

SPECIAL TREATMENTS LICENCE- GUIDANCE NOTES

LONDON BOROUGH OF BRENT

LONDON LOCAL AUTHORITIES ACTS 1990 to 2000

These guidance notes are intended to help applicants to apply for a special treatments licence. They are not a guide to the law. If you need any further help please telephone us on (020) 8937 5252.

APPLICATIONS

All applications must be made at least 35 days before you start operating, or the licence is due for renewal.

Practitioners belonging to one of the bodies named on the rear of form '2' need only complete that form. Where they are offering treatments not covered by the exemption, practitioners will need to apply for a licence for all those other treatments. All other practitioners must complete Form 3. The 'additional practitioners application form - 3a' must be completed if more than one person is administering special treatments.

All parts of the application form must be completed.

Applications for transfers or variations to the terms and conditions of the licence should be made on Form 3. This includes a change in practitioner or treatments administered.

RENEWALS

Applications for renewal are the same; except that you only need to send your application form and line drawings to the Fire Department if there have been changes to the layout, structure, or use of the premises.

FEES

All applications must be accompanied by full payment. Cheques or Postal Orders to be made payable to "London Borough of Brent". Contact this department if you wish to make debit/credit card payment. We cannot accept cash payment. All payments are strictly non-refundable. The current fees¹ are:

Category – Exhibition (£1,365 + £95 per company)

Special treatments exhibition including any treatment from categories B, C or D.

Category – A (£866)

Laser and/or Intense pulse Light.

Category – B (£704)

Acupressure, Acupuncture, Aromatherapy, Body-piercing, Massage or 'massage-like' treatments, Semi-permanent make-up, Shiatsu, Tattooing **and** any treatment from categories C or D.

Category – C (£420)

Facials, Chiropody, Electrolysis, Floatation, Pedicure, Reflexology, Sauna, Steam room, Sunbeds **and** any treatment from category D.

Category – D (£231)

Manicure, Ear-piercing, Nose-piercing.

Variation / Transfer (£121)

If the special treatments administered are varied to a higher category, the difference will be payable, in addition to the variation fee. If the special treatments administered are varied to include a treatment in Category A, the payment will be calculated pro- rata, in addition to the variation fee. No refunds or reductions can be made if the special treatments administered are varied to a lower category.

A request to transfer an existing licence to a different individual/company (with the same conditions as the existing licence) will include a transfer fee.

¹ The fees are subject to change without notice.

NOTIFYING THE POLICE & DISCLOSURE OF CONVICTIONS & DECLARATIONS

A copy of the application will be sent to the Commissioner of Police by the Council for consultation and the Council will specifically enquire about the suitability of the persons concerned in the conduct or management of the premises and seek advice of any current and relevant previous convictions.

All persons named on the application form must complete and sign the Disclosure of Convictions & Declaration form (Appendix B)

NOTIFYING THE FIRE AUTHORITY

On the same day that the application is submitted to Brent Council, a copy of the application form must also be sent to The London Fire Brigade at:

Fire Safety Regulation: North West Area 1, 169 Union Street, London SE1 0LL or via email:
FSR-AdminSupport@london-fire.gov.uk.

A copy of the line drawings should also be submitted to Brent.

ASSESSMENT OF PRACTITIONER COMPETENCY

The Council thoroughly checks the adequacy and authenticity of any practitioner's qualifications submitted in support of a licence application.

Any practitioner without appropriate qualifications or experience may not be licensed to administer special treatments. Where the Council cannot verify the authenticity and adequacy of any qualifications, the practitioner may be required to have their competency and knowledge assessed by an independent professional body of the Council's approval, at the applicant's expense.

Copies of the qualification certificate(s) and the verification consent for (Appendix A) must be submitted with applications. The Council can not take responsibility for loss or damage to any certificates posted to us.

LICENCES

Licence applications can take many weeks to process, due to the checks that have to be made into qualifications, criminal records, fire precautions and standards at the premises.

Licence applications cannot be determined until the Council has received the recommendations of the Fire Authority, or the information held on police computer for each individual listed on the application form.

Therefore any delay in notifying them will delay your licence.

If successful the licence will be sent to the applicant at the address given on the application form.

Applicants who do not meet the licensing criteria will be sent a letter setting out the Council's concerns and giving the applicant an opportunity to put things right before a final decision is taken.

APPEALS

If you disagree with the way in which the Council has dealt with your licence application:

You should first contact us, setting out your views, and giving us a chance to reconsider matters;

should you prefer, you have the right to appeal, within 21 days of the Council's decision, directly to Willesden Magistrates' Court at Court House, 448 High Road, Church End, London NW10 2DZ. Telephone: (020) 8955 0555. Facsimile: (020) 8451 2040.

LINE DRAWINGS FOR THE FIRE AUTHORITY - HOW TO DO IT

The line drawings should be up-to-date and show on separate sheets for each floor of the building:

external and separating walls;

internal walls and columns;

partition walls and partitions;

doorways and openings in external and internal walls and in partitions indicating the direction of opening of any doors (indicate whether any rear or side exits lead to an enclosed yard or the street);

all stairways, indicating the direction of rise;

any steps or number of steps or ramp at a change in floor levels, indicating the direction of rise;

all openings in floors or walls for lifts, escalators, elevators, conveyors chutes, etc.;

