from contamination and to prevent the transfer of micro-organisms. Single-use gloves are not sterile unless labelled as such and sealed.

The use of single-use gloves does not substitute, or eliminate the need for hand washing. Hands must be washed thoroughly before putting on gloves and again following glove removal.

Washing hands following removal of gloves is required because:

- Hands become warm and moist in gloves promoting growth of micro-organisms
- Gloves are not perfect and may have small holes allowing contamination of hands. These holes are not always noticeable
- Hands can become contaminated during glove removal
- Washing hands or using a hand rub or gel following removal of gloves will reduce the risk of transmission of bacteria and blood-borne viruses to the client and the operator.

Gloves must be removed and disposed of if the operator leaves the client for any reason such as answering the telephone. Hands must be washed and new gloves must be put on before resuming the procedure, or before starting a new procedure on the same person to prevent cross contamination. Gloves must not be washed or re-used.

Some people are allergic to latex gloves. If a skin penetration operator develops a rash or skin condition it is recommended that they consult a medical practitioner. Single-use gloves are also available made of other materials eg neoprene or nitrile.

Gloves used for cleaning

General purpose utility gloves, e.g. rubber gloves should be used for:

- equipment cleaning
- decontamination procedures
- handling chemicals.

General purpose utility gloves should be washed in detergent, rinsed and left to dry after each use. Gloves should be inspected before each use and discarded if damaged or in a state not able to provide protection. Hands must be washed after using general purpose gloves.

6. ASEPTIC PROCEDURES

Aseptic procedures are designed to prevent the transfer of micro-organisms thereby reducing the risk of infection. Operators undertaking a skin penetration procedure must practice aseptic techniques to avoid contaminating equipment and products therefore minimizing infection.

Once a sterilised item has come in contact with something that is not sterile, it also becomes un-sterile. That part of the equipment which is used to penetrate the skin must not become contaminated by touching something that is not sterile.

Equipment

- Single-use equipment should be used whenever possible. Hollow needles **must be single-use** because they are virtually impossible to clean and sterilise properly
- Single-use equipment must be discarded immediately after use

- All reusable equipment used for skin penetration must be sterilised and maintained in a sterile condition
- Use sterilised tongs or forceps to handle sterilised equipment
- Reusable equipment must be cleaned and reprocessed as soon as practicable after use. Delay will increase the opportunity of micro-organism multiplication and also increase the difficulty of removing the contamination
- All necessary equipment should be set up just prior to the commencement of a client procedure
- All equipment set up for use on a client (even if not used), is assumed to be soiled after the procedure and must be discarded or reprocessed before use on another client
- Sterile needles or other equipment that will penetrate the skin should never be handled directly. A sterile pair of tongs or pliers should be used to pick up or manipulate these sterile items
- Re-usable needles must be visually inspected for damage and repaired after sterilisation
- Repaired needles must be re-sterilised before use
- Needles must not be tested for sharpness on the operator's skin before use.

Creams, oils, pigments and lotions

- Products (creams, oils, pigments and lotions) used in any procedure must be dispensed into a disposable container for each client. Discard the container when the procedure is finished. To prevent contamination **do not return left over product to the original stock supply**
- Where exposure to blood or bodily fluids is anticipated during application of these products (i.e. with tattooing, micro pigmentation, waxing) use a suitable disposable spatula, cotton bud or cotton wool pad for each client
- Where possible, use pump packs for storage of stock material.

7. CLEANING, DISINFECTION & STERILISATION OF EQUIPMENT

Cleaning is removing soiling and reducing the number of micro-organisms from equipment surfaces by washing in detergent and warm water

Cleaning

- All equipment must be cleaned between uses in accordance with:
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
- Thorough cleaning of equipment is essential before any disinfection or sterilisation process
- Mild alkaline detergents in the pH range 8.0 to 10.8 are preferred over neutral pH detergents in most applications, as they have improved cleaning efficiency. This type of detergent is different from the type of detergent recommended for general environmental cleaning (Refer to Section 9 Environment, Table 3). Common household detergents shall not be used to clean equipment prior to sterilisation because they can produce large amounts of foam and it can be difficult to rinse the items properly
- Brushes, utility gloves and other items used to clean equipment should be maintained in a clean and serviceable condition
- Store cleaning items in a clean and dry location.

The following cleaning method needs to be followed:

1. **RINSE** the equipment in *warm* running water to remove any blood or body fluids. Hot water used at this stage will cause matter to coagulate and stick to the instrument. Cold water will harden fats making cleaning more difficult.
2. **WASH** the equipment in a sink filled with warm water and a mild alkaline detergent to remove all visible soiling (strong alkaline detergents may damage some instruments). Hold the items low in the sink to limit flicking and spatter during scrubbing. Use of a non-abrasive scouring pad can assist in removing stains.
3. **RINSE** the equipment thoroughly in warm to hot running water.
4. **DRY** using a lint free cloth. Drying with a cloth prevents residues from damaging equipment during sterilisation.
5. **STORE** under cover in a clean, dry and dust-free environment.

Refer to Appendix 1 – Cleaning and sterilisation of equipment.

Ultrasonic cleaners

Ultrasonic cleaners work by subjecting equipment to high frequency, high energy sound waves, causing soil to be dislodged from the item and drop to the bottom of the tank, or be sufficiently loosened, to be removed during the rinsing process:

- After rinsing the equipment, items are placed in an ultrasonic tank filled with cold water and a measured amount of recommended detergent intended for ultrasonic use. A neutral or low alkaline, low foaming detergent is suitable
- Process items in accordance with the manufacturer's instructions and 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.*

NOTE: *Ultrasonic cleaners clean but do not sterilise instruments*

Disinfection

Disinfection is a process used to reduce the number of harmful micro-organisms but may not necessarily kill all of them

This process *is not* suitable for equipment used in skin penetration activities.

Disinfection of surfaces may be necessary in certain circumstances – Refer to Section 9 Environment.

Sterilisation

Sterilisation is the process of killing all micro-organisms including spores

All equipment used to penetrate the skin must be sterilised. Equipment can either be pre-sterilised single-use or, where equipment is re-used, it must be cleaned and sterilised.

The method of sterilisation available to the skin penetration industry is steam under pressure. A steam steriliser (autoclave) is required for this purpose. There are a number of different types of steam sterilisers available, and each have differing requirements relating to monitoring and validation of the sterilisation process.

It may be more cost effective for small operators to subcontract out their equipment sterilisation. Some contractors provide a pick-up and delivery service in the metropolitan area with a 24-hour turn around.

NOTE: Microwave ovens, pressure cookers, incubators, ultraviolet cabinets, boiling water units, ultrasonic cleaners and similar appliances will not sterilise. Wiping needles/spatulas with disinfectant before use does **not** sterilise the item.

All staff conducting skin penetration procedures should be trained in the correct use of sterilisation equipment and the correct sterilisation procedures. The Queen Elizabeth Hospital Central Sterilising Service Department has established the Sterilising Foundation Course and this course is open to anybody wishing to gain information on the sterilisation process.

Portable “bench top” steam sterilisers (autoclaves)

- Portable steam sterilisers must be operated in accordance with the requirements of AS 2182:1998– *Sterilisers- Steam - Benchtop*
- Portable steam sterilisers are not designed to sterilise liquids, therefore sterilisation of liquids should not be attempted
- Portable steam sterilisers with a drying cycle are appropriate for the sterilisation of wrapped items. These sterilisers achieve drying by drawing a partial vacuum and by the introduction of heat, following the sterilisation cycle
- Upon completion of the sterilisation and drying process, the items need to be immediately removed from the steriliser and checked for dryness. If moist, items are susceptible to contamination and are therefore not considered sterile
- Sterilisers without a drying cycle should only be used for unwrapped equipment
- Packaging and wrapping of equipment must be in accordance with AS/NZS 4815:2001 – *Office-based health care facilities not involved in complex patient procedures and processes – cleaning, disinfection and sterilisation of re-usable medical and surgical instruments and equipment and maintenance of the associated environment*
- Equipment that has been sterilised unwrapped must be used immediately on removal from the steriliser
- Correct loading of the steriliser is essential for successful sterilisation:
 - flexible packaging materials should be loaded on edge with paper to laminate or flat with the paper surface downwards
 - items should not touch the chamber walls
 - unwrapped items should be placed on a perforated or mesh tray and placed flat to ensure steam has access to all surfaces.
- Monitoring, calibration and performance testing of sterilisers:
 - a skilled person should carry out routine calibration checks and maintenance of all measuring devices, timers, gauges and displays. Refer to 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* for the frequency of calibration checks and steriliser performance tests.

