The Royal Environmental Health Institute of Scotland

THE CIVIC GOVERNMENT (SCOTLAND) ACT 1982 (LICENSING OF SKIN PIERCING AND TATTOOING) ORDER 2006 (AS AMENDED)

LOCAL AUTHORITY IMPLEMENTATION GUIDE

Version 2.0

Scottish Licensing of Skin Piercing and Tattooing Working Group

(a subgroup of the REHIS Health and Safety Co-ordinating Group, HASCOG)

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Table of Contents **PAGE**

CHAPTER 1 Introduction and Overview of the Order …… 1

CHAPTER 2 Procedures Covered by the Order …….. 2

CHAPTER 3 Persons Covered by the Order …… 7

3.1 Persons or Premises – Licensing Requirements ……. 7

3.2 Excluded Persons ……. 9

3.2.1 Regulated Healthcare Professionals ……. 9

3.2.2 Charities Offering Services Free-of-Charge ……. 10

CHAPTER 4 Requirements of the Order – Premises …… 10

4.1 General State of Repair …….. 10

4.2 Physical Layout of Premises …….. 10

4.3 Requirements of Waiting Area …… 11

4.4 Requirements of the Treatment Room …… 12

CHAPTER 5 Requirements of the Order – Operator and Equipment …… 15

5.1 The Operator ……. 15

5.1.1 Cleanliness and Clothing ……. 16

5.1.2 Conduct …….. 17

5.1.3 Training …….. 17

5.2 Equipment …… 18

5.2.1 Skin Preparation Equipment …….. 19

5.2.2 Anaesthetics …… 20

5.2.3 Needles …… 23

5.2.4 Body Piercing Jewellery …… 23
5.2.5 Tattoo Inks …….. 25
5.2.6 General Stock Requirements …….. 26
CHAPTER 6 Requirements of the Order – Client Information ……. 27
6.1 Collection of Information on Client …….. 27
6.1.1 Age …… 27
6.1.2 Medical History …… 28
6.1.3 Consent Forms …… 28
6.2 Provision of Information to Client …… 29
CHAPTER 7 Requirements of the Order – Peripatetic Operators …….. 30
CHAPTER 8 Requirements of the Order – Ear Piercing …….. 31
8.1 Collection of Information on Client …….. 33
8.1.1 Age …….. 33
8.1.2 Medical History …….. 33
8.1.3 Consent Forms …….. 34
8.2 Requirements of the Premises …… 34
CHAPTER 9 Requirements of the Order – Acupuncture …….. 36
CHAPTER 10 Cleaning, Disinfection and Sterilisation …….. 37
10.1 Definitions …….. 37
10.2 Requirements for Equipment …….. 38
10.3 Cleaning …… 38
10.4 Disinfection …… 40
10.5 Sterilisation …… 40
10.5.1 Standard Steam Autoclaves (Passive Air Removal) ……. 42
10.5.2 Pre-Sterilisation Vacuum Steam Autoclaves …….. 42
10.5.3 Storage and Sterility of Items Following Sterilisation ……. 43
10.5.4 Maintenance and Operation of Autoclaves …… 44
10.5.5 Indicators …….. 45
10.5.6 Legislation …… 46
CHAPTER 11 Additional Sources of Information …….. 47
APPENDIX 1 Example of Advice Notices for Tattooing/Piercing Premises … 48
APPENDIX 2 Examples of Consent Forms ……..…….. 51
APPENDIX 3 Examples of Aftercare Advice …… 55
APPENDIX 4 Standard Protocol for Operation of Ultrasonic Baths …… 61

CHAPTER 1: INTRODUCTION AND OVERVIEW OF THE ORDER

The Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006 (hereafter referred to as "the Order") came into force in Scotland on 1st April 2006 and gives Local Authorities the power to license individuals who carry out skin piercing or tattooing activities as a business. The Order lays out a number of requirements in relation to key issues aimed at reducing, if not removing, risks to public health from these practices.

This information provided within this guidance is intended to assist Local Authorities in implementing the Order and provides information on best practice as well as specific requirements of the Order. This document is intended to complement the Order and should be used by officers in conjunction with both the Order itself and the National Licence Conditions produced by the Scottish Licensing of Skin Piercing and Tattooing Working Group. Where recommendations exist within these documents that are not laid out in the Order itself, decisions may be made at a local level on the adequacy of compliance by a practitioner. However, best practice should always be recommended. Additional sources of information covering some aspects of the Order, which are complementary to these documents, are also referred to within this guidance.

In summary, the information that should be used by authorities in considering licensing requests is as follows:

The Order – all requirements laid out within the Order must be met by operators.

National Conditions – can be adopted by authorities at a local level.

Implementation Guide – provides best practice information to assist officers in making decisions at a local level (this document).

Additional guidance and legislation to which reference is made within this document.

CHAPTER 2: PROCEDURES COVERED BY THE ORDER

The Order is very specific in the range of activities that it aims to control:

- cosmetic body piercing
- acupuncture
- electrolysis
- tattooing

Definitions provided within the Order itself are very precise but the key issues from those definitions are as follows:

- *cosmetic body piercing* is defined as “the perforation of the skin and underlying tissue in order to create a tunnel in the skin through which jewellery may be inserted”
    - this definition is broad enough to ensure that piercing of all sites of the body are covered by the Order (except those in contravention of the Prohibition of Female Circumcision Act 1985)
    - N.B. The Order however does distinguish between piercing the lobe/cartilage area of the ear using a dedicated ear piercing system and piercing all other parts of the body. Guidance on the requirements for ear piercing using a dedicated system can be found in Chapter 8 of this document.
- *tattooing* is defined as “the insertion into the skin of any colouring material designed to leave a semi-permanent or permanent mark including micropigmentation”
    - this definition ensures that procedures such as cosmetic tattooing, e.g. eyebrow or lip lining and other advertised “temptoo” micropigmentation procedures are captured by the Order
- *electrolysis* is defined as “the removal of body hair by electrocution of the hair roots with an electrified needle”
- *acupuncture* is defined as “the insertion of needles into living tissue for remedial or therapeutic purposes”

Table 1 provides descriptions of skin piercing, beauty treatments and other body modification procedures and indicates those procedures covered by the Order. For those procedures not covered by the Order, notes and links to existing information sources are provided in order to assist officers in dealing with procedures of that type.

