



THE TATTOOING, PIERCING, ACUPUNCTURE and ELECTROLYSIS (GUERNSEY and ALDERNEY) LAW, 2000

APPROVED CODE OF PRACTICE

Office of Environmental Health & Pollution Regulation



**The Office *for*
Health & Social Care**

TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION AND OVERVIEW OF THE LAW	4
CHAPTER 2: PROCEDURES COVERED BY THE LAW	5
CHAPTER 3: PERSONS COVERED BY THE ORDER	9
3.1. Person or Premises – Registration Requirements	9
3.2. Excluded Persons	11
3.2.1. Regulated Healthcare Professionals	11
CHAPTER 4: REQUIREMENTS OF THE LAW – PREMISES	12
4.1. General State of Repair	12
4.2. Physical Layout of Premises	12
4.3. Requirements of Waiting Area	13
4.4. Requirements of the Treatment Room	14
CHAPTER 5: REQUIREMENTS OF THE LAW – PRACTITIONER AND EQUIPMENT	17
5.1. The Practitioner	17
5.1.1. Cleanliness and Clothing	17
5.1.2. Conduct	18
5.1.3. Training	18
5.2. Equipment	21
5.2.1. Skin Preparation Equipment	22
5.2.2. Anaesthetics	23
5.2.3. Needles	25
5.2.4. Body Piercing Jewellery	25
5.2.5. Tattoo Inks	26
5.2.6. General Stock Requirements	28
CHAPTER 6: REQUIREMENTS – CLIENT INFORMATION	29
6.1. Collection of Information on Client	29
6.1.1. Age	29
6.1.2. Medical History	29
6.1.3. Consent Forms	30
6.2. Provision of Information to Client	30
CHAPTER 7: REQUIREMENTS– PERIPATETIC PRACTITIONERS	32
CHAPTER 8: REQUIREMENTS – EAR PIERCING	33

8.1. Collection of Information on Client	34
8.1.1. Age	34
8.1.2. Medical History	34
8.1.3. Consent Forms	35
8.2. Requirements of the Premises	35
CHAPTER 9: REQUIREMENTS OF THE LAW – ACUPUNCTURE	37
CHAPTER 10: CLEANING, DISINFECTION AND STERILISATION	38
10.1. Definitions	38
10.2. Requirements for Equipment	38
10.3. Cleaning	39
10.4. Disinfection	40
10.5. Sterilisation	41
10.5.1. Standard Steam Autoclaves (Passive Air Removal)	42
10.5.2. Pre-Sterilisation Vacuum Steam Autoclaves	42
10.5.3. Storage and Sterility of Items Following Sterilisation	43
10.5.4. Maintenance and Operation of Autoclaves	44
10.5.5. Use of Indicators	44
10.5.6. UK and Jersey Legislation	45
CHAPTER 11: ADDITIONAL SOURCES OF INFORMATION	47
APPENDIX 1	48
APPENDIX 2	51
APPENDIX 3	55
APPENDIX 4	60
APPENDIX 5	61
APPENDIX 6	64
APPENDIX 7	66
APPENDIX 8	69
APPENDIX 9	71

Version/ Revision Log			
Version No.	Date Released	Comments/ Changes	Author
1.0	07/10/2014		TC
1.1	23/12/2014	Changes to appendix 2, addition of version log	RB
1.2	23/03/2016	Change of logo from HSSD to HSC	TC

CHAPTER 1: INTRODUCTION AND OVERVIEW OF THE LAW

The Tattooing, Piercing, Acupuncture and Electrolysis (Guernsey and Alderney) Law, 2000 came into force in Guernsey and Alderney on 1st November 2001 and gives the Board of the Health and Social Services Department the power to register individuals who carry out skin piercing or tattooing activities as a business. This is delivered by the Office of Environmental Health and Pollution Regulation. The Law lays out a number of requirements in relation to key issues aimed at reducing, if not removing, risks to public health from these practices.

Included in this is a provision for the Department to issue Codes of Practice setting out the practice and procedures that should be adopted by registered persons administering any treatment, the standards to which registered premises and any equipment used in connection with the administration of treatment should conform and the records that should be kept in respect of persons to whom, and the premises at which, the treatment is administered.

This information provided within this Code of Practice is intended to assist officers and inform registrants about the Law, and provides information on best practice as well as specific requirements of the Law. The information is generic other than where there are specific requirements for particular activities. This document is intended to complement the Law and will be used by officers in conjunction with the Law itself.

CHAPTER 2: PROCEDURES COVERED BY THE LAW

The Law is very specific in the range of activities that it aims to control:

- body piercing
- ear piercing
- acupuncture
- electrolysis
- tattooing

Definitions provided within the Law itself are very precise but the key issues from those definitions are as follows:

- *body piercing* is defined as the “total or partial penetration of any part of the skin other than the lower non-cartilaginous lobe of the pinna, using a needle or other implement, with the intention of creating an aperture for decorative or cosmetic purposes, including insertion through or into the skin....of decorative jewellery”
- *ear piercing* is defined as the “total or partial penetration of the lower non cartilaginous lobe of the pinna, using a needle or other implement, with the intention of creating an aperture for decorative or cosmetic purposes, including insertion through or into the skin....of decorative jewellery”
- *tattooing* is defined as “the insertion into the skin of any colouring material for decorative or cosmetic purposes”
 - this definition includes procedures such as cosmetic tattooing, e.g. eyebrow or lip lining and other advertised “semi-permanent make up“ as these procedures result in permanent pigmentation
- *electrolysis* is defined as the “insertion of needles into the skin in order to apply electrical current for medical or cosmetic purposes”
- *acupuncture* is defined as the “insertion of needles into the skin in order to stimulate nerve impulses for medical purposes”

Table 1 provides descriptions of skin piercing, beauty treatments and other body modification procedures and indicates those procedures covered by the Law. For those procedures not covered by the Law, the following notes and links to existing information sources are provided in order to assist officers in dealing with procedures of that type.

Table 1 – Description of procedures covered/not covered by the Law

Procedure	Description	Covered?	Notes
Acupuncture	the insertion of solid needles into the skin in order to stimulate nerve impulses for medical purposes	✓	
Beading	Insertion of beads under skin to create 3-dimensional effect	X	Could be classed as physical assault and would require police investigation on case-by-case basis
Bio skin jetting	Injection of skin below wrinkles to promote formation of new tissue containing young collagen and elastic fibres which fill out the wrinkle	X	
Botox	Injection of <i>Clostridium botulinum</i> toxin through the skin and into specific muscles to fill out frown lines	X	Botox not currently licensed for cosmetic use in UK – requires prescription from medical practitioner
Braiding	Form of scarification which involves cutting strips of skin, leaving one end attached, braiding adjacent strips and re-attaching the ends of the strips to skin	X	Could be classed as physical assault and would require police investigation on case-by-case basis
Branding	Form of scarification in which hot metal is used to burn the skin and scar in a desired design	X	Could be classed as physical assault and would require police investigation on case-by-case basis
Chiropody	Treatment of problems associated with the feet and lower limbs	X	
Collagen Injections	Injection of collagen under creased or sunken areas of the face to plump up and reduce their appearance	X	

Table 1 continued – Description of procedures covered/not covered by the Order

Procedure	Description	Covered?	Notes
Colon Hydrotherapy	Use of warm water, introduced into the colon via the rectum, to disperse stored waste	X	
Cutting	A form of scarification which involves cutting or slitting the skin to leave permanent scarring	X	Could be classed as physical assault and would require police investigation on case-by-case basis
Ear Piercing	Piercing of the ear which could include lobe, upper cartilage, tragus, conch or rook	✓	Law requirements differ for piercing of different parts of the ear using different techniques
Earlobe Stretching	Gradual enlargement of an earlobe piercing. Tissue is stretched, micro-tears are formed which are then allowed to heal before further stretching takes place	✓	Can be carried out on piercings at other sites of the body but earlobes are most common
Electrolysis	Removal of body hair by a controlled electrical current to cauterise or coagulate the hair root using an electrified needle	✓	
Eyebrow Piercing	Insertion of jewellery through the eyebrow	✓	Caution required to avoid nerves just below the eyebrow
Genital Piercing	Piercing of the clitoral hood, labia, triangle or fochette (females) or glans, foreskin, scrotum or urethra (males)	✓	
Implants	Insertion of 3-dimensional objects under skin to create raised effect	X	Could be classed as physical assault and would require police investigation on case-by-case basis
Lip Piercing	Piercing of upper or lower lip area	X	Piercing of the coloured part of the lips is not recommended

Table 1 continued – Description of procedures covered/not covered by the Order

Procedure	Description	Covered?	Notes
Micro-pigmentation	Insertion of semi-permanent dye or pigment into the dermis of the skin	✓	HELA LAC 14/1 provides additional information on this procedure
Navel Piercing	Piercing of either the skin surrounding the navel or the umbilicus	✓	
Nose Piercing	Piercing either through the septum or nostril	✓	Nose piercing cannot be carried out using dedicated ear piercing guns
Scarification	Cutting and peeling of the skin to create permanent scarring	X	Could be classed as physical assault and would require police investigation on case-by-case basis
Stapling	Insertion of metal staples into the skin	X	Could be classed as physical assault and would require police investigation on case-by-case basis
Surface Piercing	Piercing of flat surface skin, typically on the neck or forearms	✓	Very often rejected by the body – particularly in areas where skin is tight across piercing
Tattooing	Insertion of permanent dye or pigment underneath the epidermis of the skin	✓	Definition used within the Law covers both permanent and semi-permanent tattooing (micro-pigmentation)
Tongue Piercing	Piercing of the central area of the tongue	✓	Caution is required to avoid major blood vessels

CHAPTER 3: PERSONS COVERED

The Law applies to all individuals and premises offering and administering the procedures identified in Chapter 2.

3.1. Person or Premises – Registration Requirements

Registration is required for both the premises from which treatments and procedures as set out in the Law are undertaken and for any individual practitioners administering any treatments or procedures. In order to clarify the requirements for a range of potential circumstances that may arise, Table 2 provides examples for illustration.

Table 2 – Registration Requirements for Business Practitioners and Practitioners

Situation	Requirement
<p>Self-employed business operator/practitioner working alone within a fixed premises</p>	<p>The practitioner shall require registration both for the premises from which the business is carried on and as a practitioner and is required to comply with all conditions and requirements of registration. The registered person shall be responsible for:</p> <ul style="list-style-type: none"> • ensuring compliance with the standards in the code of practice • ensuring that any changes to the original registration applications are notified to the issuing Authority within 30 days • surrendering the registration certificates to the Department if called upon to do so for the purpose of alteration
<p>Operator/Practitioner who works within a fixed premises and employs or “rents” space out to other practitioners</p>	<p>The principle operator/practitioner, i.e. the one who is in charge of the premises and employs or rents out space to other practitioners, shall require registration both for the premises from which the business is carried on and as a practitioner and is required to comply with all conditions and requirements of registration.</p> <p>All practitioners working within the premises shall require registration.</p> <p><i>N.B. Someone who is merely a landlord and not a practitioner will not require registration. It is the responsibility of the person registered in respect of the premises to ensure that the premises comply with the registration requirements.</i></p> <p>Registrants are responsible for:</p> <ul style="list-style-type: none"> • ensuring compliance with the standards in the code of practice • ensuring that any changes to the original registration application are notified to the issuing Authority within 30 days • surrendering the registration certificate to the Department if called upon to do so for the purpose of alteration

Table 2 continued – Registration Requirements for Business Practitioners and Practitioners

Situation	Requirement
<p>Practitioners who work solely from home</p>	<p>The practitioner shall require registration both for the premises from which the business is carried on and as a practitioner and is required to comply with all conditions and requirements of registration. The registered person shall be responsible for:</p> <ul style="list-style-type: none"> • ensuring compliance with the standards in the code of practice • ensuring that any changes to the original registration applications are notified to the issuing Authority within 30 days • surrendering the registration certificates to the Department if called upon to do <p><i>*The home shall be treated as a premises for the purposes of the registration process and should meet all requirements of the Law.</i></p>
<p>Practitioner who works peripatetically</p>	<p>The practitioner shall require registration as a practitioner and must have the prior approval of the Department and is required to comply with all conditions and requirements of the registration. The registered person shall be responsible for:</p> <ul style="list-style-type: none"> • ensuring compliance with the standards in the code of practice • ensuring that any changes to the original registration applications are notified to the issuing Authority within 30 days • surrendering the registration certificates to the Department if called upon to do

3.2. Excluded Persons

3.2.1. Regulated Healthcare Professionals

Individuals who are registered under any other Guernsey Law which permits treatment as part of the professional activities are exempt from the Law. The relevant Laws are:

- The Registered Health Professionals Ordinance 2006
- The Doctors, Dentists and Pharmacists Ordinance, 1987

The following health care professionals registered under the above Laws are exempt:

- Medical Practitioners
- Dental Practitioners
- Ambulance Paramedics
- Art Therapists
- Chiropractors
- Chiropodists/podiatrists
- Dieticians
- Midwives
- Nurses
- Occupational therapists
- Orthoptists
- Osteopaths
- Physiotherapists
- Radiographers
- Specialist Community Public Health Nurses
- Speech and Language Therapists

CHAPTER 4: REQUIREMENTS OF THE LAW – PREMISES

4.1. General State of Repair

One basic requirement of the Law is that any premises within which skin piercing or tattooing activities are conducted should be in a good state of general repair. This requirement covers not only general cleanliness of premises but also advises that adequate levels of lighting and ventilation, commensurate with the practices being carried out on that premises, should be available. Another general requirement of the premises is that all walls and floor surfaces should be smooth, washable and durable in order to ensure that cleanliness can be maintained.