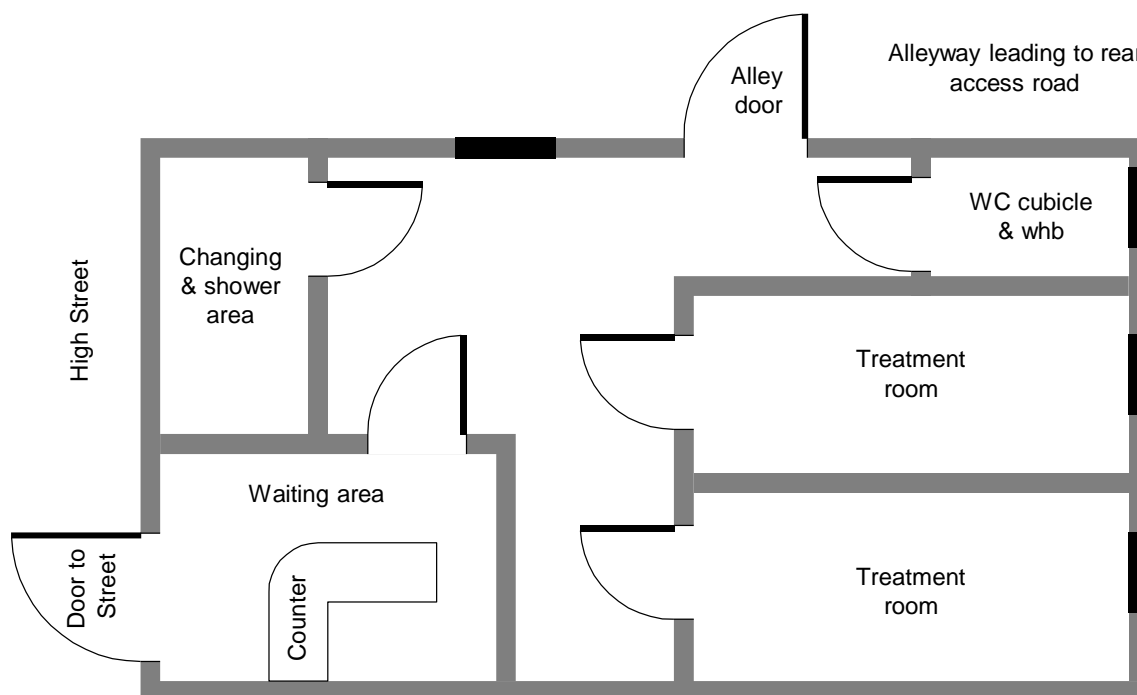
any fire fighting equipment, e.g. extinguisher types and capacity, fire blankets, etc.;

areas covered by emergency lighting, smoke detectors or automatic sprinklers;

the scale (minimum 1:100).

To help you a simple example is given below. Line drawings may be hand-drawn using just a pen and ruler - however if not drawn to scale, the exact dimensions for all rooms, passageways and areas must be given.

Remember to keep a photocopy of any plans (in case they get lost in the post!).



SCALE = 1:100 DATE: 31/12/1999 ADDRESS: 123 HIGH STREET, SOMEWHERE, LONDON

**STANDARD APPLICATION FORM
LONDON BOROUGH OF BRENT
LONDON LOCAL AUTHORITIES ACTS 1990 to 2000**

3

This application form is for an annual licence (or renewal, transfer or variation) to administer special treatments in this Brent. If you need help please refer to the guidance sheet or telephone (020) 8937 5252.

1. APPLICANT(S)

Only complete this section if the application is made by an individual.

- a) Full name of the applicant(s): (Mr/Mrs/Ms)
- b) Date(s) of Birth: c) Place of Birth:
- d) Private (home) address of applicant(s):
- e) Daytime telephone number of applicant(s):
- f) E-mail Address:
- g) List all previous convictions under this Act in the last five years:

2. COMPANY / SOCIETY / BODY / ASSOCIATIONS

Only complete this section if the application is made by or on behalf an Association, Company, Society, or Body.

- a) Full name of the applicant:.....
- b) Name of contact:
- c) The address of the registered or principal office:
- d) Daytime telephone number of applicant:
- e) E-mail Address:
- f) List all previous convictions under this Act in the last five years:
- g) The names and positions and private addresses of the directors / people responsible for the management of the Association, Company, Society or Body:

Full Name	Position	Private address	Date of Birth

3. OTHER ESTABLISHMENTS

Only complete this section if the applicant is, or has been, employed / self-employed / interested in any other special treatment premises in the last five years.

- a) Address of premises:
- b) Nature of interest:

4. PLACE OF TRADING

- a) Trading name:
- b) Address:
- c) Telephone number: Email Address:.....
- d) Opening hours:
- e) Website address:

f) Details of person responsible for the day to day management of the premises:

Full Name	Position	Private address	Date of Birth

5. SPECIAL TREATMENTS

Circle all special treatments carried out:

Category Exhibition - Special treatments exhibition.

Category A – Laser and/or Intense Pulse Light

Category B - Acupressure, Acupuncture, Aromatherapy, Body-piercing, Massage, Semi-permanent make-up, Shiatsu, Tattooing.

Category C - Facials, Chiropody, Electrolysis, Floatation, Pedicure, Reflexology, Sauna, Sunbeds.

Category D - Manicure, Ear-piercing, Nose-piercing.

Other please specify.

6. PRACTITIONERS

This section must be completed with the practitioner's details.

If more than one person will be administering special treatments, an additional practitioner's form (form 3a) must be submitted for each additional practitioner.

a) Full name of the practitioner: (Mr/Mrs/Ms)

b) Private (home) address:

c) Date of Birth: d) Place of Birth:

e) Special treatments to be administered by the practitioner:

f) Telephone number:E-mail Address:

g) Technical qualifications:

(Enclose copies of certificates if not previously submitted)

h) Name and address (inc. post code) of teaching establishment where undertaken:

DECLARATION

The application must be signed by the applicant proposing to carry on the establishment. In the case of a company the Managing Director or Company Secretary must sign.