TABLE 1: Times and temperatures for steam sterilisation

°C	kPa	mb	psi	Holding Time (mins)
121	103	1030	15	15
126	138	1380	20	10
132	186	1860	27	4
134	206	1060	30	3

Reference: AS 4815

The times and temperatures given in Table 1 for heat sterilisation indicate the absolute minimum standards of time and temperature to be maintained throughout all portions of a load

in direct contact with saturated steam in order to accomplish effective sterilisation. All times and temperatures are based on the assumption that the items to be sterilised are thoroughly cleaned and dried.

Record keeping of sterilisation

When sterilising any piece of equipment for a skin penetration procedure, documentation of the process **must** be recorded (eg. in a log book) and available for inspection by an Authorised Officer. Where an autoclave is used to sterilise equipment on site the following information must be recorded at the completion of each batch processed:

- Time and date
- The length of time held at maximum pressure and temperature
- Maximum pressure and temperature achieved.

It is recommended that any faults with the cycle be noted and recorded and those items be processed again. The autoclave may also need servicing or calibrating.

Level of reprocessing

Equipment must be reprocessed to a level appropriate for their intended use, regardless of the level of use they have had previously, or the level of contamination they have had. This can be assessed by using the categories in Table 2.

TABLE 2: Level of processing required for specific items

<i>Level of risk</i>	<i>Intended use</i>	<i>Example</i>	<i>Process</i>	<i>Storage</i>
High	For equipment that will penetrate the skin, enter into a sterile cavity or blood stream	Needles Jewellery	Sterilisation by steam steriliser	Store in packages that maintain sterility, do not tear, and are kept dry and free of dust
Medium	For equipment that will come into contact with mucosa or non intact skin	Pennington forceps (for clamping nostrils, navels, etc)	Sterilisation by steam steriliser	Store in packages that maintain sterility, do not tear, and are kept dry and free of dust
Low	For equipment that will come in contact with intact skin	Nail clippers Spatula	Clean with detergent and water	Store in clean, dry dust free environment

Ultraviolet cabinets

Ultraviolet (UV) cabinets **DO NOT STERILISE** equipment and other articles placed in them because the radiation does not penetrate to all surfaces of the articles exposed and some viruses are not readily destroyed by UV radiation. Because of occupational health and safety concerns about the risk of eye damage to the operators, workers or clients from UV cabinets, it is recommended that they should not be used.

8. SKIN PREPARATION

- The client's skin should be clean and free from infection, sores or wounds. Skin penetration should not be carried out within 15 centimetres of any skin infection or rash unless a qualified acupuncturist or health care professional that is treating the area performs the procedure
- If shaving of the penetration site is necessary, a single unit disposable razor is recommended. Where razor blades have a detachable blade, the blade must be disposed of in a sharps container after each use. The blade handle must then be washed with water and detergent to remove contaminants and dried before reuse. A new single use razor blade can then be attached to the handle
- If the positioning of a piercing site is to be marked, this should be done prior to disinfection of the skin. Markers are available that are not removed by alcohol or chlorhexidine. An alternative is to prepare the skin and mark the point with a toothpick dipped in Gentian Violet, followed by disinfection with an iodine swab
- A skin disinfectant (antiseptic) should be applied to the area of skin that is to be penetrated immediately prior to the procedure
- The site must be allowed to dry before the skin is penetrated and should not be touched by the operator's hands or any other item that may contaminate it.

Skin disinfectants (antiseptics)

An antiseptic is a substance that is recommended by its manufacturer for application to the skin or mucous membrane of a person to kill micro-organisms, or to prevent the growth of micro-organisms to a level that may cause infection:

- Skin disinfectants should always be used according to the manufacturer's instructions
- Bottled skin disinfectants:
 - should be labelled with the date when first opened and discarded after its designated "use by" date as indicated by the manufacturer's label
 - before use, sufficient skin disinfectant for an individual client's use should be poured into a single-use container. The container and any fluid remaining in the container should be discarded at the end of the client's procedure
 - check the label for the specific contact time of each skin disinfectant (time required before commencing the procedure after application of the skin disinfectant).
- Particular note should be taken of the flammability of the product in relation to the setting in which it is to be used
- Alcohol or chlorhexidine wipes may also be used.

There is a wide range of skin disinfectants available. The following preparations may be used for preparation of the client's skin, but the choice should be appropriate to the nature and site of the procedure:

- Chlorhexidine in aqueous formulations (0.5 to 4% w/v) or in alcoholic formulations with chlorhexidine (0.5 to 1% w/v) in 60 - 70% isopropanol or ethanol
- 70-80% w/w ethanol
- 60-70% v/v isopropanol
- 10% w/v aqueous or alcoholic povidone-iodine (1% w/v available iodine) – however this does stain the skin
- solutions containing 1% w/v diphenyl ether (triclosan).

9. ENVIRONMENT

Work area

A work area incorporates the treatment area and includes any workbenches, sinks and other structural items necessary to carry out the skin penetration procedure:

- It is important for owners of skin penetration establishments to have a designated area for the reprocessing of equipment. These areas should be planned carefully for ease of use and the safety of the client and operator (Appendix 2 - Suggested layout for a reprocessing area)

Work areas should:

- be well lit and well ventilated
- have adequate storage space for reprocessing equipment and materials
- have sufficient bench space to ensure the separation of clean and dirty equipment
- facilitate a flow pattern to prevent recontamination of processed equipment
- have equipment positioned and stored safely to minimize the risk of injury
- have separate equipment reprocessing sinks and handwashing sinks.

Structural furnishings & fittings

- In the treatment and re-processing areas all floors, floor coverings, walls, ceilings, shelves, fittings and other furniture should be constructed of materials suitable for the procedures undertaken and should be smooth, impermeable and easily cleaned. It is important that flooring should be of a colour and type that allows for easy identification and removal of sharps should they be dropped. As a general rule carpets are not recommended, however, if carpet already exists in treatment areas where spillage of blood can be expected to be minimal, i.e. acupuncture, it may be acceptable to protect carpeted areas with a smooth plastic mat immediately underneath the procedural area
- Sinks dedicated for the washing of hands should be supplied as close as possible to the area where the procedure is being undertaken. Other sinks should not be used for hand washing because they may become contaminated such as a kitchen sink where food is prepared. Hands may become contaminated if the sink being used is itself contaminated, for example, an instrument processing sink. Another reason for requiring dedicated hand washing sinks is that the hand basin should always be available for washing hands
- It is recommended that hand basins should be provided with hygiene taps that are elbow, wrist, knee, foot or sensor operated. In premises without these facilities, care should be taken to ensure taps and basins are kept clean. Avoid touching taps with gloved hands and use a disposable paper towel to turn taps off.

Linen

- Fresh garments or towels should be used on each client
- Linen on beds and benches can be covered with single-use paper towel or protective liners to help keep the linen clean. If linen is soiled with blood, body fluids, hair, or any other material then it must be changed between clients
- All freshly laundered linen, towels, clothing etc. should be stored in a designated clean linen cupboard to prevent soiling and contamination
- Used linen should be removed from the treatment area once the client leaves and stored for cleaning in a suitable container. All linen should be washed with laundry detergent and hot water.

Surfaces

- Routine cleaning of work areas is important because deposits of dust, soil and micro-organisms on surfaces can transmit infection
- After each client, all chairs, couches, and benches where skin contact occurs should be washed with detergent and water.

Storage

- All items must be stored in a way that their level of processing is maintained
- Washed items should be stored in a clean, dry and dust free environment
- Sterilised packaged items must be stored so that the integrity of the wrap is maintained in a clean dry and dust free environment.

Management of blood spills



- For smaller spills:
 - Spots or drops of blood or other small spills can easily be managed by wearing gloves and wiping the area immediately with paper towelling. Then clean with detergent and water. Where cleaning is difficult (eg between tiles) and there is a possibility of **bare skin** contact with that surface, then a disinfectant (such as bleach) may be used after the surface has been cleaned with detergent and water.
- For larger spills:
 - wear disposable cleaning gloves
 - wipe up spill immediately with absorbent material eg damp cloth, tissue or paper towel. Place contaminated absorbent material into leak proof container or plastic bag for disposal
- clean the area with warm water and detergent, using disposable cleaning cloth or sponge
- where contact with bare skin is likely, disinfect area by wiping with bleach, allow to dry
- discard contaminated materials (absorbent towelling, cleaning cloths and disposable gloves) as general waste
- wash hands.