TABLE 1 – DESCRIPTION OF PROCEDURES COVERD/NOT COVERED BY THE ORDER

Procedure	Description	Covered?	Notes
Acupuncture	Insertion of needles into living tissue for remedial or therapeutic purposes	✓	
Beading	Insertion of beads under skin to create 3-dimensional effect	✗	Could be classed as physical assault and would require police investigation on case-by-case basis
Bio skin jetting	Injection of skin below wrinkles to promote formation of new tissue containing young collagen and elastic fibres which fill out the wrinkle	✗	
Botox	Injection of *Clostridium botulinum* toxin through the skin and into specific muscles to fill out frown lines	✗	Botox not currently licensed for cosmetic use in UK – requires prescription from medical operator
Braiding	Form of scarification which involves cutting strips of skin, leaving one end attached, braiding adjacent strips and re-attaching the ends of the strips to skin	✗	Could be classed as physical assault and would require police investigation on case-by-case basis
Branding	Form of scarification in which hot metal is used to burn the skin and scar in a desired design	✗	Could be classed as physical assault and would require police investigation on case-by-case basis
Chiropody	Treatment of problems associated with the feet and lower limbs	✗	CIEH / Barbour provides best practice guidance on this procedure
Collagen Injections	Injection of collagen under creased or sunken areas of the face to plump up and reduce their appearance	✗	
Colon Hydrotherapy	Use of warm water, introduced into the colon via the rectum, to disperse stored waste	✗	CIEH / Barbour provides best practice guidance on this procedure

TABLE 1 *cntd* – Description of procedures covered/not covered by the Order

Procedure	Description	Covered?	Notes
Cutting	A form of scarification which involves cutting or slitting the skin to leave permanent scarring	✗	Could be classed as physical assault and would require police investigation on case-by-case basis
Dermal Punches	Surgical instruments used for body modifications and large gauge piercings	✓	Normally large gauge piercings in the cartilage or other part of the body
Derma Roller Skin treatment	Treatment by rolling discs over the skin which has a large number of fine needles	✗	Designed to penetrate the skin to varying degrees and to micro penetrate and disrupt underlying tissue many times as they are applied
Ear Piercing	Piercing of the ear which could include lobe, upper cartilage, tragus, conch or rook	✓	Order requirements differ for piercing of different parts of the ear using different techniques
Earlobe Stretching	Gradual enlargement of an earlobe piercing. Tissue is stretched, micro-tears are formed which are then allowed to heal before further stretching takes place.	✓	Can be carried out on piercings at other sites of the body but earlobes are most common
Electrolysis	Removal of body hair by electrocution of the hair roots with an electrified needle	✓	
Eyebrow Piercing	Insertion of jewellery through the eyebrow	✓	Caution required to avoid nerves just below the eyebrow
Genital Piercing	Piercing of the clitoral hood, labia, triangle or fochette (females) or glans, foreskin, scrotum or urethra (males)	✓	Some female piercings may be in contravention of the Prohibition of Female Circumcision Act 1985

TABLE 1 *cntd* – Description of procedures covered/not covered by the Order

Procedure	Description	Covered?	Notes
Hijama Cupping	A complementary therapy and involves cutting of the skin and drawing blood with suction cups	✗	An ancient faith based practice that involves bloodletting
Implants	Insertion of 3-dimensional objects under skin to create raised effect	✗	Could be classed as physical assault and would require police investigation on case-by-case basis
Lip Piercing	Piercing of upper or lower lip area	✓	Piercing of the coloured part of the lips is not recommended
Microblading	A semi-permanent cosmetic tattooing technique of enhancing the eye brows by using fine needle blades to hand draw individual hairs and implanting pigment into the micro cuts. Lasts approximately 12 months.	✓	Pigment implanted in the basal membrane – technique more superficial than tattooing
Micro-Dermal Implants	Insertion of an anchor or transdermal implant with jewellery attached	✓	Composing of two components, an anchor and a step protruding from the surface of the surrounding skin
Micro-pigmentation	Insertion of semi-permanent dye or pigment into the dermis of the skin	✓	
Navel Piercing	Piercing of either the skin surrounding the navel or the umbilicus	✓	
Nose Piercing	Piercing either through the septum or nostril	✓	Nose piercing cannot be carried out using dedicated ear piercing guns

TABLE 1 *cntd* – Description of procedures covered/not covered by the Order

Procedure	Description	Covered?	Notes
Scalpelling of Ear Lobes	A form of body art similar to piercing for the creation of decorative perforations through the ear-lobe	✓	Scalpel used to cut a slit in the skin. Unlike dermal punching where skin is not removed
Scarification	Cutting and peeling of the skin to create permanent scarring	✗	Could be classed as physical assault and would require police investigation on case-by-case basis
Stapling	Insertion of metal staples into the skin	✗	Could be classed as physical assault and would require police investigation on case-by-case basis
Surface Piercing	Piercing of flat surface skin, typically on the neck or forearms	✓	Very often rejected by the body – particularly in areas where skin is tight across piercing
Tattooing	Insertion of permanent dye or pigment underneath the epidermis of the skin	✓	Definition used within the Order covers both permanent and semi-permanent tattooing (micropigmentation)
Tongue Piercing	Piercing of the central area of the tongue	✓	Caution is required to avoid major blood vessels
Tongue Splitting	Tongue is split centrally from the tip to the centre of the tongue	✗	Also known as bifurcation or forking

CHAPTER 3: PERSONS COVERED BY THE ORDER

The Order applies to all individuals carrying out a business and offering the procedures identified in Section 2.

3.1. Person or Premises – Licensing Requirements

A licence will be required by businesses or self-employed individuals operating either independently within premises or in a peripatetic manner. In order to clarify the requirements for a range of potential circumstances that may arise, Table 2 provides examples for illustration.

TABLE 2 - Licence Requirements for Operators

Situation	Requirement
Self-employed operator working alone within a fixed premises	Operator shall require a licence for the carrying on of their business and is required to comply with all conditions of that licence. The licence holder shall be responsible for: • ensuring that any changes to the original licence application are notified to the issuing Authority within 30 days. • surrendering the Licence to the issuing Authority if called upon to do so for the purpose of alteration.
Operator who employs a number of other operators within a fixed premises	Employer shall require a licence for the carrying on of their business and shall be responsible for: • ensuring that all operators in their employment are sufficiently trained and experienced, commensurate with the procedures they are carrying out • ensuring that any individual undergoing training is continually supervised by a competent individual • ensuring that they, and all those in their employment, comply with all conditions of the licence • ensuring that any changes to the original licence application are notified to the issuing Authority within 30 days, e.g. change of operators. • surrendering the Licence to the issuing Authority if called upon to do so for the purpose of alteration.

