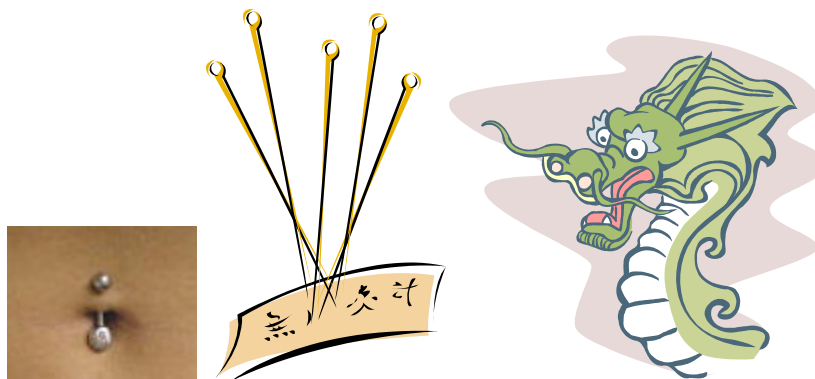


**ESSEX HEALTH PROTECTION UNIT**

**INFECTION CONTROL GUIDELINES  
FOR  
TATTOOISTS, BODY PIERCERS AND  
ACUPUNCTURISTS**



Issued June 2004  
Revised July 2005



SECTION A – INTRODUCTION AND CONTACTS .....	1
1.    Introduction	1
2.    Contacts	2
SECTION B – LEGAL FRAMEWORK.....	3
1.    Legislation	3
SECTION C – INFECTION, ITS CAUSES AND SPREAD .....	5
1.    The Causes of Infection	5
2.    The Spread of Infection	6
SECTION D – STANDARD PRINCIPLES OF INFECTION CONTROL .....	8
1.    Standard Principles of Infection Control	8
2.    Hand Hygiene and Skin Care	8
3.    Protective Clothing	11
4.    Safe Handling of Sharps	13
5.    Spillage Management	15
SECTION E – AVOIDANCE AND MANAGEMENT OF SHARPS INJURIES.....	17
1.    Occupational Injuries	17
2.    Prevention	17
SECTION F – DECONTAMINATION OF EQUIPMENT .....	20
1.    Introduction	20
2.    Risk Assessment	21
3.    Cleaning Methods	21
4.    Disinfection Methods	23
5.    Sterilisation Methods	24
6.    Maintenance of Sterilisers	28
7.    Use of Displacement Benchtop Steam Autoclaves	29
8.    Decontamination Equipment Prior to Inspection, Service, Repair or Loan	31
SECTION G – DECONTAMINATION OF THE ENVIRONMENT .....	33
1.    Cleaning Methods	33
SECTION H – WASTE MANAGEMENT .....	35
1.    Responsibility	35
2.    Definition of Clinical Waste	35
3.    Segregation of Waste	36
4.    Handling of Waste	37
5.    Disposal of Waste	38
6.    Storage of Clinical Waste	39

SECTION I – GENERAL STANDARD PROCEDURES .....	40
1.        Before treatment	40
2.        After treatment	41
SECTION J – AUDIT TOOL .....	42
SECTION K – REFERENCES .....	54

# ESSEX HEALTH PROTECTION UNIT INFECTION CONTROL GUIDELINES FOR TATTOOISTS, BODY PIERCERS & ACUPUNCTURISTS

## SECTION A – INTRODUCTION AND CONTACTS

### 1. Introduction

These guidelines have been written for Tattooists, Body Piercers and Acupuncturists. They replace all previous infection control guidance from the North and South Essex Community Infection Control teams, and the Essex Health Protection Unit (EHPU).

Infection control is an important part of an effective risk management programme to improve the quality of client care and the occupational health of staff.

Intact skin is one of the most important defences against microbial invasion. Any activity which involves the piercing of this skin poses a potential risk of infection. It is therefore very important to maintain strict hygiene controls and monitor sterilisation techniques to prevent this risk.

Poor and unhygienic practice can result in localised infections at the site of puncture or the transmission of blood-borne viruses, for example Hepatitis B/C or HIV, which have more serious consequences. The routes of transmission of infection may be different from one client to another.

The risk of transmission of infection may be minimised by the following:

- The cleanliness of the registered premises, and the fixtures and fittings in those premises
- The personal hygiene of the person registered to undertake treatment and any assistants
- The cleaning and sterilisation of instruments, materials and equipment
- In addition, any person who undertakes cosmetic piercing must have a suitable qualification.

## 2. Contacts

Infection Control advice can be obtained from:

Essex Health Protection Unit  
8 Collingwood Road  
Witham  
Essex  
CM8 2TT

Telephone: 01376 302282  
Fax: 01376 302278

The Consultants in Communicable Disease Control and Communicable Disease Control Nurses are contactable via this number.

Advice is also available on the Internet at [www.ehpt.nhs.uk](http://www.ehpt.nhs.uk). Users are encouraged to ensure they have access to this site as it has advice and information on a wide range of local communicable disease issues, and during incidents will be updated at least daily with the current state of affairs.

Out of office hours – for URGENT communicable disease enquiries:

Contact 01245 444417, and ask for the on-call Public Health Person to be paged. Please note that any policies issued prior to March 2005 will have an old telephone number.

# ESSEX HEALTH PROTECTION UNIT INFECTION CONTROL GUIDELINES FOR TATTOOISTS, BODY PIERCERS & ACUPUNCTURISTS

## SECTION B – LEGAL FRAMEWORK

### 1. Legislation

The London Local Authorities Act 1991 is an adoptive piece of legislation available for London Local Authorities. Not all local authorities have adopted the Act or specified license conditions in relation to special treatments. License conditions between London Local Authorities that have adopted the Act are likely to differ.

The License issued under the London Local Authorities Act 1991 is an annual license and the license holder would be required to meet the licensing conditions of the authority in the area they operate.

English and Welsh Local Authorities or the London authorities that have not adopted the London Local Authorities Act 1991 may control skin piercing activities using the Local Government (miscellaneous provisions) Act 1982. Skin piercing activities that may be controlled under this act by a 'one-off' registration and not annual licensing and the subsequent application of bylaws are:

- Acupuncture
- Tattooing
- Ear piercing
- Electrolysis.

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

The Tattooing of Minors Act 1969 makes it an offence to tattoo a person under 18 years of age. The issue of parental consent or proof of age should be considered when dealing with young people.

There is no statutory age limit for body piercing. Body piercing should not be undertaken on any person under the age of 18. Some practitioners will do so on 16-18 year olds with parental consent. Proof of age should be sought if there is any uncertainty.

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

The administering of a local anaesthetic by injection or topical cream is only allowed to be practised in law by a registered medical practitioner. The administration of local anaesthetic gels, creams and sprays is not recommended. Body piercers should not administer prescription-only medicines to their clients e.g. emla cream. Ethyl Chloride is a highly flammable anaesthetic spray that is not recommended for use under any circumstances.

In September 2001, the first comprehensive UK guidance including infection control for Body Art was published (Barbour Index 2001).

In October 2001, the Health and Safety Executive/Local Authorities Enforcement Liaison Committee (HELA) produced their enforcement circular on health and safety issues related to body piercing, tattooing and scarification.

This guidance aims to reflect advice given in both the Barbour index and HELA documents.

### **Mobile Tattooing and Body Piercing**

Any person wishing to set up a mobile tattooing or body piercing business should seek advice from the Borough Licensing Department in the area before any tattooing or body piercing is undertaken.

# ESSEX HEALTH PROTECTION UNIT INFECTION CONTROL GUIDELINES FOR TATTOOISTS, BODY PIERCERS & ACUPUNCTURISTS

## SECTION C – INFECTION, ITS CAUSES AND SPREAD

### 1. The Causes of Infection

Micro-organisms that cause infections are known as pathogens. They may be classified as follows:

**Bacteria** are minute organisms about one-thousandth to five-thousandth of a millimetre in diameter. They are susceptible to a greater or lesser extent to antibiotics.

**Viruses** are much smaller than bacteria and although they may survive outside the body for a time they can only grow inside cells of the body. Viruses are not susceptible to antibiotics, but there are a few anti-viral drugs available which are active against a limited number of viruses.

**Pathogenic Fungi** can be either moulds or yeasts. For example, a mould which causes infections in humans is *Trichophyton rubrum* which is one cause of ringworm and which can also infect nails. A common yeast infection is thrush caused by *Candida albicans*.

**Protozoa** are microscopic organisms, but larger than bacteria. Free-living and non-pathogenic protozoa include amoebae and paramecium. Examples of medical importance include: *Giardia lamblia*, which can cause an enteritis (symptoms of diarrhoea).

**Worms** are not always microscopic in size but pathogenic worms do cause infection and some can spread from person to person. Examples include threadworm and tapeworm.

