

SKIN PENETRATION **CODE OF BEST PRACTICE**

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1. INTRODUCTION

What is a Skin Penetration Procedure?

For the purpose of the legislation, skin penetration procedures **include** any of the following procedures:

- acupuncture,
- tattooing,
- ear piercing,
- hair removal,
- any other procedure (whether medical or not) that involves skin penetration such as body piercing, hair removal using wax or electrolysis, cosmetic enhancement and semi-permanent make-up, and any beauty treatment which involves the deliberate penetration or removal of the skin.
- any other procedure prescribed by the regulations (which now includes colonic lavage);

but **does not include** a procedure carried out in the practice of registered medical practitioner, dentist, chiropractor, osteopath, dental technician, nurse, optical dispenser, optometrist, pharmacy, physiotherapist, podiatrist, psychologist. Similarly it does not include a procedure carried out by a person acting under the direction or supervision of such a professional where the procedure is carried out as part of that professional practice. These professionals have their own legislation and infection control guidelines.

Procedures carried out by **barbers and hairdressers**, and procedures where skin penetration is not intended as part of the process are **not considered to be skin penetration procedures**. They are not covered by the legislation. However, at times these professions will be required to implement infection control practices when skin is accidentally cut, punctured or penetrated. This Code of Best Practice can assist in providing this information.

Preventing Disease Transmission

Skin that is intact, without cuts, abrasions or lesions, is a natural protective barrier against infection. Penetrating the skin can introduce infective micro-organisms into the body. Infection can occur if equipment that pierces, punctures or penetrates the skin is contaminated, or can occur from direct person to person contact with blood or other body substances. The use of infection control techniques for skin penetration procedures minimises the introduction of infective micro-organisms into the body.

Unhygienic practices and procedures may affect the health of both the client and the operator. Where procedures involving skin penetration are not managed correctly, they have the potential to transmit bacterial and fungal infections, as well as viral infections such as HIV, hepatitis B and hepatitis C.

Skin infections can also occur without breaking the skin. For this reason all equipment must be cleaned between each client to eliminate the potential to spread infection. Equipment used in a procedure that does not penetrate the skin, but comes in contact with the skin can spread staphylococcal, streptococcal and pseudomonas infections, all of which are bacterial infections. Other types of skin infections can include herpes (a viral infection), ringworm or tinea (fungal infections), scabies (a form of mite infection).

Micro-organisms are everywhere; they live on skin, in food and dirt. They are easily spread between clients and operators and are easily transferred by contact with unwashed hands, soiled equipment, or contact with blood and body substances.

Micro-organisms can be present even after cleaning has removed all visible soil and stains. Cleaning can reduce the numbers of micro-organisms, however an invisible trace of blood on equipment that penetrates the skin can spread diseases such as HIV, hepatitis B and hepatitis C.

Operators must assume that all blood and other body substances are potential sources of infection. To prevent the transfer of micro-organisms, operators must perform procedures in a safe and hygienic manner that include standard infection control procedures, maintaining clean premises, appropriate reprocessing of equipment and safe work practices.

Why Have a Code of Best Practice ?

The use of this Code by skin penetration operators will help to reduce the transmission of blood borne and other infectious diseases to clients and operators. Specific infection control techniques and procedures are outlined in this document. By using these techniques it will minimise the potential to spread disease.

The 'Guidelines on Skin Penetration', is another NSW Health publication. It provides information on:

- the minimum legislative requirements for skin penetration premises, and
- the minimum legislative requirements for operators conducting skin penetration procedures and their responsibilities.

This document provides additional information on :

- the minimum hygiene requirements for skin penetration procedures, and
- best practice options.

and should be read in conjunction with the 'Guidelines on Skin Penetration'.

Individual industry information which covers specific procedures carried out by skin penetration operators and other professionals such as hairdressers and beauticians is available in fact sheets.

If you would like copies of the Public Health (Skin Penetration) Regulation 2000, the Guidelines on Skin Penetration, industry fact sheets or additional copies of this publication, they can be downloaded from the NSW Health web site on www.health.nsw.gov.au/public-health/ehb/publicatons

The Regulation can also be purchased from NSW Government Information and Sales Centres, and the Guidelines can be obtained from the Better Health Centre, Gladesville (98160452).

2. GENERAL

Best practice options should be incorporated into any skin penetration procedure to achieve the highest standard of safety.

2.1 Standard Precautions {TC \L1 "STANDARD PRECAUTIONS}

Standard precautions assume that all blood and other body substances are potential sources of infection. This approach is the most effective protective strategy for staff and clients. Standard precautions involve the use of barriers and practices to protect clients and operators from exposure to potentially infectious blood and other body substances.

2.2 Single Use Equipment

Pre-sterilised single use items are recommended for each skin penetration procedure. Using pre-sterilised single use equipment with the correct infection control techniques will ensure micro-organisms are not being transferred from person to person.

Items that are identified as single use, are not necessarily sterilised.

2.3 Hand Washing {tc \I2 "Spreading Infection}

Hand washing and hand care are the first steps in any infection control program. Cuts and abrasions on exposed skin should be covered by a waterproof dressing which should be changed as necessary and when soiled. The surface of hands and nails must be cleaned immediately before and after treatment of each client.

