

# **Cambridge City** **Council**

**Guidance notes for  
Acupuncture, Tattooing, Semi-  
Permanent Skin Colouring,  
Cosmetic Piercing or Electrolysis  
Studios or Treatment Areas**

## **CONTENTS**

	<b><u>Page</u></b>
Introduction	1
Sources of Further Advice	2
Record Keeping	3
Thorough Handwashing	4 – 6
Handwashing Technique	7
Personal Protective Clothing	8 – 9
Safe Disposal of Waste	10 – 11
Environmental Hygiene	12 – 13
Decontamination of Equipment	14 – 17
Skin Disinfection	18
Safe Working Practices	19 – 20
First Aid Management of Needlestick / Sharps Injuries	21
Management of Accidental Spillage of Blood and Body Fluids	22 – 24

## **INTRODUCTION**

Body piercing and tattooing is not a new idea. It has been undertaken for hundreds of years by different cultures for various beliefs and values.

However, in today's era with the emergence of new diseases e.g. HIV, CJD etc., it is more important than ever to ensure the adoption of good infection control practices within the body piercing and tattooing studio/treatment areas to prevent the spread of infections/diseases to clients or practitioners alike.

Since it is impossible to identify from 'face-value' which clients are infected with blood-borne viruses, such as Hepatitis B, C or HIV, it is recommended that routine infection control precautions (universal precautions) be adopted for every client having a body piercing, tattoo or acupuncture.

The adoption of good infection control precautions in studio/treatment areas will:

- Prevent/minimise the spread of infections/diseases
- Instil confidence in clients and practitioners alike
- Assist the registration/re-registration of the practitioner and premises with the Local Authority
- Assist the practitioner to comply with the Health and Safety at Work Act (1974)(the Act)
- Promote the image of the 'business' by customer satisfaction

The adoption of these guidelines will assist the studio/treatment areas to achieve these objectives.

## **SOURCES OF FURTHER ADVICE**

1. Refuse & Environment Service  
Cambridge City Council  
PO Box 700  
Cambridge  
CB1 0JH  
  
Telephone No: 01223 457888  
  
Email: [licensing@cambridge.gov.uk](mailto:licensing@cambridge.gov.uk)
  
2. Cambridgeshire & Peterborough Health Protection Team  
Kingfisher House  
Kingfisher Way  
Hinchingsbrooke Business Park  
Huntingdon  
Cambridgeshire  
PE29 6FH  
  
Tel: 01480 398607  
  
Email: [cambshpu@hpa.org.uk](mailto:cambshpu@hpa.org.uk)

## RECORD KEEPING



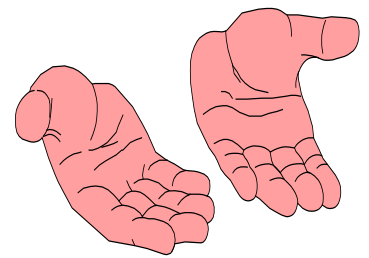
It is important for those undertaking acupuncture/tattooing/semi-permanent skin colouring/cosmetic body piercing/electrolysis to maintain a register or 'log-book' of clients who have attended their studio/treatment areas for the registered activity.

In the event of an outbreak of infection being associated with a specific premises, the 'log-book' will enable the local authority to undertake effective tracing of clients.

These records should be kept for a minimum of 2 years.

Client information to be documented within the log-book should include:

- Name of Client
- Address of Client
- Time & date of the activity
- Nature of treatment  
(state whether acupuncture/tattooing/semi-permanent skin colouring/cosmetic body piercing/electrolysis)
- Part of body treated  
(e.g. Lip, Nipple, Naval etc. type of treatment)
- Name of person performing treatment



## **THOROUGH HAND WASHING**

### **Why?**

Thorough hand washing is the single most important measure in preventing the spread of infection within the premises. However, although the importance is well documented throughout the literature as the cheapest and most reliable method of preventing cross infection, it is a practice that is often neglected and poorly undertaken by people. Studies have shown that the areas of the hands, which are often missed, are the: -

- Thumbs
- Finger-tips
- Webs
- Wrists
- Underneath jewellery

Normal skin has a 'resident' population of micro-organisms (germs) that often prevent more harmful germs from invading the body and causing infection. Germs acquired on the hands through contact with other people, objects or the environment are known as 'transient' germs and fortunately, the majority of these can be removed by thorough handwashing using soap and water. The antibacterial properties of intact skin prevent the survival of transient germs for more than a few hours but within this time the germs can readily be transmitted to other people or objects if thorough handwashing is not performed.

Therefore, the aim of thorough handwashing is to either remove transient germs or to reduce their numbers to below an infecting dose, thus preventing the spread of germs directly to a client or to a piece of equipment during treatment process.

