

**BRENT AND HARROW DISTRICT CONTROL OF
INFECTION COMMITTEE**

**INFECTION CONTROL GUIDANCE FOR
SPECIAL TREATMENT PREMISES**

(e.g. Tattooists, Body Piercers, Acupuncturists)

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The following guidelines have been produced by :

Public Health (Brent & Harrow Health Authority)

Brent Environmental Health Department

Harrow Environmental Health Department

Brent Health, Safety and Licensing Department

**Based on guidance produced by The Working Party of London
Consultants in Communicable Disease Control and Community Infection
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CONTENTS	PAGE
1. Sources of Advice	5
2. Introduction	6
3. Legal Framework	6
4. Record keeping	7
5. The Premises	7
5.1 General Requirements	
5.2 Hand Wash Basins	
5.3 Sinks and Washing Equipment	
6. Staff Health	8
6.1 Hepatitis B Vaccination	
6.2 Smoking	
6.3 Eating and Drinking	
7. Standard Infection Control Precautions	9
7.1 Hand Washing	
7.2 Personal Protective Clothing	
7.3 Bleeding	
7.4 Blood spillage	
7.5 Inoculation Injuries	
7.6 Waste Management	
7.6.1 All other Waste	
8. Decontamination	15
8.1 Definitions	
8.2 Cleaning of the Premises	
8.3 Cleaning of Equipment / Instruments	
8.4 Disinfection	
8.5 Sterilisation	
8.5.1 Benchtop Steriliser - Autoclave	
8.5.2 Using the Benchtop Steriliser	
8.6 Water Supply for Clean Steam Production	
8.7 Single-use / Disposable Equipment	
8.8 Decontamination of Special Equipment	
9. Generic Standard Procedures	26
9.1 Choice of Instruments, Needles and Jewellery	
9.2 Tattooing	
9.3 Body piercing	
9.4 Acupuncture	

APPENDICES

Appendix 1: Audit tool for infection control assessment of special treatment Centres

Appendix 2: Autoclave Test Record

Appendix 3: References / Bibliography

1. SOURCES OF ADVICE

BRENT	HARROW
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2. INTRODUCTION

Blood borne viruses, such as Hepatitis B and HIV can be spread via tattooing and acupuncture (see references). Cases of local bacterial infections, gangrene, amputation and even death following skin piercing procedures have been documented within the literature.

It is not always possible to identify clients already suffering with (or carrying) an infection. Many carriers of infections will be unaware of their condition and the only sensible approach is to take adequate infection control precautions in all cases. It is therefore imperative that the safe working practices described within this document are adhered to at all times in order to protect the client, operator and practitioner. It is therefore vital that all practitioners follow these infection control guidelines with all clients.

3. LEGAL FRAMEWORK

The London Local Authorities Acts 1990 - 2000 are an adoptive piece of legislation only available for London Local Authorities. Not all London Local Authorities have adopted the Act. Licence conditions relating to special treatments may therefore differ between Local Authorities. Brent and Harrow Local Authorities have both adopted this legislation.

The licence issued under the London Local Authorities Acts 1990 - 2000 is usually an annual licence and the licence holder would be required to meet the licensing conditions of the local authority in whose area they operate.

Most English and Welsh Local Authorities outside of London do not have this legislation, and may control skin piercing activities using the Local Government (Miscellaneous Provisions) Act 1982. Skin piercing activities that may be controlled under this Act by 'one off' registration and not annual licensing and subsequent application of bye laws include:

- a) Acupuncture
- b) Tattooing
- c) Ear piercing
- d) Electrolysis

Practitioners also have responsibilities under the Health and Safety at Work etc Act 1974 and associated legislation.

The Tattooing of Minors Act 1969 makes it an offence to tattoo a person under 18 years.

There is no statutory age limit for body piercing. However, operators should consider the issue of parental consent and any local licence conditions when dealing with young people.

Proof of age, preferably photo identification must be sought if there is any uncertainty.

The Prohibition of Female Circumcision Act 1985 prohibits mutilation, infibulation or circumcision of female genitalia. It states that female genital mutilation, cutting, piercing or otherwise surgically modifying genitalia for non-medical reasons is illegal.

The administering of local anaesthetic injections, other than by a registered medical practitioner, is an offence under the Medicines Act 1968. The administering of surface local anaesthetic (such as Emla Cream, Ametop Gel, Xylocaine Spray / Cream) is **not** recommended. If Ethyl Chloride (highly flammable) is used, a risk assessment must be undertaken before each use. Brent and Harrow Health Authority do **not** recommend its use.

Mobile Tattooing And Body Piercing

Any person wishing to conduct a mobile tattooing or body piercing business should seek advice from the Borough Licensing Department before tattooing or body piercing is carried out.

4. RECORD KEEPING

It is important to keep accurate records of every client. A written record needs to be made of the client's personal details including full name, address, telephone number, date of birth, relevant medical history, consent signature, procedure carried out, site of piercing, type of jewellery and date it was carried out together with the name of the operator. Such records should be kept on the premises named in the licence, for a period of no less than 5 years. Staff training records should also be kept on site.

In addition, a daily work record must be kept, giving brief details of all clients and treatments performed. This may be the appointment diary.

Records containing named clients' health data are confidential and should be stored in a locked cabinet. These records will be valuable if there is any question of an infection problem later and may often help to protect the operator.

An Accident/Incident Book must also be kept on the premises to record injuries.

5. THE PREMISES

5.1 General Requirements

The premises should be properly planned. There should be good lighting and ventilation throughout. It is essential that the treatment area is not

contaminated by dirty instruments etc. Therefore adequate space must be available for dedicated areas for clean and dirty procedures. The treatment area must not be cluttered.

Floors should be non-slip and washable. Carpets should not be used in the treatment area. Walls and ceilings must be maintained in a good condition and be easily cleanable.

A suitable operating bench or couch, shelves, worktops and fittings should be made of smooth, waterproof materials that are easy to clean. All waterproof coverings must be intact with no rips / tears or rough edges etc. The bench, chair or couch must have paper roller towel that must be changed between each client.

5.2 Wash Hand Basins

An easily accessible wash hand basin, properly connected to the drainage system, with hot and cold running water (preferably by mixer taps), must be provided. Elbow or foot operated taps should be considered. Cartridge type liquid soap and hand paper towels in dispensers must be installed in the immediate area where procedures are carried out. Access to the wash hand basin must be kept clear.

5.3 Sinks for Washing Equipment

A sink with hot and cold water, additional to the wash hand basin must be provided exclusively for washing equipment and instruments and should be located in a separate area.