**Prions** are infectious protein particles. For example: the prion causing (New) Variant Creutzfeldt-Jakob Disease (vCJD).

## **2. The Spread of Infection**

One feature that distinguishes infection from all other disease is that it can be spread, i.e. one person can 'catch' it from another or via a vector (e.g. crawling or flying insects).

It is convenient to classify the modes of spread of infection as follows:

### **Direct Contact**

Direct spread of infection occurs when one person infects the next by direct person-to-person contact (e.g. chickenpox, tuberculosis, sexually transmitted infections etc.).

### **Indirect**

Indirect spread of infection is said to occur when an intermediate carrier is involved in the spread of pathogens e.g. fomite or vector:

- A fomite is defined as an object which becomes contaminated with infected organisms and which subsequently transmits those organisms to another person. Examples of potential fomites are tables, chairs, surfaces or practically any inanimate article.
- Crawling and flying insects are obvious examples of vectors and need to be controlled. Insect bites may cause infections such as malaria.

### **Hands**

The hands of workers are probably the most important vehicles of cross-infection. The hands of clients can also carry microbes to other body sites, equipment and staff.

### **Inhalation**

Inhalation spread occurs when pathogens exhaled or discharged into the atmosphere by an infected person are inhaled by, and infect another person. The common cold and influenza are often cited as examples, but it is likely that hands and fomites (inanimate objects) are also important in the spread of respiratory viruses.

### **Ingestion**

Infection can occur when organisms capable of infecting the gastro-intestinal tract are ingested. When these organisms are excreted faecally by an infected person, faecal-oral spread is said to occur. Organisms may be carried on fomites, hands or in food and drink e.g. Hepatitis A, Salmonella, Campylobacter.

## **Inoculation**

Inoculation infection can occur following a “sharps” injury. An example is when blood contaminated with Hepatitis B virus is directly inoculated into the bloodstream of the recipient, thereby leading to an infection.

# ESSEX HEALTH PROTECTION UNIT INFECTION CONTROL GUIDELINES FOR TATTOOISTS, BODY PIERCERS & ACUPUNCTURISTS

## SECTION D – STANDARD PRINCIPLES OF INFECTION CONTROL

### 1. Standard Principles of Infection Control

It is not always possible to identify people who may spread infection to others, therefore precautions to prevent the spread of infection must be followed at all times. These routine procedures are called **Standard Principles of Infection Control**.

Standard principles of infection control include:

- Hand decontamination and skin care
- Protective clothing
- Safe handling of sharps (including sharps injury management)
- Spillage management.

All blood and body fluids are potentially infectious and precautions are necessary to prevent exposure to them. **A disposable apron and latex or vinyl gloves should always be worn when dealing with excretions, secretions, blood and body fluids.**

### 2. Hand Hygiene and Skin Care

There are two methods of hand decontamination which are handwashing and handrubs, both alcohol and non-alcohol based.

Hand decontamination is recognised as the single most effective method of controlling infection.

Hands must be washed:

- Before and after each session (remove jewellery (rings) prior to handwashing)
- Before and after physical contact with each client
- Before putting on, and after removing, protective clothing, including gloves
- After using the toilet, blowing your nose or covering a sneeze
- Whenever hands become visibly soiled
- After contact with body fluids
- Before eating, drinking or handling food, and before and after smoking.

### **How to Wash Your Hands**

Hands that are visibly soiled, or potentially grossly contaminated with dirt or organic material, must be washed with liquid soap and water.

An effective handwashing technique involves three stages:

#### **1. Preparation**

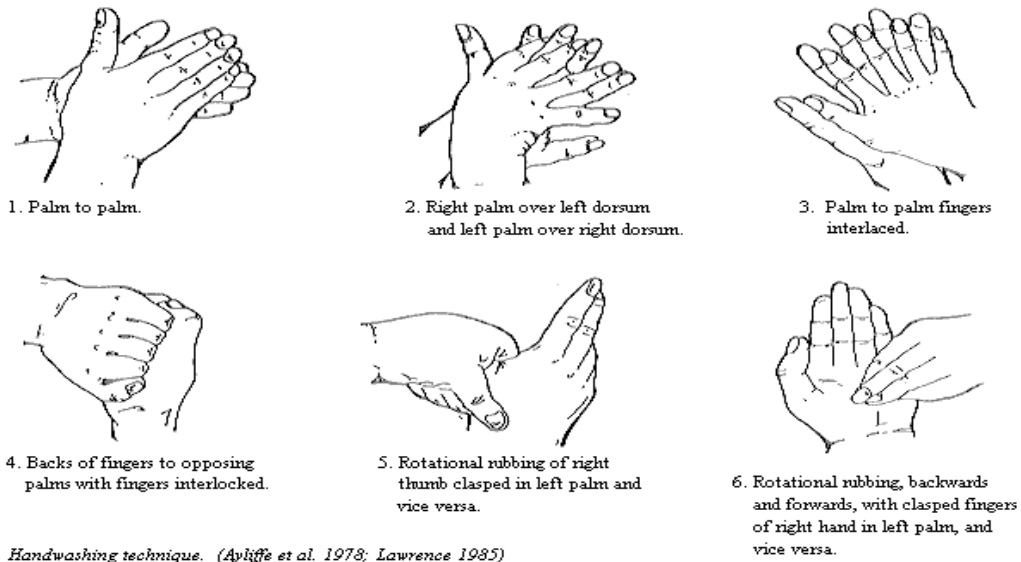
- Before washing hands, all wrist and ideally hand jewellery should be removed
- Cuts and abrasions must be covered with waterproof dressings
- Fingernails should be kept short, clean and free from nail polish
- Hands should be wet under warm running water before applying liquid soap or an antimicrobial preparation.

#### **2. Washing and Rinsing**

- The handwash solution must come into contact with all of the surfaces of the hand
- Hands must be rubbed together vigorously for a minimum of 10-15 seconds, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers (see figure 1)
- Hands should be rinsed thoroughly.

## Hygienic Hand Disinfection for Tattooing, Body Piercing and Acupuncture

This can either be achieved by using antiseptic liquid soap, or by routine handwashing as demonstrated below, followed by 5mls of an alcohol handrub.



**Figure 1**

### 3. Drying

- Dry hands thoroughly using good quality paper towels
- Disposable paper towels are the method of choice because communal towels can be a source of cross-contamination
- Store paper towels in a wall-mounted dispenser next to the washbasin, and throw them away in a pedal-operated domestic waste bin
- Do not use your hands to lift the lid or they will become re-contaminated.

Hot air dryers are not recommended. However if they are used, they must be regularly serviced and users must dry hands completely before moving away.

## **Alcohol Handrubs/Gels**

Hands should be free from dirt and organic material. The handrub solution must come into contact with all surfaces of the hands. They should be rubbed together vigorously, paying particular attention to the tips of the fingers, the thumbs and finger webs until the solution has evaporated and the hands are dry, as described in Figure 1.

## **Hand Creams**

An emollient hand cream should be applied regularly to protect skin from the drying effects of regular hand decontamination.

If a particular soap, antimicrobial hand wash or alcohol product causes skin irritation, the General Practitioner (GP) should be consulted.

## **Hand Washing Facilities**

Facilities should be adequate and conveniently located. Ideally, handwashing facilities must be available in the room where client consultations and procedures take place. Alternatively, facilities to do so should be a short distance away. They should have elbow or foot-operated mixer taps. A separate sink should be available for other cleaning purposes - such as cleaning instruments:

- Use wall-mounted liquid soap dispensers with disposable soap cartridges - keep them clean and replenished
- Dispensers should be dismantled and washed regularly with particular attention to the nozzle
- Place disposable paper towels dispensers next to the basins - soft towels will help to avoid skin abrasions
- Position foot-operated pedal bins near the hand washbasin - ensure they are the right size for the amount of waste generated (note: Health & Safety regulations recommend a metal, fireproof bin).

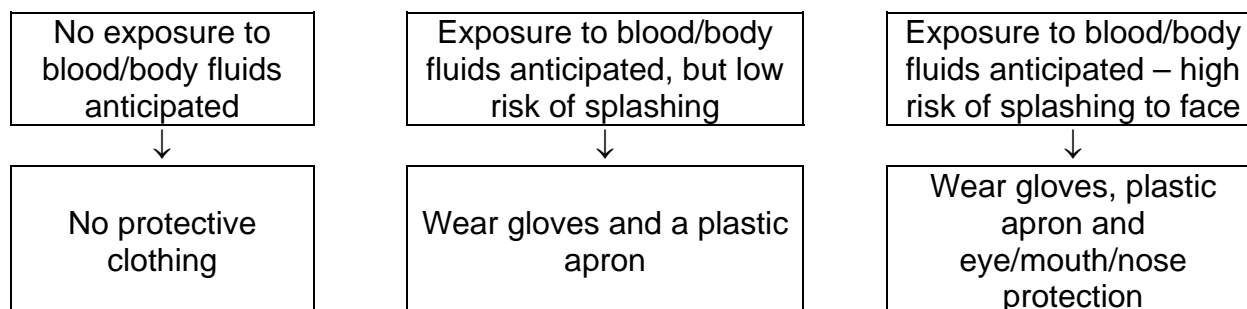
# **3. Protective Clothing**

## **Assessment of Risk**

Another element of standard principles of infection control is the wearing of protective clothing. The aim is to protect customers from micro-organisms that may be present on the operator's hands, and also to shield the operator from the customer's blood or skin micro-organisms.