I hereby declare that the particulars contained in this document are true to the best of my knowledge and belief.

Signature: **Name in Block Capitals:**

Position: **Dated:**

Don't forget to:

- enclose payment (if applicable) and copies of the qualification certificates quoted;
- enclose copies of the Disclosure of Convictions & Declaration of all named persons on the application form;
- enclose the supplementary application form if more then one person is to administer treatments;
- send a copy of the application and line drawings to the Fire Authority (see guidance notes).

Return completed form to:	Food and Health & Safety Team, Standards and Enforcement, Brent Civic Centre, Engineers Way, Wembley, Middlesex HA9 0FJ.
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**ADDITIONAL PRACTITIONERS FORM
LONDON BOROUGH OF BRENT
LONDON LOCAL AUTHORITIES ACTS 1990 to 2000**

3a

Please use this supplementary form to accompany a special treatments licence application form, if you want more than one person to be licensed to administer special treatments. If you need any help please refer to the guidance sheet or telephone us on (020) 8937 5252.

ADDITIONAL PRACTITIONERS

Complete details for each person you wish to be permitted to administer special treatments.

- a) Full name of the practitioner: (Mr/Mrs/Ms)
- b) Private (home) address:
.....
- c) Date of Birth: d) Place of Birth:
- e) Telephone Number f) E-mail Address:
- g) Special treatments to be administered by the practitioner:
- h) Technical qualifications:
(Enclose copies of certificates if not previously submitted)
- i) Name and address (inc. post code) of teaching establishment where undertaken:

Complete details for each person you wish to be permitted to administer special treatments.

- a) Full name of the practitioner: (Mr/Mrs/Ms)
- b) Private (home) address:
.....
- c) Date of Birth: d) Place of Birth:
- e) Telephone Number: f) E-mail Address:
- g) Special treatments to be administered by the practitioner:
- h) Technical qualifications:
(Enclose copies of certificates if not previously submitted)
- i) Name and address (inc. post code) of teaching establishment where undertaken:

Complete details for each person you wish to be permitted to administer special treatments.

- a) Full name of the practitioner: (Mr/Mrs/Ms)
- b) Private (home) address:
.....
- c) Date of Birth: d) Place of Birth:
- e) Telephone Number: f) E-mail Address:
- g) Special treatments to be administered by the practitioner:
- h) Technical qualifications:
(Enclose copies of certificates if not previously submitted)
- i) Name and address (inc. post code) of teaching establishment where undertaken:

Complete details for each person you wish to be permitted to administer special treatments.

- a) Full name of the practitioner: (Mr/Mrs/Ms) b)
Private (home) address:
..... c)
Date of Birth: d) Place of Birth:
e) Telephone Number: f) E-mail Address:.....
g) Special treatments to be administered by the practitioner: f)
.....
Technical qualifications:
(Enclose copies of certificates if not previously submitted)
h) Name and address (inc. post code) of teaching establishment where undertaken:

Complete details for each person you wish to be permitted to administer special treatments.

- a) Full name of the practitioner: (Mr/Mrs/Ms)
b) Private (home) address:.....
c) Date of Birth: d) Place of Birth:
e) Telephone Number:f) E-mail Address:.....
g) Special treatments to be administered by the practitioner:
h) Technical qualifications:
(Enclose copies of certificates if not previously submitted)
h) Name and address (inc. post code) of teaching establishment where undertaken:

DECLARATION

The application must be signed by the applicant proposing to carry on the establishment. In the case of a company the Managing Director or Company Secretary must sign.

I hereby declare that the particulars contained in this document are true to the best of my knowledge and belief.

Signature: **Name in Block Capitals:**

Position: **Dated:**

Don't forget to:

- attach this form to the main special treatment licence application form;
- enclose copies of the Disclosure of Convictions & Declaration of all named persons on the application form;
- enclose copies of qualification certificates and Verification Consent form.

Return completed form to:	Food and Health & Safety Team, Standards and Enforcement, Brent Civic Centre, Engineers Way, Wembley, Middlesex HA9 0FJ.
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**GENERAL CONDITIONS APPLICABLE TO ALL LICENSED SPECIAL TREATMENT
PREMISES LOCATED IN LONDON BOROUGH OF BRENT**

1 Application form

All sections of the licence application form must be completed. All information provided must be correct. Copies of qualification certificates of those administering treatments must be provided. All application forms must be signed by the applicant.

2 Payment

Full payment must be made at the time of the licence application. All payments are non-refundable.

3 Police notified

A copy of the application form will be sent to the Commissioner of Police. The applicant must ensure all personal details of the owner/management of the premises and practitioners is completed. The Council will then use this information when considering the suitability of the persons concerned or intended to be concerned in the conduct or management of the premises.

4 Fire Authority (LFEPA) notified

The applicant must send a completed copy of the licence application form to the Fire Authority (LFEPA) at the time of the application, together with drawings of the premises showing all fire exits, fire fighting equipment, and travel distances.

5 Deadline for application

All applications must be received by this Authority at least 35 days prior to either the expiration of the current licence or the commencement of a new business.

6 Variations

Any changes relating to the information provided on the licence application form must be notified to the Council. Application to vary the terms or conditions or restrictions to the terms must be made to the Council and accompanied by the variation fee. Variations to a licence include additional treatments offered and different or additional persons administering treatments.