6. STAFF HEALTH

6.1 Hepatitis B Vaccination

A safe and effective vaccine for the prevention of hepatitis B is available. Vaccination is strongly advised for all tattooists, body piercers and acupuncturists involved in skin penetration procedures and for staff who may be involved in cleaning skin penetration instruments and equipment. It is also recommended for all staff who may handle clinical waste and sharps containers (including cleaning staff).

A primary vaccination course usually consists of three injections over six months (1,2 and 6 months). At the end of this time, about 8 months from beginning of immunisation, a blood test for hepatitis antibodies must be done to check that the vaccination has been effective.

Vaccination and blood tests can be arranged through General Practitioners. Operators should keep copies of their antibody results following vaccination for inspection.

6.2 Smoking

Smoking by clients or staff must not be permitted within the treatment area. Bacteria may be transferred to the operator's mouth via fingers. Staff must always wash their hands after smoking elsewhere.

6.3 Eating and Drinking

Eating must not be permitted in the treatment area. Care must be taken if drinking within the treatment area. No alcoholic drinks are permitted.

7. STANDARD INFECTION CONTROL PRECAUTIONS

HIV (the virus which causes AIDS), hepatitis B and hepatitis C viruses may be present in blood, and can spread by infected blood entering another person's bloodstream. Blood does not have to be visible on an instrument or needle for infection to be transmitted. The principle underlying all Infection Control procedures, is that it is not possible to identify clients who are infected with hepatitis or HIV and operators who are potentially infected with blood borne or other disease.

Blood and body fluids include blood/ blood products, all body secretions and exudate.

The following procedures will minimise the risk of cross infection.

7.1 Hand Washing

Hand washing is the single most effective means of reducing cross infection. The purpose of hand washing is to remove or destroy any micro-organisms that have been picked up on the hands, thereby preventing their transmission to others and protecting oneself. The use of disposable gloves will not always prevent the contamination of hands by micro-organisms. Good hand washing procedures are therefore essential.

Hand washing equipment such as bowls of water, flannels, nail brushes, bars of soap and cloth towels are easily contaminated by micro-organisms, and must therefore **not** be used.

Effective hand washing requires warm running water, liquid soap, and where possible disposable paper towels or a hot air hand dryer. Liquid soap must be used for all routine hand washing. However, it is recommended that a skin disinfectant be used prior to any sterile procedure. An alcoholic hand rub may be used, but only if the hands are already clean.

All practitioners should be washing their hands -

- ◆ Before starting and leaving work.

- ◆ After going to the toilet.
- ◆ Before eating and drinking.
- ◆ After smoking.
- ◆ After any cleaning procedures.
- ◆ Before using disposable gloves
- ◆ After removing disposable gloves
- ◆ Whenever hands are visibly dirty.
- ◆ Before and after any situation which involves direct client contact.

Hand Washing Technique

1. Rub palm to palm



2. Rub back of both hands

3. Rub palm to palm with fingers interlaced



4. Rub backs of fingers (interlocked)



5. Rub all parts of both hands

6. Rub both palms with finger tips

7. Rinse hands under running water and dry thoroughly on a clean towel.

- ◆ Remove all hand jewellery
- ◆ Hands must be wet under running water before applying liquid soap.
- ◆ Hands should be washed vigorously for at least 15 seconds.
- ◆ Particular attention should be paid to thumbs, fingertips and in between the fingers.
- ◆ Hands should be thoroughly rinsed under running water.
- ◆ Hands should be dried thoroughly after washing using disposable paper hand towels.

General Care of the Hands.

When the skin is damaged the bacterial count on the skin can be increased. It is therefore important to be aware that any practitioner who suffers from a skin condition such as dermatitis has already lost skin integrity, and as such does have an increased risk of exposure to any blood borne virus during skin contact with blood or body fluids.

The following guidelines must be adhered to in order to minimise the risk of infection:

- ◆ Practitioners need to protect any areas of broken skin on the hands and forearms with an impermeable waterproof dressing.
- ◆ The regular use of hand cream is recommended in order to ensure that hands do not become dry and chapped. However, communal jars of hand cream are not allowed as the contents may become contaminated. Individual tubes of hand cream are therefore recommended.
- ◆ Disposable gloves must be worn for any activity where body fluids may contaminate the hands. See Section 7.2

7.2 Personal Protective Clothing

All blood and body fluids are potentially infectious, and precautions are therefore necessary to minimise exposure to them. A disposable apron and gloves must therefore always be worn when dealing with blood and other body fluids. Contaminated clothing can spread infection. If used correctly, protective clothing can prevent such spread between clients and also protect the wearer from infection.

A single use disposable plastic apron and single use disposable gloves must therefore be worn for each client.

Disposable gloves are an added protection. They are not an alternative to hand washing. Gloves do not always provide a complete barrier to infection, so hands must always be washed before and after glove removal.

Gloves should be vinyl or latex type, **not polythene**. In order to prevent skin allergy, all gloves must be powder-free.

Gloves and aprons must never be washed or re-used. In order to protect clients, gloves should **not** be worn from one client to another. They must be disposable, and should be discarded after each procedure. Gloves must be replaced with new gloves if there is any evidence of tearing or puncture during the procedure.

Under Health and Safety Legislation, employers are required to ensure adequate free provision of protective clothing for all staff.

In addition to disposable gloves and aprons, eye / face protection such as a visor, should be available for incidents where splashing of body fluids may occur.

A hot wash with detergent is sufficient for laundering work clothes.

7.3 Bleeding

Should bleeding occur at any time during the course of a procedure or accident, follow the points below:

- ◆ Put on latex disposable gloves (if not already wearing them)
- ◆ Stop the bleeding by applying pressure to the wound with a dry sterile dressing
- ◆ Dispose of dressing into yellow clinical waste bag
- ◆ Deal with spillage immediately (as detailed below)
- ◆ Replace the sterile dressing
- ◆ If bleeding continues, medical advice must be sought as soon as possible.

It is recommended that a qualified first aider is on the premises at all times. In their absence, an appointed person must be nominated.

7.4 Blood / Body Fluid Spillage

This poses a health risk; therefore all body fluid spills must be cleaned up immediately.

Body Fluids other than Blood :

Spillages of vomit, urine and excreta should be cleaned away using hot water and detergent and disposable paper towels. Disposable gloves must be worn. The towels should be disposed of in a clinical waste bag. The area should then be cleaned with a disinfectant (e.g. Milton).

Blood :

Spillages of blood (or any body fluid which contains visible blood) should be cleaned up as quickly as possible following the procedure below. A chlorine based disinfectant should always be used. Other persons should be kept away until this is carried out.

