

SEMI-PERMANENT SKIN COLOURING GUIDELINES

GENERAL SKIN PIERCING GUIDANCE NOTES

These notes must be read in conjunction with the general information on skin piercing and the bylaws on this subject. Skin piercing is potentially an extremely hazardous practice if performed badly. It should only be done by a competent, trained and experienced person at suitable premises.

The Local Government (Miscellaneous Provisions) Act 1982 as amended by the Local Government Act 2003, requires persons who practice acupuncture, tattooing, cosmetic piercing, semi-permanent skin colouring and electrolysis to be registered with the Local Authority. In addition, these activities should only be undertaken in registered premises. Applications for registration should be made to the Licensing department. Wyre Council has also passed bylaws for the purpose of securing:

- the cleanliness of the premises registered;
- the cleanliness of persons undertaking skin piercing;
- the cleanliness and sterilisation of instruments, materials and equipment.

The information contained within these guidance notes will assist practitioners of skin piercing to comply with the bylaws and prevent the transmission of infection.

1.0 PREMISES

A skin piercer's premises must be clean and be capable of being kept clean. All internal parts of the structure of the premises should be maintained in a clean condition and kept in proper repair. Wallpaper should not be used as a wall covering unless it is a durable, washable type. The surface of the floor should be smooth, impervious and continuous.

A wash hand basin with a hot and cold water supply properly connected to the drainage system is essential and should be located in the workroom.

Note: water heaters of the 'top-up' type are not permitted. It is preferable for the taps to be foot or elbow operated. Soap, preferably in liquid form, and an approved hygienic means of drying hands must be available and readily accessible. Such hand drying facilities include disposable paper towels or hot-air dryers.

1.2 Table tops & other working surfaces

The table tops, shelves and other working surfaces must have a smooth impervious surface (preferably stainless steel or glass), be in good repair and kept clean with the frequent use (at least after each client) of a suitable disinfectant. Shelves, cabinets, cupboards etc, must contain only the equipment that is used in connection with the business of skin piercing.

1.3 Chairs, seats or couches

The surface of any chair, seat or couch should have a smooth impervious surface such as vinyl, and be in good repair. It should be kept clean and washed with detergent and hot water regularly. Patients should sit or lie on a disposable paper sheet rather than on the bare surface. Fabric chairs should not be used.

1.4 Ventilation

A well-ventilated room must be used.

1.5 Artificial lighting

Artificial lighting must be adequate and maintained.

2.0 DISPOSAL OF EQUIPMENT

Needles should be placed in an approved yellow plastic 'sharps' disposal box such as is used in hospitals. The box should be clearly marked '**DANGER. CONTAMINATED SHARPS ONLY. TO BE INCINERATED**'.

Any waste matter contaminated by blood or body fluids, e.g. swabs, paper, towels, tissues etc. must be disposed of in an approved yellow plastic clinical waste sack clearly marked '**BIOHAZARD. CLINICAL WASTE ONLY. TO BE INCINERATED**'.

Small items, e.g. swabs, tissues etc., may be placed in the approved sharps box instead. Waste matter not contaminated with blood or body fluids should be disposed of in a suitable receptacle lined with a leak-proof sealable plastic bag and provided with a close-fitting lid. Used disinfectants must be carefully poured down the sink after use and flushed with running water.

The advice of the local Environmental Health officer must be sought about the final disposal of the sealed bags and sharps disposal boxes from the premises (see the Important Notice regarding sharps box and clinical waste disposal).

3.0 DISINFECTION

Disinfectants are necessary where it is not practicable to sterilize equipment and instruments. They do not sterilize (kill all germs) but their proper use will reduce the number of germs to the extent that they pose little danger of infection. The disinfectant usually used is hypochloric, which will neutralise most viruses, especially the Hepatitis ones. Hypochlorite can corrode metals and therefore prolonged contact with metals should be avoided.

Solutions of hypochlorite need to be made up each day. Manufacturers' instructions regarding the correct concentrations should be strictly followed. Disinfectants other than those indicated here may be used, but they would not be superior or cheaper than the ones recommended. It is better to familiarise oneself with only one or two disinfectants. Not all disinfectants are equally destructive against germs. For example, even high strengths of alcohol used as disinfectants have only a weak effect on destroying the Hepatitis B virus, however the frequent use of 'wet wipes' containing isopropyl alcohol or ethanol may prove useful for general disinfecting of surfaces etc.