Cleaning of environmental surfaces

As a general rule, a pH neutral detergent and water are all that is required for general cleaning as outlined in Table 3. Chemical disinfectants are not recommended for routine, general cleaning.

TABLE 3: Cleaning

<i>Use</i>	<i>Cleaning Product</i>	<i>Dilution</i>	<i>Process</i>
Floors, bench tops	pH neutral detergent and water	As per manufacturer	Damp mop or wipe. Leave to dry
Toilets, sinks, washbasins etc	pH neutral detergent and water. A crème based cleanser may also be useful	As per manufacturer	Wash thoroughly and leave to dry
Small blood spills	pH neutral detergent and water	As per manufacturer	Clean up the blood spill as soon as possible, wash area thoroughly and leave to dry
Large blood spills	<ol style="list-style-type: none"> 1. pH neutral detergent and water; followed by 2. Bleach (sodium hypochlorite) solution 	<ol style="list-style-type: none"> 1. As per manufacturer 2. 10mls bleach to 1L water (approx 500ppm) 	<p>Mop up the bulk of blood spill carefully, wash area with detergent and water, followed by damp wipe with bleach solution. Wash mop thoroughly with detergent and water, allow to dry.</p>

It is important to ensure that all solutions are used or discarded prior to their stated use-by dates.

Waste management

Waste disposal should be designed and positioned to minimize the potential for injury to staff and clients.

In accordance with Public and Environmental Health Regulation 4, a suitable rubbish bin must be provided for the containment of soiled tissues, paper, swabs, disposable products and other wastes. Suitable rubbish bins should:

- Be adequate to hold the rubbish
- Be impervious and rigid
- Prevent access by flies, pests, vermin or other animals
- Prevent, so far as is practicable, the emission of offensive odours.

Any rotting waste must be contained in wrapping or sealed in a disposable container to prevent leaking of fluids and offensive odours.

Any blood-soiled or contaminated swabs or other blood-soiled material may be wrapped before disposal as general waste.

The owner, operator or occupier of the premises must take reasonable steps to ensure that any refuse stored on the premises does not create an insanitary condition. It should be disposed of as often as may be appropriate in view of the nature of the refuse, but in any event at least once per week.

The owner, operator or occupier of any premises where a container for the storage of refuse is kept must take reasonable steps to ensure that the container is kept in a clean and sound condition.

Sharps



Sharps represent the major cause of accidents involving potential exposure to blood-borne diseases.

Operators must at all times handle sharps with care so as to minimize injury to themselves, to clients and to persons involved in the collection of discarded materials and refuse.

The person who has used the sharp is responsible for its immediate safe disposal following use.

A clearly labelled, puncture-resistant sharps container should be kept as close as possible to the area where sharps are used. Single-use needles, scalpel blades, razor blades, etc. should **not** be replaced into their original container or packaging.

Needles should not be bent or broken or otherwise manipulated by hand.

Sharp instruments should not be passed by hand between operators.

Under the *Public and Environmental Health Act*, operators have a duty to ensure that their activities do not give rise to a risk to health. They must therefore ensure that sharps used in skin penetration procedures are disposed of into a suitable sharps container* and disposed of via a licensed contractor as per the *Australian Standard AS 4031-1992/Amdt 1-1996: Non reusable containers for the collection of sharp medical items used in health care areas*. For cost effectiveness, large sharp disposal bins are available.

NOTE: A sharps container is a rigid, leak proof, puncture resistant and shatter proof container with a tight fitting lid and should comply with the above standard.

* Advice can be sought from the local council regarding disposal arrangements for filled sharps containers.

10. NEEDLESTICK INJURIES

Information for operator and client

It is very important that a protocol for dealing with needlestick and other blood or body fluid incidents is established by the operator.

The key steps in dealing with a needlestick accident are:

Immediately

- Remove contaminated clothing and thoroughly wash the injured area with soap and water. Affected mucous membranes should be flushed with large amounts of water
- If blood gets on the skin, irrespective of whether there are any cuts or abrasions, wash well with soap and water
- If the eyes are contaminated, rinse the area gently but thoroughly with water or normal saline, while the eyes are open
- If blood gets in the mouth, spit it out and then rinse the mouth with water several times.

Directly after the incident

- Report the incident to your supervisor

The following information is useful for the manager or supervisor of the business where a needlestick injury occurs (whether it be a client or employee):

- Ensure the affected area has been washed thoroughly
- Assess risk of blood-borne virus transmission (Refer to Appendix 3 which contains a flow diagram of a blood and body fluid exposure action plan)
- If necessary, encourage the affected person to seek medical advice from their own doctor or a hospital ideally within 1 to 2 hours of exposure
- Reassure the affected person that only a small percentage of accidental exposure to blood results in infection. Advise the person to seek counselling via an STD clinic or from the infectious diseases medical officer at a major hospital or from their own doctor
- Investigate the circumstances of the accident and take measures to prevent recurrence. This may include a change in work practices, equipment and/or training of staff

- If a needle/sharp was involved, place it in a rigid-walled container. Take it with you to your doctor. Do not attempt to cover a needle because you run the risk of further injury
- Document the incident and include:
 - date and time of exposure,
 - how the incident occurred and
 - the name of the source individual (if known).

NOTE: It is important that you protect the privacy of the employee and the source individual by keeping records confidential.

More detailed information regarding procedures is contained in the *Infection Control Guideline for the prevention of transmission of infectious diseases in the health care setting* Jan 2004; Department of Health and Ageing (Part 3 Section 23 and Appendix 8).

11. SPECIFIC REQUIREMENTS

Wherever possible **pre-sterilised disposable needles** should be used for all skin penetration procedures. In procedures where reusable needles are necessary, proper sterilisation procedures must be employed.

Re-usable equipment should be smooth, non-corrosive and constructed of materials that are able to withstand heat during sterilisation, eg surgical stainless steel.

Bleeding management

Any bleeding that occurs as a result of a skin penetration procedure should have pressure applied to the wound with a clean dry dressing. If possible ask the client to apply the pressure. If the operator applies the pressure, single-use gloves must be worn:

- single-use gloves must be worn for all procedures that have been assessed as carrying a risk of exposure to blood, mucous membranes or contaminated equipment.

Knowledge of procedures

All skin penetration operators should have adequate knowledge of their chosen field to perform the procedure in a competent manner.

First aid knowledge, and the application of that knowledge will assist in ensuring that clients remain safe while undergoing a skin penetration procedure.

After care information

The client will also need to know about infection control. It is advisable that skin penetration operators provide their clients with suitable information regarding the procedure and any appropriate after care advice. Clients should be advised to contact their medical practitioner if infection occurs.

Acupuncture

- The majority of items used in acupuncture are available as pre-sterilised and single-use
- Single-use dermal hammers and pressure studs are also available
- Reusable equipment not involved in skin penetration procedures and not contaminated with blood can be decontaminated using detergent and water after use and stored dry
- Preparation of the skin prior to acupuncture can be done by the use of an alcohol wipe. 70 - 80% ethanol or 70% isopropanol will reduce the amount of bacteria on the skin and thus lessen the risk of infection. The skin should be allowed to dry prior to insertion of acupuncture needles.

Body piercing

It is recommended that genital and nipple piercing should not be performed on minors due to potential developmental damage and scarring of milk ducts.

All types of decorative body piercing should be undertaken with a high regard for hygiene. The site of insertion should be prepared according to Section 8 and be allowed to dry before the skin is pierced and should not be touched by the operator's hands after swabbing.

The cleaning and sterilisation techniques detailed in Section 7 should be used for all non-disposable instruments used in body piercing.

There are two commonly used techniques for decorative body piercing:

- Catheter needle
- Studs inserted via a piercing gun.

Catheter needle

This system of decorative body piercing consists of a sterile disposable needle enclosed in thin flexible tubing. The needle is passed through the skin and withdrawn to leave only the tubing. A sterilised ring or stud is then inserted into the tubing using a pair of sterile tweezers and drawn through the skin. The ends are enclosed by a ball closure attachment:

- A new sterile needle must be used for each client
- The needle and tubing should be discarded immediately after use into a suitable sharps container. Care should be taken not to touch the container when discarding needles (Refer to Section 9 *Sharps*)
- The operator must use aseptic techniques at all times when handling sterile needles, tubing and jewellery.