### **Where?**

The 'gold' standard to be adopted for Wash Hand Basins (WHB) in studios or treatment areas to facilitate thorough handwashing is:

- A WHB with no plug or overflow, for the sole purpose of hand washing (contaminated instruments should be washed in a designated separate sink)
- Wrist, elbow or foot operated taps
- Mixer taps or thermostatic regulator valves fitted (to prevent scalding hot water)
- Liquid soap dispenser
- Wall mounted disposable paper towels dispenser (fabric towels are not acceptable since they can become reservoirs for germs)
- Foot operated pedal bin, in good working order, to dispose of used paper towels
- Handwashing poster

## **When?**

Hands must be washed: -

- Before and after any acupuncture/tattooing/semi-permanent skin colouring/ cosmetic body piercing/electrolysis and related activities
- When visibly soiled (with blood or other body fluids) even during a treatment
- After visiting the toilet
- Before handling food and drinks
- After domestic cleaning procedures
- After removing gloves and other protective clothing
- Before leaving for home

## **How?**

Any cuts, abrasions or breaks in the skin of the person performing the treatment (practitioner) must be covered with a waterproof dressing at all times. Any practitioner with extensive cuts or lesions on hands and forearms, which cannot be covered with a waterproof dressing, must not carry out any acupuncture/ tattooing/semi-permanent skin colouring/ cosmetic body piercing/electrolysis until the cuts/lesions have healed, and advice sought from their general practitioner.

Practitioners must ensure that the wearing of jewellery on their hands is kept to an absolute minimum when undertaking handwashing and performing a treatment. The wearing of a plain band of gold, such as a wedding ring, is permitted. Nails should be kept short, clean and without nail varnish.

It is recommended that liquid anti-bacterial soap is available for handwashing. Tablets of soap and nail brushes left wet in pools of water at sink-sides or in soap dishes can become an ideal medium for the growth of germs which can then re-contaminate the hands. Liquid soap dispensers should be designed so that the soap cartridge/canister placed inside the dispenser is completely discarded when empty rather than being topped up with new soap; over time this could become contaminated.

If non-disposable cartridges are used, topping up of liquid soap should be avoided; instead when the container is empty, the inside should be cleaned and dried before refilling.

## Washing

The following steps should be adopted when washing hands:

1. Remove all jewellery (wedding ring may be left on), including any wrist-watch
2. Use continuous running water for washing your hands
3. Wet hands, holding them down so that the water drains from the fingertips into the sink
4. Dispense approximately 5 ml liquid soap or antiseptic wash into the palm of the hand
5. Rub hands vigorously to ensure a good lather
6. Use friction on all surfaces of the hands, paying particular attention to thumbs, fingertips and webs (see 6-step technique on page 7)
7. Avoid splashing your clothes
8. Hold hands down to rinse all surfaces thoroughly
9. Dry all surfaces of the hands thoroughly using disposable paper towels
10. Turn off taps using elbow or wrists or foot (depending upon type of taps). Where these types of taps are not present, turn off taps using a paper towel and not your hands.

The most effective method for drying hands is with disposable paper towels. Fabric towels are recognised as being reservoirs of germs and are not recommended for use in premises where acupuncture, tattooing, semi-permanent skin colouring, cosmetic body piercing or electrolysis takes place. Hot air dryers are considered to reduce the amount of waste generated, but they are generally noisy, slow in drying the hands and can only be used by one person at a time. In addition, infection control research has shown that there is a high level of contamination associated with their use because of bacteria being blown around the room on the air currents.

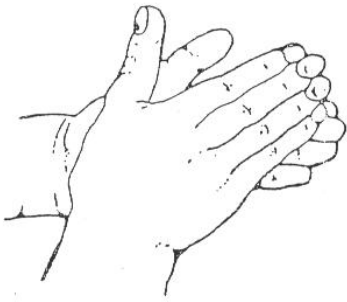
Disposable paper towels can dry hands rapidly, thus helping to reduce the carriage of transient germs on the skin.

Failing to dry hands thoroughly will cause harm to the skin, possibly resulting in eczema or similar skin conditions, which can be painful, debilitating as well as being a risk of infection for the practitioner and client.

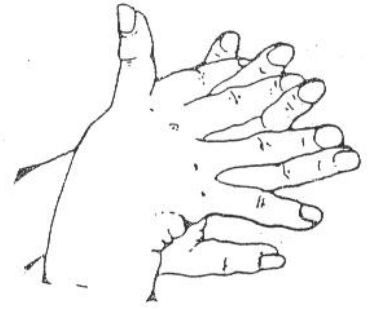
Alcohol hand rubs are available for rapid disinfection of hands. However they should only be used on visibly clean hands. For soiled hands, thorough handwashing must be undertaken as described previously. Alcohol gel is often preferred to alcohol liquid since it contains skin emollients or softeners and does not have the same drying effect on the skin as alcohol liquids. The alcohol should be rubbed into the hands until it has completely evaporated.