Preparation & use of disinfectants

Agent Preparation Uses

Hypochlorite e.g. Domestos/Melzone, Make up daily: Add 50 milliliters of hypochlorite to 1 litre of cold water. Excellent for wiping and cleaning all materials.

Avoid prolonged exposure with metals.

Note: Hypochlorite is sensitive to light and to water quality – follow manufacturers' instructions carefully regarding storage.

4.0 STERILISATION

Disinfectants do not sterilise; they only reduce the number of microbes. All chemicals should be treated as disinfectants. They are, however, useful for treating surfaces and equipment that cannot be sterilised, e.g. work surfaces, the 'motors' or frames used in tattooing, and ear piercing guns.

The best means of avoiding cross-infection is to use sterile disposable equipment where available, in preference to other types.

4.1 Methods of sterilisation

Autoclaves are used to sterilise instruments with pressurised steam. They should be fitted with temperature/pressure gauges to enable the correct time/temperatures to be observed. Domestic pressure cookers are unsuitable for this purpose, as there is no accurate way of telling when the correct temperature/pressure has been reached. The instruments that are to be autoclaved must be scrupulously clean, as the steam has to be completely in contact with the surface of the instrument. The advantages of autoclaves are that they are quick and efficient, and that because of the comparatively lower temperature and shorter time necessary for sterilization, they are less likely to cause damage to delicate instruments. A competent person should subject autoclaves to regular inspection and preventative maintenance, and evidence of the maintenance should be kept for inspection.

Dry heat ovens can also be used to sterilise equipment. However, they are liable to damage fine needles. Dry heat is also likely to be less efficient as a method of sterilisation as there could be cold spots within the oven.

5.0 HEALTH & PERSONAL HYGIENE

5.1 Health of the skin piercer

A skin piercer must ensure that his or her own health, including personal hygiene, does not endanger in any way the health of a client.

A high standard of personal hygiene is essential. Hands must be washed before and after treating each client. All cuts and wounds must be washed and dressed with a waterproof dressing immediately.

The practitioner should wear clean, washable or disposable clothing while carrying out his or her practice. Practitioners must refrain from eating or drinking whilst engaged on a treatment. Since 01 July 2007 it is unlawful to smoke within the

workplace [Health Act 2006]. Nails must be kept short and clean. A first aid kit, the contents of which should comply with the requirements of the Health & Safety (First Aid) Regulations 1981, must be kept on the premises and should also be available for the use of clients.

A skin piercer who is suffering from an infectious disease can transmit germs to his or her client in various ways, including through breaks and punctures in the skin during treatment.

Consult your family practitioner early about any personal illness that may be of an infectious nature. Ensure that the practitioner knows that you are engaged in the business of skin piercing. Medical advice should always be sought if a cut is sustained with the apparatus being used on a client.

5.2 Health of the client

Ensure that the part of the body to be treated is clean and free of any cuts, wounds or disease. It is essential to ensure if the client has a history of Hepatitis that he or she is not currently suffering from it. In such cases, consideration should be given to not treating the client because of the high risks involved. Treatment should not be given until the client has consulted his or her GP as to any possible infective state. The areas to be pierced should be cleaned at the start of the treatment with an alcohol impregnated swab. Other cleaning agents, if used, should also have adequate disinfectant properties. Medical attention may be necessary if a treated part becomes inflamed or infected. Immediately before use, any paper or other disposable material used as a covering on a chair, seat or couch, and any towel, cloth or other article which is applied to client's skin should be clean and not have been used in connection with any other client.

6.0 TRANSMISSION OF BLOODBORNE VIRUSES THROUGH SKIN PIERCING

When a needle, razor or other similar instrument breaks a person's skin, blood, serum or small fragments of tissue will adhere to the needle or instrument used. These can then be directly transferred to the blood stream of another person, or could contaminate materials or other pieces of equipment. These contaminated materials or pieces of equipment may also transmit infection if they come into direct contact with any broken skin of the next customer. The blood or serum may not be visible but they are still capable of transmitting infection.

7.0 VIRAL INFECTIONS TRANSMITTED THROUGH SKIN PIERCING

7.1 Hepatitis B

Penetrating the skin with infected needles, razors etc spreads this through the blood system, or contact with broken skin from contaminated apparatus or surfaces. As many carriers do not show symptoms, it is essential that piercers employ a high standard of care in their practice at all times. Blood or serum does not have to be visible on the instrument or needle to transmit infection so it is essential therefore that all equipment is properly cleaned and sterilised before use. It is recommended that if you are a carrier of Hepatitis B that you cease this type of work. It is recommended that skin piercers obtain a Hepatitis B vaccination from their General Practitioner.