4.2. Physical Layout of Premises

In order to minimise potential public health risks and to ensure client privacy, it is a requirement that *separate rooms are provided for (i) waiting area; and (ii) the carrying out of skin piercing or tattooing*. The Oxford English Reference Dictionary defines a “room” in this context as “a part of a building enclosed by walls or partitions, floor and ceiling”. The following should, therefore, be ensured:

- these rooms should have a **full** physical divide, i.e. floor to ceiling
- the dividing wall should be constructed from smooth, washable and durable material
- “booths” which are only partially segregated from a waiting area – either non-floor to ceiling partition/wall or “curtain” – are **not** acceptable
- screens are **not** acceptable
- these rooms should be separated by a close-fitting smooth, impervious door – saloon-type doors are **not** acceptable

The physical layout of the premises should be such that a client is ensured privacy during the procedure, e.g. where a window exists in a dividing wall between a studio waiting room and treatment room, this window should be equipped with a washable/durable/non-fabric screen which can be closed at the request of the client. Similarly, for premises where the treatment room may be visible from outside the premises, appropriate washable/durable/non-fabric screens should be available to ensure client privacy.

4.3. Requirements of Waiting Area

As well as fulfilling the requirements of 4.1 and 4.2, a number of requirements are placed on the **waiting area**.

Registered persons are required to advise/provide information to potential clients – using posters displayed within the waiting area - on a number of issues and rules in terms of their business:

- Clients should be advised that piercing or tattooing will not be carried out on an individual who is under the influence of drugs or alcohol
- Clients should be advised that tattooing will not be carried out on an individual under the age of 18 years
- Clients should be advised that piercing will not be carried out on individuals under the age of 16 years unless accompanied by a person who has parental rights and responsibilities in respect of that child and who has also given their consent in writing to the piercing, supported by photographic identification
- Clients should be advised of the potential risks associated with the body piercing or tattooing procedure
 - These risks should include:
 - allergic reaction to, or potential embedding of, jewellery
 - migration and possibly rejection of jewellery
 - localised infection at the piercing/tattoo site
 - localised swelling and trauma at the piercing site
 - keloid or scar formation
 - blood poisoning/septicaemia

**Example notices for tattooing and piercing premises are presented in Appendix 1. These can be used by registered persons/applicants.*

Clients should be able to view names and photographs of all registered and authorised practitioners operating within the premises and

- Clients should be able to readily view the certificate of registration for the premises and practitioners operating out of the premises, which should be clearly displayed on the premises
- Clients should be able to readily view the registrants Public Liability Insurance certificate, which should be clearly displayed on the premises

4.4. Requirements of the Treatment Room

As well as fulfilling the requirements of 4.1 and 4.2, a number of key requirements exist for the **treatment room** and for specific treatments within registered premises:

- All walls, floors and surfaces should be smooth, washable and durable.
 - Carpets should **not** be used in the treatment room as these cannot be properly cleaned, can harbour bacteria and can increase the possibility of cross-contamination
 - Some practitioners cover all surfaces next to the treatment chair/couch with protective barriers, e.g. cling film, paper sheets; this practice is acceptable provided these barriers are changed between clients and disposed of appropriately
- All areas of the treatment room should be kept as clutter-free as possible to ensure that cleaning of the area can be carried out easily and effectively
- Two distinct areas should be designated within the treatment room – clean and dirty – with all cleaning of contaminated equipment taking place only in the latter, as far from the area where procedures are conducted as possible
- Where contaminated items are to be cleaned the “dirty” area of the premises should be equipped with a **general purpose sink** that has a constant supply of hot and cold running water. The sink must be deep enough to submerge items that require cleaning; these items should be cleaned under water to prevent any spray or aerosol being generated, at a temperature below 35°C to prevent proteins in the blood coagulating on the equipment prior to ultrasonic cleaning and autoclaving
 - This sink should **not** be used for hand washing and should be clearly marked to indicate this
 - This should be positioned as far as possible from the area of the premises in which the piercing or tattooing takes place
- The treatment room should be equipped with a **wash-hand basin** with non-hand operated taps and a **constant** supply of hot and cold running water – water resistant instructions for hand washing should be clearly displayed at this basin
 - Under no circumstances should equipment be washed at this basin
 - Elbow operated taps are suitable for this use
 - Infra-red operated taps are suitable for this use
 - Electric geysers are acceptable for this use provided they are fitted with a constant water supply and do not require manual filling
- The room should be equipped with a **soap dispenser** containing liquid anti-microbial soap, which should be adequately stocked for the working day to minimise the need to

fill up within hours during which the premises is operational

- Solid soap bars should **not** be used as these can harbour bacteria and increase the possibility of cross-contamination
- The room should be equipped with a **paper towel dispenser**, which should be 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
 - Fabric towels should **not** be used as these can increase the possibility of cross-contamination. Any fabric towels used in the premises must be single use only
- The treatment room should be equipped with a supply of detergent, fresh bleach containing minimum 1000ppm available chlorine or other purpose-designed disinfection products, and alcohol solution in order that environmental cleaning can be conducted at the end of each day or whenever soiling of surfaces occurs
- There should be **two lined pedal-operated bins**, with close fitting lids clearly marked for clinical and non-clinical (general) waste in the treatment room. The licence holder is responsible for ensuring that:
 - all practitioners dispose of waste in the appropriate bin
 - clinical and general (domestic) waste is appropriately segregated and stored in clearly marked bags
 - all clinical waste (as defined in Appendix 10) is stored, collected and disposed of by a contractor licensed under the Environmental Pollution (Waste Control and Disposal) Ordinance 2010
 - records of all waste disposal are retained on the premises
- The treatment room should be equipped with a **sharps container** for disposal of sharps and needles and/or gloves, as well as items that have been contaminated with blood or bodily fluids after use, in preparation for disposal
 - This container should comply with the requirements of BS 7320:1990
 - The container should be kept out of reach of clients
 - The person registered should ensure that the container is removed as necessary, sealed and appropriately labelled – the container should not be filled to such an extent that it cannot be closed or sealed
 - Practitioners should **never** place needles in with other waste
- The surface of any chair, seat or couch should have a smooth impervious surface and be in good repair, it should be washable and completely covered with disposable paper sheets – a new sheet should be used for each client. The chair/couch should be cleaned down after each client and thoroughly cleaned at the end of each day or where soiling occurs

- Continuous “couch rolls” **are** acceptable for covering the chair/couch
- It is not necessary that separate treatment rooms should be used for each client – the only requirement is that the treatment room should be separated from the room used for waiting/seating. Therefore, provided adequate space exists within the treatment room for practitioners to safely operate, and client privacy can be ensured, it is possible to have more than one chair/bench/couch within a treatment room. If screens are used to ensure client privacy then these should be constructed from washable and durable material
 - Best practice would recommend only one chair/couch within the treatment room
 - Where more than one chair/couch is present, enough space should exist for practitioners to place a washable, durable screen between these and still have adequate space to operate
 - These screens should be washed down between clients and at the end of the day

CHAPTER 5: REQUIREMENTS OF THE LAW – PRACTITIONER AND EQUIPMENT

In order to minimise the risk to public health, there are a number of requirements in relation to both the practitioner and the equipment that they use.

5.1. The Practitioner

Practitioners are required to work to the highest standards at all times, in compliance with the requirements of both the Law and best practice standards. There is a duty of care on practitioners to ensure they are competent. Records should be kept on the premises of all qualifications and courses attended; this may include first aid, hand hygiene and skin disinfection.

The registered practitioners should, for the protection of both the practitioner and the client, ensure that they are immunised against Hepatitis B. Practitioners should also have a policy and procedure relating to needle stick injury. (See Appendix 9)

The business must have employer's liability insurance where appropriate and ideally have third party liability insurance to cover claims, damages or negligence.

5.1.1. Cleanliness and Clothing

- Each practitioner should maintain an acceptable standard of personal cleanliness at all times
 - Practitioners should wear clean washable clothing when working with clients
 - It is advised that practitioners work wearing an apron – a fresh plastic disposable apron should be worn for each client
- Practitioners hands should be washed with liquid anti-microbial soap and water and dried with a disposable paper towel or single use fabric towel
 - Before commencing, and after completing, each procedure
 - If/when hands become contaminated with body fluid/blood/secretion
 - Before donning, and after removing, disposable non-latex gloves
 - After visiting the toilet
 - After handling money
 - Before and after eating, drinking and smoking.
- Any cuts or broken skin on the practitioner's hands should be covered with a waterproof dressing
- Practitioners should wear disposable non-latex gloves whilst carrying out piercing or tattooing procedures. Latex gloves should not be used for the following reasons:
 - Latex allergies can result from exposure over a period of time, if skin starts to

become sore when wearing latex gloves this may indicate a developing sensitivity to latex

- Exposure of a client who is allergic to latex could result in adverse and potentially fatal reaction
 - For tattooists using petroleum jelly, latex is not appropriate as there is a possibility that the petroleum jelly interferes with the structure of latex- the material of the gloves can become porous and there is an increased chance of rupture
- Disposable gloves should be changed and replaced with a fresh pair:
 - For every client
 - At any other time during a procedure when gloves become punctured
 - If the practitioner moves away from the clean area
 - If the practitioner requires to handle anything that may pose a risk of contamination
 - If the practitioner is carrying out two procedures on the same client, (e.g. a tattoo on the arm and back) in-between the two procedures to avoid taking micro-organisms from one site of the body to another
 - Gloves should be disposed of as clinical waste

5.1.2. Conduct

- Practitioners should never undertake any procedure whilst under the influence of drug or alcohol
- Practitioners should not, under any circumstances, eat, drink or smoke during procedures

5.1.3. Training

Under the Health and Safety at Work (General) (Guernsey) Ordinance, 1987, business owners, as employers, are required to ensure that they provide all information, instruction, training and supervision necessary “so far as is reasonably practicable” to protect the health and safety of their employees.