TABLE 2 *cntd* - Licence Requirements for Operators

Situation	Requirement
Operator who works within a fixed premises and "rents" space out to self-employed operators	The principle operator, i.e. the one who is in charge of the premises and rents out space to other operators, shall require a licence for the carrying on of their own business and is required to comply with all conditions of that licence. All self-employed operators working within the premises shall require a licence for the carrying on of their business. This is because they are not under the direction of the principle operator and must therefore be considered separately. Where the self employed operator works from more than one premises, all premises within which they operate should be detailed on that licence. If these premises are in different Local Authority areas the operator requires a licence from each Authority. *Each of these named premises will require to comply with the relevant conditions contained within the Order, prior to granting of said licence* *n.b. Someone who is merely a landlord and not an operator will not require a licence. It is the licence holder's responsibility to ensure that the premises comply with the licence conditions.* The licence holder is responsible for: • ensuring that any changes to the original licence application are notified to the issuing Authority within 30 days. • surrendering the Licence to the issuing Authority if called upon to do so for the purpose of alteration.
Operator who works peripatetically renting space in one or more fixed premises	Operator shall require a licence from every Local Authority within which they will operate and is required to comply with all conditions of that licence. The licence holder is responsible for: • ensuring that any changes to the original licence application are notified to the issuing Authority within 30 days. • surrendering the Licence to the issuing Authority if called upon to do so for the purpose of alteration.
Operator who works peripatetically in clients' homes or other such premises	When considering applications from peripatetic operators, an equivalent level of compliance is required as for fixed premises. Due to the likely inability to comply with all national licence conditions, it is not considered appropriate or acceptable for licenses to be granted to peripatetic operators who propose to work in clients' homes or other such premises. As such, licenses issued to peripatetic operators should relate to operating peripatetically from one or more fixed premises e.g. renting space in multiple fixed premises and not at client's homes or similar premises

TABLE 2 *cntd* - Licence Requirements for Operators

Operator who works solely from home	Operator shall require a licence for the carrying on of their business and is required to comply with all conditions of that licence. **The home shall be treated as a premises for the purposes of the licensing process and should meet all requirements of the Order.* The licence holder is responsible for: • ensuring that any changes to the original licence application are notified to the issuing Authority within 30 days. • surrendering the Licence to the issuing Authority if called upon to do so for the purpose of alteration.

3.2 Excluded Persons

3.2.1. Regulated Healthcare Professionals

Individuals who are registered with, or regulated by, bodies mentioned in Section 25(3) of the National Health Service Reform and Health Care Professions Act 2002 are exempt from the Order. These statutory bodies are regulated by the Professional Standards Authority (PSA) and at date of publication, the nine regulatory bodies overseen by the PSA (http://www.professionalstandards.org.uk/regulators/statutory) are as follows:

- General Chiropractic Council (GCC)
- General Dental Council (GDC)
- General Medical Council (GMC)
- General Optical Council (GOC)
- General Osteopathic Council (GOsC)
- Health and Care Professions Council (HCPC)
- Nursing and Midwifery Council (NMC)
- Pharmaceutical Council of Northern Ireland (PCNI)
- General Pharmaceutical Council (GPhC)

N.B. Exemption from the Order applies only to organisations that are listed within the PSA statutory register. Organisations listed within the voluntary accredited register of the PSA are not exempt from the Order.

3.2.2. Charities offering services free-of-charge

Given that the Order applies to the carrying on of a business, registered charities offering any of the procedures governed by the Order shall be exempt from licensing requirements. Many charities within Scotland who currently offer acupuncture, or acu-detox, are registered with an organisation called NADA-UK which offers training to substance misuse services across the UK in ear acupuncture (using only single-use needles) which is offered to clients free of charge. Upon completion of training, operators receive a permission-to-practice certificate and they are then re-assessed on an annual basis to ensure continued fitness-to-practice. However, authorities should be aware that many other charity workers may be practicing in Scotland and may not have such evidence of charity status as readily available.

CHAPTER 4: REQUIREMENTS OF THE ORDER – PREMISES

4.1. General State of Repair

One basic requirement of the Order is that any premises within which skin piercing or tattooing activities are conducted should be in a good state of general repair. This requirement covers not only general cleanliness of premises but also advises that adequate levels of lighting and ventilation, commensurate with the practices being carried out on that premises, should be available. Another general requirement of the premises is that all walls and floor surfaces should be both smooth, washable and durable in order to ensure that cleanliness can be maintained.

4.2. Physical Layout of Premises

In order to minimise potential public health risks and to ensure client privacy, the Order states the requirement that ***"separate rooms are provided for (i) waiting area; and (ii) the carrying out of skin piercing or tattooing"***. The Oxford English Reference Dictionary defines a "room" in this context as "a part of a building enclosed by walls or partitions, floor and ceiling". Therefore, in terms of the Order, the following should be ensured:

- these rooms should have a **full** physical divide, i.e. floor to ceiling
- the dividing wall should be constructed from smooth, washable and durable material
- "booths" which are only partially segregated from a waiting area – either non-floor to ceiling partition/wall or "curtain" – are **not** acceptable in terms of the Order

- screens are **not** acceptable in terms of the Order
- these rooms should be separated by a close-fitting smooth, impervious door – saloon-type doors are **not** acceptable in terms of the Order
- a general purpose sink with hot and cold running water. Ideally this should be located out with the treatment room.

Whilst not a requirement in terms of the Order, the physical layout of the premises should be such that a client is ensured privacy during the procedure, e.g. where a window exists in a dividing wall between a studio waiting room and treatment room, this window should be equipped with a washable/durable/non-fabric screen which can be closed at the request of the client. Similarly, for premises where the treatment room may be visible from outside the premises, appropriate washable/durable/non-fabric screens should be available to ensure client privacy.

4.3. Requirements of Waiting Area

As well as fulfilling the requirements of 4.1 and 4.2, a number of requirements are placed on the ***waiting area*** by the Order.

Licence holders are required to advise/provide information to potential clients – using posters displayed within the waiting area - on a number of issues and rules in terms of their business:

- Clients should be advised that piercing or tattooing will not be carried out on an individual who is under the influence of drugs or alcohol
- Clients should be advised that tattooing will not be carried out on an individual under the age if 18 years
- Clients should be advised that piercing will not be carried out on individuals under the age of 16 years unless accompanied by a person who has parental rights and responsibilities in respect of that child and who has also given their consent in writing to the piercing
- Clients should be advised of the potential risks associated with the body piercing or tattooing procedure
    - these risks should include :
        - allergic reaction to, or potential embedding of, jewellery

- *allergic reaction to pigment*.
- migration and possibly rejection of jewellery
- localised infection at the piercing/tattoo site
- localised swelling and trauma at the piercing site
- keloid or scar formation
- blood poisoning/septicaemia

*Example notices for tattooing and piercing premises are presented in Appendix 1. These can be used by officers and distributed to licence holders/applicants in cases where officers are not satisfied that these requirements are currently being fully met.