<p>Hands should be washed immediately before and after attending a client and before attending the next client, or if a procedure is interrupted.</p>
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To protect the operator and the client from micro-organisms, hands must be cleaned:

- . before and after treatment of each client;
- . after contact with any blood or body substance;
- . immediately prior to putting on a new pair of gloves;
- . immediately after removing gloves;
- . after touching the nose or mouth;
- . before and after smoking, eating and drinking;
- . after going to the toilet; and
- . before and after treating wounds or handling soiled wound dressings.

The following is the recommended method to clean hands:

- . wet hands;
- . use soap with warm running water;
- . rub hands vigorously;
- . wash hands all over, including backs of hands, wrists, thumbs and between fingers for 15-20 seconds;
- . rinse hands well; and
- . thoroughly dry hands with a single use paper towel.

Nailbrushes should not be used for scrubbing hands as they may damage the skin.

Where potable running water is inaccessible for washing hands, an alternative is to use a waterless alcohol based antiseptic hand cream, liquid, foam, etc.

If alcohol based hand rubs are used for cleaning hands, the cleanser must be used in the same circumstances as when hand washing is required eg: before attending a client. A sufficient quantity of cleanser must be used to allow for the entire surface of the hands, fingers and wrists to be cleaned. Hands should be allowed to air dry.

2.4 Gloves

2.4.1 Gloves for Skin Penetration Procedures

Gloves are worn as a physical barrier to protect the wearer's hands from contamination and to prevent the transmission of micro-organisms. Single use gloves must be worn at all times during a skin penetration procedure to protect both clients and operators. Single use gloves are not sterile unless labelled as such and sealed.

The use of single use gloves does not substitute, or eliminate the need for hand washing. Single use gloves must be discarded between each client or when changing activities.

All persons carrying out skin penetration must wear single use gloves during the procedure and dispose of them when finished.

Some people are allergic to latex single use gloves and the powder on these gloves. If a skin penetration operator develops a rash or skin condition it is recommended that they consult a medical doctor. Single use gloves are also made of other materials.

Sterilised gloves must be worn if direct contact with sterilised items will occur during the procedure. It is important to note that every effort should be made to avoid touching un-sterile items and surfaces while wearing sterile gloves.

2.4.2 Gloves for Cleaning

General purpose utility gloves, eg. rubber gloves, should be used for:

- . equipment cleaning;
- . decontamination procedures; and
- . handling chemicals.

General purpose utility gloves should be washed in detergent, rinsed and left inverted to dry after each use. Gloves should be inspected before each use and discarded if damaged or in a state not able to provide protection. Hands should be washed after using general purpose gloves.

2.5 Best Practice Recommendations

The following best practices are recommendations for skin penetration procedures:

Equipment set up -

- . Unopened bags of sterile equipment should be set up just prior to the procedure to ensure the skin penetration procedures can be undertaken without interruption. Interruptions increase the chance of transferring micro-organisms.
- . When sterile equipment is set up for use on a client, it should not be removed from its sterile packaging until the procedure is ready to occur.
- . All equipment set up for use on a client is assumed to be soiled after the procedure even if the equipment is not used. All equipment must be disposed, or cleaned and sterilised (if required) before re-use.

Liquids, creams and gels -

- . Any liquids or gels (eg. lotions, creams, oils and pigments) should be measured and decanted into single use containers for each client. Excess or unused liquids and gels must be discarded after completion of treatment.
- . If liquids or gels can not be decanted separately for each client, then single use applicators or spatulas are to be used, and they are not to be re-dipped.
- . If re-useable containers are used they must be cleaned and sterilised (if required) after each use.
- . Use collapsible squeeze tubes/bottles or pump packs to dispense liquids and gels.
- . Never return decanted stock to original containers.

When not to perform skin penetration -

- . Skin penetration should not be performed on persons under the age of 18 without the written consent of the parent or legal guardian. It is **illegal** under the Children (Care and Protection) Act, 1998 to **tattoo** a person under the age of 18 years without written parental or guardian consent which specifies the location on the body, and the type of tattoo;
- . Skin penetration should not be performed on persons who appear to be under the influence of drugs or alcohol;
- . It is recommended that a skin penetration procedure not be performed if the operator has a cut or wound that is not able to be covered sufficiently, and there is the likelihood of the area being exposed to blood or other body substance from the procedure.

Record Keeping -

In addition to the sterilisation records required to be kept in Section 5 (see 5.5), it is recommended that records be kept of all clients, including the date, time and details of the procedure performed. eg, female, belly pierced 1:30pm 15th June 2001. Names and addresses of clients will allow for easy follow up if required. The operator is under no obligation to ask for the clients name and address, and the client is under no obligation to provide their name or address.

Mobile operators should also record the site / location of where all procedures were performed.

Treatment of Equipment not Designed to Penetrate the Skin which is Contaminated -

- If equipment that is not designed to penetrate the skin becomes contaminated, it must be thoroughly cleaned prior to being reused. (see section 3). If the equipment is to be disinfected after cleaning, the use of thermal disinfection is recommended.
- If equipment that is designed to only come in contact with intact skin is to be disinfected, but can not be thermally disinfected it must be visibly clean and may then be wiped with a 70% alcohol wipe or swab.

