

Tattooing & Body Piercing

Guidelines for the Prevention and Control of Infection

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South African Council for Piercing and Tattoo Professionals



Department of Health



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NOTE

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1. INTRODUCTION

The purpose of this guidance is to encourage safe and consistent good practice in body piercing and tattoo facilities. Blood borne viruses, such as hepatitis B can be spread via tattooing.^{6,7,8} Local bacterial infections, gangrene, amputation and death due to septicemia, following skin piercing procedures, have been documented in the literature. It is therefore imperative that the safe working practices described in this document are adhered to at all times in order to protect the client and practitioner.

This publication was originally commissioned by the London Consultants and Communicable Disease (CCDC) Group and subsequently reviewed and amended by the **South African Council for Piercing and Tattoo Professionals**. The document is intended as guidance for the Local Authorities as well as CCDCs and Infection Prevention and Control practitioners.

This document can be used to provide control of infection advice to tattooists and body piercers and minimise spread of infection.

2. LEGAL FRAMEWORK

NO LEGAL FRAMEWORK HAS BEEN IMPLEMENTED REGARDING ANY FORM OF BODY ART IN SOUTH AFRICA

2.1 Summary of Main Legal Provisions

Tattoo Studios

Tattooists are required to register with their local authority and meet bylaws in relation to cleanliness and structure (see Registration below). Many organizations are fighting for legislation to be tightened for tattooing and skin piercing practices, including the introduction of licensing.

Body Piercing Studios

The Local Government and Local Authorities need to adopt a regulation of cosmetic, (body) piercing and semi-permanent skin coloring. Where this is adopted persons/premises undertaking such practices have to be registered with the Local Authority and the Local Authority can make bylaws for these practices to secure: the cleanliness of premises and fittings; the cleanliness of the operators and the cleansing and, if appropriate, sterilization of instruments, materials and equipment.

Even though bylaws may not have been adopted in an area, the Local Authority can take action if a studio or salon where skin piercing takes place is unhygienic, or where injuries or infections arise as a result of poor techniques. The general duties and requirements under the Health and Safety Act 85 of 1993 and associated legislation are applicable and should be followed to ensure the safety of people working in and visiting piercing studios.

Below is a brief outline of the main legal requirements governing premises performing body piercing and tattooing.

2.2 Registration

Any premises offering ear piercing or tattooing services are required to register with their Local Authority. Conditions of Registration include requirements for the structure and cleanliness of premises and cleansing and disinfection of equipment. If you are to offer these services you should ensure your premises/practice is registered. In addition, Local Authorities can now adopt legislation to require the registration and compliance with bylaws of persons/premises practising cosmetic (body) piercing and semi-permanent skin colouring.

2.3 The Occupational Health and Safety of 1993

This Act requires employers and the self-employed to ensure, so far as is reasonably practicable, the health, safety and welfare of themselves, any employees and anyone else who may be affected by their work. Regulations made under this Act also require certain workplace conditions and practices to protect against specific hazards and activities.

2.4 The Workplace (Health, Safety and Welfare) Regulations

Temperature

A comfortable working temperature should be provided, usually above 16 degrees centigrade.

Lighting

A good standard of general illumination should be provided and maintained.

Ventilation

Premises should be adequately ventilated for comfort and impurity/odour removal.

Cleanliness

The premises should be maintained in a clean condition at all times. Cleaning schedules are recommended to ensure that all articles, equipment and fixtures receive appropriate periodic cleaning and disinfection. The guidance contained in Section 8 of this document will be useful to help achieve adequate standards and safeguard against infection.

Facilities

Toilets should be accessible and kept clean, well lit, ventilated and in good repair. Washing facilities with hot and cold (or warm) running water, soap and provisions for hand drying must be provided. In the interest of infection control, separate hand and equipment washing facilities will also be a necessity, please refer to sections 3 and 6.

2.5 Assessing the Risks of Body Piercing

The Management of Health and Safety Act 85 of 1993 require employers

and the self-employed to identify hazards and assess risks in the workplace affecting employees and non-employees. A hazard is defined as something with the potential to cause harm and a risk is the likelihood and consequence of this occurring. Hazards in a body piercing studio and tattoo parlour might include needle stick injuries, customers with blood borne infections, untrained practitioners, use of nonsterile equipment, inadequately sterilised equipment and misuse of anaesthetics.

A risk assessment must be carried out and findings should be written down if five or more persons are employed. A guide to conducting a risk assessment can be obtained from your Local Authority.

2.6 Control of Substances Hazardous to Health

The Control of Substances Hazardous to Health Regulations 1995 (COSHH) also requires employers to assess the risks to health arising from hazardous substances used in or connected with work, such as cleaning agents etc. The definition also includes microbiological hazards such as blood borne agents including Immunodeficiency Virus (HIV) and hepatitis B.

Guidance leaflets on COSHH in the workplace can be obtained from your Local Authority.

An additional hazard associated with tattooing is the risk of poisoning through accidental use of toxic dyes intended for car paint or other uses. Because dyes are injected into the skin they must meet strict standards in relation to purity and sterility.

Tattooists should ensure that their dyes meet with Cosmetic Regulations (Cosmetic Products [Safety] Regulations 2004) and are approved for use by Trading Standards. Manufacturers or suppliers should be able to provide you with appropriate safety data sheets confirming the safety of the products.

By following the guidance in this publication, you will be well on the way to complying with COSHH.

2.7 Accidents and First Aid

The Health and Safety (First-Aid) Regulations Act 85 of 1993 require employers to provide adequate and appropriate equipment, facilities and personnel to enable first aid to be given to employees if they are injured or become ill at work.

There should be a suitable first aid kit available. It is good practice to record all accidents and injuries in an accident book (e.g. Accident Book B1510 ISBN 07176 2603 2, available from all good booksellers).

First aid advice leaflets can be obtained through your Local Authority.

The Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) and Workmans Compensation, require some events to be reported to your Local Authority. A guide to the regulations and a leaflet about reporting arrangements can be obtained from your Local Authority. Example reportable incidents include:-

- a) if a member of the public were to be taken to hospital from your premises due to an accident or injury
- b) if an employee contracts a blood borne infection at work, such as hepatitis, even if this does not become apparent for some time;
- c) if an employee is absent from work for more than 3 days due to an accident or injury at work.

2.8 Age of Persons Requesting Piercing

There is no legally defined minimum age at which body piercing can be carried out but it is a recommendation of these guidelines that body piercing is not offered or administered to any person under the age of **16** years.

Piercers should adopt a reasonable age restriction to avoid parental conflict and legal complications, whilst enhancing their reputation. The client should be provided with sufficient information to allow them to proceed in an informed way and without pressure.

Exceptions to the '16 year old' guidance, may be made in the case of facial or cosmetic piercing (e.g. nose, lip, eyebrow, navel) provided that such piercing is only offered or administered to people under 16 years of age when accompanied by their consenting parent or guardian. A letter of consent from such a parent/guardian would be insufficient evidence on its own to prove that a child had their permission. It is the responsibility of the piercer to ensure the child is consenting as well as the adult.

Deep body piercing (i.e. piercing of nipples, penis and labia) should not ideally be offered or administered to persons under 18 years. Piercing of the genital organs (including female breasts) carried out on a child under the age of 16 years could be regarded as an indecent assault. The authorities would investigate allegations of assault under Sexual Offences legislation.

Clients should be encouraged to bring a friend for moral support and to prevent misunderstandings or allegations of impropriety, especially in the case of genital piercing.

2.9 The Prohibition of Female Circumcision

There is no acknowledgment by the government that Female Genital Mutilation exists in South Africa. Sections 30 and 31 of the 1996 South African Constitution provide for the right to culture which must be done in compliance with the Bill of Rights. Section 211 of the Constitution recognises the existence of cultural institutions which must comply with the Constitution. This Act, states that a person who "excises, infibulates or otherwise mutilates the whole or any part of the labia majora, labia minora or clitoris of another person" is could be guilty of a criminal offence. South Africa enacted subsidiary legislation to address FGM. The Promotion of Equality and Prevention of Unfair Discrimination Act (Equality Act) outlaws discrimination of any person on grounds of gender and culture, including FGM. Under section 12(2) (a), the Children's Act explicitly prohibits genital mutilation or circumcision of female children as opposed section 8(b) Equality Act which only prohibits discrimination based on FGM. Piercing of the female genitalia could therefore be an offence and you should consider this before carrying out such piercings.

2.10 Tattooing of Minors (Childrens Act 38 of 2005)

South Africa is one of few countries with no age limit governing tattoos, but according to the Childrens act 38 of 2005 tattooing of a minor amounts to maltreatment and makes it an offence to tattoo anyone under the age of 18 years. The Act is enforced by government.

2.11 Use of Anaesthetics

Piercing can be painful and everyone has a different threshold of pain. When a person consents to a piercing, they may request the use of an anaesthetic. However the administering of injections containing anaesthetic must be in accordance with the provisions of the Medicines Act 101 of 1965. It is illegal for piercers to administer local anaesthetic injections, unless medically qualified.

Topical anaesthetics commonly used by body piercers fall into three categories:-

(a) Prescription only medicines (POM)

These may be supplied through a pharmacy against a doctor's prescription - for example Emla cream (POM). Cream preparations can take 30-60 minutes to act. It is an offence for a body piercer to use these Prescription Only Medicines unless they have been prescribed for the client by their own doctor. The name of the client must be present on the tube or pot of cream which can only be used for the client in question.

(b) Pharmacy Medicines (P)

Pharmacy medicines can only be supplied from a registered retail pharmacy under the supervision of a pharmacist at their discretion. Products used include Ethyl chloride, Ametop gel and Xylocaine spray/cream. There may be serious side effects including loss of consciousness. Customers must not be put at risk.

Ethyl Chloride spray (P) is supplied as a local anaesthetic for use in dental surgery, chiropody, ear piercing and other minor surgical procedures. It is highly flammable and can cause frostbite effects if left in contact with the skin for too long. Its use must be monitored carefully and containers disposed of as special waste. Given the risks, it is recommended that Ethyl Chloride **is not used** during body piercing procedures.

