Tattooing and Body Piercing Infection Control Guidance

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Introduction

Tattooing and body piercing procedures have become more popular and fashionable in Ireland particularly in the last decade. The range of tattooing and body piercing procedures has also increased. There is no published data on the prevalence of tattoos in the general Irish population.

There are known and well reported health risks which can be attributed to these procedures, as well as associated legal issues. Improper and unhygienic practice may result in localised skin infections at the site of the tattoo or piercing. There is also the risk of transmission of blood-borne viruses (BBV), for example Hepatitis B, Hepatitis C, Hepatitis D or HIV, which can have more serious and long term health consequences. It is therefore important that practitioners have safe working practices, and particularly that good infection control practices are followed at all times, so that both clients and practitioners are protected.

This guidance was developed in response to concerns raised by tattoo and body piercing practitioners, as well as health protection and environmental health specialists. These concerns were particularly in regard to the lack of robust and consistent guidance on standards of hygiene and safety, leading to variations in standards of practice within the industry.

This document is based on guidance produced in the UK by a multi-agency steering group comprising representatives from the Chartered Institute of Environmental Health, Health and Safety Laboratory, Public Health England (formerly the Health Protection Agency) Tattoo and Piercing Industry Union and also individuals with practical experience of working in this area as expert advisors, practitioners or regulators. For the Irish context this document was reviewed and amended by a group of Public Health and Environmental Health experts under the auspices of the Department of Health.

The guidance is supported by extensive documentary evidence of scientific knowledge, reported research and published literature encompassing expert advice and the opinions and experience of practitioners of what works at a practical level.

The purpose of the document is to provide guidance to industry in the absence of sector specific regulation. It is intended to be of assistance to practitioners and businesses in determining their requirements for effective control of risk in these activities and to support them in adopting consistent acceptable standards of practice. This guidance if strictly followed should ensure a business engaged in these activities has a robust governance structure to:

- Minimise the risk of infection;
- Protect the health and safety of practitioners and clients;
- Operate within recognised rules, processes and relevant laws.

It is also acknowledged that there are no nationally recognised or accredited training courses, standards for practice, agreed knowledge and skills frameworks or arrangements for monitoring and reporting of professional competence. The absence of accredited training and competencies for tattooing and body piercing is an area that needs to be addressed nationally and is outside the scope of this guidance.
Using the Guidance

The guidance has been written as a key point of reference for use nationally by tattoo and body piercing practitioners, Environmental Health Officers and health protection staff who are asked to provide advice. It does not address the risks associated with procedures other than those commonly accepted as necessary for tattooing and the insertion of body jewellery, although the procedures recommended for infection control are based upon sound principles of infection control and will have wider application.

It is intended that the adoption of the standards recommended in this guidance, particularly those relating to infection control and decontamination, will help to establish standards for good practice. Governance is promoted by the inclusion of template consent forms, aftercare advice leaflets and a good practice infection control audit tool.

This audit too is intended to be used by practitioners to generate evidence of the environment, practice and procedures in meeting standards and whether practitioners are applying best practice and following guidance. The tool can be repeated to see if standards have been maintained or improved.

No copyright is being claimed for the Guidance or any of the material it contains and the authors encourage its wider distribution and use.

In offering and using the advice contained in this Guidance it must be clearly understood that legislation may be introduced or amended over time and the advice given is based on the information available at the time this Guidance was produced – it is not necessarily comprehensive and is subject to revision in the light of further information.

As interpretation of the law is a matter for the Courts, this Guidance is intended to provide general information on relevant legislation and should not be construed as legal advice. It is without prejudice to any other legal obligations under criminal or civil law.

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Calderdale Council: Advice and safe practice for permanent tattooing and advice and safe practice for body piercing (2008)
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PART A  SECTION 1

Legislative background on tattooing and skin piercing activities

Unlike other jurisdictions there is no specific legislation in Ireland in relation to tattooing and body piercing businesses. However, tattooing and body piercing businesses are required to comply with public health and health and safety legislation in the same way as any other business.

Infectious Diseases Regulations 1981

As there are risks of infection from tattooing and body piercing, tattooists and body piercers should be aware that under the Infectious Diseases Regulations 1981 as amended (S.I. No. 390 of 1981) a Medical Officer of Health or an Environmental Health Officer is empowered in the event of a case or suspected case of an infectious disease or a probable source of infection to carry out an investigation and take such steps as are necessary or desirable for investigating the source of infection, for preventing the spread of infection and for removing conditions favourable to infection. Tattooists and body piercers (practitioners) should contact their local Public Health Department of the Health Service Executive if in doubt about any infection control issue.

Safety, Health and Welfare at Work Regulations

Facilities, conditions and activities within premises must comply with the requirements of the Safety, Health and Welfare at Work Act (2005) and related legislation. Employers, including self-employed persons, have the duty of managing all work activities so as to ensure the safety, health and welfare of all persons at the place of work, both employees and those not in their employment. An employer's duties include:

- managing and conducting all work activities so as to ensure the safety, health and welfare of people at work;
- prevention of risks from the use of any article or substance;
- providing information, instruction, training and supervision regarding safety and health of employees;
- providing appropriate protective equipment and clothing to employees;
- ensuring that reportable accidents and dangerous occurrences are reported to the Health and Safety Authority.

The basis for the management of safety and health is a written Safety Statement, which should be prepared after completion of a thorough identification of the hazards, assessment of the risks, and selection of control measures to eliminate the hazards or reduce the risks.

In addition to the duties of the employer, the employees also have duties themselves as per Section 13 of the Safety, Health and Welfare at Work Act 2005.

Notwithstanding the requirements of the 2005 Act, the following legislation is also relevant to the activities of tattooing and body piercing businesses and should be complied with:

- The minimum requirements for the protection of workers from the health risks associated with biological agents as a result of their work are set down in the Safety, Health and Welfare (Biological Agents) Regulations 2013. There is a specific legal obligation under Part 6 of the Safety, Health and Welfare at Work (General Application) Regulations, 2007 (S.I. No. 299 of 2007) for employers to assess the exposure of pregnant, post natal and breast feeding employees to biological agents.
The Safety, Health and Welfare at Work (General Application) Regulations 2007 also outline the requirements of employers, including self-employed persons, in relation to the provision and use of Personal Protective Equipment (PPE) and the use of work equipment. PPE must be provided free of charge to the employee (as per Section 8(5) of the Safety Health and Welfare at Work Act, 2005).

The Safety, Health and Welfare at Work (Chemical Agents) Regulations, (2001) (S.I. No. 619 of 2001) apply to any enterprise where hazardous chemicals are used. Tattooists must identify all of the chemical agents used in operations at the premises (including, but not limited to, all pigments, carrier solutions and inks used), determine the hazards associated with them, evaluate the risks, and put appropriate measures in place to protect employees. The term ‘chemical agent’ is defined in the regulations, and applies to any substance, chemical, preparation or mixture used in relation to any work activity.

Safety, Health and Welfare legislation is enforced by the Health and Safety Authority. Additional information is available from the Health and Safety Authority at www.hsa.ie or email wcu@hsa.ie.

Other Relevant Legislation
Under the Non-Fatal Offences against the Person Act, 1997 and the Criminal Law (Amendment) Act, 1935 tattooing and body piercing may be construed as a criminal offence if proper informed consent is not obtained or in the case of minors if tattooing or body piercing is carried out on certain parts of the body (e.g. genitalia/nipples) with or without consent.

Age Limits and Consent
The need for limits on age, and requirements for consent, can be a controversial area because in many circumstances specific requirements have not been made in law. Consent is a complex area of law, and one that is often misunderstood by the general public, and also by some practitioners.

There is no statutory age of consent for tattooing or body piercing as outlined above however, the act of tattooing and body piercing may constitute an assault in the absence of consent. For consent to be valid it has to be an “informed consent”. This means that the client must be given all relevant information before he/she is capable of giving a valid consent. The type of information that should be disclosed to the individual includes the nature of the procedure, the effects of the procedure, any risks involved in the procedure, the necessary care that should be adhered to after the procedure etc. This should be based on current knowledge of the industry and best practice. This information should also be provided in writing. It is particularly necessary in a situation where an individual undergoes an elective procedure, such as tattooing or body piercing, where there is a duty to warn of all relevant likely consequences.

It is not sufficient just to give a consent form to a customer which outlines all the risks of the procedure. The client must understand the subject matter of the consent form if the consent is to be both voluntary and informed. The practitioner should go through the consent form with the customer to ensure he/she is aware of the risks involved. The client should not be under the influence of drugs or alcohol when giving consent.

There is no specific legislation regarding tattooing and body piercing in Ireland, however, in keeping with other public health measures in place to protect children and young people, for example the restriction of cigarette and alcohol sales to persons under 18 years of age, it is
recommended that tattooing or body piercing (with the exception of ear piercing) is not administered to any person under the age of 18 years.

In addition semi-permanent skin-colouring, cosmetic piercing, beading, branding, scarring, cutting and other extreme forms of body modification do cause actual harm and generally leave permanent marks and can result in disfigurement. They can therefore be considered as assaults to the body, and so potentially subject to the legislation concerning assault. This means that the question of age and the client’s informed consent are very important.

**Use of Local Anaesthetic Medication**

The administration of local anesthetic creams, gels, spays etc., is not recommended. Practitioners must not administer local anesthetic injections or prescription-only topical creams. Ethyl chloride should not be used under any circumstances, as there is an appreciable risk due to flammability, cryogenic properties (frostbite) and respiratory sensitisation.
PART A  SECTION 2

Health Risks and Infection Control

Introduction

Health Risks Associated with Tattooing and Body Piercing
The health risks associated with tattooing and body piercing can be broken into two main categories:

- Infectious risk which means it can be passed on to someone directly or indirectly and
- Non infectious which means it only affects the individual.

There can be different risks associated with tattooing and body piercing due to the nature of the procedures.

During the tattooing process ink is applied and deposited under the surface of the skin with a needle, (most often electrically driven). Tattoos may be applied to all parts of the body.

Complications may arise from tattooing, such as:

- acute infections;
- allergic reactions to ink and pigments;
- skin complications including scarring.

Piercing can be applied to many parts of the body, e.g. ears, nose, lips, nipples and genitals. The piercing is not always limited to the skin it sometimes penetrates cartilage where poor blood supply means slower healing.

The following complications may arise after a piercing:

- acute infections;
- allergic reactions;
- skin complications including scarring;
- migration or physical rejection of the jewellery;
- accidentally piercing a nerve cell can lead to the client’s loss of motor function and/or numbness.

Non-infectious Risks associated with Tattooing and Body Piercing
Non-infectious risks associated with tattooing include inflammatory reactions, allergic reactions, scarring and the onset of some rarer conditions within the tattoo e.g. sarcoidosis (a chronic inflammatory disease that can affect any organ), malignant melanoma (a type of skin cancer). Non-infectious risks associated with body piercing include inflammatory reactions, allergic reactions, scarring and dental complications. Tongue piercing poses particular risks to the mouth which include chipped teeth, airway obstruction, gum swelling and injury and interference with chewing and swallowing.

Inflammatory Reactions
Acute inflammatory reactions are associated with physical tissue injury and the injection of metals into skin. This reaction usually recedes without consequence within 2-3 weeks.
Allergic Reactions
It is known that some people may have, or may develop, an allergy to latex gloves, or to some of the pigments used in tattooing or even constituents in the carrier solution of the inks. If the ink/pigment causes an allergic reaction, the tattoo can become deformed and even disappear (if the pigment is “absorbed”). It is also known that some people may have, or may develop, an allergy to nickel, or gold.

It is vital that practitioners ask clients before applying the tattoo or setting the piercing whether they are aware of any allergies they may have. Allergies are hardly ever symptomatic the first time the client is exposed to causative agent. Allergic reactions arise after previous contact with the substance. An allergic reaction can be a localised mild dermatitis or a generalised life-threatening, condition. Symptoms of an allergy include paleness, shortness of breath and swelling or puffiness of the eyes. The person may go into shock and collapse. If a client displays these symptoms it is imperative that the procedure be stopped immediately and the emergency services alerted.

Infection, its Causes and Spread
Humans are protected from infection by the skin and mucous membranes. When the skin or mucous membrane is penetrated, pathogens (e.g. viruses, bacteria, fungi) have a chance to enter the body and to cause infection. The pathogens may come from the client’s own skin or mucous membrane or from another person via contaminated objects. Most people have micro-organisms on their own skin or mucous membranes that do not cause a problem unless the skin or mucous membrane is pierced or broken. Objects used in tattooing and body piercing can become contaminated in a number of ways:

- By the infected blood/body fluids from a client or the practitioner;
- By pathogens from an unclean work surface;
- By pathogens from the worker’s hands;
- By the use of contaminated inks.

Infections that have been associated with tattooing and body piercing mainly include viral, bacterial infections. These can be serious and even life-threatening but the risk of infection can be reduced by the use of standard precautions. The causes and methods of spread of infections that may arise in connection with tattooing and skin piercing are well understood. See Appendix 1 – Infection, its causes and spread

Unsafe or unhygienic practices by tattooing/body piercing practitioners can lead to the spread of infectious diseases that can affect the health of the client as well as jeopardise the health of the practitioner. Although some bacterial or viral infections may be spread during procedures that do not involve skin penetration, it is the risk of transmission of infections such as blood-borne viruses (BBVs), such as hepatitis B, hepatitis C, hepatitis D and HIV, which can arise and which is of primary concern. These risks occur when there are blood spillages, when there are blood contaminated surfaces or utensils or hands. Precautions to minimise the possibility of exposure to blood from an infected client or practitioner should be put in place by the adoption of safe practices and procedures. See appendix 1 for glossary of infected related terms used in this Guidance.

Factors in Infection Control Practice
The risk of transmission of infection can be minimised by:

- Good cleanliness of the premises where the tattooing and/or body piercing is taking place;
• Good personal hygiene of the practitioners;
• Correct cleaning and sterilization or disposal of instruments, materials and equipment processes in place.

It is therefore important that the safe working practices described in this Guidance are followed at all times in order to protect both the client and practitioner.

**Standard Principles of Infection Control**

This Guidance is based upon standard principles which are the basic level of infection control practice. Compliance with these standard principles reduces the risk of transmission of blood-borne and other pathogens.