Piercing guns

There are three types of piercing guns commonly used for the insertion of pre-sterilised studs:

- Guns designed to use fully disposable cartridges. The cartridges contain pre-sterilised jewellery, clasps, clasp retainers and stud adaptors. The cartridge is discarded immediately after use
- Guns using pre-sterilised studs, butterfly and protective disposable fittings where the gun has no direct contact with the client's skin
- Guns without protective disposable fittings. These guns place clients at risk of exposure to blood-borne viruses and should not be used.

Guns using disposable fittings are preferable as they are designed to prevent contamination of the gun:

- Guns should be cleaned before and after every use. If soiled with blood or bodily fluid, wash with detergent and water and dry prior to wiping with the disinfectant.

NOTE: *Specific ear piercing guns are available for use on the earlobe only and should not be used for any other body piercing. They should be used strictly in accordance with the manufacturer's instructions*



Trocar & cannula

The older version of the catheter needle is the trocar and cannula. In this method, the cannula is manually pushed through the skin then the trocar is drawn back and the sleeper or stud inserted. Body piercing methods using a trocar and cannula or needle and cork are **NOT RECOMMENDED** given the potential for a needlestick injury to the operator and the potential risk of exposure to blood-borne viruses.

Jewellery

It is important to ensure that suitable jewellery is used in new body piercings. Materials suitable for body piercing include surgical implant grade stainless steel (316L), solid 14k or 18k white or yellow gold, niobium, titanium, or a dense, low-porosity plastic:

- Jewellery used in new body piercing must be sterile, free of nicks, scratches and irregular surfaces
- Jewellery selected must be suitable for the area to be pierced.

All clients undergoing body piercing procedures must be provided with both verbal and written information regarding appropriate cleaning of the site and jewellery, possible symptoms of infection and suggested healing times. Clients should be advised to contact their medical practitioner if infection is suspected.

Colonic lavage or colonic irrigation

Colonic lavage or colonic hydrotherapy uses water to cleanse the colon. This practice does not penetrate the skin under normal circumstances. However, it does come into contact with other body substances able to transmit infection. For this reason therapists must have adequate knowledge of the techniques for the procedure as well as knowledge and application of infection control procedures and minimum hygiene standards. Cleaning and sterilisation procedures as outlined within this guideline should be followed to assist in preventing cross infection.

Electrolysis

During the electrolysis hair removal procedure, the needle enters the skin surrounding the hair follicle which may result in the contamination of the needle with blood and body fluids. Transmission of blood-borne infections is then possible.

It is recommended that single-use, pre-sterilised needles are used, and disposed of immediately after use into a suitable sharps container (Refer to Section 9 *Sharps*).

If reusable needles are used, they must be thoroughly cleaned prior to sterilisation (Refer to Section 7).

Only sterile needles are to be inserted into the electrolysis equipment at the start of the treatment on each client. The same needle can be used for removing as many hairs as necessary from one client at a single session, but the needle must be discarded after use, or cleaned and sterilised after treatment and prior to use on any other client.

The needle used for one client must not be stored and then used again for the same client at following electrolysis sessions. A sterile needle must be used for each treatment session.

It is essential that the operator's hands are thoroughly washed before and after this process, and gloves are worn.

NOTE: *The heat produced by the current in the electrolysis process (70-80°C for 1 to 2 seconds) is insufficient for the needle to become sterilised. (Refer to table 1)*

Lancing

Lancing of the skin involves treatments such as the removal of blackheads, pimples and ingrown hairs, by penetrating the skin using sharp equipment such as a lance. Single sterile use equipment must be used for this process.

Micropigmentation

Micropigmentation, or cosmetic tattooing, is widely used in the beauty industry. Operators must follow the same guidelines for hygiene and sterilisation as for tattooing. Disposable needles are recommended for use in this procedure.

Nail manicures & pedicures

The hands and feet of clients should be cleaned and dried before a manicure or pedicure. Single use instruments are recommended wherever possible and should be discarded after each client. Any re-useable instrument or part of an instrument used on a client should be thoroughly cleaned and dried before being used on another client.

Prior to carrying out any manicuring or nail treatments, operators must wash their hands thoroughly.

Nail fungus and mould are surprisingly common and are often found in salons. The infections can be spread:

- from nail to nail on the client
- from the client to the operator
- from client to client if the instrument used has not been thoroughly cleaned between clients.

Nail fungus usually appears as a discolouration in the nail that spreads toward the cuticle.

Nail mould is a type of fungus infection caused when moisture is trapped between an unclean natural nail and products that are put over the natural nail such as wraps, gels, tips or acrylic nail products. Nail mould can be identified in the early stages as a yellow-green spot that becomes darker with time.

It is possible for fungal infections to be transferred through manicuring or pedicuring, especially when inserting files under the cuticle. For this reason, all instruments should be disposable or thoroughly washed and dried in accordance with procedures detailed in Section 7. Clients with visible nail or skin infections should be referred to a medical practitioner before having a manicure or pedicure.

Pedicure foot spas have been responsible for the spread of bacterial infections. It is important that foot spas are drained and thoroughly cleaned, particularly behind inlet screens, following each use.

Nail clippers or any other implement that becomes contaminated with blood or body fluids must be thoroughly washed and dried as outlined in Section 7.

Tattooing

***NOTE:** The Summary Offences Act classifies persons under the age of 18 years as minors. Section 21A of that Act provides that it is an offence to tattoo a minor and carries a fine of \$1000 or 3 months imprisonment (penalty correct as at time of publication)*

Stencil screens, patterns or templates and containers for pigments or creams must be used on one client only and then discarded:

- These items should be kept in clean sealed containers before use
- Operators should wear gloves and handle these items as little as possible to reduce the risk of contamination.

Some operators apply petroleum jelly on the skin before and during a tattoo:

- Petroleum jelly, creams, pigments and lotions should be measured into disposable containers for each client and only used for that client. They can be applied using a gloved hand or a new spatula that is discarded after use.

Tattoo operators often use a spray bottle during a procedure. Handling of the spray bottle while undertaking a procedure can be a source of cross contamination:

- To minimize contamination of the spray bottle, cover with a single-use plastic bag or wrap so that only the nozzle is exposed and discard the cover after each client
- The outside of a spray bottle should be cleaned after each procedure, even if covered over
- The spray bottle needs to be maintained by washing and drying all reusable parts before refilling it.

At the completion of a tattooing procedure on a client the tattoo machine should be stripped down using the following procedure:

1. Detach tube and needle bar from machine.
2. Slide needle bar out of tube.
3. Clean tube and needle bar by initially rinsing in warm running water followed by washing the item while submerged in warm water with a mild alkaline detergent.
4. Rinse thoroughly with hot water to assist the drying process, dry with a lint free cloth.
5. Put tube and needle bar in sealed pouches and then sterilise (autoclave).
6. Wipe machine with 70% - 80% alcohol.

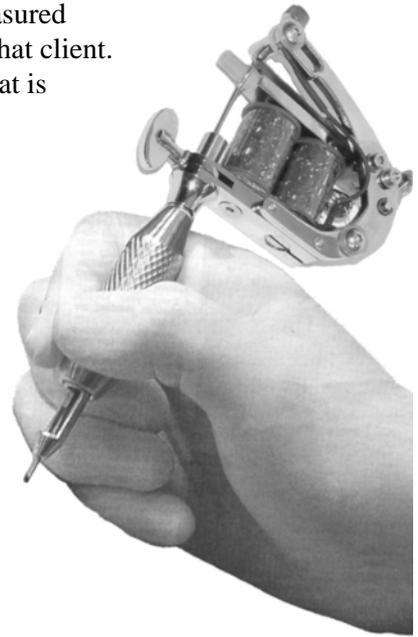
All clients undergoing a tattooing procedure must be provided with both verbal and written information regarding appropriate care and cleaning of the site, possible symptoms of infection and suggested healing times. Clients should be advised to contact their medical practitioner if infection is suspected.