After Care Information -

- The client will also need to know about infection control. All skin penetration operators should ensure that they provide their client with information regarding the after care requirements.

Knowledge of Procedures -

- All skin penetration operators should have adequate knowledge of their chosen field. This will ensure that they carry out the procedure in a safe and proper manner.
- First aid and/or other knowledge, and the application of that knowledge will assist in ensuring clients remain safe while undergoing a skin penetration procedure.

2.6 Procedure Manuals

It is recommended that all skin penetration premises have a procedure manual available for all staff. The manual should include:

hand-washing procedure;
cleaning procedures for both equipment and premises;
sterilisation procedures;
validation of the sterilisation process, inspection of packages and seals, and sterility tests;
regular review of storage facilities for sterile packs, chemicals, linen and other equipment;
handling and cleaning of linen;
needle stick injury management;
management of exposure to blood and body fluids;
waste disposal and management; and
sharps disposal and management.

2.7 Skin Preparation

Before commencing a skin penetration procedure, skin should be wiped with a suitable antiseptic and allowed to air dry. Suitable antiseptic solutions include:

- . 70% W/W ethyl alcohol;
- . 80% V/V ethyl alcohol;
- . 70% V/V isopropyl alcohol;
- . alcoholic (isopropyl and ethyl) formulations of 0.5 - 4% W/V chlorhexidine; or
- . aqueous or alcoholic formulations of povidine iodine (1% W/V available iodine).

Operators should ensure that the use-by-date on skin antiseptics has not expired. Antiseptic should not be used after their expiry date. Single use wipes are to be used on one client area and then disposed.

2.8 Clothing{tc \13 "Clothing}

A clean washable garment should be worn daily. Protective over clothes are required to be worn by all skin penetration operators and should be removed and stored in the work area before breaks for lunch, smoke, drinks and using the toilet. Clothing and protective gowns or aprons should be changed when soiled.

When an operator undertakes a colonic lavage procedures using a closed system they must wear a clean apron made of material that is water resistant such as a plastic apron. The apron must be cleaned when soiled.

2.9 Eating and Drinking{tc \13 "Smoking, Eating & Drinking}

Operators must not eat or drink while attending clients. These activities allow close contact with the mouth, transferring micro-organisms to the hand, which can then be spread to the client, and vice versa.

2.10 Animals

It is recommended that animals not be in rooms where skin penetration procedures are performed. This will prevent the soiling of the premises and the introduction of vermin. An exemption may be granted for companion animals used by the sight and/or hearing impaired.

2.11 Linen{tc \13 "Linen}

Clean linen, garments or towels should be used on each client undergoing a skin penetration procedure. Single use paper towelling or liners can be used on benches instead of linen.

Used and clean linen must be stored separately. Used linen should be removed from the treatment area once the client leaves or during the treatment if it becomes heavily soiled. It should be stored for cleaning in a suitable container. All linen including towels, capes, garments and other washable fabrics must be washed with laundry detergent and water, rinsed, dried and stored in a clean, dry, dust free location.

2.12 Smoking

In August 2000 the NSW government passed legislation that bans smoking in certain enclosed public places. The Smoke-free Environment Act 2000 states that people must not smoke in areas that are open or accessible to the public such as shopping centres and shops.

Smoking while performing a skin penetration procedure is certainly not recommended as the smoke places a film on all equipment and the ash is a ready source of dirt.

3. CLEANING

Cleaning is the physical removal of dirt from equipment surfaces by washing in detergent and warm water to reduce the number of micro-organisms.

All equipment must be cleaned before it is reused. Cleaning greatly reduces the microbial load on the dirty item. It is essential to clean before disinfection or sterilisation to remove all visible organic matter and other residue. Accumulation of organic matter, detergents or other material on the equipment can inhibit the disinfection or sterilisation process.

All surfaces must be cleaned and rinsed thoroughly and regularly. Surfaces should be cleaned immediately soiling or spills occur. Effective cleaning ensures that equipment and surfaces are clean to the naked eye and free from any residues.

3.1 Cleaning the Equipment

Cleaning involves the use of water, detergent or cleaning agent, and physical or mechanical action. The manufacturer's instructions should be checked before cleaning.

A good cleaning process includes:

- . moving equipment directly to an area set aside and designed for cleaning;
- . pulling equipment apart and disposing of all non re-useable pieces;
- . immersing the equipment in warm water and detergent to remove visible soil;
- . holding the equipment under the surface of the water and scrubbing carefully with a clean brush;
- . rinsing the equipment with warm to hot water;
- . allowing the equipment to air dry or using a clean lint free cloth; and
- . storing equipment in sealed containers or in a location that ensures it remains clean, dry and dust free.

