

Tattooing and body piercing guidance

Toolkit

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July 2013



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GRAHAM JUKES

Chief Executive, Chartered Institute of Environmental Health

Tattooing and body piercing have become increasingly popular and fashionable. Ensuring practitioners follow safe working practices is important for protection of both clients and the practitioners themselves. It has been recognized for some time that there is a need to promote safety and consistency across the range of tattooing and body piercing practices by basing requirements on best available scientific information whilst also taking account of practical experience. This guidance toolkit encompasses expert advice as well as the opinions and experience of practitioners of what works at a practical level.

ALAN BESWICK

Principal Scientist, Health & Safety Laboratory

A substantial amount of care and effort has gone in to producing this new guidance toolkit, and its underlying strength lies in the evidence based nature of its content; further supported by expert consensus where published evidence may be lacking. The combination of contributors to the toolkit confirms the desire of the authors to 'get it right' in terms of the subject matter, presentation style and general accessibility of the information. Those who have contributed include senior tattooing and body piercing industry representatives, health care professionals, infection control scientists and health and safety specialists. The Health and Safety Laboratory is grateful to Public Health England and The Chartered Institute of Environmental Health for the opportunity to be involved in this guidance toolkit preparation, and is fully supportive of its content.

DR PAUL COSFORD

Director for Health Protection and Medical Director, Public Health England

This guidance toolkit has been developed as a collaborative piece of work between health protection staff and partners for the tattoo and body piercing industry. Its aim is to influence service provision, in particular by the promotion of evidence based infection prevention and control practice. This information has been adapted into a comprehensive, practically based governance framework as a resource to both support and guide practitioners in the field. The need for and importance of this guidance for the industry, has been recognised by many health professionals and practitioners alike and I am delighted to support and endorse this toolkit guidance.

MARCUS HENDERSON

President, Tattoo and Piercing Industry Union

The vast majority of members of the professional tattoo and body piercing community recognise the importance of the promotion and adoption of good practice in order to safeguard both practitioners and public alike. It is our hope that this document will provide an easy access reference guide to assist those engaged in the industry in understanding the necessity for examining their current practices and, where needed, making changes to improve operational standards.

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CHARTERED INSTITUTE OF ENVIRONMENTAL HEALTH (CIEH)

The CIEH is a registered charity and the professional voice for environmental health. It sets standards, accredits courses and qualifications for the education of members and other environmental health practitioners. It provides information, evidence and policy advice to local and national government and environmental and public health practitioners in the public and private sectors. As an awarding body, the CIEH provides qualifications, events, and support materials on topics relevant to health, wellbeing and safety to develop workplace skills and best practice.

HEALTH AND SAFETY LABORATORY (HSL)

The Health and Safety Laboratory (HSL) is an Agency of Health and Safety Executive (HSE) and is the UK's leading health and safety research facility, employing over 350 scientific, medical and technical specialists. Its role is to support the HSE Mission and directly help organisations become healthier, safer and therefore, more productive places in which to work. HSL capabilities encompass a wide range of topics including: occupational and environmental health, human factors and risk assessment; safety engineering; work environment and specialist photographic and technical services. This breadth of expertise underpins our particular strength in creating multi-disciplinary teams to solve health and safety problems..

PUBLIC HEALTH ENGLAND (PHE)

From its establishment in April 2013, Public Health England is the authoritative national voice and expert service provider for public health, established to protect and improve the nation's health and wellbeing, and to reduce inequalities.

The three main business functions:

1. Delivering services to national and local government, the NHS and the public.
2. Leading for public health.
3. Supporting the development of the specialist and wider public health workforce.

PHE works with partners across the public health system and in wider society to:

- Deliver, support and enable improvements in health and wellbeing in the areas set out in the Public Health Outcomes Framework.
- Lead on the design, delivery and maintenance of systems to protect the population against existing and future threats to health by providing a comprehensive range of health protection services.

TATTOOING AND PIERCING INDUSTRY UNION (TPIU)

The TPIU has been working hard to become the recognised trade association representing individual TPI workers and their studios; providing a collective voice for the industry; helping to educate and inform our members on issues specific to our profession and to raise standards in the industry through sharing of information and discussion.

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This guidance toolkit has been prepared by a panel of health protection and practitioner representatives. It comprises a consensus of expert advice which it is intended will provide an authoritative source of information. Its contents are supported by extensive literature reviews (Part E).

The purpose of the guidance toolkit is to support local authority and other regulatory officers in determining their requirements for effective control of risk in these activities and to promote a consistent approach. Similarly, it is intended to be of assistance to practitioners and businesses undertaking these activities to support them in adopting acceptable standards of practice. The use of this guidance toolkit will help to ensure the health and safety of both clients and operators and that tattooing and skin piercing practitioners will be operating in compliance with legal requirements.

BACKGROUND

Tattooing and body piercing procedures have become more popular and fashionable in the United Kingdom (UK) as a whole, particularly in the last decade. The range of tattooing and body piercing procedures has also increased. There are no published data on the prevalence of tattoos in the general UK population. There are also no comprehensive data for the UK on the prevalence of body piercing, but a small study has estimated that the prevalence of body piercing, other than of earlobes, in the general adult population in England was 10% (Bone A et al, 2008).

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

Over the years a variety of legislation has been introduced, mainly for local adoption, to encourage and support safe practice. Model bylaws have been made available, but have not been accompanied by standard requirements for compliance. As a response to on-going concerns, a number of sets of local/regional guidelines have been developed by different agencies, often initiated by environmental health or health protection specialists (this guidance toolkit draws upon some of the previously published material). However, there have been difficulties previously in engaging practitioners in the development of such guidelines and in securing adoption and wider implementation.

It is also recognised that there are no nationally recognised or accredited training courses, standards for practice, agreed knowledge and skills frameworks or arrangements for monitoring and reporting of professional competence. The absence of accredited training and competencies for tattooing and body piercing is an area that needs to be addressed nationally and is outside the scope of this guidance. The working group has, however, been greatly assisted in the preparation of this guidance by the Tattoo and Piercing Industry Union who are recognised as a professional body for tattoo and body piercing practitioners in the UK.

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DEVELOPMENT OF THE GUIDANCE

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

A multi-agency steering group was set up comprising representatives from the Chartered Institute of Environmental Health, Health and Safety Laboratory, Public Health England (formerly Health Protection Agency), Tattoo and Piercing Industry Union and also individuals with practical experience of working in this area as expert advisors, practitioners or regulators.

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

References

Bone A., Ncube F., Nichols T. & Noah ND. (2008) Body piercing in England: a survey of piercing at sites other than earlobe. *BMJ*; 336; 1426-1428.

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The guidance has been written as a key point of reference for use nationally by tattoo and body piercing practitioners who work in regulated premises, local authority officers in their regulatory role and health protection staff who are asked to provide expert advice. The guidance does not cover mobile operators or non-registered practitioners, although the risks encountered in relation to their activities will be of equal or greater concern. It does not address the risks associated with procedures other than those commonly accepted as necessary for tattooing and the insertion of body jewellery, although the procedures recommended for infection control are based upon sound principles of infection control and will have wider application.

The material is arranged so as to be readily accessible as a web-based toolkit, organised in a manner that reflects the tattoo and body piercing setting, and with supportive documentation and literature that can be downloaded and saved or printed in the manner that users prefer.

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

THE AUDIT TOOL

This audit tool can be downloaded and used as individual sections or as a complete tool. It is intended to be used by tattoo and body piercing practitioners, regulatory officers and health protection practitioners to generate evidence of the environment, practice and procedures in meeting standards and whether practitioners are applying best practice and following guidance. The tool can be repeated to see if standards have been maintained or improved.

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

In offering and using the advice contained in this guidance it must be clearly understood that:

- Legislation may change over time and the advice given is based on the information available at the time this toolkit was produced – it is not necessarily comprehensive and is subject to revision in the light of further information.
- Only the courts can interpret legislation with any authority, and
- This advice is not intended to be definitive legal guidance nor is it a substitute for the relevant law and independent legal advice should be sought where appropriate.

PROVIDING FEEDBACK

The working group intend to reconvene to consider all feedback provided on the use of this guidance toolkit after it has been in operation for 6 months after publication. To that end feedback on your experience is positively encouraged and will be acknowledged and recorded for consideration. Please send your feedback to Ian Gray, i.gray@cieh.org Principal Policy Officer at the Chartered Institute of Environmental Health.

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OTHER GUIDANCE TAKEN INTO ACCOUNT

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

Dartford Borough Council: Code of practice for hygienic skin piercing (2009)

Tattooing and Body Piercing Infection Control Guidelines from Local Health Protection Teams (formerly Health Protection Agency Health Protection Units)

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SPECIAL ACKNOWLEDGEMENT

The working party would like to record its appreciation of the Chartered Institute of Environmental Health for undertaking the design and publication of the guidance toolkit.

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PART A

Legislative background on tattooing and skin piercing activities

SUMMARY

The use of legislation in this area of activity is primarily to ensure that infection control arrangements are adequate and effectively carried out wherever so-called ‘special treatments’ are carried out. ‘Special Treatments’ are usually defined as treatments for persons requiring massage, manicure, acupuncture, tattooing, cosmetic piercing, chiropody, light, electric or other special treatment of a like kind or vapour, sauna or other bath.

The primary means of enforcing infection control arrangements is by use of the licensing or registration provisions. These are prescriptive methods with offences and penalties for non-compliance. The licensing and registration provisions are largely concerned with setting requirements for good standards by requiring the maintenance of established hygiene controls in respect of premises, equipment, procedures and practices. However, there are additional controls contained in primary legislation that do contain provisions for the immediate prohibition of activities or persons or for the closure of premises where risk of infection can be demonstrated.

The legislation relating to tattooing and skin piercing activities, as well as other so-called ‘special treatments’, can therefore be broadly split into two main areas:

- Specific controls by registration or licensing of premises and people carrying out the activities, and
- General controls of activities through primary legislation that is not specific to particular activities but applies to all of them.

Specific controls

Arrangements for licensing and registration will differ depending on the particular requirements of the local authority in whose area the business is located or the activity is being carried out.

Outside London

Generally, outside London there are provisions to register both the premises (which can include a practitioner’s home) and the practitioners themselves. The local authority will also have powers to enact bylaws to regulate particular activities. However, as these are adoptive powers, there may be some local authorities which do not have such registration procedures in place and are relying on the general legislation to control these activities.

In London

Some local authorities in London operate a registration system similar to that outside London. However, in most of London, and certain other Councils in England, there are specific local powers with a system for licensing premises where skin piercing or other so-called ‘special treatments’ are provided which includes tattooing.

Registration can be applied to a practitioner’s home where regulated activities take place. The registration is for fixed premises, however, the law allows local authorities to adopt a condition of registration that permits the registered practitioner to work away from their fixed premises, although many do not permit this.

General controls

The primary health and safety legislation applies across the whole of England & Wales and is available for use by all local authorities without the need for adoption. It can be used to impose and enforce infection control requirements in relation to all skin piercing activities, including peripatetic practitioners who visit a client’s home. It allows for immediate prohibition of persons or premises that pose an imminent risk to health or safety. The use of health and safety legislation is governed by substantial amounts of regulatory guidance and approved codes of practice. However, none of this relates specifically to skin piercing and therefore, regulatory officers need to use their skills of risk assessment within an infection control setting.

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There is also public health legislation which provides local authorities with health protection powers to impose restrictions or requirements to protect public health where voluntary cooperation to avert a health risk cannot be secured and where other methods of control are ineffective, unsuitable or disproportionate to the risk involved. Although these powers are very extensive, there are stringent criteria for their use and safeguards for people who might be affected by them.

(See below for public health controls)

Determining requirements

It is intended that this national guidance will provide an additional authoritative source of information to support local authorities in determining their requirements for effective control of risk in these activities and adopting a consistent approach in the application of the legislation. Similarly, it will be of assistance to those businesses and practitioners undertaking these activities to ensure that they are able to operate safely and comply with legal requirements.