Xylocaine sprays and creams which contain lignocaine (classified drug) may be used for numbing the skin but there may be side effects. It may sometimes cause feelings of nervousness, dizziness, drowsiness and occasionally loss of consciousness. Other possible effects are fits, low blood pressure, breathing problems including slow breathing, a slow heartbeat and/or rarely stopped breathing or stopped heartbeat. In extreme cases a rash or swelling may result.

Xylocaine spray **should not be used** for tongue piercing because this is not a licensed use. Only a suitable topical suspension of Xylocaine (4%) specifically licensed for oral administration can be used.

In any case it should be noted that a recent decision of a Tribunal following the prohibition of Xylocaine spray for body piercing, concluded that the body piercer must read out specific questions prior to using the spray. Their decision was based on the potential risks associated with this product and its use by a body piercer who had no medical qualifications. It is NOT for internal use.

It should only be used under the authorisation of a registered medical practitioner. It is therefore recommended that body piercers document the responses of individuals being pierced to relevant questions to ensure that they understand the risks involved. An example of such a written document is shown in Appendix 3.

(c) General Sales List Medicines (GSL)

These are available from other retail outlets. The use, administration or supply of these medicines by body piercers on clients may contravene a product's licence conditions and may be deemed an offence under the Medicines Act 101 of 1968 (General Sales List Order). Their intended use may be for medical applications only and not for cosmetic purposes.

2.12 Public Liability

Although not a legal requirement, it makes sense for anyone who has a business or who might otherwise incur liability to obtain Public Liability Insurance cover to simplify matters in the event of an aggrieved client making a claim. This absolves the proprietor from personal liability; otherwise claims could be made against the personal property of the body piercer. Having this type of insurance also helps demonstrate that an operator is genuine and reputable.

It should be noted, however, that using any equipment inappropriately may invalidate cover, for example, using an ear-piercing gun to pierce other body parts.

2.13 Trading Standards (Consumer Protection Act 68 of 2008)

There are laws relating to the supply of goods and services that you will have to comply with, and these are enforced by the act. It is not intended to discuss these areas in depth in this document and you are advised to contact your local Office for further advice but briefly, the main requirements are as follows:

Consumer Protection Act 68 of 2008

Almost any description, verbal or in writing, in relation to your business could fall within the scope of this Act which covers both goods and services which you may offer. The application of a false or misleading description is a criminal offence for which you could be fined and/or imprisoned. Examples of this would be to claim that jewellery supplied as part of a piercing is made of precious metal when it is not and falsely claiming membership of a trade association.

Hallmarking

A hallmark is a mark applied to goods made of precious metal that guarantees the quality of the material used. Controlled products need to carry a hallmark from an acceptable source.

Consumer Safety

There are also safety regulations covering goods supplied as part of your business. You should insist that your suppliers only provide products that have been tested for safety and measured against European or International Standards. If you manufacture your own jewellery, you would be responsible for ensuring that it was safe.

The supply of goods that are unsafe is an offence for which you can be fined or imprisoned.

Business Names Act 1960

Where you trade in a name that is not your own, you must by law display the name of the owners of the business (your name, the full limited company name, or the names of all of the partners), and an address where legal documents can be served. The sign must be easily legible and in an area to which the public have easy access. Failure to comply with this leaves you liable to a fine and a further daily fine for each day thereafter that the contravention continues.

Civil Law

In addition to regulations governing the operation of your business you also have a duty of care under civil law to your customers. Under the Sale of Goods Act, all goods you supply must be of satisfactory quality, as described, and fit for their purpose. If they are not, the customer is entitled to a refund. Under the Consumer Act, you must undertake all work with all reasonable skill and care. If you fail to do this you must offer free rectification, and may be liable for damages.

You cannot disclaim or contract your way out of these obligations and you certainly cannot exclude or limit your liability for death or personal injury arising from your own negligence. Any clause drafted in a contract seeking to do this is illegal. You will also commit an offence if you display a notice that purports to take away any of a customer's civil rights.

2.14 The General Public Safety Standards (SANS)

These regulations apply to all products (new and second hand) used by consumers whether intended for them or not. The regulations maintain the general duty placed on producers and distributors to place on the market (or supply) only products that are safe in normal or reasonable, foreseeable use.

The responsibility for day-to-day enforcement of these regulations lies with Trading Standards although there may be circumstances where a matter falls to the local health and safety enforcing authority for investigation. In all instances where it is believed that this legislation may apply, advice must initially be sought from the local authorities.

3. THE PREMISES

Any person wishing to conduct a mobile tattooing or body piercing business must seek advice from the Local Authority before tattooing or body piercing is carried out.

3.1 General Requirements in accordance with Health and Safety for the operating area

- The premises should be of adequate size and properly planned, with sufficient space to allow the separation of clean and dirty operating areas.
- There should be good lighting and ventilation throughout.
- There should also be sufficient space for the storage of equipment; any chemicals/detergents should be stored in locked cupboards according to

requirements.

- Floors should be non-slip and washable. Carpets should not be used in the operating area.
- A suitable operating bench, couch or adjustable recliner chair with washable surfaces is required.
- A paper roller towel system should be used to cover bench, couch or recliner chair between clients.
- Shelves and fittings should be made of smooth, waterproof materials that are easy to clean.
- A waste bin with a pedal operated lid should be present.

3.2 Hand Wash Basins

- An easily accessible hand washing basin should be used. There should be adequate access to and numbers of basins for the number of practitioners working in that area.
- Mixer taps are preferable.
- Elbow or foot operated taps should be considered as overall best practice.
- Cartridge type liquid soap and hand paper towels in dispensers should be installed in the immediate area where procedures are carried out¹⁴.
- In the absence of wall mounted liquid soap, stand-alone plunger liquid soap bottles are adequate substitutes. Access to the wash hand basin should be clear.
- Paper hand towels should be used for drying hands, fabric towels are not acceptable.
- See Appendix 2 for correct hand washing procedure.

3.3 Sinks for Washing Equipment

A deep sink with hot and cold water additional to the wash hand basin should be provided exclusively for washing equipment and instruments and should be located in a separate 'dirty' area away from the clean operating area.

4. SAFE PRACTICE

4.1 Record Keeping

- It is important to keep accurate records of every client. A written record needs be made of the client's personal details, including full name, address, telephone number, date of birth, type of ID provided where appropriate, relevant medical history/allergies, consent signature of client/parent, procedure carried out, site of piercing, type of jewellery and date it was carried out together with the name of the operator (example consent form in Appendix 4, and medical history form in Appendix 3).
- Appropriate proof of age ID would include passport, photographic driving licence or Proof of Age card.
- Such records should be kept on the premises for a period of no less than 7 years.
- Staff training records should also be kept on site. Training should include hand hygiene, skin disinfection, the use of autoclaves and decontamination of equipment.
- Records containing named clients' health data are confidential and should

be stored in a locked cabinet.

These records will be valuable if there is any question of an infection problem later and may often help to protect the operator.

It is good practice that an Accident/Incident Book is kept on the premises to record injuries.

4.2 Client Safety

Written advice for clients should include hazards associated with piercing, procedures for piercing different body areas, legal requirements, disinfection, sterilisation, record keeping, jewellery, first aid, aftercare advice.

The operator should complete a medical history record for all clients and where there is a positive medical history clients should seek the advice of their GP before proceeding (see Appendix 3).

The operator should NOT proceed with the piercing or tattooing of anyone thought to be under the influences of alcohol/drugs or other substances or mentally impaired in any way.

4.3 Operator Training

Many courses are currently available offering operator training. However, none of these are accredited or approved so that the certificates awarded are meaningless. Training courses can be very expensive. If you are considering a body art training course it is advisable to consider the following points:

- Obtain the contact details of the course.
- Contact the Environmental Health department in the area where the trainer lives. They may be able to offer further guidance.
- Ask the trainer where they trained and for how long.
- Ask for contact details of premises where training was recently received to determine whether problems arose.
- Ask about the course content. Written information should be provided as well as practical demonstrations.

It is also desirable that all Body Artists are trained in first aid and up-dated regularly. The Red Cross and St John Ambulance are examples of organisations which provide training.

5. OPERATOR HEALTH

5.1 Hepatitis B Vaccination

A safe and effective vaccine for the prevention of hepatitis B is available. Vaccination is **strongly advised** for all tattooists, body piercers and acupuncturists involved in skin penetration procedures and for staff who may be involved in cleaning skin penetration instruments and equipment.

A primary vaccination course usually consists of three injections over six months (0, 1 and 6 months)¹⁵. At the end of this time, about 8 months from beginning of immunisation, a blood test for hepatitis antibodies must be done to check that the

vaccination has been effective.

Advice on obtaining vaccination and blood tests should be sought through General Practitioners. Operators should keep copies of their antibody results following vaccination for inspection.

Booster immunisation may be required.

5.2 Personal hygiene, smoking, eating and drinking

Operators should have a good standard of personal hygiene and wear clean clothing to prevent cross infection. No operator should smoke when carrying out procedures or treatments on a client. Smoking not only looks unprofessional, but also runs the risk of transferring bacteria from the operator's mouth via fingers to the client. Staff should wash their hands after smoking. Eating and drinking should not be allowed in the operating area.

6. STANDARD INFECTION CONTROL PRECAUTIONS

6.1 Infection Risks

Tattooing and body piercing can give rise to several infection risks. As healing time may be prolonged there can be a risk of infection after the initial application of a tattoo or body piercing. The most common causes are infections with *Staphylococcus aureus*, Group A streptococci and *Pseudomonas* sp. Typical symptoms of a local bacterial infection are redness, swelling, warmth and pain. In some individuals these infections may become complicated and be a serious threat to health.

The use of inadequately sterilized equipment, jewellery or contaminated pigments can result in blood borne infections, such as hepatitis B (HBV), hepatitis C (HCV), and HIV (the virus which causes AIDS). These infections may be asymptomatic and therefore may not be recognized. They are spread by infected blood entering another person's bloodstream. Blood does not have to be visible on an instrument or needle for infection to be transmitted.

Routes of spread for HIV, HBV and HCV are similar:

- Sexual intercourse with an infected person particularly without a condom (this route of transmission is uncommon in HCV)
- Tattooing , body piercing or acupuncture with unsterilised equipment
- Blood transfusion in a country where blood donations are not screened for HCV
- Sharing items contaminated with blood such as razors and toothbrushes
- Using contaminated drug injecting equipment including needles, syringes
- Occupational exposure through sharps injuries or other mucosal exposure e.g. splash to the eyes, mouth
- From an infected mother to baby.