- Clients should be able to view names and photographs of all licensed and authorised operators operating within the premises
- Clients should be able to readily view the licence, which should be clearly displayed on the premises
- Clients should be able to readily view the licence-holder's Public Liability Insurance certificate, which should be clearly displayed on the premises

4.4. Requirements of the Treatment Room

As well as fulfilling the requirements of 4.1 and 4.2, a number of key requirements exist for the ***treatment room*** within licensed premises:

- All walls, floors and surfaces should be smooth, washable and durable.
    - carpets must **not** be used in the treatment room as these cannot be properly cleaned, can harbour bacteria and can increase the possibility of cross-contamination
    - some operators cover all surfaces next to the treatment chair/couch with protective barriers, e.g. cling film, paper sheets
        - this practice is acceptable provided these barriers are changed between clients and disposed of appropriately

- All areas of the treatment room should be kept as clutter-free as possible to ensure that cleaning of the area can be carried out easily and effectively

- If it is necessary to locate the **general purpose sink** within the treatment room then two distinct areas should be designated – clean and dirty – with all cleaning of contaminated equipment taking place only in the latter, as far from the area where procedures are conducted as possible. (see also page 35 Chapter 9 pertaining to acupuncture)

- The general purpose sink shall be located within the "dirty" area of the premises with a constant supply of hot and cold running water for cleaning equipment prior to ultrasonic cleaning and autoclaving.

    - this sink should **not** be used for hand washing and should be clearly marked to indicate this.

    - this should be positioned as far as possible from the area of the premises in which the piercing or tattooing takes place

- The treatment room should be equipped with a ***wash-hand basin*** with non-hand operated taps and *an adequate* supply of hot and cold running water – hand washing instructions should be clearly displayed at this basin.

    - under no circumstances should equipment be washed at this basin.
    - elbow operated taps are suitable for this use.
    - infra-red operated taps are suitable for this use.
    - electric geysers are acceptable for this use provided they are fitted with *an adequate supply of water and non hand operated controls.*

- Self-Standing Mobile Units will only be acceptable if demonstrated that fitting of pipework and/or installation of drains is not physically possible. Such units must be maintained as per manufacturer's instructions.

- The room should be equipped with a ***soap dispenser*** containing liquid soap, which should be adequately stocked for the working day to minimise the need to fill up within hours during which the premises is operational.

    - solid soap bars should **not** be used as these can harbour bacteria and increase the possibility of cross-contamination.

- The room should be equipped with a ***paper towel dispenser***, which should be fully stocked at the start of each working day to minimise or reduce the need to fill up within hours during which the premises is operational.

- fabric towels should **not** be used as these can increase the possibility of cross-contamination.

- The treatment room should be equipped with a supply of detergent, fresh bleach containing minimum 1000ppm available chlorine or other purpose-designed disinfection products, and alcohol solution in order that environmental cleaning can be conducted at the end of each day or whenever soiling of surfaces occurs. In the event of blood or bodily fluid contamination, fresh bleach containing 10,000 ppm available chlorine should be used.

- The treatment room should be equipped with ***two pedal-operated bins***, clearly marked for clinical and non-clinical (general) waste. The licence holder is responsible for ensuring that :

    - all operators dispose of waste in the appropriate bin

    - clinical and general (domestic) waste is appropriately segregated and stored in clearly marked bags

    - all clinical waste (as defined in the current Controlled Waste Regulations) is stored, collected and disposed of by a contractor licensed under the Waste Management Licensing Regulations.

    - records of all waste disposal are retained on the premises.

- The treatment room should be equipped with a ***sharps container*** for disposal of sharps and needles after use in preparation for disposal

    - this container should comply with the requirements of BS 7320:1990

    - the container should be kept out of reach of clients

    - the licence holder should ensure that the container is removed as necessary, sealed and appropriately labelled – the container should not be filled to such an extent that it cannot be closed or sealed

    - operators should **never** place needles in with other waste

- The chair/bench/couch used for the client should be washable and completely covered with disposable paper sheets – a new sheet should be used for each client and the chair should be cleaned down after each client and thoroughly cleaned at the end of each day or where soiling of the chair occurs.

    - continuous “couch rolls” **are** acceptable for covering the chair.

- The Order does **not** stipulate that separate treatment rooms should be used for each client – the only requirement in the Order is that the treatment room should be separated from the room used for waiting/seating. Therefore, provided adequate space exists within the treatment room for operators to safely operate, and client privacy can be ensured, it is possible to have more than one chair/bench/couch within a treatment room. If screens are used to ensure client privacy then these should be constructed from washable and durable material.
    - Best practice would recommend only one chair/couch within the treatment room.
    - Where more than one chair/couch is present, enough space should exist for operators to place a washable, durable screen between these and still have adequate space to operate
    - These screens should be washed down between clients and at the end of the day using fresh bleach containing minimum 1000ppm available chlorine or other purpose-designed disinfection products. In the event of blood or body fluid contamination, fresh bleach containing 10,000 ppm available chlorine should be used.
    - Guidance on this issue may be expanded as further investigation is carried out in this area.

CHAPTER 5: REQUIREMENTS OF THE ORDER – OPERATOR AND EQUIPMENT

In order to minimise the risk to public health, the Order lays out a number of requirements in relation to both the operator and the equipment that they use.

5.1. The Operator

Operators are required to work to the highest standards at all times, in compliance with the requirements of both the Order and the National Conditions. Where a number of operators work within a premises, employed by the licence holder, it is the duty of the licence holder to ensure that all operators are in full compliance.

The licence holder should, for the protection of both the operator and the client, ensure that all operators are immunised against Hepatitis B.

5.1.1. Cleanliness and Clothing

- Each operator should maintain an acceptable standard of personal cleanliness at all times.
    - Operators should wear clean washable clothing when working with clients.
    - It is advised that operators work wearing an apron – a fresh plastic disposable apron should be worn for each client.
- Operators hands should be washed with liquid soap and water and dried with a disposable paper towel:
    - before commencing, and after completing, each procedure.
    - if/when hands become contaminated with body fluid/blood/secretion.
    - before donning, and after removing, disposable non-latex gloves.
    - after visiting the toilet.
    - after handling money.
    - before and after eating, drinking and smoking.
- Any cuts or broken skin on the operator's hands should be covered with a waterproof dressing.
- Operators should wear disposable non-latex gloves whilst carrying out piercing or tattooing procedures.
    - These should be changed and replaced with a fresh pair
        - for every client.
        - at any other time during a procedure when gloves become punctured.
        - if the operator moves away from the clean area.
        - if the operator requires to handle anything that may pose a risk of contamination.
    - Gloves should be disposed of as clinical waste.