Waxing

There is the risk of spreading infection from one client to another through waxing. Body hair is associated with the accumulation of micro-organisms. The upper lip, pubic area and under arms are either moist or close to the moist areas resulting in the presence of increased numbers of micro-organisms. Removing hair with the use of wax also removes the micro-organisms, upper skin layers and wound scabs contaminating the wax as a result of this process. It is also important to remember that blood is extracted during the waxing process, and not all blood extraction will be visible.

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. Operators should ensure that their processes for waxing clients and management of equipment minimises the potential for cross contamination. It is recommended that operators use either of the two following methods to prevent cross contamination between clients:

- pre-dispense the required amount of wax for each client into single use pots and discard any unused product
- avoid re-dipping spatulas if wax pots are used on more than one client. Disposable wooden spatulas should be used for wax application and should not be re-dipped into the wax pot; they should be disposed of immediately following a single use.



Disposable spatulas and containers should be discarded after use. Reusable containers and metal spatulas must be cleaned between each client.

There are two types of wax currently used in the beauty industry; *soft wax*, which is normally used for legs and large areas of the body, and *hard wax*, which is used for bikini lines, facial, under arms and pubic areas.

NOTE Melting down wax and filtering does not destroy bacteria and viruses which may be present on a client's skin. Wax, irrespective of its type, must not be reused or melted down and reused on another client.

Operators should wash their hands before starting a waxing procedure on a client. Gloves should be worn during the procedure. On completion of the procedure, gloves should be removed and hands should be washed.

Special care should be taken when waxing sensitive areas such as pubic areas, bikini lines, the face, and under the arms.

- If bleeding occurs the area should be blotted with tissue or absorbent dressing. Soiled tissues and dressings should be discarded immediately into the general waste container.

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.

12. SKIN PENETRATION HACCP PLAN

To ensure a satisfactory level of infection control at all times in a skin penetration establishment, a checklist or Hazard Analysis Critical Control Point (HACCP) plan is necessary.

These plans enable the operator to identify the potential risk involved in every activity undertaken in the course of conducting a business, and to establish a system to control that risk as far as possible. The plan also allows the operator to monitor the control systems currently in place by using a rating system.

A HACCP Plan is intended for use on a regular basis by the operator or manager of the skin penetration premises and can also be used by an independent auditor or the local government environmental health officer when undertaking an inspection of the business.

An example of a HACCP plan, designed using the information contained in this guideline, is provided in Appendix 4. Operators may wish to use some or all sections to form the basis of their own HACCP plan, depending on specific aspects of their business. It is important that such a plan is reviewed regularly so that it incorporates all current details of procedures which are undertaken in individual premises.

13. ACKNOWLEDGMENTS

This guideline was developed in consultation with representatives from the following organisations:

- Australian Institute of Environmental Health (SA Division) (AIEH)
- Australian Acupuncture and Chinese Medicine Association Ltd (AACMA)
- Advanced Association of Beauty Therapists (AABT)
- Australian Professional Piercing Association (APPA)
- Professional Tattooing Association of Australia (PTAA)
- Torrens Valley TAFE
- Environmental Health Officers from the following local councils:
 - City of Tea Tree Gully
 - City of Port Adelaide Enfield
- Hair and Beauty Industry Association of SA
- Hyde Park College of Skin & Body Therapy
- Infection Control Service, Communicable Diseases Control Branch, Department of Health
- Environmental Surveillance Section, Environmental Health Service, Department of Health.

The Public and Environmental Health Council wishes to convey its sincere appreciation to the supporting organisations for making a representative available and to each individual for their valued technical contribution.

14. BIBLIOGRAPHY

Australian National Council on AIDS, Bulletin No. 9 (August, 1991); *Infection control recommendations for skin piercing procedures such as acupuncture, hair electrolysis, ear piercing and tattooing.*

Australian National Council on AIDS, Bulletin No.16 (April 1993); *Management of Exposure to Blood/ Body Fluids Contaminated with Blood, including needle stick/sharps injuries, with a potential for HIV or other blood-borne infections.*

Australian Building Codes Board (1996); *Building Code of Australia, Volume 1, Class 2-9 Buildings.*

Australian Acupuncture Association Ltd. (1997); *Infection Control Guidelines for Acupuncture.* Desert Oak Publishing Services, West End, Queensland.

Controlled Substances Act (SA).

Department of Health and Ageing; *Infection Control Guideline for the prevention of transmission of infectious diseases in the health care setting* January 2004. Available from: www.icg.health.gov.au

Department of Health and Human Services Tasmania; *Guidelines for Tattooing 1998.*

Dangerous Substances Act (SA).

Department of Health and Community Care, Australian Capital Territory; *Code of Practice - Skin Penetration Procedures, Skin Penetration Procedures Act.*

Environment Protection Act (SA).

EPA Technical Bulletin No.2 July 1999; *Storage, Transport and Disposal of Medical Waste.*

Health Department of Western Australia (October 1996); *Draft Code of Practice for Skin Penetration Procedures.*

Health Department of Western Australia; *Skin Penetration – Cut Throat Razors.*

Health Department of Victoria. Health (Infectious Diseases) Regulations 1990; *Standards of Practice for ear piercing; Standards of Practice for electrolysis; Standards of Practice for Tattooing and Body Piercing*.

Health Department of Victoria (2004); *Health Guidelines for Personal Care and Body Art Industries*.

Joan F. Gardner & Margaret M. Peel; *Sterilisation Disinfection and Infection Control* Third Edition Chapter 12 Disinfection of living tissue pp 196 – 187.

National Health & Medical Research Council (1988); *National Guidelines for the Management of Clinical and related wastes*.

NSW Health Department; *Skin Penetration Code of Best Practise* (March 2001); *Public Health (Skin Penetration) Regulation* (2000) and *Guidelines on Skin Penetration* (2000).

Occupational Health, Safety and Welfare Act (SA).

Perkins, John J. (1956); *Principals and Methods of Sterilisation*. Springfield.

Public and Environmental Health Act (SA).

Rutala, William A. (1990) Association for Practitioners in Infection Control Inc. (APIC); *"Guidelines for Selection and use of Disinfectants"*. *American Journal of Infection Control*. April, Vol. 18, No.2.

Standards Australia, Australian Standard AS 2182 (1994); *Sterilisers - Steam - Portable*. Available from Standards Australia: www.standards.org.au.

Standards Australia, Australian Standard AS 2192 (1991); *Sterilisers – Steam – Downward Displacement*. Available from Standards Australia: www.standards.org.au.

Standards Australia, Australian Standard AS 4031 (1992); *Non reusable containers for the collection of sharp medical items used in health care areas*. Available from Standards Australia: www.standards.org.au.

Standards Australia AS 4187-2003; *Cleaning, Disinfecting and Sterilising reusable medical and surgical instruments and maintenance of associated environments in health care facilities* (AS 4187). Available from Standards Australia: www.standards.org.au.

Standards Australia AS 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* (AS 4815). Available from Standards Australia; www.standards.org.au.

Standards of Practice for Beauty Treatments and Electrolysis; *Health (Infectious Disease) Regulations 1990*

Summary Offences Act (SA).

Tasmania Department of Health and Human Services; *Public Health Act 1997 Guidelines for Ear and Body piercing*.

Territory Health Services, (January 1996); *Standards for Commercial Skin Penetration, Hairdressing, and Beauty and Natural Therapy*.

15. RESOURCE LIST

Guideline on the Standards of Practice for Hairdressing (1995) South Australian Health Commission.

NHMRC National Immunisation Guidelines.

Sterilising Research and Advisory Council of South Australia, PO Box 613, Noarlunga, South Australia, 5168.

Australian Acupuncture Association Ltd. (1997) *Infection Control Guidelines for Acupuncture*. Desert Oak Publishing Services, West End, Queensland.