### General Hygiene and Infection Control

The following general hygiene and infection control practices are also recommended:

- Jewellery (including watches and rings) should not be worn as it can be a source of cross infection. A simple plain band is acceptable;
- Long hair should be tied back during the procedure;
- The operator must not smoke as per the Public Health (Tobacco) Acts 2002-2015;
- The operator should not eat or drink while engaged in the procedure;
- All financial transactions should take place on completion of the procedure as money has been proven to harbour bacteria. Gloves should be removed prior to handling money;
- Personal protective equipment should be worn at all times. Towels must not be used as clothing protection;
- A hot machine wash cycle with detergent is sufficient for cleaning work clothes.
- Everyone providing treatments to clients should know about and be able to carry out standard principles for infection prevention and control. To that end they should be trained/supervised in:
  - Hand hygiene and skin care;
  - The use of personal protective equipment (PPE);
  - Sharps management and management of exposure to blood and body fluids;
  - Safe handling, storage and disposal of waste materials;
  - Cleaning and disinfection of the environment.

**Principles of Infection Control – Hand Hygiene**

Hand hygiene is a major component of the standard principles and one of the most effective methods to prevent transmission of pathogens by reducing the number of microorganisms that may be present. The spread of infection from hands is well recognised and the importance of compliance with hand hygiene practices is emphasised in all national and international guidelines.

### Hand washing facilities

Hand washing facilities should be adequate and conveniently located in treatment areas. Hand washing instructions should be clearly displayed at the hand wash basin, such as in the form of a

Hand wash basins must be designated for that purpose only and have a constant supply of hot and cold running water, ideally delivered through a mixer tap. Under no circumstances should equipment be washed in hand wash basins.

Liquid soap dispensers with single use liquid soap cartridges/bottles should be used, ideally wall-mounted, although free standing dispensers would be considered suitable. Disposable liquid soap cartridges are recommended because they do not permit a topping-up process and this minimizes the risk of contamination.

Wall-mounted disposable paper towels should be next to the hand wash basins, and fully stocked at the start of each working day to minimise or reduce the need to fill up within hours during which the premises is operational.

A foot-operated pedal bin, of an appropriate size, should be placed next to the hand wash basin for disposal of paper towels.

As a gold standard for infection control purposes, it is recommended that hand wash basins should:

- Have elbow/foot-operated or non-touch mixer taps;
- Have wall-mounted cartridge soap dispensers and paper towels available at each hand wash basin;
- Not have a plug or overflow or be capable of taking a sink plug;
- Not have taps aligned to run directly into the drain aperture;
- Have waterproof splashbacks;
- Have space allowed at the design stage for the placement of waste bins next to the hand wash basin.

**When to wash hands**

- Before and after an intervention with each client;
- After contact with any blood or body fluids;
- Immediately after the removal of gloves;
- After using a tissue or handkerchief;
- After smoking;
- After visiting the toilet;
- Before and after eating;
- Immediately after any other activity or contact with a client’s surroundings that could potentially result in hands becoming contaminated.

**What to use for hand washing**

For an ordinary hygienic hand wash, the use of liquid soap is sufficient. Preparations containing antiseptics that have a residual effect on the skin surface are not required for use in tattoo and body piercing settings.
How to carry out hand washing

There are three distinct and essential stages to handwashing:

1. Preparation
   Before washing hands, all wrist and hand jewellery should be removed. Cuts and abrasions must be covered with waterproof dressings. Fingernails should be kept short, clean and free from nail polish. Hands should be made wet by placing them under tepid running water before applying liquid soap.

2. Washing and rinsing
   The hand wash solution must come into contact with all of the surfaces of the hand. The hands must be rubbed together vigorously for a minimum of 10–15 seconds, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers. Hands should be rinsed thoroughly.

3. Drying
   In a tattooing and body piercing setting, good quality disposable soft paper towels would be considered the method of choice because communal towels are a source of cross-contamination. Paper towels should be stored in a wall-mounted dispenser next to the washbasin and thrown away in a pedal operated waste bin. Hands should not be used to lift the lid or they will become re-contaminated.

Use of hand rubs
Hand rubs containing alcohol based products can enable practitioners to quickly and effectively clean their hands before and after contact with clients. However, the use of a hand alcohol rub/gel is not a substitute for using soap and water for hand washing e.g. when undertaking tattooing and body piercing procedures (see above), and should not be used when the hands are visibly soiled or potentially contaminated with body fluids. Hand rubs should conform to the standard EN 1500. The hand rub solution must come into contact with all surfaces of the hand; the hands must be rubbed together paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, until the solution has evaporated.

Hand care
Use of hand cream
A hand cream can be applied regularly to protect skin from the drying effects of regular hand decontamination. Each practitioner should have their own supply and a communal pot should not be used.

Care of broken skin
Unbroken skin is the best defence because it provides the perfect barrier against infection. Small areas of broken or infected skin on exposed parts of the practitioner’s body should be covered with a waterproof dressing that completely covers the affected area.

For information on hand washing refer to the Hand Hygiene section of the HSE website.

Principles of Infection Control – Personal Protective Equipment
Personal protective equipment (PPE) should be available to all practitioners and staff who may be at risk whilst working in the premises.
Assessment of risk
The Safety, Health and Welfare at Work Act 2005 requires every employer to make a suitable and sufficient assessment of:

- risks to the health and safety of their employees to which they are exposed whilst they are at work; and
- risks to health and safety of persons not in their employment arising out of or in connection with the conduct by them of their undertaking.

The Safety, Health and Welfare at Work (General Application) Regulations 2007 outlines the requirements of employers, including self-employed persons, in relation to the provision and use of Personal Protective Equipment (PPE) and the use of work equipment.

The selection of protective equipment must be based on an assessment of the risk of transmission of infection between the practitioner and client and vice versa:

<table>
<thead>
<tr>
<th>Anticipated level of exposure</th>
<th>Wear disposable gloves</th>
<th>Wear plastic or fluid repellent</th>
<th>Wear eye and face protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>No exposure to blood/body fluids anticipated</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Exposure to blood/body fluids anticipated but low risk of splashing</td>
<td>Yes</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>Exposure to blood/body fluids anticipated with high risk of splashing to the face</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Types of protective clothing

Work clothing
Practitioner clothing should be clean at all times, and professional in appearance. Work clothing should be changed daily. Staff clothing should not impede good hand washing, therefore the wearing of short sleeved tops is recommended.
**Gloves**

Employers are legally obliged to assess any substances hazardous to health, including biohazards within blood and body fluids (such as blood-borne viruses) and take steps to reduce the risk of exposure.

The use of gloves has two purposes:

1. To protect the hands from becoming contaminated with dirt and microorganisms.
2. By changing gloves, to prevent transfer of microbes from one client to another.

Gloves should be worn when carrying out invasive procedures, when in contact with sterile sites and non-intact skin or mucous membranes, and during all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions or excretions, or to sharp or contaminated instruments.

The correct method for wearing and removing gloves can be found on the [WHO Save Lives Website](https://www.who.int). Hands must be washed and dried thoroughly before putting on disposable gloves and after their removal.

Gloves can tear or puncture visibly during use, or leakage may occur through microscopic holes. Hands may also become contaminated as gloves are removed. Gloves therefore must not be seen as a substitute for good hand hygiene. Used gloves should be disposed of as risk waste (see waste section).

Gloves are single-use items. This means they must be put on immediately before an episode of client contact or procedure and removed as soon as the activity is completed, or when leaving the client for any reason. Gloves must be changed between different procedural activities for the same client and between dealing with different clients, or removed if they become torn.

**Glove Choice**

Gloves should be made available in a range of sizes for use by different practitioners. All gloves used for direct client care must conform to current EU legislation (CE marked as for single use) and should be appropriate for the task. Only Personal Protective Equipment meeting the basic health and safety requirements of the EC Personal Protective Equipment Directive requirements is entitled to carry a CE mark and be sold for use in the EC. Practitioners should therefore look for the CE mark information on glove packs IS EN455 -3:2006 plus EN 374-1:2003 or EN 374-2. These markings show the gloves are protective against chemicals and can resist microorganisms at a performance level 2 test in penetration tests. Although this cannot infer protection against viruses, because they are not used in the performance tests, in practice this is the highest level of protection afforded against microorganisms.

**Synthetic materials**

Neoprene and nitrile gloves are synthetic gloves which have been shown to have comparable in-use barrier performance to natural rubber latex gloves in laboratory and clinical studies.

**Nitrile gloves**

Nitrile gloves provide an excellent biological barrier, resistant to punctures and tears and compare to latex in terms of barrier performance. They are a good alternative for latex sensitive individuals and can be used where a latex free environment is necessary. They are less elastic than latex but do shape to the wearer’s hand over time and can be used for handling certain chemicals.
(Infection Control Nurses Association, 2002). However, nitrile contains the same types of chemicals as latex in the manufacturing process and allergic reactions have been reported.

**Polyisoprene and Neoprene Gloves**

Polyisoprene and Neoprene Gloves offer effective protection against viral penetration and have similar elasticity and physical properties as latex. They are suitable for individuals sensitised to latex proteins and can be used when a latex free environment is necessary (Infection Control Nurses Association, 2002).

**Vinyl Gloves**

Vinyl Gloves are suitable for use in areas where there is a low biohazard risk and provides a good alternative for use when staff or clients are sensitised to latex. In lab tests they show increased permeability to blood borne viruses than latex. Vinyl Gloves possess lower tensile strength than latex and break down more frequently, are prone to leaking and are inelastic and can be baggy to wear. Overall, vinyl gloves can be used to perform many tasks, but, depending on the quality of the glove should not be used when handling blood/blood-stained fluids.

**Polythene gloves**

These gloves are not recommended for use when undertaking activities involving blood/ body fluids exposure and therefore should not be used in the tattooing and body piercing setting. They are ill fitting, have heat sealed seams that are predisposed to split and can have a tendency to tear.

**Latex gloves (natural rubber latex)**

Latex gloves may be the preferred choice for procedures in tattooing and body piercing because of latex’s tactile sensitivity, barrier property against viruses, good fit and optimal elasticity and user familiarity. However, latex is a known skin and respiratory sensitisier and in a small number of people it can cause serious allergy (see below). There may also be issues when using latex gloves alongside petroleum-based lubricants which may affect the glove’s integrity and therefore its protection ability.

Latex allergies are becoming common with prolonged use of latex gloves. The use of appropriate synthetic gloves is therefore recommended to avoid becoming sensitised. It is recognised, however, that within certain work environments, latex gloves are still used in large numbers due to their efficacy and low cost. If latex gloves are worn, then powder free, low protein content materials must be chosen to help prevent latex allergy.

Where latex gloves are in use, monitoring of clients and staff should be undertaken. Any sensitivity shown to natural rubber latex in either clients or staff should be documented and action must be taken to remove further exposure risks. Alternatives to natural rubber latex gloves therefore must be made available and detailed information on skin care and dermatitis in the work place can be found at: Guidelines of Occupational Dermatitis. For information on Latex Gloves please refer to: Prevention of Glove-related Latex Allergy in Healthcare Workers

**Sterile gloves**

Sterile gloves are used for major surgical procedures and are not applicable to tattooing/body piercing.
Gloves used for cleaning
For environmental cleaning purposes or for manual pre-cleaning of equipment prior to disinfection/sterilization, general-purpose rubber gloves should be used. The gloves should be washed with general-purpose detergent and warm water, and dried between uses. They should be changed weekly, or more frequently if the gloves become damaged (for example if there are signs of peeling, cracking and tears).

Aprons
A disposable plastic apron must be worn when there is a risk that clothing may be exposed to blood, body fluids, secretions or excretions (with the exception of sweat or tears). Plastic aprons should be used as single-use items and changed between clients. They should be discarded and disposed of as offensive waste after use.

Eye and face protection
Eye protection and face masks must be worn where there is a risk of blood, body fluids, secretions or excretions splashing into the eyes and face. (National Institute for Health and Care Excellence, 2012) A risk assessment of the planned procedure should be undertaken to help inform decision making (e.g. when manually cleaning equipment as part of decontamination processes).

If reusable goggles/protective glasses are used, they should be washed after each client or task using a general purpose detergent, rinsed and stored dry. Eye protection should be compatible with any facemask used.

Face masks (such as surgical masks) should only be used if there is a risk of splashing of blood/body fluid droplets into the mouth or nose. If used, masks should be changed between clients and disposed of immediately after use. They must not be carried or worn around the neck.

Principles of Infection Control – Management of Sharps and Exposure to Blood and Body Fluids

Introduction
All body fluids should be regarded as potentially infectious. Blood carries the highest risk of transmitting blood borne viruses such as hepatitis B, C, D and human immunodeficiency virus (HIV). Blood borne viruses may also be transmitted by other body fluids, especially if contaminated by blood. See Appendix 2 – Blood Borne Viruses.

Sharps and needles
The word ‘sharps’ is a generic term that includes needles, scalpels, stitch cutters, glass ampoules and sharp instruments that may become contaminated with blood or body fluid. In tattooing/body piercing premises, sharps include equipment such as razors, needle bars with needles attached and cannulae (sometimes used for body piercing).

‘Sharps’ contaminated with blood or other body fluids should be classified as hazardous waste and handled accordingly. Staff must be personally responsible for the safe use and disposal of sharps, needles, scalpels and other sharp instruments/ devices they use. See - Safe Handling, Storage and Disposal of Waste Materials Section.

All ‘sharps’ must be handled and disposed of safely and with extreme care. After use they should be placed immediately into yellow sharps boxes/bins with orange lids, compliant with UN 3291 and BS7320 standards. This is to reduce the risk of exposure to blood-borne viruses, for example

**Sterile needles**

Only sterile single-use needles should be used for skin piercing or tattooing. Needles should be examined for imperfections prior to their use and discarded if any are found. Needles should either be used directly from the packaging or placed on a sterile surface/tray for immediate use.

‘Sharps/needlestick’injuries and exposure to blood and body fluids

**Types of injury/exposure include:**

A blood/body fluid injury/exposure incident includes:

- Inoculation of blood by a needle or other ‘sharps’;
- Contamination of broken skin with blood;
- Blood splashes to mucous membrane, e.g. eyes or mouth;
- Swallowing a person’s blood, e.g. after mouth-to-mouth resuscitation;
- Contamination where the individual has an open wound, and clothes have been soaked by blood;
- Bites (where the skin is broken).