7.2 Hepatitis C

This is spread through blood-to-blood contact. The same precautions for prevention apply as to Hepatitis B. Hepatitis C is not a new disease; its name has changed from 'Non A and B Hepatitis' to 'Hepatitis C'.

7.3 HIV (Human Immunodeficiency Virus)

This is contracted through the blood or serum from an infected person to someone else. The risk comes, therefore, from accidental inoculation or contamination of a cut or abrasion with the blood of an infected person.

HIV is the virus responsible for causing AIDS (Acquired Immune Deficiency Syndrome). People with AIDS are especially vulnerable to infections by organisms, which do not pose a threat to those with normal immunity. Hepatitis B is a stronger virus than HIV, so the same precautions apply.

8.0 RECORD-KEEPING

It is important for practitioners of skin piercing to keep records of their clients and customers. Scrupulous records will prove valuable if there is any question of an infection linked to the premises. Records should be kept for a minimum of one year.

8.1 Information that should be recorded

- Date of procedure
- Client details including:
 - Client name
 - Home address
 - Contact telephone number
 - Date of birth
 - Any medication prescribed to the client or medical condition that could affect the procedure
- The procedure carried out
- Any notes or comments relating to the procedure

IMPORTANT

- In the case of procedures that have a lower age limit it is essential that the client's date of birth is checked with their personal documentation and a note of the check is provided on the client's record. If in doubt as to a client's age, do not carry out the procedure.

9.0 PREVENTION OF INFECTION

Cover exposed cuts and abrasions, especially on the hands, with waterproof dressings. Take care to prevent puncture wounds, cuts and abrasions from used needles, razors or glassware. If such an accident does occur, treat immediately by encouraging bleeding and by liberally washing with soap and water. Then cover the wound with a waterproof dressing and seek medical advice. Record any puncture wound or contamination of broken skin, mouth or eyes. Never use needles, equipment, instruments etc., on more than one client unless sterilized between clients. Never use unsterilised needles on any client. Gloves should be worn and changed after each client.

10.0 HEALTH AND SAFETY AT WORK

The skin piercer must comply with the provisions of the Health & Safety At Work Act 1974, which places a duty on the piercer to conduct his or her undertaking in such a way as to ensure, so far as is reasonably practicable, that persons who may be affected thereby are not exposed to risks to their health or safety. This duty extends to both clients and employees. It is by following recognised standards that this duty can be fulfilled. In connection with safety aspects particular attention is drawn to the following:

- All floors, passages and stairs shall be of sound construction and properly maintained and should be kept free from obstruction and from any substance likely to cause persons to slip. A substantial handrail must be provided to every staircase. A two-way lighting system must be provided to every staircase.
- Machinery, e.g. autoclaves, should be subjected to regular inspection and preventative maintenance where necessary. A competent person should undertake all inspections and maintenance, and evidence of maintenance, such as service records and reports, should be kept.
- All electrical installations should be in accordance with the Institute of Electrical Engineers' Regulations for the Electrical Equipment of Buildings. Both the installation and portable appliances should be subjected to regular examination. Care should be taken to keep cables as short as possible and routed in such a way as to prevent a risk of tripping.
- Accidents must be dealt with in accordance with the provisions of the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 1985. This will involve the reporting of all major accidents to employees and members of the public, and to the office of the enforcing Authority without delay – by telephone if possible, with written confirmation being made within seven days. Other injuries to employees, which result in more than three days' absence from work excluding the day of the accident, are also notifiable.
- Where five or more persons are employed, it is the duty of every employer to prepare, and as often as may be appropriate, revise a written statement of his or her general policy with respect to the health and safety of employees and the organisation, to detail arrangements, for the time being in force for carrying out that policy, and to bring the statement and any revision of it to the notice of all employees.

Micropigmentation, semi-permanent make up and temporary tattooing

Semi-permanent skin colouring is a generalisation for micropigmentation, semi-permanent makeup and temporary tattooing. The skin colouring is inserted into a person's skin without breaching the skin's outer layer (the epidermis), this effect is said to last for three to five years.

If you wish to carry out semi-permanent skin colouring you must be registered with the Council. It is illegal to carry out semi-permanent skin colouring without registering.

On receipt of an application, an inspection of the premises, facilities and equipment will be made.