Procedure :

- ◆ Disposable gloves should be worn when dealing with any body fluid.
- ◆ A chlorine based disinfectant (details of manufacturers are available from the local Environmental Health Department) should be poured gently over the spillage and covered with disposable paper towels.
- ◆ After two minutes this should be mopped up with more disposable paper towels.
- ◆ The towels should then be carefully disposed of in a clinical waste bag.
- ◆ The area should be thoroughly washed with detergent and water and dried.
- ◆ Gloves should be carefully removed, disposed of as clinical waste, and hands washed and dried.

Spillages of blood on walls or other difficult to reach surfaces, should be wiped with chlorine granules applied to a damp disposable paper towel. The area should then be washed with detergent and water, and then dried.

Chlorine based disinfectants will damage carpets/soft furnishings and should therefore not be used on these surfaces. Spillage of blood or other body fluids on carpets/soft furnishings should be mopped up with disposable paper towels and washed with a **detergent** and water solution before drying thoroughly. It is advisable that the carpet / soft furnishing is shampooed as soon as possible.

WARNING: Disinfectants are by their very nature hazardous substances and employers are legally required to carry out a risk assessment on their use in order to comply with the Control of Substances Hazardous to Health Regulations 1999 (COSHH). Disinfectants should never be mixed with other chemicals. Chlorine based disinfectants must also never be used on urine as fatal chlorine gas can be produced. In all cases staff should wear gloves and the work place should be well ventilated. Always follow the manufacturer's guidance on the product label.

Spills on clothing - sponge with lukewarm soapy water and wash as soon as possible in the hottest cycle that the garments will stand.

7.5 Inoculation Injuries

A number of infections including blood borne viruses such as Human Immuno-deficiency Virus (HIV), hepatitis B and hepatitis C can be transmitted

by exposure to infected blood or other body fluid via an accidental inoculation injury. An inoculation injury can be a :

- ◆ Sharps / needle injury
- ◆ Contamination of broken skin with a body fluid
- ◆ Human bite or scratch that draws blood
- ◆ Splash of body fluid onto mucous membranes (eg. mouth or eyes)

Such incidents must be promptly dealt with as follows :

- ◆ Bleeding from the wound must be encouraged by squeezing
- ◆ The wound should be washed in warm running water
- ◆ The wound should be covered with a waterproof plaster
- ◆ Areas of broken skin, eyes or mouth should be washed with plenty of water. Contact lenses should be removed promptly if worn.
- ◆ The incident must be reported to the manager and an incident form completed. The person who has sustained the wound should go to the local Accident and Emergency Department as soon as possible (preferably within 2 hours) of the injury.
- ◆ If possible the source of the needle / sharp should be identified. All information should be recorded.

It is recommended that all staff handling blood, other body fluids, contaminated waste bags or sharps containers be immunised against hepatitis B.

7.6 Waste Management

It is a legal requirement to ensure that any clinical waste (ie. needles, disposable dressings / towels, gloves that are contaminated by a body fluid) is stored and disposed of safely, so as to reduce the risk of injury to both customers and staff.

Under the Environmental Protection Act 1990, there must be adequate arrangements for the storage and disposal of waste on each premise generating such waste. This involves ensuring that clinical waste is safely and securely stored in a locked area, and that the person responsible for removing it from the premises is registered as a waste carrier with the Local Authority. Documentation in relation to the type and amount of clinical waste disposed of must be retained for a minimum of 2 years. This documentation must contain details of the registered contractor responsible for removing clinical waste from the premises.

All clinical waste must be :

- ◆ Disposed of in a yellow plastic bag that conforms to the appropriate British Standard.
- ◆ Disposed of in a clearly labelled, rigid bin with a foot-operated lid.

- ◆ Sealed when less than two thirds full.
- ◆ Stored separately from other waste whilst awaiting collection in a locked holding bin or enclosure. This area must be inaccessible to pests or unauthorised persons.
- ◆ Collected by a registered contractor for incineration.
- ◆ Labelled with details of its source (ie. the name of the premises or identification code must be clearly marked onto the sharps container or clinical waste bag)

Safe handling of contaminated sharps :

- ◆ The person who has used the sharp must be responsible for its disposal.
- ◆ The sharps disposal container must conform to British Standard (BS7320).
- ◆ The container must be assembled correctly
- ◆ Contaminated sharps must be disposed of immediately after use. They must not be carried around the premises.
- ◆ Used needles must never be re-sheathed or replaced into the packaging
- ◆ Sharps containers must be sealed when two thirds full
- ◆ Sharps containers must be kept above waist height in a position that is not easily accessible to customers.
- ◆ The lid of the container must be temporarily closed when the bin is not in use.
- ◆ Staff must ensure that they have adequate supplies of the containers at all times.
- ◆ Where possible, used needles should not be removed from the syringe. Where blades or needles must be removed prior to disposal, a safety device must be used.
- ◆ Needles and blades etc. must never be re-used.
- ◆ All staff must be familiar with the inoculation injury procedure as above.

7.6.1 All other waste

All other non-contaminated waste such as papers etc. should be placed in a suitable refuse container and disposed of as normal waste.

8. DECONTAMINATION

8.1 Definitions :

Decontamination is a process used to render an item safe for use. Decontamination methods include the following:

Cleaning is a physical process which removes soil e.g. dust, dirt and organic matter, along with large proportions of germs. Cleaning with hot water and

detergent breaks up grease and dirt on floors and surfaces. Cleaning is also essential prior to any disinfection or sterilisation process.

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

Sterilisation (e.g. autoclaving) is a process that destroys all living organisms. It is essential that all instruments that penetrate the client's skin or touch broken skin be sterile at the time of the procedure. These items therefore need to be sterilised immediately before use. Any, instruments that have contact with **intact** skin, but have been **contaminated with blood** during the procedure must be sterilised after use.

Decontamination of equipment is essential to prevent the transmission of micro-organisms; failure in the decontamination process can lead to transmission of infection. The level of decontamination required depends on the risk that the piece of equipment poses in transmitting micro-organisms and the level of invasion that is likely to occur. A risk assessment should be carried out using the table below.