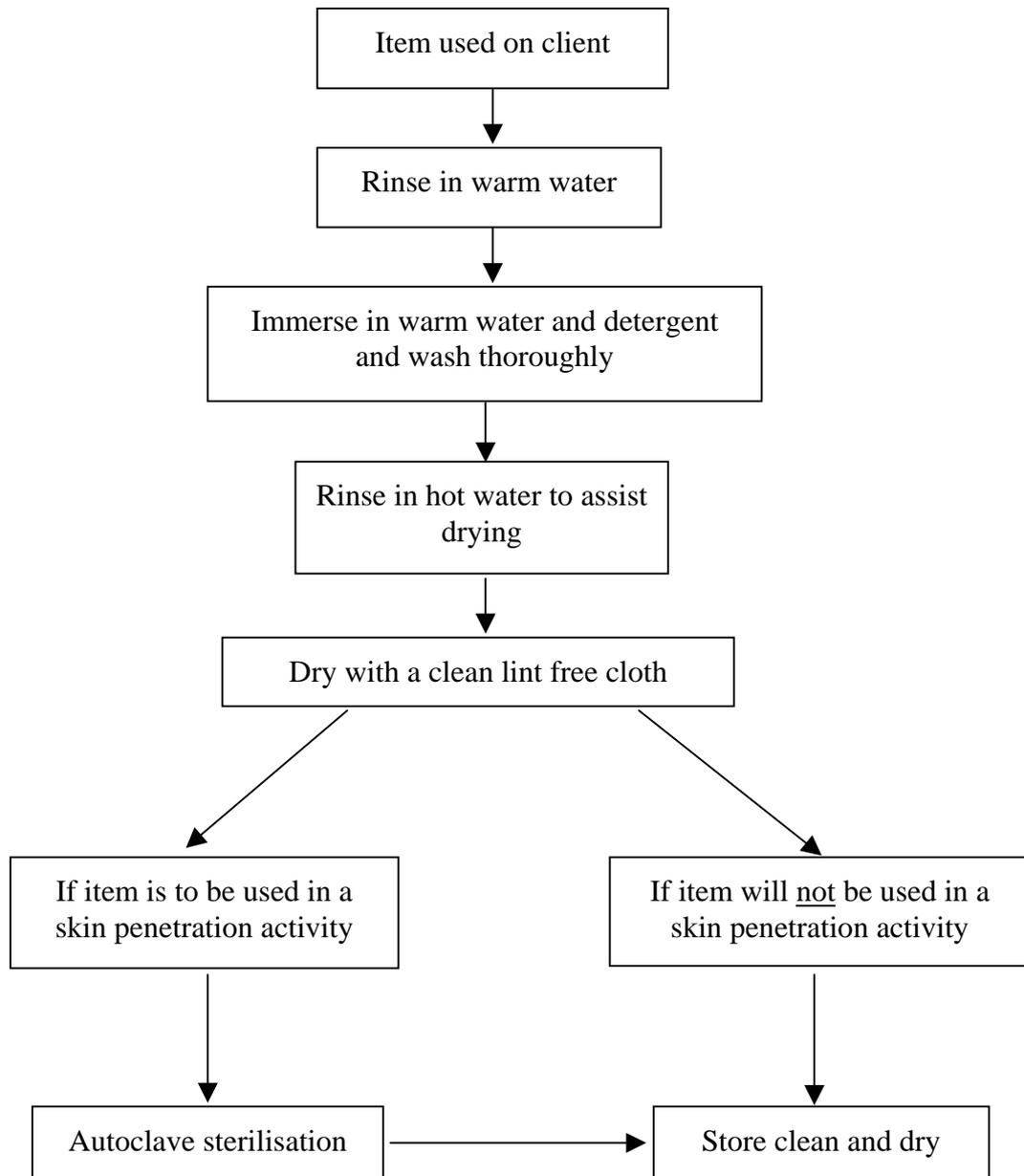
The Summary Offences Act.

Public and Environmental Health Act, 1987.

Building Code of Australia, 1996.

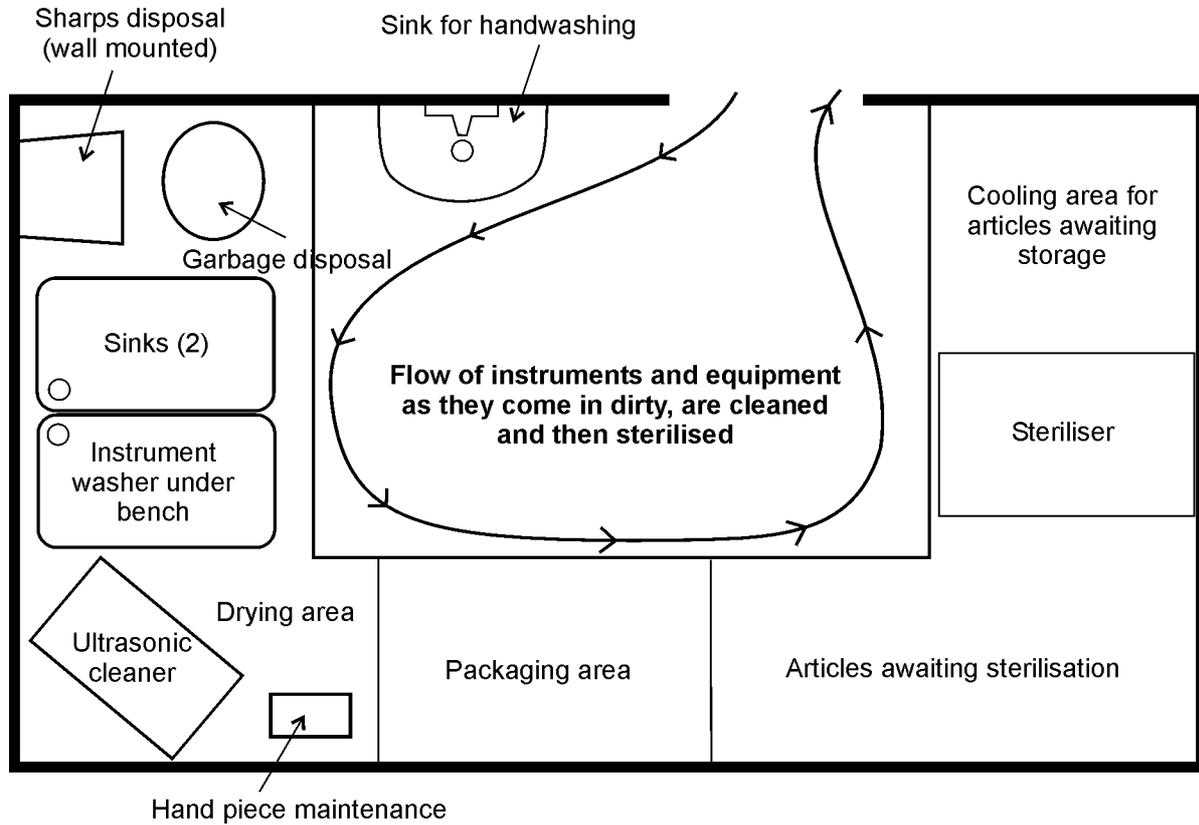
APPENDIX 1

Cleaning and sterilisation of equipment



Autoclaved equipment and jewellery should remain in their autoclave bag until immediately prior to use.