- All registered persons should be aware they, and every registered practitioner working at the premises, must be capable of demonstrating that they have sufficient knowledge, skills, training and experience commensurate with the procedures they are carrying out
 - Some practitioners offer “apprenticeships” in order that new trainees can learn the skills and knowledge required whilst carrying out low risk and non-invasive tasks/procedures within the premises
 - Practitioners should be able to demonstrate knowledge of general infection

- control and sterilisation procedures
 - Practitioners should be able to discuss and demonstrate cleaning procedures and the operation and use of ultrasonic baths and sterilisation equipment, e.g. autoclaves
 - Practitioners employing trainees should ensure that the trainee is under the supervision of an experienced and competent registered practitioner at all times.
- All practitioners should hold a current first aid certificate to foundation level which is the equivalent of a one-day course
 - Practitioners should retain copies of certification on the premises, available for inspection and produced when requested
- Practitioners should be familiar with the preparation of risk assessments (or at least written method statements acknowledging the risks involved in their business) for the work undertaken
 - This should be recommended as part of ongoing training for apprentices/trainees
 - Good, clear advice on the preparation of risk assessments can be found in *“Body Art, Cosmetic Therapies and Other Special Treatments”* (CIEH and Barbour Index, 2001)

There is a duty of care on practitioners to ensure they are competent to carry out the procedures undertaken. Competency can be demonstrated in a number of ways and examples are listed below:

Electrolysis

- Practitioners should have completed a course recognised by a professional association and records should be available for inspection at all times. For example, one of the qualifications listed below, or equivalent:
 - NVQ level 3, unit 16 – remove hair using electrical epilation methods
 - CIDESCO Diploma
 - ITEC Diploma in Electrology
 - City and Guilds level 3VTCT
 - CIBTAC Epilation Diplomas
- Advanced electrolysis:
 - ITEC Certificate in red vein treatment
 - British Association of Electrolysis advanced work training

- Any foreign qualifications must be compared to an equivalent UK qualification by a comparability organisation such as UK Naric
- Therapists carrying out electrolysis must also have specific training for the machine that is operated
- Practitioners should be appropriately supervised during their first year following qualification
- Practitioners have a duty for their own ongoing professional development. This may include subscriptions to relevant newsletters, journals and articles; attending seminars and conferences or joining a relevant trade association (for example, British Institute and Association of Electrolysis, HABIA).

Acupuncture

- Practitioners should be suitably qualified, i.e. have a qualification awarded by any teaching institution that has undergone the accreditation process of the British Acupuncture Accreditation Board (BAAB). This will include a period of at least three years training in traditional acupuncture and western medical sciences appropriate to the practice of acupuncture
- Any foreign qualifications must be compared to an equivalent UK qualification by a comparability organisation such as UK Naric
- Practitioners have a duty for their own ongoing professional development. This may include subscriptions to relevant newsletters, journals and articles; attending seminars and conferences or joining a relevant professional association. Recognised associations include:
 - British Acupuncture Council
 - Acupuncture Association of Chartered Physiotherapists Secretariat
 - Association of Traditional Chinese Medicine (UK)
 - Ayurvedic Medical Association UK
 - British Medical Acupuncture Society

Ear-Piercing

- Practitioners should have received appropriate training and records of training must be available for inspection at all times. Accepted training includes manufacturer certified product training or ear-piercing as part of an NVQ

Tattooing, Semi-Permanent Skin Colouring, and Body Piercing

- No formal or recognised training currently exists for tattooing or body piercing, although discussions are underway (albeit at a very early stage) to try to move this forward within the UK. A number of bodies currently issue certificates to piercers or tattooists who complete a range of courses, but these certificates can, in no way, be taken as a guarantee that the practitioner is qualified in this area.

- As there are no currently recognised training courses, it is the duty of employers to provide adequate on-the-job training for employees. Training should include:
 - procedures for hand hygiene, skin disinfection, decontamination of equipment, use of autoclaves, dealing with body fluid spillage(vomit, blood, urine etc), needle-stick injury and all safe working methods
 - carefully supervision during the first year of practice by a practitioner who has been successfully practising routinely over the previous five years. Records of supervision should be kept on the premises. (It may take up to two years of full-time practice to achieve the minimum level of competence)
 - competency and knowledge on anatomy, diseases and their transmission and infection control procedures
 - attendance at a relevant course on infection control, and a refresher course at least every five years
 - documentation of all training and courses attended
- Practitioners have a duty for their own ongoing professional development. This may include subscriptions to relevant newsletters, journals and articles; attending seminars and conferences or joining a relevant trade association (for example, Tattoo and Piercing Industry Union).

5.2. Equipment

There are a number of requirements in relation to equipment held and used within premises. (Appendix 8)

It is strongly recommended that single-use equipment should be used wherever possible. It is also imperative that under no circumstances should single-use equipment be re-used. All single use equipment must be used before the manufacturer's expiry date and be purchased from a source compliant with legalisation.

- It is unacceptable for practitioners to attempt to clean/sterilise single-use equipment for re-use
- Where it is not possible to use single-use equipment, the cleaning and sterilisation procedures outlined in Chapter 10 should be closely followed by practitioners

Any non-disposable equipment that is liable to come into contact with blood or body fluids and cannot be sterilised, for example tattoo motors, should be adequately covered (where possible) to protect from such contact and should be thoroughly cleaned between clients.

- A 70% alcohol solution is considered most appropriate for this purpose, unless there has been contamination with blood or body fluids, then a 10% hypochlorite, bleach solution should be used. This should be left for 10 minutes to kill any potentially harmful micro-organisms and then rinsed off. Alcohol sprays or wipes should not be used to clean dirty surfaces as they do not penetrate organic matter,

- e.g. blood or bodily fluids
- Enclosure of the tattoo motor and clipcord within disposable plastic bags or plastic film is acceptable provided the bag/cover is changed (and the machine cleaned as described) after every client
- This same technique is acceptable for items such as water spray bottles, lamps (where possible and not posing fire hazard) and any other items that may be required in the immediate vicinity of the treatment couch/bench/chair

Practitioners should also ensure that adequate storage space exists within the premises (treatment room) for all items in order to minimise potential for cross contamination of items sitting in the open air for long periods of time. This storage should be above ground level, i.e. items should not be lying on the floor of the premises. Floor standing cupboards and cabinets are acceptable, as are wall-fixed units.

5.2.1. Skin Preparation Equipment

- Where required, only single-use disposable razors are acceptable for use on the skin
- The area of the skin to be treated should be cleaned using an appropriate skin-safe antiseptic
 - If the skin is visibly dirty then the area should first be cleaned with soap and water and dried with a paper towel
 - A 70% alcohol-impregnated swab (typically 70% isopropyl alcohol) is the preferred method and practitioners should be directed towards this method
 - The swab should be wiped over the skin for 30 seconds and the skin left for a further 30 seconds to dry in order to render any bacteria inactive
 - Chlorhexidine (typically in alcohol) is sometimes used – if so, this should only be in the form of individually pre-packed swabs as bulk packed swabs are contaminated once opened
 - Betadine is often a skin disinfectant of choice but may potentially cause cell damage to sensitive tissue and can stain both work surfaces and equipment
- Where it is necessary to mark the skin, a single-use water-based marker pen should be used, or a suitable single-use alternative
 - If practitioners use markers dipped in ink (or any other similar material for marking the skin) then ink should be dispensed into a single-use pot for each client. If this is not the case then the entire bottle should be discarded after each client.
- Where products such as antiseptic cream or petroleum jelly are used for procedures, single-use packs should be used. Given that this may not always be possible:
 - An appropriate amount of material should be dispensed, using a single-use

- implement, into a single-use pot for every client
- Squeezable, collapsible tubes or pump packs which displace liquids/gels without taking in air are recommended for this purpose
- Under **no** circumstances should practitioners 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

5.2.2. Anaesthetics

Much debate has surrounded the use of anaesthetics by body piercers or tattooists. In order to make a judgement on the use of these substances, it is important to consider both the legal aspects of doing so and the potential adverse effects of their use.

The Medicines (Human and Veterinary) (Bailiwick of Guernsey) Law, 2008 identifies individuals who can legally provide, and administer, medicines (including anaesthetics) in Guernsey. However, these products can be categorised depending on the amount of control or limitation placed on their supply or administration.

Prescription Only Medicines – these require to be dispensed by pharmacists in response to a prescription or script from a registered practitioner. These would typically be prescribed by a medical doctor or dentist.

- Any medicine that is injected into the body automatically becomes a prescription only medicine
- Use of any prescription only medicine should only be as a result of it being prescribed by a client's doctor

Pharmacy Medicines – these are sold only by chemists but do not require prescriptions.

- These can be used, and administered by, anyone purchasing them
- Most commonly used anaesthetics fall into this category, e.g. Lignocaine-based cream or spray, EMLA cream
 - These cannot be injected – only for topical application (if injected, automatically become prescription only medicines)

General Sales Medicines – these can be purchased from a wide range of outlets, e.g. supermarkets.

- These can be bought wholesale for the purpose of carrying out a business, provided they are used only for the purpose for which they are licensed in the UK

Much of the debate surrounding the use of anaesthetics in the body piercing industry relates

to the potential adverse health effects following their administration. In particular, concern has surrounded the use of ethyl chloride spray.

Ethyl chloride is a highly volatile liquid, which causes local anaesthesia when applied to the skin. However, prolonged contact can lead to a frostbite-like reaction of the skin. Due to the potential for this adverse effect, practitioners must not use, or allow those working under their control to use, ethyl chloride spray.

- Where practitioners are currently using ethyl chloride spray, its use should be discontinued and all remaining solution disposed of as special waste

Where practitioners do choose to use topical or spray anaesthetics:

- Creams or sprays should only be used for the purpose intended by the manufacturer and for which they are licensed in the UK
- Practitioners must advise clients that an anaesthetic will be used and, in following the information provided by the manufacturer, discuss any potential allergy or contraindication with the client
 - A contraindication is something that indicates against the carrying out of a particular treatment
 - Where concern exists, the anaesthetic should not be administered until the client has discussed this with, and obtained written authorisation from, their GP – copies of this information should be retained on record by the practitioner
- Ethyl chloride spray should not be used
- Xylocaine is an anaesthetic that is primarily used in either spray form (lidocaine) or as a 4% topical solution (lidocaine hydrochloride). Neither product is specifically licensed for tongue piercing, i.e. “tongue piercing” is not specifically listed as an indication for which either product is licensed in the Summary of Product Characteristics. Concern exists over the use of Xylocaine spray for piercing of the mouth due to potential complications. Xylocaine 4% topical solution can be applied to specific areas using single-use swabs, which can be discarded after use. It is recommended that piercers currently using Xylocaine spray should be advised to change to Xylocaine 4% topical should they wish to continue using this as an anaesthetic. As with all anaesthetics, practitioners must follow all information regarding contraindications provided by the manufacturer and discuss, as appropriate, with the client before use
- EMLA cream (2.5% lidocaine, 2.5% prilocaine) has recently been changed from a prescription only medicine to a pharmacy medicine in the UK
- Anaesthetics should not be injected by body piercers or tattooists
- Full details of the medications used including product name, manufacturer, active ingredients and strength should be obtained. These can be used to find out the status of the medicine

5.2.3. Needles

- Only sterile single-use needles should be used for skin piercing or tattooing
- For skin piercing, the practitioner should open pre-sterilised single-use needles in front of the client just before beginning the procedure (once disposable non-latex gloves have been donned)
- Needles should either be used directly from the packaging or placed on a sterile surface/tray
- For tattooing, needles should either be sterile pre-packed pre-constructed “clusters” of needles or sterile single-use needles soldered onto a needle bar
 - Where needles are soldered onto a needle bar, the entire construction should then be cleaned and sterilised prior to use
- Needles should be examined for imperfections prior to their use and discarded if any exist
- Needles should **always** be disposed of in an appropriate sharps container

5.2.4. Body Piercing Jewellery

Practitioners should ensure that all jewellery used for skin piercing is sterile prior to its use. Where jewellery is not purchased pre-sterilised but is sterilised within the premises, the method by which sterilisation has been carried out will determine how sterile the jewellery remains.

- In order to ensure lasting sterility, jewellery should be sterilised in appropriate pouches within a pre-vacuum steam autoclave (see Chapter 10) with post-sterilisation drying phase
 - The packaging material must be completely dry before the door of the autoclave is opened as micro-organisms may be able to penetrate the wet or damp packaging and contamination of the jewellery can take place from the moment the door opens
 - Packages containing jewellery cannot be removed damp from the autoclave and dried subsequently
 - Jewellery will not remain sterile if removed from the autoclave and placed into packages after sterilisation

If jewellery is processed and stored properly, it may retain its sterility indefinitely. However, issues such as shelf life with equipment (and packaging) should be discussed with the 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 see Chapter 8)
 - 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

Stainless steel has, historically, been the material of choice for many body piercers. However, where stainless steel is being used, practitioners should obtain (and retain for inspection) evidence from the manufacturer that the jewellery is in compliance with the UK Dangerous Substances and Preparations (Nickel) (Safety) Regulations 2005. These Regulations prohibit the supply of any products that may be intended to come into direct and prolonged contact with the skin, which may contain nickel or nickel compounds. Items covered by the regulations include earrings or other jewellery to be inserted into a piercing site on the human body. The Regulations also cover a wide range of other items such as necklaces, bracelets, wristwatch cases, zips and buttons.