LICENSING AND REGISTRATION REQUIREMENTS IN ENGLAND & WALES (EXCLUDING LONDON)

There are provisions in Part VIII of the [The Local Government \(Miscellaneous Provisions\) Act 1982](#) (LGMPA82) for local authorities in England & Wales to require the registration of persons carrying on the practices of acupuncture, tattooing, ear piercing or electrolysis. These powers are adoptive, and local authorities are able to choose which of these practices would be required to be registered in their area. [The Local Government Act 2003](#) (LGA03), Section 120, added semi-permanent skin-colouring and cosmetic piercing to this list of activities for which registration can be required.

The Act allows for local authorities to make byelaws, for the purpose of securing:

a) The cleanliness of premises and fittings in such premises;

- b) The cleanliness of persons so registered and persons assisting persons so registered in their practice and;
- c) The cleansing and, so far as is appropriate, the sterilization of instruments, materials and equipment used in connection with the registered practices.

This is, therefore, specific legislation to ensure proper infection control measures.

The Secretary of State issued model bylaws, relating specifically to infection control, which local authorities could formally adopt. The Act (LGA03) added further model bylaws in respect of cosmetic piercing and semi-permanent skin-colouring. The model bylaws have been reissued as a single document covering all activities that are regulated under the LGMPA 82.

See Appendix 01 – Model Byelaws: Acupuncture, tattooing, semi-permanent skin-colouring, cosmetic piercing and electrolysis

The local authority can request reasonable information from applicants for registration. This cannot include details concerning persons whom the applicant has given treatments to, however, it could include evidence of training or competency for those being registered.

The registration is mandatory in that the local authority must issue a registration if the application has been properly made. A registration can only be refused where a person has previously been convicted of an offence under Section 16(1) or (2) of the Act (see below) and the convicting magistrate cancelled the previous registration. A registration can only be cancelled by a magistrate upon conviction of an offence, and this is in lieu of a fine.

There are 3 possible offences –

- Carrying on the business of acupuncture, tattooing, ear piercing or electrolysis without being registered, contrary to Section 16(1).
- Contravening any bylaws made under the Act, contrary to Section 16(2).
- Failing to display a copy of the registration and bylaws at the premises, contrary to Section 16(9).

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The penalties for offences are fines on the Standard Scale of Level 3 (currently £1000) for offences against Section 16(1) and Section 16(2), and Level 2 (currently £500) for an offence against Section 16(9).

There are some exemptions from the registration requirements. It does not apply to practices carried out by or under the supervision of a person who is registered as a medical practitioner (a Doctor registered with the General Medical Council) or for acupuncture by a dentist, or their respective premises.

Local authority officers can be authorised to enter any premises where they have reason to believe any of these three offences are being committed, but where entry is refused the authority of a warrant issued by a Justice of the Peace has to be obtained.

LICENSING AND REGISTRATION REQUIREMENTS IN LONDON

The Greater London (General Powers) Act 1981 (GLGPA81) provided London boroughs with a similar adoptive registration system as the LGMPA82 which applied in the rest of England and Wales, together with model bylaws and similar offences relating to infection control. These legal provisions were mainly replaced in 1991 (see below), however some London boroughs are continuing to use the GLGPA81.

The [London Local Authorities Act 1991](#) (LLAA91), Part II provides a system of licensing for premises offering ‘special treatment’, which is defined as treatment for persons requiring massage, manicure, acupuncture, tattooing, cosmetic piercing, chiropody, light, electric or other special treatment of a like kind or vapour, sauna or other baths. Although not mentioned in this list, semi-permanent skin-colouring is regulated as a treatment of a like kind to tattooing, and electrolysis is regulated as an electrical treatment.

The LLAA91 is adoptive. No model byelaws have been issued, however, the Act allows boroughs to issue a licence on “such terms and conditions and subject to such restrictions as may be specified”. Effectively this means

there is no real limitation on what these may cover, but the Act does list nine specific areas, some of which are not related to infection control. The London local authorities can also make standard conditions that will be attached to all licences issued, however, there are no standardised conditions across London under the LLAA91. Therefore the requirements can vary between individual London local authorities, however, they all include infection control and other more general safety issues.

Under the LLAA91 it is the premises that are required to be licensed, not the persons carrying out the treatments. However, some London local authorities will name individual practitioners on the licence. Training requirements for practitioners may be specified in conditions attached to the licence and some London local authorities operate free (but mandatory) registration schemes for practitioners through conditions on the licence.

Exemptions within London

The LLAA91 allows several exemptions from the requirement for a licence:

- Treatments carried out for no gain or reward are exempt.
- Doctors registered with the General Medical Council (GMC) are exempt for all treatments.
- Members of “bona fide bodies of health practitioners” can be exempted where they use their skills in curing or alleviating of bodily diseases or ailments, but this does not include a person whose skills are employed mainly for cosmetic alteration or decorative purposes.
- Dentists registered with the General Dental Council (GDC) are exempt for acupuncture.
- Various other exemptions are allowed but they do not extend to skin piercing or skin colouring activities.

The licence for the premises is not mandatory as it can be refused on 13 different grounds including, the suitability of the applicant; structural stability of the premises; likely nuisance caused by the business; training

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of staff; suitability of equipment and fire precautions. When granted it is renewable on an annual basis with the same grounds to refuse the renewal each year. If the licence is not renewed then it ceases to exist. The licence can be varied at any time, or transferred to another person, although this can be refused.

The local authority must notify the Police and the Fire Authority of each application, and these bodies can make comments that the local authority may consider, and act upon, if they so wish. The consultation requirement is for notification only and the consultees do not have to respond.

Offences include operating a special treatment premises without a licence, or not in accordance with the terms of the licence (a 'breach of conditions'). The licence can be revoked by the local authority if the licensee is convicted of a breach of conditions. Officers authorised by the local authority have powers of entry where they believe an offence may have been committed, and a warrant is not required. Penalties on conviction for offences are fines up to Level 4 on the Standard Scale (currently £2500)

HEALTH AND SAFETY AT WORK etc. ACT

The [Health & Safety at Work etc. Act 1974](#) (HASWA74) applies across the whole of England & Wales and to all persons engaged in tattooing and skin piercing activities for gain or reward. This includes peripatetic workers who carry out treatments in the client's home, although only the Health & Safety Executive have powers in relation to peripatetic workers.

It provides means of securing effective infection control and the following areas are particularly applicable.

General duties

Under Section 2 of the Act, all employers have a general duty of care to ensure the health, safety and welfare of their employees. Under Section 3, both employers and self-employed

persons have a general duty of care to ensure their activities do not expose them or the general public to risks to their health or safety.

Within the framework of its overall strategy the HSE has developed individual sector strategies, with stakeholder involvement. Each sector strategy sets out a series of aims grouped under the goals of the HSE Strategy which, if met, will address 'what' needs to be done for each sector to improve its health and safety performance. The HSE Beauty Sector Strategy 2012-15 can be found at:

<http://www.hse.gov.uk/aboutus/strategiesandplans/sector-strategies/beauty.htm>

Risk assessment

A risk assessment is the key step in protecting workers and the public, as well as complying with the law. The risk assessment is a careful examination of what work activities could cause harm to people and this then guides decisions about precautions that need to be taken, including infection prevention and control measures.

The HSE provides detailed advice on carrying out risk assessments <http://www.hse.gov.uk/risk/risk-assessment.htm> including interactive tools <http://www.hse.gov.uk/risk/shop.htm>

The [Management of Health and Safety at Work Regulations 1999](#) requires all employers and self employed persons to:

- Undertake a risk assessment of their activities;
- Remove, where possible, that risk or;
- Where residual risk is unavoidable, to provide control measures to reduce it as far as possible, including as a last resort, provision of personal protective equipment;
- Provide training to staff and persons they use to undertake their business activities (contractors) to ensure they understand the risks and the control measures.

One of the risks that must be considered here is that of possible complications relating to

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the procedure of skin piercing (for example: migration, scarring, teeth damage with oral piercing). Also, to be considered here will be contra-indications for tattooing, cosmetic piercing and other activities, some for obvious reasons, others not so obvious. The practitioner therefore has to make sure that a fully 'informed consent' procedure is adopted. This means gathering information from the client about their health and suitability for the treatment, and giving the client enough information about the possible complications that could arise from the treatment for them to make their own decision.

Control of substances hazardous to health

The [Control of Substances Hazardous to Health Regulations 2002](#) requires that a specific risk assessment is carried out by employers or self employed persons who work with substances hazardous to health. Substances which are hazardous to health include biological agents. The hazards in this context are the organisms which can cause communicable diseases could be transmitted from person to person by unhygienic practices.

Therefore a specific risk assessment in respect of infection control is necessary for all persons undertaking tattooing and skin piercing activities.

Businesses employing less than 5 people do not have to record the findings of this risk assessment, however they still have to satisfy regulatory officers that their risk assessment is suitable and sufficient.

The courts may accept that where a practitioner can demonstrate that they are operating in accordance with these National Guidelines, then their assessment is sufficient.

Management of contractors

The [Management of Health and Safety at Work Regulations 1999](#) (Sections 10, 12 & 13) contains legal provisions which can be of particular importance to the many tattooists and cosmetic piercers who do not own the premises which they operate from and are

not employed by the person who owns and/or manages the premises where they work. In these cases, they are usually self-employed and have some form of contract, formal or informal, with the owner of the shop premises whereby they pay the owner to allow them to work there. In these circumstances the shop owner can be said to be contracting out to the practitioner and in effect 'endorsing' their work'.

These tattooists and piercers are therefore contractors undertaking the activities of the business owner for them. This means that the premises owners cannot abdicate their own general duties under HASWA 74 to the individual practitioners. They have a duty to ensure that persons working on their premises are competent and that they carry out their work in a safe manner. The only way they can do this satisfactorily is to assess the practitioners for themselves and monitor their activities to ensure they have carried out their own risk assessment, as they are required to do by law, and that they are following control measures they have identified. The business owner has the ultimate power to remove the risk, by stopping particular contractors working at their premises.

Enforcement

The requirements of HASWA74 are enforceable through improvement and prohibition notices. Improvement notices give a time limit for compliance with requirements. Prohibition notices can have the effect of immediately stopping the operations of a business or the activities of a person where imminent risk is apparent. All offences under HASWA74 are punishable by unlimited fines and prison sentences, so they provide a substantial inducement for business to comply with requirements.

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PUBLIC HEALTH CONTROLS

In March 2010 a set of new health protection regulations were made under the amended Public Health (Control of Disease) Act 1984 to continue the process of modernising health protection legislation in England. The regulations, the [Health Protection \[Part 2A Orders\] Regulations 2010](#), provide updated local authority powers to protect public health where voluntary cooperation to avert a health risk cannot be secured and where other methods of control are ineffective, unsuitable or disproportionate to the risk involved.

Powers that impose restrictions or requirements are conditional on strict criteria being met. Before making use of these powers, the local authority or Justice of the Peace must be satisfied that the criteria relating to a particular threat to health are met. The criteria cover evidence of infection or contamination, assessment of the potential for significant harm to human health, risk of spread to others and necessity for action to be taken in order to reduce or remove that risk. The legislation also contains safeguards for people who might be subject to the legal measures.

The measures are contained in the Public Health (Control of Disease) Act 1984 (as amended) together with the Health Protection (Local Authority Powers) Regulations 2010 and the associated provisions.

A web-based interactive toolkit has been developed to assist in the use of these health protection powers. <http://www.cieh.org/WorkArea/showcontent.aspx?id=37814>

AGE LIMITS AND CONSENT

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

Tattooing

The [Tattooing of Minors Act 1969](#) imposes a statutory minimum age of 18 years for

permanent tattooing (except when carried out for medical reasons by a duly qualified medical practitioner or by a person working under their direction). The practitioner has a defence if they can show that they had good reason to believe that the person was over 18 years of age. The consent of a client under 18 is not a defence. The Police enforce this legislation and fines are up to Level 3 on the Standard Scale (currently £1000).