7 Transfer

Application for transfer of the licence must be made to the Council accompanied by the appropriate transfer fee.

8 Name and trading of premises

The establishment shall be carried out only for the treatment, or business, and in the trade name or style, specified in the Licence and at the address detailed on it. Furthermore the establishment shall only operate in accordance with the details documented on the licence application or variation form.

9 Licence displayed

The current licence must be prominently displayed in the licensed premises at all times.

10 Scale of fees

A scale of fees for all treatments must be prominently displayed in the licensed premises at all times.

11 Notices and advertisements

A copy of all notices and advertisements placed must be kept, together with details of what publications they appeared in and the date of publication. All notices and advertisements issued by or on behalf of the establishment shall include the trade name or style as detailed in the licence. No advert or notice may include the name or description of any individual person(s). The Licence holder shall not publish or allow to be published on their behalf any advertising in words or pictures in publications of an erotic nature, or in any publication or other media which in themselves suggest that there is an erotic element in any treatment provided.

12 Competence and qualification

All persons administering treatment must be suitably qualified. No person shall give any treatment unless they and the treatment being administered are named in the current special treatment licence.

Verification and consideration of all qualifications and certificates will be carried out by the Council. Where verification is not possible, or the qualification claimed is not appropriate, the person concerned may be required to undergo assessment by an independent organisation, acceptable to this Authority, to establish competence. All costs arising out of this assessment will be borne by the applicant or person concerned. The Council will not be liable for any resultant costs whatsoever.

13 Personal hygiene

Every person administering treatment(s) shall maintain a high degree of personal cleanliness and shall wear suitable, clean and appropriate protective clothing.

No person known or suspected to be suffering from, or be a carrier of a disease likely to be transmitted through the treatment being administered or while afflicted, for example with infected wounds, skin infections, sores shall be permitted to administer such treatment.

14 Employee records

A record book containing details of all persons administering treatments, full names, dates of birth, home addresses and terms of remuneration must be kept up to date and be available for inspection.

15 Client records

Clients must be interviewed to ascertain if there are any contra-indications to the treatment being offered. Client details must be kept showing the treatment given, and the date it was administered. In the case of sunbeds the records must also record the duration of each treatment.

16 Health & safety

The requirements of the Health and Safety at Work etc. Act 1974 and any regulations made thereunder must be complied with.

17 Fire safety

The establishment must comply with any requirements of the Council or Fire Authority in respect of fire, including means of escape in case of fire and fire-fighting equipment.

18 Structure and cleanliness

The premises must be kept clean and maintained in good repair and condition.

The layout, design, construction and size of the establishment and all equipment shall:

- permit adequate cleaning and/or disinfection;
- be such as to protect against the accumulation of dirt and contact with toxic materials, and the formation of condensation or undesirable mould on surfaces.
- permit good hygiene practices ensuring clean coverings are provided for each client provide effective ventilation and satisfactory temperature levels.

19 Equipment

Where necessary, adequate facilities must be provided for the cleaning, disinfecting and sterilisation of work tools, equipment, protective clothing, gowns, towels, etc. These facilities must be easy to clean and have an adequate supply of hot and cold water, where appropriate. All treatment couches shall be robust and durable. It must be maintained in a sound condition and be capable of easy cleaning.

20 Ventilation

There must be suitable and sufficient means of natural or mechanical ventilation, wherever practicable direct to the external air.

Ventilation systems must be so constructed as to enable all part requiring cleaning, or replacement to be readily accessible.

21 WC's

Sanitary conveniences and accommodation must be available for clients and staff and must be maintained to a satisfactory standard. All conveniences and accommodation must be ventilated (see above) and kept clean, and have hand washing facilities.

22 Lighting

The lighting of the premises must be suitable and sufficient to ensure safe operation of the premises.

23 Waste

Waste and other refuse must not be allowed to accumulate in the premises, except so far as is unavoidable for the proper functioning of the business.

Waste and other refuse must be deposited in closable containers. These containers must be of an appropriate construction, kept in sound condition, and where necessary be easy to clean and disinfect.

Adequate provision must be made for the removal and storage of waste and other refuse.

Where disposable needles, scalpels, blades, other sharps or clinical materials are used (or these non-disposable items are disposed) they must be kept in purpose designed sharps containers and disposed of as clinical waste. Non-sharp clinical waste e.g. swabs must be disposed of as clinical waste. They must not be put in with domestic refuse.

24 Privacy of clients

Separate male and female changing accommodation shall be provided where both sexes are treated at the premises.

25 Wash-hand basins

An adequate number of wash-hand basins must be available, suitably located in every treatment room and toilet. Any wash-hand basins shall be properly drained and must be provided with hot and cold (or appropriately mixed) running water, materials for cleaning hands and for hygienic drying.

26 Nuisance

There must be no nuisance arising from any activities carried out at the premises by either the staff or clients using the premises.

27 Operating times

The licensee must ensure through the management of the premises there is compliance with any restrictions on opening hours or days imposed by the Council or specified in the licence application.

28 Conduct of persons at premises

The persons concerned or intended to be concerned in the conduct of the premises used for Special Treatments must be regarded as being fit and proper persons to hold such a licence.

The licensee must:

- ensure that no indecent and/or sexual acts are carried out at the premises;
- exclude any persons who have committed such an act on the premises;
- ensure all persons in the premises are decently attired.
- ensure that no persons under the influence of drink or drugs be allowed on the premises.