Decontamination Risk Assessment

Risk	Application	Recommendation
High	Items that penetrate skin or mucous membrane or introduced into a sterile body area.	Sterilise
Medium	Items in contact with intact mucous membranes or items that are contaminated with body fluids.	Sterilise, or disinfect if item sensitive to heat.
Low	Items in contact with intact skin (and are not contaminated with a body fluid).	Clean

8.2 Cleaning of the Premises

ITEM	METHOD	FREQUENCY
Surfaces	Use general purpose detergent and hot water. Rinse and dry thoroughly.	At least daily

	Treatment area surfaces must be cleaned between clients	
Hand wash basins and sinks	Cream cleanser	Daily
Floors	Suction clean to remove dust. Then clean by washing with hot water and detergent, e.g. washing –up liquid. Disinfection is required only after contamination with body fluid spillages. When a body fluid spillage has occurred, follow blood spillage procedure – section 7.4	Daily
Bins	Empty bins daily. Clean inside with hot water and detergent. If contaminated with a body fluid see section 7.4	Daily
Couches	Clean with hot soapy water, rinse and dry thoroughly. If contaminated with a body fluid, see section 7.4.	Daily
Liquid Soap Dispensers These should be of the cartridge type and should not be ‘topped up’	Wash with hot water and detergent.	Weekly
Walls / Ceilings	Clean with hot water and general purpose detergent.	Periodically
Drains	Hot water & detergent are sufficient. Disinfectants are not needed	Periodically

A colour-coded system must be in operation for all cleaning equipment to prevent the same equipment being used in the treatment area and toilets etc. Cleaning equipment must be stored in a designated area, rinsed out after each use, and stored dry to prevent bacterial growth.

General-purpose household / utility gloves should be used for all routine cleaning tasks. These must be changed when there is evidence of peeling, cracking or tears.

Where possible, hazardous substances including cleaning agents must be kept in their original containers. Where diluting is necessary, any container must be clearly labelled as to its contents. These containers must also be thoroughly washed and dried every day to prevent contamination with environmental bacteria.

8.3 Cleaning of equipment / instruments

Used instruments must be stored safely in a labelled, lidded container that is positioned out of the reach of clients. Whenever possible, the cleaning of equipment / instruments should be carried out mechanically i.e. using an ultrasonic cleaner for instruments. Manual cleaning poses some risks to the practitioner, especially when sharp instruments are involved or there is a risk of splashing with blood or body fluids. Manual cleaning should only be carried out when mechanical methods are inappropriate.

Manual cleaning of equipment:

- ◆ General purpose detergent (i.e. washing up liquid) and hot water are recommended for manual cleaning
- ◆ Protective clothing must be worn; gloves and aprons, if the face is at risk from splashing a visor, or mask and goggles should be worn
- ◆ The sink that is used must be dedicated for cleaning and not used as a hand washing sink
- ◆ The sink should be filled and the instruments submerged to prevent splashing
- ◆ The instruments should be cleaned with a long handled, washing-up type brush
- ◆ Thorough drying using a disposable cloth/paper towels is important to ensure that further micro-organisms are removed and any remaining will be less likely to multiply in a dry environment

Mechanical cleaning – ultrasonic baths:

Ultrasonic cleaners/baths are probably the most practical automated method of removing organic material from instruments prior to sterilisation. Whenever possible mechanical cleaning should be used in preference to manual cleaning as it offers protection to the user and more effective cleaning of the

equipment. Current bench top mounted models are fully portable and do not require any fixed services, incorporate automatic timers, have thermostatically controlled heating and are extremely effective at removing surface material. Operators should keep the lid of ultrasonic cleaner on during the cycle to prevent splashing of cleaning fluid onto the work surface. Always follow the manufacturer's recommendations on usage.

- ◆ A detergent-type cleaning fluid must be used
- ◆ The cleaning fluid should be changed as per instructions and recorded, this will depend on the level of contamination of the instruments, and the number of instruments cleaned per day or whenever the fluid is no longer clear
- ◆ After switching on the bath it should be left for the required time to de-gas the water, usually 5 minutes but always check manufacturers instructions
- ◆ The instruments must be fully immersed in order for the cleaning to be effective
- ◆ The bath must be serviced regularly and relevant records kept
- ◆ Instruments remaining soiled following ultrasonic cleaning, may indicate that the bath is not functioning adequately, the user should be aware that the following may alter the efficiency of the bath :
 - detergent concentration
 - ultrasound frequency
 - water temperature
 - length of time instruments are in the bath
 - the type of soiling
 - quantity and type of instruments in each load

8.4 Disinfection

This process will reduce the level of micro-organisms to that which will not be harmful to humans, but bacterial spores will not be removed.

- ◆ Items must **always** be cleaned before they can be disinfected (see above)
- ◆ Disinfection can be achieved by using heat (i.e. a dishwasher) or chemicals (i.e. bleach or alcohol etc).
- ◆ The Health Authority advocates the use of the following disinfectants :
 - ◆ chlorine based products
 - ◆ alcohol based agents
- ◆ If additional products are required consultation should be sought with the infection control team prior to purchasing new products.
- ◆ All cleaning products should be kept in a locked cupboard and a COSHH data sheet should be available for each product
- ◆ Manufacturers instructions should always be followed when making up disinfectant solutions
- ◆ Appropriate protective clothing must always be worn when handling a disinfectant.

Summary of products which may be used for cleaning / disinfection

Agent	Dilution	Application
<p>General Purpose Detergent (Washing Up Liquid)</p>	Dilute in hot water as per manufacturers instructions	General cleaning of the environment, furniture, couch etc. Solutions must be changed frequently.
<p>Blood Spillages :</p> <p>Chlorine Based Disinfectants (corrosive to metal)</p> <ul style="list-style-type: none"> • Granules 	Do not dilute	Spillages of blood
<ul style="list-style-type: none"> • Tablets <p>(Bleach or other chlorine based disinfectants may be used but only if they reach the appropriate concentration)</p>	Dilute to 10, 000 ppm (eg. Milton 2% at a 1 in 2 dilution)	Spillages of blood
<p>Disinfection of items that could be damaged by heat :</p> <p>Chlorine Based Disinfectants</p> <ul style="list-style-type: none"> • Tablets <p>(Bleach or other chlorine based disinfectants may be used but only if they reach the appropriate concentration)</p>	Dilute to 1,000ppm (eg. Milton 2% at a 1 in 20 dilution)	Disinfection of items that could be damaged by heat in medium risk category (table 1 above)
<p>Alcohol</p> <ul style="list-style-type: none"> • 70% Isopropyl Alcohol • 70% Methylated Spirit 	No dilution required	Disinfection of metal articles

Cidex (Glutaraldehyde) is never recommended for use in Special Treatment Premises

Products such as Chlorhexidine, or Alcohol Wipes must always be used for skin anti-sepsis prior to penetration of the skin. Stored solutions of Chlorhexidine in water easily become contaminated and should be freshly made up for each use. Alternatively, care must be taken to prevent contamination during the dilution process, and the solution must be dispensed from a container via a plunger.

Proprietary antiseptics such as “Savlon” or “Dettol” can be used when diluted according to the manufacturers instructions but they are **not** recommended as skin antiseptics. These disinfectants may be used sparingly for tasks such as removing surplus tattoo ink, or applying tattoo stencils. Again, care must be taken when diluting disinfectants to prevent contamination. Spray bottles used for this purpose must be emptied, cleaned and rinsed at the end of each day.