5.1.2. Conduct

- Operators should never undertake any procedure whilst under the influence of drugs or alcohol.
- Operators should not, under any circumstances, eat, drink or smoke during procedures.

5.1.3. Training

No formal or recognised training currently exists for tattooing or body piercing. Officers should be aware that a number of bodies currently issue certificates to piercers or tattooists who complete a range of courses, but these certificates can, in no way, be taken as a guarantee that the operator is qualified in this area.

Under the Health and Safety at Work etc. Act, 1974, licence holders, as employers, are required to ensure that they provide all information, instruction, training and supervision necessary “so far as is reasonably practicable” to protect the health and safety of their employees. However, as there are no currently recognised training courses, it is the duty of employers to provide adequate on-the-job training for employees.

Until such times as accredited courses become available, in order to ensure best practice, officers are advised to ensure that:

- All licence holders are aware they, and every operator working under their licence, must be capable of demonstrating that they have sufficient knowledge, skills, training and experience commensurate with the procedures they are carrying out.
    - Some operators offer “apprenticeships” in order that new trainees can learn the skills and knowledge required whilst carrying out low risk and non-invasive tasks/procedures within the premises.
    - Operators should be able to demonstrate a knowledge of general infection control and sterilisation procedures.
    - Operators should be able to discuss and demonstrate cleaning procedures and the operation and use of ultrasonic baths and sterilisation equipment, e.g. autoclaves.
    - Licence holders should ensure that trainees are under the supervision of an experienced and competent operator at all times.

- More recognised training is now available for the likes of micro-pigmentation, semi-permanent make up or microblading. However such training should not be accepted as complete until verification has been received that the portfolio element has been successfully completed i.e. case studies. This is particularly important as some courses can be short and the practical element of portfolio work is critical. Unlike tattooing or skin-piercing apprenticeships that take longer and have more practical work associated.

- The Licence holder shall ensure there is sufficient first aid cover within the premises at all times and that an operator holds a current first aid certificate to foundation (1-Day) level.
    - Licence applicants should be advised that this is the equivalent of a one-day course.
    - Licence holders should retain copies of certification for all operators, available for inspection.
    - Officers should ensure that certificates are produced for all operators named on the licence.

- Licence holders and Operators should be familiar with the preparation of risk assessments (or at least written method statements acknowledging the risks involved in their business) for the work undertaken
    - This should be recommended as part of ongoing training for apprentices/trainees.
    - Good, clear advice on the preparation of risk assessments can be found in “Body Art, Cosmetic Therapies and Other Special Treatments” (CIEH and Barbour Index, 2001) which officers can adapt for distribution to licence holders if desired.
    - HSE Website http://www.hse.gov.uk/risk/index.htm

5.2. Equipment

Both the Order and the National Conditions contain a range of requirements in relation to equipment held and used within premises. Conditions may be in relation to the way in which equipment is stored or used, or in relation to minimum requirements that are expected in terms of licensing.

It is strongly recommended that single-use equipment should be used wherever possible, and officers should always advise operators towards this practice. It is also imperative that operators are aware that under no circumstances should single-use equipment be re-used.

- It is unacceptable for operators to attempt to clean/sterilise single-use equipment for re-use.
- Where it is not possible to use single-use equipment, the cleaning and sterilisation procedures outlined in Chapter 10 should be closely followed by operators.

Any non-disposable equipment that is liable to come into contact with blood or body fluids and cannot be sterilised, for example tattoo motors, should be adequately covered (where possible) to protect from such contact and should be thoroughly cleaned between clients.

- A 70% alcohol solution is considered most appropriate for this purpose.
- Some operators enclose the tattoo motor and clip-cord within disposable plastic bags or plastic film – this practice is acceptable provided the bag/cover is changed (and the machine cleaned as described) after every client.
- This same technique is acceptable for items such as water spray bottles, lamps (where possible and not posing fire hazard) and any other items that may be required in the immediate vicinity of the treatment couch/bench/chair.

Operators should also ensure that adequate storage space exists within the premises (treatment room) for all items in order to minimise potential for cross contamination of items sitting in the open air for long periods of time. This storage should be above ground level, i.e. items should not be lying on the floor of the premises. Floor standing cupboards and cabinets are acceptable, as are wall-fixed units.

5.2.1. Skin Preparation Equipment

- Where required, only single-use disposable razors are acceptable for use on the skin
- The area of the skin to be treated should be cleaned using an appropriate skin-safe antiseptic.
    - If the skin is visibly dirty then the area should first be cleaned with soap and water and dried with a paper towel.

- A 70% alcohol-impregnated swab (typically 70% isopropyl alcohol) is the preferred method and operators should be directed towards this method.
    - The swab should be wiped over the skin for 30 seconds and the skin left for a further 30 seconds to dry in order to render any bacteria inactive.
- Chlorhexidine (typically in alcohol) is sometimes used – if so, this should only be in the form of individually pre-packed swabs as bulk packed swabs are contaminated once opened.
- Betadine is often a skin disinfectant of choice but may potentially cause cell damage to sensitive tissue and can stain both work surfaces and equipment

- Where it is necessary to mark the skin, a single-use water-based marker pen should be used, or a suitable single-use alternative
    - If operators use markers dipped in ink (or any other similar material for marking the skin) then ink should be dispensed into a single-use pot for each client. If this is not the case then the entire bottle should be discarded after each client.
- Where products such as antiseptic cream or petroleum jelly are used for procedures, single-use packs should be used. Given that this may not always be possible:
    - An appropriate amount of material should be dispensed, using a single-use implement, into a single-use pot for every client.
        - squeezable, collapsible tubes or pump packs which displace liquids/gels without taking in air are recommended for this purpose.
    - Under **no** circumstances should operators use cream/lotion direct from a jar/tube.
    - Roll-on or stick applicators are **not** acceptable for use.
    - The operator's hands, even if gloved, should **never** come into contact with the contents of these jars/tubes.

5.2.2. Anaesthetics

Much debate has surrounded the use of anaesthetics by body piercers or tattooists. In order to make a judgement on the use of these substances, it is important to consider both the legal aspects of doing so and the potential adverse effects of their use.

The Human Medicines Regulations (2012) identifies individuals who can legally ~~provide~~ supply, and/or administer, medicines (including anaesthetics) in the UK. However, these products can be categorised depending on the amount of control or limitation placed on their supply or administration.