Unless prior written consent from the Council has been given, the licence holder shall not employ anyone to be involved in, or have an interest in, the running of the business:

- whose licence has been revoked or to whom a licence has been refused on the grounds that such person is unsuitable to hold a licence to carry on a special treatments premises;
- who has had an application for a licence under other legislation concerning treatment of the public refused or revoked;
- who is not a fit and proper person.

Unless prior written consent from the Council has been given an applicant must have no convictions within the period of 5 years immediately preceding the application to the Borough Council under Part II of the London Local Authorities Act 1991

29 Planning consent

All applicants should contact Brent Council's Area Planning to check whether planning permission is required. A special treatment licence does not mean that the Council has given planning consent for the premises to be used for special treatments. It is always the applicant's responsibility to obtain planning consent separately

CONDITIONS APPLICABLE TO DESIGNATED TREATMENTS

MASSAGE

- 30 The doors to the treatment rooms shall not be capable of being locked. All doors shall be fitted such that their opening cannot be impeded and the door must be capable of being opened from outside the treatment room.
- 31 Unless written consent has been given by the Council of the London Borough of Brent whole body massage shall only be given by the following persons:
- Exempted bodies under Part II of the London Local Authorities Act 1991; or
 - individuals notified to and holding original certificates awarded following completion of a bona-fide course, the qualification of which can be verified by the Council.
- 32 Couches must be covered with clean towels or other suitable disposal covering which is changed for each client.

SAUNAS

- 33 All clients using the sauna must be given a towel or provide one of their own to sit on whilst in the unit.
- 34 Clean and easily visible temperature and timer dials must be located inside the unit.
- 35 All clients wishing to use the sauna must complete a medical questionnaire. All clients suffering from:
- diabetes;
 - heart, blood or circulatory disorders;
 - respiratory disorders;
 - kidney disease;
 - migraine;
 - epilepsy; or
 - similar conditions; or
 - is pregnant
- should seek medical advice and approval before using the sauna.
- 36 Clients must be advised to remove jewellery and contact lenses.
- 37 The temperature control must be retained under the licence holders or their representative's control
- 38 All clients must be advised of how to use the sauna in accordance with good practice and health and safety considerations.
- 39 A shower must be available for use before and after the sauna.
- 40 The coals/heater unit with the sauna must be fenced in order to protect users from scalding burning. Such fencing should surround the unit and extend 150mm above the coals.
- 41 There must be a non-verbal alarm system.

ULTRAVIOLET TANNING EQUIPMENT (SUNBEDS)

- 42 The sunbed must be sited in a separate room or area such that the light emitting from it does not shine into any other part of the establishment.
- 43 Ventilation must be provided to treatment rooms and cubicles to ensure their temperature is no more than 5°C above room temperature.
- 44 Adequate shower or sink facilities must be provided to allow make-up - which can increase the skin's sensitivity to Ultra Violet light - to be washed off.
- 45 An automatic timer shall be fitted to the equipment and shall be of good quality with an accuracy of plus or minus 10% and shall be such that the user is unable to increase the duration of the treatment.
- 46 A notice accurate providing information on the health risks from exposure to Ultra Violet light must be clearly displayed near each sunbed. (Such a notice is provided in the Health and Safety Executive document IND (G) 209).
- 47 Suitable goggles for the protection of the eyes of users of the equipment must be provided. All goggles must be disinfected with alcohol or washed thoroughly with soap and hot water between clients.
- 48 The surface of the sunbed must be cleaned after each use with a cleanser as recommended by the manufacturer.
- 49 Each user must be advised of the possible damage of failing to properly protect their eyes and that contact lenses should be removed. No client shall be allowed to use the equipment without covering their eyes with goggles.
- 50 Emergency devices shall be fitted within easy reach of a person using the equipment. These devices when operated shall switch off the Ultra Violet lamps, raise the upper canopy, or panel unit, and audibly summon assistance.

- 51 Records must be kept of the hours of use of each machine and these records shall show any maintenance and details of when tubes are replaced. Tubes must be replaced at intervals recommended by the manufacturer, together with the Ultra Violet transmitting plastic sheet if fitted. Replacement tubes shall be compatible with those supplied by the manufacturer.
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CHIROPODY

- 52 All equipment must be sterilised between clients.
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ELECTROLYSIS (DIATHERMY / GALVANIC)

- 53 The skin to be treated must be cleansed prior to treatment.
- 54 All electrodes must be cleaned and disinfected between clients.
- 55 Reusable needles which are inserted into the machine, must be sterilised between clients.
- 56 The operator must advise clients of appropriate after care, following treatment.
- 57 Treatment should not be carried out on infected skin or skin covered with a rash.
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ACUPUNCTURE

- 58 All needles used for acupuncture must be either designed to be capable of sterilisation or be disposable;
Needles for sterilisation must be identified with a specific client and may not be shared. After use the needle must be sterilised using a recognised method.
Disposable needles must never be reused under any circumstances.
- 59 All associated equipment used in the course of acupuncture treatment must be sterilised.
-

COSMETIC PIERCING

Ear Piercing

- 60 Ensure area to be pierced has been cleaned with alcohol wipes.
- 61 Do not pierce ears which are inflamed or obviously diseased.
- 62 Only use guns which are approved by this Authority for use:
Inverness
Coren
Caress 2000
New Caflon Disposable
Studex Ear Piercing System
Trips Sterile Guard
Medisept
Perfex
Blomdahl Medical Ear Piercing System.
- 63 Approved gun systems must be used, the use of needles is not acceptable.
- 64 The operator must advise clients of appropriate after care, following treatment.