Selection of protective equipment must be based on an assessment of the risk of transmission of infection between the client and practitioner.

## WHAT TO WEAR WHEN



### Types of Protective Clothing

#### Disposable Gloves

Gloves must be worn for invasive procedures and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions and excretions, or to sharp or contaminated instruments.

Gloves that conform to European Community (CE) standards must be available.

**DO NOT USE** powdered gloves or polythene gloves.

Gloves must be worn as single-use items. They must be put on immediately before an episode of client contact and removed as soon as the activity is completed. Gloves must be changed between caring for different clients, and disposed of as clinical waste.

Hands should be washed after gloves have been removed. Note that gloves are not a substitute for handwashing.

Sensitivity to natural rubber latex in clients and staff must be documented. Alternatives to natural rubber latex gloves must be available, such as nitrile gloves.

To prevent transmission of infection, gloves must be discarded after each procedure. Gloves should **not** be washed between clients as the gloves may be damaged by the soap solution and, if punctured unknowingly, may cause body fluid to remain in direct contact with skin for prolonged periods.

#### 1. Non Sterile Gloves

Can be used when hands may come into contact with blood/body fluids and when cleaning up items contaminated with body fluids such as equipment.

#### 2. Sterile Gloves

Should be used when the hand is likely to come into contact with normally sterile areas or during any tattooing or body piercing procedure.

### **3. General-Purpose Utility Gloves**

General-purpose utility gloves e.g. rubber household gloves, can be used for cleaning instruments prior to sterilisation, or when coming into contact with surfaces or items possibly contaminated with blood or body fluids. Ideally, colour coding of such gloves should be used e.g. blue for the kitchen, yellow for general environmental cleaning, and pink/red for 'dirty' clinical duties. This will help prevent cross-infection from one area of work to another. The gloves should be washed with general-purpose detergent (GPD) and hot water, and dried between uses. They should be discarded weekly, or more frequently if the gloves become damaged.

Hands must be decontaminated prior to, and after use of gloves when performing any tattooing or body piercing procedure.

#### **Disposable Plastic Aprons**

Apart from gloves, the operator should wear clean and washable clothing. A disposable plastic apron is useful for keeping work clothes clean and should be worn when there is a risk that clothing may be exposed to blood, body fluids, secretions or excretions.

Plastic aprons should be worn as single-use items, for one procedure or episode of client care. These should then be discarded and disposed of as clinical waste.

#### **Face Masks and Eye Protection**

These must be worn where there is a risk of blood, body fluids, secretions or excretions splashing into the face and eyes. Their use will be very dependent on a risk assessment of the type of procedure being envisaged, such as manual decontamination of equipment where aerosols can be generated.

### **4. Safe Handling of Sharps**

All staff involved in the procedures and handling of sharps should be fully immunised against Hepatitis B, according to national policy. A record of Hepatitis B antibody response should be kept for all practitioners involved in 'exposure prone procedures' or where regular exposure to blood/blood-stained body fluids occurs.

Care should be taken to avoid accidental needlestick injury, as exposure to contaminated blood and body fluids may be associated with transmission of blood-borne viruses.

Sharps include needles, sharp instruments, broken crockery and glass. Sharps must be handled and disposed of safely to reduce the risk of exposure to blood-borne viruses. Always take extreme care when using and disposing of sharps. Avoid using sharps whenever possible:

- Sharps should be single-use only, or if re-useable, be capable of sterilisation
- Sharps must not be passed directly from hand-to-hand or to another person, and handling should be kept to a minimum
- Do not re-sheath, bend, break or disassemble a used needle
- Discard sharps directly into a sharps container immediately after use and at the point of use
- Sharps containers should be available at each location where sharps are used and must comply with UN 3921 and BS7320 standards
- Close the aperture to the sharps container when carrying or, if left unsupervised, to prevent spillage or tampering
- Place sharps containers on a level stable surface, not on the floor, window sills or above shoulder height - use wall or trolley brackets
- Assemble sharps containers by following the manufacturer's instructions
- Carry sharps containers by the handle - do not hold them close to the body
- Never leave sharps lying around
- Do not try to retrieve items from a sharps container
- Do not try to press sharps down to make more room
- Lock the container when it reaches the fill-line recommended by the manufacturer
- Label sharps containers with the source details prior to disposal
- Place damaged sharps containers inside a larger container - lock and label prior to disposal. Do **not** place inside yellow clinical waste bag.

**For Management of Sharps Injuries, see section E**

## 5. Spillage Management

Deal with blood and body fluid spills quickly and effectively (see section S1 and 2.)

A 'grab bucket' containing all the relevant equipment should be readily available to deal with a spillage of body fluids. The kit should be kept in a designated place (depending on the size of the establishment there may be more than one kit).

The kit should comprise:

- 'Nappy' type bucket with a lid
- Non-sterile, unpowdered latex gloves or vinyl gloves
- Disposable plastic apron
- Disposable paper towels
- Disposable cloths
- Clinical waste bag
- Small container of general-purpose detergent
- Hypochlorite solution (e.g. Household bleach or Milton) or Sodium Dichloroisocyanurate compound (NaDCC) (e.g. Presept, Sanichlor) – to comply with COSHH 1988. Note that this compound should be stored in a lockable cupboard
- Absorbent powder e.g. Vernagel (absorbent crystals) to soak up the liquid content of the spillage. Alternatively, disposable paper towels can be used to soak up excess fluid.

The kit should be immediately replenished after use. Ready made spillage kits are available from manufacturers.

For spillage of high-risk body fluids such as blood, method 1 below is recommended. For spillage of low-risk body fluids (non-blood containing fluids) such as excreta, vomit etc., use method 2.

### 1. Hypochlorite / Sodium Dichloroisocyanurates (NaDCC) Method

- Prevent access to the area containing the spillage until it has been safely dealt with
- Open the windows to ventilate the room if possible
- Wear protective clothing
- Soak up excess fluid using disposable paper towels and/or absorbent powder e.g. vernagel
- Cover area with NaDCC granules (e.g. Presept, Sanichlor).

or

- Cover area with towels soaked in 10,000 parts per million of available chlorine (1% hypochlorite solution = 1 part household bleach to 10 parts water) e.g. household bleach, Milton, and leave for at least two minutes
- Remove organic matter using the towels and discard as clinical waste
- Clean area with detergent and hot water
- Rinse area with water, and dry thoroughly
- Clean the bucket/bowl in fresh soapy water and dry
- Discard protective clothing as clinical waste
- Wash hands.

## **2. Detergent and Water Method**

- Prevent access to the area until spillage has been safely dealt with
- Wear protective clothing
- Mop up organic matter with paper towels and/or absorbent crystals
- Clean surface thoroughly using a solution of detergent and hot water and paper towels or disposable cloths
- Rinse the surface and dry thoroughly
- Dispose of materials as clinical waste
- Clean the bucket/bowl in fresh hot, soapy water and dry
- Discard protective clothing as clinical waste
- Wash hands.

### **N.B. – For spills on carpets and upholstery with or without visible blood**

- Wear protective clothing
- Mop up organic matter with paper towels or disposable cloths and/or absorbent crystals
- Clean area with cold water
- Clean area thoroughly with detergent and hot water
- Allow to dry
- Discard protective clothing
- Wash hands
- Ideally, once dry, go over area with a mechanical cleaner.

# ESSEX HEALTH PROTECTION UNIT INFECTION CONTROL GUIDELINES FOR TATTOOISTS, BODY PIERCERS & ACUPUNCTURISTS

## SECTION E – AVOIDANCE AND MANAGEMENT OF SHARPS INJURIES

### 1. Occupational Injuries

All blood and body fluids should be considered as potentially infectious. Some clients may be infected (knowingly or unknowingly) with Hepatitis B, Hepatitis C or HIV and it is important to know what action to take in the event of a sharps injury or contamination incident.

Sharps injuries/contamination incidents include:

- Inoculation of blood by a needle or other sharps
- Contamination of broken skin with blood
- Blood splashes to mucous membrane e.g. eyes or mouth
- Contamination where clothes have been soaked by blood
- Bites.