Prescription Only Medicines – these require to be dispensed by pharmacists in response to a prescription or script from a registered prescriber. These would typically be prescribed by a medical doctor or dentist or other registered non-medical independent prescriber.

- Any medicine that is injected into the body automatically becomes a prescription only medicine.
- Use of any prescription only medicine should only be as a result of it being prescribed by a client's doctor.

Pharmacy Medicines – these are supplied or sold only within a community pharmacy under the supervision of a pharmacist but do not require prescriptions.

- These can be used, and administered by, anyone purchasing them.
- Most commonly used anaesthetics fall into this category, e.g. lignocaine-based cream or spray, EMLA cream.
    - These cannot be injected – only for topical application (if injected, automatically become prescription only medicines)

General Sales Medicines – these can be purchased from a wide range of outlets, e.g. supermarkets.

- These can be bought wholesale for the purpose of carrying out a business, provided they are used only for the purpose for which they are licensed in the UK.

Much of the debate surrounding the use of anaesthetics in the body piercing industry relates to the potential adverse health effects following their administration. In particular, concern has surrounded the use of ethyl chloride spray.

Ethyl chloride is a highly volatile liquid, which causes local anaesthesia when applied to the skin. However, prolonged contact can lead to a frostbite-like reaction of the skin. Due to the

potential for this adverse effect, Officers should ensure that licence holders do not use, or allow those working under their control to use, ethyl chloride spray.

- Where licence holders are currently using ethyl chloride spray, its use should be discontinued and all remaining solution disposed of as special waste.

Where operators do choose to use topical or spray anaesthetics, officers should note:

- Creams or sprays should only be used for the purpose intended by the manufacturer – and for which they are licensed in the UK.
- Operators must advise clients that an anaesthetic will be used and, in following the information provided by the manufacturer, discuss any potential allergy or contraindication with the client.
    - A contraindication is something that indicates against the carrying out of a particular treatment.
    - Where concern exists, the anaesthetic should not be administered until the client has discussed this with, and obtained written authorisation from, their GP – copies of this information should be retained on record by the operator.
- Xylocaine is an anaesthetic that is primarily used in either spray form (lidocaine) or as a 4% topical solution (lidocaine hydrochloride). Neither product is specifically licensed for tongue piercing (licenses were granted in 2002), i.e. “tongue piercing” is not specifically listed as an indication for which either product is licensed in the Summary of Product Characteristics. Concern exists over the use of Xylocaine spray for piercings of the mouth due to potential complications. Xylocaine 4% topical solution can be applied to specific areas using single-use swabs, which can be discarded after use. It is recommended that piercers currently using Xylocaine spray should be advised to change to Xylocaine 4% topical should they wish to continue using this as an anaesthetic. As with all anaesthetics, operators must follow all information regarding contraindications provided by the manufacturer and discuss, as appropriate, with the client before use.
- EMLA cream (2.5% lidocaine, 2.5% prilocaine) has recently been changed from a prescription only medicine to a pharmacy medicine in the UK.
- Anaesthetics should not be injected by body piercers or tattooists.

- Where officers are unfamiliar with the status (prescription only, pharmacy or general sales medicine) of anaesthetics being used by an operator, full details of the product name, manufacturer, active ingredients and strength should be obtained. These can be used to find out the status of the medicine in the UK and HPS can provide assistance to authorities in this area.

5.2.3. Needles

- Only sterile single-use needles *or cartridge systems* should be used for skin piercing or tattooing.
- For skin piercing, the operator should open pre-sterilised single-use needles in front of the client just before beginning the procedure (once disposable non-latex gloves have been donned).
- Needles should either be used directly from the packaging or placed on a sterile surface/tray.
- For tattooing, needles should either be sterile prepacked pre-constructed “clusters” of needles or sterile single-use needles soldered onto a needle bar.
    - Where needles are soldered onto a needle bar, the entire construction should then be cleaned and sterilised prior to use.
- Needles should be examined for imperfections prior to their use and discarded if any exist.
- Needles should always be disposed of in a BS approved sharps container.
- Where cartridge systems are used the cartridges must be supplied with suitable membranes that prevent back tracking of blood or other fluids.

5.2.4. Body Piercing Jewellery

Operators should ensure that all jewellery used for skin piercings is sterile prior to its use. Where jewellery is not purchased pre-sterilised but is sterilised within the premises, the method by which sterilisation has been carried out will determine how sterile the jewellery remains.

- In order to ensure lasting sterility, jewellery should be sterilised in appropriate pouches within a pre-vacuum steam autoclave (see Chapter 10) with post-sterilisation drying phase.

- The packaging material must be completely dry before the door of the autoclave is opened as microorganisms may be able to penetrate the wet or damp packaging and contamination of the jewellery can take place from the moment the door opens.
- Packages containing jewellery cannot be removed damp from the autoclave and dried subsequently.
- Jewellery will not remain sterile if removed from the autoclave and placed into packages after sterilisation.

If jewellery is processed and stored properly, it may retain its sterility indefinitely. However, licence holders should be advised to discuss issues such as shelf life with equipment (and packaging) manufacturers.

A number of materials are used in skin piercing jewellery and acceptable materials include:

- Titanium
- Niobium
- Platinum
- Gold – preferably solid gold 14 carat or 18 carat (for ear piercing see Chapter 8)
    - The use of gold higher than 18 carat is not recommended in body piercing as it is too soft and the potential exists for scratching or pitting of the metal which may increase the risk of infection at the piercing site
    - The use of gold lower than 14 carat is not recommended in body piercing as it tends to be lower in quality and has the potential to contain metallic impurities, which may lead to allergic response in the pierced individual

Stainless steel has, historically, been the material of choice for many body piercers. However, where stainless steel is being used, licence holders should obtain (and retain for inspection) evidence from the manufacturer that the jewellery is in compliance with the Dangerous Substances and Preparations (Nickel) (Safety) Regulations 2005. These Regulations prohibit the supply of any products that may be intended to come into direct and prolonged contact with the skin, which may contain nickel or nickel compounds. Items covered by the regulations include earrings or other jewellery to be inserted into a piercing site on the human body. The Regulations also cover a wide range of other items such as necklaces, bracelets, wristwatch cases, zips and buttons.

Under these Regulations, jewellery can only be used if the nickel release rate from those parts of these products coming into direct and prolonged contact with the skin is 0.5 micrograms per square centimetre per week, or less. For body piercing jewellery, post assemblies - the part of the jewellery that is inserted into the wound caused by the piercing of the skin, including both the piece that goes through the wound and those parts of the jewellery intended to hold the piece in and against the wound (earring “back” or balls on the end of a piercing bar or stud) - are prohibited unless their rate of nickel release is 0.2 micrograms per square centimetre per week, or less.