Under these Regulations, 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 (earring “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 Regulations 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 regulations, it is advised that use of that jewellery stops until the practitioner can obtain evidence from the manufacturer of its compliance.

5.2.5. Tattoo Inks

Tattoo inks should be pre-packed in single-use vials or sterile pigment dispensed into single-use pots. Although a great deal of concern surrounds the microbiological and chemical quality of inks used in tattooing, very little control currently exists over their manufacture, supply or use within and outside the UK. Pigments used in tattooing are typically produced for a variety

of other uses, and never intended for intra-dermal injection. The majority of reports concerning microbiological and chemical quality of inks surround unopened inks as supplied from manufacturers. Very little investigation has been conducted on the change in microbiological quality of inks once opened, where bottles are opened and ink is decanted into pots. However, in order to minimise concerns over tattoo inks and their potential harm to health until evidence becomes available the following should be noted:

- Whilst not currently widely available in the UK, pre-packed single-use vials of sterile inks are likely to become more readily available in future and practitioners are advised that this is the preferred option in terms of ink supply and use
- Regardless of the form in which inks are purchased, practitioners are advised to obtain (and retain for inspection) evidence from the ink supplier of the sterility of the ink in terms of microbiological contamination and the absence of potentially toxic metals – practitioners are advised against purchasing inks from manufacturers or suppliers who cannot provide this evidence
- Practitioners should purchase the smallest volumes of ink available, particularly for colours that are required or used less often, in order to minimise potential for contamination of ink remaining within bottles
- Practitioners should purchase inks which are appropriately labelled with clear indication of their durability on the label, or should be requested to obtain from a manufacturer or supplier, information on the shelf-life of inks both sealed and once opened. It would be considered good practice to retain a record of purchase dates and dates of opening for all inks used and stored on the premises in order to ensure that “out of date” inks are identified and discarded appropriately
- Where single-use pots are used for decanting of ink for each client, practitioners should, where possible, obtain and retain evidence of sterility of inks from the supplier. The same evidence would be required for pre-packed sterile vials of ink where used
- Practitioners should when decanting ink from larger ink bottles into single-use pots, carry this out in a designated area away from the treatment couch/chair and only enough ink for one client should be decanted
- Practitioners should discard all unused ink with the pot at the end of each treatment (client)
- Ink bottles should be stored according to the manufacturers’ instructions. Where instructions are not available, bottles should be stored in a cupboard within the premises in order to minimise the potential for photolytic breakdown of the pigments and reduce the exposure of the bottles to the atmosphere within the treatment room. Bottles may be covered by a fresh plastic bag as a barrier to potential contamination – this bag should be changed each time the bottle is handled
- Practitioners should purchase only pre-diluted inks, where possible. If concentrated inks are being diluted on the premises, only sterile and chemically inert liquid should be used for dilution. This dilution should always take place in a “clean” area within the premises and the diluent should be both sterile and pre-packed for single use

5.2.6. General Stock Requirements

Practitioners should hold a stock of a number of items in order to ensure that they maintain adequate supplies to protect both themselves and their clients. Depending on the procedures undertaken the following should be kept in stock:

- Sterile single-use disposable needles
- Adequate supply of sterile jewellery
- Disposable razors
- Disposable paper towels
- Liquid anti-microbial soap
- Pre-packed alcohol wipes for skin preparation
- Disposable non-latex gloves
- Disposable paper sheets for covering chair/bench/couch
- Single-use ink pots
- Appropriate cleaning, disinfection and sterilisation products
- Autoclave pouches, where required
- Fully stocked first-aid kit
- Two lined pedal-operated bins, with close fitting lids clearly marked for clinical and non-clinical (general) waste

CHAPTER 6: REQUIREMENTS – CLIENT INFORMATION

Practitioners are required to obtain information from, and provide information to, clients on a number of issues, with adequate records maintained for all clients relating to these issues. The Data Protection (Bailiwick of Guernsey) Law, 2001 applies, and client's records are confidential.

6.1. Collection of Information on Client

Prior to carrying out any piercing or tattooing on a client, a practitioner must obtain information relating to (i) client age and (ii) client medical history.

6.1.1. Age

Where practitioners are in doubt over the age of a potential client (18 or over for tattooing and body piercing, 16 or over for ear piercing, electrolysis or acupuncture) they should be advised to request proof of age from that client and note the form of identification used on the client's records (a photocopy of photographic identification provided may be requested by the practitioners for retention with the client consent form). Where an under 16 is to be pierced or receive electrolysis or acupuncture, practitioners should again be advised to request photographic identification from the parent or guardian and again retain a record (photocopy) of the form of identification provided.

6.1.2. Medical History

Practitioners should discuss client medical history with the individual prior to carrying out any procedures. (Appendix 6) Practitioners should ascertain whether clients currently suffer from, or have previously suffered from, a range of conditions including the following:

- Heart disease, angina
- Blood pressure problems, high or low
- Seizures, e.g. epilepsy
- Haemophilia, haemorrhaging, blood clotting disorders
- Blood borne viruses, e.g. HIV, Hepatitis B,C
- Skin conditions, e.g. eczema, psoriasis, dermatitis
- Diabetes
- Allergies, e.g. jewellery, foodstuffs, anaesthetics
- Use of aspirin or other potentially blood-thinning medicines
- Use of any regularly prescribed medications
- Pregnancy

It is recommended that, should a client identify any of these conditions (either current or historic) that may impact on the procedure being carried out, practitioners should refer the client to their GP to discuss the procedure and its potential implications for the health of the

client. Where a GP is satisfied that the client is fit to undergo the procedure, they should provide authorisation for this in writing. Practitioners should ensure that this written authorisation is retained within the client records.

6.1.3. Consent Forms

Practitioners are required to retain records of all procedures carried out for a period of 2 years. These records should comprise of a signed consent form and a client medical history form (if not incorporated into the consent form) and should provide a full record of:

- Client name, address and telephone number
- Client date of birth
- Client medical history
- Procedure undertaken, e.g. piercing or tattoo, and site on the body
- Type of jewellery used (if applicable)
- Practitioner name
- Date and time of procedure (to be completed by practitioner)
- Details of parent/guardian if under-16
- Signature for aftercare sheet given to client

This form should be signed by the client (or their parent or guardian if under 16 years old for piercing). In signing the form the client will be declaring that all information provided, particularly in relation to their medical history, is correct to the best of their knowledge. Clients should also confirm on this form that they have been provided with written information, both on the risks associated with the procedure as well as appropriate aftercare instructions. The practitioner who is named on the form and who will be carrying out the procedure should also sign the consent form.

Clients should also be advised on these consent forms that the information they provide will be retained by the practitioner for a period of 2 years from the date of signing. In signing the form the client will be giving their permission for retention of this information.

*Example consent forms for tattooing/piercing, electrolysis and acupuncture are presented in Appendix 2.

6.2. Provision of Information to Client

Prior to signing consent forms, clients should be provided with information relating to the possible risks associated with the tattooing or piercing procedure. These should include the following risks and should be provided in an easy to understand format:

- Allergic reaction to, or potential embedding of, jewellery
- Migration and possibly rejection of jewellery
- Localised infection at the piercing/tattoo site

- Localised swelling and trauma at the piercing site
- Keloid or scar formation
- Blood poisoning/septicaemia

Clients should also be provided with easy to understand aftercare advice for their tattoo/piercing and should be given the opportunity to ask questions on this at any time. Written aftercare advice should address issues including:

- Information on what to expect immediately following the procedure
- Advice on how to clean and care for the site as it heals
- Information on the natural healing of the site
- Indication of the average healing times for piercings/tattoos
- Advice on what to do in the case of adverse reaction

*Example aftercare advice leaflets for tattooing, piercing, acupuncture and electrolysis are presented in Appendix 3.

CHAPTER 7: REQUIREMENTS– PERIPATETIC PRACTITIONERS

The Law gives permission for registered persons to ‘occasionally administer treatment elsewhere than from a registered premises’. Any practitioner intending to work peripatetically is required to have prior approval from the Department. The key requirements of the Code of Practice still apply to peripatetic practitioners.

Where a practitioner does not work from fixed premises they are still required to meet the same level of infection control and good practice as a practitioners within a fixed premises.

The practitioner is required to carry with them a copy of their registration certificate at all times when conducting their business. Additionally, in order that prospective clients can successfully identify the practitioners and can be reassured that the practitioner is registered, the practitioners should carry with them some form of photographic identification.

CHAPTER 8: REQUIREMENTS – EAR PIERCING

Ear piercing must only be carried out using a sterile cartridge and pre-sterilised jewellery supplied in packaging which indicates the part of the body for which it is intended. Ear piercing using a dedicated ear piercing system (cartridge and jewellery are utilised in a gun system) only applies to the piercing of the lobe and the upper flat cartilage area of the ear. The piercing of other areas of the ear such as the tragus, the conch or the rook cannot be properly performed using such dedicated ear piercing systems and are therefore not included in this chapter. Practitioners wishing to provide the service of piercing areas of the ear other than the lobe or the cartilage should conform to the full requirements for skin piercing as outlined earlier in this guidance.

- The types of dedicated ear piercing systems intended by the order to be approved for ear piercing are the systems which employ either a single or double sterile cartridge which are loaded on the ear piercing instrument and performs the ear piercing using sterile ear piercing studs. The unique feature of these types of ear piercing systems is that all parts of the ear piercing system which come into contact with the client are pre-sterilised, single customer use and disposable. Manufacturers of ear piercing systems which conform with this requirement and are acceptable for ear piercing include :
 - Studex
 - Caflon
 - Caress
 - Blomdahl
 - Inverness
 - Estelle
- Older ear piercing systems, which do not employ a pre-sterilised cartridge, should not be used –practitioners should discontinue using such systems

Systems and jewellery should only be used on the part of the body for which they are indicated by the manufacturer.

- Systems exist for piercing the lobe/cartilage of the ear and also for piercing the nose. It is not appropriate to use either a system or jewellery intended for nose piercing to pierce the earlobe or cartilage
- Practitioners should purchase jewellery direct from the manufacturer of the gun system that they are using. This may include gold jewellery of different grade to the recommendations within Chapter 5 – however, provided the jewellery is supplied by the gun manufacturer solely for that use, this is appropriate for use
 - Jewellery supplied by the manufacturers of the systems listed above is fully sterilised and compatibility with a specific system is, in itself, an indication of

- the part of the body for which the jewellery is intended (i.e. ear and nose system cartridges/jewellery are not compatible with one another)
- It is unlikely that compatible cartridges and jewellery are manufactured by anyone other than the gun manufacturer but, in the unlikely event that this should happen, evidence of the sterility of the jewellery and cartridge and its intended use should be available. Where this is not possible, use of the jewellery/cartridges should be discontinued

The practitioners should be adequately trained in the use of the dedicated systems following the manufacturer's instructions. It should also be noted that basic hygiene requirements, such as hand-washing and the wearing of gloves still apply to this practice.

Requirements placed upon the practitioner for premises of this type are detailed as follows.

8.1. Collection of Information on Client

Prior to carrying out ear piercing on a client, a practitioner must obtain information relating to (i) client age and (ii) client medical history.

8.1.1. Age

Where practitioners are in doubt over the age of a potential client (16 or over for piercing) they should request proof of age from that client and note the form of identification used on the client's records (a photocopy of photographic identification provided may be requested by the practitioner for retention with the client consent form). Where an under-16 is to be pierced, practitioners should request photographic identification from the parent or guardian of that child and again retain a record (photocopy) of the form of identification provided.