**Risks of transmission of blood-borne viruses following a significant injury/exposure**

Transmission of blood borne viruses (BBVs) may result from contamination of mucous membranes of the eyes or the mouth, or of broken skin, with infected blood or other infectious material. There is no evidence that BBVs can be transmitted by blood contamination of intact skin, inhalation or by faecal-oral contamination.

The transmission risks after a mucocutaneous exposure (splash exposure) are lower than those after a percutaneous exposure (‘sharps’ injury), estimated at 1 in a 1000 for HIV (Health Protection Agency 2008). There is currently no evidence on the risk of transmission for hepatitis B virus (HBV) and hepatitis C virus (HCV) following mucocutaneous exposure (Health Protection Agency, 2008).

The risk of infection following a percutaneous injury, especially deep penetrating injuries involving a hollow-bore needle or a device visibly contaminated with blood has been estimated at:

- 1 in 3 when a source patient is infected with HepBV and is classed as being highly infectious at the time;
- 1 in 30 when the patient is infected with HepCV;
- 1 in 300 when the patient is infected with HIV, (Health Protection Agency, 2008).

**Management of sharps/’needlestick’ injuries and exposure to blood and body fluids**

Injuries where a person’s broken skin or eyes, mouth or other mucous membranes are exposed to another person’s blood or body fluids, therefore, may carry a risk of infection with blood borne viruses.

**Sharps/’needlestick’ injuries**

Prompt first aid and immediate risk assessment is needed in the event of such incidents to establish the type of exposure sustained and to help determine what appropriate action is needed.
See Appendix 4 – First Aid following a blood/body fluid exposure.

**Blood/body fluid spills**

Blood and body fluid spills must be dealt with quickly and effectively. Specialist body fluid spill kits are available to purchase. These can be stored in a safe designated area in the premises, enabling easy access and timely clear up. The expiry dates of products inside kits should be regularly checked and out of date items replaced as necessary. Posters and simple training should be provided on the use of the body fluid spill kits.

The body fluid spill kit should contain:

- Disposable plastic aprons and synthetic (e.g. nitrile) gloves;
- Disposable cloths;
- General purpose detergent;
- Chlorine granules.

See Appendix 5 – Protocol for cleaning up blood or a blood stained body fluid spill.

**Occupational health for blood borne virus prevention**

**Risk assessment**

Apart from the overall duty to carry out risk assessment of hazards in the workplace, *Safety, Health and Welfare at Work (Biological Agents) Regulations 2013* places a specific duty on employers to assess the risks from exposure to hazardous substances, including pathogens (called biological agents) and to bring into effect the measures necessary to protect workers and others from those risks as far as is reasonably practicable.

In these circumstances the assessment of risks to health should include:

- How to prevent exposure to biological agents.
- Steps needed to achieve adequate control of exposure.
- Steps needed to avoid accidental ‘needle-stick/sharps’ injury.

**Vaccination requirements**

Those at risk of blood/body fluid exposure through sharps or splashes, therefore, should have a full course of hepatitis B vaccine. The hepatitis B vaccination is safe and effective and is available from GPs. The vaccination consists of a course of three injections given over a period of 6 months. A blood test is then carried out 2 to 4 months later to check whether enough antibodies have been developed to protect against hepatitis B for life.

Under Regulation 11(b) and Regulation 12(4)(a) and as provided for in Schedule 4 of the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 employers must provide for protective measures such as immunisation.

1. If risk assessment reveals that there is a risk to the health and safety of an employee due to his or her exposure to a biological agent for which effective vaccines exist, the employer shall offer vaccination to each such employee.
2. Vaccination shall be carried out in accordance with any current best medical practice and employees should be informed of the benefits and drawbacks of both vaccination and non-vaccination.

3. Vaccination shall be offered free of charge to employees.

4. A vaccination certificate may be drawn up which shall be made available to the employee concerned and, on request, to the Health and Safety Authority.

This is usually provided through the company occupational health provider. In the absence of an occupational health service, the employee could be asked to arrange immunisation through their own GP, but the employer must make alternative arrangements if this cannot be done, and reimburse any charges made to the employee for such arrangements. As with all control measures immunisation needs to be checked and reviewed and boosters provided, where necessary. Practitioners should keep a written record of their own vaccination. It is also recommended that the business operator keeps records of the vaccination status of all staff.

If the response to the hepatitis vaccine is not sufficient, the GP will need to investigate whether there is a specific reason for non-response to the vaccine. It is most important for non-responders to know their status. They may need to be protected by other measures (e.g. immunoglobulin) following a ‘needlestick/sharps’ injury.

It is also recommended that practitioners who know that they are infected with hepatitis B, hepatitis C or HIV seek appropriate medical advice about the risk they may pose to clients. There is no vaccine against hepatitis C and human immunodeficiency virus (HIV). Robust infection control measures should be employed at all times to minimise the risk of exposure to these viruses.

**Principles of Infection Control – Safe Handling, Storage and Disposal of Waste Materials**

Good waste management is important to:

- Reduce the health and safety risk to staff, clients and visitors.
- Protect the environment.
- Reduce waste disposal costs.

**Responsibility for waste materials**

All organisations have a legal responsibility to dispose of waste safely, ensuring no harm is caused either to staff, members of the public or the environment. This responsibility begins when waste is generated and ends with its final disposal. It is essential that persons handling waste fulfil their legal responsibilities by taking care to prevent injury or transmission of infection to themselves or others.

Premises should have a waste policy. The practitioner is responsible for ensuring that contracts are in place for collection and safe disposal of offensive/hazardous waste from the premises. It is essential to ensure with the waste management provider that appropriate documentation is generated when necessary. The manager of the premises is also responsible for monitoring the performance of staff and waste contractors, as per agreed contract.

**National guidance on waste management**

There are a few municipal non-healthcare waste streams that are classed to be similar in nature to healthcare waste. Waste such as ‘sharps’ and related wastes from tattoo and body piercing
practice would fall under this. The Health Service Executive Waste Management Awareness Handbook 2014 document can be used as a best practice guide for the safe and effective handling of such waste.

Commercial waste and risk waste containers/bins should be separate. Internal risk waste bins should be colour coded yellow with and foot pedal operated lids. Risk waste items contaminated with blood or other bloody body fluids are potentially infectious. This includes blood stained dressings, tissue paper, paper towels used to mop up spills, gloves and aprons which are blood stained. Risk waste should be placed in a yellow plastic bag which is clearly marked for the waste contained in the bag, (+400 gauge bags, UN mark SH4). The risk waste bags may only be transported in appropriate UN approved rigid containers/wheelie bins bearing a Class 6 diamond hazard label and the UN number 3291.

Sharps waste would always be considered hazardous waste and should be disposed of accordingly. ‘Sharps’ should always be handled and disposed of as hazardous waste. See Section on Management of Sharps and Exposure to Blood and Body Fluids.

‘Sharps’ not contaminated with medicinal products (such as those generated at a body piercing/tattooing premises), should be disposed of in a standards compliant yellow ‘sharps’ bin with an orange lid.

Risk waste and sharps bins require collection by a hazardous waste collector with a Local Authority Waste Collection Permit. Risk waste and sharps containers must be treated at an Environmental Protection Agency licensed hazardous waste facility.

Other Waste
All other non-contaminated waste such as paper should be placed in black bags or bags for recycling, within a foot operated pedal bin and disposed of as normal household waste. Aerosols, batteries and broken glass should not be placed in these bags.

Disposal of Aerosol Cans, Glass, Bottles, Broken Crockery and Dry Cell Batteries
These items should always be placed in a designated cardboard box, lined with a plastic bag so that it is leak-proof. The box should be labelled to indicate its contents and method of disposal. See Appendix 6 – Principles for good waste handling.

Principles of Infection Control – Cleaning and Disinfection of the Environment
Cleaning is the process that physically removes contamination with organic material such as blood and body fluids, along with dirt and dust. Cleaning does not necessarily destroy microorganisms from the item that is being cleaned. However, providing and maintaining a clean and readily cleanable environment facilitates the prevention and control of infections.

Equipment for cleaning
Cleaning equipment that is regularly used should be fit for purpose, easy-to-use and well-maintained A clutter-free environment and the adoption of local ‘clean as you go’ policies will provide the foundation for quality service provision in a clean, safe place. Good cleaning practice includes having:

- The provision and maintenance of a clean and appropriate environment by using systems
to manage the environment’s cleanliness with a documented cleaning policy and rota plus a regular audit programme;

- Equipment which is suitable for purpose, is able to be kept clean (i.e. impervious surfaces) and maintained in good physical repair;
- Working from the cleanest area towards the dirtiest area to greatly reduce the risk of cross contamination;
- A person in charge who has direct responsibility for ensuring that cleanliness standards are maintained;
- Single use cloths for cleaning tasks and cleaning equipment such as mops and buckets kept in good order (i.e. cleaned daily, renewed regularly and stored safely (cleaned, dried and stored inverted) in a designated area after use).

See Appendix 7 – Template protocol for environmental cleaning of premises

**Colour-coding for cleaning equipment**

The aim of a colour-coding system for cleaning equipment is to prevent cross-contamination. There is a national colour-coding system for the HSE (National Cleaning Manual 2006) e.g. blue for general areas, red for toilet areas, yellow for wash hand basins which could be adapted for use in the tattooing and body piercing setting.

**Use of chemicals**

Household detergent is adequate for most routine environmental cleaning. For high risk environmental surfaces such as treatment surfaces, a hypochlorite solution of 1000 parts per million (PPM) available chlorine should be used. This solution should be made up for use on a daily basis, following the manufacturer’s instructions, in a labelled container provided by the commercial manufacturer (using, for example, one tablet of sodium dichloisocyanurate (NaDCC) per litre format). After twenty-four hours the solution must be discarded. The hypochlorite solution must not be transferred into a trigger spray bottle but be used directly from the container onto a disposable cloth or paper towels. Surfaces contaminated with blood should be cleaned in accordance with the guidance on dealing with blood spillage as a higher concentration of hypochlorite will be required. See Appendix 5 – Protocol for cleaning up blood or a blood stained body fluid spill).

All chemicals should be handled and stored in accordance with the manufacturer’s instructions. Material safety data sheets should be accessible to all staff. All chemicals used on the premises should be used and stored in an identified cool, dry and well ventilated place (room/cabinet) that is lockable, out of reach of visitors and members of the public and in the original containers. Expiry dates should be routinely checked.
PART A  SECTION 3

Before and aftercare of a tattoo or body piercing

Prior to Tattooing and Body Piercing
Practitioners must explain to their clients the known potential complications associated with the particular procedure they are being asked to carry out. Upon completion of a treatment, they must provide both verbal and written aftercare advice relevant to that treatment.

Ensure the client is 18 years of age or over in order for them to consent to the tattoo or body piercing. Use valid official forms of age identification including passport, driving licence or age card. Keep a record of the ID produced.

Check with the client if they have Haemophilia or a blood borne infection such as HIV, Hepatitis B or Hepatitis C. If client discloses that they do, tattooing or body piercing is not recommended.

Clients should be advised that tattoos are not easily removed. All clients should be made aware that tattoo removal is regarded as a cosmetic surgery and, unless there are clear medical/psychological indications it is not carried out routinely in the public health services.

Clintes should be told to seek medical advice if they wish to have a tattoo removed and that tattoo removal always leaves a scar.

Ask the client if they have any of the following, if yes ensure the client has received advice from their doctor before getting a tattoo or body piercing:

- Heart Disease;
- High Blood Pressure;
- Diabetes;
- Epilepsy;
- Allergies particularly to latex or metal;
- Immune system deficiencies;
- Skin Conditions such as psoriasis or sensitivity to metal;
- Ensure the client is not under the influence of drugs or alcohol while getting a tattoo or body piercing;
- Ask if the client has eaten before getting a tattoo or body piercing to avoid fainting.

Tattooing or body piercing should only take place after the consent form is signed. Good practice is to include on the consent form a tick box or similar indicator to record that aftercare advice has
also been explained and discussed following the procedure.

See Appendix 8 – Tattooing/body piercing consent form.

**General Preparation**

- Following the procedures provided for in this guidance ensure the workspace has been cleaned and decontaminated/disinfected properly after the last client.
- Place the disposable paper towel on the chair and adjust the couch/chair as required appropriate to the procedure to be undertaken.
- Thoroughly wash hands as per the procedure outlined in this guidance.
- Put on the required personal protective equipment as provided for this in this guidance.
- Best practice is to use pre-sterilised single use needles. Under no circumstances should any item with needles attached marked by its manufacturer as single use, be cleaned and sterilised for re-use on another client. Carefully visually check all needles prior to use. Any needles that exhibit any abnormalities such as hooks, slivers etc shall be discarded immediately on discovery and not used on any person.
- Ensure all items required for the tattoo or body piercing are within easy reach within the clean workspace. This is to avoid interruptions which can lead to increased risk of transferring micro-organisms.
- For body piercing set out the desired jewellery, and the size of needles required, depending on the proposed site of piercing.
- Ensure sharps container is within easy reach for immediate disposal of any sharp used.
- For tattooing assemble the sterilised tube, tip and grip and, in front of the client open the disposable needle bar with needle attached. Insert same into the tube. Assemble the tattoo gun(s) and place on the instrument tray ready for use.
- Any liquids or gels (e.g., lotions, creams and oils) should be measured and decanted into single-use containers for each client. Disposable spatulas should be readily at hand to apply Vaseline or other gels to the skin.

**Skin Preparation**

Where shaving is required, only single-use razors are acceptable. Either a 70% alcohol-impregnated single use swab (typically 70% isopropyl alcohol) or a 0.5% chlorhexidine in 70% alcohol single use swabs can be used for skin disinfection. If the skin is visibly dirty then the area should first be cleaned with soap and water and dried with a paper towel.

Where it is necessary to mark the skin, a single use toothpick dipped into gentian violet or other suitable dye could be used. The dye should be dispensed into a single-use pot for each client. Otherwise the entire bottle should be discarded after each client. As an alternative or where large areas of skin need to be marked, then a single-use commonly available marker pen could be used, or a suitable single-use alternative.