One problem with these Regulations is that they do not apply to jewellery manufactured for export to countries outside the European Union. Where operators cannot prove that jewellery being used is in compliance with these regulation, it is advised that use of that jewellery stops until the operator can obtain evidence from the manufacturer of its compliance.

5.2.5. Tattoo Inks

Requirements exist within the Order for either pre-packed inks in single-use vials or sterile pigment dispensed into single-use pots. Although a great deal of concern surrounds the microbiological and chemical quality of inks used in tattooing, very little control currently exists over their manufacture, supply or use within and out with the UK. Pigments used in tattooing are typically produced for a variety of other uses, and never intended for intra-dermal injection. The majority of reports concerning microbiological and chemical quality of inks surround unopened inks as supplied from manufacturers. Very little investigation has been conducted on the change in microbiological quality of inks once opened, where bottles are opened and ink is decanted into pots. However, in order to minimise concerns over tattoo inks and their potential harm to health until evidence becomes available, officers should note the following:

- Whilst not currently widely available in the UK, pre-packed single-use vials of sterile inks are likely to become more readily available in future and operators should be advised that this would be the preferred option in terms of ink supply and use.
- Regardless of the form in which inks are purchased, operators should be advised that they require to obtain (and retain for inspection) evidence from the ink supplier of the sterility of the ink in terms of microbiological contamination and the absence of potentially toxic metals – operators should be advised against purchasing inks from manufacturers or suppliers who cannot provide this evidence.

- Operators should be advised to purchase the smallest volumes of ink available, particularly for colours that are required or used less often, in order to minimise potential for contamination of ink remaining within bottles.

- Operators should be advised to purchase inks which are appropriately labelled with clear indication of their durability on the label, or should be requested to obtain from a manufacturer or supplier, information on the shelf-life of inks both sealed and once opened. It would be considered good practice for operators to retain a record of purchase dates and dates of opening for all inks used and stored on the premises in order to ensure that "out of date" inks are identified and discarded appropriately.

- Operators should be advised that when decanting ink from larger ink bottles into single-use pots, this should be carried out in a designated area away from the treatment couch/chair and only enough ink for one client should be decanted.

- Operators should discard all unused ink with the pot at the end of each treatment (client).

- Ink bottles should be stored according to the manufacturers' instructions. Where instructions are not available, bottles should be stored in a cupboard within the premises in order to minimise the potential for photolytic breakdown of the pigments and reduce the exposure of the bottles to the atmosphere within the treatment room. Operators may be advised that bottles may be covered by a fresh plastic bag as a barrier to potential contamination – this bag should be changed each time the bottle is handled.

- Operators should be advised to purchase only pre-diluted inks, where possible. If concentrated inks are being diluted on the premises, the operator should use only sterile water. This dilution should always take place in a "clean" area within the premises and the diluent should be both sterile and pre-packed for single use.

5.2.6. General Stock Requirements

Operators are required by the Order to hold a stock of a number of items in order to ensure that they maintain adequate supplies to protect both themselves and their clients. For some of these items, operators need only retain a stock if they carry out certain procedures covered by the Order.

The following list is intended for use by officers when discussing stock requirements with licence holders:

- Sterile single-use disposable needles
- Adequate supply of sterile jewellery
- Disposable razors
- Disposable paper towels
- Liquid soap
- Pre-packed single use alcohol wipes for skin preparation
- Disposable non-latex gloves
- Disposable paper sheets for covering chair/bench/couch
- Single-use ink pots
- Appropriate cleaning, disinfection and sterilisation products
- Autoclave pouches, where required
- Fully stocked first-aid kit including wound dressings

CHAPTER 6: REQUIREMENTS OF THE ORDER – CLIENT INFORMATION

Operators are required to obtain information from, and provide information to, clients on a number of issues.

6.1. Collection of Information on Client

Prior to carrying out any piercing or tattooing on a client, an operator must obtain information relating to (i) client age and (ii) client medical history.

6.1.1. Age

Where operators are in doubt over the age of a potential client (18 or over for tattooing, 16 or over for piercing) they should be advised to request proof of age from that client and note the form of identification used on the client's records (a photocopy of photographic identification provided may be requested by the operator for retention with the client consent form). Where an under-16 is to be pierced, operators should again be advised to request identification from the parent or guardian and again retain a record (photocopy) of the form of identification provided. Forms of ID that are acceptable proof of age would be a passport; driving licence or a young scot card.

6.1.2. Medical History

Operators should discuss client medical history with the individual prior to carrying out any procedures. Operators should ascertain whether clients currently suffer from, or have previously suffered from, a range of conditions including the following:

- Heart disease, angina
- Blood pressure problems, high or low
- Seizures, e.g. epilepsy
- Haemophilia, haemorrhaging, blood clotting disorders
- Skin conditions, e.g. eczema, psoriasis, dermatitis
- Diabetes
- Allergies, e.g. jewellery, foodstuffs, anaesthetics
- Use of aspirin or other potentially blood-thinning medicines
- Use of any regularly prescribed medications
- Pregnancy
- Any other health condition which may be affected by the intended procedure

It is recommended that, should a client identify any of these conditions (either current or historic) that may impact on the procedure being carried out, operators should be advised to refer the client to their GP to discuss the procedure and its potential implications for the health of the client. Where a GP is satisfied that the client is fit to undergo the procedure, they should provide authorisation for this in writing. Operators should ensure that this written authorisation is retained within the client records.

6.1.3. Consent Forms

Licence holders are required to retain records of all procedures carried out for a period of 2 years. These records should comprise a signed consent form and a client medical history form (if not incorporated into the consent form) and should provide a full record of:

- Client name, address and telephone number
- Client date of birth
- Client medical history
- Procedure undertaken, e.g. piercing or tattoo, and site on the body
- Type of jewellery used (if applicable)
- Operator name
- Date and time of procedure (to be completed by operator)
- Details of parent/guardian if under-16

This form should be signed by the client (or their parent or guardian if under 16 years old for piercing). In signing the form the client will be declaring that all information provided, particularly in relation to their medical history, is correct to the best of their knowledge. Clients should also confirm on this form that they have been provided with written information, both on the risks associated with the procedure as well as appropriate aftercare instructions. The operator who is named on the form and who will be carrying out the procedure should also sign the consent form.

Clients should also be advised on these consent forms that the information they provide will be retained by the operator for a period of 2 years from the date of signing. In signing the form the client will be giving their permission for retention of this information.