Hepatitis B

Hepatitis B (HBV) is an infection of the liver caused by a virus. It can have a wide range of effects including:

- No symptoms
- Mild illness with nausea, vomiting, loss of appetite and jaundice
- Acute severe illness
- Chronic (long-term) infection
- Liver damage, such as cirrhosis

- Liver cancer
- Death due to liver failure

Most adults infected recover fully and develop life long immunity. However approximately 1:10 may remain infected (chronic carriers) and potentially infectious. HBV is spread by being exposed to infected body fluids; mainly blood, semen and vaginal secretions.

Vaccination is available for hepatitis B.

Hepatitis C

Hepatitis C (HCV) is another virus which can damage the liver. Most people with HCV have no symptoms and are unaware of their infection. Some may develop a flu-like illness and jaundice. About 1:5 people infected with HCV recover completely, but the majority become chronically infected. Prevalence of HCV among drug users may be as high as 50-80%.

Drug treatment is available but there is no vaccine available for hepatitis C.

HIV

HIV infection damages the immune system increasing the risk of severe infections and certain cancers. AIDS is the final stage of HIV infection. There is no cure or vaccination but treatment includes drugs that improve the quality of life and extend life expectancy. Individuals with HIV may not have symptoms and may be unaware of their infection.

The principle underlying Standard Infection Control is that it is not possible to identify clients who are infected with hepatitis or HIV or operators who are potentially infected with blood borne viruses or other diseases. It is therefore important that all blood and body fluids are dealt with as being potentially infected. Blood and body fluids include blood/blood products, all body secretions and exudate.

The following procedures will minimise the risk of cross infection:

6.2 Hand Washing (Appendix 2)

Hand washing is one of the most important procedures for preventing the spread of infection and the first step in infection control.¹⁴

When to wash hands

- Before and after direct contact with each client
- After contact with any blood/body fluids
- Before and after using gloves
- After visiting the toilet
- Any point when cross contamination could occur

How to wash hands

- Remove jewellery.
- Place hands under warm running water and then apply liquid soap.
- Rub hands vigorously to form lather.
- Pay attention between fingers, under fingernails, thumbs, backs of hands and wrists.
- Rinse hands well.

- Dry thoroughly with disposable paper towel.
- Nailbrushes are not necessary as bacteria multiply on wet nail brushes.
- Cuts and abrasions should be covered with a waterproof plaster and changed as necessary.
- Nails should be kept clean and short. Nail polish should not be worn.

6.3 Personal Protective Clothing ^{16, 17}

- Clean washable clothing should be worn at work every day.
- Single use disposable plastic aprons should be worn for each client if contact with body fluids is expected, particularly if heavy soiling is anticipated.
- Cotton/fabric towels must not be used as clothing protection as they harbour and transmit infections even after a hot machine wash cycle. 2
- A hot machine wash with detergent is sufficient for cleaning work clothes.
- Operator must wear disposable single use latex gloves (or a synthetic alternative if allergic to latex e.g. nitrile gloves) while carrying out the procedure. Non-powdered latex gloves are advised as the powder can cause the development of an allergic reaction to latex.
- Gloves should be discarded and hands washed between clients or when otherwise contaminated during the procedure.
- Gloves should be replaced with new gloves if there is evidence of tearing or puncture.
- Gloves should never be reused or washed for reuse. Alcohol gel should not be used on gloves.
- Eye protection in the form of a visor or plastic goggles should be worn if there is a risk of splashing of body fluids to the eyes.

6.4 Bleeding ^{18,19}

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

- Put on latex gloves (if not already wearing them).
- Stop the bleeding by applying pressure to the wound with a dry sterile dressing and if possible elevating the limb.
- Dispose of dressing into yellow clinical waste bag.
- Deal with spillage immediately (see section 6.4.1).
- Replace the sterile dressing.

6.4.1 Blood Spillage ^{5, 18, 19}

This poses a health risk; therefore all fluid spill must be cleaned up immediately:

- Wear disposable latex gloves and plastic apron.
- Place disposable paper towels on blood spillage to soak up excess.
- Ventilate the area if possible.
- Pour bleach (1%) (10,000 parts per million or a one in ten dilution of household bleach) on top of spillage area and leave for at least five minutes.
- Alternatively, use chlorine granules found in spillage kits instead of bleach solution or use another product proven to kill blood borne viruses and use as directed by the manufacturers.
- Clear away paper towels from spillage and then discard into yellow clinical

- waste bag.
- Wash area with hot water and detergent and dry area using paper towels and discard into yellow clinical waste bag.
- Discard gloves and apron into yellow clinical waste bag.
- Wash and dry hands thoroughly.

Blood spills on clothing – carefully change clothes (immediately if possible) and segregate into a plastic bag. Wash clothes as soon as possible in the hottest wash cycle the garments will stand, using gloves to remove clothing from the storage bag.

Do not soak/manually rinse the garment first. Discard the plastic bag and gloves in a yellow clinical waste bag.

6.4.2 Sharps Injury ^{1, 20}

Soldering of needle onto needle bars in tattooing is no longer advocated as best practice. This is to reduce risk of any needle stick injury to the operator.

Contaminated tattoo and piercing sharps include needles, venflons/cannulae and other sharp instruments (e.g. razors and needles) which may cause injury to operators and lead to spread of infection.

Extreme care should be exercised during the use and disposal of sharps. Never resheathe needles. The practice of desoldering needles from needle bars after use should be avoided as there is a risk of sharps injury occurring. The needle bar and attached needle should immediately be discarded into a sharps bin after use. Failing this, if needle bars and needles are used, they should be ultrasonically cleaned prior to desoldering the needles from the bar. The needles should then be discarded directly into a sharps bin and the needle bar can then be resterilised if being reused.

NB Needles put in non-vacuum autoclaves cannot be considered sterile & should be purchased sterilised.

6.4.3 First Aid for sharps injuries or splashes:

- If the skin is broken, encourage bleeding by squeezing gently.
- Do not suck wounds.
- Wash well with soap and warm running water.
- Dry and cover with a water proof plaster.
- Splashes into eyes or mouth: rinse freely with water.
- Document details including client's name in Accident book.
- Even if immunised against hepatitis B, the operator should seek immediate advice from local accident and emergency department (you may need antiviral therapy).
- Blood from the client will be required, subject to their consent.
- If broken skin is exposed to blood, rinse well and follow the same procedure.

Always keep cuts covered with a waterproof plaster.

6.5 Waste Management

A legal framework that includes the National Environmental Act 107 of 1998 governs waste management and disposal. Bins for general non-contaminated waste (i.e. household waste) and clinical waste should be separate, clearly labelled (i.e. clinical waste bins should be marked as 'Biohazard- clinical waste') and foot operated pedal bins with lids so that all waste is contained safely and segregated properly. 'Flip lid' bins should not be used as hands can become easily contaminated in using them.

6.5.1 Clinical waste

This is defined as anything that is contaminated with blood or body fluids and includes gloves, aprons, disposable pigment dye caps, used tissue paper and paper towels used for mopping spills. Yellow polythene disposable bags clearly marked 'clinical waste for incineration' should be used. Sharps should not be placed in yellow bags.

Handling of clinical waste ^{21, 22}

- Remove the red/ yellow bag when 2/3rds full
- Seal the bag securely
- Mark with 'point of origin' label prior to disposal
- Store in a labelled, lockable, vermin-proof enclosure for collection.
- Clinical waste should be collected by a licensed operator (information available from the Local Authority)
- Do not place aerosols, batteries and broken glass in yellow bags. Aerosols and batteries should be disposed of as household waste. Broken glass should be placed in a sharps bin, or if the pieces are too large should be wrapped in newspaper and placed in a household waste bag.

6.5.2 All other waste

All other non-contaminated waste such as papers etc. should be placed in black bags within a foot operated pedal bin and disposed of as normal household waste.

6.5.3 Sharps containers ^{20, 21, 22}

All tattooing and piercing needles, cannulae/venflons and other sharp instruments (e.g. razors) should be disposed of in a sharps container available from the Local Authority or licensed operator. The container must comply with South African Standard SANS 452 and carry the 'kitemark'.

Sharps containers should always be kept out of reach of children; off floor level and below shoulder height. Sharps containers should be disposed of when $\frac{3}{4}$ full to avoid accidental injury. The bin should be close to the operator or on a wall bracket with ease of use to minimise the risk of injury.

Ensure that the container is well sealed and labelled with 'point of origin' prior to disposal.

Sharps bins must be collected by a licensed operator for disposal by incineration.

7. STERILISING INSTRUMENTS

7.1 Definitions: ²³

Cleaning is a physical process which removes dirt e.g. dust and organic matter, along with large proportions of germs. Cleaning with warm water and detergent breaks up grease and dirt and is essential prior to disinfection and sterilisation of instruments and equipment.

Decontamination is a general term used for the process which renders an item safe for use. Methods include the following:

- a) **Disinfection** is a process that reduces the number of microorganisms to a level where they may not be harmful to health.
- b) **Sterilisation** (e.g. autoclaving) is a process that destroys all living organisms. It is essential that all instruments in contact with non-intact skin are sterile i.e. free of all viruses and bacterial spores.

7.2 Cleaning

Cleaning instruments is an essential part of the decontamination process – **inadequately cleaned instruments cannot be sterilised effectively.** ^{20, 23}

Pre soaking of instruments is not necessary and does not replace the need for adequate cleaning before sterilisation.

7.2.1 Manual cleaning ²⁰

Neutral pH detergent and warm water is recommended for manual cleaning or an enzymatic cleanser at the correct concentration in the sink or in an ultrasonic bath. If washing instruments by hand always keep them below the water level rather than under running water to reduce the risk of splashing into eyes. Operators should always wear protective clothing when washing instruments – a waterproof apron, rubber latex gloves and eye goggles.

Cleaning equipment such as brushes should be autoclaved at the end of the day and stored dry between use. Brushes should not be stored wet in any disinfectant solutions.

Instruments should be dried using paper towels before placing them in an autoclave.