Where products such as petroleum jelly are used for procedures, an appropriate amount of material should be dispensed, using a single-use implement into a single-use pot for every client. Practitioners should not use cream/lotion direct from a jar/tube. Roll-on or stick applicators are not acceptable for use. The practitioner’s hands, even if gloved, should never come into contact with the contents of these jars/tubes.
Need for Aftercare

All piercings must be performed using good infection prevention technique and pre-sterilized equipment to reduce the chance of infection occurring. The aftercare of body piercing sites and tattooed areas is also very important in order to promote good healing which lowers the risk of infection and reduces the risk of scarring. Maintaining a good level of hygiene around the treated area is essential during the healing period.

Care of skin after tattooing

Good practice is to cover the tattooed area with sterile non-adhesive gauze which is then secured with hypo-allergenic tape. Gauze permits ventilation and aids healing.

A sterile, non-adhesive dressing may be appropriate for larger areas, at least during the client’s journey home, but in many cases simply keeping the area clean and dry is likely to be the best approach. If plastic film wrap is used for larger areas then it must be clean (taken directly from the pack). The client should be advised on when and how to replace this covering.

Care of skin after piercing

The piercing site should be kept clean and dry to promote healing.

When checking the pierced site, hands should be clean. It is not normally necessary to rotate or remove a piece of jewellery however, if the client has been advised to do this, it should be handled as little as possible, with clean hands and using a clean tissue and, if possible, to touch only the jewellery item.

Clients should be advised about healing times as these may be prolonged because of the time it takes for the jewellery “tunnel” to become dry and then to heal after the initial piercing.

Aftercare leaflets

Lapses in aftercare are common causes of infection following piercing and clients should be provided with an appropriate aftercare leaflet such as those available within this guidance. See Aftercare Leaflet 1.

What to do if a client returns with an infection

If any of the following signs or symptoms of an infection develop, urgent medical attention should be sought:

- Redness spreading around the site and extending away from it.
- Pus or green/yellow fluid oozing from the site.
- Bleeding that is not controlled by light pressure.
- Pain (rather than discomfort).
- Swelling.
- Heat.
- Immobility of, or reluctance to move, a limb/digit/part of the body.

Where the client informs the practitioner of a concern or problem, the practitioner is advised to keep records of any action taken and advice given.

See Appendix 9 – Aftercare follow-up record sheet.
PART A

SECTION 4

Decontamination

Principles of decontamination
It is important to keep the premises clean, as this reduces the chance of cross-contamination during tattooing or body piercing procedures. Special attention must be paid to work surfaces that may become contaminated by used instruments or equipment, or surfaces touched by unclean hands.

Decontamination renders items safe for use. Methods for decontaminating include cleaning, disinfection and sterilisation.

Cleaning removes dirt along with large proportions of micro-organisms. Cleaning with warm water and detergent breaks up grease and dirt and is essential prior to disinfection and sterilisation of instruments and equipment.

Disinfection reduces the number of micro-organisms at a level where they will not be harmful to health.

Sterilisation (e.g. autoclaving) destroys all living organisms. It is essential that all instruments in contact with non-intact skin are sterile.

Choice of Method
The choice of decontamination method, i.e. cleaning, disinfection or sterilisation depends upon many factors, but the initial choice can be based on the infection risks to the client.

Decontamination is a combination of processes that render reusable items safe for reuse. For invasive items used in tattooing and body piercing, these decontamination processes will involve cleaning and sterilisation, after which environmental recontamination should be minimised and recontamination with blood must be totally eliminated. Pre-sterilised single-use items are a good alternative. Using items once and then discarding them removes the need for decontaminating them. Where an item is marked it is single-use and must not be reused even if decontaminated.

For items used in association with invasive items, these decontamination processes should include both cleaning and sterilisation. Where this is not possible (tattooing motors for example), their contamination should be minimised by the use of impervious covers which should be removed carefully after use so as not to contaminate the surface of the item, and the item itself should be chemically disinfected. Alternatively items can be single-use, such as with ink caps. As with invasive items, environmental recontamination should be minimised and recontamination with blood must be totally eliminated. For surfaces, contamination with blood should be made safe by careful application of chemical disinfectants.

Need for vigilance
It is vital that, once decontaminated, items are not directly or indirectly contaminated with blood or body fluid. This requires scrupulous handling procedures and physical separation from undecontaminated items and the surfaces they may have contaminated.
Categorisation of risks

A general categorisation of the risks that items pose with regard to transmission of infection and the minimum decontamination standard that should apply is set out in the following table:

<table>
<thead>
<tr>
<th>Risk</th>
<th>Use of item</th>
<th>Decontamination (minimum standard)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Items introduced into normally sterile body areas or in contact with a break in skin or mucous membrane</td>
<td>Sterile or sterile single-use</td>
</tr>
<tr>
<td>Medium</td>
<td>In contact with intact mucous membranes</td>
<td>Disinfect or single-use</td>
</tr>
<tr>
<td>Low</td>
<td>In contact with intact skin</td>
<td>Clean or clean and disinfect if contaminated with blood or body fluid</td>
</tr>
<tr>
<td>Minimal</td>
<td>Not normally in contact with skin (e.g. floors and walls)</td>
<td>No specific treatment required, domestic. Cleaning. Spills or splashes of blood or body fluid should be safely cleared.</td>
</tr>
</tbody>
</table>

Decontamination Practice

Layout of decontamination area

The layout of a decontamination facility is important, whether it is in a separate room or a dedicated part of the treatment room, within body art premises. Items to be decontaminated must flow along a defined process pathway from dirty (i.e. used and contaminated), through cleaning (which may have both a manual and an ultrasonic stage), through sterilisation and into a phase of clean storage and return to use.

At any stage, items must not be re-contaminated by direct or indirect contact with items at a lesser stage of decontamination, e.g. items that have been cleaned must not be put on the same surface or handled with the same utensils used for dirty items; items that have been sterilised must not make contact with any surface that has been used for items before they have been sterilised. In addition to this beware of using a clean-looking item in the mistaken belief that it has been fully decontaminated.

Only by having a progression through a defined layout, can the location of an item correspond to its stage in the decontamination process. This is always important, but particularly so if more than one practitioner uses the same facility, or if multiple copies of identical equipment items are available for use, e.g. tattoo machine grips.
It is an advantage if the decontamination occurs in a dedicated room but if this is not possible, it should still occur in a dedicated area in which a defined flow from dirty to clean can be clearly established.

**Decontamination of invasive items**

Any item that pierces the skin poses a high risk of transmission of infection. Only items intended for reuse after cleaning and steam sterilization should be reused. If any uncertainty exists whether an item can be decontaminated by this method then confirmation should be obtained from the supplier. See Appendix 10 – Decontamination requirements for equipment used in tattooing and skin piercing

**Cleaning**

All items should be cleaned before sterilization. If any blood or other proteinaceous material is left on an item that is to be steam sterilised it will become firmly fixed on the items and very difficult to remove subsequently.

Cleaning should use methods, detergents and concentrations of those detergents compatible with items and specifically intended for instrument cleaning. The cleaning method should not put practitioners at risk from contaminants on instruments: cleaning should be done under the detergent solution surface to prevent splashing and care should be taken to avoid injury.

Any detergent should be safe for those who use it, but thick washing-up gloves should nevertheless be used. If manual cleaning is used, the detergent should be at or around neutral pH. It is common to use detergents containing enzymes. However, it is thought that short exposures of dirt containing proteins to these enzymes may give insufficient time for effective action. There are also concerns that some of the enzyme mixtures (“subtilisins”) can give rise to allergic reactions in some who come into contact with them. This should be considered in risk assessments. Use of non-enzymatic detergents should be considered.

Cleaning should be carried out in a sink dedicated to instrument cleaning and not one shared with other functions (handwashing, eating utensil washing etc.). It can help to attain the correct dilution of a detergent if the sink is indelibly marked to a fill-line of known volume, allowing a measured addition of detergent to achieve the correct dilution. Warm, but not hot, water should be used (hot water may coagulate proteins onto an item and make then difficult to remove). Utensils used for instrument cleaning should be dedicated solely for that purpose and should be observably fit for purpose (e.g. bristles on brushes in good order). Cleaning should take place under the surface of the detergent solution to minimise the potential of splashing the practitioner with the blood being removed.

Cleaning should be done as soon after an item is used as possible as drying makes contamination less easily removed. It may make cleaning easier if items are stored between use in clean fresh tap water or in a high humidity atmosphere (such as a closed vessel with a small amount of water).

Validation of cleaning should be by careful visual inspection of each item in good light.

Items with complex surfaces may require subsequent additional cleaning in an ultrasonic waterbath (ultrasound creates strong microcurrents in water by a process known as “cavitation” and is very effective at removing soiling from otherwise hidden crevices). Ultrasonic waterbaths should be used, maintained and validated according to the manufacturer’s instructions.

**Use of disinfectants**

Chemical disinfection has far lower levels of quality assurance than steam sterilization and should not be used for invasive items. It should only be used for decontamination of the environment and non-invasive items. Chemical disinfectants are usually inactivated by organic matter and should
only be used after cleaning has removed the vast majority of organic matter. Disinfectants should be used in a controlled manner according to guidance and manufacturer's instructions (e.g. the correct dilution, freshly prepared, applied as directed). Do not mix disinfectants with other detergents or chemicals unless following manufacturer's instructions.

The disinfectant of choice for general disinfection of the environment should be a hypochlorite solution containing 1,000 parts per million available chlorine (ppm av Cl). This is usually made by dilution of tablets of sodium dichloisocyanurate (NaDCC), a form of solid, stable hypochlorite, pre-measured to give specific hypochlorite concentration when dissolved in given volumes of water (always follow manufacturer's instructions for attaining the correct concentration). Whilst solid NaDCC is stable on dry storage, the hypochlorite solutions it generates are unstable and should be made-up daily. Always use in accordance with the manufacturer's materials safety data sheet. Hypochlorite solutions may bleach fabrics and corrode metals other than good quality stainless steel. They should never be mixed with strong acids (the production of highly toxic chlorine gas can result). They should be used in well ventilated areas.

**Sterilisation**

Sterilisation is the complete elimination of all microbial life to a very high level of quality assurance. It must be a robustly efficient process guaranteed to work on every occasion. Whilst there are many theoretical ways in which sterilisation can be achieved, the only way that body art practitioners can achieve it with the required quality is by steam sterilisation.

Other methods are either too complex or lack equivalent quality assurance. Steam sterilisers are devices that can expose items to be sterilised to pure steam at above atmospheric pressure in a chamber. The process must be automatic and steam sterilisers must monitor the process to ensure that all parameters of sterilization have been met or, if any have failed, to clearly indicate a failed cycle. (Pressure cookers do not have this inbuilt quality assurance and are not suitable for body art instrument sterilisation. Devices sold as baby bottle steam sterilisers use lower temperatures and are not suitable for body art instrument sterilization). The type of steam steriliser suitable for use by body art practitioners is known variously as a small steam steriliser, a benchtop steam steriliser or a transportable steam steriliser. These are small steam sterilisers that generate their own steam and are powered by a standard domestic electrical supply and should conform to the standard BS EN 13060.

To affect the energy transfer necessary for sterilisation, steam must be able to condense on all surfaces of an item, therefore hinged items should be opened and items should not overlap each other. If pockets of air are present, this blocks the ability of steam to make contact with the surface in air. If porous (e.g. fabrics), hollow or wrapped items are placed in chambers that are then filled with steam, this will not remove air from these loads but will only compress the air in them, leading to inadequate sterilization.

Small steam sterilisers are produced in 3 different types:

- **Type B steam sterilisers** (also known as “vacuum” or “porous load” sterilisers): These have sterilisation cycles that start by pulling a vacuum on the chamber to remove most of the air in the chamber and within porous, hollow or wrapped items; this is followed by a series of pulses and removal of steam to dilute any remaining air, before the chamber is brought to sterilising conditions. These sterilisers are suitable for porous, hollow or wrapped items. Any wrapping must conform to the standard BS EN 868, showing they are of a type that does not prevent the passage of steam and will resist the passage of contamination after sterilization has occurred.

- **Type S steam sterilisers**: These are similar to type B, but have only been validated to process specific loads (and are normally produced to sterilize wrapped dental handpieces). These
Sterilisers are suitable for porous, hollow or wrapped items only if validated for those specific items to be processed.

- Type N steam sterilisers: These are steam sterilisers with no assisted air removal. These sterilisers are suitable for non-porous, non-hollow (solid) and unwrapped items only.

Type B and S sterilisers tend to be more expensive to buy and maintain and normally have longer cycle times than type N.

The suitability of a particular steriliser for a particular load needs to be evaluated in line with the current guidelines from the Health Products Regulatory Authority (HPRA) as vacuum steam sterilisers are expensive to purchase, run and maintain.

For further information please see: Safe and Effective Use of Bench-top Steam Sterilisers

See Appendix 11 – Equipment sterilisation standard: self-assessment and decision making tool for tattoo and body piercing practitioners

See Appendix 12 – Equipment and body piercing jewellery sterilisation standard for tattooists and body piercers

**Steriliser operation, validation, maintenance and record keeping**

Sterilisers should only be used by those trained in their correct operation. Sterilisers should be operated according to the steriliser manufacturer's instructions for use and requirements for maintenance set out by the manufacturer of a specific machine.

A steam steriliser should monitor each sterilisation cycle and produce a record (e.g. printout) of the cycle parameters, primarily the temperatures attained throughout the sterilising phase and the times of those temperature readings. If the steriliser cannot produce a record of cycle parameters, equivalent records should be produced by observation of a cycle at the start of each day the steriliser will be used. Steam sterilisers should be validated and maintained by people specifically trained to do so according to a schedule provided by the steriliser manufacturer. Records of validation and maintenance should be retained. See Appendix 13– Autoclave daily record sheet

**Care of items after sterilisation**

If items are wrapped, they will remain sterile as long as the wrapping remains intact and dry.

If items are unwrapped, they can be placed in a clean, lidded container. Great care should be taken not to recontaminate them, with particular emphasis on recontamination from undecontaminated instruments or surfaces contaminated by blood or body fluid as they are transferred into or out of the container, or as other items are removed from the container. This is best achieved by having only those items in one container that will be used in a single procedure. If a container does become contaminated, it should be washed and processed (open) in a steam sterilizer or discarded.