Other skin piercing activities

There is no statutory minimum age for any other form of skin piercing activity. Within London, the licensing framework makes it possible for local authorities to state a minimum age for these activities. However, this has not been consistently applied: some boroughs set no age restrictions; some prohibit cosmetic piercing under 18 or 16, and some allow it with parental consent; others allow 'above the belt' skin piercing above the ages of 16 or 18, and yet others ban all types of genital and nipple piercing.

Acupuncture and electrolysis

When carried out properly these do not cause harm to the body, and leave no permanent markings. For this reason they are not likely to raise any concerns over common assault charges, although practitioners should be aware of possible indecent assault complications (see below). Consent should still be obtained before treatment takes place, and in the case of a minor this should be obtained from the parents or legal guardians.

Ear and nose piercing

Ear piercing, and in some cultures nose piercing, is generally considered acceptable when carried out on a minor, even below the age of five, provided that a parent or legal guardian gives consent and is present whilst the procedure is carried out.

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

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Consent

In the legal proceedings of *R v Brown* (1994) 1 AC 212, the House of Lords ruled on appeal that consent could not be a defence against sections 20 and 47 of the Offences Against the Person Act 1861 which deals with common assaults. However, the law also recognises that certain activities that give rise to 'harm' are lawful. This includes surgery, tattooing, ear piercing and violent sports. The courts have also held that the law allows children under the age of 18 to consent to cosmetic body piercing provided they are sufficiently mature to understand the nature of the request. This kind of assessment is clearly a subjective matter for the operator who will need to ensure that the client is provided with sufficient information to allow them to proceed in an informed way and without pressure.

Under the Sexual Offences Act 1956, girls and boys under the age of 16 cannot legally give consent to intimate sexual contact under any circumstances, so piercing of nipples and genitalia (for girls) or genitalia (for boys) can be regarded as an assault offence. Evidence that such contact was for sexual gratification would be required in order to constitute an indecent assault. The Female Genital Mutilation Act 2003 states that certain procedures in respect of female genitals is illegal unless carried out for medical reasons.

The signing of a declaration and providing proof of age should be a fundamental part of the client consultation process and practitioners should always require that the client signs a consent form prior to any work being commenced. However, the consent will only be valid if the customer has been fully informed as to the nature of the process, the likely effect and potential problems involved. An example of a consent form is provided in Appendix 9. However, for practitioners own protection, it is recommended that any consent forms they use are worded with the advice of a solicitor who is familiar with this area of law.

USE OF LOCAL ANAESTHETIC MEDICATION

There is a range of topical local anaesthetic products for surface (skin) anaesthesia available from community pharmacies (Pharmacy only (P) medicines), however none of these products are

licensed for local anaesthesia prior to tattoo or body piercing.¹ The client may wish to obtain a topical local anaesthetic preparation prior to the procedure; however responsibility for purchasing and application of the product should remain with the client. The client should be advised to read the Patient Information Leaflet which accompanies the product and should be aware of the following:

- Warnings, cautions and contraindications.
- Side effects.
- That they are using the licensed product for an un-licensed indication.
- Recommendations regarding administration and application.

Alternatively, a qualified practitioner, e.g. doctor, may prescribe a topical local anaesthetic product to be self-administered by the client, or can prescribe and administer a topical local anaesthetic product, in accordance with legal requirements of their professional registration.²

Local anaesthetic injections are prescription-only medicines (POMs) therefore they can only be prescribed by a suitably qualified practitioner. Local anaesthetic injections are not licensed for local anaesthesia prior to tattoo or body piercing. In addition they should not be administered parenterally unless adequate resuscitation equipment is available.¹ Information on the supply and administration of injectable medicines outside their licensed medicinal uses is available from the Medicines and Healthcare Regulatory Agency (MHRA)² and from the Nursing and Midwifery Council (NMC).³

References

1. British National Formulary (BNF) <http://www.medicinescomplete.com/mc/bnf/current/PHP8663-local-anaesthesia.htm> (accessed 22/4/2013)
2. MHRA; Frequently asked questions: Supply and administration of Botox®, Vistabel®, Dysport® and other injectable medicines outside their licensed medicinal uses such as in cosmetic procedures <http://www.mhra.gov.uk/Howweregulate/Medicines/Availabilityprescribingandsupplyingofmedicines/Frequentlyraisedissues/BotoxVistabelDysportandotherinjectablemedicinesincosmeticprocedures/index.htm> (accessed 22/4/2013)
3. NMC; Remote prescribing and injectable cosmetic medicinal products <http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-in-Practice-Topics/Remote-prescribing-and-injectable-cosmetic-medicinal-products/> (accessed 22/4/2013)

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Infection, its causes and spread

The causes and methods of spread of infections that are likely to arise in connection with tattooing and skin piercing, are well understood.

See Appendix 02 – Infection, its causes and spread

Unsafe or unhygienic practices by tattooing/body piercing practitioners can lead to the spread of infectious diseases that can affect the health of the client as well as jeopardise the health of the practitioner. Although some bacterial or viral infections may be spread during procedures that do not involve skin penetration, it is the occupational risk of transmission of infections such as blood-borne viruses (BBVs), such as hepatitis B, hepatitis C, hepatitis D and HIV, which can arise and which are of primary concern. Precautions to minimise the possibility of exposure to blood from an infected client or practitioner should be put in place by the adoption of safe practices and procedures. This should include immunisation against hepatitis B (Department of Health, 2010a).

Factors in infection control practice

The risk of transmission of infection can be minimised by:

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

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

Responsibilities

Under the Health and Safety at Work etc. Act (1974), all employers should ensure that all their employees are appropriately trained and proficient in the procedures necessary for working safely. Employers and their employees are also responsible to ensure that any person on the premises is not placed at any avoidable risk, as far as is reasonably practicable. They also have a responsibility to protect voluntary workers. Employers are also required by the Control of Substances Hazardous to Health Regulations 2002, known as COSHH, to review every procedure carried out by their employees which involves contact with a substance hazardous to health, including pathogenic micro-organisms. Specific guidance is available from the Department of Health (Department of Health, 1998).

STANDARD PRINCIPLES OF INFECTION CONTROL

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

Everyone providing treatments to clients should know about and be able to carry out these standard principles for infection prevention and control (National Institute for Health and Care Excellence 2012). To that end they should have received training in:

- Hand hygiene and skin care.
- The use of personal protective equipment (PPE).
- Sharps management and management of exposure to blood and body fluids.
- Safe handling, storage and disposal of waste materials.
- Cleaning and disinfection of the environment.

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

Hand washing facilities

Hand washing facilities should be adequate and conveniently located in treatment areas (Department of Health, 2010a). Hand washing instructions should be clearly displayed at the hand wash basin, such as in the form of a poster.

See Poster – How to handwash

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

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

Wall-mounted disposable paper towels should be next to the hand wash basins, and fully stocked at the start of each working day to minimise or reduce the need to fill up within hours during which the premises is operational (NHS Estates, 2002).

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

As a gold standard for infection control purposes, NHS Estates (2002) recommend that hand wash basins should:

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

When to wash hands

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

What to use for hand washing

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

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How to carry out hand washing

There are three distinct and essential stages to handwashing (National Institute for Health and Care Excellence, 2012)

1. Preparation

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

2. Washing and rinsing

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

3. Drying

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

Use of hand rubs

Hand rubs containing alcohol based products can enable practitioners to quickly and effectively clean their hands before and after contact with clients. However, the use of a hand alcohol rub/gel is not a substitute for using soap and water for hand washing e.g. when undertaking tattooing and body piercing procedures (see above), and should not be used when the hands are visibly soiled or potentially contaminated with body fluids (National Institute for Health and Care Excellence, 2012). Hand rubs should conform to the standard BS EN 1500. The hand rub solution must come into contact with all surfaces of the hand; the hands must be rubbed together paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, until the solution has evaporated.

Hand care

Use of hand cream

A hand cream can be applied regularly to protect skin from the drying effects of regular hand decontamination (National Institute for Health and Care Excellence, 2012). Each practitioner should have their own supply and a communal pot should not be used.

Care of broken skin

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

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Personal protective equipment (PPE) should be available to all practitioners and staff who may be at risk whilst working in the premises.

Assessment of risk

Regulation 3 of the Management of Health and Safety at Work Regulations 1999 (Health and Safety Executive, 2008) requires every employer to make a suitable and sufficient assessment of:

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

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

Anticipated level of exposure	Wear disposable gloves	Wear plastic or fluid repellent apron	Wear eye and face protection
No exposure to blood/body fluids anticipated	X	X	X
Exposure to blood/body fluids anticipated but low risk of splashing	Yes	Yes	X
Exposure to blood/body fluids anticipated with high risk of splashing to the face	Yes	Yes	Yes

Types of protective clothing

Work clothing

Practitioner clothing should be clean at all times, and professional in appearance. Work clothing should be changed daily. Staff clothing should not impede good hand washing, therefore the wearing of short sleeved tops is advocated (Department of Health, 2010b).

Gloves

The Control of Substances Hazardous to Health Regulations (Health and Safety Executive, 2002) require employers to assess any substances hazardous to health, including biohazards within blood and body fluids (such as blood-borne viruses) and take steps to reduce the risk of exposure.

The use of gloves has two purposes:

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

Gloves must be worn when carrying out invasive procedures, when in contact with sterile sites and non-intact skin or mucous membranes, and during all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions or excretions, or to sharp or contaminated instruments (National Institute for Health and Care Excellence, 2012).

The correct method for wearing and removing gloves can be found on the WHO Save Lives website: (http://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf). Hands must be washed and dried thoroughly before putting on disposable gloves.

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

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Gloves are single-use items (National Institute for Health and Care Excellence, 2012). This means they must be put on immediately before an episode of client contact or procedure and removed as soon as the activity is completed, or when leaving the client for any reason. Gloves must be changed between different procedural activities for the same client and between dealing with different clients, or removed if they become torn.

Glove choice

Gloves should be made available in a range of sizes for use by different practitioners (National Institute of Clinical Excellence, 2012).

All gloves used for direct client care must conform to current EU legislation (CE marked as for single use) and should be appropriate for the task. Only PPE meeting the basic health and safety requirements of the EC Personal Protective Equipment Directive requirements is entitled to carry a CE mark and be sold for use in the EC (Health and Safety Executive, 2012a). Practitioners should therefore look for the CE mark information on glove packs plus EN 374-1:2003 or EN 374-2. These markings show the gloves are protective against chemicals and can resist microorganisms at a performance level 2 test in penetration tests. Although this cannot infer protection against viruses, because they are not used in the performance tests, in practice this is the highest level of protection afforded against microorganisms (Health and Safety Executive, 2012a).

Synthetic materials

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

Nitrile

- Provides an excellent biological barrier, resistant to punctures and tears.
- Comparable to latex in terms of barrier performance.
- Is a good alternative for latex sensitive individuals.
- Can be used where a latex free environment is necessary.

- Is less elastic than latex but does shape to the wearer's hand over time.
- Can be used for handling certain chemicals (Infection Control Nurses Association, 2002).

However, nitrile contains the same types of chemicals as latex in the manufacturing process and allergic reactions have been reported.

Polyisoprene and Neoprene

- Offers effective protection against viral penetration.
- Has similar elasticity and physical properties as latex.
- Is suitable for individuals sensitised to latex proteins.
- Can be used when a latex free environment is necessary (Infection Control Nurses Association, 2002).

Vinyl

- Is suitable for use in areas where there is a low biohazard risk.
- Provides a good alternative for use when staff or clients are sensitised to latex.
- In lab tests shows increased permeability to blood borne viruses than latex.
- Possesses lower tensile strength than latex and breaks down more frequently.
- Is prone to leaking.
- Is inelastic and can be baggy to wear.
- Is inexpensive in comparison to synthetic rubbers (Infection Control Nurses Association, 2002).

Overall, vinyl gloves can be used to perform many tasks, but, depending on the quality of the glove may not be appropriate when handling blood/blood-stained fluids (Royal College of Nursing, 2012).