8.1.2. Medical History

Practitioners must discuss client medical history with the individual prior to carrying out ear piercing. Practitioners should ascertain whether clients currently suffer from, or have previously suffered from, a range of conditions including the following:

- Heart disease, angina
- Blood pressure problems, high or low
- Seizures, e.g. epilepsy
- Haemophilia, haemorrhaging, blood clotting disorders
- Bloodborne viruses, e.g. HIV, Hepatitis B,C
- Skin conditions, e.g. eczema, psoriasis, dermatitis
- Diabetes
- Allergies, e.g. jewellery, foodstuffs, anaesthetics
- Use of aspirin or other potentially blood-thinning medicines
- Use of any regularly prescribed medications
- Pregnancy

Should a client identify any of these conditions, either current or historic, that may impact on the ear piercing procedure, practitioners should refer the client to their GP to discuss the procedure and its potential implications for the health of the client. Where a GP is satisfied that the client is fit to undergo the procedure, they should provide authorisation for this in writing. Practitioners should ensure that this written authorisation is retained within the client records.

8.1.3. Consent Forms

Practitioners are required to retain records of all ear-piercing procedures carried out for a period of 2 years. These records should comprise a signed consent form and a client medical history form (if not incorporated into the consent form) and should provide a full record of:

- Client name, address and telephone number
- Client date of birth
- Client medical history
- Type of jewellery used (if applicable)
- Practitioner's name
- Date and time of procedure (to be completed by practitioner)
- Details of parent/guardian if under-16
- Signature for aftercare sheet given to client

This form should be signed by the client (or their parent or guardian if under 16 years old). In signing the form the client will be declaring that all information provided, particularly in relation to their medical history, is correct to the best of their knowledge. Clients should also confirm on this form that they have been provided with written information, both on the risks associated with the procedure as well as appropriate aftercare instructions. The practitioner who is named on the form and who will be carrying out the ear piercing should also sign the consent form. Clients should also be advised that the information they provide will be retained by the practitioner for a period of 2 years from the date of signing.

8.2. Requirements of the Premises

Requirements for premises only offering ear piercing are as follows:

- Premises must clearly display a notice advising clients that :
 - Ear piercing will not be carried out on an individual who is under the influence of drugs or alcohol
 - Ear piercing will not be carried out on individuals under the age of 16 years unless accompanied by a person who has parental rights and responsibilities in respect of that child and who has also given their consent in writing to the ear piercing

- A dedicated area within the premises should exist for the carrying out of the ear piercing procedure.
 - No requirement for physically separate room as for other practices
 - Area should be equipped with a chair which is fully washable and durable
 - The chair should be covered with a disposable paper sheet which is replaced for each client and disposed of appropriately
 - In premises where the potential exists for hair or chemicals to be present in the environment, e.g. hairdressing salons, the designated area should be positioned as far as possible from areas where hair cutting/treatment is conducted

- Physical requirements for these premises are commensurate with the level of risk associated with the use of dedicate sterile single-use ear piercing guns.
 - A wash-hand basin – equipped with a constant supply of hot and cold running water - should be available within the premises
 - The basin should be as close as possible to the designated area
 - There is no requirement for non-hand-operated taps for premises of this kind
 - Electric geysers are acceptable for this type of premises provided they are fitted with constant water supply and do not require manual filling
 - A requirement still exists for the premises to be in a good general state of repair with adequate lighting and ventilation
 - Carpets are an acceptable form of floor covering for the designated area due to the lower infection risk from this procedure, although best practice would recommend a washable smooth floor area where piercing is carried out

- Premises should be equipped with:
 - Paper towel dispenser stocked with disposable paper towels
 - Soap dispenser containing liquid anti-microbial soap
 - Two lined pedal-operated bins, with close fitting lids clearly marked for clinical and non-clinical (general) waste/sharps bin for to facilitate correct disposal of gloves
 - Alcohol solution (70%) for cleaning purposes:
 - Pre-packed alcohol impregnated wipes (70%) are a suitable alternative

CHAPTER 9: REQUIREMENTS OF THE LAW – ACUPUNCTURE

All applicable requirements of the Law apply to acupuncture being carried out as a business.

- As for piercing or tattooing, certain requirements need not be met if specific conditions are met, e.g. if only using sterile, single-use equipment then certain requirements are not necessary

In order to bring requirements into line with current clinical practice, there is no requirement for those carrying out acupuncture to wear gloves at all times.

In order that this change in requirement does not impact adversely on public health, practitioners should ensure that they wash and dry their hands immediately prior to carrying out any acupuncture procedure.

In line with clinical practice, registered practitioners must wear disposable non-latex gloves when:

- The practitioner has an open lesion on their hands
- The practitioner is handling items that may be contaminated with blood or other body fluids
- The client is bleeding or has an open lesion on an exposed part of their body
- The client is known by the practitioner to be infected with a blood borne virus

A fresh pair of gloves should always be worn for each client.

CHAPTER 10: CLEANING, DISINFECTION AND STERILISATION

As any invasive procedure carries with it an associated risk of infection, it is imperative that risks to clients and practitioners are minimised through the implementation of effective infection control procedures. All cleaning, disinfection and sterilisation of equipment should be carried out in line with advice provided within HELA Local Authority Circular 76/2 (April 2005). LAC 76/2 recommends that all reusable instruments should be subject to steam sterilisation at the highest temperature compatible with the equipment being processed and recommends that, wherever possible, this should be carried out by a hospital sterile services department (or non-hospital, commercial sterile services provider). However, this is a recommendation and not a requirement provided the registered operator utilises a properly functioning and serviced bench top steam autoclave suitable for the sterilisation of the equipment being processed.

Additional guidance on the purchase, operation and maintenance of steam sterilizers has been produced by the Medicines & Healthcare products Regulatory Agency (incorporating the Medical Devices Agency) ("*Benchtop Steam Sterilizers – Guidance on Purchase, Operation and Maintenance*", DB2002 (06), October 2002). This guidance also advises on the choice of decontamination method in relation to the infection risk associated with the use of equipment. A subsequent publication ("*Water Quality for Small (Benchtop) Steam Sterilizers*", Update for DB 2002(06), October 2004) provides advice in relation to water quality for autoclaves.

10.1. Definitions

Cleaning – a procedure that removes dirt or contamination from an article but does not necessarily destroy micro-organisms. Cleaning is carried out using detergents that are compatible with the material of the surface or equipment to be cleaned. Suitable detergents are available from a range of manufacturers and practitioners should request the most suitable detergent from their supplier to meet their needs.

Disinfection – this is a process by which the number of viable micro-organisms are reduced through the use of a suitable disinfectant. Disinfection may not effectively remove all bacteria, fungi, viruses or spores.

Sterilisation – this is a process by which articles are rendered free of viable micro-organisms including viruses, protozoa, bacteria, fungi and their spores.

10.2. Requirements for Equipment

The Microbiology Advisory Committee to the UK Department of Health has provided advice on the level of decontamination required for medical equipment as detailed in Table 3. This level of requirement should also be adhered to for procedures governed by the Law.

Table 3 – Infection Risk and Recommended Recontamination

Risk	Application of Item	Recommendation
High	<ul style="list-style-type: none"> In close contact with break in skin or mucous membrane, e.g. piercing/tattoo needles Introduced into sterile body areas 	Sterilisation
Intermediate	<ul style="list-style-type: none"> In contact with mucous membranes Contaminated with particularly virulent or readily transmitted organisms 	Sterilisation or disinfection required
Low	<ul style="list-style-type: none"> In contact with healthy skin 	Cleaning may be acceptable in some situations
	<ul style="list-style-type: none"> Not in contact with patient 	Cleaning

10.3. Cleaning

Cleaning of equipment prior to disinfection or sterilisation is of the utmost importance, as failure to remove physical contamination from an item may inhibit any subsequent sterilisation procedure.

- Effective cleaning can be carried out either manually or ultrasonically - the Medicines & Healthcare products Regulatory Agency (MHRA) advise that manual cleaning only be carried out on equipment that cannot be cleaned ultrasonically
- Such cleaning should be conducted in the “dirty” area within the treatment room (or another such designated area, should the size of the premises allow)

Wherever possible, equipment should be subjected to ultrasonic cleaning.

- Ultrasonic cleaning is a highly consistent form of cleaning which uses sound waves propagated through a liquid at high frequencies to move debris or contamination from items
- It works on every surface of an item, including crevices and parts that may not be easily accessible during manual cleaning
- An ultrasonic bath is required when non single-use equipment is being used
- Ultrasonic cleaning should always be carried out following the manufacturers’ instructions :
 - Baths should be clean and dry prior to their use
 - Baths should never be operated without a lid in place as the aerosols formed have the potential to contaminate the air around the bath
 - Only recommended cleaning agents should be used (licence holder should be able to demonstrate that they are using agents recommended by manufacturer

- or supplier)
- Instruments should always be placed in the basket, rack or tray provided with the bath
- Enough cleaning fluid should be used to fully immerse the equipment
- Cleaning fluid should be changed at least every 4 hours during operational periods, or sooner if it becomes visibly dirty
- Baths should be tested regularly following manufacturers' instructions and it would be good practice for licence holders to retain a log of testing carried out

It is important, however, that practitioners ensure that equipment can tolerate ultrasonic cleaning prior to using this method.

The Medicines & Healthcare products Regulatory Agency (MHRA) have produced a standard protocol for the use of ultrasonic baths which is reproduced in Appendix 4 which can be used in the absence of the manufacturer's instructions.

- For equipment that cannot be ultrasonically cleaned, equipment should be washed in the designated sink – or an instrument bath, bowl or any other similar receptacle within that sink – not in the wash-hand basin – in cool water (LAC 76/2 recommends < 35°C) which minimises the potential for steam or droplet formation. Following this, warm water can be used to improve the efficiency of cleaning
 - It is important that practitioners ensure that all scrubbing is carried out below the surface of the water to minimise the potential for contamination spread in aerosols that may be created
 - Practitioners may wish to use pipe cleaners or similar implements to clean difficult-to-reach parts of equipment. Cleaning equipment such as brushes should be autoclaved at the end of each day and stored dry. Brushes should not be stored wet in any disinfectant solution, and should be replaced when showing signs of wear
 - Practitioners should be advised to wear protective equipment when carrying out manual washing, e.g. gloves, apron, eye protection

10.4. Disinfection

Given that the effectiveness of a disinfectant relies on sufficient contact between the disinfectant and the item requiring disinfection, it is imperative that the process be carried out on surfaces or equipment that have been thoroughly cleaned beforehand.

LAC 76/2 advises that adequate disinfection can be achieved through the use of fresh bleach containing minimum 1000ppm available chlorine or purpose-designed disinfection products. Some products are suitable for use on skin or the environment but few are suitable for use on both and practitioners should be aware of this fact.

LAC 76/2 summarises a range of disinfectant products and their potential uses, and officers

should refer to this document where necessary.

10.5. Sterilisation

Unless only sterile single-use equipment is used, an autoclave - defined as “a pressure vessel in which the lid is sealed by the internal pressure in the vessel and which is used to steam sterilise equipment used for skin piercing and tattooing” will be required.

It should be noted that the following are **not** deemed suitable sterilisation alternatives to steam autoclaves:

- Hot air ovens
- Water boilers
- UV light boxes
- Glass bead sterilisers

The steam sterilisation process requires direct contact between the material being sterilised and pure dry saturated steam at a specific temperature for a specific length of time. The standard temperature/pressure/time relationships for steam sterilisation are presented in Table 4. It is always recommended that the highest temperature compatible with the load items is used wherever possible.

Table 4 – Temperature, Pressure and Hold Time for Steam Sterilisation

Sterilising Temperature Range (°C)		Approximate Pressure (bar)	Minimum Hold Time (mins)
Minimum	Maximum		
134	137	2.25	3
126	129	1.50	10
121	124	1.15	15

Steam sterilisation has a number of advantages over other sterilisation techniques:

- This is a rapid, automated, easy-to-use and reliable technique
- The process is non-toxic and non-polluting
- Although an initial outlay is involved, the procedure is relatively cheap to run

Two main forms of steam autoclaves exist – standard (traditional) steam autoclaves and pre-sterilisation vacuum stage autoclaves. The suitability of each type of autoclave for equipment used in the tattooing/piercing industry are set out below.