Suggested layout for a reprocessing area

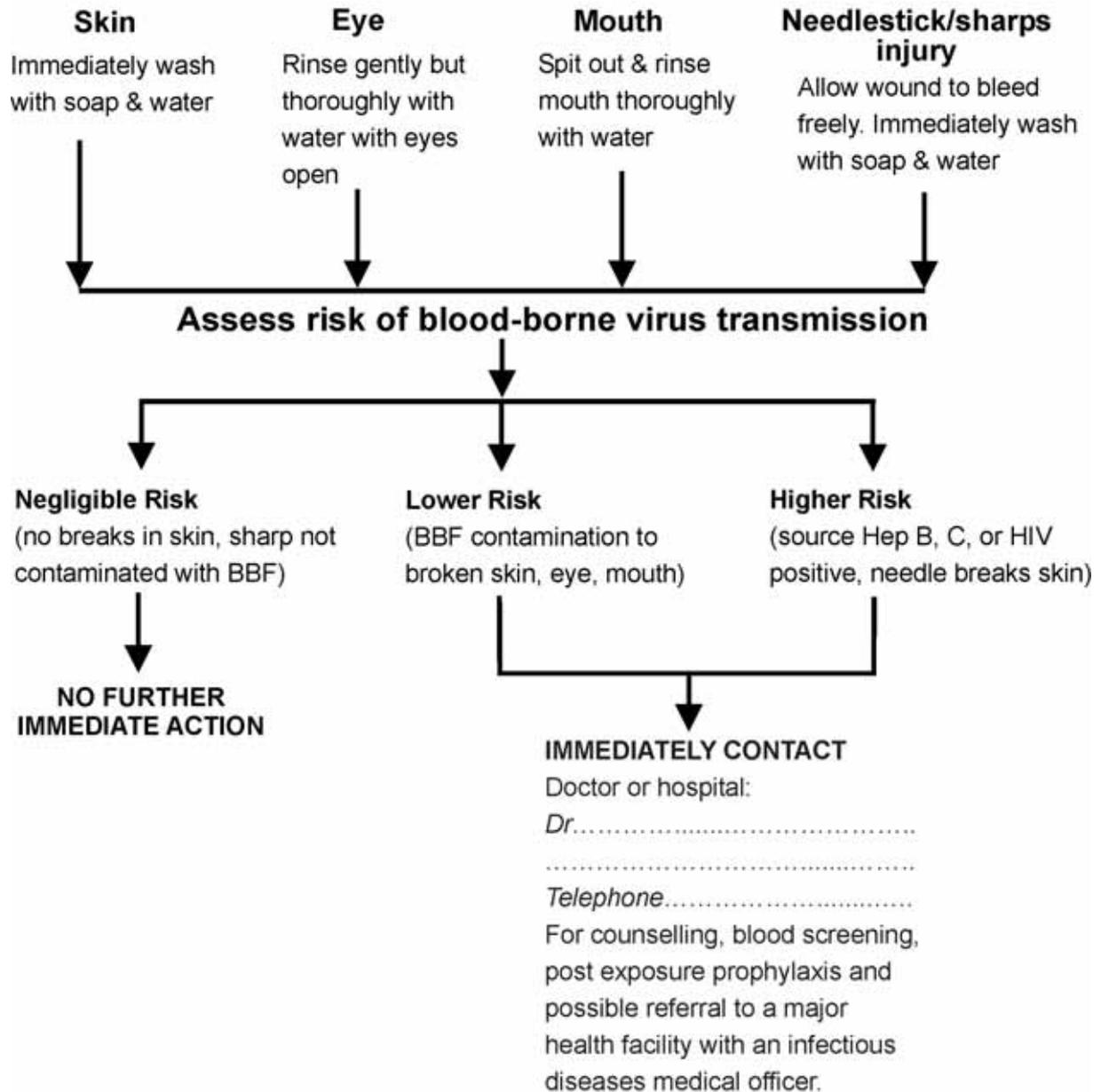


NOTES:

- 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.

Reproduced from *Cleaning, Disinfection, Sterilisation. A guide for Office-Based Practice* (Lohead, L. 1998)

BLOOD AND BODY FLUID (BBF) EXPOSURE ACTION PLAN



**Report and record details of the incident.
Assess the cause and develop a prevention strategy.**

APPENDIX 4

Skin Penetration HACCP Plan
(Hazard Analysis Critical Control Points)

NO	OPERATION	HAZARD	POTENTIAL RISK	CONTROL	SYSTEM IN PLACE?	PERSON RESPONSIBLE	RISK RATING	SCORE	COMMENTS
1.0 RISK MINIMIZATION - Refer Section 3 of Guideline*									
1.1	USE OF DISPOSABLE GLOVES	Cross contamination.	Spread of infectious disease.	Wear clean, disposable gloves at all times when bleeding is expected, remove gloves before performing another task and put on new gloves before resuming procedure. Utility gloves for cleaning reusable items and surfaces.	Yes/No		0-5		
1.2	USE OF PRE-STERILISED, DISPOSABLE SKIN PENETRATION INSTRUMENTS	Infection via contaminated instrument.	Spread of infectious disease.	Use pre-sterilised, single-use disposable equipment where possible when carrying out skin penetration procedures.	Yes/No		0-5		
1.3	RECORD KEEPING	Accident/procedure which results in physical harm.	Legal action taken against the business.	Keep records of all clients, recording date, time and details of the procedure performed.	Yes/No		0-5		
1.4	VACCINATIONS	Incomplete protection against infectious disease.	Spread of infectious disease to operator.	All operators should consider being vaccinated against hepatitis B.	Yes/No		0-5		

NO	OPERATION	HAZARD	POTENTIAL RISK	CONTROL	SYSTEM IN PLACE?	PERSON RESPONSIBLE	RISK RATING	SCORE	COMMENTS
2.0 PERSONAL HYGIENE – Refer Sections 4 of Guideline*									
2.1	HANDWASHING	Contaminated hands.	Spread of infectious disease.	<p>Wash and dry hands using hot soapy water and disposable paper or air dryer</p> <ul style="list-style-type: none"> • before and after contact with a client, • where multiple procedures are performed on a client, wash hands before and after each procedure, • before resuming a procedure if interrupted, • immediately prior to putting on disposable gloves, • immediately after removing disposable gloves, • before and after smoking, eating or drinking, • after touching the nose, mouth or handling a nasal tissue, • after going to the toilet, • after contact with blood or body fluids. <p>Keep fingernails clean and short. Cover broken skin or sores.</p>	Yes/No		0-10		
2.2	SMOKING & EATING	Contaminated hands. Discomfort for client.	Spread of infectious disease. Inhalation of hazardous fumes.	Do not smoke while undertaking skin penetration procedure.	Yes/No		0-5		
2.3	CLOTHING	Soiled clothing.	Spread of infectious disease.	Change clothing if soiled. Store soiled clothing separately.	Yes/No		0-5		
2.4	ANIMALS	Animals in the premises.	Spread of disease from animals (zoonosis) to humans.	Do not allow animals into skin penetration premises except for guide dogs used by visually/hearing impaired-persons.	Yes/No		0-5		

NO	OPERATION	HAZARD	POTENTIAL RISK	CONTROL	SYSTEM IN PLACE?	PERSON RESPONSIBLE	RISK RATING	SCORE	COMMENTS
3.0 ASEPTIC PROCEDURES – Refer Section 6 of Guideline*									
3.1	SINGLE-USE PRODUCTS	Cross contamination.	Spread of infectious disease.	Use single-use products such as disposable gloves and paper towelling where possible.	Yes/No		0-10		
3.2	HANDLING STERILE ITEMS	Contamination of sterile items.	Spread of infectious disease.	Use sterilised tongs or forceps to handle sterilised equipment or needles.	Yes/No		0-5		
3.3	CREAMS, OILS, PIGMENTS AND LOTIONS	Cross contamination.	Spread of infectious disease. Contamination of stock solution.	Measure amounts into disposable containers for each client and use only for that client.	Yes/No		0-10		
3.4	APPLICATION OF CREAMS, OINTMENTS, ETC.	Cross contamination.	Spread of infectious disease.	Use disposable item eg. spatula, to apply cream to each client.	Yes/No		0-5		
3.5	INSPECTION FOR NEEDLE DAMAGE	Using damaged needles.	Bodily harm or injury.	Inspect needles for damage before use. Do not test on operator's skin. Resterilise after repair and before use.	Yes/No		0-5		
4.0 CLEANING & STERILISATION OF EQUIPMENT – Refer Section 7 of Guideline*									
4.1	CLEANING AND STERILISATION PROCEDURE FOR ALL SKIN PIERCING EQUIPMENT	Non effective destruction of organisms on contaminated equipment.	Spread of infectious disease.	1. Rinse equipment in warm water to remove blood or serum. 2. Wash equipment in warm water and a mild alkaline detergent. 3. Rinse equipment thoroughly in hot water and dry with a lint free cloth. 4. Sterilise using steam sterilisation in accordance with Table 1*. 5. Store under cover in a clean, dry and dust free environment. Sterilised equipment and jewellery should remain in their autoclave bag until just prior to use.	Yes/No		0-10		
4.2	STERILISER MAINTENANCE (STEAM)	Non effective sterilisation.	Survival and spread of infectious disease organisms.	Sterilisers should comply with AS 2182 and 2192. Routine calibration by a trained technician. Use indicators to show that sterilisation is achieved. Record keeping of sterilisation of all equipment and jewellery	Yes/No		0-5		
4.3	USE OF AUTOCLAVE BAGS	Non effective sterilisation/ exposure to infectious organisms.	Survival of infectious organisms or recontamination.	Package items in autoclave bags. After sterilisation, wait until bags are dry before opening.					