7.2.2 Ultrasonic cleaners ²⁸

These are probably the most practical automated method of removing material from instruments prior to sterilisation. Current bench top mounted models are fully portable and do not require any fixed services, incorporate automatic timers, have thermostatically controlled heating and are extremely effective at removing surface material.

Operators should keep the lid of the ultrasonic cleaner on during the cycle to prevent splashing of cleaning fluid splashing around the work surface. All instruments placed in the bath need to be fully submerged in the detergent solution and then rinsed afterwards in water and dried (on a paper towel or non-linting cloth) before placing in an autoclave. The bath should not be overloaded with instruments and should be emptied and drained daily. The detergent solution should be renewed if it becomes full of sediment.

The manufacturer's recommendations on usage should always be followed, particularly with regards to the appropriate detergent solution to use with the ultrasonic bath.

Regular servicing and testing must be arranged to confirm that the machine is operating correctly.

7.3 Sterilisation

Do not sterilise or re-use single-use items. These should be discarded in an appropriate manner after first use. Opportunities to use single-use items should be considered wherever possible.

All re-useable instruments used in the procedure to pierce a person's skin e.g. clamps, forceps or objects in contact with broken skin should be considered to be contaminated and should not be used until they have been sterilised.

Water boilers, hot air ovens and UVA light boxes are not effective methods of sterilising tattooing/skin piercing equipment and must not be used.²⁰

7.3.1 Benchtop steam steriliser – (autoclave)^{1, 2, 3, 4}

The most reliable method of sterilising equipment is moist heat using steam under pressure i.e. autoclave. The Medical Devices Agency guidance on bench top sterilisers applies to all operators (medical and dental) and includes tattooists, body piercers and acupuncturists. This is current national guidance.³ It is important that the correct type of autoclave is purchased for the type of sterilisation required by the equipment placed in it.

Effective sterilisation using a bench top steriliser relies upon correct use and maintenance of the unit, which can be complex and time consuming.

All persons operating bench top autoclaves should have received training on the safe use of portable autoclaves and follow manufacturer's instructions. Training is often provided by manufacturers but needs to be requested by the operator. All training should be documented.

Traditional bench top steam autoclaves (non-vacuum) are considered suitable for solid or unwrapped instruments. Pouches or other wrappings must NOT be used in these autoclaves. ^{3, 20}

For the sterilisation of wrapped/pouched items and instruments with lumens (i.e. tubes, tips and grips), a vacuum steam autoclave **MUST** be used. This is to ensure that all parts of the load (especially hollow tubes) are exposed to steam at the required temperature.^{1, 3, 4, 20} It is important that such a steriliser has a vacuum drying cycle as well so that resultant loads are dry at the end of the cycle. **Wet (or damp) pouches cannot be regarded as sterile as bacteria can penetrate into them.**²

For both types of autoclaves, however, it is essential that the instruments are thoroughly cleaned by hand or preferably with an ultrasonic bath, to remove visible contamination BEFORE they are autoclaved.

- Where vacuum autoclaves are used, ensure prior cleaning of equipment by brushing with narrow brushes and flushing through with water and then use an ultrasonic cleaner prior to autoclaving.
- DO NOT put lumened instruments in a non-vacuum autoclave.

The following sterilisation temperature bands, holding time and pressure for sterilisation, using high temperature steam, must be checked daily before the start of the session and documented on a log sheet:²⁰

| Option | Sterilisation Temperature Range (0C) | | | Approx. Pressure (bar) | Minimum Hold (min) |
|--------|--------------------------------------|---------|---------|------------------------|--------------------|
| | Normal | Minimum | Maximum | | |
| A | 136 | 134 | 137 | 2.25 | 3 |
| B | 127.5 | 126 | 129 | 1.50 | 10 |
| C | 122.5 | 121 | 124 | 1.15 | 15 |

In addition, each cycle must be logged.³

The owner of the autoclave is responsible for:⁴

- Ensuring the machine is certified as suitable by a competent person.
- The machine is properly maintained and in a good state of repair.
- Installation and validation of the autoclave is done via an authorised person.
- Ensuring training of the operator occurs and is documented.
- Daily, weekly, quarterly and yearly testing is completed and documented in a logbook (See Appendix 1 for example of Record Sheet).
- Each cycle is recorded.
- A pressure testing certificate is available (the door can blow off with fatal consequences).

7.3.2 Using a Benchtop Steam Steriliser^{4, 3, 20}

- The operator must keep all maintenance records by the competent test person.
- Each day a fresh container of sterile water for irrigation or if recommended by the manufacturer purified or distilled water should be used to fill the reservoir to the indicated level. Run the empty 'test cycle' and record the results.
- Always thoroughly pre-clean instruments and dry before placing in the

- autoclave.
- Always use the trays provided with the autoclave and do not place items in bowls or dishes.
- Dismantle instruments/jewellery as far as practicable before cleaning and autoclaving.
- Open any hinged instruments.
- Position all instruments to enable full drainage and steam penetration of all lumens and hollows.
- Do not place instruments in pouches/packets unless a vacuum autoclave is used with a drying cycle.
- Kidney dishes and containers should be placed in the chamber 'on edge' to allow air/steam to be displaced either upwards or downwards.
- Do not overload the tray. Instruments should not touch each other.
- Ensure that door is sealed and set time/temperature/pressure controls for required cycle.
- Instruments to be used later for non-sterile use should be removed from the autoclave and placed in a clean airtight plastic container. Keep clean and dry.
- Instruments required to be sterile at point of use e.g. jewellery should be kept in the autoclave until required and used within 3 hours of sterilisation. Non vacuum autoclaves are designed for processing of equipment for immediate use. Once the door is open the load is exposed to the air and recontamination.
- Items should be re-sterilised if not used within 3 hours (unless vacuum autoclaved in pouches).
- At the end of each day the autoclave should be drained of any remaining water and the outside of the machine should be wiped clean and left dry, ready for the following day.
- Single wrapped/pouched items processed in vacuum autoclaves may be kept for up to six to twelve months before the need to re-sterilisation. They should be stored in a dry area out of direct sunlight.

7.3.3 Daily Testing

Run a normal cycle and monitor:

- Time/temperature/pressure limits at beginning/maximum holding time/end
- Cycle completed indicated
- Door cannot be opened during cycle
- No dysfunction observed
- Only test strip indicators/steam penetration test packs conforming to ISO 11140 part 1- Sterilisation of health care products- Chemical indicators (Class 6- Emulating indicators) and that are recommended by the autoclave manufacturer are designed to react to all critical parameters (e.g. time, temperature and saturated steam pressure) of a specified sterilisation cycle and show whether sterilising conditions have been met ² e.g. Bowie & Dick, Browns.
- Record on log sheet or save a printed log & the test indicator strip.
- A steam penetration test should be done daily on a vacuum autoclave check with manufacturer of the autoclave for suitable products.

7.3.4 Weekly Testing

As above including:

- Examine door seal
- Check door safety devices
- Check pressure devices
- Record on log sheet

Quarterly and yearly testing

Quarterly and yearly testing of an autoclave should be carried out by a competent person. This contract should be set up via the autoclave supplier or manufacturer and all records kept on site. Testing and quarterly maintenance are important factors in insurance feasibility. ⁴

7.4 Decontamination of special equipment ^{1, 2, 20, 26}

| Equipment | Recommendations |
|---|---|
| Tattooists: Holders for stainless steel bars i.e. tube, tip and grip | Dismantle after use and before cleaning/autoclaving (see 7.3.2) |
| Needles and Needle bars | <u>Single use only.</u> Disengage from tube and dispose immediately into sharps container do not autoclave before disposal as this places the operator at risk of a sharps injury. |
| Pigment caps/trays | Single use caps/cap trays recommended. Discard after each client. Always ensure caps are clean before use. If re-usable, cap trays should be stainless steel. Discard ink and caps after each client. Trays should be cleaned between clients and small enough to fit into ultrasonic and autoclave after each session. |
| Motors & clipcords | Cover with food grade plastic bag (or plastic sleeve for clipcords) between each client to avoid contamination. Alcohol (70% isopropyl) is effective in disinfecting motor parts of tattoo machines but if too irritant for the motor, use mild disinfectant. |
| Elastic bands | Remove from machine and discard after each client |
| Body piercing: Needles, venflons/cannulae | Pre sterilised single use only. |
| Clamps used for skin folds, looped forceps, pliers and receiving tubes | Wash clean and sterilise after use |
| Jewellery | Autoclave before use |
| General - All treatments: Stainless steel forceps | Clean or use ultra sonic washer , dry and autoclave after use |
| Plastic container marked | Clean and dry thoroughly. If stainless steel kidney dishes are |

| | |
|--|--|
| 'dirty instruments' Plastic container with lid for clean instruments Towels Cups Razor | used, clean and autoclave after each use or use single use dishes. as above disposable paper towels disposable paper cups Single use only. Disposable razor should be used and discarded directly in sharps bin. Do not re-sheath prior to disposal. |
|--|--|

Seek specialised advice from the Consultant for Communicable Disease Control or Infection Prevention and Control Nurse.

8. CLEANING OF PREMISES ^{20, 5, 26}

Environmental hygiene is a vital part of good infection control. Overall, the premises should be clean and well ventilated. All areas should be cleaned regularly as part of a documented cleaning policy and rota (see section 8.1)

- Bench surfaces, couches and the floor must be impervious to water and easy to clean.
- Disposable single use cloths should be used for cleaning tasks. General purpose utility gloves (e.g. 'Marigolds') should also be available for general environmental cleaning procedures. Change these when there is evidence of peeling, cracking and tears.
- Plastic food bags or cling film used to detergent/disinfectant or dye containers must be changed between clients.
- Plastic food bags or cling film used to facilitate handling during the tattoo process must be changed between clients.
- Detergent and hot water is adequate for most routine cleaning. Surfaces contaminated with blood should be cleaned as per section 6.4.1.
- It is important when using bleach ensure that COSHH and manufacturers' instructions are adhered to⁵. Gloves should always be used when handling bleach; any contact with bleach to skin, eyes & mouth should be avoided; bleach should not be used on urine spillages; bleach should be used in a well ventilated room/area (also see 6.4.1).