If an ultrasonic cleaner is to be used, the items must be cleaned manually beforehand. Ultrasonic cleaners can be used to assist with cleaning jointed and serrated stainless steel instruments. Ultrasonic cleaners should be used and maintained in accordance with manufacturer's instructions and it is recommended that they be used in accordance with Australian Standard (AS) 4815:2001 - *'office-based health care facilities - cleaning, disinfection and sterilisation of re-usable medical and surgical instruments and equipment and maintenance of the associated environment'*. It is also recommended that the use of an ultrasonic cleaner comply with AS 2773:1998 - *'ultrasonic cleaners for health care facilities - benchtop and non-portable'*. An ultrasonic cleaner does not disinfect or sterilise. To clean non-immersible equipment check manufactures instructions.

Cleaning is to be carried out on all reusable equipment after it has been used

3.2 Care of Cleaning Equipment

Brushes, utility gloves and other items used to clean equipment must be maintained in a clean and serviceable condition. All cleaning items should be stored clean and dry. Damaged cleaning equipment does not clean effectively and can transfer micro-organisms to the equipment being cleaned, and to other surfaces.

Cleaning items should themselves be cleaned regularly and stored clean and dry.

4. **DISINFECTION**

Disinfection is the killing of disease causing micro-organisms except bacterial spores.

All equipment must be cleaned prior to disinfection. Disinfection will reduce the microbial load on equipment and surfaces even further but it will not remove all of them. For that reason, all equipment that penetrates the skin must be sterilised and not just disinfected.

Disinfection can be used as an optional best practice technique to help remove micro-organisms. Disinfection will not be effective unless the equipment has been thoroughly cleaned to remove dirt.

Disinfection is not a substitute for cleaning or sterilisation

4.1 **Methods of Disinfection**

Disinfection can be achieved by either thermal or chemical methods. Thermal disinfection is the recommended method of disinfection. The manufacturer's instructions should be checked for compatibility of the equipment with the method of disinfection.

Thermal disinfection is the use of heat and water to kill micro-organisms. It is thought to be the best form of disinfection and it is the recommended method for disinfection of equipment. Effective thermal disinfection temperatures and times are outlined in Australian Standard (AS) 4815:2001 - '*office-based health care facilities - cleaning, disinfection and sterilisation of re-usable medical and surgical instruments and equipment and maintenance of the associated environment*'.

The ability of a **chemical disinfectant** to work properly will depend on:

- The equipment being cleaned adequately (ie: the amount of dirt present and the number of micro-organisms present)
- Contact time (how long the equipment is in contact with the chemical)
- Temperature (a warmer temperature assist disinfection)
- PH (some chemicals should be used under either acid, alkaline or neutral conditions)
- chemical concentration (the manufacturer will recommend an optimal strength)

A disinfectant is not effective against micro-organisms if it can not reach them.

Where a chemical disinfectant is used, equipment needs to be thoroughly rinsed after cleaning with soap/detergent and water, as the residue can also render disinfectants less effective. Drying the equipment after rinsing is also required so the chemical disinfectant is not diluted.

Equipment that has been disinfected should be used immediately after processing, or if it does not penetrate the skin or come in contact with blood or other body substances it can be stored in a clean, dry, dust free environment.

Some disinfectants may be harmful to human health. Always check the manufacturer's "Material Safety Data Sheet" (MSDS) prior to using a chemical disinfectant and always follow manufacturer's instructions for storage, handling, dilution and contact times required.

It is recommended that chemical disinfectants used should be listed in the Australian Register of Therapeutic Goods (ARTG). A chemical disinfectant on the ARTG will have a 'registration certificate' issued by the Therapeutic Goods Administration.

Equipment should not be soaked in solutions of chemical disinfectants, unless specified by the manufacturer's instructions. Chemical disinfectants can have limited contact times and may become ineffective if left for long periods. The more items immersed in the disinfectant the less effective it will be. Fresh disinfectant should be prepared each time items are to be disinfected. The disinfectant should be discarded after use.

Hairdressers should not leave combs, brushes or other items in chemical disinfectant solutions for longer than the recommended time. Dry the equipment prior to storing it in a clean dry place ready for re-use.

5. **STERILISATION**

Sterilisation is the killing of all micro-organisms including spores

{tc \12 "Sterilisation}

All equipment used to penetrate the skin must be sterilised. Equipment can be either pre-sterilised single use or where equipment is reused it must be cleaned and sterilised.

All staff should be trained in the correct use of sterilisation equipment and the correct sterilisation procedures.

Once a sterilised item has come in contact with something that is not sterile, it also becomes un-sterile. That part of the equipment which is used to penetrate the skin, must not become contaminated by touching something that is not sterile.

The recommended method for sterilisation of equipment is autoclaving. The equipment to be sterilised needs to be checked to determine if it can be processed in an autoclave. Benchtop autoclaves must meet the requirements of AS 2182 - 'Sterilisers - steam - benchtop' and are recommended to be operated in accordance with AS 4815:2001 - '*office-based health care facilities - cleaning, disinfection and sterilisation of reusable medical and surgical instruments and equipment and maintenance of the associated environment*'. These Standards outline the materials, design and construction, operating cycle, and testing of autoclaves, and their operating requirements.