The risks of transmission from infected carriers in the event of a sharps injury have been estimated to be approximately:

- Hepatitis B (high-risk carrier)      1 in 3
- Hepatitis C                                      1 in 30
- HIV    1 in 300.

### 2. Prevention

#### a) Vaccination

It is strongly recommended that you receive a full course of hepatitis B vaccine. This can be provided by your general practitioner (GP) or at a travel clinic. A primary vaccination course usually consists of 3 injections over 6 months (i.e. 0, 1 and 6 months). However, an accelerated course (i.e. 4 injections in 0, 1, 2 and 12 months), providing more rapid protection, can also

be given. It is very important that you have a blood test 2 months after completion of the course to check you have responded adequately.

The doctor will investigate whether there is a specific reason for non-response to the vaccine. It is most important for non-responders to know their status. They may need to be protected by other measures (e.g. immunoglobulin) following a needlestick injury. There are, as yet, no vaccines available against Hepatitis C or HIV.

## **b) Safe Handling of Sharps**

The best protection against sharps incidents is prevention.

**See Section D – 4 Safe Handling of Sharps.**

## **c) Management of Sharps Injuries**

If a sharps injury/contamination incident occurs:

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

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

You may be offered a booster dose of vaccine (even if you have been fully vaccinated) to provide additional protection. If you have not yet completed the course of vaccine you will be given the next dose of vaccine and advised on how to complete the schedule.

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

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

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

# ESSEX HEALTH PROTECTION UNIT INFECTION CONTROL GUIDELINES FOR TATTOOISTS, BODY PIERCERS & ACUPUNCTURISTS

## SECTION F – DECONTAMINATION OF EQUIPMENT

### 1. Introduction

The aim of decontaminating equipment is to prevent potentially pathogenic organisms reaching a susceptible host in sufficient numbers to cause infection.

Certain items are classified as single-use only. These items must never be re-used. If in doubt, refer to the manufacturer's recommendations.

Re-usable equipment should be appropriately decontaminated between each patient using a risk assessment model. Use only the method advised by the manufacturer - using any other process may invalidate warranties and transfer liability from the manufacturer to the person using or authorising the process. If you have any doubts about the manufacturer's recommendations, seek further advice.

The Department of Health and Medical & Healthcare Products Regulations Agency (MHRA) defines the following terms:

- Cleaning 'is a process which physically removes contamination but does not necessarily destroy micro-organisms.' The reduction of microbial contamination cannot be defined and will depend upon many factors including the efficiency of the cleaning process and the initial bio-burden (amount of contamination).

Cleaning is an essential prerequisite of equipment decontamination to ensure effective disinfection or sterilisation can subsequently be carried out

- Disinfection 'is a process used to reduce the number of viable micro-organisms, which may not necessarily inactivate some viruses and bacterial spores.' Disinfection will not achieve the same reduction in microbial contamination levels as sterilisation
- Sterilisation 'is a process used to render the object free from viable micro-organisms, including spores and viruses'.

## 2. Risk Assessment

Equipment is categorised according to the risk that particular procedures pose to clients - by assessing the microbial status of the body area being manipulated during the procedure. For example, items that come into contact with intact mucous membranes are classified as intermediate risk and require disinfection between each use as a minimum standard. Items that enter normally sterile body areas, or come into contact with broken mucous membranes, are classified as high risk and must be sterile before use.

### Risk Assessment for Decontamination of Equipment

Risk	Application of Item	Minimum Standard
Low	<ul style="list-style-type: none"><li>In contact with intact skin</li></ul>	Clean
Intermediate	<ul style="list-style-type: none"><li>In contact with intact mucous membranes or</li><li>Contaminated with virulent or readily transmissible organisms (body fluids) or</li><li>Prior to use on immuno-compromised clients</li></ul>	Disinfect or single-use
High	<ul style="list-style-type: none"><li>In contact with a break in the skin or mucous membrane or</li><li>For introduction into sterile body areas</li></ul>	Sterilise, or single-use

Adapted from Medical Devices Agency, Part 2 (1996) now MHRA

## 3. Cleaning Methods

Cleaning is the first step in the decontamination process. It must be carried out before disinfection and sterilisation to make these processes effective. Thorough cleaning is extremely important in reducing the possible transmission of all micro-organisms, including the abnormal prion protein that causes vCJD.

Thorough cleaning with detergent and warm water - maximum temperature 35°C - will remove many micro-organisms. Hot water should not be used as it may coagulate protein making it more difficult to remove from the equipment.

Mechanical cleaning using a washer/disinfector or ultrasonic bath is recommended.

Manual cleaning must be undertaken in a designated sink, which is deep enough to completely immerse the items to be cleaned. Scrubbing can generate aerosols, which may convey infective agents. Therefore if scrubbing is necessary it must be carried out with a brush beneath the surface of the water.

Personal protective equipment, including aprons, gloves, and goggles or visors, must be readily available for staff.

Cleaning equipment - such as brushes, cloths and ultrasonic washers - must be stored clean and dry between uses. Use single-use, non-shedding cloths rather than re-usable cloths. Do not store brushes in disinfectant solutions. Brushes should be disposable or changed at least weekly.

After cleaning and thorough rinsing, the items should be dried using a disposable non-shedding absorbent cloth.

Ultrasonic cleaning baths:

- Use a detergent solution as recommended by the manufacturer
- Empty at least twice daily before the solution becomes heavily contaminated depending on work load
- Empty, clean and dry at the end of the session/day
- Staff must record the results of periodic testing in accordance with HTM2030 and manufacturer's instructions
- Service frequently - include checking the power output of the transducer
- Inspect instruments for residual debris after cleaning, and repeat if necessary
- Instruments that are rusty or have a build-up of calcium must not be used and should be destroyed
- Document all servicing and repairs.

**Note:**

**Compatibility of all materials and items to be processed should be established by reference to the manufacturer's instructions. For example, plastics and other similar materials which absorb the ultrasonic energy are not successfully cleaned by this method. Cannulated instruments must be flushed with the cleaning solution in addition to ultrasonication.**

## 4. Disinfection Methods

Disinfection methods apply to handwashing, skin preparation and equipment. Disinfection of equipment should be limited and, where possible, disposable or autoclavable equipment used instead. If disinfection is required, use the method recommended by the manufacturer.

<b>Chemical</b>	<b>Advantages</b>	<b>Disadvantages</b>	<b>Uses</b>
Chlorine-based: Hypochlorites (e.g. Domestos, Milton) NB Undiluted commercial hypochlorite usually contains approx. 100,000ppm available chlorine	<ul style="list-style-type: none"> <li>• wide range of bactericidal, virucidal, sporicidal and fungicidal activity</li> <li>• rapid action</li> <li>• non-toxic in low concentrations</li> <li>• can be used in food preparation</li> <li>• cheap</li> </ul>	<ul style="list-style-type: none"> <li>• inactivated by organic matter</li> <li>• corrosive to metals</li> <li>• diluted solutions can be unstable</li> <li>• need to be freshly prepared</li> <li>• does not penetrate organic matter</li> <li>• bleaches fabrics</li> <li>• needs ventilation</li> </ul>	can be used on surfaces and for body fluid spills
Sodium Dichloroisocyanu- rates (NaDCC) e.g. Presept, Haz- Tab, Sanichlor	<ul style="list-style-type: none"> <li>• slightly more resistant to inactivation by organic matter</li> <li>• slightly less corrosive</li> <li>• more convenient</li> <li>• long shelf-life</li> </ul>	as above	as above
Alcohol 70% e.g. isopropanol	<ul style="list-style-type: none"> <li>• good bactericidal, fungicidal and virucidal activity</li> <li>• rapid action</li> <li>• leaves surfaces dry</li> <li>• non-corrosive</li> </ul>	<ul style="list-style-type: none"> <li>• non-sporicidal</li> <li>• flammable</li> <li>• does not penetrate organic matter</li> <li>• requires evaporation time</li> </ul>	can be used on surfaces, or for skin and hand decontamination
Chlorhexidine e.g. Hibiscrub, Chlorhexidine wound cleaning sachets	<ul style="list-style-type: none"> <li>• most useful as disinfectants for skin</li> <li>• good fungicidal activity</li> <li>• low toxicity and irritancy</li> </ul>	<ul style="list-style-type: none"> <li>• limited activity against viruses</li> <li>• no activity against bacterial spores</li> <li>• inactivated by organic matter</li> </ul>	for skin and hand decontamination

## 5. Sterilisation Methods

You can obtain sterile instruments by:

- **Purchasing pre-sterilised single-use items**  
These avoid the need for re-sterilisation and are a practical and safe method. You must store items using a stock rotation system according to manufacturer's instructions. Do not use after the expiry date
- **Tattooists may sterilise their own equipment using a benchtop steam steriliser/ vacuum steam steriliser**  
Increasingly providers are required to comply with a number of quality assurance standards, outlined in the following pages of this document.