**Decontamination of blood and body fluids in the working environment**

Blood and other body fluids in the environment pose a risk of infection transmission: with blood the main hazards are of blood borne viruses; with other body fluids a wider spectrum of infectious micro-organisms are relevant. Environmental contamination with blood or other body fluids should be dealt with by the removal of the contaminating material and disinfection as soon as possible after the contamination occurs. The longer any contamination remains on a surface, the
more it poses a direct risk to those who come in contact with it, as well as the indirect risk of it being transferred to other surfaces from which it may contaminate instruments that come into contact with clients.

Remember: The person most at risk is the person clearing the contamination. They should have safe methods of working and use appropriate personal protective equipment (PPE) – which should always include single-use gloves, with additional PPE such as aprons if the contamination is extensive.

Most environmental contamination is likely to be minor. Such contamination can be removed using single-use wipes and then, once clean, the area treated with a suitable disinfectant such as hypochlorite. (See cautions on hypochlorites above). If there is likely to be more extensive contamination, purpose-made disinfectant spill kits can be brought-in in readiness and used.
PART A     SECTION 5

Product quality of tattoo ink

Background and Context

Requirements already exist at both European and national level, whereby ink products should be sterile and inert at first use. These specified standards are not necessarily legally binding. At the European level the quality requirements for inks were initially laid down in 2003 by the Council of Europe, and further revised in Resolution ResAP (2008).

The inks/pigments used for tattooing should at a very minimum fulfil the requirements of this Resolution. This Resolution follows a negative list approach by listing substances which should not be used in tattooing products and Permanent Make-up based on current knowledge in the field.

For tattooists, there is an expectation that ink manufacturers will provide products that are fit for purpose. However, at present there are few independent sources of data to confirm the quality of inks used in Ireland, and no authoritative information to indicate whether this is universally achievable. Some studies have shown that certain products may be contaminated with microorganisms and/or metals, and the quality of inks used in Ireland is likely to vary between manufacturers because of an absence of common standard quality requirements. Tattooists should check with their suppliers that the inks/pigments fulfil at least the requirements of Resolution ResAP (2008). Even if pigments are sourced from outside the EU they should comply once they are being marketed within the EU.

Operators can refer to the Health and Safety Authority's SME Guidance document ‘Your Steps to Chemical Safety’.

Some aspects of EU Regulations, REACH (EC) No 1907/2006 and CLP (EC) No 1272/2008 may apply to users of tattoo inks and permanent make up. These may include requirements such as the duty to register substances, restrictions on the use of certain substances and the requirements to ensure products are labelled appropriately and a safety data sheet is provided. Any queries in relation to these regulations should be addressed to the Health and Safety Authority at chemicals@hsa.ie

A common requirement is that the inks should be sterile at first use and should be inert (i.e. non-reactive with the body). It is best practice to purchase ready suspended single use caps of pigments, (1ml.). If suspension of pigments is carried out only potable water from the public water supply should be used, (Compliant with S.I. No. 278 of 2014, European Communities (Drinking water) (No. 2) Regulations 2014) and ethyl alcohol.

Pigment/ink that has been used on one client must not be used on another client. If using bulk liquid ink, only dispense enough in to sterile disposable caps for each client. Any ink left over after a client shall be disposed of along with the disposable container. Always store pigments and inks appropriately, protecting them from contamination. If storing bulk containers of inks, these must have spouts that cannot be removed for refilling (squeeze bottles). The containers used to hold the inks for each customer should be either disposed of at the end of each session of treatment, or if non-disposable containers are used, they must be capable of being cleaned and sterilised before re-use.

Microbiological and Chemical Quality Concerns

The risks associated with tattooing treatments have been acknowledged for many years, and have
been reported internationally. In addition to the standard safer sharps controls to mitigate the risk of Blood Borne Virus (BBV) transmission during tattooing, another potential hazard is that of infection via the ‘environmental’ route. This is typically associated with naturally occurring bacteria and fungi that have gained entry to the ink product at some stage during its manufacture or storage. This form of environmental contamination of inks, prior to their use on the client, is rarely reported on. Despite the continually improving standards in tattooing health and safety - much of it related to eliminating the risk of BBV transmission - the ‘environmental’ aspect of tattooing infection control remains beyond the control of most practitioners.

Poor quality tattoo inks increase the potential for localised bacterial skin infections as well as dermal allergies following tattooing treatments. Ink related problems might therefore be directly related to the chemical and/or microbiological quality of the ink or pigments used. Where this occurs, other efforts to maintain tattooing hygiene standards could potentially be undermined if the inks themselves are contaminated at the point of use.

Tattoo ink products are typically purchased from suppliers or directly from manufacturers and are delivered intra-dermally during treatment, so there is an increased potential for the client’s body to be exposed to their components, compared with, for example, a topically applied skin colorant.

Some inks are sold with little or no accompanying product data, and their composition may remain uncertain even at the point of use.

**Recommendations to Improve the Quality of Ink Products used for Tattooing**

The presence of an accompanying product data sheet is a fundamental requirement to ensure that, as far as possible, the appropriate quality tests have been undertaken and passed for the ink. Practitioners should therefore work wherever possible with inks that are accompanied by the manufacturer’s product quality information, and should request this information from their supplier if it is not provided; and practitioners should note the batch numbers of the products they purchase, with delivery dates, as new inks are purchased and received. Some suppliers already provide a product listing and batch numbers with their delivery note, and this would equally serve as a dated record of ink products received. This record can then be used in case of any subsequent concerns over ink quality. Wherever possible, and to strengthen the quality control link between client and product(s) used, the colour of the inks used on each client should be noted at the time of treatment.
PART A   SECTION 6

Body piercing jewellery

General
All jewellery or implants, which may come into contact with broken skin or mucous membranes, must be sterilised prior to use. This is essential when dealing with a new piercing or an unhealed piercing. The quality of inserted jewellery/implants can greatly reduce the risk of allergic reaction and infection.

The style of body piercing jewellery is distinct from traditional jewellery worn in the ear lobe such as studs and butterfly designs.

Variations on the barbell and (captive) ring design are those most commonly seen in body piercing because these substantial shapes minimise the risk of embedding, tearing and migration.

High quality jewellery is made with smooth surfaces and joins in order to reduce the risk of irritation or of harbouring infection.

Practitioners should ensure that all jewellery used for skin piercings is sterile prior to its use. Where jewellery is not purchased pre-sterilized but is sterilized within the premises, the method by which sterilization has been carried out will determine how sterile the jewellery remains (see sterilization section). If jewellery is processed and stored properly, it may retain its sterility indefinitely. However, practitioners should be advised to discuss issues such as shelf life with equipment (and packaging) manufacturers.

A number of materials are used in skin piercing jewellery and acceptable materials include:

- Titanium.
- Niobium.
- Platinum.
- Gold – preferably solid gold 14 carat or 18 carat (for ear piercing).

The use of gold higher than 18 carat is not recommended in body piercing as it is too soft and the potential exists for scratching or pitting of the metal which may increase the risk of infection at the piercing site. The use of gold lower than 14 carat is not recommended in body piercing as it tends to be lower in quality and has the potential to contain metallic impurities, which may lead to allergic response in the pierced individual.

Nickel Directive
The Nickel Directive was a European Union Directive regulating the use of nickel in jewellery and other products that come into contact with the skin. The requirements also cover a wide range of other items such as necklaces, bracelets, wristwatch cases, zips and buttons.

Since June 2009 it has been subsumed into the EU REACH Regulation (Registration, Evaluation, Authorisation, and Restriction of Chemicals). Nevertheless, the term nickel directive is still used to refer to the restrictions on nickel usage and the prescribed test for quantifying nickel release from products. Jewellery can only be used if the nickel release rate from those parts of these products coming into direct and prolonged contact with the skin is 0.5 micrograms per square centimetre per week, or less. For body piercing jewellery, post assemblies - the part of the jewellery that is inserted into the wound caused by the piercing of the skin, including both the piece that goes through the wound and those parts of the jewellery intended to hold the piece in and against the wound (earing “back” or balls on the end of a piercing bar or stud) - are prohibited unless their
rate of nickel release is 0.2 micrograms per square centimetre per week, or less.

One problem with these requirements is that they do not apply to jewellery manufactured for export to countries outside the European Union. Where practitioners cannot prove that jewellery being used is in compliance with these requirements, it is advised that use of that jewellery stops until the practitioner can obtain evidence from the manufacturer of its compliance.

**Other metals**

In addition to nickel, Annex XVII of the EU Reach Regulation also lists substances including metals that are restricted. Annex XVII is continuously updated as new restrictions are agreed. For example, entry 23 on cadmium and entry 63 on lead restricts their use in jewellery including piercing jewellery. For further details see [http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:02006R1907-20150601](http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:02006R1907-20150601).
PART A  SECTION 7

Governance

Training and Competencies
All practitioners should undertake accredited training and be able to demonstrate their competencies before starting to practice. This guidance acknowledges, however, that practitioners in Ireland do not have access to a nationally recognised and accredited course, nor is there a nationally agreed set of competencies or ongoing objective monitoring of professional competence by a recognised professional body.

Practitioners currently undertake unaccredited courses, often run by private companies, and/or undergo local training and assessment against locally determined competencies through self-funded apprentice/mentorship schemes. These training methods vary in terms of quality, duration and content.

The absence of tattoo and body piercing accredited training and competencies is an area that needs to be addressed nationally and is outside the scope of this guidance. From an infection control viewpoint, any agreed national training and competencies for practitioners should include the infection control areas listed in the procedure manuals/policies section (below).

Procedures Manuals/Policies
It is recommended that practitioners produce a written procedure/policy manual for use by staff. It should be based on evidence-based guidance and be easily available and be easily understood by all groups of staff. Policies/procedures should be reviewed annually so that practice is up to date and should indicate ownership (i.e. who is responsible for managing the policy) and authorship.

Policies/procedures should include:
- Hand washing procedure;
- Cleaning policy and rota;
- Decontamination procedures;
- Management of waste;
- Management of blood spillages;
- Use of personal protective equipment (PPE);
- Needle stick injury (and basic first aid practice in relation to this);
- Safe sharps handling/disposal;
- Risk assessment/safe handling of chemicals;
- Training/education of staff;
- Staff health including hepatitis B vaccination status.

Audit and Qualify Monitoring
Services, policies and practices should be monitored on a regular basis by the premises manager/lead practitioner, not only to ensure practice is up to date and evidence based, but for quality purposes as well. By having written, up-to-date policies and procedures, documentation of staff training and proof of written, evidence based procedures/policies being followed, a premises can
provide evidence of quality standards being maintained. This is useful when premises are asked by other professionals, and clients, for proof of good practice procedures and help demonstrate competence and quality in the event of a complaint.

Undertaking audits is part of providing evidence of quality performance. The template infection control audit tool which is included with this guidance could be used for undertaking infection control audits at a tattooing /body piercing premises. It provides a spreadsheet which gives percentage scores against good practice target scores in each section and overall.

It is suggested that audits are initially undertaken every six months (or more frequently if scores are below standard targets) and an action plan developed to address any gaps in audit findings. As a minimum an audit should be undertaken annually. It is important that there are named individuals designated against each action and that a deadline is given for each action so that progress can be identified against these by designated staff, as well allowing monitoring of progress to be followed by the manager/owner. A repeat audit allows the recording of changes made, as well as good practice to be monitored over time.

**Record Keeping**

Accurate records are invaluable if infection problems occur and may assist the practitioner when investigations are conducted – for example, for verifying procedures performed and equipment check-tests carried out, when they were performed and on whom/by whom. It is important to keep accurate records of every client including:

- Full name, address, telephone number, date of birth and proof of age if needed.
- Relevant medical history/ allergies.
- Consent signature of client/ parent.
- Date and type of procedure conducted, site of procedure, type of jewellery (if applicable).
- The name of the practitioner.

Any personal information that the practitioner obtains from the client either through the consent form or any additional personal information which has been disclosed to the practitioner is subject to the Data Protection Acts 1988 and 2003. All records should therefore be used safely and stored securely, maintaining client confidentiality (e.g. locked paper records, safe use of computers to ensure clients’ details are not accessible by the general public or others with no legitimate reason to access them. Records should be kept safely on the premises for a period of no less than 3 years.

Staff training records should also be kept on site, as well as health and safety records such as risk assessments, an accident/incident book, and a log book with details of regular equipment checks.

**Consent and Aftercare Documentation**

Consent forms must be signed before any procedure is commenced. Both written and verbal aftercare information should be provided to the client as evidence of good and safe practice.

See Appendix 8– contains an example of a consent form and there are a variety of written aftercare leaflets available.

See Appendix 9 – Aftercare follow-up record sheet.
PART A  SECTION 8

Management of infectious disease incidents relating to tattooing and skin piercing

Definition of an Outbreak or Incident
An infectious disease related outbreak or incident can be defined as:

- An incident in which two or more people experiencing a similar illness are linked in time/place.
- A greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred.

Outbreak/Incident Initial Response
In Ireland incidents/outbreaks are recognised using surveillance methodology by the Health Protection Surveillance Centre, Health Service Executive (HSE) or microbiologists in laboratories at a local or national level. At the local level it is the Public Health and Environmental Health Services of the HSE that investigate. As soon as it becomes apparent that an incident/outbreak may exist, immediate contact between these parties is essential.

A risk assessment is undertaken following receipt of initial information and a decision made as to whether an outbreak or incident exists.

Once an outbreak/incident is declared, a multi-agency outbreak control team would be set up to fully investigate the incident, ensure control measures are in place and a report generated with lessons learned. All legal powers relating to the investigation of outbreaks lie with the HSE. An outbreak/incident control team would give due consideration to the possibility of legal proceedings, and if required seek guidance regarding the chain of evidence for a potential prosecution.

In the case of a tattooing/body piercing setting, most incidents would be expected to relate to suspected blood borne virus transmission to another person (be that from a practitioner to a client or from a client to the practitioner or from client to client).