Polythene

These gloves are not recommended for use when undertaking activities involving blood/body fluids exposure and therefore should not be used in the tattooing and body piercing setting. They are ill fitting, have heat sealed seams that are predisposed to split and have a tendency to tear (Infection Control Nurses Association, 2002).

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Latex gloves (natural rubber latex)

Latex gloves may be the preferred choice for procedures in tattooing and body piercing because of latex's tactile sensitivity, barrier property against viruses, good fit and optimal elasticity and user familiarity. However, latex is a known skin and respiratory sensitiser and in a small number of people it can cause serious allergy (see below) (Health and Safety Executive, 2012a). There may also be issues when using latex gloves alongside petroleum-based lubricants which may affect the glove's integrity and therefore its protection ability.

Latex allergies are becoming common with prolonged use of latex gloves (Infection Control Nurses Association, 2002). The use of appropriate synthetic gloves is therefore recommended to avoid becoming sensitised. It is recognised, however, that within certain work environments, latex gloves are still used in large numbers due to their efficacy and low cost. If latex gloves are worn, then powder free, low protein content materials must be chosen to help prevent latex allergy (Health and Safety Executive, 2012).

Where latex gloves are in use, monitoring of clients and staff should be undertaken. Any sensitivity shown to natural rubber latex in either clients or staff should be documented and action must be taken to remove further exposure risks. Alternatives to natural rubber latex gloves therefore must be made available (Health and Safety Executive, 2012). Further information on latex allergy can be found on-line at: <http://www.hse.gov.uk/skin/employ/latex-gloves.htm> and detailed information on skin care and dermatitis in the work place can be found at: <http://www.hse.gov.uk/skin/>

Sterile gloves

Sterile gloves are used for major surgical procedures and are not applicable to tattooing/body piercing.

Gloves used for cleaning

For environmental cleaning purposes or for manual pre-cleaning of equipment prior to disinfection/sterilization, general-purpose rubber gloves should be used. The gloves should be washed with general-purpose detergent and warm water, and dried between uses. They should be changed weekly, or more frequently if the gloves become damaged (for example if there are signs of peeling, cracking and tears) (National Patient Safety Agency, 2007).

Aprons

A disposable plastic apron must be worn when there is a risk that clothing may be exposed to blood, body fluids, secretions or excretions (with the exception of sweat or tears) (National Institute for Health and Care Excellence, 2012). Plastic aprons should be used as single-use items and changed between clients. They should be discarded and disposed of as offensive waste after use.

Eye and face protection

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

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

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

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PRINCIPLES OF INFECTION CONTROL – MANAGEMENT OF SHARPS AND EXPOSURE TO BLOOD AND BODY FLUIDS

Introduction

All body fluids should be regarded as potentially infectious. Blood carries the highest risk of transmitting blood borne viruses such as hepatitis B, C, D and human immunodeficiency virus (HIV). Blood borne viruses may also be transmitted by other body fluids, especially if contaminated by blood (Health Protection Agency, 2009).

See appendix 03 – Blood borne viruses

Sharps and needles

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

‘Sharps’ contaminated with blood or other body fluids should be classified as hazardous waste and handled accordingly.

See Section 02e

All ‘sharps’ must be handled and disposed of safely and with extreme care. After use they should be placed immediately into yellow sharps boxes/bins with orange lids, compliant with UN 3291 and BS7320 standards. This is to reduce the risk of exposure to blood-borne viruses, for example through an accidental ‘sharps’ or ‘needlestick’ injury (National Institute for Health and Care Excellence, 2012).

See Appendix 04 – Safe use and disposal of sharps

Sterile needles

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

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

Types of injury/exposure

A blood/body fluid injury/exposure incident includes:

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

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

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

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

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

- 1 in 3 when a source patient is infected with HBV and is classed as being highly infectious at the time.

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- 1 in 30 when the patient is infected with HCV.
- 1 in 300 when the patient is infected with HIV (Health Protection Agency, 2008).

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

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

Sharps/'needlestick' injuries

Prompt first aid and immediate risk assessment is needed in the event of such incidents to establish the type of exposure sustained and to help determine what appropriate action is needed.

See Appendix 05 – First Aid following a blood/body fluid exposure

Blood/body fluid spills

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

The body fluid spill kit should contain:

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

See Appendix 06 – Protocol for cleaning up blood or a blood stained body fluid spill

Occupational health for blood borne virus prevention

Risk assessment

Apart from the overall duty to carry out risk assessment of hazards in the workplace, the Control of Substances Hazardous to Health (COSHH). Regulations place a specific duty on employers to assess the risks from exposure to hazardous substances, including pathogens (called biological agents in COSHH), and to bring into effect the measures necessary to protect workers and others from those risks as far as is reasonably practicable.

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

- How to prevent exposure to biological agents.
- Steps needed to achieve adequate control of exposure.
- Steps needed to avoid accidental 'needlestick/sharps' injury.

Vaccination requirements

Those at risk of blood/body fluid exposure through sharps or splashes, therefore, should have a full course of hepatitis B vaccine. An accelerated course consisting of three doses at zero, one and two months (followed by a fourth dose at twelve months after the first dose for those at continued risk of exposure), and antibody titres (blood levels) should be checked one to four months after the completion of the primary course of vaccine. It is recommended that those at continued risk of infection should be offered a once only single booster, approximately five years after completion of the primary immunisation course (antibody levels do not need to be checked before or after this booster dose). (Department of Health 2006).

Under the Health and Safety at Work etc Act 1974, employers must pay for protective measures such as immunisation. This is usually provided through the company occupational health provider. In the absence of an occupational health service, the employee could be asked to arrange immunisation through their own GP, but the employer must

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make alternative arrangements if this cannot be done, and reimburse any charges made to the employee for such arrangements. As with all control measures, immunisation needs to be checked and reviewed and boosters provided, where necessary.

It would be considered good practice for practitioners to keep copies of their vaccination history/antibody level results. If practitioners refuse to have hepatitis B vaccination, it is advised the employer should consider asking the employee to sign a disclaimer form.

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

There is no vaccine against hepatitis C and human immunodeficiency virus (HIV). Robust infection control measures should be employed at all times to minimise the risk of exposure to these viruses.

If a practitioner is found to be positive for a blood borne virus disease, they should be assessed and advised by their GP in relation to working practices.

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PRINCIPLES OF INFECTION CONTROL – SAFE HANDLING, STORAGE AND DISPOSAL OF WASTE MATERIALS

Good waste management is important to:

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

Responsibility for waste materials

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

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

National guidance on waste management

In 2012 The Department of Health published the “Safe Management of Healthcare Waste” to replace the 2006 version and to enable waste legislation in England to be in line with Europe (Department of Health, 2012). The document is to be used as a best practice guide for the safe and effective handling of waste. The previous clinical waste classification system using groups A to E can no longer be used, as the groups do not reflect the appropriate segregation for transport or disposal.

See Appendix 07 – Principles for good waste handling

There are a few municipal non-healthcare waste streams that are classed to be similar in nature to healthcare waste and are hence included within the Department of Health’s waste guidance’s assessment framework. Waste such as ‘sharps’ and related wastes from tattoo and body piercing practice is specifically included in this definition (Department of Health 2012).

Soft waste from body-piercing or tattooing practice can normally be assumed to present no risk of infection, unless an indication to the contrary is provided by a healthcare professional (Department of Health 2012). However, as waste contaminated with non-infectious body fluids is capable of causing offence, it would be classed as ‘offensive’ waste (see below) and would require appropriate packaging to indicate the bag contents (Department of Health 2012). Sharps waste would always be considered hazardous waste and should be disposed of accordingly (see below) (Department of Health 2012).

Offensive waste

The guidance from the Department of Health (Department of Health 2012) states that “used gloves and aprons, swabs, small dressings, and cotton wool contaminated with body fluids arising from cosmetic piercing and other body art plus other special treatment procedures would be considered as offensive/hygiene waste where it is generated in quantity (one bag of 7 kg or more in any collection interval)”. Offensive waste should be placed into a yellow/black bag (“tiger bag”) for disposal so that subsequent holders of the waste can handle and dispose of the material appropriately. Only where such waste “is generated in small quantities (less than 7 kg in one bag in any collection period) should it be disposed in the black-bag (general waste) stream” (Department of Health 2012).

‘Sharps’

‘Sharps’ should always be handled and disposed of as hazardous waste (see Section 02d). In England and Wales, ‘sharps’ not contaminated with medicinal products (such as those generated at a body piercing/tattooing premises), should be disposed of in a standards

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compliant yellow ‘sharps’ bin with an orange lid (Department of Health, 2012).

All other waste

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

Disposal of Aerosol Cans, Glass, Bottles, Broken Crockery and Dry Cell Batteries

These items should always be placed in a designated cardboard box, lined with a plastic bag so that it is leak-proof. The box should be labelled to indicate its contents and method of disposal.

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

Equipment for cleaning

Cleaning equipment that is regularly used should be fit for purpose, easy-to-use and well-maintained (National Patient Safety Agency, 2007a). A clutter-free environment and the adoption of local 'clean as you go' policies will provide the foundation for quality service provision in a clean, safe place. Good cleaning practice includes having:

- The provision and maintenance of a clean and appropriate environment by using systems to manage the environment's cleanliness with a documented cleaning policy and rota plus a regular audit programme.
- Equipment which is suitable for purpose, is able to be kept clean (i.e. impervious surfaces) and maintained in good physical repair.
- Working from the cleanest area towards the dirtiest area to greatly reduce the risk of cross contamination.
- A person in charge who has direct responsibility for ensuring that cleanliness standards are maintained.
- Single use cloths for cleaning tasks and cleaning equipment such as mops and buckets kept in good order (i.e. cleaned daily, renewed regularly and stored safely (cleaned, dried and stored inverted) in a designated area after use).

See Appendix 08 – Template protocol for environmental cleaning of premises

Colour-coding for cleaning equipment

The aim of a colour-coding system for cleaning equipment is to prevent cross-contamination. There is a national colour-coding system for the NHS (National Patient Safety Agency, 2007b) (e.g. blue for general areas, red for toilet areas/wash hand basins), which could be adapted for use in the tattooing and body piercing setting.

Use of chemicals

Household detergent is adequate for most routine environmental cleaning. For high risk environmental surfaces such as treatment surfaces, a hypochlorite solution of 1000 parts per million (PPM) available chlorine should be used. This solution should be made up for use on a daily basis, following the manufacturer's instructions, in a labelled container provided by the commercial manufacturer (using, for example, one tablet of sodium dichloroisocyanurate (NaDCC) per litre format). After twenty-four hours the solution must be discarded. The hypochlorite solution must not be transferred into a trigger spray bottle but be used directly from the container onto a disposable cloth or paper towels. Surfaces contaminated with blood should be cleaned in accordance with the guidance on dealing with blood spillage as a higher concentration of hypochlorite will be required (**see Appendix 06 – Protocol for cleaning up blood or a blood stained body fluid spill**).

All chemicals should be handled and stored in accordance with the manufacturer's instructions/COSHH guidance (Health and Safety Executive, 2002). Material safety data sheets should be accessible to all staff. All chemicals used on the premises should be used and stored in an identified cool, dry and well ventilated place (room/cabinet) that is lockable, out of reach of visitors and members of the public and in the original containers. Expiry dates should be routinely checked.

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SKIN PREPARATION

Where shaving is required, only single-use razors are acceptable. Either a 70% alcohol-impregnated single use swab (typically 70% isopropyl alcohol) or a 0.5% chlorhexidine in 70% alcohol single use swabs (National Institute for Health and Care Excellence, 2012) can be used for skin disinfection. If the skin is visibly dirty then the area should first be cleaned with soap and water and dried with a paper towel.