All staff using any type of cleaning or disinfecting agent must be aware of their responsibilities under the Control of Substances Hazardous to Health Regulations (COSHH).

8.5 Sterilisation

All instruments used in the procedure to pierce a person’s skin e.g clamps, forceps or objects in contact with broken skin, should be considered to be contaminated and should not be used until they have been sterilised. Water boilers, hot air ovens and UVA light boxes are **not** effective methods of sterilising tattooing/skin piercing equipment and **must not** be used.

8.5.1 Bench top steriliser – autoclave

The most reliable method of sterilising equipment is moist heat using steam under pressure i.e autoclaving. This is the method by which most sterilisers operate. It is recommended that the Medical Devices Agency guidance on use of bench top sterilisers is followed. See Reference List for details of this guidance.

Ideally, it is recommended that any autoclave has a temperature and pressure gauge and has a fully automatic timer, as well as an automated cycle checking facility with printer. The printer can be obtained as an optional extra.

All persons operating benchtop autoclaves should have received training on the safe use of portable autoclaves.

The following sterilisation temperature bands, holding time and pressure for sterilisation, using high temperature steam, must be checked daily before the start of the session and documented on a log sheet. This information can be obtained from the autoclave printer where available:

Sterilization temperature bands, holding times and pressure for sterilization with high temperature steam

Option	Sterilization temperature range (°C)			Approx Pressure (bar)	Minimum Hold (min)
	Normal	Minimum	Maximum		
A	136	134	137	2.25	3
B	127.5	126	129	1.50	10
C	122.5	121	124	1.15	15

All equipment should be sterilised using option A in the above table whenever possible.

Steam sterilisers without a vacuum phase must **not** be used for the sterilisation of **wrapped** items or instruments with **narrow** lumens e.g needle tubes. Only a vacuum autoclave can be used to sterilise wrapped instruments, or those placed within a pouch etc.

The owner of the autoclave is responsible for:-

- ◆ Ensuring the machine is certified as suitable by a competent person
- ◆ The machine is properly maintained and in a good state of repair.
- ◆ Installation and validation of the autoclave is carried out via an authorised person.
- ◆ Daily, weekly, quarterly and yearly testing is completed to ensure the autoclave is in full working order. These tests should be clearly documented in a log book. (see appendix 2)
- ◆ These checks must be performed by a) running a complete cycle with the chamber empty, except for the shelves or b) with exactly the same load each day.

Daily Testing

Run a normal cycle and monitor :

- ◆ Indicated pressure reached
- ◆ Indicated temperature reached
- ◆ Elapsed time / Hold period. This refers to the length of time that the temperature and pressure are **maintained** at the recommended levels. These readings should conform to option A whenever possible, or in order of preference, to B or C in the table above.
- ◆ Visual display "Cycle complete" indicated
- ◆ Door cannot be opened during cycle. This must **only** be checked at the start of the cycle, before the chamber is pressurised.
- ◆ No dysfunction / fault observed
- ◆ Record on log sheet
- ◆ If the autoclave is fitted with a temperature & pressure recorder the print out must be attached to the records

Weekly Testing

As above including:

- ◆ Examine door seal
- ◆ Check door safety devices
- ◆ Check pressure devices

Quarterly and Annual Testing

These tests must be carried out by a designated, registered Test Person. These tests require the use of specialised equipment. Electrical safety and performance testing should ideally be carried out in line with Medical Devices Agency guidance. The Test Person should ideally be testing to HTM 2010 standards. Performance of the standard electrical "Portable Appliance test" (PAT) alone, is not sufficient for this item of equipment.

If any of the above measurements are not satisfactory, the fault must be reported and the autoclave must not be used until the fault is rectified. Action taken in the event of a fault must be recorded.

All records of testing and service / maintenance etc should be kept in easy access to the autoclave. All records must be kept for a minimum of 3 years

8.5.2 Using the Benchtop Steam Steriliser

- ◆ **All items must be cleaned** before being placed in the autoclave rendering them free from blood/body fluids/dirt.
- ◆ When loading the autoclave, instruments must not be touching.
- ◆ Hinged items such as scissors/forceps must be opened up as far as possible
- ◆ Run the empty 'test cycle' and record the results.
- ◆ Always thoroughly pre-clean instruments by use of an ultrasonic cleaner as any debris remaining on the instruments may contain organisms.
- ◆ Always use the trays provided with the autoclave and do not place any items within bowls or dishes.
- ◆ Do not wrap clamps, forceps, needle boxes etc or place them in bags before sterilisation, as steam needs contact with instrument to sterilise it. However, some practitioners may have a 'hospital type' steriliser that has a vacuum stage allowing autoclaving of instruments in bags. Always check with the steriliser manufacturer whether the autoclave is appropriate for the use of instrument bags.
- ◆ Kidney dishes and containers should be placed in the chamber 'on edge' to allow air/steam to be displaced either upwards or downwards.
- ◆ Do not overload the tray. Instruments should not touch each other.
- ◆ Ensure that door is sealed and set time/temperature/pressure controls for required cycle.
- ◆ When the cycle is complete and the safety lock releases, remove instruments and place them on a pre-sterilised tray covered with sterile paper or in a pre-sterilised lidded container. Keep clean and dry.

- ◆ Items should be re-sterilised if not used within 3 hours.
- ◆ At the end of each day the steriliser should be drained of any remaining liquid and mopped dry with paper towels. The outside of the machine should also be wiped clean and left dry, ready for the following morning. Discard any sterile water remaining in that day's container(s).

Unless a **vacuum** autoclave is in use, benchtop steam sterilisers are designed for processing of equipment for immediate use. Once the door is open the load is exposed to recontamination.

Storage containers or trays used for sterilised instruments must be sterile and covered with a lid or sterile paper. Autoclaved equipment should be stored dry.

Decontamination equipment will work less efficiently on instruments that are difficult to clean and /or in poor condition. Consideration should therefore be given to the condition of instruments in use. Rusty instruments cannot be effectively sterilised, and must therefore be discarded. Devices that cannot be easily decontaminated due to their design, should be identified and in a planned programme, replaced with alternatives that are easier to decontaminate.

8.6 Water Supply for Clean Steam Production

Potential adverse effects on clients because of contaminants in water will be reduced by the use of clean steam. It will also prolong the life of the autoclave.

- ◆ Tap water must never be used
- ◆ Distilled water must be used as a minimum quality. However, it is recommended by the Medical Devices Agency (2000) that water for use in autoclaves should be "Sterile Water for Irrigation".
- ◆ The reservoir and chamber must be drained at the end of each working day so it can remain dry overnight.
- ◆ All water drained from the autoclave must be discarded.
- ◆ In older machines where there is no direct drainage system the reservoir and chamber should be drained by suctioning/siphoning.
- ◆ A record should be kept of when the autoclave is drained (see Appendix 2).