10.5.1. Standard Steam Autoclaves (Passive Air Removal)

The simplest of steam autoclaves – gravity displacement or passive air removal autoclaves – use displacement of air with steam to allow the steam (at a specified temperature) to come into contact with the items to be sterilised.

- These systems **are** suitable for the sterilisation of:
 - Solid items
 - Non-wrapped items

- They **are not** suitable for the sterilisation of:
 - Hollow devices
 - Tubular items
 - Devices with lumens
 - Porous items, e.g. Fabric
 - Wrapped loads (loads in pouches or packages)

- They are cheap to purchase, operate and maintain

10.5.2. Pre-Sterilisation Vacuum Steam Autoclaves

Vacuum sterilisers work on the same principle as basic steam autoclaves except that they incorporate an initial vacuum-assisted air removal stage before admission of steam into the system. This air removal can be achieved using a pump or some other active method.

- These systems **are** suitable for the sterilisation of:
 - Wrapped and non-wrapped solid items
 - Wrapped and non-wrapped hollow devices
 - Packaging material must be purpose-made for steam sterilisation and should be resistant to the ingress of contamination when dry.
 - Tubular items
 - Devices with lumens
 - Porous items, e.g. Fabric

- These systems cover a far wider range of applications than basic steam autoclaves
- They are expensive to purchase and maintain
- They require additional testing periodically
- Cycle times can be longer due to the post-sterilisation drying stage required for wrapped items
 - Packages that are still wet or even damp cannot be deemed sterilised as micro organisms can penetrate wet packaging

10.5.3. Storage and Sterility of Items Following Sterilisation

Unless an effective post-sterilisation drying stage is incorporated into any sterilisation cycle, steam will condense inside the autoclave, wetting the load.

As soon as **wet non-wrapped equipment** is removed from either a traditional or a vacuum autoclave they will quickly become contaminated and be in the same condition as the atmosphere in the surrounding room.

- It is almost impossible to retain the sterility of wet equipment once the steriliser door is opened

Dried non-wrapped equipment which has been subject to complete drying within the autoclave – before the door is opened - can be stored in a dry, airtight disinfected container.

- Non-wrapped items processed in a traditional bench-top steam steriliser should, preferably, be used direct from the autoclave
- If transfer of the items takes place quickly and the storage container is indeed dry, airtight and disinfected, the sterility of these items should be similar to those used direct from the autoclave
- LAC 72/2 states that it is best practice to use such sterilised items within 3 hours or to re-sterilise
 - LAC 72/2 also states, however, that such items cannot be regarded as sterile at point of use as they are not being used in a controlled clinical environment. However, it is stated that the microbiological condition of appropriately stored items will, at worst, be comparable to that of the environment in which they are being used

If sterilised items are to be retained for future use in sterile conditions they should be processed in suitable wrapping material, in a suitable pre-vacuum steam steriliser equipped with a post-sterilisation drying phase.

- The packaging material must be completely dry before the door of the autoclave is opened as micro organisms may be able to penetrate the wet or damp packaging and contamination can take place from the moment the door opens
- Packages **cannot** be removed damp from the autoclave and dried subsequently
- Items will not remain sterile if removed from the autoclave and placed into packages after sterilisation

If items are processed and stored properly, they may retain their sterility indefinitely. However, practitioners should discuss issues such as shelf life with equipment (and packaging) manufacturers.

10.5.4. Maintenance and Operation of Autoclaves

All autoclaves should be operated in line with the manufacturers' instructions and only loads for which the steriliser is intended should be processed in the system. The sterility of incorrect loads, or overweight loads, cannot be guaranteed therefore incorrect use of a system in this way poses a risk of contamination.

Practitioners should maintain a permanent record for each autoclave for which they are responsible and should be able to provide evidence to an Inspection Officer at any time of its efficient operation and consistent sterilisation capability. This information should be held within an autoclave logbook (which should be made available to an Inspection Officer upon request) and it should contain historical information on the autoclave in relation to:

- All commissioning and validation tests and checks carried out
- Routine monitoring of every sterilisation cycle
- Actions taken to correct a system in the event of a cycle fail (and information on the fate of the unsatisfactory load)
- Results of all testing – daily and weekly tests by practitioners, quarterly and annual tests by a qualified test person
 - Measurements of time and temperature should be carried out at the start of each cycle, at the end of the maximum holding time and at the end of the cycle
 - The door seal should be tested at least weekly for distortion or wear
 - The door safety devices and pressure devices should be tested at least weekly
- Records of all maintenance, repairs or modifications
- A written scheme of examination as set out in Appendix 5
- Records of inspection under the written scheme of examination
- Certificate of insurance for the autoclave
- Records of training of all practitioners

10.5.5. Use of Indicators

Chemical indicators are often used by practitioners for a number of reasons. However, it is important to recognise the potential problems associated with interpretation of indicators by practitioners.

- Indicators should meet all requirements of relevant standards – packaging should be checked to ensure that indicators comply
- Indicators should only be used for the use for which they are intended by the manufacturer

The chemical indicators available and commonly used in steam sterilisers are:

- Process indicators, e.g. autoclave tape/indicators on bags/indicators on pouches.
 - These indicators should only be used to distinguish between processed and unprocessed items
 - These should not be used for any other purpose, e.g. for indication of efficient operation of the autoclave
- Performance indicators
 - These are used for specific tests including checking the effectiveness of penetration of steam into test packs
- Integrating indicators
 - Used for monitoring steam sterilisers
 - Monitor two or more critical variables in the process
 - Display either end point reaction or, in some cases, graduated response
 - Do not indicate that a load is sterile

10.5.6. UK and Guernsey Legislation

UK legislation provides good practice and will be referred to where appropriate.

UK Provision and Use of Work Equipment Regulations 1998 - it is a requirement of the Provision and Use of Work Equipment Regulations 1998 that any person operating, supervising or managing work equipment must be adequately trained in its use. This requires the registered practitioner to ensure that both they, and any other person working within their premises, are trained in the use of the autoclave systems in use. This training should form part of the training given to trainees during “apprenticeships”.

UK The Pressure Systems Safety Regulations 2000 - the Pressure Systems Safety Regulations 2000 covers the installation and operation of autoclaves and, amongst other things, requires that:

- A written scheme of examination for the pressure system is produced by a Competent Person (pressure vessels)
- A periodic examination of the system is conducted by a Competent Person in accordance with that written scheme

This written scheme should be produced by the equipment manufacturer, the insurer who provides public liability insurance to the licence holder, or some independent inspection organisation. Further information on this topic – or on any other aspect of autoclave

operation or maintenance – can be found in “*Benchtop Steam Sterilizers – Guidance on Purchase, Operation and Maintenance*” (Medicines and Healthcare products Regulatory Agency, DB2002 (06), October 2002).

The Health and Safety at Work (General) (Guernsey) Ordinance 1987 – practitioners who employ others can contribute towards their compliance with the Health and Safety at Work Law by ensuring that autoclave equipment under their control:

- Complies with all safety requirements
- Is properly installed and maintained
- Is validated
- Is routinely tested
- Is operated only by properly trained practitioners
- Is operated in full accordance with the manufacturer’s instructions

CHAPTER 11: ADDITIONAL SOURCES OF INFORMATION

“Body art, cosmetic therapies and other special treatments”, Chartered Institute of Environmental Health and Barbour Index (2001).

“Enforcement of skin piercing activities”, Health & Safety Executive/Local Authorities Enforcement Liaison Committee (HELA) Local Authority Circular 76/2 (2005).

“Micro-pigmentation, semi-permanent tattooing and semi-permanent make-up”, Health & Safety Executive/Local Authorities Enforcement Liaison Committee (HELA) Local Authority Circular 14/1 (2006).

“Benchtop Steam Sterilizers – Guidance on Purchase, Operation and Maintenance”, Medicines and Healthcare products Regulatory Agency, DB2002 (06) (2002).

“Sterilization, Disinfection and Cleaning of Medical Equipment: Guidance on Decontamination from the Microbiology Advisory Committee to the Department of Health”, Microbiological Committee to the Department of Health (2006).

“Tattooing and Body Piercing Guidance: Toolkit”, Chartered Institute of Environmental Health (2013).

APPENDIX 1

EXAMPLE OF ADVICE NOTICES FOR TATTOOING AND PIERCING PREMISES

IMPORTANT INFORMATION

PLEASE READ

Tattooing will not be carried out on any individual who is:

- under 18 years of age**
- under the influence of alcohol or drugs**

Clients should discuss their medical history with the Practitioner and read the aftercare information leaflet before signing a consent form.

Clients should be aware of the risks that may be associated with tattooing and consider these before giving consent for the procedure - if aftercare advice provided by the Practitioner is not followed, a tattoo is at risk of becoming infected.

IMPORTANT INFORMATION - PLEASE READ

Piercing will not be carried out on any individual who is:

- under 16 years of age unless permission is given by an individual with parental rights for that child**
- under the influence of alcohol or drugs**

Clients should discuss their medical history with the Practitioner and read the aftercare information leaflet before signing a consent form – if aftercare advice provided by the Practitioner is not followed; a piercing is at risk of becoming infected.

Clients should be aware of the following risks that may be associated with piercing and consider these before giving consent for the procedure:

- Allergic reaction to jewellery**
- Migration or rejection of jewellery**
- Localised infection at the piercing site**
- Localised swelling and trauma**

APPENDIX 2

EXAMPLES OF CONSENT FORMS

(INSERT STUDIO NAME) BODY PIERCING/TATTOOING CLIENT CONSENT FORM

CLIENT DETAILS	
Name _____	Date of Birth _____
Address _____	Telephone _____

PROCEDURE DETAILS	PRACTITIONERS'S NAME _____
Procedure Undertaken* TATTOO PIERCING Site on body _____ *circle or delete as appropriate Jewellery/ Ink Used (if applicable) _____ _____	_____

CLIENT MEDICAL HISTORY
 Do you (Does the client, if completing for an under-16) currently suffer from, or have you (they) ever suffered from any of the following?

	YES	NO	DETAILS
Heart Condition/Angina			
Blood Pressure Problems			
Epilepsy/Seizures			
Haemophilia/Blood Clotting Disorders			
Blood borne Virus, e.g. Hepatitis B/C or HIV			
Genital Warts (if relevant to the treatment area)			
Skin Complaints, e.g. psoriasis, eczema, hypersensitive skin, impetigo			
Lumpy raised scars (keloid scars)			
Diabetes			
Allergic Response, e.g. anaesthetics, jewellery			
Are you prone to fainting attacks?			
Do you regularly take any blood-thinning medicines, e.g. aspirin?			
Do you take any regularly prescribed medication?			
Could you be pregnant?			

I declare that the information I have provided on medical history is correct to the best of my knowledge and that I am not currently under the influence of drugs or alcohol. I hereby give consent for the procedure detailed above to be carried out by the named practitioner. I confirm that I have been provided with written information on (i) the potential complications associated with the procedure and (ii) appropriate aftercare advice for the procedure. I agree that it is my responsibility to read this and follow the aftercare advice given until the treatment area is healed. I give consent to the practitioner to retain the details provided on this form for a period of 2 years from today.

Signature of Client _____ Date ___/___/___

Aftercare sheet given _____ Date ___/___/___

Signature of Practitioner _____ Date ___/___/___

Where client is under 16 years old, details and consent of parent or guardian:

Name _____ Relationship to Client _____

Address _____

Telephone _____ Proof of ID Provided? Y N

Signature of Parent or Guardian _____ Date ___/___/___

Signature of Practitioner _____ Date ___/___/___

Aftercare sheet given _____ Date ___/___/___

INSERT STUDIO NAME ELECTROLYSIS CLIENT CONSENT FORM

CLIENT DETAILS	
Name _____	Date of Birth _____
Address _____	Telephone _____

PROCEDURE DETAILS	PRACTITIONERS'S NAME _____
Type of electrolysis _____	Site on body _____

CLIENT MEDICAL HISTORY			
Do you (does the client, if completing for an under 16) currently suffer from, or have you (they) ever suffered from any of the following?			
	YES	NO	DETAILS
Heart Condition/Angina			
Blood Pressure Problems			
Do you wear a pacemaker or any other electrical equipment?			
Do you wear dentures /have a large amount of metalwork in your teeth?			
Sinus problems/asthma			
Epilepsy/Seizures			
Haemophilia/Blood Clotting Disorders			
Blood borne Virus, e.g. Hepatitis B/C or HIV			
Genital Warts (if relevant to the treatment area)			
Skin Complaints, e.g. psoriasis, eczema, hypersensitive skin, impetigo			
Lumpy raised scars (keloid scars)			
Diabetes			
Allergic Response, e.g. anaesthetics, jewellery			
Are you prone to fainting attacks?			
Do you regularly take any blood-thinning medicines, e.g. aspirin?			
Do you take any regularly prescribed medication?			
Could you be pregnant?			
<i>Details of any associated problems with treatment</i>			

I declare that the information I have provided on medical history is correct to the best of my knowledge and that I am not currently under the influence of drugs or alcohol. I hereby give consent for the electrolysis detailed above to be carried out by the named practitioner. I confirm that I have been provided with written information on (i) the potential complications associated with the procedure and (ii) appropriate aftercare advice for the electrolysis. I agree that it is my responsibility to read this and follow the instructions on it until the treatment area is healed. I give consent to the practitioner to retain the details provided on this form for a period of 2 years from today.