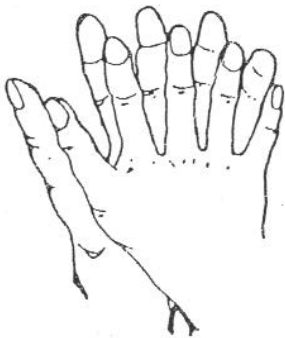
# HANDWASHING TECHNIQUE



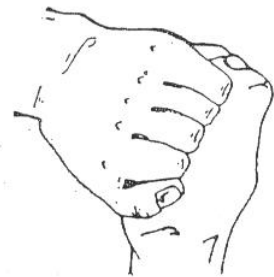
1. Palm to palm



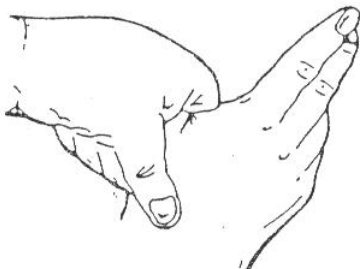
2. Right palm over the back of the left hand and left palm over the back of the right hand



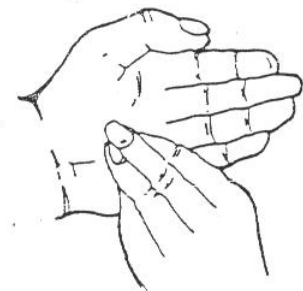
3. Palm to palm fingers interlaced



4. Backs of fingers to opposing palms with fingers interlaced



5. Rotational rubbing of right thumb clasped in left palm and vice versa



6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa. Wrists are similarly rubbed

**Source:** Ayliffe et al (1978). A test for hygienic hand disinfection. Journal of Clinical Pathology. 31. 923.

## **PERSONAL PROTECTIVE CLOTHING**

The purpose of personal protective clothing is to prevent the spread of germs between clients, from client to the practitioner and vice-versa. Since the skin and body fluids can be a major source of pathogenic (disease causing) germs, protective clothing, such as disposable gloves and aprons should be worn for any anticipated exposure to body fluids. The choice of protective clothing is dependent on the risk of exposure during a particular activity.

Under the Act, there is a responsibility on the proprietor of the business or the employer to provide the necessary personal protective clothing for the practitioner to use in the course of their work. The charge for this must be borne by the proprietor or employer, and cannot be passed onto the practitioner.

The onus for ensuring the health, safety and welfare of employees is not placed entirely on the employer. The Act also places a responsibility to ensure on the employee, requiring them to be aware of their own health and safety, for that of any other employees, visitors and clients.

### **Gloves**

The wearing of disposable gloves, e.g. latex, vinyl or other similar material, when in contact with blood, body fluids or moist body sites of a client provides a reliable method of reducing the acquisition of germs onto the hands of the practitioner when performing acupuncture, tattooing, semi-permanent skin colouring, cosmetic body piercing or electrolysis. Gloves will protect the practitioner from acquiring infection if they have minor cuts or abrasions on their hands. In addition, gloves protect the client from germs that may be present on the hands of the practitioner.

Disposable latex, vinyl or similar gloves must be readily available within the workroom: -

- Latex gloves conform to the hands and are suitable for procedures involving a fine degree of dexterity. The use of non-powdered latex gloves, which are low in extractable proteins (<50ug-/g) and residual chemicals, is advised to reduce the risk of the practitioner or the client developing a latex allergy (sensitisation).
- Vinyl gloves are looser fitting and restrict manual dexterity. They are not usually associated with adverse skin reactions.
- Alternative materials, such as Nitrile & Neoprene or Plasticised PVC can be used as single use disposable gloves suitable for acupuncture, tattooing, semi-permanent skin colouring, cosmetic body piercing or electrolysis.

To prevent the spread of infection, the single-use disposable gloves must be discarded and the hands thoroughly washed between each client contact. Washing gloves between clients should NOT occur.

Gloves must always be changed whenever a puncture is suspected.

Different coloured (colour coded) domestic gloves e.g. Marigold, can be used to clean instruments or the environment.

The use of gloves does not preclude the need for thorough handwashing after body piercing or tattooing.

Hands must be thoroughly washed after the gloves are removed because the gloves may become punctured and hands contaminated during glove removal.

### **Aprons**

A supply of disposable plastic aprons (impervious to fluids and germs) should readily be available and worn for procedures anticipated to cause significant contamination of personal clothing or a uniform. Intact disposable plastic aprons will protect the clothing of the practitioner from contamination, thereby reducing the risk of cross infection to clients and staff. Fabric towels should NOT be used as means of protecting the clothing of the practitioner since these are not impervious to body fluids.

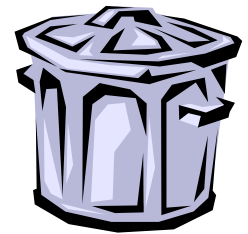
For convenience, wall mounted apron dispensers for disposable plastic aprons on a roll are available from a number of manufacturers. If required, the aprons can be purchased in different colours to denote the various tasks undertaken by the practitioner or other people in the premises.

To prevent the spread of infection a new disposable plastic apron must be worn for each client contact.

### **Face Visors**

Body piercing and similar activities involving a risk of blood or body fluid splashes. As there is a risk that these can reach the face of the practitioner, suitable protection of mucous membranes (eyes, mouth and nose) should be worn to prevent acquiring an infection. It is therefore advisable for the practitioner to wear a face visor (or goggles **and** mask) in addition to gloves and aprons when blood splashes are anticipated. Goggles alone do not protect the mouth or nose, and a mask alone does not protect the eyes.

## SAFE DISPOSAL OF WASTE



A legal framework that includes the Environment Protection Act (1990) governs waste management and disposal.