All forms of wrapping materials including pouches, porous loads (gauze swabs, cotton wool) and items with narrow lumens can only be sterilized in an autoclave with a **vacuum cycle**.

8.7 Single Use / Disposable Equipment

Equipment, which is manufactured and sold as single use, must be disposed of after each use; any attempt to decontaminate and re-use it may have significant legal implications for the user.

The terms 'Single use', 'Do not reuse' or this symbol :



have the same meaning and indicate that the item is not to be reused under any circumstances.

8.8 Decontamination of Special Equipment

All users must be familiar with the correct methods of decontamination for all of the items of equipment that they use.

Equipment	Recommendations
<p>Tattooists: Holders for stainless steel bars.</p> <p>Needles</p> <p>Needle bars</p> <p>Pigment caps trays</p> <p>Motors</p> <p>Elastic bands</p>	<p>Disinfect between clients</p> <p>Single use only. Disengage from holders using forceps or pliers, and dispose immediately into sharps container.</p> <p>Clean and then sterilise in autoclave</p> <p>Single use trays recommended. Discard after each client.</p> <p>Consider covering with food grade plastic bag between each client to avoid contamination. Damp wipe between clients after disengaging from electrical source.</p> <p>Remove from machine and discard after each client</p>
<p>Body piercing: Needles, venflons</p> <p>Clamps used for skin folds, looped forceps and pliers</p>	<p>Pre-sterilised disposable (single use only).</p> <p>Autoclave</p>

Jewellery	Autoclave before use.
Acupuncture: Acupuncture needles	Pre-sterilised disposable (single use only).
General – All Treatments: Stainless steel forceps	Clean and autoclave after use
Plastic container with lid marked 'dirty instruments'	Wash with hot soapy water, rinse and dry thoroughly. If stainless steel kidney dishes are used, clean and autoclave after each use or use single use dishes.
Plastic container with lid for clean instruments	As above
Towels	Disposable paper towels
Cups	Disposable paper cups
Razor	Disposable razor should be used for one client and discarded in sharps bin.

9. GENERIC STANDARD PROCEDURES

Pre treatment

It is very important that the work area is prepared so as to avoid having to leave the client in the middle of a procedure to get something that may be needed.

- ◆ Ensure that the work area is clean and tidy.
- ◆ Make sure all the items (including sharps container) are in easy reach and that any items not required are removed from the immediate area.
- ◆ Place a container labelled 'dirty instruments for sterilising' in the work area for the collection of these instruments.
- ◆ Have disposable tissues handy for handling telephone, switches etc. during procedure.
- ◆ Prepare skin antiseptic spray for each day (tattooing) according to manufacturer's instructions.

- ◆ Spray bottles can be covered in a food grade plastic bag to protect bottle from potential contamination. The bag can be changed between each client.
- ◆ Hands must be washed thoroughly according to the procedure outlined (section 7.1) and disposable gloves must be worn.
- ◆ Packages containing sterile needles should be opened in front of the client to show that sterile instruments are being used.
- ◆ Written signed consent must be obtained from client prior to procedure. Verbal and written instruction on the after care of tattoo and piercing site must be given.
- ◆ Antibiotic or antiseptic creams should not be used without medical advice.

After treatment

- ◆ Place all dirty instruments into plastic container marked 'dirty instruments' for removal to cleaning area. All dirty equipment should be attended to as soon as possible.
- ◆ Pre-clean any re-usable items in a dedicated sink with hot soapy water. Alternatively, re-usable items can be placed into ultrasonic cleaner. Wash / clean all equipment first before autoclaving.
- ◆ Discard all needles into sharps container immediately following use by the operator
- ◆ Dispose of all single use items (spatula, pigment caps tray, used tissues and wipes, paper towels etc) into the yellow waste bag.
- ◆ Clean plastic containers used for collecting dirty instruments.
- ◆ Change paper towel on couch / chair.
- ◆ Remove gloves and disposable apron and discard in yellow clinical waste bag
- ◆ Change bags around spray bottle and tattoo machine
- ◆ Wash, rinse and dry hands thoroughly.

9.1 Choice of Instruments, Needles and Jewellery

- ◆ Pre-sterilised, single-use, disposable needles should be used in body piercing and acupuncture. Pre-sterilised single use tattooing needles should be used in tattooing. Under no circumstances should any item marked by its manufacturer as single use be cleaned and sterilised for re-use on another client.
- ◆ Other instruments that have accidentally penetrated the skin or are contaminated with blood must be properly cleaned and sterilised before further use.
- ◆ The jewellery used in body piercing should either be surgical grade stainless steel with very low nickel content) or 14-18 carat gold. Only after the piercing site has completely healed should jewellery be changed for different metals/materials if required.
- ◆ Where possible, all creams applied to the clients skin must be from individual tubes etc. Multi-use pots must only be used where precautions

are taken to prevent contamination. Clean single-use gauze or a disposable spatula must be used to apply any creams from multi-use pots.

9.2 Tattooing

Preparation for tattooing:

- ◆ Wash hands thoroughly
- ◆ After soldering needles onto the sterile needle bars using lead free solder, remove any flux residue by using ultrasonic and autoclave prior to use. Ideally, pre-soldered sterile disposable needle bars and needles should be used.
- ◆ Elastic bands used on machines should be discarded after each client
- ◆ Dispense pigments into single use disposable pigment trays or disposable caps ensuring sufficient quantity to complete procedure
- ◆ Adjust couch / chair to operator height prior to commencing the procedure.
- ◆ Wash, rinse and dry hands thoroughly.
- ◆ Put on disposable gloves
- ◆ If necessary, shave area with disposable razor then discard razor immediately after use into sharps container

Procedure :

- ◆ Open tray containing sterile equipment, and set up tattoo machine in front of the client to show that sterile instruments are being used.
- ◆ Apply antiseptic to skin.
- ◆ Use clean water to rinse needles if changing inks without changing needles on same client.
- ◆ Antiseptics used for transferring stencils should be used sparingly.
- ◆ The use of deodorant sticks between patients is not advised. It is essential that single use sticks should be considered.
- ◆ The sharpness of a needle must not be tested on the client's or the operators skin before use.
- ◆ Antiseptic such as "Savlon" should be used to wash off excess dye and soften skin. Where appropriate, ensure appropriate spray bottles are used, and clean bottle daily.
- ◆ Replace any sterile instrument accidentally touched by operator or contaminated in any way.
- ◆ Petroleum jelly on wound after tattooing is not recommended as it is best to keep wound dry for natural healing.
- ◆ Place a dry sterile dressing over tattoo, fix with tape.