Where it is necessary to mark the skin, a single use toothpick dipped into gentian violet or other suitable dye could be used. The dye should be dispensed into a single-use pot for each client. Otherwise the entire bottle should be discarded after each client. As an alternative, or where large areas of skin need to be marked, then a single-use commonly available marker pen could be used, or a suitable single-use alternative. (Dartford Borough Council, 2009)

Where products such as petroleum jelly are used for procedures, an appropriate amount of material should be dispensed, using a single-use implement (Calderdale Local Authority, 2008), into a single-use pot for every client. Practitioners should not use cream/lotion direct from a jar/tube. Roll-on or stick applicators are not acceptable for use. The practitioner's hands, even if gloved, should never come into contact with the contents of these jars/tubes.

NEED FOR AFTERCARE

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

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

In the case of body piercing of minors, they must have a parent or other responsible adult present when aftercare advice is given.

Good practice is to include on the consent form a tick box or similar indicator to record that aftercare advice has been explained and discussed at the time that the consent form was signed.

See Appendix 09 – Tattooing/body piercing consent form

Maintaining a good level of hygiene around the treated area is essential during the healing period.

Care of skin after tattooing

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

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

Care of skin after piercing

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

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

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

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

Click on the aftercare leaflet thumbnail below to view the links for downloading

01 Tattoo



02 Ear and face piercing



03 Oral piercing



04 Body and surface piercing



05 Genital piercing (female)



06 Genital piercing (male)



07 Microdermal implants



WHAT TO DO IF A CLIENT RETURNS WITH AN INFECTION

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

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

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

See Appendix 10 – Aftercare follow-up record sheet

References

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Tattooing and body piercing guidance

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Section 04 Decontamination

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PRINCIPLES OF DECONTAMINATION

Decontamination is a combination of processes that render reusable items safe for reuse.

- For invasive items used in tattooing and body piercing, these decontamination processes will involve cleaning and sterilization, after which environmental recontamination should be minimised and recontamination with blood must be totally eliminated. Pre-sterilized single-use items are a good alternative.
- Using items once and then discarding them removes the need for decontaminating them.
- Where an item is marked  it is single-use and must not be reused even if decontaminated.
- For items used in association with invasive items, these decontamination processes should include both cleaning and sterilization. Where this is not possible (tattooing motors for example), their contamination should be minimised by the use of impervious covers which should be removed carefully after use so as not to contaminate the surface of the item, and the item itself should be chemically disinfected. Alternatively items can be single-use, such as with ink caps. As with invasive items, environmental recontamination should be minimised and recontamination with blood must be totally eliminated.
- For surfaces, contamination with blood should be made safe by careful application of chemical disinfectants.

Need for vigilance

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

Categorization of risks

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

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

DECONTAMINATION PRACTICE

Layout of decontamination area

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

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

Only by having a progression through a defined layout, can the location of an item correspond to its stage in the decontamination process. This is always important, but particularly so if more than one practitioner uses the same facility, or if multiple copies of identical equipment items are available for use, e.g. tattoo machine grips.

It is an advantage if the decontamination occurs in a dedicated room but if this is not possible, it should still occur in a dedicated area in which a defined flow from dirty to clean can be clearly established.

Decontamination of invasive items

Any item that pierces the skin poses a high risk of transmission of infection. Only items intended for reuse after cleaning and steam sterilization should be reused. If any uncertainty exists whether an item can be decontaminated by this method then confirmation should be obtained from the supplier.

See Appendix 11 – Decontamination requirements for equipment used in tattooing and skin piercing

Cleaning

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

Cleaning should use methods, detergents and concentrations of those detergents compatible with items and specifically intended for instrument cleaning. The cleaning method should not put practitioners at risk from contaminants on

instruments: cleaning should be done under the detergent solution surface to prevent splashing and care should be taken to avoid injury.

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

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

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

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

Items with complex surfaces may require subsequent additional cleaning in an ultrasonic waterbath (ultrasound creates

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strong microcurrents in water by a process known as “cavitation” and is very effective at removing soiling from otherwise hidden crevices). Ultrasonic waterbaths should be used, maintained and validated according to the manufacturer’s instructions.

Use of disinfectants

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

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

Sterilization

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

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

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

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Appendix 14 – Autoclave daily record sheet

Further reading

- Small steam sterilizers are produced in 3 different types:

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

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

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

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

See Appendix 12 – Equipment sterilization standard: self-assessment and decision making tool for tattoo and body piercing practitioners

See Appendix 13 – Equipment and body piercing jewellery sterilization standard for tattooists and body piercers

Sterilizer operation, validation, maintenance and record keeping

Sterilizers should only be used by those trained in their correct operation. Sterilizers should be operated according to the sterilizer manufacturer’s instructions.

A steam sterilizer should monitor each sterilization cycle and produce a record (e.g. printout) of the cycle parameters, primarily the temperatures attained throughout the sterilizing phase and the times of those temperature readings. If the sterilizer cannot produce a record of cycle parameters, equivalent records should be produced by observation of a cycle at the start of each day the sterilizer will be used. Steam sterilizers should be validated and maintained by people specifically trained to do so according to a schedule provided by the sterilizer manufacturer. Records of validation and maintenance should be retained as locally advised by the inspecting authority.

See Appendix 14 – Autoclave daily record sheet

There is a legal requirement to have a written scheme of periodic examination of steam sterilizers under the Pressure Systems Safety Regulations, 2000 by a “Competent Person (pressure vessels)” under these regulations. A certificate of insurance is required for the sterilizer as a pressure vessel (Medical Devices Agency, 2002).

Care of items after sterilization

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

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

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

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

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

Further reading

Medicines and Healthcare products Regulatory Authority (MHRA). Sterilization, Disinfection and Cleaning of Medical Equipment: Guidance on Decontamination from the Microbiology Advisory Committee to Department of Health. Part 1 – Principles (2010); part 2 – Protocols (2005); Part 3 – Procedures (2006). <http://www.mhra.gov.uk/Publications/Safetyguidance/Otherdevicesafetyguidance/CON007438>

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Tattooing and body piercing guidance

PART A

Section 05 Product quality of tattoo ink

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BACKGROUND AND CONTEXT

MICROBIOLOGICAL AND CHEMICAL QUALITY CONCERNS

RECOMMENDATIONS TO IMPROVE THE QUALITY OF INK PRODUCTS USED FOR TATTOOING

See Appendix 01 – Model Byelaws: Acupuncture, tattooing, semi-permanent skin-colouring, cosmetic piercing and electrolysis

References

BACKGROUND AND CONTEXT

Requirements already exist at both European and national level, whereby ink products should be sterile and inert at first use. These specified standards are not necessarily legally binding, though bylaw requirements would become so if adopted by a local authority. At the European level the quality requirements for inks were initially laid down in 2003 by the Council of Europe, and further revised in 2008 (see at – <https://wcd.coe.int/ViewDoc.jsp?id=45869&Lang=en>).

In 2003 the UK Government published byelaws, for use by local authority environmental health officers (EHOs) to aid enforcement in this area. These have since been revised.

See Appendix 01 – Model Byelaws: Acupuncture, tattooing, semi-permanent skin-colouring, cosmetic piercing and electrolysis

The Welsh Assembly has also published its own byelaws to accommodate this area of enforcement and, like the UK model byelaws that preceded them, these stipulate that ‘..for the purposes of tattooing or semi-permanent skin-colouring, only sterile inert pigment, dispensed into single use pots or pre-packed in single use vials, is used.’ The full documentation can be seen at: <http://wales.gov.uk/topics/health/protection/communicabledisease/acupuncture/?lang=en>.

A common requirement for all the above, where applied, is that the inks should be sterile at first use and should be inert (i.e. non-reactive with the body). For EHOs out in the field and for tattooists, there is an expectation that ink manufacturers will provide products that are fit for purpose. However, at present there are few independent sources of data to confirm the quality of inks used in the UK, and no authoritative information to indicate whether this is universally achievable. Some studies have shown that certain products may be contaminated with microorganisms and/or metals, and the quality of inks used in the UK is likely to vary between manufacturers because of an absence of common standard quality requirements.

MICROBIOLOGICAL AND CHEMICAL QUALITY CONCERNS

The risks associated with tattooing treatments have been acknowledged for many years, and have been reported internationally (Lehman et al., 2010). In addition to the standard safer sharps controls to mitigate the risk of Blood Borne Virus (BBV) transmission during tattooing, another potential hazard is that of infection via the ‘environmental’ route. This is typically associated with naturally occurring bacteria and fungi that have gained entry to the ink product at some stage during its manufacture or storage. This form of environmental contamination of inks, prior to their use on the client, is rarely reported on. Despite the continually improving standards in tattooing health and safety - much of it related to eliminating the risk of BBV transmission - the ‘environmental’ aspect of tattooing infection control remains beyond the control of most practitioners.

Poor quality tattoo inks increase the potential for localised bacterial skin infections as well as dermal allergies following tattooing treatments (Limentani et al., 1979; Jacob, 2002; Charnock, 2004; Suhair, 2007; Drage et al., 2010). Ink related problems might therefore be directly related to the chemical and/or microbiological quality of the ink or pigments used. Where this occurs, other efforts to maintain tattooing hygiene standards could potentially be undermined if the inks themselves are contaminated at the point of use.

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

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

Reports of metal sensitivity following tattooing have been published in the UK, and dermatological responses have been

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linked with particular ink colours, especially red products [some containing mercury] and greens/blue [chromate/cobalt] (Jacob, 2002; Mortimer et al., 2003; Gass & Todd, 2007).

RECOMMENDATIONS TO IMPROVE THE QUALITY OF INK PRODUCTS USED FOR TATTOOING:

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

References

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Section 06 Body piercing jewellery

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GENERAL**NICKEL DIRECTIVE****References****GENERAL**

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

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

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

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

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

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

NICKEL DIRECTIVE

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

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

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

References

The Regulation now incorporates the Nickel Directive (REACH), at item 27 of Annex XVII.

Further information is available from: <http://www.teg.co.uk/nickel/94-27-EC.htm>

Tattooing and body piercing guidance

PART A

Section 07 Governance

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TRAINING AND COMPETENCIES

PROCEDURE MANUALS/ POLICIES

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RECORD KEEPING

CONSENT AND AFTERCARE DOCUMENTATION

See Appendix 09 – contains an example of a consent form and there are a variety of written aftercare leaflets available

See Appendix 10 – Aftercare follow-up record sheet

References

TRAINING AND COMPETENCIES

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

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

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

PROCEDURE MANUALS/POLICIES

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

Policies/procedures should include:

- Hand washing procedure.
- Cleaning policy and rota.
- Decontamination procedures.
- Management of waste.
- Management of blood spillages.
- Use of personal protective equipment (PPE).

- Needle stick injury (and basic first aid practice in relation to this).
- Safe sharps handling/disposal.
- COSHH risk assessment/safe handling of chemicals.
- Training/education of staff.
- Staff health including hepatitis B vaccination status.

AUDIT AND QUALITY MONITORING

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

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

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

Tattooing and body piercing guidance

PART A

Section 07 Governance

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TRAINING AND COMPETENCIES

PROCEDURE MANUALS/ POLICIES

AUDIT AND QUALITY MONITORING

RECORD KEEPING

CONSENT AND AFTERCARE DOCUMENTATION

See Appendix 09 – contains an example of a consent form and there are a variety of written aftercare leaflets available

See Appendix 10 – Aftercare follow-up record sheet

References

RECORD KEEPING

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

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

All records should be used safely and stored securely, maintaining client confidentiality (e.g. locked paper records, safe use of computers to ensure clients details are not accessible by the general public or others with no legitimate reason to access them. Records should be kept safely on the premises named in the licence for a period of no less than 3 years (Dartford Borough Council 2009).