The nationally adopted colour coded system for waste bags is: -

<b>Colour of bag</b>	<b>Type of Waste</b>	<b>Method of disposal</b>
Black Bag	Uncontaminated paper and other household waste	Landfill (normal refuse collection)
Yellow Bag (Group A Clinical Waste)	Material contaminated with blood or other body fluid, human or animal tissue	Incineration
Yellow sharps Boxes (Group B Clinical Waste)	Syringes, needles, broken glass and any other sharp item	Incineration

Source: Health Services Advisory Committee of the Health and Safety Executive (1992)

To prevent the spread of infection, waste material contaminated with blood or other body fluid, must be safely disposed of by the practitioner to prevent the exposure or injury to others. Incineration of the waste is recommended means of final disposal (HSE, 1992). The advice of the local Environmental Health Department should be sought about the disposal of sealed yellow bags and locked sharps boxes from the premises. Based upon the amount of clinical waste generated and a suitable risk assessment, collection of clinical waste can be undertaken on a regular basis e.g. weekly, by:

- Local authority licensed special collection and disposal service for clinical waste
- Licensed independent contractor to the local hospital licensed disposal facility
- Licensed independent contractor to the local authority's licensed disposal facility
- Licensed independent contractor to the contractor's licensed disposal facility
- The proprietor taking waste, by prior arrangement, to the local hospital licensed disposal facility

It is the responsibility of the proprietor to ensure that staff receive training on the safe handling and disposal of clinical waste generated within the premises. In addition, written guidelines/policies should be available for staff as a reference. These guidelines should include information that: -

- Clinical waste is segregated from domestic waste at all times.
- Clinical waste is safely stored in a designated and locked area/container until collection. The area/container must be dry, pest free and locked to prevent access of unauthorised persons. In addition, there should be in place a schedule for cleaning the locked area/container on a regular basis, e.g. on a weekly basis and immediately when a spillage occurs.
- Foot operated pedal bins should be used for the collection of clinical waste within the premises. These must be in good working order. The practitioner should NOT use their hands to lift the lid of foot operated pedal bins because of the risk of hand contamination.
- When the clinical waste bags is approximately two-thirds full, they should be securely tied or sealed, preferably using a 'swan-neck' method (gather the empty part of the bag into a strip, fold the open end over and seal using a zip-tie or similar). Bags should not be 'double-knotted'. Clinical waste bags must not be allowed to become over-full, since they could split open during handling and transit.
- Clinical waste bags are labelled with source of origin and date of generation, e.g. '*Body Beautiful - 3/5/09.*' Any problem that arises during the disposal can then be traced back to the premises for subsequent investigation. (The licensed waste collector should not collect clinical waste if it unlabelled)
- To minimise the risk of injury, the sealed bags should only be handled by the neck of the bag, and then only by trained staff.
- Staffs involved in the disposal of clinical waste must wear suitable personal protective clothing.
- Risk-assessments should be undertaken to determine the frequency of changing clinical waste bags within the premises.
- All sharps are to be discarded into a container/box that complies with BS7320: 1990 and UN 3291.
- The sharps boxes must be of adequate capacity.
- Sharps boxes are stored above floor level and safely out of reach of clients, children and visitors.
- When not in use, the sharps boxes must be kept closed.
- The sharps boxes are to be labelled, dated and correctly locked when 2/3 full, ready to be disposed of.
- Where necessary, sharps boxes should be safely assembled prior to use.
- The person using the sharp item (blade, needle etc.) is responsible for its safe disposal into a sharps box.
- Locked sharps boxes are not placed into clinical waste bags but disposed of separately in the same manner as a clinical waste bag (see above).
- Sharps boxes must not be mishandled, thrown or dropped from a height.



## **ENVIRONMENTAL HYGIENE**

A clean environment is necessary to provide the required background to good standards of hygiene in the premises and to maintain the confidence of clients and visitors and the morale of staff.

The purpose of cleaning the environment is to remove dust, which may contain germs, and to keep surfaces clean and dry. A surface that is physically clean and dry will not support the growth of most germs and therefore is unlikely to represent an appreciable infection risk. On the other hand, the accumulation of dust and 'dregs' within the environment will allow the multiplication of germs and the spread of potential pathogens (disease causing germs).

To promote a clean environment, there should be a cleaning schedule for the premises. It is advisable to allocate a specific colour code for cleaning equipment, e.g. cloths, bowls, gloves, mop handles and buckets for use within the treatment room to prevent cross contamination of the environment. A different colour code should be used for kitchen/staff rest room and the rest of the premises.

Routine environmental cleaning can be effectively undertaken with a solution of warm water and general-purpose detergent e.g. Fairy Liquid, Persil, etc. This will remove most germs and is of value when environmental surfaces are soiled. In addition, detergent wipes are available from a number of manufacturers, which can facilitate the cleaning of equipment in between each client, at the end of each working day or when visibly soiled.

The frequent use of disinfectants for routine environmental cleaning should be avoided because of possible damage to certain materials, such as bleaching of fabrics and corrosion of metals. In addition, the unnecessary use of disinfectants and anti-bacterial sprays/preparations may in fact encourage the emergence of multi-resistant germs (those germs not killed by the disinfection). Also, anti-bacterial preparations do not prevent the potential spread of viral infections.