5.1 Loading and Packaging of Equipment

Autoclaves must be loaded correctly ensuring that any baskets or trays allow a free passage of steam, minimise condensation on equipment and can be readily removable. The time, temperature, and pressure of the unit must meet the requirements of AS 4815:2001 - '*office-based health care facilities - cleaning, disinfection and sterilisation of reusable medical and surgical instruments and equipment and maintenance of the associated environment*'. Autoclaves should be fitted with physical monitors so these requirements can be checked.

Equipment must be packed and wrapped according to the mode of sterilisation (steam /dry). Correctly packaging equipment will permit aseptic removal from the steriliser and will ensure its sterility once removed from the steriliser. Equipment and packing material should be dry when removed from an autoclave. The packaging must still be in tact at the end of processing to ensure the equipment is sterile.

5.2 Testing

An autoclave should be tested, serviced regularly and calibrated at least once a year by a qualified service technician. Biological indicators (bacterial spores) should be used to check the sterilising power of the unit. A number of calibrated bacterial spore tests are available commercially for this purpose.

Sterilisation depends on the following factors:

- . temperature - the correct temperature shall be maintained for the specified time;
- . cleanliness - the equipment must be clean to enable sterilisation;
- . circulation - the chamber must be designed to allow steam to circulate around the equipment.

Details of the servicing and calibration of an autoclave should always be documented to show that the equipment is in good working order and is capable of achieving sterilisation.

THE FOLLOWING METHODS DO NOT STERILISE EQUIPMENT AND MUST NOT BE USED: boiling, pasteurisation, wiping or soaking with disinfectant, exposure to ultraviolet light, pressure cookers, ultrasonic cleaners, dishwashers and microwave ovens.

5.3 Autoclave Sterilisation

The operator / manager should do the following:

- . train and instruct all people responsible for operating the autoclave in its correct use;
- . display instructions on how to package equipment to be autoclaved;
- . display operating instructions for the autoclave next to the machine;
- . ensure the autoclave is used in accordance with the manufacturer's instructions;
- . ensure the autoclave is operating properly by checking the correct temperature, pressure and holding times are achieved and by using chemical and biological indicators;
- . keep any record or print out from the autoclave (all new autoclaves should have print out facilities): and
- . ensure that a qualified service technician services the autoclave regularly. Keep service records on site.

For the recommended time, temperature and pressure for sterilisation using an autoclave see Australian Standard (AS) 4815:2001 - *'office-based health care facilities - cleaning, disinfection and sterilisation of re-usable medical and surgical instruments and equipment and maintenance of the associated environment'*.

5.4 Dry Heat Sterilisation

Another sterilisation option is dry heat sterilisation. This process is carried out in a dry heat steriliser. Temperatures and holding times for dry heat sterilisation are higher than for autoclaves. Manufacturer's instructions for effective and safe use of the steriliser must be followed. Instruments and equipment should be maintained in a dry heat steriliser in accordance with Australian Standard (AS) 4815:2001 - *'office-based health care facilities - cleaning, disinfection and sterilisation of re-usable medical and surgical instruments and equipment and maintenance of the associated environment'*.

5.5 Record Keeping of Sterilisation

When sterilising a piece of equipment for a skin penetration procedure, documentation of the process **must** be recorded. Where an autoclave is used to sterilise equipment on site the following information must be recorded at the completion of each batch processed:

- time and date;
- the length of time held at maximum pressure and temperature;
- maximum pressure and temperature achieved.

It is recommended that any faults with the cycle be noted and recorded and those items be processed again. The autoclave may also need servicing or calibrating.

It is recommended that the following information also be recorded when sterilising equipment off site :

- faults with cycle (if any);
- the location of premises where sterilisation was completed;
- number of items processed;
- method of sterilisation used; and
- the operator who performed the sterilisation.

This does not apply to equipment that is purchased pre-sterilised.

5.6 Transportation of Sterilised Equipment

All sterilised equipment must be transported in a manner that ensures the sterile items remain sterile. Any items with damaged packaging or that have become damp or moist must be re-sterilised or discarded. All sterile equipment must be used immediately on removal from its packaging or it must be re-sterilised prior to use.

6. **WASTE DISPOSAL**{tc \l1 "Waste Disposal}

6.1 **Disposal of Sharps and other Clinical Waste**{tc \l2 "Disposal of Sharps}

Sharps waste (eg. needles) and clinical waste (eg. bulk body fluids and blood, disposable material and equipment heavily soiled with or containing blood) is classified as “Hazardous Waste” under the Protection of the Environment Operations Act 1997.

Businesses generating this waste need to know the storage, transport and disposal requirements for this waste. These requirements are contained in clause 16(2) of the Protection of the Environment Operations (Waste) Regulation 1996. Information about this legislation can be obtained from EPA, local councils, or Public Health Units. For sharps and clinical waste collection and disposal contact a waste transporter and a treatment facility licensed by the EPA.

Disposal of sharps into the general waste stream is dangerous and illegal.