After procedure:

- ◆ Needles must be broken off the needle bar using forceps before being discarded into sharps bin. This stage can be avoided by purchase of pre-soldered sterile disposable needle bars and needles.

- ◆ Dismantle tubes and needle bars from machine and place into plastic container marked 'dirty instruments'.
- ◆ Appropriate written and verbal aftercare information needs to be provided for each client

Client advice after Tattooing :

All clients must be advised of the following as a minimum :

- ◆ To wash their hands before touching the tattooed area
- ◆ Not to wear tight clothing over the tattoo until it has healed
- ◆ Not to go swimming until the tattoo has healed
- ◆ The tattoo may be tender, itchy, slightly red or bruised for a few weeks. It may also bleed a little for the first few days.
- ◆ To allow natural healing to take place without the introduction of antibacterial agents or antiseptics. Clean at least daily with soap and water, dabbing gently to avoid disturbing formation of scabs. Always try to avoid immersing the tattoo in water until healed.
- ◆ To contact their GP **as soon as possible** if they suspect a wound infection or the wound appears inflamed i.e. red, painful swelling with pus (thick white fluid formation)
- ◆ To notify the tattooist if an infection is diagnosed

9.3 Body Piercing

Closed ear piercing guns should not be used to pierce any part of the body other than the ear, and should only be used after training in accordance with the manufacturer / supplier instructions.

Procedure:

- ◆ Ensure all equipment is set out.
- ◆ Wash, rinse and dry hands thoroughly and put on disposable gloves.
- ◆ Clean skin surface with individual alcohol wipes (70% isopropyl alcohol)
- ◆ Mark skin for piercing with gentian violet pen.
- ◆ All tattooing and body piercing needles should be single use and disposed of immediately following use by the operator and under no circumstances be left to be disposed of by someone else.
- ◆ Hold skin folds with sterile clamps.
- ◆ Penetrate skin folds using sterile venflon, remove needle leaving plastic cannula insitu. Place sharp needle into sharps container immediately.
- ◆ Remove sterile jewellery from tray using sterile forceps and thread it through the plastic cannula and fix. Remove plastic cannula and discard in sharps container.
- ◆ Jewellery should be closed with sterile pliers.
- ◆ For tongue and genital piercings where the mucous membranes are not cleaned prior to marking the piercing site, it is good practice to either use a gentian violet pen and discard it or use a single use cosmetic cotton bud

and gentian violet ink to mark the piercing site and dispose of the cotton bud immediately.

- ◆ All clients must be given written / verbal information about the piercing.

Client advice after body piercing :

All clients must be advised of the following as a minimum :

- ◆ To wash their hands before touching the piercing until it has healed
- ◆ Never allow oral contact with the fresh piercing
- ◆ Not to wear tight clothing over the piercing until the piercing has healed
- ◆ Not to go swimming until the piercing has healed
- ◆ To wear clean cotton underwear until genital piercings have healed
- ◆ That the wound may be tender, itchy, slightly red or bruised for a few weeks. It may also bleed a little for the first few days.
- ◆ That the wound may also secrete a whitish-yellow fluid (plasma) which crusts on the jewellery; this is not pus.
- ◆ The skin may tighten around the jewellery as it heals, making turning somewhat difficult.
- ◆ To allow natural healing to take place without the introduction of antibacterial agents or antiseptics. Clean at least daily with soap and water.
- ◆ To contact their GP **as soon as possible** if they suspect a wound infection or the wound appears inflamed i.e. red, painful swelling with pus (thick white fluid formation)
- ◆ To notify the piercer if an infection is diagnosed.
- ◆ Occasionally, selected jewellery may not be appropriate. If the jewellery is too thin or too heavy, or awkward in size and diameter, healing problems may be experienced. The piercer should be contacted if a change in jewellery is required.

9.4 Acupuncture

Skin preparation:

- ◆ A new alcohol swab should be used for each separate area of the body e.g. if needles are to be inserted into both the back and leg areas, use separate swabs for the back and leg.
- ◆ It is recommended that pre-sterilised, single-use, disposable needles be used in body piercing and acupuncture. Under no circumstances should any item marked by its manufacturer as single use be cleaned and sterilised for re-use on another client.
- ◆ If re-useable instruments e.g. gold acupuncture needles, have to be used for penetration of the skin they must be cleaned and sterilised for re-use on another client.

**APPENDIX 1
AUDIT TOOL FOR INFECTION CONTROL
ASSESSMENT OF SPECIAL TREATMENT CENTRES
(Minimum Standards)**

NAMES OF OPERATOR/S : _____

	Yes	No	N/a
UNDERTAKES: TATTOOING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKIN PIERCING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACUPUNCTURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDRESS: _____

DATE: _____

PRESENT: _____

Answer Yes, No or not applicable - please tick a box for **all** questions

STANDARD 1. Hands will be washed thoroughly and correctly to reduce the risk of cross-infection.

		Yes	No	N/a
1.	Liquid hand soap dispenser in treatment area located near the wash hand basin			
2.	Paper towel dispenser at all sinks in treatment areas and wash hand basin within treatment room			
3.	Sinks in treatment area are free from nail brushes			
4.	Mixer taps are fitted at sinks			
5.	Wash hand basin and sinks in operating areas are free from cups and drinking facilities			
6.	Access to wash hand basin is clear e.g. no equipment soaking in the sink			
7.	Separate area for cleaning instruments available			

Comments :

STANDARD 2. Tattooing/skin piercing/acupuncture practices will reflect Local Authority Guidance and best practice to reduce the risk of cross infection to clients, whilst providing appropriate protection to operators.

The following protective clothing is available for use:

		Yes	No	N/a
1.	Non sterile latex/vinyl gloves (powder-free)			
2.	Disposable plastic aprons			
3.	Eye Goggles			

Procedures:

		Yes	No	N/a
4.	Operators are aware of the procedure for dealing with blood spillage. An appropriate chlorine based disinfectant is available for cleaning up blood spillage			
5.	Isopropyl alcohol (70%) wipes or a suitable alternative antiseptic is used to clean the client's skin prior to the procedure			
6.	Disposable, single-use razors are used to shave client's skin prior to the procedure			
7.	Local Authority Licensing Conditions are readily available			
8.	Local Infection Control guidance is available and known to operators			
9.	Suitable verbal and printed information regarding aftercare of tattoo/ skin piercing/acupuncture is available for clients to take away			
10.	Single use sterile dressings are applied as appropriate following the procedure			

Comments:

STANDARD 3: The practice environment will be appropriately maintained to reduce the risk of cross infection

		Yes	No	N/a
1.	All general areas are clean			
2.	Easy clean flooring in treatment area (no carpet) and in good state of repair			
3.	Sufficient surface for treatment and suitable lay of clean and dirty treatment fields			