The infection control practices in place within the establishment would be reviewed as a key part of any incident investigation.
PART B – Appendix 1
Infection, its causes and spread (continued
(including a glossary of infection-related terms)

The Causes of Infection

Numerous microorganisms harmlessly colonise the skin and the mucosal surfaces to form the normal flora of the human body. The presence of microorganisms does not constitute an infection. Colonising microorganisms cause no damage and often provide benefit to the person. It is when there is associated tissue damage that an infectious disease exists. Potential pathogens can also act as colonisers such as *Staphylococcus aureus*.

**Glossary of Infection-Related Terms:**

**A pathogen** is an organism capable of invading the body and causing disease. Such an organism is termed pathogenic.

**An infectious disease** is an illness caused by a pathogen, which invades body tissues and causes damage. Not all infectious diseases spread from person to person, e.g. Legionnaires’ disease.

**A communicable disease** is an infectious disease that is capable of spreading from person to person, e.g. measles, tuberculosis.

**Self infection (endogenous infection)**

An infection that arises from the person’s own body flora e.g. bacteria that colonise the skin get into a break in the skin (wound) and cause an infection such as an abscess caused by *Staphylococcus aureus*.

**Cross infection (exogenous infection)**

This is an infection that arises from an external source e.g. from another person or via the environment.

**Groups of Organisms capable of causing Infection**

Pathogens relevant to body art can be classified into:

**Bacteria** are single celled organisms of approximately one-thousandth to five-thousandth of a millimetre in diameter. Bacteria can replicate independently and some bacteria can form spores that survive in the environment for long periods of time, e.g. *Mycobacterium tuberculosis*, Group A Streptococcus, *Salmonella Enteritidis*. Antibiotics are used to treat bacterial infections; bacteria can develop resistance to antibiotics, e.g. MRSA (meticillin resistant *Staphylococcus aureus*).

**Viruses** are smaller than bacteria and cannot replicate independently but grow inside the host’s cells. Viruses cannot be treated with antibiotics; there are a few anti-viral drugs available that are active against a limited number of viruses such as influenza. Many common viral infections resolve without treatment, e.g. measles, mumps, and rubella.

**Pathogenic Fungi** can be either moulds or yeasts. Infections caused by moulds or yeasts include ringworm caused by *Trichophyton rubrum* and thrush, which is a common yeast infection caused by *Candida albicans*.

**Transmission (Spread) of Infection**

How an infection is spread (transmitted) varies according to the type of microorganism. Some microorganisms may be transmitted by more than one route:
Direct or indirect contact, e.g. *Herpes simplex* virus, respiratory syncytial virus, *Staphylococcus aureus*.

Respiratory droplets, e.g. influenza virus, mumps, *Bordetella pertussis* (whooping cough).
Airborne, e.g. pulmonary tuberculosis, measles, chickenpox.

Other infectious agents, such as blood-borne viruses, e.g. hepatitis B and C and D viruses (HBV, HCV, HDV) and HIV are transmitted rarely in healthcare settings, via percutaneous (sharps/needles) or mucous membrane exposure (blood/body fluid splashes to eyes/mouth/open wounds).

**In Tattooing and Skin Piercing Procedures, Infection Transmission can occur by Direct Contact or Indirect Contact**

**Direct contact (person to person)**

Direct transmission occurs when microorganisms are transferred from one infected person to another person without a contaminated intermediate object or person. Examples of direct contact include:

Blood or other body fluids (including blood stained) that enter the body through contact with a mucous membrane or breaks (i.e. piercings, cuts, abrasions) in the skin.

**Indirect contact**

Indirect spread of infection is said to occur when an intermediate carrier is involved in the spread of pathogens such as hands, fomites or vectors.

**Hands** – The hands of the practitioners are probably the most important vehicles of cross-infection within the tattooing and skin piercing environment. The hands of staff and clients can carry microbes to other body sites, equipment and staff. Therefore, promotion of hygienic practices for everyone is the key to preventing and controlling infections.

**A fomite** is defined as an object that becomes contaminated with infected organisms and which subsequently transmits those organisms to another person. Examples of potential fomites are instruments or practically any inanimate article e.g. contaminated needles/tattooing equipment (blood-borne viruses).

**References**

PART B – Appendix 2
Blood borne viruses

Blood borne viruses (BBVs) are viral infections which are spread through infected blood and body fluids, such as semen. The BBVs of greatest concern in the tattoo and piercing industry are hepatitis B virus (HBV), hepatitis C virus (HCV), hepatitis D virus (HDV) and human immunodeficiency virus (HIV). Hepatitis B and C viruses infect and damage the liver. Hepatitis D (HDV) requires the presence of the hepatitis B virus to survive in the body. This means that it is only possible to have hepatitis D if one also has hepatitis B. HIV stops a person’s body from fighting infections properly.

BBVs can be passed on or ‘transmitted’ if an infected person’s blood is able to enter another person’s bloodstream. This can happen in a number of different ways:

- Sexual contact, both heterosexual and homosexual.
- Infected blood passing from one person to another e.g. through cuts or damaged skin.
- Sharing razors or toothbrushes.
- Sharing needles and syringes.
- Through ear piercing and other types of body piercing, tattooing and acupuncture if equipment is not properly sterilized.
- From mother to baby during or after pregnancy.

All blood donations in Ireland are now screened for hepatitis B virus, Hepatitis C and HIV but before this started it was possible to become infected through blood transfusions.

The infection is not passed on through everyday activities such as coughing, sneezing, shaking hands or sharing food, crockery, baths or toilets.

BBVs can cause serious, chronic diseases (e.g. liver cirrhosis, cancer) or even death to the individual affected. If an individual has an ongoing (chronic) infection, they will pose a continuing risk of infection to others.

Sometimes an individual may be infected with a blood borne virus, but not be aware that they have the infection and that they are therefore an infectious risk to others.

Infections from BBVs can be prevented or avoided in the tattoo and body piercing setting, if robust infection control practices (including immunisation against hepatitis B) are used by all practitioners at all times when dealing with blood and body fluids.
PART B – Appendix 3

Safe use and disposal of sharps

Before use:
- Ensure that sharps disposal box is correctly assembled.
- Ensure that the label on the box is filled in upon assembly.
- Ensure appropriate colour sharps box lid for use based on medicinal contamination and how the waste should be treated and disposed of i.e. orange lid for sharps derived from tattooing/body piercing procedures.
- Sharps boxes are type approved for solids and should not be used for quantities of liquid waste.
- Sharps boxes must comply with UN 3291 and BS7320 standards.
- Boxes must be available in different sizes. Tamper-proof sharps containers are also available.
- Boxes must be available at all locations where sharps are used.
- Boxes must never be placed on the floor.
- Boxes must be placed on a level surface or wall-mounted below shoulder height and be near to the area they are being used.
- Boxes must never be left in areas where clients may have open access to them.
- Assess, in terms of risk, the most appropriate size of sharps container for the tattoo/body piercing setting.

During use:
- Practitioners must be competent in procedures using sharps.
- The person using the sharp is responsible for disposing of it.
- Never pass sharps from hand to hand.
- Wear appropriate personal protective equipment (gloves at a minimum).
- Assemble devices with care.
- Do not disassemble devices (e.g. needle bar and needle)—dispose of as a complete unit.
- Do not re-sheath/recap used needles/razors.
- Close sharps box opening (temporary closure device) between uses.
- Never move an open sharps box.
- Use the handle to carry.

After use:
- Disposal of sharps is the responsibility of the user.
- Dispose of sharps immediately after use.
- Do not bend or break needles before disposal (e.g. a tattoo needle from a needle bar).
- Do not leave full sharps boxes for disposal by other staff.
- Fill sharps boxes only to the ‘fill’ line and never overfill.
- Shut and lock box when full for disposal.
- Never use tape to seal sharps boxes.
- Label box with source such as name of person/premises and describe waste content.
- Dispose of sharps boxes as clinical waste for incineration only.
- Never place sharps boxes in clinical/offensive waste bags.
- Sharps containers must never be left unsupervised. They must be locked in a cupboard/operating/procedure room when not in use.
• Never try and retrieve items from a sharps container.
• Place damaged sharps containers inside a larger container – lock and label prior to disposal. Do not place inside a waste bag.

Reference
(http://guidance.nice.org.uk/CG139)
PART B – Appendix 4

First Aid following a blood/body fluid exposure

- Encourage bleeding where skin is punctured or broken.
- Do not suck the wound.
- Wash thoroughly with mild liquid soap under running warm water.
- Do not use a scrubbing brush.
- If eyes are involved, wash immediately with water for 5-10 minutes (use tap water or sterile water if available).
- If the mouth is contaminated, rinse with plenty of water.
- Any cuts/punctures should be covered with a waterproof plaster.
- Where there is considerable contamination of unbroken skin, remove contaminated clothing and wash all affected areas with copious amounts of water.
- Remember to seek medical advice at the local Emergency Department as prophylactic treatment (if required) ideally needs to be given ideally within one hour and no later than 72 hours. If relevant and if possible, it is helpful if the details of the client whose needle was involved in the incident were brought to the Emergency Department in a sealed envelope to help enable the risk assessment process.
- Ensure that your manager or immediate senior is informed immediately of the incident.
- The person who has received the injury should complete an incident form as per local guidelines.
PART B – Appendix 5

Protocol for cleaning up blood or a blood stained body fluid spill

Cleaning up Blood or a Blood Stained Body Fluid Spill

- Prevent access to the area containing the spillage until it has been safely dealt with.
- Obtain chlorine based spill kit.
- Put on apron and gloves.
- Apply disinfectant granules to the spill, this congeals the spill to enable easier cleaning of the area OR make up and use the disinfectant solution as per product instructions to a dilution of 10,000ppm available chlorine. Leave in place for the designated exposure time (at least two minutes). Ensure the surface can tolerate chlorine.
- **DO NOT USE MOPS TO CLEAN UP BLOOD.**
- Use the scoop and scraper (or disposable paper towels) to pick up the congealed body fluid and place in the appropriate waste bag.
- Using the disposable paper towels and disinfectant solution clean area thoroughly and dry afterwards. Detergent and warm water can also be used afterwards.
- Ensure all equipment used is disposed of in the appropriate waste bag and then finally remove gloves and apron and place in the waste bag.
- Wash hands.
- Ensure that the waste bag is placed in the appropriate disposal bin/container immediately after use.
- Damp-mop the affected area.

Managing Blood Spots

Apply chlorine based disinfectant solution to a wet paper towel and clean spillage area. Discard waste as above.

If Blood/Body Fluid splashes into the Eyes or Mouth

Rinse freely with water. Seek immediate medical advice if the splash gets into the mucous membrane.

Blood Spills on Clothing

Change clothes (immediately if possible) and place into a plastic bag. Wash clothes as soon as possible in a hot cycle.

Cleaning up Vomit or Urine Spills

Chlorine-based disinfectants will give off highly toxic gas if mixed with acidic substances. Ideally chlorine-based products should not be used on vomit and urine due to the slight risk of chlorine gas being released. To clean up vomit or urine spills, follow the same process as above but replace chlorine-based disinfectant granules with a non-chlorine based product, or use paper towels to absorb as much of the spillage as possible. Always clean areas with detergent and warm water. A chlorine-based disinfectant can be used to disinfect the area but only after the urine/vomit has...
been cleaned up.

**IMPORTANT NOTE**

Chlorine-based disinfectants/absorbent granules such as sodium dichloisocyanurate (NaDCC) should not be used on urine or vomit spills. NEVER mix chlorine-based disinfectants with any other cleaning/disinfectants. Hypochlorite solutions may bleach fabrics and other materials, as well as corrode metals, so care is needed regarding which surfaces they can be used upon.

**Reference**
PART B – Appendix 6

Principles for good waste handling

Good Waste Handling Principles:

- Waste should be segregated at the point of origin.
- Bags/bins should only be filled to ¾ full.
- Waste bags should be used in foot operated pedal bins.
- Waste bags should be sealed securely and marked with ‘point of origin’ label prior to disposal.
- Waste should be collected on a regular basis by a licensed waste management contractor.
- Personal protective clothing should be worn when handling waste.
- Waste should be correctly bagged in appropriate colour-coded bags which must be UN-approved and comply with BS EN ISO 7765:2004 and BS EN ISO 6383:2004.
- Waste should be double bagged where the exterior of the bag is contaminated or the original bag is split, damaged or leaking.
- Waste should be kept in a rigid-sided, fire retardant holder or container with a foot operated lid, and, so far as is reasonably practicable, out of the reach of children and unauthorised personnel.
- Waste should be stored in a labelled, lockable/secure, vermin-proof storage space for collection, on a well-drained, impervious hard standing floor, which is provided with wash-down facilities.
- Bags should be securely sealed and labelled with coded tags at the point of use to identify their source.
- Waste should not be decanted into other bags, regardless of volume; be contaminated on the outside or re-used.
- ‘Sharps’ must be disposed of into approved sharps containers that meet BS 7320/UN 3291.
- ‘Sharps’ containers should NEVER be placed into any waste bag.
## Template protocol for environmental cleaning of premises

<table>
<thead>
<tr>
<th>ITEM</th>
<th>FREQUENCY</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High risk treatment surfaces</strong></td>
<td>After use</td>
<td>Treatment area surfaces cleaned and dried between clients using detergent and then disinfected using a bleach solution (1000 ppm) Use disposable cloths/paper towels</td>
</tr>
<tr>
<td><strong>Non high risk surfaces</strong></td>
<td>At least daily</td>
<td>Use general-purpose detergent Dry thoroughly Use disposable cloths/paper towels</td>
</tr>
<tr>
<td><strong>Hand wash basins and sinks</strong></td>
<td>Daily</td>
<td>Standard detergent</td>
</tr>
<tr>
<td><strong>Floors</strong></td>
<td>Daily</td>
<td>Mop with water and detergent Disinfectant is required only after contamination with blood spillages</td>
</tr>
<tr>
<td><strong>Bins</strong></td>
<td>As required</td>
<td>Empty bins daily. If contaminated, clean with water and detergent and then disinfect</td>
</tr>
<tr>
<td><strong>Couches</strong></td>
<td>Between clients</td>
<td>Wipe with hot, soapy water and dry thoroughly Clean with disinfectant against blood borne viruses if contaminated with blood</td>
</tr>
<tr>
<td><strong>Walls/ceilings</strong></td>
<td>As required</td>
<td>Routine cleaning not required Clean periodically with water and general purpose detergent Clean with disinfectant against blood borne viruses if contaminated with blood</td>
</tr>
</tbody>
</table>
## Tattooing/Body Piercing Consent Form