NO	OPERATION	HAZARD	POTENTIAL RISK	CONTROL	SYSTEM IN PLACE?	PERSON RESPONSIBLE	RISK RATING	SCORE	COMMENTS
5.0 SKIN PREPARATION – Refer Section 8 of Guideline*									
5.1	SKIN PREPARATION	Cross contamination.	Spread of infectious disease.	<p>The clients skin should be clean and free from infection, sores or wounds.</p> <p>Use a single-use, disposable razor if shaving the site. Where razor blades have a detachable blade, the blade must be disposed of in a sharps container after each use. The blade handle must then be washed with water and detergent to remove contaminants and dried before reuse.</p> <p>Clean skin and make a mark where piercing is to be undertaken.</p> <p>Swab skin with disinfectant (antiseptic) prior to carrying out the procedure. Leave site to dry before penetrating skin.</p> <p><i>Note:</i> Skin penetration should not be carried out within 15 cm of any skin infection or rash unless undertaken by a health care practitioner.</p>	Yes/No		0-10		
6.0 ENVIRONMENT – Refer Section 9 of Guideline*									
6.1	CLEANING OF ENVIRONMENTAL SURFACES	Ineffective cleaning. Incorrect handling.	Unclean surfaces – cross contamination. Injury to operator.	<p>Clean environmental surfaces with detergent and water. Use disinfectants only after physical cleaning of equipment or surfaces is complete and if bare skin contact is anticipated.</p> <p>Follow manufacturer’s directions at all times.</p> <p>Do not use out of date chemicals.</p> <p>See Table 3 of Guideline for the process of cleaning.</p>	Yes/No		0-5		
6.2	HANDBASINS	Lack of appropriate facility.	Spread of infectious disease.	<p>Hot and cold water provided through a single outlet, plus soap and disposable paper towel or hot air dryer.</p> <p>Handbasins installed in new premises should have hygiene taps (elbow or foot or infrared operated).</p> <p>Hand basins in older premises should be kept clean.</p>	Yes/No		0-10		

NO	OPERATION	HAZARD	POTENTIAL RISK	CONTROL	SYSTEM IN PLACE?	PERSON RESPONSIBLE	RISK RATING	SCORE	COMMENTS
6.0 ENVIRONMENT (continued) – Refer Section 9 of Guideline*									
6.3	STRUCTURAL FURNISHINGS	Contaminated surfaces.	Spread of infectious disease.	All furnishings should be constructed of material that is smooth, impermeable and easily cleaned.	Yes/No		0-5		
6.4	LINEN	Cross contamination.	Spread of infectious disease.	Store all clean linen separately (ie. in a clean linen cupboard). Store soiled linen separately and wash at least once per week with hot water and detergent or send to a commercial laundry. Soak linen contaminated with blood in warm water prior to hot water wash.	Yes/No		0-5		
6.5	SURFACES	Cross contamination.	Spread of infectious disease.	A routine cleaning procedure should be undertaken following each client visit to prevent the transfer of infectious agents from one client to the next. If blood was present on surfaces clean with detergent and water. 10mls of bleach to 1L water can be used to disinfect the area.	Yes/No		0-5		
6.6	MANAGEMENT OF BLOOD SPILLS	Contamination of surface, exposure to infectious organisms.	Spread of infectious disease.	Smaller Spills: <ul style="list-style-type: none"> • wear gloves, • wipe up spill with disposable paper towel or wipe, • clean area with warm water and detergent, • wash hands after handling contaminated item. Larger Spills: <ul style="list-style-type: none"> • wear disposable cleaning gloves, • wipe up spill with disposable paper towel or wipe, • clean area with warm water and detergent, • if necessary disinfect work surfaces with bleach, • discard contaminated materials (wrapped) as general waste, • wash hands. 	Yes/No		0-10		

NO	OPERATION	HAZARD	POTENTIAL RISK	CONTROL	SYSTEM IN PLACE?	PERSON RESPONSIBLE	RISK RATING	SCORE	COMMENTS
6.0 ENVIRONMENT (continued) – Refer Section 9 of Guideline*									
6.7	WASTE DISPOSAL	Soiled materials contaminated with blood and body fluids.	Spread of infectious disease.	Use container suitable for general waste materials ie. prevents access by flies or vermin, and prevents emission of odours. Wrap any putrescible, blood soiled, or contaminated waste before disposal. Remove waste from the premises at least once per week.	Yes/No		0-5		
6.8	SHARPS DISPOSAL	Sharps contaminated with blood or body fluids.	Spread of infectious disease. Needle stick injuries.	Dispose of used sharps into appropriate sharps container which complies with AS 4031. Sharps containers should be collected regularly by an approved waste contractor for safe disposal.	Yes/No		0-5		
7.0 NEEDLE STICK INJURIES - Refer Section 10 of the Guideline*									
7.1	ACCIDENTALLY DRAWN BLOOD	Blood or body fluid contamination.	Transfer of infectious disease.	Disinfect skin area with an antiseptic such as povidone. Dispose of or wash contaminated items/ surfaces.	Yes/No		0-5		
7.2	NEEDLESTICK INJURY (involving blood transfer)	Cross infection from used needles.	Spread of infectious disease.	Follow blood exposure Action Plan Appendix 3: 1. Wash the area thoroughly with soap and water. 2. Seek medical advice for high risk exposure. 3. Keep needle/sharp for testing.	Yes/No		0-5		
7.3	EYE or MOUTH CONTAMINATION	Blood or body fluid contamination.	Spread of infectious disease.	Rinse eyes gently while open with tap water or saline solution. If blood enters the mouth, spit out the blood and rinse mouth thoroughly several times. Seek medical advice for high risk exposure.	Yes/No		0-5		
7.4	RECORDING THE INCIDENT	Injury or illness.	Legal action.	Advise manager or direct supervisor immediately. Keep a record of all incidents, stating date, time and details of persons involved.	Yes/No		0-10		

NO	OPERATION	HAZARD	POTENTIAL RISK	CONTROL	SYSTEM IN PLACE?	PERSON RESPONSIBLE	RISK RATING	SCORE	COMMENTS
8.0 SPECIFIC REQUIREMENTS – Refer Section 11 of Guideline*									
8.1	ACUPUNCTURE	Ineffective sterilisation. Use of contaminated needles.	Survival and spread of infectious disease organisms.	Use single-use, sterile needles.	Yes/No		0-5		
8.2	TATTOOING	Ineffective sterilisation. Use of contaminated items.	Spread of infectious disease.	After every tattoo operation strip down tattoo machine using the following procedure: <ul style="list-style-type: none"> • Detach tube and needle bar from machine • Slide needle bar out of tube • Clean tube and needle bar by rinsing in warm water and washing with warm water and a mild alkaline detergent • Rinse thoroughly with hot water and dry • Put tube and needle bar in sealed pouches and then autoclave • Wipe machine with 70% alcohol 	Yes/No		0-5		
8.3	BODY PIERCING	Use of contaminated instruments.	Spread of infectious disease.	<ul style="list-style-type: none"> • Piercing guns should be wiped over with 70-80% v/v alcohol. • Dispose of needle and tubing from catheter needle immediately after use. • Do not handle sterilised jewellery directly. • Use surgical steel, titanium, 18ct gold or other suitable metal. 	Yes/No		0-5		
8.4	ELECTROLYSIS	Reuse of contaminated needles.	Spread of infectious disease.	Use single-use, sterile needles.	Yes/No		0-5		
8.5	WAXING	Cross contamination.	Spread of fungal and bacterial infection.	Wax should not be recycled. Wax dispensed into single use pots for each client or spatulas disposed of after each application and not re-dipped into the wax pot.	Yes/No		0-5		
8.6	MANICURES & PEDICURES	Cross contamination.	Spread of fungal infection.	Examine hands/feet for fungal infection prior to treatment. Do not treat if infection is evident. All instruments should be disposable or suitably washed and if necessary sterilised before reuse.	Yes/No		0-5		

NO	OPERATION	HAZARD	POTENTIAL RISK	CONTROL	SYSTEM IN PLACE?	PERSON RESPONSIBLE	RISK RATING	SCORE	COMMENTS
9.0 LEGAL REQUIREMENTS									
9.1	PUBLIC AND ENVIRONMENTAL HEALTH ACT	Non compliance with provisions of Act.	Legal action.	Ensure all operators are aware of the requirements of the Act and legal consequences. Abide by guidelines.	Yes/No		0-5		
10.0 HACCP PLAN									
10.1	HACCP PLAN	Non compliance.	Spread of infectious disease. Legal action.	Check through this HACCP Plan monthly or whenever new or altered procedures are implemented.	Yes/No		0-10		

**Guidelines on the safe and hygienic practice of skin penetration. South Australian Health Commission 2004.*