Introduction

Semi – permanent skin colouring is the insertion of pigment into the dermal layer of the skin. It is used for:

- Semi-permanent /permanent make-up, such as lip and eye liner
- Body art /tattoos; and
- Medical application such as camouflaging scar tissue, re-defining cleft lip, areola (after breast surgery, pigmentation of eyebrows for alopecia sufferers and vitiligo for people who have skin pigment loss

The micro pigmentation differs from traditional tattoo inks in that typically, it consists of fine particles in a liquid suspension, as opposed to the fully dissolved inks used for traditional tattooing

The particulate nature of micro-pigmentation and the various “natural pigments” reputedly used in their manufacture are said to contribute to their semi-permanency. Various operations offering semi-permanent skin-colouring treatments claim that skin colouration will last anything from 1 to 5 years depending on skin type and level of exposure to the sun.

Guidelines For Semi-permanent skin colouring

This code of practice aims to offer guidelines to operators regarding the practice of semi-permanent skin colouring and outlines specific recommended hygiene procedures.

Sem-permanent skin-colouring should only be practised by a competent, trained and experienced person at suitable premises. The Health and Safety at Work etc Act 1974 requires employers to provide whatever information, instruction, training and supervision that is necessary to ensure, so far as is reasonably practicable, the health and safety of their employee training to ensure that they can carry out their work safely, and this may include basic first aid training and infection control guidance. At this time there remains no nationally approved UK training course for semi-permanent skin colouring, although a number of commercially run courses are available usually via equipment operators / suppliers.

Specific Guidelines

1. The Tattooing of Minors Act 1969 pre-dates the widespread use of micro-pigmentation in the UK it defines a tattoo as the insertion into the skin of any colouring material designed to leave a permanent mark, and prohibits tattooing (as per the definition) of any on Great Britain under the age of 18 years. Some companies advertise micro-pigmentation as semi-permanent, though others state that it is permanent so the applicability of this Act is dependent on the nature of the advertised procedure.

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

2. The operator shall discuss the client’s medical history and ask whether he/she has suffered from the following:
 - Heart disease / heart condition
 - Eczema
 - Psoriasis
 - Haemophilia
 - High / low blood pressure
 - Epilepsy

- Diabetes
- Seizures e.g. epilepsy
- Hepatitis A,B,C
- HIV
- Cellulites
- Autoimmune disease or other conditions or medication causing immune suppression / cancer treatments
- Allergic responses – anaesthetics, jewellery metals, plaster.

Semi-permanent skin colouring of clients with any of the above conditions is not necessarily contraindicated, such customers should consult their doctors for a certificate stating whether or not semi-permanent skin colouring is contraindicated.

A skin patch test should be carried out at least 24 hours before any treatments take place.

Other factors to be taken into consideration include:

- Natural skin tones
- Pigment colour selection
- Choice of area/s to be treated
- Photographic record of the area treated.

A consent form must be completed by the client

3. A written record shall be taken of the client's personal details e.g., name and address, medical history, dates of treatments and site of treatments. Such records must be kept on the premises named in the registration certificate, for a period of at least 3 years.
4. Both the operator and the client shall not be under the influence of drugs, alcohol or other substances.
5. All treatments must be undertaken in conditions of appropriate privacy.
6. It is strongly recommended that semi-permanent skin colouring operators are vaccinated for the Hepatitis B Virus. Immunisation should not be regarded as a replacement for good hygiene standards. Anyone handling sharps is also advised to be up to date with their tetanus immunisation.
7. There must be a first aid kit, which complies with the Health and Safety (First Aid) Regulations 1981, and the operator should be adequately trained in first aid.
8. Prior to the treatment taking place the operator shall 'surgical scrub' with a suitable bactericidal soap and hot water (nails hands and elbows) dry with clean disposable paper towels and then wear disposable examination style gloves.

A good standard of operator personal hygiene is essential in controlling the risk of infection. Cuts and grazes should be covered prior to starting treatments. The operator's nails should be clean and short.

Disposable examination style gloves should be worn during the semi-permanent colouring procedures and must be disposed of between clients. Fresh gloves must be used at the commencement of every new procedure. Latex allergies are becoming common with prolonged use of latex gloves and the use of vinyl and nitril – based glove materials will avoid sensitisation. Gloves made from acceptable alternatives to latex must be appropriately CE marked for use with biological agents up to Hazard group 2 and must meet the appropriate British Standard.

9. The operator shall wear a gown, wrap or protective clothing that is clean and washable or a clean single use apron disposed of between clients
10. The administering of local anaesthetic injections other than by a registered practitioner is an offence under the Medicines Act 1968. Lignocain – based cream/spray and Ametop gel are Pharmacy medicines (P). They can be legally used as topical anaesthetics by the purchaser.