<table>
<thead>
<tr>
<th>Name of Premises:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address &amp; Tel No of Premises:</td>
</tr>
<tr>
<td>Name of Practitioner (print):</td>
</tr>
<tr>
<td>Name of Client (print):</td>
</tr>
<tr>
<td>Address &amp; Tel No of client:</td>
</tr>
<tr>
<td>Age of Client and DOB:</td>
</tr>
</tbody>
</table>
| Age ID of Client Seen: | Yes / No  
| Type of Procedure: | Tattoo / Body Piercing  
| Description: |  
| Site of Procedure and design if applicable): |  
| Type of Jewellery Used (as applicable): |  

The risks associated with this procedure have been explained to me and are understood by me: ☐

**Signature of Client:**

**Signature of Practitioner:**

**Date:**
AFTERCARE FOLLOW-UP RECORD SHEET
(ATTACH TO CONSENT FORM)

NAME OF CLIENT:

<table>
<thead>
<tr>
<th>Date &amp; time</th>
<th>Description of any concern or problem Action taken/advice given</th>
<th>Signature of practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
## PART B – Appendix 10

Decontamination requirements for equipment used in tattooing and skin piercing

<table>
<thead>
<tr>
<th>Equipment for</th>
<th>Application of item</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tattooing:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holders for needles i.e. tube, tip and grip</td>
<td>Hold needles that pierce skin</td>
<td>Dismantle then clean and sterilize, or single-use</td>
</tr>
<tr>
<td>Needles and needle bars</td>
<td>Pierce skin</td>
<td>Single-use pre-sterilized</td>
</tr>
<tr>
<td>Ink caps</td>
<td>Hold inks that will become contaminated with blood</td>
<td>Single-use</td>
</tr>
<tr>
<td>Ink cap trays</td>
<td>Hold ink caps and will become contaminated with blood during use</td>
<td>Either single-use or clean and sterilize</td>
</tr>
<tr>
<td>Motors &amp; clipcords</td>
<td>Will become contaminated with blood via the practitioner’s hands</td>
<td>Reduce contamination by covering with impervious barrier (e.g. plastic sleeving) Remove impervious barrier carefully after use minimising transfer of contamination to the item Thoroughly remove any visible contamination with detergent, then dry Disinfect surface with 70% alcohol</td>
</tr>
<tr>
<td>Elastic bands</td>
<td>Will become contaminated with blood via the practitioner’s hands</td>
<td>Single-use</td>
</tr>
<tr>
<td><strong>Body piercing:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needles, cannulas</td>
<td>Pierce skin</td>
<td>Single use pre-sterilized</td>
</tr>
<tr>
<td>Clamps used for skin folds, looped forceps, pliers and receiving tubes</td>
<td>In close contact with pierced skin</td>
<td>Clean and sterilize or single-use</td>
</tr>
<tr>
<td>Jewellery</td>
<td>Inserted into sterile body</td>
<td>Sterilize or pre-sterilized</td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td>Use</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Spatulas, cotton/gauze pads and paper towels</td>
<td>Tissues will become contaminated with blood</td>
<td>Single-use</td>
</tr>
<tr>
<td>Vernier calipers</td>
<td>Should only be used on clean, unbroken skin</td>
<td>Clean between uses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Single use or autoclavable alternative should be used for oral and genital piercings</td>
</tr>
<tr>
<td>Ear piercing guns</td>
<td>These should only be of the type that use single-use self-contained cartridge containing the stud and back, such that the gun itself makes no client contact</td>
<td>Clean according to manufacturer’s instructions</td>
</tr>
<tr>
<td>Cartridges used with ear piercing guns</td>
<td></td>
<td>Single-use</td>
</tr>
</tbody>
</table>
PART B – Appendix 11

Equipment sterilisation standard – self assessment and decision making tool for tattooing and body piercing practitioners

Is the equipment for single use?

Yes

Dispose of safely and appropriately i.e. in offensive waste bag or sharps bin

No

The instrument is solid and unwrapped

Sterilise using non-vacuum autoclave with temperature and pressure indicator gauges (type N) or vacuum autoclave (type B or S) with drying cycle

The instrument is hollow and/or wrapped (including solid items)

Sterilise using vacuum autoclave (type B or S) with drying cycle
PART B – Appendix 12

Equipment and body piercing jewellery sterilisation standard for tattooists and body piercers

**Option 1**
Using only: Solid unwrapped instruments and solid unwrapped jewellery

**Option 2**
Using: Hollow instruments and/or hollow body piercing jewellery and/or using any instruments or body piercing jewellery which are wrapped

**Option 3**
Using only: Single-use and pre-sterilised body piercing jewellery

**Your current autoclave is non-vacuum (type N)**
No change in your practice is required

**Your current autoclave is non-clave (type N)**
If you are unable to switch to using a vacuum autoclave (type B or S) with drying cycle, then use single-use instruments and pre-sterilised body piercing jewellery instead

**Your current autoclave is vacuum (type B or S) with drying cycle**
No change in your practice is required
### PART B – Appendix 13

**AUTOCLAVE DAILY RECORD SHEET**

<table>
<thead>
<tr>
<th>Autoclave Type</th>
<th>Serial Number</th>
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<tr>
<td>Week Commencing</td>
<td>Location</td>
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Type of Water used (ideally sterile water for irrigation)

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<tr>
<th>Daily test</th>
<th>Saturday</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<td>Time to reach holding temp</td>
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<tr>
<td>Temp during holding period</td>
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<td>Pressure during holding period</td>
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<tr>
<td>Total time at holding temp/pressure</td>
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<td>Water drained at end of day where appropriate</td>
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<td>Initials of authorised user</td>
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</table>

<table>
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<th>Weekly Safety Test</th>
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</thead>
<tbody>
<tr>
<td>Door seals secure</td>
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<tr>
<td>Door safety devices functioning correctly</td>
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<td></td>
</tr>
<tr>
<td>Safety Valves operating correctly</td>
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<td></td>
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<tr>
<td>Yearly service by a competent engineer</td>
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</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Signature</th>
</tr>
</thead>
</table>

PLEASE KEEP THESE RECORDS IN A RING BINDER FOR SELF AUDIT/INSPECTION
PART C – Leaflet 1

Tattoo aftercare

Key Advice

- The aftercare following a tattoo is important to promote good healing and prevent the risk of infection.
- For the first week or so it is normal for the area to be red and tender.
- As with all body art, infection is a risk. To reduce these risks take advice from your practitioner regarding aftercare.
- The risk of infection can be greatly reduced by good general hygiene including:
  - Hand washing before touching the tattoo
  - Keeping the tattooed area covered with non-stick gauze which is secured with hypo-allergenic tape.

Hand washing

Hand washing is the single most important method of reducing infection. Hands must be washed prior to touching the affected area, therefore reducing the risk of infection.

Wash your hands in warm water and liquid soap, always dry your hands thoroughly with a clean towel or paper towel. This should remove most germs and prevent them being transferred to the affected area.

Tattoo aftercare

Good practice is to cover the tattooed area with non-stick gauze which is then secured with hypo-allergenic tape. Gauze permits ventilation and aids healing.

A tattoo covering a large area may need to be covered with a sterile, non-adhesive dressing, at least during your journey home. However, simply keeping the area clean and dry is likely to be the best approach.

A tattoo covering a large area may have plastic film wrap applied, this must be clean (taken straight from the pack and used immediately) and you should be advised when to replace this covering by your practitioner.

Any cream that you apply must be used from an appropriate pot/tube at home and you should wash your hands before application. Cream can be purchased from your practitioner or a pharmacist.

Antibiotic creams should not be used except if infection has occurred and under supervision of your Doctor.

Signs of infection

If appropriate aftercare is not followed infection may occur. The signs of infection are:

- Swelling and redness that increases around the wound.
- A severe burning and throbbing sensation round the site.
- Increased tenderness and increasingly painful to touch.
• An unusual discharge (yellow or green) with an offensive smell.

Speak to your practitioner or seek medical attention immediately if you suffer from any of the above or have any concerns regarding infection in your tattoo or if there are any signs of an allergic reaction to any of the products used.

For further advice or information:

Your practitioner is:
PART C – Leaflet 2

Ear and face piercing aftercare

Key Advice

- The aftercare of body piercing is important to promote good healing and prevent the risk of infection.
- Healing times for piercing will vary with the type and position of the piercing and vary from person to person.
- For the first few weeks it is normal for the area to be red, tender and swollen.
- Approximate healing times for various piercings are:
  - Ear lobe piercing – 6 to 8 weeks
  - Ear cartilage – 6 to 8 weeks
  - Cheek piercing – 2 to 3 months
  - Eyebrow piercing – 2 to 4 months
  - Nose piercing – up to 6 months
- Remember these times are approximate and will depend on how healthy you are and whether you look after the piercing properly until healed.
- As with all body art, infection is a risk. To reduce these risks take advice from your practitioner regarding aftercare.
- The risk of infection can be greatly reduced by good general including:
  - Hand washing before touching the piercing
  - Keeping the piercing clean

Hand washing

Hand washing is the single most important method of reducing infection. Hands must be washed prior to touching the affected area, therefore reducing the risk of infection.

Wash your hands in warm water and liquid soap, always dry your hands thoroughly with a clean towel or paper towel. This should remove most germs and prevent them being transferred to the affected area.

A new piercing can be tender, itchy and slightly red and can remain so for a few weeks. A pale, odourless fluid may sometimes discharge from the piercing and form a crust. This should not be confused with pus, which would indicate infection.
Ear piercing aftercare
Including Lobes/ Tragus/ Anti Tragus/ Conch/ Helix/ Snug/ Diath/ Industrial/ Rook/ Translobal/ Transverse Lobe.

Facial piercing aftercare
Including Eyebrow, Bridge, Jestum, Vertical Labret, Septum/ Nostril.

Soak the piercing for a few minutes by submerging the area of skin containing the piercing in a clean jug or bowl containing a warm water solution (1/4 level teaspoon of preferably sea salt to an egg cup/shot glass of warm water). Alternatively wet a clean cloth or gauze in the solution and apply as a warm compress. This will soften any discharge and allow you to clean the entry and exit points of the piercing with a cotton bud or gauze. Once the discharge is removed or softened then jewellery can be gently moved so as to work a little warm water through the piercing. When cleaning always tighten the ball on any bars by screwing the ball to the right.

Do this twice each day, preferably after washing or bathing.

You can also use mild antibacterial solutions and soaps to wash the wound site of an ear piercing. Ask your local pharmacist to advise you and always follow the manufacturers’ instructions. If irritation, redness or drying occurs discontinue use. Antibacterial wash is NOT suitable for nostrils, septum or vertical lips due to the tissue’s delicate nature.

Dry the piercing using ONLY fresh disposable paper towel/kitchen roll. A communal hand/bath towel should never be used.

Note: Cartilage piercings occasionally form lumps commonly known as granulomas. This is just trapped fluid and can easily be resolved using the heat and pressure from a warm water compress once a day, replacing one of your daily cleanings.

Expect some swelling and soreness from your new piercing. Any knock or bang can cause swelling or soreness to flare up again throughout the healing phase.

Do not use cotton wool to clean the piercing as the fibres in the cotton wool may get caught in the piercing.

Do not pick at any discharge and do not move, twist or turn the piercing whilst dry. If any secreted discharge has hardened then turning jewellery may cause the discharge to tear the piercing, allowing bacteria to enter the wound and prolonging the healing time.

Do not use sunbeds for the first two weeks, or if you decide to then cover the wound area with a breathable plaster during tanning.

Do not swim for the first 24 hours following a piercing.

Signs of infection
If appropriate aftercare is not followed infection may occur. The signs of infection are:

- Swelling and redness that increases around the wound.
- A severe burning and throbbing sensation round the site.
- Increased tenderness and increasingly painful to touch.

- An unusual discharge (yellow or green) with an offensive smell.
Speak to your practitioner or seek medical attention immediately if you suffer from any of the above or have any concerns regarding infection in your piercing or if there are any signs of an allergic reaction to any of the products used.

**For further advice or information:**

Your practitioner is:
PART C – Leaflet 3
Oral piercing aftercare

Key Advice

- The aftercare of body piercing is important to promote good healing and prevent the risk of infection.
- Healing times for piercing will vary with the type and position of the piercing and vary from person to person.
- For the first few weeks it is normal for the area to be red, tender and swollen.
- An approximate healing time for oral piercings are:
  - Tongue piercing – 2 to 4 weeks.
  - Lip – 3 to 6 weeks
  - Cheek – 2 to 3 months.
- Remember these times are approximate and will depend on how healthy you are and whether you look after the piercing properly until healed.
- As with all body art, infection is a risk. To reduce these risks take advice from your practitioner regarding aftercare.
- The risk of infection can be greatly reduced by good general including:
  - Hand washing before touching the piercing
  - Keeping the piercing clean.

Hand washing
Hand washing is the single most important method of reducing infection. Hands must be washed prior to touching the affected area, therefore reducing the risk of infection.

Wash your hands in warm water and liquid soap, always dry your hands thoroughly with a clean towel or paper towel. This should remove most germs and prevent them being transferred to the affected area.

A new piercing can be tender, itchy and slightly red and can remain so for a few weeks. A pale, odourless fluid may sometimes discharge from the piercing and form a crust. This should not be confused with pus, which would indicate infection.

Oral piercing aftercare
For the internal healing of oral piercing including all piercing of the tongue, lip and cheek

Gargle after each meal with an alcohol-free mouthwash or a warm salt water solution (1/4 level teaspoon of preferably sea salt to an egg cup/shot glass of warm water).

For the external healing of oral piercing: including all piercings to the lip and cheek

Wet a clean cloth or gauze in the warm salt water solution and apply as a warm compress. This will
soften any discharge and allow you to clean the entry and exit points of the piercing with a cotton bud or gauze dipped into the warm salt water solution. Once the discharge is removed or softened then jewellery can be gently moved so as to work a little warm water through the piercing. When cleaning always tighten the ball on any bars by screwing the ball to the right.

Do this twice each day, preferably after washing or bathing.