Nose Piercing

Nose piercing cannot be performed hygienically and is therefore not a recommended procedure. If performed against our advice the following conditions must be adhered to:

- 65 Ensure that the customer understands there are risks associated with nose piercing.
- 66 Do not pierce noses which are inflamed or obviously diseased.
- 67 Ensure the outside area of the nose has been cleaned with alcohol wipes prior to piercing.
- 68 Only use either sterile, disposable needles or one of the approved guns listed below:
Coren
Medisept
Blomdahl Medical Ear Piercing System
- 69 The operator must advise clients of appropriate after care, following treatment.

Body piercing

- 70 Administration of local anaesthetic injections other than by medically qualified practitioners is illegal, and therefore not permitted.
- 71 All equipment in contact with skin and any jewellery that is to be used for piercing must be sterilised.
- 72 Only pre-packed, pre-sterilised piercing needles should be used. A new needle must be used for each client, and be disposed of between clients. After use all needles must be disposed of in an approved sharps box.
- 73 A no touch technique should be used as much as possible to reduce the risk of skin and soft tissue infections. Disposable surgical gloves must be worn.
- 74 The piercer should be dressed in clean clothing and the hands should be kept thoroughly clean.
- 75 Piercing guns are not suitable for body piercing.
- 76 For nipple and genital piercing it is recommended that a pre-sterilised disposable hollow piercing needle is used followed by the same size of jewellery, the minimum size for body piercing being 1.55mm.
- 77 Piercing of the head (glans) of the penis and urethra may cause scarring to the urethra. Problems may develop later with the flow of urine; therefore this procedure should only be undertaken by highly skilled and experienced piercers.
- 78 Skin should be marked for piercing prior to the cleansing of the skin. The skin must be intact. The marking must be done with a fine indelible pen, preferably gentian violet.
- 79 Ensure a clean operating field by means of disposable paper sheets.
- 80 Piercer must surgical scrub with soap and water (nails, hands, arms up to elbow). Dry with a clean paper towel.
- 81 Sinks or basins used for the above purpose should be foot or elbow operated.
- 82 Clean skin with cleansing swabs (alcohol only) before piercing
- 83 It is preferable that the jewellery be dry, if necessary a small amount of antiseptic cream may be used for lubrication. Any cream applied must be from a tube onto clean gauze.
- 84 Do not use disinfectant or antibiotic creams without advice from a qualified doctor.
- 85 All jewellery must be top grade surgical steel or high carat gold.
- 86 Increasing the size of the hole must not be done until completely healed. Stretching should be done gradually, without tearing the skin or any bleeding. Any jewellery used for this purpose must be sterile.

TATTOOING

- 87 The skin to be treated must be cleansed with alcohol wipes prior to treatment.
- 88 Where shaving use only disposable razors, one for each client.
- 89 Tattooing should never be carried out within 15cm (6 inches) of an infected area of skin or skin covered with a rash.
- 90 All needles used for tattooing must be either designed to be capable of sterilisation or be disposable.
- 91 Rods and needles must be ultrasonically cleaned prior to autoclaving, in a cup with either spirit or water and detergent.
- 92 All associated equipment used in the course of tattooing must be sterilised in an approved autoclave.
- 93 Where petroleum jelly is used tubes should be used Application should be onto gauze and wiped onto skin, or squirted onto skin without allowing to touch, and smeared with a single use spatula.
- 94 Separate disposable pigment capsules should be used for each client and then disposed of as clinical waste.
- 95 Sinks or basins used for hand-washing should be foot or elbow operated
- 96 Disposable single use gloves are recommended
- 97 Completed tattoos should be covered with sterile non-stick gauze
- 98 No antibiotic or antiseptic creams should be used unless advised by GP.

Conditions Applicable to all Premises offering Laser and/or Intense Pulse Light Treatments

Personnel

- 99 All authorised users of laser/IPL must hold the Core of Knowledge training certificate from a competent training provider.
- 100 All authorised users of laser/IPL must have received specific training on the use of on site equipment. Training should be provided by the supplier of the equipment and refreshed every 5 years.
- 101 A register of authorised users of the device must be kept and held on site at all times. A training register must be held on site with details of all training received by authorised users.
- 102 The services of a Certificated Laser Protection Advisor must be employed by the licence holder. The LPA will assist in the production of the local rules document. The local rules document will be reviewed as required when there are any significant changes to the provision of laser/IPL treatments at the premises. A copy of the local rules must be held in the treatment room.
- The licence holder and all authorised users must have read and understood the local rules. This must be recorded in the training register.
- 103 A Laser Protection Supervisor must be identified. This must be a suitably qualified member of staff on the premises who will have responsibility for ensuring that the local rules are followed on a daily basis.
- 104 The licence holder must put in place, implement and maintain a suitable and sufficient documented risk assessment for the use of the laser/IPL

Safe Operation of Equipment

- 105 The laser/IPL treatment room must be designated a 'Controlled Area'. The device must only be used in this area and approved warning signs must be fitted to the treatment room door.
- 106 At all times the use of the laser/IPL is subject to the 'local rules' and a warning notice to this effect must be placed on the device. The device must display a label to identify details of the manufacturer, model and class of laser, also displayed must be the wavelength or wavelength range, the maximum radiation emitted and the date of the last maintenance service
- 107 Only one laser is to be switched on during a clients treatment and when not in use by an authorised user, the device must be switched off and the key removed and held in a safe place by the Laser Protection Supervisor.
- 108 The treatment room door must be fitted with a suitable device which can be externally operated in an emergency. All windows must be covered with opaque blinds. No reflective surfaces shall be allowed in the room during treatment. All walls, fixtures and fittings shall have non reflective surfaces and be of a matt or eggshell finish.
- 109 Protective eyewear must be provided and worn by everyone in the controlled area. Eyewear provided must be suitable for the class of laser being used and marked to indicate the wavelength range and the protection that is given.