Ethyl Chloride a (P) issue drug should be avoided at the treated site. Resulting skin damage may increase the chance of infection at the treated site.

Equipment

11. Semi-permanent skin colouring is carried out using either non-motorised or motorised devices. Non-motorised equipment is pen like, with either single or multiple needles. Needles should always be regarded as single use only, and handles should only be re-used if the manufacturer has designed them to detach from the needle for cleaning and steam sterilisation.
12. Various models may have very different configurations on how they are assembled. However, there is a basic design that is common to many of the machines available in the UK.
 - Needles should be disposable (single use only) in all cases.
 - Needle housing/cap/tube – is in direct contact with the client's skin and should be disposable (single use only) in all cases.
 - Transmission shaft 1 needle bar connects motor drive to the needle, can become heavily contaminated with used pigment and should be single use only in all cases where equipment design allows replacement.
 - Needle sleeve/barrel, may consist of more than one tubular section, plastic sections are inexpensive and many are designed to be single use only: metal versions are available for some models and can be re-used with appropriate cleaning/disinfection or cleaning/sterilisation.
 - Motor interface/protective plate part of the re-used section of the instrument, protects motor.
 - Electrical Motor.
 - Outer motor casing – a re-used section: houses the motor and cannot be fully submerged.
 - Power supply: and
 - Speed control.

13. All parts of the equipment that comes into direct contact with the needle/shaft of the needle should be single use only or capable of being thoroughly cleaned then autoclaved. (See Appendix 2)
14. The design of some equipment allows pigment and potentially infected body fluids to track back from the needle into parts of the equipment that are not disposable and not easily cleaned. 'A combined cleaning and disinfection method that allows equipment within this category to be used safely can be found in (Appendix 3)
15. All equipment (e.g. autoclaves/ultrasonic cleaners) shall be suitably maintained and inspected in accordance with the manufacturers guidelines.

Premises

16. Rooms where semi-permanent skin colouring is carried out shall be clean and capable of being kept clean
17. The floor of the treatment room shall have a smooth impervious surface.
18. A wash hand basin constantly supplied with hot and cold running water must be adequately positioned close to the area. Soap and disposable towels must be available.
19. Suitable and sufficient lighting within the room is essential.
20. The bed/couch shall have a smooth impervious surface and be kept in good repair. It should be kept clean and washed with detergent and hot water regularly.
21. Any bed/couch used in treatment shall be covered by a disposable paper sheet which is changed for each client.
22. A notice reading "No smoking and "No Eating or Drinking" shall be prominently displayed in the treatment area.
23. A copy of the registration certificate shall be displayed on the premises.
24. A copy of the bylaws shall be prominently displayed on the premises.
25. Sharps must be disposed of in an approved sharps container constructed to BS 7320/UN 3291 1990 and must be disposed of through a waste management company.

Aftercare

26. Clients shall be given verbal and written information regarding semi-permanent skin colouring.

Definitions

27. **Cleaning** - A process that physically removes contamination, including some micro-organisms, but does not necessarily destroy a significant proportion of the micro-organisms originally present. The reduction of microbial contamination cannot be defined and will depend on many factors including the efficiency of the cleaning process and the initial level of soiling present. Cleaning of equipment and work surfaces is best achieved using detergents compatible with the materials from which the equipment and work surfaces are made.
28. **Disinfection** – reduces the number of viable micro-organisms but it may not necessarily inactivate all bacteria, fungi, viruses and spores. Disinfection does not achieve the same reduction in microbial contamination levels as sterilisation and it lacks the treatment quality assurance of steam sterilisation. The effectiveness of the disinfection process will be reduced if prior cleaning has not been performed.
29. **Sterilisation** – renders an object free from viable micro-organisms including bacterial and fungal spores that may survive disinfection treatments. Use of UV light/glass bead sterilisers are not considered suitable for adequate sterilisation and should not be used.
30. **Ultrasonic** – is an efficient cleaning method and operates using a process known as cavitation. Cleaning agents are added to the bath and these are usually supplied with the equipment, or else need to be recommended for us by the equipment supplier. A cleaning effect occurs wherever equipment is in contact with the liquid, therefore it is an effective way of cleaning the smallest crevices in objects – NB Ultrasonic cleaning is not a disinfection process and items cleaned by ultrasonication must be subjected to a subsequent disinfection as appropriate. Therefore, items removed from the ultrasonic bath should be handled with care.

For further information, please contact:

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