All chemicals should be handled and stored in accordance with manufacturer's Instructions ⁵. Material safety data sheets should be accessible to all staff. All chemicals used on the premises should be stored in an identified cool, dry and well-ventilated place (room/cabinet) that is lockable; out of reach of visitors/the public and in their original containers. Expiry dates should be routinely checked.

Detergent/disinfectant containers with spray nozzles should ideally be purchased for easy use. Commercial brands are advocated over 'home made' squeeze bottles or containers with spray nozzles which can readily become contaminated during the 'topping up' process. If the latter are used they must be labelled and fresh solutions used daily as well as daily washing/drying of the containers.

| Recommended Cleaning Agents for the Environment | |
|---|---|
| <ul style="list-style-type: none"> • Disinfectant spray or 60-70% alcohol wipes • Detergent + hot water • Cream cleaner • Bleach (hypochlorite) 0.1% or Milton solution | <ul style="list-style-type: none"> • Used for cleaning surfaces between clients • Used for cleaning surfaces at end of sessions/day • Used for cleaning surfaces • For cleaning if any body fluid contamination 1000 ppm (parts per million) available chlorine - a 1 in 100 dilution of household bleach or 1:20 for Milton. Not for use on metal surfaces. For blood spillage see section 6.4.1. |

8.1 Protocol for Cleaning Premises²⁰

| Item | Frequency | Method |
|-----------------------------------|------------------|---|
| Surfaces | At least daily | Operating area surface cleaned and dried between clients using detergent & water or disinfectant spray. Use disposable cloths/paper towels. At the end of the day use general-purpose detergent and hot water. Dry thoroughly. |
| Hand wash basins and sinks | daily | Cream cleanser |
| Floors | daily | Wash with hot water and detergent. Disinfectant is required only after contamination with blood spillages (see section 6.4.1) i.e. clean area with disposable towels using bleach solution of 10,000 parts per million |
| Bins | daily | Empty bins daily. Clean inside with hot water and detergent, if contaminated. |
| Treatment Couches | Regularly | Wipe with hot, soapy water or disinfectant spray after each client and dry thoroughly. Clean with bleach if contaminated with blood (see section 6.4.1). |
| Walls/ Ceilings | periodically | Routine cleaning not required. Clean periodically with hot water and general purpose detergent. Clean with bleach if contaminated with blood (see Section 6.4.1). |

9. GENERIC STANDARD PROCEDURES ^{1,2}

9.1 Pre treatment

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

- Ensure that the work area is clean and tidy.
- Make sure all the items needed are in easy reach and that any items not required are removed from the immediate area.
- Place a container labelled 'dirty instruments for sterilising' in the work area for the collection of these instruments.
- Ideally the telephone should not be answered during procedure.
- Have disposable tissues handy or a barrier film for handling switches etc. during procedure. If barrier film is used, change between clients.
- If ANY local anaesthetic is considered for use the client's medical history must be checked for adverse side effects such as dizziness and loss of consciousness, and medical advice sought from their GP.
- Spray bottles can be covered in a good grade plastic bag to protect bottle from potential contamination. The bag should be changed between each client.
- Hands must be washed thoroughly in a dedicated hand wash basin, and dried, according to the procedure outlined (Section 6.2) and disposable latex gloves should be worn. These must be changed between clients. Aprons should be worn if contact with body fluids is expected.
- Written and signed consent must be obtained from client prior to procedure.
- Verbal and written instruction on the after care of tattoo and piercing site must be given and recorded.

9.2 After treatment

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

9.3 Tattooing

Preparation for tattooing:

- Ensure procedure is explained and written consent (see Appendix 4 for an example which may be used/adapted) & medical history obtained.
- Wash and dry hands thoroughly.
- Ensure surfaces are cleaned. Assemble sterilised tube, tip and grip; insert single use disposable needle bar with needle attached. Assemble machine, attach new elastic bands and cover motor and clipcord with plastic bag/sleeve. Place on instrument tray and cover with paper towel.
- Dispense pigments into clean, single use disposable pigment caps ensuring sufficient quantity to complete procedure.
- Adjust couch/chair to operator height prior to commencing the procedure.
- Place paper towel from roller over couch/chair.
- Wash, rinse and dry hands thoroughly.
- Put on disposable gloves (latex).
- If necessary, shave area with disposable razor then discard razor immediately after use into sharps container.

Procedure

- Do not proceed if any evidence of skin infection.
- Clean and prepare client's skin for the procedure.
- Use clean water in a clean plastic cup to rinse needles when changing dyes/inks. Discard after use.
- Savlon used for transferring stencils should be used sparingly.
- The use of deodorant sticks between patients is not advised. If used, it is essential that single use sticks should be used.
- The temper or sharpness of a needle must not be tested on the client's or the operator's skin before use.
- If solution is used to wash off excess dye ensure use of appropriate trigger spray bottle which is emptied and cleaned daily.
- Replace any sterile instrument accidentally touched by operator or contaminated in any way.
- Petroleum jelly on wound after tattooing is not encouraged for optimal healing.
- Secure a clean dry dressing over tattoo.

After procedure

- Discard needle bars with needles attached into sharps bins immediately after use.
- Discard protective clothing into yellow clinical waste bag.
- Dismantle tube, tip and grip and place into plastic container marked 'dirty instruments' to await cleaning and ultrasonic bath (see 7.2.2).
- Wipe over protective plastic cover of tattoo motor with 70% alcohol/mild detergent between clients and dry afterwards.
- Wash and dry hands.
- Appropriate aftercare and advice needs to be provided for each client (see Appendix 7 for an example which may be used/adapted).
- It is imperative that clients consult their GP if infection is suspected.

9.4 Body Piercing

Closed ear piercing guns should not be used to pierce any part of the body other than the fleshy part of the ear lobe and the flat part of the ear¹. They can crush the tissues and can be difficult to sterilise.

Procedure

- Ensure procedure is explained and written consent (see Appendix 4 for an example which may be used/adapted) & medical history obtained.
- Practitioner should not proceed until they have checked medical history themselves.
- Wash and dry hands thoroughly & apply gloves.
- Do not proceed if any evidence of skin infection.
- Ensure all equipment is set out on covered tray.
- Clean skin surface with individual alcohol wipes (70% isopropyl alcohol) and allow to dry.
- Mark skin for piercing with gentian violet pen. For tongue and genital piercings where the mucous membranes are not cleaned prior to marking the piercing site, it is good practice to either use a gentian violet pen and discard it or use a single use toothpick and gentian violet ink to mark the piercing site and dispose of the toothpick immediately.
- All tattooing and body piercing needles should be single use and disposed of immediately following use by the operator. Under no circumstances should they be left for someone else to dispose of.
- Where it is possible to hold skin folds, sterile clamps must always be used.
- Penetrate skin folds using sterile venflon/cannula, remove needle leaving plastic cannula in situ. Place needle/cannula into sharps container immediately after use.
- Remove sterile jewellery from tray or sterile package using sterile forceps and thread it through the plastic cannula and fix. Remove plastic cannula and discard in sharps container.
- If a non-plastic sleeved cannula is used, jewellery must be abutted to the end of the cannula.
- Jewellery should be closed either with pliers or manually.
- Apply sterile dressing to site using a non-touch technique for protection against friction & oozing. Do not use kitchen roll.
- Wash and dry hands.

Client advice after body piercing:

- Client should be given BOTH written/verbal information about the piercing (see Appendix 6 for an example which may be used/adapted).
- Client should be advised to wash their hands before touching the piercing, never allow oral contact with the fresh piercing, not to wear tight clothing over the piercing, not to go swimming until the piercing has healed, to wear clean cotton underwear until genital piercings have healed if possible.
- In general piercings should be handled as little as possible but to maintain mobility of the jewellery they should be turned no more frequently than once/twice a day with clean hands.
- May be tender, itchy, slightly red or bruised for a few weeks. May bleed a little for the first few days. Healing times will vary depending on the piercing site and

may not heal for several months (e.g. naval piercings can take up to eight months).

- May also secrete a whitish-yellow fluid (plasma) which crusts on the jewellery; this is not pus. Encrustations (scabs) should not be removed as they help to protect the site against infection.
- The skin may tighten around the jewellery as it heals, making turning somewhat difficult.
- Allow natural healing to take place without the introduction of antibacterial agents or antiseptics. After showering/bathing dry the piercing using cotton swabs/tissue.
- Ensure client is informed to contact GP promptly if the wound inflammation (red painful swelling with pus (thick white fluid) formation) develops.
- Occasionally, selected jewellery may not be appropriate. If the jewellery is too thin or too heavy, or awkward in size and diameter, healing problems may be experienced. The piercer should be contacted if a change in jewellery is required.

9.5 Choice of Instruments, Needles and Jewellery ^{1,2}

Pre-sterilised single use needles should be used in tattooing and body piercing. All needles used in tattooing/piercing should be classified as single use. **Under no circumstances should any item with needles attached marked by its manufacturer as single use be cleaned and sterilised for re-use on another client.**

Other instruments that have accidentally penetrated the skin or are contaminated with blood must be properly cleaned and sterilised before further use.

The jewellery used in body piercing is advised to be: ^{1,2}

- Titanium (this is the recommended material based on healing times).
- Stainless steel complying with Directive 94/27/EC and the 'Dangerous substances and preparations (nickel) (safety) regulations 2000'.
- Solid gold of at least 14 carat. Many gold alloys may not be suitable owing to the risk of allergic reaction, while 18 carat gold (or higher) may be considered too soft- leading to being too easily scratched and able to harbour infection.
- Silver is NOT suitable for use with new or unhealed piercings due to its property of tarnishing easily. It causes discoloration of the piercing and the metal's softness enables microorganisms to become entrapped.
- The jewellery has to be appropriate in length and width to accommodate the swelling that follows the piercing procedure of a given site.

9.6 Skin Preparation ^{1,2}

Prior to procedures, skin must be prepared to remove microorganisms by using a skin cleaning preparation (see table below). A disposable, single use plastic safety razor should be used as necessary and disposed of after use on a client. If

petroleum jelly ('Vaseline') is to be placed on the client's skin, enough for one client only should be removed from the stock container with a clean spatula and placed in a small disposable container. A new spatula must be used if more petroleum jelly is required from the stock container. Roll on or stick applicators are not appropriate for multiple use situations.