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

CONSENT AND AFTERCARE DOCUMENTATION

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

See Appendix 09 – contains an example of a consent form and there are a variety of written aftercare leaflets available

AFTERCARE FOLLOW-UP RECORD SHEET <small>(ATTACH TO CONSENT FORM)</small>		
NAME OF CLIENT: _____		
Date & time	Description of any concern or problem Action taken/advice given	Signature of practitioner

See Appendix 10 – Aftercare follow-up record sheet

References

Dartford Borough Council (2009). Code of practice for hygienic piercing. (www.dartford.gov.uk)

Section 08

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DEFINITION OF AN OUTBREAK OR INCIDENT

OUTBREAK/INCIDENT INITIAL RESPONSE

References

Tattooing and body piercing guidance

PART A

Management of infectious disease incidents relating to tattooing and skin piercing

DEFINITION OF AN OUTBREAK OR INCIDENT

An infectious disease related outbreak or incident can be defined as:

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

OUTBREAK/INCIDENT INITIAL RESPONSE

In England, incidents/outbreaks are recognised using surveillance methodology by the Public Health England (formerly the Health Protection Agency)¹, local authorities or microbiologists in laboratories at a local or national level. At the local level is the Health Protection Team. As soon as it becomes apparent that an incident/outbreak may exist, immediate contact between these parties is essential.

A risk assessment is undertaken following receipt of initial information and a decision made as to whether an outbreak or incident exists. In order to inform all subsequent decisions and actions, key facts would be established by the duty (or on-call) Health Protection Team.

An outbreak/incident is usually declared by the Consultant in Communicable Disease Control (CCDC) or Consultant in Health Protection (CHP) after consultation with a consultant microbiologist and/or senior environmental health officer. The involvement and assistance of the tattoo/body piercing premises concerned would be a high priority.

Once an outbreak/incident is declared, a multi-agency outbreak/incident control team would be set up to fully investigate the incident, ensure control measures are in place and a report generated with lessons learned. All legal powers relating to the investigation of outbreaks lie with the local authority. An outbreak/incident control team would give

due consideration to the possibility of legal proceedings, and if required seek guidance regarding the chain of evidence for a potential prosecution.

In the case of a tattooing/body piercing setting, most incidents would be expected to relate to suspected blood borne virus transmission to another person (be that from a practitioner to a client or from a client to the practitioner). The infection control practices in place within the establishment would be reviewed as a key part of any incident investigation.

¹As of April 2013, the Health Protection Agency became Public Health England (PHE), although functions relating to these procedures remain largely unchanged.

References

Health Protection Agency (2011). London Infectious Disease Outbreak Management Plan.

Health Protection Agency (2012). The Communicable Disease Outbreak Plan V1.3. (Internal document).

Tattooing and body piercing guidance

PART B – Appendix 01

Model Byelaws: Acupuncture, tattooing, semi-permanent skin-colouring, cosmetic piercing and electrolysis

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Appendix 02 – Infection, its causes and spread, including a glossary of infection-related terms

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MODEL BYELAWS

Acupuncture, tattooing, semi-permanent skin-colouring, cosmetic piercing and electrolysis

Byelaws for the purposes of securing the cleanliness of premises registered under sections 14(2) or 15(2) or both of the Local Government (Miscellaneous Provisions) Act 1982 and fittings in such premises and of persons registered under sections 14(1) or 15(1) or both of the Act and persons assisting them and of securing the cleansing and, so far as appropriate, sterilization of instruments, materials and equipment used in connection with the practice of acupuncture or the business of tattooing, semi-permanent skin-colouring, cosmetic piercing or electrolysis, or any two or more of such practice and businesses made by in pursuance of sections 14(7) or 15(7) or both of the Act.

Interpretation

1.—(1) In these byelaws, unless the context otherwise requires—

“The Act” means the Local Government (Miscellaneous Provisions) Act 1982;

“client” means any person undergoing treatment;

“hygienic piercing instrument” means an instrument such that any part of the instrument that touches a client is made for use in respect of a single client, is sterile, disposable and is fitted with piercing jewellery supplied in packaging that indicates the part of the body for which it is intended, and that is designed to pierce either—

- (a) the lobe or upper flat cartilage of the ear, or
- (b) either side of the nose in the mid-crease area above the nostril;

“operator” means any person giving treatment, including a proprietor;

“premises” means any premises registered under sections 14(2) or 15(2) of the Act;

“proprietor” means any person registered under sections 14(1) or 15(1) of the Act;

“treatment” means any operation in effecting acupuncture, tattooing, semi-permanent skin-colouring, cosmetic piercing or electrolysis;

“the treatment area” means any part of premises where treatment is given to clients.

(2) The Interpretation Act 1978 shall apply for the interpretation of these byelaws as it applies for the interpretation of an Act of Parliament.

2.—(1) For the purpose of securing the cleanliness of premises and fittings in such premises a proprietor shall ensure that—

- (a) any internal wall, door, window, partition, floor, floor covering or ceiling is kept clean and in such good repair as to enable it to be cleaned effectively;
- (b) any waste material, or other litter arising from treatment is handled and disposed of in accordance with relevant legislation and guidance as advised by the local authority;
- (c) any needle used in treatment is single-use and disposable, as far as is practicable, or otherwise is sterilized for each treatment, is suitably stored after treatment and is disposed of in accordance with relevant legislation and guidance as advised by the local authority;
- (d) any furniture or fitting in premises is kept clean and in such good repair as to enable it to be cleaned effectively;

Tattooing and body piercing guidance

PART B – Appendix 02 (continued)

Infection, its causes and spread (including a glossary of infection-related terms)

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THE CAUSES OF INFECTION

Numerous microorganisms harmlessly colonise the skin and the mucosal surfaces to form the normal flora of the human body. The presence of microorganisms does not constitute an infection. Colonising microorganisms cause no damage and often provide benefit to the person. It is when there is associated tissue damage that an infectious disease exists.

Potential pathogens can also act as colonisers such as *Staphylococcus aureus*

GLOSSARY OF INFECTION-RELATED TERMS:

A pathogen is an organism capable of invading the body and causing disease. Such an organism is termed pathogenic (Bannister et al, 2006)

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

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

Self infection (endogenous infection)

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

Cross infection (exogenous infection)

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

GROUPS OF ORGANISMS CAPABLE OF CAUSING INFECTION.

Pathogens relevant to body art can be classified into:

Bacteria are single celled organisms of approximately one-thousandth to five-thousandth of a millimetre in diameter.

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

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

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

TRANSMISSION (SPREAD) OF INFECTION

How an infection is spread (transmitted) varies according to the type of microorganism. Some microorganisms may be transmitted by more than one route:

- Direct or indirect contact, e.g. *Herpes simplex* virus, respiratory syncytial virus, *Staphylococcus aureus*.
- Respiratory droplets, e.g. influenza virus, mumps, *Bordetella pertussis* (whooping cough).
- Airborne, e.g. pulmonary tuberculosis, measles, chickenpox.
- Other infectious agents, such as blood-borne viruses, e.g. hepatitis B and C and D viruses (HBV, HCV, HDV) and HIV are transmitted rarely in healthcare settings, via percutaneous (sharps/ needles) or mucous membrane exposure (blood/ body fluid splashes to eyes/ mouth/ open wounds).

Tattooing and body piercing guidance

PART B – Appendix 02

Infection, its causes and spread (including a glossary of infection-related terms)

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IN TATTOOING AND SKIN PIERCING PROCEDURES, INFECTION TRANSMISSION CAN OCCUR BY DIRECT CONTACT AND INDIRECT CONTACT.

Direct contact (person to person)

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

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

Indirect contact

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

- **Hands** – The hands of the practitioners are probably the most important vehicles of cross-infection within the tattooing and skin piercing environment. The hands of staff and clients can carry microbes to other body sites, equipment and staff. Therefore, promotion of hygienic practices for everyone is the key to preventing and controlling infections.
- A **fomite** is defined as an object that becomes contaminated with infected organisms and which subsequently transmits those organisms to another person. Examples of potential fomites are instruments or practically any inanimate article e.g. contaminated needles/ tattooing equipment (blood-borne viruses).

References

Bannister B, Gillespie S and Jones J (2006). Infection Microbiology and Management. 3rd edition. Blackwell Publishing.

Tattooing and body piercing guidance

PART B – Appendix 03

Blood borne viruses

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

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

- Sexual contact, both heterosexual and homosexual.
- Infected blood passing from one person to another e.g. through cuts or damaged skin.
- Sharing razors or toothbrushes.
- Sharing needles and syringes.
- Through ear piercing and other types of body piercing, tattooing and acupuncture if equipment is not properly sterilized.
- From mother to baby during or after pregnancy.
- All blood donations are now screened for hepatitis B virus, but before this started it was possible to become infected through blood transfusions.

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

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

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

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

Reference:

British Liver Trust (<http://www.britishlivertrust.org.uk>)

Tattooing and body piercing guidance

PART B – Appendix 04  Click to download PDF version

Safe use and disposal of sharps

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Before use:

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

During use:

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

After use:

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

Reference

National Institute for Clinical Excellence (NICE) (2012). Infection control: Prevention and control of healthcare-associated infections in primary and community care (CG139).

<http://guidance.nice.org.uk/CG139>

Tattooing and body piercing guidance

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First Aid following a blood/body fluid exposure

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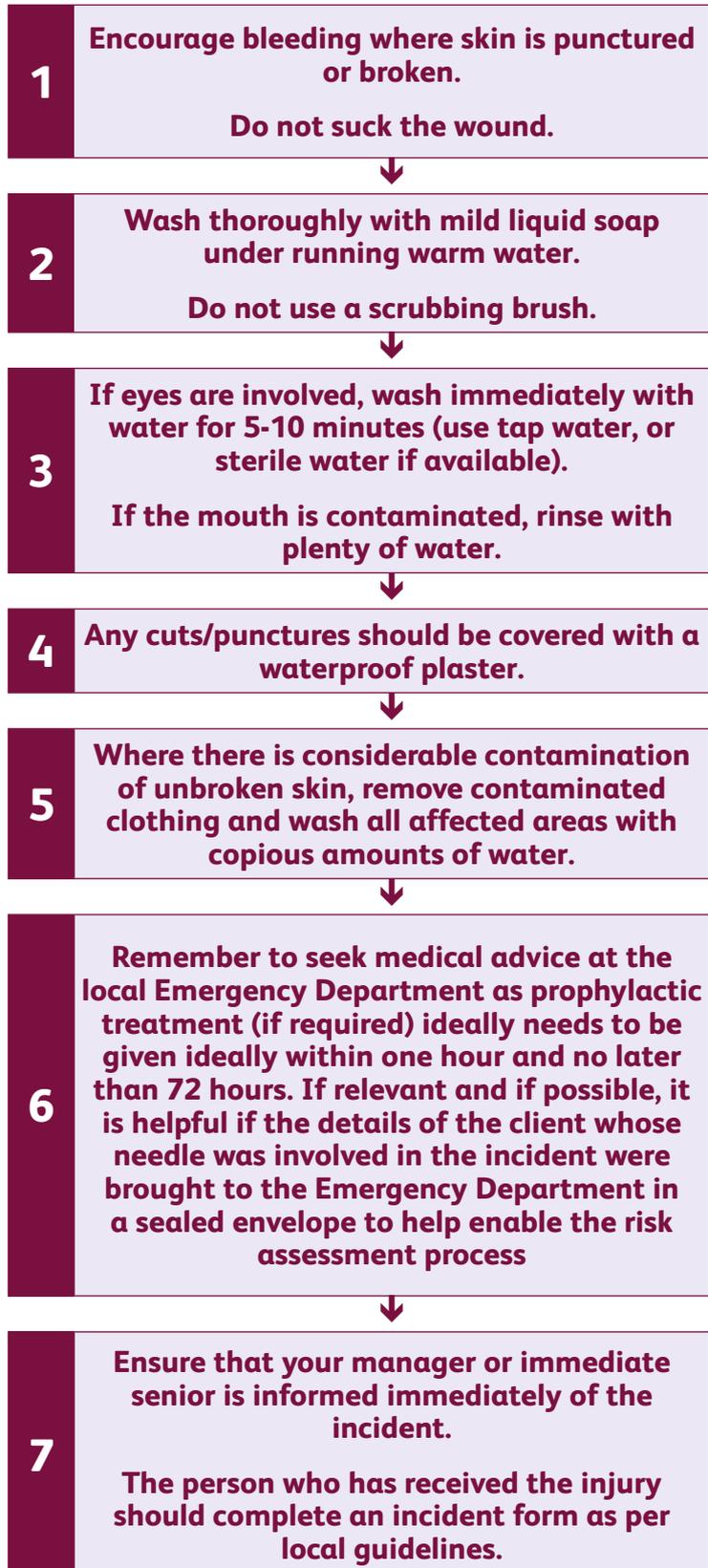
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↪ Main contents



The priority is to seek advice/ medical attention immediately, at a local Emergency Department, ideally within one hour of the injury occurring

Reference:
Health and Safety Executive (2012) How to deal with an exposure incident. Blood Borne Viruses Guidance. (<http://www.hse.gov.uk/biosafety/blood-borne-viruses/how-deal-exposure-incident.htm>)

Tattooing and body piercing guidance

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

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CLEANING UP BLOOD OR A BLOOD STAINED BODY FLUID SPILL

- Prevent access to the area containing the spillage until it has been safely dealt with.
- Obtain chlorine based spill kit.
- Put on apron and gloves
- Apply disinfectant granules to the spill, this congeals the spill to enable easier cleaning of the area OR make up and use the disinfectant solution as per product instructions to a dilution of 10,000ppm available chlorine. Leave in place for the designated exposure time (at least two minutes). Ensure the surface can tolerate chlorine.