Documentation

- 110 The licence holder, with the assistance of the Certificated Laser Protection Advisor where required, shall put in place, implement and maintain the following documents;

The Local Rules
The Treatment Register
The Treatment Protocol
The Training Register
The Register of Authorised Users
The Service & maintenance Log for All Laser/IPL Devices
A documented Laser/IPL use Risk Assessment

**MEMBERS OF EXEMPT BODIES
LONDON BOROUGH OF BRENT
LONDON LOCAL AUTHORITIES ACTS 1990 to 2000**

2

This exemption application form is for members of accepted Professional Bodies that want to administer special treatments in this Borough. Exemptions will only be granted for authorised treatments to bona fide members of the bodies listed over. If you need any help please refer to the guidance sheet or telephone us on (020) 8937 5252.

1. APPLICANT – please complete for each applicant (photocopy if necessary)

- a) Full name of the applicant:
- b) Private address of applicant:
.....
- c) Date of Birth: d) Place of Birth:.....
- e) Home telephone number of applicant:
- f) E-mail Address:

2. PROFESSIONAL BODY

- a) Professional body of which you are a member:
.....
- b) Copy of Certificate and Membership number or proof of membership:

3. PLACE OF TRADING

- a) Trading name:
- b) Address:
- c) Telephone number:

4. TREATMENTS ADMINISTERED

- a) Special treatments carried out by the applicant.....
.....
- b) Copy of Training certificate

DECLARATION

I hereby declare that the particulars in this document are true to the best of my knowledge and belief.

Signature: **Dated:**

Return completed form to: Food and Health & Safety Team, Standards and Enforcement, Brent Civic Centre, Engineers Way, Wembley, Middlesex HA90FJ.

Note: A licence is still required for treatments not covered by the exemption.

ACCEPTED EXEMPT PROFESSIONAL BODIES LONDON LOCAL AUTHORITIES ACTS 1990 to 2000 - SPECIAL TREATMENTS

(This list is subject to revision without notice, although it is accurate as of June 2019).