Disinfectants are only necessary for use in the studio/treatment area when dealing with equipment that has been used on a known infectious client and when dealing with accidental spillage of blood or body fluids, since these may contain blood borne viruses. Further advice on dealing with accidental spillages of blood and body fluids is given on pages 22-24.

However, when disinfectants are used, it is important to ensure that the correct strength/dilution is used, as per manufacturer's guidance.

Floors, walls and work surfaces, e.g. the couch/chair where the treatment takes place, within the treatment room should be covered with smooth-finished, durable, intact and washable surfaces that are impervious to fluids and can withstand thorough cleaning or disinfection in the event of body fluids spillage and contamination.

It is advisable that joints between walls and floors are effectively sealed to prevent the ingress of fluid during cleaning and spillage.

Whilst there is currently no evidence that carpets present a greater risk of infection than hard floors, for practical reasons, it is not advisable to fit carpets to areas where spillage of body fluid is anticipated. Spillage of blood, particularly from clients at high risk of blood-borne infections e.g. intravenous drug users sharing needles, will require disinfection with chlorine-releasing agents e.g. Sodium dichloroisocyanurate (Na DCC), such as Presept, Actichlor, Haz-Tabs, but these will damage most carpets.

Carpets should not be used in the area where the treatment occurs.

Furniture and horizontal surfaces e.g. radiators, window ledges and shelving within the treatment room, should have easy access for cleaning with a detergent solution at the end of each working day and when visibly soiled.

Savlon, chlorhexidine or other antiseptics are intended for use as 'skin disinfectants' and are of no value for routine environment cleaning or disinfection, and must NOT be used as such.

## **DECONTAMINATION OF EQUIPMENT**

The incorrect decontamination of equipment or instruments used for the treatment can contribute to the spread of infections and diseases, and could therefore be injurious to the health, safety or welfare of the client or the practitioner.

Staff undertaking decontamination of equipment should wear suitable protective clothing e.g. disposable plastic apron and gloves.

The employer must undertake a COSHH risk assessment on all substances (liquids, gels etc.) used in the studio or treatment area. In addition, the product data sheets must be available for the products and these sheets should be available for staff reference and to the local authority for registration purposes. These are available from the manufacturer or supplier of the products used.

There are 3 measures to reduce or eliminate germs from objects and surfaces:

- Cleaning
- Disinfection
- Sterilisation

### **Cleaning**

Cleaning is the physical removal of matter and soil from the surface, and if done so with a detergent solution, remains the single most effective way of reducing the risk of infection from the environment since it will remove large numbers of germs.

Cleaning of equipment must usually be the first stage before disinfection or sterilisation is attempted. Without cleaning an item first, it may not be possible to disinfect or sterilise it properly, as the 'dirt' can act as a shield under which the germs may survive.

### **Disinfection**

Disinfection is the killing or removal of germs (except for the more resistant spore-bearing (certain types only) germs) to levels where they are unlikely to be a danger to health.

Heat disinfection methods e.g. dishwasher, domestic washing machine etc, are more reliable than chemical methods and should be chosen whenever practicable.

### **Sterilisation**

Sterilisation is the process that achieves the complete destruction of all forms of microbial life, including spores and viruses.

All items used in the treatment studio or room that may come into close contact with a break in the skin (such as during any piercing or similar), mucous membranes or



introduced into a normally sterile part of the body (such as under the skin), must be sterile to prevent the risk of infection.

In all cases thorough cleaning, using a general-purpose detergent and warm or hand-hot water, must precede any method of disinfection or sterilisation of instruments and equipment.

Contaminated instruments for sterilisation must be thoroughly washed to remove all soiled matter or 'dirt' in a dedicated sink or by ultrasonic cleaning machine, rinsed and thoroughly dried before sterilisation. Ultrasonic cleaning machines should be emptied, cleaned, rinsed with clean water and dried at the end of each working day.

Equipment that has been decontaminated by any of the three processes outlined above must be stored dry. If any item is allowed to stand in a liquid or solution after it has been decontaminated, it must be considered as contaminated and not used.

### **High Risk Items**

Items that penetrate the skin/mucous membranes e.g. needles, body piercing jewellery, etc. are considered to be in the 'high-risk' category and must be sterilised in an autoclave or purchased as sterile, single-use disposable instruments.

Instruments labelled 'Single-use' must not be re-used. Sterile single-use instruments should be stored above floor level and expiry dates observed.

Other instruments e.g. metal forceps, scissors etc., can be re-used as long as effective sterilisation is undertaken to negate the risk of cross infection. Instruments sterilised in an 'in-house' autoclave (bench-top steam steriliser) should be removed and used as soon as possible, preferably within 3 hours of autoclaving.

### **N.B. ULTRAVIOLET CABINETS DO NOT STERILISE INSTRUMENTS**

Glutaraldehyde e.g. Cidex, ASEP etc., must NOT be used within the studio or treatment areas for the disinfection or sterilisation of instruments since it is an irritant and sensitising to eyes, skin and respiratory mucosa.