Vaseline may degrade latex gloves, reducing the protection that they afford both client and operator.

| Skin Cleaning Agents | Notes (1,2 plus British National Formulary) |
|---|---|
| Step 1: Wash with liquid soap | - Dilute with water |
| Step 2: Choice of: - Alcohol Wipes or - 'Hibisol' : chlorhexidine gluconate soln 2.5% (=0.5% chlorhexidine gluconate) in isopropyl alcohol 70% with emollients and allow to dry | - Allow to dry to reduce post procedure inflammation. Unsuitable for use on genitalia as causes discomfort - Effective disinfectant for skin, genitalia & mucous membranes. - To be used undiluted for hand & skin disinfection |

Please note that 'Savlon' & 'Dettol' (Chloroxyleneol) are not recommended for use as skin disinfectants. This is because this type of disinfectant is not capable of destroying some bacteria found on skin which could cause infection. Savlon & Dettol also do not have any residual activity during the procedure and manufacturers do not recommend their use in tattooing.

Dyes

Dyes, pigment or solution(s) that have been used for one client must not be used for another client. Enough solution should be dispensed for one client into single use disposable containers.

9.7 Protocols/Procedures

It is recommended that all piercers/tattooists have clear protocols in place preferably in a written format for use by staff. This can ensure best practice is advocated and followed and can influence training practices as well. All protocols should be reviewed regularly (yearly) and kept updated.

Procedures/protocols should include:

- Hand washing procedure
- Cleaning policy and rota
- Sterilisation and monitoring procedures - documented
- Clinical & general waste
- Management of blood spillages
- Use of protective clothing
- Needlestick injury
- COSHH risk assessment/safe handling of chemicals (to include sourcing, data sheet, and safe handling and use of chemicals including dyes)
- Training/education of staff
- Staff health inc. hepatitis B vaccination status
- Skin disinfection

9.8 Mobile Operators ²⁴

All mobile operators need to be registered with their local authority and adopt good practice guidelines as described in this document.

Mobile operators must have direct access to hand washing facilities with liquid soap, paper towels and hot and cold running water. They must also have facilities to adequately store all equipment and adequate procedures in place in order to handle clinical waste safely before and after use and whilst in transport, for disposal and storage.

The preparation of procedure packs with sufficient equipment for each client will assist operators in complying with guidelines. There must be adequate sterile equipment for all clients in between base returns. Enough aftercare dressings should be given to the client to cover the length of time of any festival that may be held away from towns/cities etc.

The mobile establishment must be maintained in a clean condition at all times and must not be used for food preparation or accommodation. If the mobile facility does not have an autoclave, they must use single use, pre sterilised equipment for all procedures.

All facilities must be connected to a sewer or have a waste water storage tank suitable for the reception of all liquid wastes arising from the premises. Waste water storage tanks must be discharged to the sewer.

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APPENDIX 1**RECORD SHEET FOR BENCH TOP STERILISER**

Please keep these records in date order for inspection

Autoclave Type: _____

Serial Number: _____

Week Commencing: _____

Location: _____

Type of Water used: _____

| Daily test | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday |
|--|----------|--------|--------|---------|-----------|----------|--------|
| Cycle Counter Number | | | | | | | |
| Time to reach holding temp | | | | | | | |
| Temp during holding period | | | | | | | |
| Pressure during holding period | | | | | | | |
| Total time at holding temp/pressure | | | | | | | |
| Water drained at end of day when in use and left dry | | | | | | | |
| Printout attached | | | | | | | |
| Initials of authorised user | | | | | | | |

| Weekly Safety Test | Yes/No | Comments |
|---|--------|-----------|
| Door seals secure | | |
| Door safety devices functioning correctly | | |
| Safety Valves operating correctly | | |
| Comments | | |
| Name | Date | Signature |

PLEASE KEEP THESE RECORDS IN A RING BINDER FOR INSPECTION

APPENDIX 2 – HAND WASHING TECHNIQUES

Wet hands, apply soap and use the following procedure:

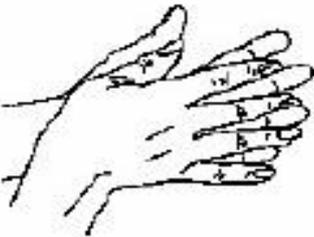
1. Rub palm to palm



2. Rub backs of both hands



3. Rub palm to palm with fingers interlaced



4. Rub backs of fingers (interlocked)



5. Rub all parts of both hands



6. Rub both palms with finger tips



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

This handwashing technique is based on procedure described by G.A.J. Ayliffe et al. J. Clin. Path. 1978; 31: 923.
We would like to gratefully acknowledge ICI Pharmaceuticals UK for providing guide drawings.

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APPENDIX 3 MEDICAL HISTORY SHEET

MEDICAL HISTORY OF CLIENT (To be completed by a practitioner following discussion with client)

| | |
|----------------------------|--|
| Name of Client: | |
| Name of Practitioner | |
| Intended Procedure: | |
| Signature of Practitioner: | |
| GP Details of Client: | |
| Occupation: | |

| | Yes (TICK) | No (TICK) | Additional Information |
|---|---------------|--------------|---------------------------|
| Do you have any heart problems? | | | |
| Do you suffer from any blood pressure problems? | | | |
| Do you suffer from epilepsy? If Yes, how controlled? | | | |
| Do you suffer from haemophilia/other clotting disorders? | | | |
| Do you suffer from any known blood borne virus (e.g. Hep B, Hep C, HIV)? | | | |
| Have you suffered from any problems with skin healing in the past, e.g. diabetes, lupus, psoriasis, eczema? | | | |
| Do you have any inflammation or infection of your skin at the moment? | | | |
| Do you suffer from any 'lumpy' raised scars (keloid scars)? | | | |
| Do you suffer from any known allergic responses e.g. to plasters/creams/metals/iodine/shellfish/latex/foodstuffs/other? Indicate which: | | | |
| Do you take any prescribed medication regularly? If Yes, please list what: | | | |
| Are you pregnant? | | | |
| Are you prone to 'fainting attacks'? If yes, state reason: | | | |
| Tattoo only: Any known/previous reaction to dye pigments? Piercing only: Any previous piercings at proposed site? | | | |
| Any other relevant information? | | | |

If yes to any of the above, treatment should not take place and the client should consult their doctor before proceeding.

APPENDIX 4 TATTOO/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: | |
| Proof of age of Client (record type of ID and attach copy if possible): | |
| Type of Procedure: | Tattoo / Body Piercing |
| Site of Procedure (& design if applicable): | |
| Type of Jewellery Used (as applicable): | |

| | |
|---|---|
| FOR CLIENT'S INFORMATION Risks associated with body piercing | <ul style="list-style-type: none"> • Scarring • Blood poisoning (Septicaemia) • Jewellery embedding/migration • Localised infection – particularly noses, genitals • Allergic reactions to jewellery metals or dyes • Localised severe swelling & trauma around the site • Tongue piercing may lead to swelling, choking & restriction of the airway |
|---|---|

INDIVIDUAL CONSENT:
 'I declare that I give my full consent to tattooing/body piercing (delete as appropriate) being carried out by the aforementioned practitioner. I confirm that potential complications, (e.g. infection, swelling (for both tattooing and piercing), gum/tooth damage, jewellery migration/embedding) for the procedure undertaken and aftercare instructions have been explained to me. A written aftercare advice sheet containing more detailed information has been given to me and I agree that it is my responsibility to read this and follow the instructions on it, until the site has healed.
 I confirm that the above information provided by me for this consent form is correct to the best of my knowledge, that I am over the age of consent for this procedure (i.e. 18 years old for tattoos; 16 years old for piercing above the waist) and that I am not currently under the influence of alcohol or drugs.'

| | |
|---|---|
| Signature of Client: | Date: |
| Signature of Practitioner: | |
| Appropriate Aftercare Sheet given i.e. Tattoo or Body Piercing: | Yes <input type="checkbox"/> No <input type="checkbox"/> Please tick appropriate box |

PARENTAL CONSENT (as applicable for piercing):
 'I consent that all of the intended procedure has been explained to me and that the information provided by me is correct to the best of my knowledge. I hereby consent to my child (named above) having the body piercing and I understand the risks as summarised below'

| |
|----------------------------|
| Signature of Parent: |
| Name of Parent (Print): |
| Contact Details of Parent: |
| |

APPENDIX 6

BODY PIERCING AFTERCARE ADVICE SHEET

| | |
|--------------------------|--|
| Premises Name: | |
| Premises Address: | |
| Telephone No: | |
| Piercer (print name): | |
| Date of piercing & site: | |

This advice sheet is given as your written reminder of the advised aftercare for your new piercing and your agreement to follow this advice.

Having a new piercing involves breaking the skin surface so there is always a potential risk for infection to occur afterwards. It is important that this advice is followed so that the infection risk can be minimized.

Minimizing piercing infection risk – general guidance & information:

- Most piercings bleed at first but this should stop within a few minutes. This may occasionally reoccur a little during the first few days and should stop with applying pressure for a few minutes. If excessive/continuous, seek immediate medical help.
- Current medical advice strongly recommends that a new piercing is handled as little as possible, and avoid total submersion in water, particularly for the first two days, so that exposure to germs is reduced. For the same reason, do not pick at or play with a new piercing.
- Always wash & dry your hands with a clean towel before and after handling a new piercing site.
- Do not use fingernails to move jewellery or manipulate the piercing.
- After removal of any dressing applied by your piercer, clean the piercing twice a day, if possible.
- Most piercing holes can be cleaned using a fresh cotton bud and cooled preboiled tap water or a sterile saline solution, which can be obtained in sachet format from pharmacies. A fresh saline sachet should be used each time you clean the site.
- NEVER apply hot solutions to the skin or surgical spirit to a piercing site. Avoid chemicals as they can damage delicate scar tissue.
- Always use a clean (preferably disposable) cup or bowl to hold your cleaning solution.
- Soak off any crust formation before you attempt to turn it or move it.
- Always pat dry your piercing after cleaning with clean tissue.
- Avoid swimming for at least a month and preferably for the length of the healing period.
- It is advisable to shower rather than bathe whilst the piercing site is healing so that unnecessary water exposure is prevented. Always pat the area dry using a clean tissue.
- Try to wear loose, cotton clothing to minimise rubbing and irritation to a new piercing site.
- Most piercings swell to some extent and hence jewellery inserted will be longer than between the piercing holes at first.
- New piercings should be kept as dry and exposed as much as possible.