### **Sterilisation of Instruments – Responsibilities**

If sterilisation is to be carried out, then management and other personnel are required to ensure that the sterilisers are operated safely and effectively and in compliance with legislation and standards. This is dependent on training and a sound general knowledge of the principles of sterilisation.

The key responsibilities of management can be summarised as follows:

- To ensure that sterilisation is carried out in compliance with the law
- To ensure all personnel connected with sterilisation, including any contractors, are suitably qualified and trained for their responsibilities
- To ensure that purchased sterilisers conform to legal requirements, the minimum specifications set out in British and European standards and any additional requirements of the UK health departments
- To ensure that sterilisers are installed correctly and safely with regard to proper functioning, safety of personnel and environmental protection
- To ensure that newly installed sterilisers are subject to a documented scheme of validation comprising installation checks and tests, commissioning and performance qualification tests before they are put into service
- To ensure that sterilisers are subject to a documented scheme of prevention maintenance
- To ensure that sterilisers are subject to a documented scheme of periodic tests at yearly, quarterly, weekly and daily intervals

- To ensure that procedures for production, quality control and safe working are documented and adhered to in the light of statutory requirements and accepted best practice
- To ensure that procedures for dealing with malfunctions, accidents and dangerous occurrences are documented and adhered to
- To ensure that there is a procedure for the de-commissioning of unsafe units and removing from service
- To ensure the vessel is insured as a pressure vessel according to the Pressure Vessel Regulations.

### **Installation and Validation**

MDA 2002(06) contains guidance on purchase, operation and maintenance.

HTM 2010 contains detailed Department of Health advice on installation, maintenance and operation. After installation the steriliser must be validated prior to use.

Validation is a documented procedure for obtaining, recording and interpreting data required to show that a process will consistently comply with predetermined specifications. The process of validation consists of performance qualification. All records of the validation process should be retained by the owner for inspection.

Following validation a schedule for periodic testing and planned preventative maintenance should be drawn up.

An appropriately qualified person should carry out validation of the steriliser. This will probably be the person who also conducts the required periodic testing and maintenance. The manufacturer's programme of planned maintenance should be used. If no manufacturer's programme is available then advice should be sought from an appropriately qualified maintenance engineer.

### **Periodic Testing of Benchtop High Temperature Steam Sterilisers**

**Failure to carry out periodic tests and maintenance tasks could compromise safety and may have legal and insurance implications for the user or owner of the steriliser.**

Sterilisation is a process whose efficiency cannot be verified retrospectively by inspection or testing of the product. Routine monitoring of the process, combined with periodic testing of the sterilisers performance is therefore needed to give assurance that sterilising conditions are consistently being achieved.

A daily, weekly, quarterly and yearly testing schedule is required.

Each steriliser should have a log book in which details of maintenance, tests, faults and modifications are recorded.

## Daily Testing

The owner/user is responsible for daily testing. These tests are designed to show that the operating cycle functions are correctly shown by the values of the cycle variables indicated and recorded by the instruments fitted to the steriliser.

### Procedures for Daily Testing

1. A normal cycle is operated with the chamber empty except for the usual chamber "furniture" (e.g. trays, shelves, etc.)
2. A record should be made in the log book of the elapsed time and indicated temperature and pressure (the values shown on the dials or other visual displays fitted to the steriliser) at all significant points of the operating cycle – the beginning and end of each stage or sub-stage, and the maximum temperature and pressure values attained during the holding time
3. If the steriliser is fitted with a temperature and pressure recorder, the printout should be compared with the records in the steriliser log book and retained for future inspection.

The test can be considered satisfactory if all the following apply:

- A visual display of "cycle complete" is indicated
  - The value of the cycle variables are within the limits established by the manufacturer as giving satisfactory results
- The steriliser hold time is not less than that specified in Table 1
  - The temperatures during the hold time are within the appropriate temperature range specified in Table 1
- The door cannot be opened until the cycle is complete
- No mechanical or other anomaly is observed
- If the steriliser is fitted with a temperature and pressure recorder, then during the plateau period:
  - the indicated and recorded chamber temperatures are within the appropriate sterilisation temperature range
  - the difference between the indicated and recorded temperatures does not exceed 2°C
  - the difference between the indicated and recorded pressure does not exceed 0.1 bar.

**Table 1 - Sterilisation temperature ranges, holding times and pressure for sterilisers with high temperature steam**

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

### Weekly Testing

- Examine the door seal, check security and performance of door safety devices
- Check that safety valves, or other pressure limiting devices, are free to operate.

### Quarterly and Annual Checks

A suitably qualified person should conduct these tests as they require the use of specialised equipment and will probably be conducted by the person who undertakes the maintenance. Guidance on these tests is contained in HTM 2010.

### Technical Aspects and Safety Considerations

1. Steam sterilisation is dependent on direct contact between the load material and saturated steam under pressure, at one of the temperatures shown in Table 1, in the absence of air.
2. Benchtop steam sterilisers achieve the above conditions by electrically heating water (usually sterile water for irrigation, but manufacturers may recommend purified) within the chamber to produce steam at the required pressure and temperature, with air being passively displaced from the chamber by steam.
3. During the sterilising cycle the steriliser door must prevent access to the chamber whilst it is under pressure. The door should not be able to be opened until the “cycle complete” signal is indicated.

## 6. Maintenance of Sterilisers

### Record sheet

#### Unwrapped Instrument Steriliser

Daily weekly record

**Clinic:**

**Week Commencing:**

**Machine reference number:**

Warm up cycle completed?

YES / NO

Daily Test Results	Mon	Tues	Wed	Thurs	Fri	Sat
Cycle counter number						
Cycle start time						
Time to attain temp.						
Pressure gauge reading						
Temp. gauge reading						
Time at 134°C (min 3 mins)						
Total cycle time						
Initial of authorised user						

Note: in the event of a malfunction notify the engineer at once.

Comments:

## **7. Use of Displacement Benchtop Steam Autoclaves**

### **British Standard 3970**

Autoclaves vary in sophistication, and it is essential that the downward displacement benchtop steriliser be to an acceptable standard, such as BS 3970 and C E Standards.

### **Maintenance**

Regular maintenance is advised to ensure the monitoring equipment is functioning correctly (refer to previous pages).

### **Temperatures and Pressures**

Each autoclave should include temperature and pressure-indicating equipment, a cycle stage indicator, and a fault and cycle complete indicator. Temperatures and pressures achieved should be observed each time it is used, and documented at least once for each day that it is used (refer to previous pages). Retain records for 11 years.

### **Solutions**

Only use sterile, distilled, de-ionised water or water for irrigation in sterilisers per manufacturer's guidance. Reservoirs should be emptied and cleaned as per manufacturer's recommendation.

### **Protective Clothing**

The use of protective clothing is recommended when handling or dealing with blood and/or body fluids. As these instruments will have been contaminated with blood and body fluids, and whilst the action of cleaning such instruments may give rise to splashing with these fluids, disposable latex gloves, disposable aprons and eye protection should be worn.

### **Pre-cleaning**

The physical cleaning of instruments is a pre-requisite to sterilisation, as this will ensure all surfaces are free of debris and able to be completely sterilised. Hot soapy water is recognised as the most thorough and cost-effective means for physical cleaning. A better alternative is an ultrasonic cleaner.

## **Scrubbing Brushes**

Whilst the use of scrubbing brushes is generally not advocated, it may prove impossible to effectively clean instruments without them. Therefore if they are used it is suggested they are either single-use or they are themselves sterilised after use, and changed at least weekly.

## **Inspection**

Prior to sterilisation, items should be checked for both cleanliness and operation i.e. that forceps align, the handle grip is firm, joints move freely - but are not loose, instruments are not rusted, etc.

## **Loading the Machine**

When loading instruments into the steriliser, ensure they are dry and not touching. Place bowls and receivers on edge and leave hinged instruments open. Do not overload machine.

## **Unwrapped Instruments**

It is advised to use a displacement steam autoclave, for use with unwrapped instruments.

It is essential that instruments are sterilised unwrapped (unless a specific porous load autoclave is used). If instruments are wrapped prior to sterilisation in the benchtop displacement steam autoclave, there is no guarantee that the instruments inside the wrapping will be sterilised. It is equally important to ensure that the steam can reach all surfaces of the instruments, i.e. they do not overlap or touch when loaded into the autoclave. Hollow-lumen items will not be effectively sterilised in a displacement autoclave. If hollow-lumen instruments, or other instruments, require wrapping a vacuum autoclave should be used.

## **Use of Instruments**

Instruments should be used immediately after sterilisation (up to 3 hours after the cycle is finished when the door remains shut), as no adequate method exists to store and also maintain sterility when instruments have been sterilised unwrapped.

For non-invasive procedures store instruments in a clean, dry and dust-free place, preferably a drawer or covered box.