To ensure effective decontamination of instruments, consideration must be given to:

- Arranging a Service Level Agreement with the Manager of an accredited Central Sterile Supplies Department of a local NHS Trust to sterilise re-usable instruments e.g. metal forceps, and jewellery used for new body piercings, or
- Purchasing an autoclave (bench-top steam steriliser), which must be operated and maintained according to Medical Devices Agency bulletins (MDA DB 9605 and MDA DB 9804) and Health Technical Memorandum guidelines (HTM 2010, HTM 2031-Clean Steam for Sterilisation). Deviations to these recommendations can jeopardise the health and safety of clients and users of the machine.

## **Clean Steam for Sterilisation**

Guidance for the safe use of autoclaves is given in HTM 2031 – Clean Steam for Sterilisation, and highlights that water should not be allowed to remain standing in the autoclave's reservoir for more than a few hours because of the possibility of pyrogens (bacterial endotoxins - poisons) accumulating in the water reservoir. Bacterial growth occurs rapidly in the water left in the steriliser when it is not in use, for example, overnight, and although these are killed during the sterilising cycle, they leave a highly toxic, heat stable, residue (bacterial endotoxin). These toxins will continue to accumulate in the water until it is changed, and as most autoclaves generate steam from water that is just below the instruments, the steam will contain any contaminants held in the water. As the steam condenses any contaminants will be deposited on the items being sterilised. As these items will be contaminated, they may subsequently cause an infection in a client during the use of the supposed 'sterilised' instrument. It follows that the chamber and reservoir must be emptied, and cleaned at the end of each working day or when the autoclave has been unused for several hours. It should be re-filled prior to re-use.

The key to achieving clean steam in autoclaves lies in appropriate operating procedures. For routine operation of autoclaves, the following procedures should be observed:

- Ensure that all items are completely clean and dry before they are placed in the autoclave's chamber
- When the reservoir is to be re-filled, drain the contents, rinse all internal surfaces twice with distilled water and once with "Sterile Water for Irrigation". Use this water to refill the reservoir to the level recommended by the manufacturer.
- At the end of each working day, or whenever the steriliser is to be unused for several hours, drain the reservoir and chamber, rinse all internal surfaces once with distilled water and once with "Sterile Water for Irrigation" and leave dry.
- When the steriliser is to be used again, rinse all internal surfaces once with "Sterile Water for Irrigation" and refill the reservoir with this water to the level recommended by the manufacturer.

Users and owners of autoclaves should be aware of the legal implications in the event of an infection that may result from acupuncture, tattooing, semi-permanent skin colouring, cosmetic body piercing or electrolysis whilst using devices processed inappropriately. In addition, users and owners need to be aware of the safety issues when using such devices and may wish to consider appropriate insurance cover.

From a health and safety perspective, it is important to ensure a record is kept of the maintenance programme for autoclaves and the training provided to all users. In addition, it must be ensured that:

- Equipment used for cleaning and sterilising instruments is clean and kept in a good state of repair

- The operating cycle functions of sterilising equipment is tested daily, in accordance with MDA DB 9605 and DB 9804, and evidence of this kept in a log book, and that sterilising equipment is tested weekly in accordance with the published guidance from the Department of Health; keeping a record of this test is recommended
- Instruments for sterilisation in the autoclave are unwrapped i.e. not contained in envelopes, pouches or wrappings of any kind, unless the autoclave includes a pre-sterilisation vacuum stage in its cycle
- The autoclave is not overloaded with instruments; they should be separated within the autoclave to allow the steam to penetrate to all surfaces
- Instruments with lumens must not be sterilised in an autoclave
- The contents of part-used containers of sterilised feed-water (for the autoclave's reservoir) are discarded on a 24-hour basis.

### **Body Jewellery**

Body jewellery should be purchased as pre-sterilised single-use metal jewellery and gemstone/bead rings direct from the manufacturer. Alternatively, purchase metal jewellery and gemstone bead selection in bead rings, which are based on materials that can be sterilised effectively in an autoclave.

In addition, it is advisable that display jewellery is kept separate to stock jewellery for prospective clients to handle. When the body jewellery is chosen from the display, the sterile stock jewellery is to be used for the actual piercing.

### **Ear Piercing Guns**

Ear piercing guns designed for ear piercing must not be used for other parts of the body as the pins are too short and can cause pinching of the flesh and restriction of movement. This may lead to considerable discomfort and potential infection.

Ear piercing guns used in the body-piercing studio or treatment areas must be of the approved standard to prevent cross infection e.g. Inverness, Coren, Caress 2000, New Caflon Disposable, Studex Ear Piercing System, Trips Sterile Guard, Medisept, Perfex or Blomdahl Medical Ear Piercing System.

### **Examination Couch/Chair**

To prevent cross infection, procedure couches or chairs should be covered with disposable paper between each client use. After each client use, the paper should be disposed and the couch wiped with a detergent solution (or detergent wipe) and dried thoroughly using disposable paper towels or a paper roll.