- Only change the jewellery as directed by your practitioner.
- Only turn/move the jewellery when you are cleaning it.
- Only buy jewellery from a reputable retailer. Your practitioner can help advise you on this.
- A new piercing can be tender, itchy and slightly red and can remain so for a few weeks. A clear, odourless fluid may sometimes discharge from the piercing and form a crust. This should not be confused with pus, which would indicate infection.

Specific piercing aftercare advice (after the first two days/removal of sterile dressing)

Nipple - Males Clean as in the general advice section and leave exposed.

Nipple – Females As for males but a cotton bra/nipple pad will also need to be used in order to protect the site from friction. If the site is oozing, nipple pads should be used and soaked off before cleaning the site. A bra worn at night may increase comfort.

Minimum healing time: four to six months.

Ear lobe Clean as in general advice section. Leave exposed.
Minimum healing time: two months. The cartilage area of the ear may take three months to a year.

Nose septum Use warm pre-boiled water to soften and remove crusts up to two times a day. Leave exposed.
Minimum healing time: two months.

Nostril Clean as in general advice section once a day with a cotton bud on the OUTSIDE only. DO NOT touch the inside. Leave exposed.
Minimum healing time: three months to a year.

Tongue Half-strength mouthwash should be used twice daily. The mouth should also be rinsed with tap water after eating, smoking, drinking coffee or alcohol, and after oral sex. The site can also be cleaned gently with toothpaste and a soft toothbrush if there is a build up of coating around the site. Chewing gum should not be used until the site is healed or you feel confident with the piercing. Care is needed when using cutlery, so as not to damage the piercing. Spicy food/alcohol may need to be avoided for the first week as they may cause stinging. Oral sex should be avoided until after the first two weeks and the first bar change.

The bar size should be changed after 10-14 days (not before 10 days) by the piercer at the piercing premises. Balls must be checked twice daily to ensure they are screwed on tightly. When they need changing, buy new ones.

N.B. The tongue may swell to the length of the inserted bar, particularly in the first two weeks. Iced water may help to reduce the amount of swelling that occurs. If the bar becomes too tight please see your piercer. If out of hours, contact NHS Direct or a walk-in centre. If you have problems with swallowing or any neck pain, however, you **must** contact a medical practitioner straight away or go directly to your nearest Accident and Emergency (A&E) Department.

Minimum healing time: two months.

Lip, cheek, Labret, Madonna and Philtrum Clean the outside of the site twice daily with a cotton bud as in the general advice section. Use half-strength mouthwash twice daily to clean the inside site, and every time you eat, drink or smoke.

If you have a ring, then clean the jewellery also as you move it around. If you have a labret stud you need to check that the ball is screwed on tightly at least twice a day.

Minimum healing time: three months.

Navel The navel area tends to collect dirt and can be prone to infections even without a piercing. A small amount of redness and crusting is normal, as is a discharge of a small amount of clear fluid. These symptoms should lessen within six to eight weeks.

Clean both piercing holes twice a day with a cotton bud as in the general advice section. Use a separate cotton bud for each hole. Avoid tight clothing around the waist and do not use belts until site is healed. Cover the site with a clean, dry dressing if doing stretching exercises/contact sports. Your piercer will advise when you can resume these sports activities. Avoid swimming until site is healed.

NB: It is recommended that navel jewellery is only changed on the advice of, and by, your piercer. This is usually done between the first six to twelve months after a navel piercing

Minimum healing time: four months to one year.

Madison, Web, Fraenum (tongue, lip or penis sites) These are “temporary” surface piercings. The sites should be cleaned as for navel site advice.

Genital Clean site twice daily with warm water. Both males and females are advised to use a panty liner to absorb excess moisture and provide protection to the site. Tight, restrictive clothing should be avoided to prevent friction and irritation to the site. There may be intermittent bleeding for the first few days after the initial piercing. If the urethra is pierced (males only) you may also pass some blood in your urine for a few days. Any bleeding should only be minor. If it is a continuous and/or heavy loss you must seek immediate medical attention. There may be difficulty passing urine due to swelling or scarring.

Sexual contact should be avoided for the first two weeks and should be gentle at first. Barrier protection should be used as part of a safe sex routine.

Minimum healing time: one to three months for genital (male and female) genital piercing including inner labia and clitoral hood. An ampallang (across the penis piercing) may take four months to over a year to heal. An outer labia piercing may take six months to heal.

Common Complications

Infection

If aftercare advice is not followed correctly, infection can occur at the site.

Possible indications of an infection are:

- increased redness and/or swelling
- the piercing is painful to touch
- there may be a painful throbbing sensation or a feeling of “heat” at the site
- the discharge becomes yellow or green in colour and smells offensive

If the above symptoms occur you need to seek urgent medical attention either through your GP or local walk-in centre. In emergencies you should attend the local A & E Department. Try to avoid removing the jewellery before being assessed.

N.B. If feeling unwell, particularly with a raised temperature, nausea or a headache, you may have septicaemia (Blood poisoning).

SEEK URGENT MEDICAL ADVICE

Jewellery Migration

This is when the jewellery starts to move outwards through your skin. Eyebrow and navel piercings can be particularly prone to this. Please see your piercer if you notice this occurring, as if left unchecked, it can lead to the piercing being pulled/torn out of the skin. This may then lead to permanent scarring.

Possible Complications to Specific Piercing Sites

Ear & Nose Small 'lumps' may form around the piercing site, these are called granulomas. If they persist, please see your GP.

Nose septum Can be very tender for the first few weeks but this should lessen. If pain is excessive or prolonged, please consult your GP.

Eyebrow Can be problematic as the skin is quite thin. Migration can also occur forcing the piercing out. Please see your piercer if this occurs.

Tongue Piercing may cause permanent damage to teeth due to the constant friction of the jewellery against teeth enamel. This can be reduced by using the correct sized jewellery in the first place.

If you have any problems/queries please contact your piercer initially. He/she will refer you onto your GP if there are signs of adverse reaction/infection. However, in an emergency, you must seek urgent medical help by going to your nearest Accident and Emergency (A&E) Department.

APPENDIX 7

TATTOO AFTERCARE ADVICE SHEET

| | |
|----------------------------|--|
| Premises Name: | |
| Premises Address: | |
| Telephone No: | |
| Practitioner (print name): | |
| Date of tattoo & site: | |

This advice sheet is given as your written reminder of the advised aftercare for your new tattoo.

Getting a new tattoo involves breaking the skin surface so there is always a potential risk for infection to occur afterwards. Your tattoo should be treated as a wound initially and it is important that this advice is followed so that the infection risk can be minimised.

Minimising infection risk guidance tips:

- Avoid touching the new tattoo site unnecessarily so that exposure to germs is reduced. For the same reason, do not pick at or scratch a healing tattoo.
- Always wash & dry your hands before and after handling a new tattoo site.
- The new tattoo will be an area of tiny skin breaks caused by the tattooing needles and thus needs to be kept covered with the sterile dressing applied by your practitioner for at least an hour until the skin stops any bleeding/fluid ooze.
- After removal of the dressing, gently wash the tattoo site with warm tap water (with/without a mild liquid soap) and PAT dry with clean tissue (do not rub or skin will become irritated).
- Apply a moisturising skin cream (from a new container) after washing & drying the tattoo area (e.g. E45 or Diprobase, unless allergic to them) so that the skin is protected from dryness and the amount of potential scabbing decreased. Wash the area and apply the cream 2-3 times a day for the first 3 days. Repeat cream application 2-3 times a day to keep skin moisturised until fully healed. There is generally no need to use any other skin creams/antiseptic products and it is not advisable to share skin products with others.
- After approximately two weeks, any scabbing should have gone and be replaced with 'silver' skin for a further week. The area should be finally healed in a further 10-14 days.

General aftercare tips:

- If possible, shower rather than bathe whilst the tattoo is healing so that unnecessary water exposure is prevented. Always pat the area dry either using a separate towel or tissue.
- Avoid petroleum based creams (e.g. 'Vaseline') as these ingredients 'draw out' the tattoo ink, and therefore a degree of colour from your tattoo.
- Do not 'pick' at your tattoo as this will delay healing.
- Do not use skin products that have not been recommended by your practitioner or are not meant to be used for open wound healing.
- Avoid swimming, sunbeds/sun bathing until a new tattoo is fully healed as direct sunlight/chlorine can interact with tattoo dye pigments causing skin interactions/inflammation.

- Try to wear loose, cotton clothing to minimise rubbing and irritation to a new tattoo site.
- Always keep a new tattoo covered and protected if working in a dirty/dusty/oily environment.

If you have any problems/queries, please contact your practitioner initially. He/she will refer you onto your GP if there are signs of adverse reaction/infection.