Sharps should be placed into a sharps container immediately after use. A yellow Australian Standards approved sharps container which is identified by the AS mark of approval can be used for disposal of sharps. Containers used for the disposal of sharps must be puncture resistant, waterproof and leak proof, have an opening wide enough to allow sharps to be dropped into the container by a single hand action, be clearly labelled with black lettering on yellow background with the 'biohazard' symbol printed on the container, never be overfilled and be securely sealed with a lid before disposal. The container must comply with the requirements of AS 4261:1994 - '*reusable container for the collection of sharp items used in human and animal medical applications*' if they are reusable or AS 4031:1992 - '*non-reusable containers for the collection of sharp medical items used in health care areas*' if the containers are non-reusable.

Operators should:

- Ensure that there is an accessible sharps container for the disposal of sharps as close as practical to the point of generation.
- Immediately dispose of sharps as it protects operators, staff and clients from potential injury.
- Ensure that the sharps container is not accessible to visitors, particularly children.
- Ensure sharps containers are not overfilled.
- Ensure containers are sealed and stored for disposal.
- Ensure that sharps are not forced into the sharps containers.
- Not resheath used needles prior to disposal.
- Not remove sharps once placed into a sharps container.

Care must be taken during the disposal of sharps to prevent the potential for transmission of blood-borne diseases by needle stick injury.

6.2 Record Keeping

Records of hazardous waste disposal must be kept for three years on the business premises where it was generated. Records including the generation, storage, treatment or disposal of the waste is required.

6.3 Disposal of General Waste{tc \12 "Disposal of Wastes}

General waste should be placed in plastic lined receptacles at the site of generation. Waste bags and containers should not be overfilled as this prevents closure and increases the risk of rupture. Waste bags must be tied or sealed and left in a secure container for collection. General waste should be removed from the work area daily.

7. BASIC REQUIREMENTS FOR PREMISES

7.1 Work Area **{tc \l3 "Work area}**

A work area incorporates the treatment area and includes any workbenches, sinks and other structural items necessary to carry out the skin penetration operation. It is recommended that all work area surfaces be finished in materials in accordance with local council building requirements.

For ease of cleaning, it is recommended that the surfaces within work areas be finished with materials that are rigid, smooth and impervious. Construction should be free from open joints, gaps, cracks, and crevices and kept in good repair.

The work area must be maintained in a clean and hygienic state. For ease of operation the work area should have adequate lighting and should be designed for easy access to equipment.

It is recommended that the procedure or treatment area be separate from the cleaning and waste storage areas. Equipment for cleaning should be moved to the cleaning area immediately after completing a procedure. The storage area should only contain cleaned and processed equipment.

All skin penetration premises must have potable running water available for use.

7.2 Hand Basins{tc \l3 "Handbasins}

A separate hand basin, with running hot and cold water that can be mixed so the temperature reaches a minimum of 40°C must be available. The basin must be supplied with soap or some other suitable hand wash substance, and single use paper towels, single use towelling or hand dryer.

The location of the hand wash basin should be such that it does not provide an opportunity to re-contaminate clean hands through contact with items such as doors, curtains, and the like. It is recommended that the hand wash basin be located within the procedure area.

<p><i>Hand basins are in addition to and separate from sinks</i></p>

7.3 S{tc \l3 "Sinks}inks

A cleaning sink supplied with hot and cold water that is capable of reaching a minimum temperature of 40°C is required to be located within the premises for the purpose of cleaning equipment. This sink is in addition to the hand wash basin. Sinks should be deep enough to allow equipment to be scrubbed under water.

7.4 Chemical Storage{tc \I2 "Chemical Storage}

The storage and handling of bulk chemicals is controlled under the Dangerous Goods Act 1975. Operators should consult with Workcover Authority for detailed requirements. Material Safety Data Sheets for chemicals used within the premises should be made available to all staff.

It is recommended that all chemicals used on the premises should be stored:

- . in a cool, dry and well ventilated place; and
- . out of reach of visitors, especially children; and
- . preferably in a locked room or cabinet; and
- . in such a way that liquids are not stored over solids in case of dip or spillage causing violent chemical reactions; and
- . in their original containers; and
- . at or near ground level to minimise the possibility of chemicals being accidentally dropped or spilled.

Chemicals must **not** be stored in diluted forms and must not be returned to their original containers after use.

7.5 Provision of Toilets

The provision of a toilet that is available for use by clients is advisable for all businesses.

All toilets and wastewater collection facilities must be connected to the sewer in accordance with the local Authorities requirements.

8. MOBILE OPERATORS {TC \L2 "MOBILE OPERATORS}

Anyone who carries out skin penetration procedures away from fixed premises must comply with the Public Health (Skin Penetration) Regulations 2000. All mobile operators need to be registered with their base local council. Operators who move between local council areas, must notify each individual local council of their business location and when they will be commencing.

A mobile operator must inform the local council in whose area they will be performing their procedures, of the following prior to operation:

- . the procedures to be carried out;
- . the length of time at the site;
- . the location;
- . where waste will be disposed; and
- . show the current approval given by home/base local council.

Mobile facilities should receive an initial inspection from the base local council to ensure compliance with the regulation and for structural, equipment, infection control and hygiene requirements. An additional inspection can be provided by the local council at each site, prior to operation if warranted. Mobile operators must have facilities to adequately store all clean and used equipment, linen and waste products safely in separate containers before and after use and while in transit.