Signature of Client _____ Date ___/___/___

Signature of Practitioner _____ Date ___/___/___ Time ___:___ am/pm

Aftercare sheet given to client _____ Date ___/___/___

Where client is under 16 years old, details and consent of parent or guardian:

Name _____ Relationship to Client _____

Address _____

Telephone _____ Proof of ID Provided? Y / N

Signature of Parent or Guardian _____ Date ___/___/___

Signature of Practitioner _____ Date ___/___/___

INSERT STUDIO NAME ACUPUNCTURE CLIENT CONSENT FORM

CLIENT DETAILS	
Name _____	Date of Birth _____
Address _____	Telephone _____

PROCEDURE DETAILS	PRACTITIONER'S NAME _____
Type of acupuncture _____	Area (s) to be treated _____

CLIENT MEDICAL HISTORY			
Do you (does the client, if completing for an under 16) currently suffer from, or have you (they) ever suffered from any of the following?			
	YES	NO	DETAILS
Heart Condition/Angina			
Blood Pressure Problems			
Do you wear a pacemaker or any other electrical equipment?			
Do you wear dentures /have a large amount of metalwork in your teeth?			
Sinus problems/asthma			
Epilepsy/Seizures			
Haemophilia/Blood Clotting Disorders			
Blood borne Virus, e.g. Hepatitis B/C or HIV			
Genital Warts (if relevant to the treatment area)			
Skin Complaints, e.g. psoriasis, eczema, hypersensitive skin, impetigo			
Lumpy raised scars (keloid scars)			
Diabetes			
Allergic Response, e.g. anaesthetics, jewellery			
Are you prone to fainting attacks?			
Do you regularly take any blood-thinning medicines, e.g. aspirin?			
Do you take any regularly prescribed medication?			
Could you be pregnant?			

I declare that the information I have provided on medical history is correct to the best of my knowledge and that I am not currently under the influence of drugs or alcohol. I hereby give consent for the acupuncture detailed above to be carried out by the named practitioner. I confirm that I have been provided with written information on (i) the potential complications associated with the procedure and (ii) appropriate aftercare advice for the acupuncture. I agree that it is my responsibility to read this and the aftercare advice and follow the instructions on it until the treatment area is healed. I give consent to the practitioner to retain the details provided on this form for a period of 2 years from today.

Signature of Client _____ Date ___/___/___

Signature of Practitioner _____ Date ___/___/___ Time ___:___ am/pm

Aftercare sheet given to client _____ Date ___/___/___

Where client is under 16 years old, details and consent of parent or guardian:

Name _____ Relationship to Client _____

Address _____

Telephone _____ Proof of ID Provided? Y N

Signature of Parent or Guardian _____ Date ___/___/___

Signature of Practitioner _____ Date ___/___/___

APPENDIX 3

EXAMPLES OF AFTERCARE ADVICE

AFTERCARE ADVICE FOR YOUR NEW TATTOO

Your new tattoo has involved breaking the surface of your skin and there is a possibility that, if not cared for properly, your tattoo may become infected. By following the advice provided in this leaflet you will be reducing the chance of anything going wrong with your tattoo.

HOW TO TREAT YOUR TATTOO

Your new tattoo is basically an area of tiny skin breaks which have been caused by the penetration of needles carrying ink into your skin. It is important that you keep wearing the sterile dressing applied by your tattooist for at least an hour after it is applied. This should provide enough time for the tattoo to stop bleeding or weeping.

Once you remove the dressing, you should wash the tattoo gently with warm tap water and pat it dry with a clean tissue – try to avoid using towels, and definitely don't use towels that other people have been using.

After washing and drying your tattoo, apply a moisturising skin cream (your tattooist will recommend a cream but something like E45 is appropriate unless you are allergic to any of the ingredients) to stop the skin drying out and reduce scabbing.

You should aim to wash the area and apply the moisturising cream approximately 2 to 3 times a day for the first few days. Cream should continue to be applied 2 to 3 times a day to keep the skin moisturised until your tattoo is fully healed.

Everyone heals at a different rate and healing times depend on many factors. However, most scabbing should disappear within approximately 2 weeks - the next stage is for the tattoo to be covered in a "silver" skin which will last for about a week - in total, your new tattoo should be completely healed within about 4 to 5 weeks.

SOME GENERAL TIPS FOR AFTERCARE OF YOUR TATTOO

If possible, shower rather than bathe during the healing period – this prevents unnecessary water exposure – always pat your tattoo dry with a separate towel or tissue until it is fully healed.

Do not pick your tattoo as this will increase the healing time and will also lessen the quality of your healed tattoo.

Avoid swimming, sun bathing and sunbeds until your tattoo has fully healed – sunlight and chlorine can interact with the dyes in your tattoo causing irritation or inflammation of your skin.

Where possible, minimise the amount of "rubbing" from clothing by wearing loose fitting clothes around the area of the tattoo – this will minimise irritation of the skin around your new tattoo.

Keep your new tattoo covered if working in a dirty or dusty environment.

If you have any problems or questions at any time then you should contact your tattooist – contact details are provided below - to ask their advice in the first instance. It may be the case that they may refer you to your GP, or reassure you that what you are seeing is part of the natural healing process. In an emergency, you should always seek medical attention either at your GP surgery or at a hospital Accident and Emergency (A&E) Department.

TATTOOIST DETAILS

Practitioner Name _____ Telephone Number _____

Studio Name _____

Address _____

AFTERCARE ADVICE FOR YOUR NEW PIERCING

Your new piercing has involved breaking the surface of your skin and there is a possibility that, if not cared for properly, your piercing may become infected. By following the advice provided in this leaflet you will be reducing the chance of anything going wrong with your piercing

WHAT TO EXPECT FROM YOUR PIERCING

It is normal for most piercing to bleed slightly at first, but this should last no more than a few minutes - this may happen a few times over the first few days but should not be continuous and should not be heavy – if this happens you should seek medical advice immediately.

Everyone heals at different rates and some piercing take longer than others to heal. The following list gives an idea of the *estimated* healing times for different piercing but yours may take more or less time to heal completely.

Ear lobe, eyebrow, nasal septum 6 to 8 weeks

Ear cartilage, nostril 2 months to 1 year

Tongue 4 to 8 weeks

Lip, cheek 6 to 12 weeks

Genital 4 to 12 weeks

Nipple, scrotum, outer labia 2 to 6 months

Navel 4 months to 1 year

Your new piercing may be itchy, tender and slightly red for some time – in some cases a clear, odourless fluid may come from the site and form a crust. This is part of the natural healing process.

SOME GENERAL RULES ABOUT YOUR PIERCING

Minimise the chance of germs getting into your piercing:

- don't touch your piercing for at least a couple of days
- don't pick at, or play with, your piercing
- don't allow anyone else to touch your piercing
- when you have to handle either the site or jewellery, wash and dry your hands thoroughly first
- don't use your fingernails to move the jewellery

Try not to aggravate your piercing:

- avoid wearing tight clothing around your piercing
- keep waistbands away from navel piercings
- try to avoid rigorous exercise until your piercing heals

For tongue piercings:

- try to eat soft foods for the first few days
- gradually work your way up to tougher foods
- try to avoid hot spicy foods for the first few days
- sucking on ice, or drinking iced water, might help reduce swelling of tongue piercings
- use a new toothbrush to ensure that any bacteria that may be in your old one don't get into your piercing and infect it.

KEEPING YOUR PIERCING CLEAN

After cleaning, pat the piercing **dry** with a clean tissue - always keep your piercing as **dry** as possible – try to avoid using towels, and definitely don't use towels that other people have been using.

Where possible, you should aim to clean your piercing twice a day. Most piercings can be cleaned with warm pre-boiled tap water or sterile saline solution – this can be bought from most pharmacies in individual packs – use a fresh pack and a clean fresh cotton bud every time you clean the site. Always make sure your hands are clean.

Turn your piercing once or twice a day when you are cleaning it – soak off any crust that may have formed before you start to turn the jewellery – if possible, use a tissue to handle the jewellery rather than your hands – always make sure your hands are clean. Other than when you are cleaning the site, don't pick off any crust that forms as this acts as a barrier to stop your site becoming infected.

After cleaning pat the piercing **dry** with a clean tissue – always keep your piercing as dry as possible – try to avoid using towels and definitely don't use towels that other people have been using.

For tongue piercings, half strength mouthwash (diluted with water) should be used after everything that you eat, drink or smoke until your piercing is fully healed.

WHAT TO LOOK OUT FOR WITH YOUR NEW PIERCING

As your piercer will already have advised you, there are a number of things that could go wrong with your new piercing if it is not cared for properly.

Localised Infection

If aftercare advice is not followed correctly, infection may occur at the site of your piercing. If you suffer from any of the following after having your piercing you should speak to your piercer, or seek medical assistance in an emergency:

- Swelling and redness that increases or lasts more than a week or so after the piercing -
- A burning or throbbing sensation at the site -
- Increased tenderness, painful to touch -
- An unusual discharge (yellow or green) with an offensive smell -

Migration of Jewellery

If jewellery is too thin, or the jewellery is agitated before it heals completely, it is possible that the jewellery may move outwards through your skin. This problem is more common in navel and eyebrow piercings but could happen with a piercing at any site. If you think this may be happening to your piercing then return to your piercer and seek their advice.

Embedding of Jewellery

Sometimes, if an infection occurs at a piercing site, or if an inappropriate piece of jewellery has been used for a piercing, the jewellery may try to make its way completely under the surface of the skin. This is known as embedding. If you think this may be happening to your piercing then return to your piercer and seek their advice.

Allergic Reaction

Your piercer will already have asked you about any allergies that you may have. However, if you should notice an allergic response to your jewellery (or any other product used during the piercing) at any time then seek medical advice.

If you have any problems or questions at any time then you should contact your piercer– contact details are provided below - to ask their advice in the first instance. It may be the case that they may refer you to your GP, or reassure you that what you are seeing is part of the natural healing process. In an emergency, you should always seek medical attention either at your GP surgery or at a hospital Accident and Emergency (A&E) Department.

PIERCER DETAILS

Practitioner Name _____ Telephone Number _____

Studio Name _____

Address _____

AFTERCARE ADVICE FOLLOWING AN ELECTROLYSIS TREATMENT

SOME GENERAL TIPS FOLLOWING ELECTROLYSIS

The area treated should be kept dry

Following your treatment do not touch or scratch the area treated

If small scabs appear do not scratch them away as this can cause scarring. Allow them to fall off naturally

Avoid tight clothing for 48 hours to allow skin to breathe

Avoid smoking, strenuous exercise and swimming for the rest of the day

Avoid other treatments or makeup on the treated area for at least 48 hours after treatment

If possible, shower rather than bathe during the healing period – this prevents unnecessary water exposure – always dab rather than rub the treated area dry.

Avoid swimming, sun bathing/sun beds, saunas and other heat treatments for at least 48 hours after treatment

Do not tweeze between treatments

If you have any problems or questions at any time then you should contact your electrolysisist – contact details are provided below - to ask their advice in the first instance. It may be the case that they may refer you to your GP, or reassure you that what you are seeing is part of the natural healing process. In an emergency, you should always seek medical attention either at your GP surgery or at a hospital Accident and Emergency (A&E) Department.