DO NOT USE MOPS TO CLEAN UP BLOOD.

- Use the scoop and scraper (or disposable paper towels) to pick up the congealed body fluid and place in the appropriate waste bag.
- Using the disposable paper towels and disinfectant solution clean area thoroughly and dry afterwards. Detergent and warm water can also be used afterwards.
- Ensure all equipment used is disposed of in the appropriate waste bag and then finally remove gloves and apron and place in the waste bag.
- Wash hands.
- Ensure that the waste bag is placed in the appropriate disposal bin/container immediately after use.
- Damp-mop the affected area.

MANAGING BLOOD SPOTS

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

IF BLOOD/BODY FLUID SPLASHES INTO THE EYES OR MOUTH

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

BLOOD SPILLS ON CLOTHING

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

CLEANING UP VOMIT OR URINE SPILLS

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

IMPORTANT NOTE

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

Reference

National Patient Safety Agency (2009). The Revised Healthcare Cleaning Manual. (<http://www.nrls.npsa.nhs.uk/resources/?EntryId45=61830>)

Tattooing and body piercing guidance

PART B – Appendix 07  Click to download PDF version

Principles for good waste handling

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GOOD WASTE HANDLING PRINCIPLES:

- Waste should be segregated at the point of origin.
- Bags/bins should only be filled to $\frac{3}{4}$ full.
- Waste bags should be used in foot operated pedal bins.
- Waste bags should be sealed securely and marked with 'point of origin' label prior to disposal.
- Waste should be collected on a regular basis by a licensed waste management contractor.
- Personal protective clothing should be worn when handling waste.
- Waste should be correctly bagged in appropriate colour-coded bags which must be UN-approved and comply with BS EN ISO 7765:2004 and BS EN ISO 6383:2004.
- Waste should be double bagged where the exterior of the bag is contaminated or the original bag is split, damaged or leaking.
- Waste should be kept in a rigid-sided, fire retardant holder or container with a foot operated lid, and, so far as is reasonably practicable, out of the reach of children and unauthorised personnel.
- Waste should be stored in a labelled, lockable/secure, vermin-proof storage space for collection, on a well-drained, impervious hard standing floor, which is provided with wash-down facilities.
- Bags should be securely sealed and labelled with coded tags at the point of use to identify their source.
- Waste should not be decanted into other bags, regardless of volume; be contaminated on the outside or re-used.
- 'Sharps' must be disposed of into approved sharps containers that meet BS 7320/UN 3291.
- 'Sharps' containers should **NEVER** be placed into any waste bag.

Tattooing and body piercing guidance

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Template protocol for environmental cleaning of premises

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

Adapted from National Patient Safety Agency (2009). The Revised Healthcare Cleaning Manual. (<http://www.nrls.npsa.nhs.uk/resources/?EntryId45=61830>)

Tattooing and body piercing guidance

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Tattooing/body piercing consent form

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Tattooing/Body Piercing Consent Form

Name of Premises:	
Address & Tel No of Premises:	
Name of Practitioner (print):	
Name of Client (print):	
Address & Tel No of client:	
Age of Client and DOB:	
Age ID of Client Seen:	Yes / No
Type of Procedure:	Tattoo / Body Piercing Description:
Site of Procedure and design if applicable):	
Type of Jewellery Used (as applicable):	

Tattooing and body piercing guidance

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Decontamination requirements for equipment used in tattooing and skin piercing

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

Tattooing and body piercing guidance

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Equipment sterilization standard – self assessment and decision making tool for tattoo and body piercing practitioners

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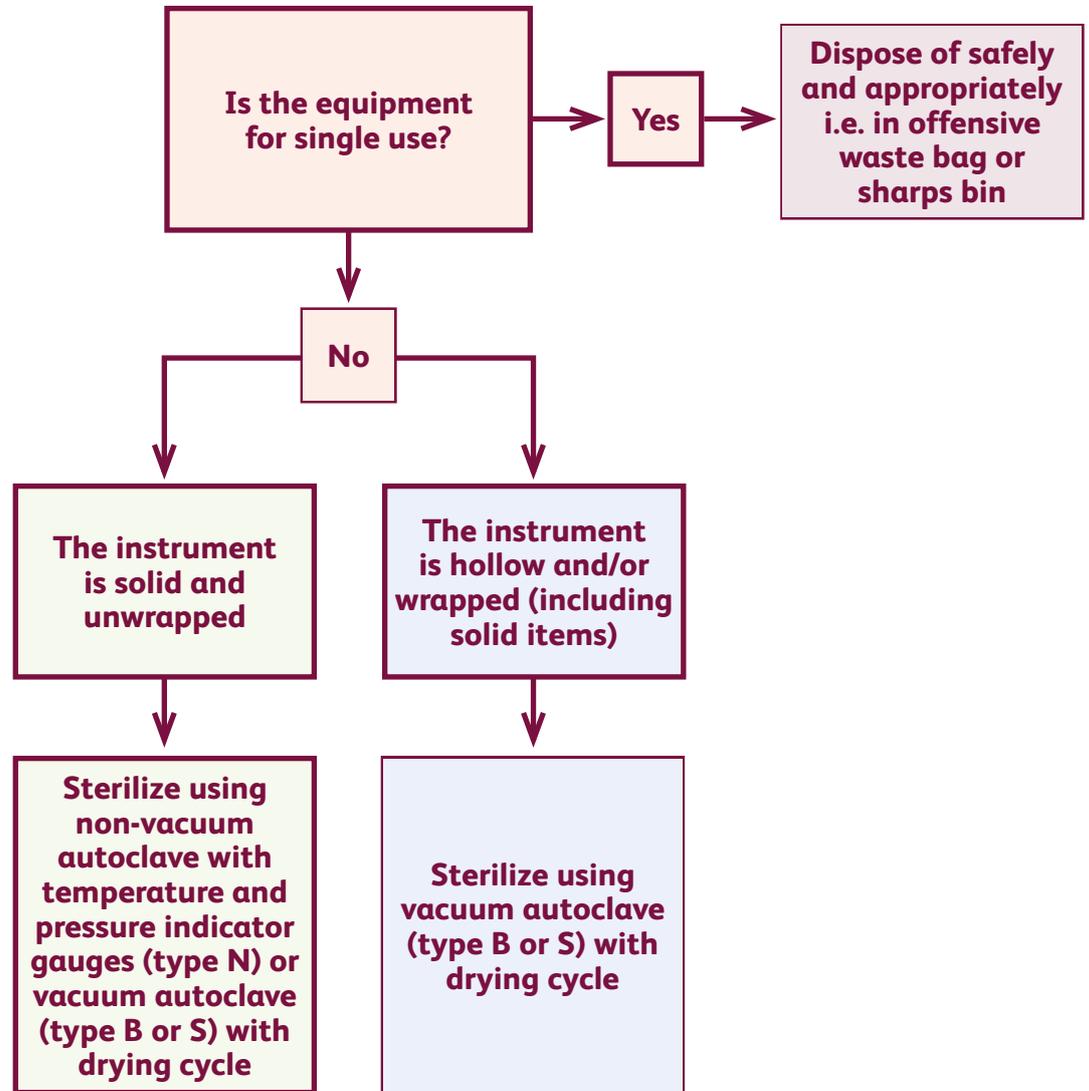
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Equipment and body piercing jewellery sterilization standard for tattooists and body piercers

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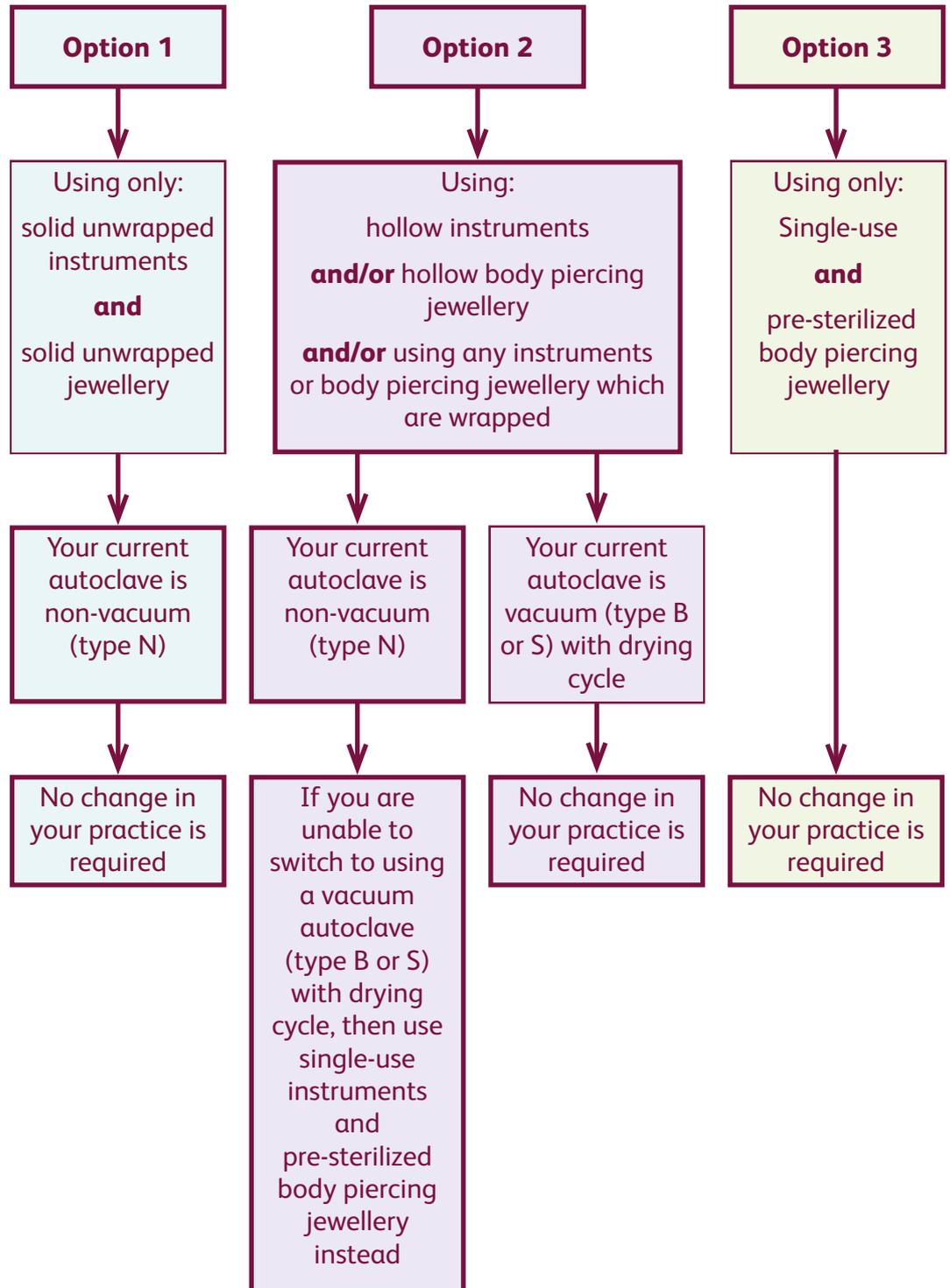
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AUTOCLAVE DAILY RECORD SHEET

Please keep these records in date order for inspection

Autoclave Type	Serial Number
Week Commencing	Location
Type of Water used (ideally sterile water for irrigation)	

Daily test	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Cycle Counter Number	<input type="checkbox"/>						
Time to reach holding temp	<input type="checkbox"/>						
Temp during holding period	<input type="checkbox"/>						
Pressure during holding period	<input type="checkbox"/>						
Total time at holding temp/pressure	<input type="checkbox"/>						
Water drained at end of day where appropriate	<input type="checkbox"/>						
Process check used	<input type="checkbox"/>						
Printout attached	<input type="checkbox"/>						
Initials of authorised user	<input type="checkbox"/>						

Weekly Safety Test	Yes/No	Comments
Door seals secure		
Door safety devices functioning correctly		
Safety Valves operating correctly		
Yearly service by a competent engineer		
Comments		
Name	Date	Signature

PLEASE KEEP THESE RECORDS IN A RING BINDER FOR SELF AUDIT/INSPECTION

Tattooing and body piercing guidance

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Tattoo aftercare

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[Poster – How to handwash](#)

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Tattoo *aftercare*

Key Advice

The aftercare following a tattoo is important to promote good healing and prevent the risk of infection.