### **References:**

- Medical Device Agency DB 9605 (June 1996). The purchase, operation and maintenance of benchtop steam sterilisers. London: Department of Health.
- Medical Device Agency DB 9804 (June 1998). The validation and periodic testing of benchtop vacuum steam sterilisers. London: Department of Health.

- NHS Estates. (1997). Health Technical Memorandum (HTM 2031)  
– Clean Steam for Sterilisation. London: The Stationery Office.

## **SKIN DISINFECTION**

The following antiseptics can be used to disinfect the client's skin prior to acupuncture, tattooing, semi-permanent skin colouring or cosmetic body piercing:

- 70 percent w/w ethyl alcohol
- 80 percent v/v ethyl alcohol
- 60 percent v/v isopropyl alcohol
- Alcoholic (isopropyl and ethyl) formulations of 0.5 to 4 percent w/v chlorhexidine
- Aqueous detergent or alcoholic formulation of povidone-iodine (1 percent w/v available iodine)
- Chlorhexidine/Cetrimide mixture (Savlon)

70 percent isopropyl alcohol impregnated wipes are the most convenient method of skin disinfection. Ensure that alcohol is applied with friction to the skin for 30 seconds and allowed to dry for 30 seconds before piercing. This will allow sufficient time to kill germs and prevent the stinging sensation.

Preparations containing povidone-iodine should always be used with caution in individuals since it may cause skin reactions.

Tea Tree oil should NOT be used as a skin disinfectant until further medical research has proved its therapeutic efficacy as an antimicrobial preparation.

## **SAFE WORKING PRACTICES**



To prevent the risk of causing allergic reactions and rejection (migration), all jewellery used for cosmetic piercing should be of top grade surgical steel or high carat-gold.

The following guidelines on undertaking a safe working practice will minimise the risk of infection to the client or the practitioner.

- Wear clean disposable plastic apron
- Thoroughly wash hands and prepare the work surface as described previously
- Ensure that all instruments for the acupuncture, tattooing, semi-permanent skin colouring or cosmetic body piercing are sterile
- Wear clean non-sterile disposable latex/vinyl or similar gloves. Care must be taken when wearing non-sterile gloves for body piercing. Where the needle is to be passed through body tissue and out the other side, a sterile, no touch technique must be used. Touching any part of the sterile needle when wearing non-sterile disposable gloves means that the needle is no longer sterile and should not be pulled through the skin. In such circumstances, sterile forceps should be used to handle the needle and sterile jewellery.
- Prepare the client by disinfecting the skin, using one of the recommended antiseptics
- Apply topical anaesthetic to the area. It is preferable to use single-use sachets of topical anaesthetic. However, if containers of topical anaesthetic are used, they should be applied in such a manner so as to prevent contamination of the container. It is illegal to administer local anaesthetic injections unless undertaken by a qualified medical practitioner.
- Handle the skin to be pierced with care to minimise damaging or bruising the skin and soft tissue.
- Using a “no touch” technique, hold the piercing needle as far away from the tip as possible to prevent contamination. Ensure firm control of the needle is maintained as the needle is pushed through the skin. The fingers receiving the needle should have a protective device covering them e.g. a sterilised thimble, to prevent needle-stick injuries. Alternatively, forceps can be used to pull the sterile needle through the client’s skin during the piercing.
- After piercing the skin with the needle, push the jewellery through following the direction of the needle.
- Once the jewellery is inserted, a sterile dressing, if appropriate, can be used to protect the piercing and provide comfort to the client.
- Provide the client with an after-care leaflet.

## **Clean and Dirty Zone**

Further effective infection control measures can be aided and simplified by using a strict system of a “clean” and “dirty” zone within acupuncture, tattooing, semi-permanent skin colouring or cosmetic body piercing premises. Instruments removed from the clean zone and used on the client should then enter the dirty zone, but used or contaminated instruments **MUST** not be allowed to re-enter the clean zone due to the risk of contaminating clean or sterile instruments. All contaminated re-usable instruments must be cleaned and sterilised in the autoclave before re-entering the clean zone.



## FIRST AID MANAGEMENT OF



### NEEDLESTICK/SHARPS INJURIES

The handling and disposal of used or contaminated sharps is one of the most hazardous procedures for all acupuncture, tattooing, semi-permanent skin colouring or cosmetic body piercing premises. Unsafe practice in handling and disposal of sharps may expose staff, clients and visitors to needle-stick injuries. Those who sustain needle-stick injuries are at considerable risk of acquiring blood-borne viruses such as hepatitis B and C and human immunodeficiency virus (HIV) and other infections.

The immediate first aid to be undertaken in the event of a needle-stick injury is:

- Do not ignore it
- Encourage free bleeding
- Do not suck, scrub or rub the injury site
- Wash site of injury immediately with soap and water and dry thoroughly
- Cover the site with a waterproof dressing
- Isolate the article that caused the injury and carefully dispose of it into a sharps box
- Report the injury to your local Primary Care Trust's Casualty Department, Occupational Health Doctor or GP as soon as possible after the needle-stick injury to seek advice on blood testing
- Report the injury to your manager and ensure the injury is documented.