1. Anglo Chinese Medicine Doctor Society (*Acupuncture, Massage*)
2. Association of Naturopathic Practitioners (*Acupuncture, Holistic Massage*)
3. Association of Reflexologists (inc. International Institute of Reflexology) (*Acupressure, Acupuncture, Aromatherapy, Ayurveda, Body Massage, Bowen Technique, Champissage, Chiropody, EFT, Holistic Massage, Hopi Ear Candling, Indian Head Massage, Manual Lymphatic Drainage, Metamorphic Technique, No Hands Massage, Polarity Therapy, Qi Gong, Reflexology, Remedial Massage, Rolfing, Shiatsu, Sports Massage, Stone Therapy, Therapeutic Massage, Tui Na*)
4. Association of Traditional Chinese Medicine & Acupuncture UK (*Acupuncture, Tui Na, Moxibustion*)
5. Ayurvedic Practitioners Association (*Ayurvedic Massage, Ayurvedic Medicine*)
6. BASRAT – British Association of Sport Rehabilitator's and Trainers (*Sports Massage*)
7. Bowen Association UK (*Full members -Bowen Therapy, Bowen Technique*)
8. British Acupuncture & Holistic Medicine Association (*Full members – Acupuncture, Acupressure, Moxibustion, Auricular Acupuncture, Electro Acupuncture, Reflexology*)
9. British Complementary Medicine Association (*Acupuncture, Polarity Therapy, Indian Head Massage, Aromatherapy, M L Drainage*)
10. British Medical Acupuncture Society (*Acupuncture*)
11. British Reflexology Association (*Reflexology*)
12. British Register of Complementary Practitioners (formerly Institute of Complementary & Natural Medicine) (*Acupuncture, Acupressure, Aromatherapy, Bowen Technique, M L Drainage, Remedial, Sports, Holistic Massage, Indian Head Massage, Reflexology, Shiatsu, Tui Na, Qi Gong*)
13. Chinese Medical Institute & Register (*Acupuncture, Tui Na, Moxibustion*)
14. Complementary & Natural Healthcare Council (*Aromatherapy, Bowen Technique, Reflexology, Shiatsu, Sports and Remedial Massage, Microsystems Acupuncture*)
15. Complementary Health Professional (*Aromatherapy, Sports Massage, Therapeutic Massage, Indian Head Massage, Remedial Massage, Tui Na, Neuroskelital Realignment Therapy, M L Drainage, Bowen Therapy, Shiatsu, Reflexology, Hopi Ear Candle, Metamorphic Technique*)
16. Complementary Medical Association (*Acupressure, Aromatherapy, Ayurveda, Colour Therapy, Qi Gong, Reflexology, Shiatsu, Indian Head Massage*)
17. Complementary Therapists Association (*Aromatherapy, Acupuncture, Bowen Therapy, Reflexology, Shiatsu, Alexander Technique, Reiki & other healing techniques, Sports Therapeutic & Holistic Massage*)
18. Federation of Holistic Therapists (*Acupressure, Aromatherapy, Bowen Therapy, M L Drainage, Advanced MLD, Reflexology, Shiatsu, Sports, Remedial Massage, Foot Massage, Moxibustion, Indian Head Massage, Qi Gong, Tui Na, Auricular Acupuncture, Colour Therapy, EFT, Metamorphic Technique, Polarity Therapy, Stone Therapy*)
19. Federation of Traditional Chinese Medicine Practitioners (*Doctors only - Acupuncture, Tui Na, Acupressure*)
20. Guild of Holistic Therapist (*Acupressure, Aromatherapy, Bowen Technique, Champissage, Colour Therapy Infrared, M L Drainage, Metamorphic Technique, Reflexology, Reiki, Shiatsu, Sports Massage, Stone Therapy, Thermo-Auricular Therapy, Tui Na*)
21. Health and Care Professionals Council (*Chiropody, Physiotherapy*)
22. Independent Professional Therapists International (*Aromatherapy, Bowen Technique, Holistic, Therapeutic & Remedial Massage, Lymphatic Drainage, Shiatsu, Sports Massage, Acupressure, Thermo Auricular Therapy, Metamorphic Technique, Polarity Therapy, Reflexology, Moxibustion, Rolfing*)
23. Institute of Osteopathy Acupuncture Group Institute of Osteopathy (*Acupuncture and Dry Needling in conjunction with Osteopathy*)
24. Institute of Sports & Remedial Massage (*Sports & Remedial Massage, Soft Tissue Therapy*)
25. Institute of Trichologists (*Trichology, Head Massage*)
26. International Federation of Aromatherapists (*Aromatherapy Massage in association with Aromatherapy only. For full members only*)
27. International Federation of Reflexologists (*Reflexology*)
28. Manual Lymphatic Drainage UK Ltd (*Manual Lymphatic Drainage*)
29. Massage Training Institute (*Holistic Massage, Sports & Remedial Massage, Indian Head Massage*)
30. Shiatsu Society UK. (*Shiatsu*)
31. Sports Massage Association (*Sports Massage*)
32. The Acupuncture Association of Chartered Physiotherapists (*Acupuncture, Physiotherapy, Acupressure, Moxibustion, Auricular Acupuncture*)
33. The Acupuncture Society (*Acupuncture, Acupressure, Chinese Massage, Tui Na, Korean Hand Massage, Qi Gong, Moxibustion, Auricular Acupuncture, Electro Acupuncture*)
34. The Bowen Therapists Professional Association (*Bowen Therapy*)
35. The British Acupuncture Council (*Acupuncture, Moxibustion, Acupressure, Tui Na, Auricular Acupuncture, Electro Acupuncture, Thermal (infra-red)*)
36. The British Association of Accredited Ayurvedic Practitioners (*Ayurvedic Medicine, Ayurvedic Therapies, Indian Head, Remedial Massage*)
37. The Register of Chinese Herbal Medicine (*Acupuncture, Electro Acupuncture, Auricular Acupuncture, Acupressure, Moxibustion, Tui Na, Shiatsu, Sports & Remedial Massage, Swedish Massage (not to be carried out alone but part of a larger treatment plan)*)
38. ThinkTree Hub Ltd (*Full members – Acupressure, Acupuncture, Aromatherapy, Ayurveda, Bowen Therapy, Holistic Massage, Swedish Massage (Swedish massage not to be carried out alone but part of a larger plan), Sports Massage, M L Drainage, Moxibustion, Reflexology, Shiatsu*)
39. Uni-Balance Chinese Healthcare Ltd t/a Simply Treatments Association (*Acupuncture, Electro Acupuncture, Auricular Acupuncture, Microsystems Acupuncture, Acupressure, Holistic Massage, Sports Massage, Tui Na, M L Drainage, Meridian Therapy, Qi Gong*)

Exempt Treatments are in *Italic*



LONDON LOCAL AUTHORITIES ACT 1990 TO 2000 Consent Form – Verification of Qualification Certificates

If your qualification certificate has not been verified by Brent Council, please complete this form.

Full name of the practitioner: (Mr/Mrs/Ms).....

Private (home) address post code:.....

Telephone number:

E-mail Address:

(Enclose copies of certificates)

CONSENT (please read carefully)

I give consent to the London Borough of Brent to verify my qualification certificates with the training establishment/examination body. I also allow the training establishment/examination body to disclose the requested information to the London Borough of Brent.

Signed

Date:

Data Protection: The London Borough of Brent will use this information for the purposes of London Local Authorities Act 1990 to 2000 and related purposes.



Special Treatment Licence DISCLOSURE OF CONVICTIONS AND DECLARATION

If you are completing this form by hand please write legibly in **block capitals**. Use additional sheets if necessary.

1. Business details			
Trading name			
Address			
2. Your personal details			
TITLE (delete as appropriate): Mr Mrs Miss Ms Other (please state)			
Surname			
Forenames			
PREVIOUS NAMES (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary.			
TITLE (delete as appropriate): Mr Mrs Miss Ms Other (please state)			
Surname			
Forenames			
3. Criminal offences			
Have you been convicted of any offence within the UK or foreign offence?		Yes	No
If you have been convicted of any offences within the UK you must provide details for each conviction of the date of conviction, the name and location of the convicting court, offence of which you were convicted and the sentence imposed:			

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If you have been convicted of any foreign offences you must provide details for each conviction of the date of conviction, the name and location of the convicting court, offence of which you were convicted and the sentence imposed:

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4. Declaration

I declare that I have not been convicted of any offence within the UK or any foreign offence

SIGNATURE		DATE	
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5. Declaration

The information contained in this form is correct to the best of my knowledge and belief.

SIGNATURE		DATE	
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Data Protection: The London Borough of Brent will use this information for the purposes of processing a special treatment licence.