All facilities must be connected to the sewer or have a wastewater storage tank suitable for the reception of all liquid wastes arising from the premises. Wastewater storage tanks must be discharged to the sewer and not to the stormwater.

Mobile operators should have direct access to hand washing facilities with soap, paper towel and hot and cold running water provided preferably through a single spout.

Alternatively, waterless alcohol-based antiseptic hand gels, foams, or liquids can be used by mobile operators only where it is physically impossible to have hand washing facilities with running water. Hands must still be cleaned using waterless alcohol based hand cleanser between each client. If hands are visibly soiled they must be washed with running water and soap.

Skin penetration procedures should not be carried out at shows, outdoor events and conventions unless the legislation can be complied with and local council approval is obtained.

The preparation of procedure packs with sufficient equipment for each client will assist operators in complying with the Guidelines and these best practice recommendations. There must be adequate sterile equipment for all clients undergoing skin penetration procedures.

The treatment area for mobile establishments must be maintained in a clean condition at all times. The mobile facility must not be used for food preparation, accommodation or any other purpose.

If the mobile facility does not have an autoclave, then single use pre-sterilised equipment is recommended for all skin penetration procedures. All equipment not used to penetrate the skin must be cleaned before use on each client.

9. HEALTH AND SAFETY IN THE WORKPLACE {TC \L1 "HEALTH AND SAFETY IN THE WORKPLACE}

The *Occupational Health and Safety Act 2000* is administered by Workcover Authority. Employers have a duty of care to provide a safe and healthy working environment for all employees. Employees also have a duty of care to take reasonable care for the health and safety of others in the workplace.

Some of the issues that should be addressed in terms of occupational health and safety (OH and S) include:

- . a comprehensive OH and S plan;
- . a workplace that is safe to work in, with working procedures that are safe to use;
- . adequate staff training including topics such as safe work procedures, infection control procedures and hygiene;
- . properly maintained facilities and equipment, including the provision of sharps containers, personal protective equipment such as gloves, eye protection;
- . a clean and suitable work place with safe storage of goods such as chemicals; and
- . the provision of information, instruction, training and supervision of employers necessary to ensure the health and safety of employees at work; and
- . a first aid kit and instruction book.

Employers can offer employees and contractors performing skin penetration procedures, immunisation against hepatitis B and should also consider tetanus. A doctor should be consulted regarding any immunisation or other health concerns.

9.1 Management of exposure to blood{tc \l2 "Management of exposure to blood} and body substances

All workplaces should have a procedure for the management of exposure to blood and body substances. Staff should be referred to either a general practitioner or the nearest hospital for assessment of their injury.

Employers should establish links with a medical service. A list of medical contact persons should be displayed in the OH and S plan.

After exposure to blood or other body substances the worker should:

- . wash the exposed area with liquid soap and water where the exposure does not involve a cut or puncture;
- . encourage bleeding if the exposure involves a cut or puncture, then wash with liquid soap and water;
- . if eyes are splashed rinse them gently but thoroughly with water or normal saline while they are open;
- . if blood or other body substances get in the mouth, spit it out and then rinse the mouth with water several times;
- . if clothing is soiled remove clothing and shower if necessary;
- . report the incident immediately to manager or employer; and
- . seek medical advice as soon as possible.

A needle stick injury in the workplace must be reported to Workcover Authority. The manager should review exposures and accidents and take steps to reduce the chance of a

similar event occurring. A medical doctor should be consulted should anyone receive a needle stick injury.

9.2 Bleeding and spills

The following are recommended steps for a business operator to follow should a client or member of staff *accidentally* get cut during a procedure:

- . put on clean disposable gloves (if not already wearing them);
- . place a clean dressing on the wound and apply pressure to stop the bleeding;
- . place soiled disposable sharp equipment into a sharps container or place soiled sharps in a location for cleaning;
- . dispose of soiled dressings into the clinical waste bin;
- . place soiled, re-useable equipment into a labelled container (eg. "soiled equipment");
- . soiled equipment should be cleaned as soon as possible;
- . clean the work area surfaces, ie. benches, chairs, or floors that have become soiled with blood or other body substances, as soon as possible with water and detergent having first removed all visible blood using a disposable cloth;
- . dispose of cloths used for wiping up blood into the clinical waste bin; and
- . remove and dispose of gloves, and wash and dry hands thoroughly.

9.3 Blood spills

Blood spills should be attended to immediately. When managing blood spills:

- gloves should be worn;
- absorbent material, such as paper towel should be used and disposed of immediately; and
- the area should then be cleaned with warm water and detergent.

All cleaning equipment should be clean at all times. Should the cleaning equipment become soiled and unable to be re-used without contaminating the area it should be discarded.

References:

NSW Health; "Skin Penetration Guidelines, 1999"

NSW Health; "Infection Control Policy 99/87"

NHMRC; "Infection Control in Health Care Settings - April 1996"

10. GLOSSARY

Acquired Immune Deficiency Syndrome (AIDS) - AIDS is a condition where the body's immune system loses its ability to fight off infection and becomes vulnerable to opportunistic infections and certain cancers as a result of infection with HIV.