## **Training**

Training of staff to use the equipment correctly is an essential part of ensuring a safe procedure. No staff should be expected to use such equipment, or be involved in the sterilisation procedure, unless a clear understanding is first ensured.

## Single-use Equipment

**Single-use** means that the manufacturer:

- Intends the item to be used once, then thrown away
- Considers the item unsuitable for use on more than one occasion
- Has insufficient evidence to confirm that re-use would be safe.

**Single client use** means that the item can be reused if re-processed using an appropriate method and is used on the **same client only**. The duration of use is dependent upon undertaking a risk assessment of individual risk factors.

The MDA (1995) guidance suggests that reprocessing and re-using such items may pose hazards for clients and staff, if the reprocessing method has not been validated. Therefore re-use of single-use products is not advisable unless the outcomes have been taken into account. The Consumer Protection Act 1987 will hold a person liable if a single-use item is re-used against the manufacturer's recommendations.

## 8. Decontamination Equipment Prior to Inspection, Service, Repair or Loan

Do not send contaminated equipment elsewhere without decontaminating first. Before dispatch, complete and attach a certificate which states the method of decontamination used, or the reason why it was not possible (NHS Management Executive 1993). Equipment that is impossible to decontaminate is likely to be complex, high technology and heat-sensitive. Often it cannot be decontaminated without being dismantled by an engineer - in this case attach a bio-hazard label to the item. Complete the clearance certificate and advise staff on protective measures.

A proforma of such a certificate is available at the end of this section, and can be photocopied for use by operators.

## DOCUMENTATION

A completed clearance certificate must be attached to the equipment prior to work being carried out. A suggested letter is:

From:

-----  
-----  
-----  
-----

To:

-----  
-----  
-----  
-----

Make and description of equipment item:

-----

Model/Serial/Batch Number:

-----

Other distinguishing marks:

-----

This equipment/ item has not been in contact with blood or other body fluids. It has been cleaned in preparation for inspection, servicing or repair.

This equipment has been decontaminated. The method used was

---

This equipment could not be decontaminated. The nature of risk and safety precautions to be adopted are:

---

Signed

Date

Position

Address

# ESSEX HEALTH PROTECTION UNIT INFECTION CONTROL GUIDELINES FOR TATTOOISTS, BODY PIERCERS & ACUPUNCTURISTS

## SECTION G – DECONTAMINATION OF THE ENVIRONMENT

### 1. Cleaning Methods

The environment plays a relatively minor role in transmitting infection, but dust, dirt and liquid residues will increase the risk. They should be kept to a minimum by regular cleaning and by good design features in buildings, fittings and fixtures.

A written cleaning schedule should be devised specifying the persons responsible for cleaning, the frequency of cleaning and methods to be used and the expected outcomes:

- Work surfaces and floors should be smooth-finished, intact, durable, of good quality, washable and should not allow pooling of liquids and be impervious to fluids
- Carpets are not recommended in areas where tattooing/ body piercing procedures will take place because of the risk of body fluid spills
- Where carpets are in place, there should be procedures or contracts for regular steam cleaning and dealing with spills
- Keep mops and buckets clean, dry and store inverted
- Mop head should be removable for frequent laundering, or single-use if this is not possible
- Provide single-use, non-shedding cloths or paper roll for cleaning
- Keep equipment and materials used for general cleaning separate from those used for cleaning up body fluids
- Colour code cleaning equipment, such as mop heads, gloves and cloths for toilets, kitchens and clinical areas. Use different colours for each area
- Use general-purpose detergent (GPD) for environmental cleaning - follow the manufacturer's instructions.

<b>DOMESTIC</b>	<b>CLEANING</b>
Bucket (plastic)	Empty contents down toilet Rinse with hypochlorite solution and dry
Mop (wet)	Rinse, dry and store head up after use; heat disinfect in washing machine and dry thoroughly weekly. Disposable mop heads can be used. Dispose of mop heads if heavily soiled
Mop (dry)	Vacuum after each use
Lavatory brushes	Rinse in flushing water and store dry
Suggested colour coding of cleaning equipment	Red/Pink: toilet/bathroom Blue: kitchen Yellow: all other areas
Floors	Dust control - dry mop Wet cleaning - wet mop, wash with hot water and GPD If known contamination - follow with hypochlorite 1000 ppm
Furniture and fittings	Damp dust with hot water and detergent If known contamination - follow with hypochlorite 1000 ppm
Walls and ceilings	Not an infection problem. When visibly soiled use hot water and detergent. Splashes of blood, urine or known contaminated material should be cleaned promptly with hypochlorite solution

# ESSEX HEALTH PROTECTION UNIT INFECTION CONTROL GUIDELINES FOR TATTOOISTS, BODY PIERCERS & ACUPUNCTURISTS

## SECTION H – WASTE MANAGEMENT

The requirements for managing healthcare waste is due to change to the new Hazardous Waste Regulations. In view of this, this section has not been updated.

### 1. Responsibility

All organisations have a legal responsibility to dispose of waste safely, ensuring no harm is caused either to staff, members of the public or the environment. This responsibility begins when waste is generated and ends with its final disposal - even where properly authorised agents are used.

It is essential that persons handling waste exercise care to prevent injury or transmission of infection to themselves or others. This is to fulfil their responsibilities under the current legislation (for list see end of this Section).

### 2. Definition of Clinical Waste

Clinical waste is:

- a) Any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, soiled swabs or dressings, or syringes, needles or other sharp instruments, being waste which, unless rendered safe, may prove to be hazardous to any person coming into contact with it;
- and
- b) Any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment care, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any other person coming into contact with it.

(Controlled Waste Regulations 1992)

Clinical waste is categorised by the Health and Safety Executive as follows:

#### **GROUP A**

- a) Soiled surgical dressings, swabs and all other contaminated waste from treatment areas
- b) Materials other than re-usable linen from cases of infectious disease
- c) All human tissue from hospitals or laboratories, and all related swabs and dressings.

#### **GROUP B**

Discarded syringes, needles, cartridges, broken glass and any other contaminated disposable sharp instrument or items.

#### **GROUP C**

Microbiological cultures and potentially infected waste from Pathology Departments, Laboratories, post-mortem rooms and other Clinical or Research Laboratories.

#### **GROUP D**

Certain pharmaceutical and chemical wastes (*those falling within the definition of clinical waste*). Special care should be taken with any waste that contains mercury or its compounds. Mercury should be recovered whenever possible.

#### **GROUP E**

Items used to dispose of urine, faeces and other bodily secretions or excretions not found in Group A.

### **3. Segregation of Waste**

The key to the safe disposal of waste is for all staff to conform to the system of segregation shown in the table below. This system enables clear identification of the different types of waste encountered and indicates the disposal procedures that apply to each category.

TYPE OF WASTE	RECEPTACLE
Clinical Waste	Yellow Plastic Bags (225 gauge)
Sharps - Needles, Blades etc	BS 7320/UN 3291 Approved Sharps Container
General (domestic type) Waste	Black Plastic Bags
Glass and Aerosol Cans	Plastic bag lined cardboard boxes that are clearly labelled. <b>Glass and aerosol cans: not to be incinerated</b>

#### 4. Handling of Waste

Waste should be segregated at the point of origin.

Personal protective clothing should be worn when handling waste.

Clinical waste should be:

- Correctly bagged in yellow bags of 225 gauge to prevent spillage
- Double bagged where:
  - the exterior of the bag is contaminated
  - the original bag is split, damaged or leaking
- Kept in a rigid-sided holder or container with a foot operated lid, and so far as is reasonably practicable, out of the reach of children
- Only filled to  $\frac{3}{4}$  full
- Securely sealed and labelled with coded tags at the point of use to identify their source.

Clinical waste should not be:

- Decanted into other bags, regardless of volume
- Contaminated on the outside
- Re-used.

Sharps must be disposed of into approved sharps containers that meet BS 7320/UN 3291.

Sharps container should **NEVER** be placed into a yellow clinical waste bag.

## **5. Disposal of Waste**

Clinical waste should be placed in a yellow bag (minimum gauge 225mm).

The bag should be removed and securely fastened at least once a day or when  $\frac{3}{4}$  full, labelled with its place of origin (e.g. workplace details) and placed in the designated clinical waste collection point.

### **Disposal of sharps**

Syringes, needles, razors, ampoules and other sharps should always be placed in a sharps container. These items should never be placed in a waste bag of any kind.

Care should be taken to ensure that sharps containers are correctly assembled according to the manufacturer's instructions.

Use the appropriately sized sharps container to prevent used sharps being stored for long periods of time.

It is the responsibility of the person who uses a sharp to dispose of it safely.

Always place sharps in the sharps container as soon as possible.

Sharps containers must be sealed, labelled with the point of origin and placed in the designated clinical waste collection point when  $\frac{3}{4}$  full.

Sharps containers should conform to BS 7230/UN 3291.

Sharps containers should be kept in a safe location (on a flat surface, below eye level but not on the floor). This will reduce the risk of injury to clients, visitors and staff.

### **Disposal of Aerosol Cans/Glass/Bottles/Broken Crockery/Dry Cell Batteries**

These must never be placed in any waste bag, especially a yellow clinical waste bag which is destined to be incinerated.

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

## **6. Storage of Clinical Waste**

Clinical waste should be removed from point of generation as frequently as circumstances demand, and at least weekly.

Between collections, waste should be:

- Stored in correctly coded bags, with bags of each colour code kept separate
- Situated in a centrally designated area of adequate size related to the frequency of collection
- Sited on a well-drained, impervious hard-standing floor, which is provided with wash-down facilities
- Kept secure from unauthorised persons, entry by animals and free from infestations
- Accessible to collection vehicles.

**ESSEX HEALTH PROTECTION UNIT  
INFECTION CONTROL GUIDELINES FOR  
TATTOOISTS, BODY PIERCERS & ACUPUNCTURISTS**

**SECTION I – GENERAL STANDARD PROCEDURES**

**1. Before treatment**

The work area should be prepared in such a way 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.

Ensure that all 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 instruments.

Disposable tissues should be available for handling telephone, switches etc. during the procedure.

Prepare a new skin-cleaning spray daily according to the manufacturer's instructions.

Spray bottles should be covered in a good grade plastic bag to protect the bottle from contamination. The bag should be changed between each client.

Hands must be washed thoroughly prior to the procedure and disposable gloves worn.

Packages containing sterile needles should be checked for damage, and date.

**WRITTEN SIGNED CONSENT** must be obtained from the client **PRIOR** to procedure.

**VERBAL AND WRITTEN INSTRUCTIONS ON THE AFTER CARE** of the tattoo and/or piercing site must be given.

Antibiotic or antiseptic creams should not be used without medical advice.

## **2. After treatment**

Place all dirty instruments into the container marked 'Dirty Instruments' for removal to cleaning area. Pre clean any re-usable instruments in the sink with hot soapy water. Re-usable instruments should then be placed into the ultrasonic cleaner and sterilised in the autoclave prior to re-use.

Wash and dry all equipment before autoclaving.

The operator should discard all needles into sharps container immediately following use.

Dispose of all single-use items (spatula, pigment caps and tray, used tissues, wipes and paper towels etc.) into the yellow waste bag.

Clean containers used for collecting dirty instruments with GPD and hot water. Store dry.

Change paper towel on couch/chair- wipe down if soiled, and at the end of each session.

Remove gloves and disposable aprons and discard in the yellow clinical waste bag.

Change bags around spray bottle and tattoo machine.

Wash, rinse and dry hands thoroughly.

### **Choice of Instruments, Needles and Jewellery**

Pre-sterilised, single-use, disposable needles should be used in body piercing and acupuncture. Pre-sterilised single-use tattooing needles should be used in tattooing. Under no circumstances should any item marked as single-use by its manufacturer be cleaned and sterilised for re-use on another client.

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

The jewellery used in body piercing should be either surgical grade stainless steel with very low nickel content or 14-18 carat gold. Once the piercing site has completely healed, jewellery may be changed for different metals if required.

**ESSEX HEALTH PROTECTION UNIT  
INFECTION CONTROL GUIDELINES FOR  
TATTOOISTS, BODY PIERCERS & ACUPUNCTURISTS**

**SECTION J – AUDIT TOOL**

Answer Yes or No. Please tick a box for all questions

<b>STANDARD 1</b>		<b>HAND HYGIENE</b>	
		<b>Yes</b>	<b>No</b>
1.	Wash hand basin is available		
2.	Liquid soap dispenser is located near wash hand basins		
3.	Paper towels dispenser at all sinks in procedure areas and wash hand basin within operating room		
4.	Sinks are visibly clean		
5.	Sinks are free from nailbrushes		
6.	Hot and cold water is available at sinks (preferably via mixer taps with elbow or foot operation)		
7.	Wash hand basin and sinks in procedure areas are free from tea cups and drinking facilities		
8.	Access to wash hand basin is clear e.g. no equipment soaking in sink		
9.	There is a foot-operated bin for waste towels in close proximity to handwashing sinks		
10.	Is this bin operational?		

11.	Is there a handwashing poster on display by handwashing area(s)?		
12.	Are there toilet facilities for staff with separate handwashing facilities?		
13.	There is a separate sink and area for cleaning instruments		

**Comments:**

<b>STANDARD 2</b>	<b>PROTECTIVE CLOTHING</b>
-------------------	----------------------------

**The following protective clothing is available for use:**

		<b>Yes</b>	<b>No</b>	<b>N/A</b>
1.	Non-sterile latex/vinyl/nitrile gloves (non-powdered)			
2.	Disposable plastic aprons			
3.	Clean protective over-clothing that is changed daily (if plastic aprons not used)			
4.	Eye goggles or face shields available where risk assessment indicates their use			

**Comments:**

<b>STANDARD 3</b>	<b>BODY FLUID SPILLAGE</b>
-------------------	----------------------------

		<b>Yes</b>	<b>No</b>	<b>N/A</b>
1.	Paper towels and appropriate disinfectant (e.g. bleach) is available for cleaning up body fluid spillage			
2.	Operators are aware of the procedure for dealing with body fluid spillage			

**Comments:**

<b>STANDARD 4</b>	<b>MAINTENANCE OF THE ENVIRONMENT</b>
-------------------	---------------------------------------

		Yes	No
1.	All general areas are clean and uncluttered		
2.	There is a documented, regular cleaning programme in operation		
3.	There is no carpet in procedure area(s)		
4.	Sufficient surface for procedure and suitable layout of clean and dirty procedure fields		
5.	Procedure areas are clean and free from extraneous items		
6.	All sterile products are appropriately stored above floor level		
7.	Client couches/chairs/floors in the procedure areas have wipeable surfaces		
8.	Client couches/chairs in the procedure areas are in a good state of repair		
9.	Disposable paper is used to protect the couches/chairs in the procedure area(s)		
10.	Mops are stored dry and inverted		
11.	Buckets are clean, dry and inverted after use		
12.	Cleaning cloths are either single-use or non-shedding and washed with hot soapy water and left hung to dry after use		
13.	Modesty cover blankets are laundered and changed daily and when contaminated		
14.	Surface joints and seals (e.g. sinks, worktop edges to wall) are free from mould		

**Comments:**

<b>STANDARD 5</b>	<b>USE OF DETERGENTS/DISINFECTANTS AND ANTISEPTICS</b>
-------------------	--

		<b>Yes</b>	<b>No</b>
1.	Disinfectants are used at the correct dilution and appropriately		
2.	Chemical disinfectants are used as per manufacturer's recommendations for non-autoclavable equipment (e.g. tattoo gun motors)		
3.	A deep sink is available for washing items separate to handwashing facilities		
4.	Data sheets are available on hazardous products for risk assessment and safe working method		
5.	Environmental surfaces are cleaned appropriately between clients		
6.	Environmental surfaces are protected with disposable paper sheets between clients		

**Comments:**

**STANDARD 6****PROCEDURES**

		<b>Yes</b>	<b>No</b>
1.	Single-use sterile dressings are applied following tattooing		
2.	Disposable single-use razors are used to shave clients prior to procedure		
3.	Multiple-use items are not used for clients e.g. marking pens, deodorant sticks, petroleum containers, skin cream tubes		
4.	Verbal and printed after-care information on tattooing/piercing available for clients to take away		
5.	Clients receive an explanation about the procedure and are asked to sign a consent form		
6.	Details of clients are kept including name, address, age, proof of ID and part of body tattooed/pierced		

**Comments:**

**STANDARD 7****DECONTAMINATION OF EQUIPMENT**

Indicate method of sterilisation used in the practice:

Front Loading Benchtop Autoclave e.g. Little Sister

Top Loading Benchtop Autoclave e.g. Prestige

Other (Details) \_\_\_\_\_

Vacuum

Non vacuum

		Yes	No
1.	There is no evidence of single-use equipment being re-used		
2.	Sterilising equipment is clean and in a good state of repair		
3.	Evidence from records Sterilising equipment is maintained on a quality maintenance programme (in accordance with HTM 2010)		
4.	Evidence from records Sterilising equipment cycle checked and recorded daily		
5.	Sterilising equipment is checked weekly (in accordance with HTM 2010)		
6.	There is a contract for the maintenance and service of the sterilising equipment. Name of service company: _____		
7.	Air temperature, pressure and holding times are recorded for all cycles		
8.	Water drained daily from steriliser		
9.	Instruments are unwrapped and not in pouches (unless vacuum autoclaved)		

10.	Sterile water used for irrigation, or as recommended by the manufacturer		
11.	Water boilers and glass bead heaters are not used for instruments requiring sterilisation, and UV chambers are not used		
12.	Ultrasonic cleaner is used <u>with</u> a lid <u>and</u> the correct solution <u>and</u> is emptied daily and kept dry overnight		
13.	A detergent is used to clean equipment before placing in ultrasonic bath		
14.	Items are rinsed after cleaning before placing in the ultrasonic bath and before placing in autoclave		
15.	Cleaning brushes are disposable or autoclaved after session use in marked container, and changed at least weekly		
16.	Used contaminated equipment is stored safely out of client areas after use		
17.	All sterilised equipment is stored dry and is covered		
18.	Sterile products are stored above floor level		
19.	All sterilised equipment is used within three hours (unless vacuum autoclaved)		
20.	Only trained staff are permitted to use the autoclave		
21.	A system is in place to accommodate breakdown and repair of equipment (autoclaves/ultrasonic cleaning machines etc.)		
22.	Sterile water for irrigation is used with autoclave		
23.	Dye containers are single-use only and are appropriately disposed of following use		
24.	Sterile disposable needles are single-use only		
25.	If needle bars are re-used they are appropriately sterilised between uses		

**Comments:**

**STANDARD 8****WASTE DISPOSAL**

		<b>Yes</b>	<b>No</b>
1.	The operator has written instructions on the safe disposal of waste		
2.	Foot operational waste bins are in working order and lined with a plastic bag in procedure areas		
3.	Appropriate yellow bags are used for disposal of clinical waste (group A)		
4.	Clinical waste and domestic waste are correctly segregated		
5.	Waste bags are less than $\frac{3}{4}$ full and securely tied		
6.	Clinical waste is stored in a designated area prior to disposal		
7.	The storage area is locked and inaccessible to unauthorised persons and pests		
8.	Bags are labelled with source (Operator's Name) – in accordance with the Duty of Care		
9.	Collection of clinical waste is undertaken at least weekly with a registered company and disposed of by incineration		
10.	Storage facilities for clinical waste should be lockable e.g. lockable cupboard. The storage area should be marked with a bio-hazard sign		
11.	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		
12.	Protective clothing (e.g. gloves and aprons) are available to staff handling clinical waste		

**Comments:**

**STANDARD 9****SHARPS AND NEEDLE-STICK INJURY**

		<b>Yes</b>	<b>No</b>
1.	Sharps boxes are available for use		
2.	Sharps boxes conform with BS7320 and UN3291		
3.	Sharps box is filled to the fill-line or less		
4.	Sharps box is assembled correctly – check lid is secure		
5.	Sharps box is labelled with source business name and address		
6.	Staff are aware of Hepatitis vaccination policy		
7.	Staff are aware of procedure in case of needle-stick injury		
8.	Sharps boxes are stored above floor level and safely out of reach of children and visitors		
9.	Sharps boxes are available when any clinical practice involving the use of sharps is in progress		
10.	Operators are vaccinated against Hepatitis B and there is documented proof of this		
11.	Sharps boxes are disposed of via a registered waste carrier		

**Comments:**

**STANDARD 10****POLICIES AND RECORDS**

**Are the following policies and records available?**

		<b>Yes</b>	<b>No</b>
1.	Handwashing		
2.	Cleaning policy (inc. frequency rota/protocol)		
3.	Sterilisation and monitoring procedures		
4.	Management of clinical and general waste		
5.	Management of blood spillages		
6.	Use of protective clothing		
7.	Needlestick injury procedure		
8.	Sharps handling/disposal		
9.	COSHH risk assessment/safe use of chemicals		
10.	Training of staff		
11.	Staff health including Hepatitis B status		
12.	The policies are regularly reviewed/up to date (i.e. yearly)		

**Comments:**

**SUMMARY OF ISSUES RAISED AND ACTION PLAN**

# ESSEX HEALTH PROTECTION UNIT INFECTION CONTROL GUIDELINES FOR TATTOOISTS, BODY PIERCERS & ACUPUNCTURISTS

## SECTION K – REFERENCES

### Decontamination

Babb J., (1994) Methods of Cleaning and Disinfection. British Journal of Theatre Nursing 3(10) Jan 12-29.

Bassett WH (1992) Clay's Handbook of Environmental Health. 16<sup>th</sup> Edition. London.

MDA (2002) Benchtop Steam Sterilizers – Guidance on Purchase, Operation and Maintenance. MDA DB 2002(06).

MDA (2000) guidance on the Purchase, Operation and Maintenance of Vacuum benchtop steam sterilisers MDA DB 2000(05)

NHS Estates (1994) Health Technical Memorandum 2010. London

PHLS (1993) Chemical Disinfection in Hospitals. London.

DoH (1993)b Sterilisation, Disinfection and Cleaning of Medical Equipment: Guidance on Decontamination from the Microbiology Advisory Committee to DoH, Medical Devices Directorate, Parts 1 & 2 London.

### Handwashing

Gould et al 2000. *Improving hand hygiene in community health settings*. Journal of Clinical Nursing 9-95-102

ICNA (1999) Guidelines for Hand Hygiene. London.

### Health and Safety

Health and Safety Commission (1974). Health and Safety at Work Act. HMSO. London.

Health and Safety Executive (1994). Control of Substances Hazardous to Health Regulations. HMSO. London.

## **Infection Control**

Ayliffe G, Fraiese A, Geddes A, Mitchell K, (2000) Control of Hospital Infection – A Practical Handbook. Fourth edition. London

Hawker J, Begg N, Blair I, Reintjes R, Weinberg J (2001) Communicable Disease Control Handbook. London.

Lawrence, J., May, D., (2003) Infection Control in the Community. Churchill Livingstone. London.

McCulloch, J. (2000) Infection Control - Science, management and practice. London.

MEERS P, McPherson M, SEDGWICK J (1997) Infection Control in Health Care. 2<sup>nd</sup> edition. Thomas Cheltenham.

NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE (2003) Infection Control – Prevention of healthcare-associated infection in primary and community care.

Pritchard, A.P., Mallet, J. (Eds) (1992). The Royal Marsden Hospital Manual and Clinical Nursing Procedures, Blackwell, London

Wilson J. 2000 Infection Control in Clinical Practice. Bailliere Tindall London

## **Infectious Diseases**

British Society for Antimicrobial Chemotherapy (1995) Guidelines on the control of methicillin-resistant Staphylococcus aureus in the community. Journal of Hospital Infection, 31, 1-12.

Chin J., (2000) Control of Communicable Diseases Manual. 17<sup>th</sup> Edition. Washington

DoH (1998) Guidance for Clinical Health Care Workers: Protection against infection with blood-borne viruses. London.

DoH (2000) HIV Post-Exposure Prophylaxis: Guidance from the UK Chief Medical Officers' Expert Advisory Group on AIDs. London

Greenwood D, Slack R, Peutherer J. (1992) Medical Microbiology a guide to Microbial Infections: Pathogenesis, Immunity, Laboratory Diagnosis and Control. 14<sup>th</sup> edition. Churchill Livingstone, London

Ramsey, M.E. (1999) Guidance on the investigation and management of occupational exposure to hepatitis C. Communicable Disease and Public Health. Vol. 2. No. 4. 258-262.

## **Legal framework**

London Local Authorities Act 1991 The Stationery Office

Local Authority Circular 76/2 ([www.hse.gov.uk/lau/lacs/76-2.htm](http://www.hse.gov.uk/lau/lacs/76-2.htm))

Tattooing of Minors Act 1969 The Stationery Office

The Prohibition of Female Circumcision Act 1985 The Stationery Office

Local Government (Miscellaneous Provisions Act) 1982 The Stationery Office

Health and Safety at Work Act etc Health and Safety Commission (1974) HSE  
London

Barbour Index (2001) David Denton Body art, cosmetic therapies and other special treatments. Chadwick House Group Ltd, London

### **Protective Clothing**

ICNA (1999) Glove Usage Guidelines. London.

ICNA (2002) A Comprehensive Glove Choice. London

ICNA (2002) Protective Clothing – Principles and Guidance

### **Public Health**

DoE (1990) Environmental Protection Act 1990. HMSO. London.

DoH(1961) Public Health Act 1961. HMSO. London.

DoH (1988) The Public Health (Infectious Diseases) Regulations 1988. HMSO.  
London

### **Sharps**

ICNA (2003) Reducing Sharps Injury – Prevention and risk management. London

### **Single-use**

MDA (2000) Single-use Medical Devices: Implications and Consequences of Reuse.  
London.

### **Waste**

HSC (1999) Safe Disposal of Clinical Waste. London

IWM (2000) Healthcare Waste Management and Minimisation. London

Phillips G (1999) Microbiological Aspects of Clinical Waste. Journal of Hospital  
Infection 41:1-6