For the first week or so it is normal for the area to be red and tender.

As with all body art, infection is a risk. To reduce these risks take advice from your practitioner regarding aftercare.

The risk of infection can be greatly reduced by good general hygiene including:

- Hand washing before touching the tattoo
- Keeping the tattooed area covered with non stick gauze which is secured with hypo allergic tape.

Hand washing

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

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

Tattoo aftercare

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

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

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

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

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

Signs of infection

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

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

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



Your practitioner is:

For further advice or information:
Contact your local Environmental Health Department, or your local Public Health England Health Protection Team

This Information is provided by:
Public Health England North West
Public Health England East Midlands
Tattoo and Piercing Industry Union






June 2013

Tattooing and body piercing guidance

PART C – Leaflet 02

Ear and face piercing aftercare

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Ear and face piercing *aftercare*

Key Advice

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

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

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

Approximate healing times for the various piercings are:

Ear lobe piercing – 6 to 8 weeks
 Ear cartilage piercing – 6 to 8 weeks
 Cheek piercing – 2 to 3 months
 Eyebrow piercing – 2 to 4 months
 Nose piercing – up to 6 months

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

As with all body art, infection is a risk. To reduce these risks take advice from your practitioner regarding aftercare.

The risk of infection can be greatly reduced by good general hygiene including:

- Hand washing before touching the piercing.
- Keeping the piercing clean.

Hand washing

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

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

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

Ear piercing aftercare

Including Lobes/ Tragus/ Anti Tragus/ Conch/ Helix/ Snug/ Diath/ Industrial/ Rook/ Translobal/ Transverse Lobe.

Facial piercing aftercare

Including Eyebrow, Bridge, Jestum, Vertical Labret, Septum/ Nostril.

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

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

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

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

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

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

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

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

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

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

Signs of infection

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

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

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

For further advice or information:

Contact your local Environmental Health Department, or your local Public Health England Health Protection Team

This Information is provided by: Public Health England North West Public Health England East Midlands Tattoo and Piercing Industry Union

Your practitioner is:






June 2013

Tattooing and body piercing guidance

PART C – Leaflet 03

Oral piercing aftercare

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Oral piercing *aftercare*

Key Advice

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

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

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

An approximate healing times for oral piercing are:

Tongue piercing – 2 to 4 weeks.
Lip – 3 to 6 weeks
Cheek – 2 to 3 months

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

As with all body art, infection is a risk. To reduce these risks take advice from your practitioner regarding aftercare.

The risk of infection can be greatly reduced by good general hygiene including:

- Hand washing before touching the piercing
- Keeping the piercing clean.

Hand washing

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

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

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

Oral piercing aftercare

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

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

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

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

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

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

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

Your practitioner is:

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

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

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

Special aftercare for tongue piercing

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

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

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

Signs of infection

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

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

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

For further advice or information:

Contact your local Environmental Health Department, or your local Public Health England Health Protection Team

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June 2013

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Body and surface piercing aftercare

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Body and surface piercing *aftercare*

Key Advice

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

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

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

Approximate healing times for surface, navel and nipple piercing can be as long as 6 months to 1 year.

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

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

- Hand washing before touching the piercing
- Keeping the piercing clean.

Hand washing

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

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

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

Body and surface piercing aftercare including Nape, Horizontal Navel, Nipple, Horizontal Eyebrow, Wrist, Anti-eyebrow, Madison, Chin, Vertical Bridge, Pubic, Handweb and Prayer.

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

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

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

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

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

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

Do not wear tight clothing following nipple piercing

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

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

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

Signs of infection

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

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

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

Your practitioner is:

For further advice or information:
Contact your local Environmental Health Department, or your local Public Health England Health Protection Team

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June 2013

Tattooing and body piercing guidance

PART C – Leaflet 05

Genital piercing (female) aftercare

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Genital piercing (female) *aftercare*

Key Advice

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

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

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

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

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

As with all body art, infection is a risk. To reduce these risks take advice from your practitioner regarding aftercare.

The risk of infection can be greatly reduced by good general hygiene including:

- Hand washing before touching the piercing
- Keeping the piercing clean.

Hand washing

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

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

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

Female Genital piercing aftercare including Clitoral Hood, Inner and Outer Labia, Furchette, Christina and Triangle.

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

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

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

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

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

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

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

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

Signs of infection

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

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

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



Your practitioner is:

June 2013

For further advice or information:
Contact your local Environmental Health Department, or your local Public Health England Health Protection Team

This Information is provided by:
Public Health England North West
Public Health England East Midlands
Tattoo and Piercing Industry Union






Tattooing and body piercing guidance

PART C – Leaflet 06

Genital piercing (male) aftercare

Click on text to view

[Leaflet 01 – Tattoo aftercare](#)

[Leaflet 02 – Ear and face piercing aftercare](#)

[Leaflet 03 – Oral piercing aftercare](#)

[Leaflet 04 – Body and surface piercing aftercare](#)

[Leaflet 05 – Genital piercing \(female\) aftercare](#)

[Leaflet 06 – Genital piercing \(male\) aftercare](#)

[Leaflet 07 – Microdermal implants aftercare](#)

[Poster – How to handwash](#)

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Genital piercing (male) *aftercare*

Key Advice

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

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

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

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

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

As with all body art, infection is a risk. To reduce these risks take advice from your practitioner regarding aftercare.

The risk of infection can be greatly reduced by good general hygiene including:

- Hand washing before touching the piercing
- Keeping the piercing clean.

Hand washing

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

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

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

Male Genital piercing aftercare

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

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

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

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

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

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

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

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

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

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

Signs of infection

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

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

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

For further advice or information:

Contact your local Environmental Health Department, or your local Public Health England Health Protection Team

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Your practitioner is:

June 2013






Tattooing and body piercing guidance

PART C – Leaflet 07

Microdermal implants aftercare

Click on text to view

[Leaflet 01 – Tattoo aftercare](#)

[Leaflet 02 – Ear and face piercing aftercare](#)

[Leaflet 03 – Oral piercing aftercare](#)

[Leaflet 04 – Body and surface piercing aftercare](#)

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[Leaflet 06 – Genital piercing \(male\) aftercare](#)

[Leaflet 07 – Microdermal implants aftercare](#)

[Poster – How to handwash](#)

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Microdermal implants *aftercare*

Key Advice

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

Microdermal implants or dermal anchors are small pieces of jewellery made from titanium inserted into the skin with the stem protruding above, onto which an attachment of your choice is fitted. This attachment should remain in place for at least three months or until the piercing has fully healed. Once it has fully healed other pieces of jewellery can be attached.

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

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

As with all body art, infection is a risk. To reduce these risks take advice from your practitioner regarding aftercare.

The risk of infection can be greatly reduced by good general hygiene including:

- Hand washing before touching the implant.
- Keeping the implant clean.

Hand washing

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

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

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

Keeping the implant piercing clean

The implant needs to be cleaned twice each day. Cleaning more frequently may damage the skin and slow down the healing process. Your practitioner may also advise you to soak the implant in warm salt water twice a week.

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

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

This will soften any discharge and allow you to clean the piercing points with a cotton bud or gauze dipped into the warm salt water solution.

If the area around the implant becomes encrusted soak the piercing for a few minutes by submerging the area of skin containing the piercing in a clean jug or bowl containing the warm salt water solution and loosen the discharge using a cotton bud or clean floss.

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

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

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

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

Your practitioner is:

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

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

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

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

Accidental damage or loss of disc

Contact your practitioner if the implant gets caught in anything or the piercing becomes damaged.

In the unlikely event the disc breaks or comes off, return to the practitioner and have a new disc fitted immediately. If the disc is not replaced the implant may get lost under the skin and will require removal.

Signs of infection

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

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

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

For further advice or information:

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June 2013

Tattooing and body piercing guidance

PART C – Poster

How to handwash

Click on text to view

[Leaflet 01 – Tattoo aftercare](#)

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[Poster – How to handwash](#)

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How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



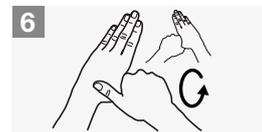
Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



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



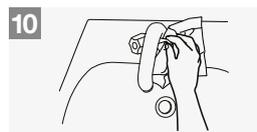
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



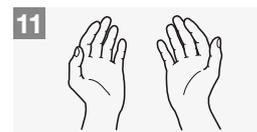
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health Organization

Patient Safety
A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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May 2009

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Tattooing and body piercing guidance

PART D

Audit tool

 [Click to download Excel document](#)

INFECTION CONTROL AUDIT FOR TATTOO AND BODY PIERCING PREMISES*

NAME AND ADDRESS OF PREMISES:
TELEPHONE NUMBER:
OWNER/ LICENCEE'S NAME:
OPERATOR'S NAME:
EMAIL CONTACT DETAILS

TYPE OF PREMISES (please tick as applicable)	
Tattooing	
Body Piercing	
Other (please state):	

DATE OF AUDIT:
NAME OF AUDITOR:

Indicators met:	0
Indicators not met:	0
Indicators not applicable:	0
Overall score:	-

This audit tool is to be used by practitioners, primarily, to enable good practice to be captured and documented. It can also identify best practice gaps which will need action to be taken using an action planning process. It can be used as a discussion point between practitioner and local authority officers, as to what practice gaps need to be prioritised.

Completion:
 Please allow approximately two hours to undertake the audit.
 In the "Met" column, record "Yes", "No" or "N/A" against all indicators.

To print all pages:
 Go to "print" and choose "entire workbook".

Calculating scores:
Automatic - This tool will give you automated % scores for each standard, and an overall % score (above). However, this requires data to be entered electronically during or after audit.
Manual - Count up the number of "Yes" answers and divide by the number of questions answered for that standard (excluding the "N/A"s), then multiply by 100 to get the percentage. To get the score for all the standards and for the audit overall, add the total number for each standard and divide by the number of questions and multiply by 100 to get the overall percentage.

*developed using Infection Prevention Society (IPS) audit tools for monitoring IC guidelines within the community setting (2005); IPS self assessment audit for assessing implementation of HTM 01-05: decontamination in primary care dental practices and related infection prevention and control issues (2009); IPS audit tools for monitoring infection control standards (2004); International Scientific Forum on Home Hygiene (IFH) and IPS home hygiene - prevention of infection at home: a training resource for carers and their trainers (2003)

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Word document](#)

Literature review on the epidemiology of tattooing and its complications

V0.7

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1