APPENDIX 8

**AUDIT TOOL FOR INFECTION CONTROL ASSESSMENT OF
TATTOO/PIERCING LICENSED PREMISES**

| |
|--|
| <p style="text-align: center;">AUDIT TOOL FOR INFECTION CONTROL ASSESSMENT OF TATTOO/PIERCING LICENSED PREMISES</p> |
|--|

OPERATOR'S NAME: _____

| | YES | NO | N/A |
|---------------|-----|----|-----|
| UNDERTAKES: | | | |
| TATTOOING | | | |
| SKIN PIERCING | | | |
| OTHER | | | |

ADDRESS/TEL NO: _____

DATE OF AUDIT: _____

AUDIT COMPLETED BY (print name): _____

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

| | |
|-------------------|--|
| STANDARD 1 | Hands will be washed correctly, using a cleaning agent, at the facilities available, to reduce the risk of cross infection. |
|-------------------|--|

| | | YES | NO | N/A |
|----|--|-----|----|-----|
| 1. | Liquid hand soap dispenser is available in the practice areas located near hand wash basins. The dispenser is not empty at the time of the inspection. | | | |
| 2. | Paper towels are available in practice areas and located near the hand wash basin | | | |
| 3. | Sinks in the practice area are free from nail brushes | | | |
| 4. | Sinks supplied with hot & cold water are available for use (preferably via mixer taps) | | | |
| 5. | The hand wash basin should be clear of equipment and should be used solely for hand washing during treatment | | | |
| 6. | A foot operated bin for waste is in close proximity to the hand wash sink | | | |
| 7. | Is there a hand washing poster on display near the hand wash sink? | | | |
| 8. | Are there toilet facilities for staff with separate hand washing facilities which are suitable? | | | |
| 9. | A separate sink & area for cleaning instruments is available | | | |

KEY:

| |
|------------------|
| Essential |
|------------------|

| |
|------------------|
| Desirable |
|------------------|

Comments:

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

The following protective clothing is available for use:

| | | Yes | No | N/A |
|----|---|-----|----|-----|
| 1. | Non sterile latex or nitrile gloves (non powdered) | | | |
| 2. | Disposable plastic aprons | | | |
| 3. | Clean clothing is worn daily (if plastic aprons not used) | | | |
| 4. | Eye protection is available e.g. goggles or visor are available | | | |

Procedures:

| | | Yes | No | N/A |
|----|--|-----|----|-----|
| 1 | A hypochlorite e.g. bleach or milton is available for cleaning up blood spillage | | | |
| 2 | Isopropyl alcohol (70%) wipes or other recommended agents are used to clean the client's skin prior to the procedure | | | |
| 3 | Disposable single use razors are used to shave client's skin prior to the procedure | | | |
| 4 | Creams/ointments are in single use sachets or multiple-use items are dispensed in a manner which will prevent contamination (e.g. skin sprays, petroleum containers, skin cream tubes) | | | |
| 5 | Tattoo stencils are single use | | | |
| 6 | If used, trigger spray bottles are clearly labelled with substance within, emptied and washed out daily and covered with plastic that is renewed between clients | | | |
| 7 | Tattoo motors are covered with plastic which is renewed between clients or else cleaned as per guidelines between clients | | | |
| 8 | New elastic bands are used on tattoo motors for each Client | | | |
| 9 | Clipcords are covered with plastic and changed between each client | | | |
| 10 | Sterile or clean single use dressings are applied as appropriate following the procedure | | | |
| 11 | Clients receive a full explanation about the procedure and a consent form is signed | | | |
| 12 | Are clients asked health related questions prior to undertaking the procedures as part of consent? | | | |
| 13 | Are records kept of client information including: Names/addresses Proof of identification Body part pierced/tattooed? Consent form Health related questions Age | | | |
| 14 | Is both written and verbal after care guidance given to clients? | | | |

KEY:

Are there clear procedures in place for:

| | | Yes | No | N/A |
|---|--|------------|-----------|------------|
| 1 | Management of blood spillages | | | |
| 2 | Needlestick/sharps injury | | | |
| 3 | COSHH risk assessment/safe use of chemicals | | | |
| 4 | Training of operators | | | |
| 5 | All staff are aware of the importance of hepatitis B vaccination | | | |
| 6 | Are there clear procedures in place in the event of a breakdown in the autoclave | | | |
| 7 | Clear procedures are in place in the event of a re-call | | | |
| 8 | Is there a procedure for dealing with customer complications/complaints | | | |
| 9 | Is there documentation on source of dye suppliers? | | | |

KEY:**Essential****Desirable**

Comments:

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

| | | Yes | No | N/A |
|----|--|------------|-----------|------------|
| 1 | All general areas are clean and uncluttered | | | |
| 2 | The floor and walls in the practice area are of a non porous material | | | |
| 3 | Sufficient surface for operating and suitable segregation of clean and dirty operating fields | | | |
| 4 | Operating areas are clean and free from non essential equipment | | | |
| 5 | Environmental surfaces are cleaned appropriately between clients | | | |
| 6 | Treatment couches/chairs in the operating areas have wipeable surfaces | | | |
| 7 | Treatment couches/chairs in the operating areas are in a good state of repair | | | |
| 8 | Disposable paper is used to protect the couches/chairs in the operating area & changed between clients | | | |
| 9 | Cleaning mops are stored clean and inverted | | | |
| 10 | Buckets are stored clean, dry & inverted after use | | | |
| 11 | Cleaning cloths are single use or are washed with hot soapy water and left hung to dry after use and disposed of on a weekly basis | | | |
| 12 | All sterile products are appropriately stored to prevent contamination | | | |

KEY:

Essential

Desirable

Comments:

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

| | | Yes | No | N/A |
|----|--|-----|----|-----|
| 1 | The operator has clear procedures in place for the safe disposal of waste and there is evidence of a contract with a clinical waste company | | | |
| 2 | Foot operational waste bins are in working order in operating areas | | | |
| 3 | Appropriate yellow bags are used for disposal of clinical waste | | | |
| 4 | Clinical waste and domestic waste is correctly segregated | | | |
| 5 | Waste bags are less than $\frac{3}{4}$ full and securely tied | | | |
| 6 | Clinical waste is stored in designated area prior to disposal | | | |
| 7 | The storage area is suitable and secure | | | |
| 8 | Collection of clinical waste is undertaken at least weekly with a registered company and disposed of by incineration | | | |
| 9 | Storage facilities for clinical waste should be lockable e.g. lockable cupboard. The storage area should be marked with a biohazard sign | | | |
| 10 | Waste transfer notes should be kept on site and must identify the waste, type of container, quantity of waste, time and place of transfer and name/address of transferor and transferee. <small>Note: where this documentation is not available or cannot be provided then the matter should be referred to the relevant Environment Management Team of the Environment Agency.</small> | | | |

KEY:

| |
|------------------|
| Essential |
|------------------|

| |
|------------------|
| Desirable |
|------------------|

Comments

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

| | | Yes | No | N/A |
|---|---|-----|----|-----|
| 1 | Sharps boxes are available for use and located within easy reach. | | | |
| 2 | Sharps boxes conform with British Standard BS7320/UN3291 | | | |
| 3 | The box is less than $\frac{3}{4}$ full with no protruding sharps | | | |
| 4 | The sharps is assembled correctly - check lid is secure | | | |
| 5 | The sharps box is labelled with the name of the premise | | | |
| 6 | Staff are aware of inoculation injury policy and procedure to take in case of accident/needle stick injury. Procedure displayed in practice area. | | | |
| 7 | Sharps boxes are stored above floor level, and safely out of reach of visitors | | | |
| 8 | Sharps boxes are disposed of appropriately | | | |

KEY:

| |
|------------------|
| Essential |
|------------------|

| |
|------------------|
| Desirable |
|------------------|

Comments

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

| | | Yes | No | N/A |
|---|---|------------|-----------|------------|
| 1 | Disinfectants/detergents are used appropriately i.e. in accordance with manufacturer's instructions | | | |
| 2 | Risk assessments/data sheets are available in accordance with COSHH regulations | | | |
| 3 | Disinfectants/detergents are stored in a manner in keeping with risk assessment | | | |

KEY:

Essential

Desirable

Comments

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

| | | Yes | No | N/A |
|----|--|-----|----|-----|
| 1 | Manufacturers instructions are available for the autoclave | | | |
| 2 | There is no evidence of single use equipment being re-used | | | |
| 3 | The autoclave is clean and in a good state of repair | | | |
| 4 | Evidence from records The autoclave is maintained on a quality maintenance programme | | | |
| 5 | A pressure testing certificate is available | | | |
| 6 | Evidence from records Sterilising equipment cycle is checked and recorded each day when in use | | | |
| 7 | Sterilising equipment is checked weekly | | | |
| 8 | Water in the reservoir is drained each day and left dry over night and on days when not in use | | | |
| 9 | A vacuum autoclave is used for instruments that have lumens or are wrapped or placed in pouches | | | |
| 10 | After cleaning instruments manually or using an ultrasonic bath, items are rinsed and dried before placing in the autoclave | | | |
| 11 | Cleaning brushes are disposable or are autoclaved at the end of the session | | | |
| 12 | Used contaminated equipment is stored safely prior to decontamination | | | |
| 13 | All sterilised equipment is stored dry & is covered if packets/pouches are not used | | | |
| 14 | If a non vacuum autoclave is used all sterilised equipment that needs to be sterile at point of use is kept in the autoclave and used within three hours | | | |
| 15 | Only trained staff are permitted to use the autoclave | | | |
| 16 | Sterile water for irrigation or distilled water as per manufacturers instructions is used with the autoclave | | | |
| 17 | Ultra sonic cleaner is used with a lid and the correct solution and is emptied daily and kept dry overnight | | | |
| 18 | Dye containers are single use and are appropriately disposed of following use | | | |
| 19 | Sterile disposable needles are single use only | | | |
| 20 | Body piercing jewellery is sterilised before use | | | |

KEY:

Essential

Desirable

Comments

SUMMARY OF AUDIT

Date of Audit: _____

| | Yes | No |
|--|--------------------------|--------------------------|
| Dummy Procedure Observed | <input type="checkbox"/> | <input type="checkbox"/> |
| Procedure Compliant | <input type="checkbox"/> | <input type="checkbox"/> |
| If not compliant, outline any cause for concern: | | |
| | | |
| Summary of recommendations following observation and standards review | | |
| | | |
| OUTCOME OF AUDIT (PLEASE TICK THE RELEVANT BOX) | | |
| Compliant | <input type="checkbox"/> | <input type="checkbox"/> |
| Largely compliant, some modifications required | <input type="checkbox"/> | <input type="checkbox"/> |
| Seriously non compliant – practice should be immediately rectified or Suspended | <input type="checkbox"/> | <input type="checkbox"/> |
| Next Review Date: | | |
| | | |

OPTIONAL SUPPLEMENTARY QUESTIONS TO OPERATOR:

How long have you been practising?

0 - 4 years

5 - 9 years

10 - 15 years

>15 years

| | | |
|---|---|--|
| 1 | Where did you receive your training and how long was the course? | |
| 2 | Have you ever had clients return to inform you of infection as a result of procedures? | |
| 3 | What action would you take if a client returned with concerns about infection? e.g. Refer to GP? Review procedure? Review aftercare? | |
| 4 | Are you immunised against hepatitis B? | |
| 5 | Laboratory Record of serological response? | |
| 6 | Do you belong to any professional body/organisations? If 'yes' which: _____ | |
| 7 | Where do you purchase products from? | |

Comments:

Produced by:
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January 2014

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