Acupuncture - Acupuncture is the practice of inserting sterile needles into very specific parts of the body to treat disease or relieve pain.

Applicator - An applicator can be a spatula or similar device, for spreading creams, gels, lotions, wax and the like onto the skin surface.

AS (Australian Standard) - A standard is a published document which sets out technical specifications or other criteria necessary to ensure that a material or method will consistently do the job it is intended to do.

Autoclave - An autoclave is a device that uses temperature, pressure and moisture to sterilise equipment.

Bacteria - Bacteria is a single celled organism that is capable of causing disease, and has the potential to multiply on any surface including the skin with the right conditions.

Body piercing - Body piercing involves the puncturing or penetrating of the skin for the purpose of inserting pre-sterilised jewellery or other adornments in the opening.

Body substance - Includes any human bodily secretion or substance other than blood.

Cleaning - The physical removal of dirt, blood and other such substances from surfaces by washing in detergent and warm water to reduce the number of micro-organisms.

Colonic lavage (open) - Colonic lavage using an open system involves the introduction of purified water into the colon for the purpose of cleansing it. Water enters the colon via gravity through a thin tube. Waste water and waste products are then drained naturally and directly into a toilet.

Colonic lavage (closed) or colon hydrotherapy - Colonic lavage using a closed system is the introduction of purified water into the colon for the purpose of cleansing it. Water enters the colon through a tube under pressure. Waste water and waste products are then removed via the same tube under negative pressure directly into a toilet.

Cross contamination - Cross contamination is the transfer of micro-organisms from a dirty item or surface to an item or surface which is clean.

Dermal infection - Dermal infection is an infection of the skin that can be caused by bacteria, fungus or virus.

Detergent - Detergent is a substance that enhances the cleansing action of water or other liquid.

Disinfection - Disinfection is the killing of disease causing micro-organisms except bacterial spores.

Ear piercing - Ear piercing involves the puncturing of the outer perimeter or lobe of the ear using sterilised equipment and the insertion of sterilised jewellery into the opening.

Electrolysis - Electrolysis involves the insertion of a sterilised needle into the individual hair follicles to the root. An electric impulse is passed through the needle to the root area to aid in the removal of hair.

Equipment - Equipment can include any article, instrument, item, or material that is used to penetrate the skin or assist with a skin penetration procedure.

Fungi - Fungi is classified as a uni or multi cellular micro-organisms that require organic matter to live. Can cause disease both through skin contact and skin penetration and may produce toxins. Fungi may infect the skin, hair, hair shafts, and nails.

Hepatitis A - Hepatitis A is a form of viral hepatitis that can be transferred from person to person via the 'faecal-oral' route. It is normally contracted because of poor personal hygiene, or can be contracted through contaminated food or water.

Hepatitis B - Hepatitis B is a form of viral hepatitis that can be transferred from person to person by blood or body substances. The disease results in acute and chronic hepatitis, cirrhosis of the liver or cancer of the liver. There is a vaccine available for hepatitis B.

Hepatitis C - Hepatitis C is a form of viral hepatitis that can be transferred from person to person by blood or body substances. The disease results in acute and chronic hepatitis, cirrhosis of the liver or cancer of the liver. There is no vaccine at this time for hepatitis C.

Human Immuno –deficiency Virus (HIV) - HIV is the blood borne virus that causes AIDS. This virus attacks white blood cells that are a vital part of the body's immune system. There is no vaccine for HIV. HIV can be transmitted through infected blood and other body substances.

Infection - An infection is the entry of micro-organisms into the body resulting in disease.

Infection control - Infection control is a process that minimises the risk of spreading infection while performing procedures on clients.

Jewellery - It is recommended that all jewellery to be inserted into a piercing should be made of surgical implant grade stainless steel, solid 14k or 18k white or yellow gold, niobium, titanium, platinum, or a dense low-porosity plastic. It must be sterile, free of nicks, scratches and irregular surfaces.

Micro – organisms - Micro-organisms are tiny forms of life which can be bacterial, viral, or fungal that may be capable of causing infection or disease.

Operator - An operator is a person who carries out any skin penetration procedure.

Sanitation - Sanitation is the development and establishment of environmental conditions that are favourable to the health of the public. Sanitation means hygienic not sterile.

Sharps - A sharp can be any object or device that is designed to cut or penetrate the skin, including needles and razors.

Skin antiseptic - A skin antiseptic is a chemical applied to the skin to reduce the number of micro-organisms.

Skin penetration - Skin penetration is a process where skin or any other fleshy part of the body is pierced, cut, punctured, torn, or penetrated which causes bleeding or the surfacing or exposure of any other body substances.

Standard precaution - A standard precaution is the use of protective barriers to minimise the risk of exposure to potentially infectious blood or other body substances.

Sterilisation - Sterilisation is the killing of all micro-organisms including bacterial spores.

Tattooing / cosmetic enhancement - Tattooing or cosmetic enhancement involves the puncturing of the skin with a needle to introduce coloured pigment leaving a permanent /semi permanent mark or design.

Virus - A virus is a microscopic organism that only multiples in living cells and can cause disease.