Hepatitis B vaccination is recommended for all those who carry out acupuncture, tattooing, semi-permanent skin colouring or cosmetic body piercing since these occupational groups are considered to be at risk of acquiring the virus from exposure to a client's blood, tissue, or blood-stained body fluids.

## **MANAGEMENT OF ACCIDENTAL SPILLAGE OF BLOOD AND BODY FLUIDS**

It is unlikely that the acupuncture, tattooing, semi-permanent skin colouring or cosmetic body piercing studio or treatment area will experience many incidents where there has been accidental spillage of blood and body fluids. However to prevent possible transmission of infection within the area, any accidental spillage of body fluids must be dealt with immediately and safely by appropriately trained staff. Staff dealing with accidental spillage of body fluids must ensure that open wounds are kept covered with a waterproof dressing and that personal protective clothing, such as a disposable plastic apron and non-sterile disposable latex, vinyl or similar gloves, or household gloves such as 'Marigold' or similar are worn.

For the effective decontamination of a blood spillage, the strength of the disinfectant must be 10,000 parts per million available chlorine (ppm av cl). Chlorine based disinfectants, for example hypochlorite (Domestos) or sodium dichloroisocyanurate (NaDCC) are effective against most micro-organisms, including hepatitis B and HIV. However, the use of liquid disinfectant is not recommended because it tends to spread rather than contain the spillage. In addition, preparing the correct dilution of liquid disinfectant for the spillage can often be difficult and time-consuming.

For convenience, sodium dichloroisocyanurate (NaDCC) e.g. Presept, Actichlor, Haz-Tabs etc., is produced to the required strength of 10,000 ppm av cl and is available in granule form. In addition, some manufacturers produce 'user-friendly' blood spillage kits that contain instructions for use, sodium dichloroisocyanurate granules and tablets, disposable plastic aprons, non-sterile disposable latex or similar gloves, cardboard scoops and waste bags.

Please find below the recommended procedures for dealing with accidental spillage of blood and other body fluids:

### **Prior to procedure of cleaning body**

### **fluid spillage**

- Display a hazard-warning cone, if appropriate.
- Staff dealing with spillage to wear non-sterile disposable latex, vinyl or similar gloves and disposable plastic apron to prevent contamination of hands and uniform or clothing.
- Have available disposable cloths, scoops, paper towels, clinical waste bag and Na DCC chlorine releasing tablets or granules.
- Avoid skin contact and inhalation of fumes when dealing with the above chemicals at all times. Na DCC, like other disinfectants, can cause irritation of skin and lungs.

**N.B. Ventilate area well by opening window or door.**

### **Procedure for dealing with blood spillage in non-carpeted areas using sodium dichloroisocyanurate (NaDCC) granules**

- Ensure area is well ventilated
- Sprinkle a liberal application of Na DCC granules over spillage
- Leave for approximately 2 minutes
- Using disposable scoop, cloth or paper towels remove congealed spillage and dispose of into a clinical waste bag.
- Using disposable cloth or paper towels wash the area with detergent and warm water
- Dry thoroughly using paper towels
- Dispose of all used disposable cloths, paper towels, gloves, apron and other waste into a clinical waste bag
- Effectively wash and dry hands thoroughly after procedure

**N.B. The problem associated with the release of chlorine fumes when dealing with large volumes of blood e.g. greater than 30 mls, can largely be overcome by covering the spillage and granules with moist paper towels for the 2 minute duration.**

### **Procedure for dealing with Blood**

### **spots or splashes**

- Using a disposable cloth and a solution of Na DCC tablets, diluted in cold water to a strength of 10,000 ppm av cl (as per manufacturer's recommendations) disinfect the contaminated surfaces.

**OR**

- Sprinkle Na DCC granules onto a wet disposable cloth and wipe the contaminated surfaces.

**THEN**

- Using a clean disposable cloth or paper towels wash the area with detergent and warm water.
- Dispose of all used cloths, paper towels, gloves, and apron into clinical waste bag for incineration
- Effectively wash and dry hands thoroughly after procedure.

### **Procedure for dealing with spillage of blood/body fluids on carpets**

- Remove spillage of blood/body fluids with detergent and water, using a water extraction system.

### **Procedure for dealing with spillage of urine/vomit/faeces**

- **DO NOT USE Na DCC granules on urine spillage due to the rapid release of chlorine, possibly to a toxic level**
- Use an adequate amount of tissue or paper towels to absorb the spillage
- Remove the spillage, discarding tissue/paper towels into waste bag
- Wash contaminated area with warm detergent solution and disposable cloth or paper towels. If the person is known to be infected with a blood-borne condition, a final wipe with a preparation of hypochlorite or sodium dichloroisocyanurate 1,000 ppm av cl should be considered For all visibly blood stained spillage, give a final wipe with a preparation of hypochlorite or sodium dichloroisocyanurate 10,000 ppm av cl.
- Using paper towels dry area thoroughly.
- Dispose of used paper towels, gloves and apron into a clinical waste bag.
- Effectively wash and dry hands thoroughly after procedure.

### **Procedure for dealing with uniforms or clothing contaminated with blood or body fluids**

- Change uniform or clothing immediately
- Wash contaminated uniform or clothing separate to other clothing in a domestic washing machine on a hot wash cycle.