4.	Treatment areas are clean and free from extraneous items			
5.	There is sufficient lighting and adequate ventilation			
6.	All sterile products are appropriately stored above floor level			
7.	Client couches/chairs in the treatment areas have wipeable surfaces and are in good state of repair			
8.	Couches/chairs in the treatment area are cleaned with detergent on at least a daily basis, plus disinfected immediately if soiled with a body fluid			

Comments:

STANDARD 4: Waste will be disposed of safely without risk of contamination or injury and within current guidelines

		Yes	No	N/a
1.	The operator has written instructions on the safe disposal of waste			
2.	Foot operational bins are in working order in treatment areas			
3.	Appropriate yellow clinical waste bags are used for disposal of clinical waste			
4.	Clinical waste and domestic waste is correctly segregated			
5.	Waste bags are less than ¾ full and securely tied			
6.	Clinical waste is stored in designated area prior to disposal			
7.	The storage area is locked and inaccessible to unauthorised persons and pests			
8.	Bags are labelled with source (business name and address) in accordance with the Duty of Care			
9.	Collection of clinical waste is undertaken at least weekly with a registered company and disposed of by incineration			
10.	Storage facilities for clinical waste are lockable e.g. lockable cupboard. The storage area should be marked with a biohazard sign.			
11.	Waste transfer notes are kept on site for at least 2 years, and must identify the waste,			

	type of container, quantity of waste, time and place of transfer and name/address of transferor and transferee.			
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Comments:

STANDARD 5: Sharps will be handled safely in order to negate the risk of sharps injury and in accordance with current guidelines

		Yes	No	N/a
1.	Sharps boxes are available for use and located within easy reach.			
2.	Sharps boxes conform with British Standard BS7320/UN3291			
3.	The box is less than $\frac{3}{4}$ full with no protruding sharps			
4.	The sharps box is assembled correctly - check lid is secure			
5.	The sharps box is labelled with point of source			
6.	Staff are aware of policy and procedure to take in case of an inoculation injury / needlestick injury. An appropriate procedure for management of an inoculation injury is displayed in treatment area.			
7.	Sharps boxes are stored above floor level and safely out of reach of children and visitors			
8.	Sharps boxes are disposed of appropriately via a registered contractor.			

Comments:

STANDARD 6: Appropriate detergents/disinfectants and antiseptics are used correctly to negate the risk of infection

		Yes	No	N/a
1.	Disinfectants / antiseptics are used appropriately			
2.	A sink is available for washing items separate to hand washing facilities			
3.	An appropriate written cleaning schedule is available for the premises. Treatment areas are cleaned daily.			

Comments:

STANDARD 7: Equipment will be decontaminated appropriately and stored correctly to reduce the risk of cross infection

Indicate method of sterilisation used in the practice:

- Vacuum Autoclave
- Front Loading Displacement Autoclave
- Top Loading Displacement Autoclave
- Other (Details) _____
- Manufacturer & Model of Autoclave _____

		Yes	No	N/a
1.	There is no evidence of single use equipment being re-used			
2.	Sterilising equipment is clean and in a good state of repair			
3.	Evidence from records that sterilising equipment is maintained on a quarterly testing and maintenance programme (in accordance with HTM 2010)			
4.	Sterilising equipment cycle is checked and recorded daily			
5.	Sterilising equipment is checked and recorded weekly (in accordance with HTM 2010)			
6.	Water is drained daily from steriliser and left empty overnight			
7.	Distilled water is used as a minimum within the autoclave			
8.	Where a displacement autoclave is in use, instruments are processed unwrapped and not in pouches			
9.	No other form of sterilisation is used other than autoclaving			
10.	Used, contaminated equipment is stored safely out of client areas after use			
11.	A system is in place to accommodate breakdown and repair of equipment (autoclaves/ultra-sonic cleaning machines).			
12.	Ultra-sonic cleaner is emptied daily and kept dry overnight			
13.	Ultra-sonic cleaner is tested and serviced regularly			
14.	Dye containers are single use only and are appropriately disposed of following use on			

	each client			
15.	Sterile disposable needles are used once only and then disposed			
16.	If acupuncture needles are re-used they are appropriately sterilised between use			

Comments:

SUPPLEMENTARY QUESTIONS TO OPERATOR:

How long has / have the operator/s been practising?

0 - 4 years

5 - 9 years

10 - 15 years

>15 years

		Yes	No
1.	Have you ever had clients return to inform you of infection as a result of procedures?		
2.	Have you ever had clients inform you of infection as a result of a visit to another practice?		
3.	Are you immunised against hepatitis B?		
4.	Laboratory record of serological response to hepatitis B immunisation available?		
5.	Do you require clients to sign a consent form?		
6.	Do you ask clients health related questions prior to undertaking the procedures?		
7.	Do you keep records of client information?		
8.	Do your records include: Daily work diary, including client name and treatment Client record : names / addresses / date of birth Relevant past medical history Proof of parental consent if necessary Proof of identification Body part pierced / tattooed?		
9.	Do you belong to any professional trade body / organisations? If 'yes' which: _____		
10.	Where do you purchase products from?		
11.	Do you give after care guidance to your clients?		
12.	Are there suitable controls for the following multi-use items? : Skin sprays Deodorant sticks Marking pens Petroleum jelly containers Other _____ (Please list)		

**APPENDIX 2
DISPLACEMENT AUTOCLAVES (ie. autoclaves without a vacuum cycle)**

TEST RECORD SHEET

This form is to be filed weekly in the appropriate logbook.

Autoclave Serial Number : _____

Name of Premises : _____

Week Beginning : _____

Daily Testing :

Day / Date	Cycle Number (If available)	During Sterilizing Hold Period		Sterilizing Hold Period	Ultra-Sonic Bath Drained at End of Day? (Yes / No)	Water Reservoir Drained at End of Day? (Yes / No)	Signature (Certified Fit For Use By Operator)
		Temp °C	Pressure bar	Min : Sec			
Mon							
Tues							
Wed							
Thurs							
Fri							
Sat							

NB. Holding time refers to the length of time that the temperature and pressure are **maintained** at the recommended levels stated above (i.e. the sterilizing stage).

Weekly Testing :

Day/Date	Cycle Number (If available)	Time Taken To Reach Sterilizing Stage	Door Seal Pass / Fail	Door Safety Device Pass / Fail	Signature (Certified Fit For Use By Operator)
			P / F	P / F	

Faults (new or existing) and action taken :

Date for next quarterly / annual service and maintenance : _____

NB. These tests **only** apply to **downward displacement** autoclaves (ie. those without a vacuum cycle). For advice regarding testing for **vacuum** autoclaves please contact the local Environmental Health Department.

APPENDIX 3

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