ELECTROLYSIST DETAILS

Practitioner Name _____ Telephone Number _____

Studio Name _____

Address _____

AFTERCARE ADVICE FOLLOWING ACUPUNCTURE

SOME GENERAL INFORMATION FOLLOWING ACCUPUNCTURE

Some clients may experience drowsiness following acupuncture. If affected you are advised not to drive.

Minor bleeding or bruising may occur after acupuncture.

If you have any problems or questions at any time then you should contact your acupuncturist – contact details are provided below - to ask their advice in the first instance. It may be the case that they may refer you to your GP, or reassure you that what you are seeing is part of the natural healing process. In an emergency, you should always seek medical attention either at your GP surgery or at a hospital Accident and Emergency (A&E) Department.

ACUPUNCTURIST DETAILS

Practitioner Name _____ Telephone Number _____

Some clients may experience drowsiness following acupuncture. If affected you are advised not to drive.

Studio Name _____

Address _____

APPENDIX 4

STANDARD PROTOCOL FOR OPERATION OF ULTRASONIC BATHS

STANDARD PROTOCOL FOR ULTRASONIC BATHS

- Refer to device manufacturer's instructions for compatibility with ultrasonic process.
- Ensure that the ultrasonic washer is clean and dry prior to use.
- Wearing protective clothing, fill the fluid reservoir with sufficient water/detergent to ensure complete immersion of the item.
- Replace lid.
- Switch on and leave for required time to de-gas the water where necessary following manufacturer's instructions.
- Switch off.
- Remove lid and carefully immerse the item in the fluid ensuring that any air contained within the item is displaced.
- Irrigate lumened / cannulated devices or connect to accessory port.
- Replace the lid, switch on and leave for the recommended time.
- Switch off, lift lid, remove the item and drain before transferring to a clean-rinse receptacle.
- Rinse thoroughly with clean water, ensuring irrigation of lumened / cannulated devices, and drain
- Carefully hand-dry using absorbent, non-shedding cloth, industrial hot air dryer or place into drying cabinet.
- Complete the documentation.
- Dry the equipment before storing until required for reuse (or until being disinfected and subsequently sterilized in a steam autoclave).

Modified from “*Sterilization, Disinfection and Cleaning of Medical Equipment: Guidance on Decontamination from the Microbiology Advisory Committee to the Department of Health*”, 2006.

APPENDIX 5

MAINTENANCE AND OPERATION OF AUTOCLAVES

MAINTENANCE AND OPERATION OF AUTOCLAVES

The Pressure Safety System Regulations 2000 (UK)

Written scheme of examination

1. The user of an installed system and owner of a mobile system shall not operate the system or allow it to be operated unless he has a written scheme for the periodic examination, by a competent person, of the following parts of the system, that is to say;
 - a. All protective devices
 - b. Every pressure vessel and every pipeline in which (in either case) a defect may give rise to danger; and
 - c. Those parts of the pipework in which a defect may give rise to danger,

And such parts of the system shall be identified in the scheme

2. The said user or owner shall;
 - a. Ensure that the scheme has been drawn up, or certified as being suitable, by a competent person;
 - b. Ensure that -
 - i. The content of the scheme is reviewed at appropriate intervals by a competent person for the purpose of determining whether it is suitable in current conditions of use of the system; and
 - ii. The content of the scheme is modified in accordance with any recommendations made by that competent person arising out of that review.
3. No person shall draw up or certify a scheme of examination under paragraph (2)(a) unless the scheme is suitable and;
 - a. Specifies the nature and frequency of examination;
 - b. Specifies any measures necessary to prepare the pressure system for safe examination other than those it would be reasonable to expect the user (in the case of an installed system) or owner (in the case of a mobile system) to take without specialist advice; and
 - c. Where appropriate, provides for an examination to be carried out before the pressure system is used for the first time.
4. References in paragraphs (2) and (3) to the suitability of the scheme are references to its suitability for the purposes of preventing danger from those parts of the pressure system included in the scheme.

APPENDIX 6

GUIDANCE ON THE MEDICAL QUESTIONNAIRE

GUIDANCE ON THE MEDICAL QUESTIONNAIRE

Some prospective clients could have a medical condition that places them at greater risk of complications, should they choose to have a skin piercing treatment.

- **Congenital (present from birth)** and other heart defects make it much more likely that a blood infection could cause serious heart complications.
- **High/low blood pressure** can cause light-headedness and be linked to heart circulation disorders.
- **Epilepsy** – if the condition is not properly under control, fitting could occur during treatment. Medication can also cause side effects.
- **Pregnancy and nursing mothers** – the immune response can be affected by pregnancy, and any infection could affect the unborn child.
- **Known, chronic diabetic conditions** can reduce a person's skin healing ability.
- **Known allergy to certain products** (disinfectants, latex, trace metals) can result in a serious reaction, sometimes from minute amounts of a substance.
- **Eczema and psoriasis** can make a person prone to skin infections/irritation.
- **Blood clotting disorders** or medication that affects coagulation may result in poor healing after even the slightest skin breakage.
- **Blood borne viruses** can be spread if stringent hygienic work practices are not followed.
- **Autoimmune disease/other immune deficiency** can make a person more prone to serious infection.
- **Medication** can cause side effects that affect healing and recovery from treatment.

As well as obtaining relevant medical information from your prospective client, the client should give written consent to a specified procedure. If you have any concerns about your client's medical condition, you should refuse to carry out the procedure and advise them to contact their GP to obtain written confirmation that the procedure can go ahead.

Under the Data Protection Act (Bailiwick of Guernsey) Law 2001, personal information collected must be stored securely (locked cabinet), and must not be used for any other purpose.

APPENDIX 7

HAND HYGIENE

HAND HYGIENE

Hand washing is the single most important measure in reducing the spread of disease. Hands are a recognised principle route of cross infection. A liquid anti-microbial soap is recommended for hand washing. Alcohol/sanitising rubs are not an alternative to hand washing prior to invasive procedures, such as any skin piercing process. **Alcohol/sanitising hand rubs (cleanser) are not effective against spore forming pathogens and some other viruses (due to insufficient contact time).** In addition, they are only effective on hands that are already visibly clean (free from dirt and organic material).

The following protocol takes 15 – 30 seconds for normal hand washing, and 2 minutes for hand washing before a skin piercing procedure:

Before washing your hands, wet them under running water and apply sufficient liquid soap to obtain a good lather. [NB: “dorsum” means back of the hand] After washing your hands, rinse them under running water to remove all the germs loosened during hand washing, then dry your hands thoroughly on paper towels, ideally from a wall mounted towel dispenser.

Hand washing must be done at the following times:

- Before and after carrying out a skin piercing procedure
- Before and after eating and drinking
- After using the toilet
- After smoking
- After accidental contamination of hands with body fluids
- If hands are visibly dirty
- Before putting on gloves at the start of a procedure
- After taking off gloves and apron at the end of a procedure
- If gloves are removed during a procedure (e.g. to get more equipment) hands must be washed then, and again before putting on a new pair of gloves to resume the procedure

The wearing of rings (other than a plain wedding band), wrist watches or wrist bands is not advised while carrying out skin piercing procedures because it is not possible to wash the hands thoroughly up to the wrists.

HAND WASHING



Hand washing technique:



1 Palm to palm



2 Right palm over left dorsum
and left palm over right dorsum



3 Palm to palm
fingers interlaced



4 Backs of fingers to
opposing palms with
fingers interlocked



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



6 Rotational rubbing, backwards
and forwards with clasped
fingers of right hand in left
palm and vice versa

Reference: Ayliffe GAJ, et al (1992) Control of hospital infection; A practical handbook. Third edition, Chapman and Hall, London.

APPENDIX 8
ELECTRICAL TESTING

THE HEALTH AND SAFETY AT WORK (GENERAL) (GUERNSEY) ORDINANCE 1987

Section 4 of the regulations puts a duty of care on **employees** to ensure the safety of all persons using the workplace. Everyone in the workplace should have simple, basic training in how to check over the electrical equipment that they use, and it is important that employees perform routine, simple safety checks. This includes checking the exterior of the plug, cable, socket outlet, etc, and making sure that cables are not trapped or trailing in a dangerous manner. Simple checks such as these need only take a moment or two, and records of such checks only need to be kept where a fault is found. Obviously, any faulty, unsafe equipment needs to be disconnected and reported to the appointed 'Responsible Person' immediately (this is typically the member of staff that is responsible for Health and Safety, but could in fact be any suitably-appointed person). See the IEE Code of Practice for more details.

FORMAL VISUAL INSPECTION

These checks must only be carried out by a competent person, and typically this would be a member of staff who has had appropriate training and who has the time to make periodic checks of all of the electrical equipment in use. Formal visual inspection involves a lot more work than simple user checks of course, and includes procedures such as dismantling plugs to check connections, fuses, etc., looking for signs of overheating, checking cable runs to make sure that they don't have heavy equipment placed on top of them, making sure that items such as filing cabinets are not blocking access to the socket, plug and switch, etc. (it is Health and Safety Best Practice that plugs and switches are easily accessible, especially in the case of an emergency).

*Records of all formal visual inspections must be kept, **even if no faults are found**.* See the IEE Code of Practice for more details.

COMBINED FORMAL VISUAL INSPECTION AND TESTING ('PAT TESTING')

These checks must only be carried out by a competent person. In addition to formal visual inspection, discussed above, specialised electrical test instruments are used (usually a dedicated Portable Appliance Tester) to test for things such as earth bonding, insulation strength, touch current, leakage current, substitute leakage current and functional (running) tests. It is important that the person performing the tests understands the test results and that *formal recordings are taken for each test, **even where no faults are found***. It is normal practice to use the services of an outside contractor. Generally, it is suggested that combined formal visual inspection and testing ('PAT Testing') should be carried out on an annual basis. The important thing to remember is that, by law, the electrical equipment, whether in the workplace or supplied by a landlord or the owner of a residential care home, has to be, in simple terms, *'safe, well-maintained and suitable for the purpose for which it is being used'*, and *at all times*. Again: whilst formal visual inspection and testing (PAT Testing) will help to determine whether the equipment meets this criteria (at the time of testing), these procedures will not, in themselves, keep you compliant with the law; the law requires that the equipment, at all times, must be *'safe, well-maintained and suitable for the purpose for which it is being used'*

APPENDIX 9

SHARPS INJURY PROCEDURE

Management of Sharps Injuries

If a sharps injury/contamination incident occurs:

1. Encourage bleeding from the wound
2. Wash the wound in soap and warm running water (do not scrub)
3. Cover the wound with a dressing
4. Ensure the sharp is disposed of safely into a sharps container
5. If a splash to the skin, eyes or mouth occurs, wash in plenty of water
6. An incident form should be completed as soon as the recipient of the injury is able
7. The incident should be reported to the Accident and Emergency Department or GP

Contact your GP without delay. The doctor will take an exposure history from you and determine what further action needs to be taken. Note that if the surgery is closed you may have to seek advice from the local Accident and Emergency Department.

You may be offered a booster dose of vaccine (even if you have been fully vaccinated) to provide additional protection. If you have not yet completed the course of vaccine you will be given the next dose of vaccine and advised on how to complete the schedule. If you have not started a course of vaccine, an accelerated course consisting of 3 doses at 0, 7 and 21 days followed by a 4th dose at 12 months after the first dose should be given.

Dependent on the incident your doctor may also take a blood sample from you at the time and retest you approximately 6 months later to provide reassurance that you have not been infected.

If the client involved in the contamination incident is known to be a Hepatitis B or Hepatitis C carrier, please pass on this information to the doctor so they can organise appropriate follow-up blood tests for you.

If the client involved in the contamination incident is known to be HIV positive you should attend the Accident and Emergency Department without delay (preferably within the hour) explaining clearly to the receptionist/triage nurse what has happened so you can be seen as priority. This is to enable a rapid risk assessment to be done and to decide whether there is an indication for offering you post-exposure prophylaxis. This is likely to be most effective if given as quickly as possible after the exposure hence the need for prompt assessment.

Sharps Injury Flowchart