Dry the piercing using ONLY fresh disposable paper towel/kitchen roll. A communal hand/bath towel should never be used.

**Do not** use cotton wool to clean the piercing as the fibres in the cotton wool may get caught in the piercing.

**Do not** pick at any discharge and **do not** move, twist or turn the piercing whilst dry. If any secreted discharge has hardened then turning jewellery may cause the discharge to tear the piercing, allowing bacteria to enter the wound and prolonging the healing time.

**Do not** use sunbeds for the first two weeks, or if you decide to then cover the wound area with a breathable plaster during tanning.

**Do not** swim for the first 24 hours following a piercing.

**Special aftercare for tongue piercing**

For the first few days take care when eating and avoid spicy foods.

Cold products such as ice and ice cream can help reduce swelling.

Refrain from oral sex of any description until the piercing has fully healed.

**Signs of infection**

If appropriate aftercare is not followed infection may occur. The signs of infection are:

- Swelling and redness that increases around the wound.
- A severe burning and throbbing sensation round the site.
- Increased tenderness and increasingly painful to touch.
- An unusual discharge (yellow or green) with an offensive smell.

Speak to your practitioner or seek medical attention immediately if you suffer from any of the above or have any concerns regarding infection in your piercing or if there are any signs of an allergic reaction to any of the products used.

**For further advice or information:**

Your practitioner is:
PART C – Leaflet 4

Body and surface piercing aftercare

Key Advice

- The aftercare of body piercing is important to promote good healing and prevent the risk of infection.
- Healing times for piercing will vary with the type and position of the piercing and vary from person to person.
- For the first few weeks it is normal for the area to be red, tender and swollen.
- Approximate healing times for surface, navel and nipple piercing can be as long as 6 months to 1 year.
- Remember these times are approximate and will depend on how healthy you are and whether you look after the piercing properly until healed.
- As with all body art, infection is a risk. To reduce these risks take advice from your practitioner regarding aftercare. The risk of infection can be greatly reduced by good general including:

  Hand washing before touching the piercing
  Keeping the piercing clean

Hand washing
Hand washing is the single most important method of reducing infection. Hands must be washed prior to touching the affected area, therefore reducing the risk of infection.

Wash your hands in warm water and liquid soap, always dry your hands thoroughly with a clean towel or paper towel. This should remove most germs and prevent them being transferred to the affected area.

A new piercing can be tender, itchy and slightly red and can remain so for a few weeks. A pale, odourless fluid may sometimes discharge from the piercing and form a crust. This should not be confused with pus, which would indicate infection.

Body and surface piercing aftercare

Soak the piercing for a few minutes by submerging the area of skin containing the piercing in a clean jug or bowl containing a warm water solution (1/4 level teaspoon of preferably sea salt to an egg cup/shot glass of warm water). Alternatively wet a clean cloth or gauze in the solution and apply as a warm compress. This will soften any discharge and allow you to clean the entry and exit points of the piercing with a cotton bud or gauze. Once the discharge is removed or softened then jewellery can be
gently moved so as to work a little warm water through the piercing. When cleaning always tighten the ball on any bars by screwing the ball to the right.

Do this twice each day, preferably after washing or bathing.

You can also use mild antibacterial solutions and soaps to wash the wound site. Ask your local pharmacist to advise you and always follow the manufacturers’ instructions. If irritation, redness or drying occurs discontinue use.

Dry the piercing using ONLY fresh disposable paper towel/kitchen roll. A communal hand/bath towel should never be used.

**Do not** use cotton wool to clean the piercing as the fibres in the cotton wool may get caught in the piercing.

**Do not** pick at any discharge and **do not** move, twist or turn the piercing whilst dry. If any secreted discharge has hardened then turning jewellery may cause the discharge to tear the piercing, allowing bacteria to enter the wound and prolonging the healing time.

**Do not** wear tight clothing following nipple piercing

**Do not** wear tight clothing e.g. tights, belts or high waisted clothing after naval piercing as this may irritate the wound and delay healing.

**Do not** use sunbeds for the first two weeks, or if you decide to then cover the wound area with a breathable plaster during tanning.

**Do not** swim for the first 24 hours following a piercing.

**Signs of infection**

If appropriate aftercare is not followed infection may occur. The signs of infection are:

- Swelling and redness that increases around the wound.
- A severe burning and throbbing sensation round the site.
- Increased tenderness and increasingly painful to touch.
- An unusual discharge (yellow or green) with an offensive smell.

Speak to your practitioner or seek medical attention immediately if you suffer from any of the above or have any concerns regarding infection in your piercing or if there are any signs of an allergic reaction to any of the products used.

**For further advice or information:**

Your practitioner is: 

[Logos]
PART C – Leaflet 5
Genital piercing (female) aftercare

Key Advice

- The aftercare of body piercing is important to promote good healing and prevent the risk of infection.

- Healing times for piercing will vary with the type and position of the piercing and vary from person to person.

- For the first few weeks it is normal for the area to be red, tender and swollen.

- The healing time for a genital piercing can be from 2 to 12 weeks.

- Remember these times are approximate and will depend on how healthy you are and whether you look after the piercing properly until healed.

- As with all body art, infection is a risk. To reduce these risks take advice from your practitioner regarding aftercare. The risk of infection can be greatly reduced by good general including:

  Hand washing before touching the piercing

  Keeping the piercing clean

Hand washing

Hand washing is the single most important method of reducing infection. Hands must be washed prior to touching the affected area, therefore reducing the risk of infection.

Wash your hands in warm water and liquid soap, always dry your hands thoroughly with a clean towel or paper towel. This should remove most germs and prevent them being transferred to the affected area.

A new piercing can be tender, itchy and slightly red and can remain so for a few weeks. A pale, odourless fluid may sometimes discharge from the piercing and form a crust. This should not be confused with pus, which would indicate infection.

Female Genital piercing aftercare

including Clitoral Hood, Inner and Outer Labia, Fourchette, Christina and Triangle.

Soak the piercing for a few minutes by submerging the area of skin containing the piercing in a clean container, such as a bowl containing a warm water solution (1/4 level teaspoon of preferably sea salt to an egg cup/shot glass of warm water). Alternatively wet a clean cloth or gauze in the solution and apply as a warm compress. This will soften any discharge and allow you to clean the entry and exit points of the piercing with a cotton bud or gauze. Once the discharge is removed or softened then jewellery can be gently moved so as to work a little warm water through the piercing. When cleaning always tighten the ball on any bars by screwing the ball to the right.
Do this twice each day, preferably after washing or bathing.

Dry the piercing using ONLY fresh disposable paper towel/kitchen roll. A communal hand/bath towel should never be used.

**Do not** use antibacterial products as they can kill the good bacteria that are naturally present.

**Do not** swim for the first 24 hours following a piercing.

**Do not** pick at any discharge and **do not** move, twist or turn the piercing whilst dry. If any secreted discharge has hardened then turning jewellery may cause the discharge to tear the piercing, allowing bacteria to enter the wound and prolonging the healing time.

**Refrain** from any type of sexual activity until the piercing has healed or is ‘dry’.

**Always** use barrier protection such as condoms, otherwise you are at increased risk of acquiring a sexually transmitted infection.

**Signs of infection**

If appropriate aftercare is not followed infection may occur. The signs of infection are:

- Swelling and redness that increases around the wound.
- A severe burning and throbbing sensation round the site.
- Increased tenderness and increasingly painful to touch.
- An unusual discharge (yellow or green) with an offensive smell.

Speak to your practitioner or seek medical attention immediately if you suffer from any of the above or have any concerns regarding infection in your piercing or if there are any signs of an allergic reaction to any of the products used.

**For further advice or information:**

Your practitioner is:
Genital piercing (male) aftercare

Key Advice

- The aftercare of body piercing is important to promote good healing and prevent the risk of infection.
- Healing times for piercing will vary with the type and position of the piercing and vary from person to person.
- For the first few weeks it is normal for the area to be red, tender and swollen.
- The healing time for a genital piercing can be from 2 to 12 weeks.
- Remember these times are approximate and will depend on how healthy you are and whether you look after the piercing properly until healed.
- As with all body art, infection is a risk. To reduce these risks take advice from your practitioner regarding aftercare. The risk of infection can be greatly reduced by good general including:
  - Hand washing before touching the piercing
  - Keeping the piercing clean

Hand washing
Hand washing is the single most important method of reducing infection. Hands must be washed prior to touching the affected area, therefore reducing the risk of infection. Wash your hands in warm water and liquid soap, always dry your hands thoroughly with a clean towel or paper towel. This should remove most germs and prevent them being transferred to the affected area.

A new piercing can be tender, itchy and slightly red and can remain so for a few weeks. A pale, odourless fluid may sometimes discharge from the piercing and form a crust. This should not be confused with pus, which would indicate infection.

Male Genital piercing aftercare
including glans penis piercing such as PA, Reverse PA, Apadravya, Ampallang, Dydoe and Frenum, as well as for other piercings including Hafada, Scrotum, Foreskin and Guiche.

Soak the piercing for a few minutes by submerging the area of skin containing the piercing in a clean container, such as a bowl containing a warm water solution (1/4 level teaspoon of preferably sea salt to an egg cup/shot glass of warm water). Alternatively wet a clean cloth or gauze in the solution and apply as a warm compress. This will soften any discharge and allow you to clean the entry and exit.
points of the piercing with a cotton bud or gauze. Once the discharge is removed or softened then jewellery can be gently moved so as to work a little warm water through the piercing. When cleaning always tighten the ball on any bars by screwing the ball to the right.

Do this twice each day, preferably after washing or bathing.

When cleaning always tighten the ball on any bars by screwing the ball to the right.

Dry the piercing using ONLY fresh disposable paper towel/kitchen roll. A communal hand/bath towel should never be used.

Do not use antibacterial products as they can kill the good bacteria that are naturally present.

Do not swim for the first 24 hours following a piercing.

Do not pick at any discharge and do not move, twist or turn the piercing whilst dry. If any secreted discharge has hardened then turning jewellery may cause the discharge to tear the piercing, allowing bacteria to enter the wound and prolonging the healing time.

Refrain from any type of sexual activity until the piercing has healed or is ‘dry’.

Always use barrier protection such as condoms, otherwise you are at increased risk of acquiring a sexually transmitted infection.

Signs of infection
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• A severe burning and throbbing sensation round the site.
• Increased tenderness and increasingly painful to touch.
• An unusual discharge (yellow or green) with an offensive smell.

Speak to your practitioner or seek medical attention immediately if you suffer from any of the above or have any concerns regarding infection in your piercing or if there are any signs of an allergic reaction to any of the products used.

For further advice or information:
Your practitioner is:
PART C – Leaflet 7

Microdermal implants aftercare

Key Advice

- The aftercare of body piercing is important to promote good healing and prevent the risk of infection.
- Microdermal implants or dermal anchors are small pieces of jewellery made from titanium inserted into the skin with the tem protruding above, onto which an attachment of your choice is fitted. This attachment should remain in place for at least three months or until the piercing has fully healed. Once it has fully healed other pieces of jewellery can be attached.
- Healing times for piercing will vary with the type and position of the piercing and vary from person to person.
- For the first few weeks it is normal for the area to be red, tender and swollen.
- The healing time for a genital piercing can be from 2 to 12 weeks.
- Remember these times are approximate and will depend on how healthy you are and whether you look after the piercing properly until healed.
- As with all body art, infection is a risk. To reduce these risks take advice from your practitioner regarding aftercare. The risk of infection can be greatly reduced by good general including:
  - Hand washing before touching the implant
  - Keeping the implant clean

Hand washing

Hand washing is the single most important method of reducing infection. Hands must be washed prior to touching the affected area, therefore reducing the risk of infection.

Wash your hands in warm water and liquid soap, always dry your hands thoroughly with a clean towel or paper towel. This should remove most germs and prevent them being transferred to the affected area.

A new piercing can be tender, itchy and slightly red and can remain so for a few weeks. A pale, odourless fluid may sometimes discharge from the piercing and form a crust. This should not be confused with pus, which would indicate infection.
Keeping the implant piercing clean
The implant needs to be cleaned twice each day. Cleaning more frequently may damage the skin and slow down the healing process. Your practitioner may also advise you to soak the implant in warm salt water twice a week.

Make up a quantity of warm salt water solution (1/4 level teaspoon of preferably sea salt to an egg cup/shot glass of warm water).

Use a clean cloth or gauze dipped in the solution and apply as a warm compress and also to dab the area to make sure the area under the disc is cleaned as this may become encrusted.

This will soften any discharge and allow you to clean the piercing points with a cotton bud or gauze dipped into the warm salt water solution.
If the area around the implant becomes encrusted soak the piercing for a few minutes by submerging the area of skin containing the piercing in a clean jug or bowl containing the warm salt water solution and loosen the discharge using a cotton bud or clean floss.

Always dry the area thoroughly after cleaning your implant using ONLY fresh disposable paper towel/kitchen roll. A communal hand/bath towel should never be used.

Do not over clean the site as this may damage the skin around the implant.

Do not change the cap of the microdermal implant until fully healed. If in any doubt take advice from your operator.

Do not use cotton wool to clean the piercing as the fibres in the cotton wool may get caught in the piercing.

Do not pick at any discharge and do not move, twist or turn the piercing whilst dry. If any secreted discharge has hardened then turning jewellery may cause the discharge to tear the piercing, allowing bacteria to enter the wound and prolonging the healing time.

Do not wear clothing that will rub against the piercing as this may irritate the wound and delay healing.

Do not use sunbeds for the first two weeks, or if you decide to then cover the wound area with a breathable plaster during tanning.

Do not swim for the first 24 hours following a piercing.

Accidental damage or loss of disc
Contact your practitioner if the implant gets caught in anything or the piercing becomes damaged.
In the unlikely event the disc breaks or comes off, return to the practitioner and have a new disc fitted immediately. If the disc is not replaced the implant may get lost under the skin and will require removal.

Signs of infection
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- A severe burning and throbbing sensation round the site.
• Increased tenderness and increasingly painful to touch.
• An unusual discharge (yellow or green) with an offensive smell.

Speak to your practitioner or seek medical attention immediately if you suffer from any of the above or have any concerns regarding infection in your piercing or if there are any signs of an allergic reaction to any of the products used.

For further advice or information:

Your practitioner is: