**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982**

**APPLICATION tO REGISTer premises FOR THE BUSINESS OF SKIN PIERCING**

I/We hereby make application under the provisions of the above Act for registration to carry on the business as detailed below:

|  |  |  |
| --- | --- | --- |
| 1 | Address of premises to be registered (including postcode) |  |
| 2 | Trading/Business Name |  |
| 3 | Contact name |  |
| 4 | Contact telephone number |  |
| 5 | Contact email |  |
| 6 | Nature of business(tick all that apply) | [ ]  Acupuncture/dry needling[ ]  Tattooing[ ]  Electrolysis[ ]  Cosmetic Piercing[ ]  Semi Permanent Skin Colouring |
| 7  | Person responsible for carrying on the above business |  |
| 8 | Names of all acupuncture practitioners at the premises |  |
| 9 | Description of premises, including number of rooms |  |
| 10 | Arrangements for cleansing of premises, fittings and equipment |  |
| 11 | Arrangements for sterilisation of instruments |  |

[ ]  I have paid the fee of £179 - receipt number

You may pay by phone (01225 477531) using a credit or debit card.

[ ]  I/We declare that the information given in this application is true.

Signed       Date

Please return the completed application to licensing@bathnes.gov.uk or Licensing Services, B&NES Somerset Council, Lewis House, Manvers Street, Bath BA1 1JG

MODEL STANDARDS FOR HYGIENIC SKIN PIERCING ACTIVITIES

**Introduction**

Skin piercing practices have become more popular over recent years and the range of procedures that are now widely available has also increased.

Unfortunately there are health risks which can be attributed to skin piercing procedures but these can be minimised by using proper and hygienic practices. The ill health effects that can occur through poor skin piercing practices, range from localised skin infections to the transmission of blood-borne viruses such as Hepatitis B, C, D or HIV. It is therefore important that practitioners use safe working practices and have good infection control procedures in place.

These model guidelines are applicable to all forms of skin piercing, including, but not exclusively, permanent and semi-permanent tattooing, ear and body piercing, scarification, beading, acupuncture and electrolysis.

The following information outlines the basic requirements. Further information and an explanation of why these standards are required, is available in the Tattooing and Body Piercing Guidance Toolkit which is available to download free of charge from the CIEH website at www.cieh.org

**Premises Registration**

General

The treatment room must be clean and be capable of being kept clean. Walls and floors should have a smooth impervious surface. If the treatment room is used only for ear and/nose piercing, acupuncture or electrolysis, it may be acceptable to have a carpeted floor.

Each treatment room must each contain a hot and cold hand wash basin, ideally fitted with foot or elbow operated taps. The basin should be cleaned with a suitable household non-abrasive cleaner at the end of each session. Disposable paper towels must be provided in wall mounted paper towel dispensers next to hand wash basins. Alternatively, hot air hand dryers are acceptable. Liquid soap must be provided next to the wash hand basin.

All waste bins should be foot operated pedal bins with solid sides and be used with suitable waste bags.

Lighting must be adequate.

Couch

The surface of the treatment couch should have a smooth impervious surface, such as vinyl, and be in good repair. It should be kept clean and washed regularly with detergent and hot water. Patients should lie on a disposable paper sheet rather than the bare surface.

Other Surfaces

Other operating surfaces should likewise have a smooth impervious surface and must be kept clean.

**Personal Registration**

Competency

The registered person should be able to demonstrate their competence to practice. They may be required to provide certificates of qualifications or training courses attended and/or discuss their previous experience in the field. The registered person should also be familiar with the ***“Tattooing and body piercing guidance Toolkit”*** which is available to download free of charge from the Chartered Institute of Environmental Health’s website at www.CIEH.org.

Personal Hygiene

Good personal hygiene is important. Hands especially must be clean and nails short and clean.

Gloves should be worn when carrying out any type of skin piercing activity which involves a risk of exposure to blood or other body fluids or to sharp or contaminated instruments. It is not necessary to use sterilised surgical gloves. Gloves used for direct client care must

conform to current EU legislation (CE marked as for single use) plus EN 374-1:2003 or EN 374-2. These markings show the gloves are protective against chemicals and can resist microorganisms. Non-latex gloves are preferable because latex is a known skin and respiratory sensitizer and in a small number of people it can cause serious allergy. If latex gloves are worn, then powder free, low protein content materials must be chosen and monitoring of clients and staff for signs of sensitivity should be undertaken.

A new pair of gloves should be used after each client. Broken skin or infections on other exposed parts of body, such as face, should be covered with a waterproof plaster. Information on the selection and use of gloves is available in the *Tattooing and body piercing guidance Toolkit*.

Vaccination

It is recommended that practitioners at risk of blood/body fluid exposure through sharps or splashes should have a full course of hepatitis B vaccine and boosters at the advised intervals. See the *Tattooing and body piercing guidance Toolkit* *(Part A, Section 02d)* for further information.

Records

Detailed records of every patient must be kept – these should include:

Full name, address, telephone number, date of birth and proof of age if needed;

Relevant medical history/ allergies; Consent signature of client/ parent; Date and type of procedure conducted; site of procedure; type of jewellery (if applicable) and the name of the practitioner. An example consent form containing these details is available at Appendix B of the *Tattooing and body piercing guidance Toolkit.*

All records should be stored securely maintaining client confidentiality as required by the Data Protection Act 1998. Records should be kept safely on the premises named in the licence for a period of no less than 3 years.

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

Equipment

*Pre sterilised, single use needles and equipment*

All invasive items should be pre-sterilised and single use. Needles should be examined for imperfections prior to use and the use by date should be checked. Discard any needles that are not perfect and in date. Needles should either be used directly from the packaging or placed on a sterile surface/tray for immediate use.

*Autoclave/Steam sterilizers*

These are required for reusable items that are likely to become contaminated with bodily fluid and for body jewellery introduced into newly pierced sites. Steam sterilizers are considered the only way that body art practitioners can achieve the required sterilization standard. Steam sterilizers (known as benchtop/transportable/small steam sterilisers) must conform to BS EN 13060. They are produced in three different types. Types B, S and N.

**Type B** (vacuum sterilizer) are suitable for porous, hollow or wrapped items.

**Type S** are only suitable for specific loads of porous, hollow or wrapped items. They are not suitable for loads which have not been validated as suitable.

**Type N** are suitable for non-porous, non-hollow (solid) and unwrapped items only.

(See Appendix 12 and 13 of *Tattooing and body piercing guidance Toolkit for further information*)

Type S is unlikely to be suitable for use in skin piercing premises.

Sterilizers should only be operated by those trained in their correct operation. They must be maintained, serviced and validated by people specifically trained to do so according to a schedule provided the sterilizer manufacturer.

*Ultrasonic water baths*

These are used to remove soiling from items with complex surfaces when manual cleaning with detergents is not sufficient. They should be used, maintained and validated according to the manufacturer’s instructions.

*Sharps Boxes*

All used “sharps” must be placed immediately into yellow sharps boxes/bins with orange lids, compliant with UN3291 and BS7320.

*Detergent*

Household detergent is adequate for most routine environmental cleaning such as floors but it is not suitable for high risk environmental surfaces such as treatment surfaces, which will require disinfection.

*Disinfectants*

Chemical disinfectants should be used for decontamination of high risk environmental surfaces and non-invasive items. They can be inactivated by organic matter so should only be used after cleaning has removed most of the organic matter. For general disinfection of the environment, a hypochlorite solution containing 1,000 parts per million available chlorine (ppm av Cl), e.g. bleach, should be used.

*Single use swabs*

These are used to disinfect skin. Either a 70% alcohol impregnated single use swab or a 0.5% chlorhexidine in 70% alcohol single use swabs should be used.

Source of Equipment

All equipment used for the practice of skin piercing should be purchased from reliable sources and meet the relevant EU standards.

*Inks*

Poor quality tattoo inks increase the potential for localised bacterial skin infections as well as dermal allergies. Only inks that are supplied with the manufacturer’s product quality information should be used.

Practitioners should note the batch numbers of the products they purchase, and delivery dates.

A record should be kept of the colour of the inks used on each client.

*Body Piercing Jewellery*

In the UK and the rest of Europe all parts of jewellery coming into prolonged contact with the skin e.g. post assemblies, must be classed as nickel free. Jewellery manufactured for export to countries outside the EU may contain high levels of nickel and should not be used unless the practitioner can obtain evidence from the manufacturer of its compliance.

Aftercare

Practitioners must explain the known potential complications associated with the particular procedure they are being asked to carry out. Upon completion of the treatment the clients should be provided with both verbal and written aftercare advice. Example aftercare advice leaflets for some procedures are given in the *Tattooing and body piercing guidance Toolkit.* These are free to download and may be freely used by practitioners. Most procedures do not require a dressing/covering after completion however tattoos and other similar procedures do.

Care of Skin After Tattooing

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

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

Disposal

Waste should be kept in a rigid-sided, fire retardant holder or container with a foot operated lid, and so far as is reasonably practicable, out of the reach of children and unauthorised personnel.

Waste such as used gloves and aprons, swabs, small dressings and cotton wool contaminated with body fluids would be considered as offensive/hygiene waste. Where such waste is generated in bags of 7kg or more it should be placed into a yellow/black bag (tiger bag) and be collected from the premises by a licensed waste contractor. Where offensive/hygiene waste is generated in bags of less than 7kg in any collection period it can be disposed of in the general commercial waste stream. Tiger bags should be securely sealed and labelled with coded tags at the point of use to identify their source.

Sharps boxes should always be handled and disposed of as clinical waste for incineration only. Never place sharps boxes in clinical/offensive waste bags.

Special arrangements must be made for disposal of the sharps boxes and sealed waste-bags which should not be allowed to enter the public refuse collection system.

Disinfectants may be poured carefully down the sink after use, and flushed with running water.