**Example consent forms for tattooing/piercing, electrolysis and acupuncture are presented in Appendix 2. These can be used by officers and distributed to licence holders/applicants in cases where officers are not satisfied that these requirements are currently being fully met.*

6.2. Provision of Information to Client

Prior to signing consent forms, clients should be provided with information relating to the possible risks associated with the tattooing or piercing procedure. These should include the following risks and should be provided in an easy to understand format:

- Allergic reaction to, or potential embedding of, jewellery
- Migration and possibly rejection of jewellery
- Localised infection at the piercing/tattoo site
- Localised swelling and trauma at the piercing site
- Keloid or scar formation
- Blood poisoning/septicaemia

Clients should also be provided with easy to understand aftercare advice for their tattoo/piercing and should be given the opportunity to ask questions on this at any time. Aftercare advice should address issues including:

- Information on what to expect immediately following the procedure

- Advice on how to clean and care for the site as it heals
- Information on the natural healing of the site
- Indication of the average healing times for piercings/tattoos
- Advice on what to do in the case of adverse reaction

*Example aftercare advice leaflets for tattooing, piercing, acupuncture and electrolysis are presented in Appendix 3. These can be used by officers and distributed to licence holders/applicants in cases where officers are not satisfied that these requirements are currently being fully met.

CHAPTER 7: REQUIREMENTS OF THE ORDER – PERIPATETIC OPERATORS

The Order gives Local Authorities permission to grant licences where the carrying on of a business is not conducted wholly or mainly on a single premises, i.e. for peripatetic operators. The key requirements of the Order still apply to peripatetic operators and licence-holders will require to comply fully with these requirements.

In the Order itself, the terminology used to ensure that these operators are required to comply with the general requirements placed on premises where business is conducted is "…without prejudice to the generality of sub-paragraph (2) above…." – i.e. if an operator does not work from a fixed premises they are still required to meet the same level of infection control and good practice as an operator within a fixed premises. Therefore, when officers are considering applications from peripatetic operators they should ensure that an equivalent level of compliance exists as for fixed premises.

Due to the likely inability to comply with national license conditions, it is not considered appropriate or acceptable for licenses to be granted to peripatetic operators who propose to work in clients' homes or other such premises. As such, licenses issued to peripatetic operators should relate to operating peripatetically from one or more fixed premises, e.g. renting space in multiple fixed premises, and not at clients' homes or similar premises.

In terms of licensing, a peripatetic operator requires a licence from every Local Authority within which they plan to operate. The licence-holder is required to carry with them a copy of their licence at all times when conducting their business. Additionally, in order that prospective clients can successfully identify the operator and can be reassured that the operator is the licence-holder, the operator should carry with them some form of photographic identification.

CHAPTER 8: REQUIREMENTS OF THE ORDER – EAR PIERCING

One major amendment to the original Order, as outlined in The Civic Government (Scotland) Act 1982 (Skin Piercing and Tattooing)(Amendment) Order 2006 was the relaxation of several requirements in relation to businesses providing only ear piercing and no other form of skin piercing, tattooing or other procedure covered by the Order.

As a result, the Order now states that ear piercing must only be carried out using a sterile cartridge and pre-sterilised jewellery supplied in packaging which indicates the part of the body for which it is intended. Ear piercing using a dedicated ear piercing system (cartridge and jewellery are utilised in a gun system) only applies to the piercing of the lobe and the upper flat cartilage area of the ear. The piercing of other areas of the ear such as the tragus, the conch or the rook cannot be properly performed using such dedicated ear piercing systems and are therefore not included in this chapter. Operators wishing to provide the service of piercing areas of the ear other than the lobe or the cartilage should conform to the full requirements for skin piercing as outlined earlier in this guidance. *NB: Pending changes to the Order, it has been agreed that skin piercers in studios offering all forms of skin piercing and conforming to full requirements of the Order may continue to provide piercing of the ear (lobe and upper flat cartilage) using existing techniques.*

- The types of dedicated ear piercing systems intended by the order to be approved for ear piercing are the systems which employ either a single or double sterile cartridge which are loaded on the ear piercing instrument and performs the ear piercing using sterile ear piercing studs. The unique feature of these types of ear piercing systems is that all parts of the ear piercing system which come into contact with the client are pre-sterilised, single customer use and disposable. Manufacturers of ear piercing systems which conform with this requirement and are acceptable for ear piercing in line with the Order include :
    - *Studex*
    - *Caflon*
    - *Caress*
    - *Blomdahl*
    - *Inverness*
    - *Estelle*

- Older ear piercing systems, which do not comply with the requirements of the Order in that they do not employ a pre-sterilised cartridge, should not be used – in the event that operators are found to be using these system then their practice does not fall under the definition of ear piercing using a sterile single use cartridge system and use of such ear piercing systems should be discontinued. Officers should make a physical inspection of the type of ear piercing instruments used by the operators to ensure that such instruments comply with the Order.
- Officers are advised to obtain details of ear piercing systems manufactured by companies that are not listed here and contact HPS for information on their suitability for use.

Systems and jewellery should only be used on the ***part of the body for which they are indicated*** by the manufacturer.

- Systems exist for piercing the lobe/cartilage of the ear and also for piercing the nose. It is not appropriate to use either a system or jewellery intended for nose piercing to pierce the earlobe or cartilage.
- Licence holders should be directed to purchase jewellery direct from the manufacturer of the gun system that they are using. This may include gold jewellery of different grade to the recommendations within Chapter 5 – however, provided the jewellery is supplied by the gun manufacturer solely for that use, this is appropriate for use.
    - Jewellery supplied by the manufacturers of the systems listed above is fully sterilised and compatibility with a specific system is, in itself, indication of the part of the body for which the jewellery is intended (i.e. ear and nose system cartridges/jewellery are not compatible with one another).
    - It is unlikely that compatible cartridges and jewellery are manufactured by anyone other than the gun manufacturer but, in the unlikely event that this should happen, officers should request evidence from the licence holder of the sterility of the jewellery and cartridge and its intended use. Where this is not available, use of the jewellery/cartridges should be discontinued.

The licence-holder should ensure that all operators are adequately trained in the use of the dedicated systems following the manufacturer's instructions. It should also be noted that basic hygiene requirements, such as hand-washing and the wearing of gloves still apply to this practice.

Requirements placed upon the licence-holder for premises of this type are detailed as follows.

8.1. Collection of Information on Client

Prior to carrying out ear piercing on a client, an operator must obtain information relating to (i) client age and (ii) client medical history.

8.1.1. Age

Where operators are in doubt over the age of a potential client (16 or over for piercing) they should request proof of age from that client and note the form of identification used on the client's records (a photocopy of photographic identification provided may be requested by the operator for retention with the client consent form). Where an under-16 is to be pierced, operators should request identification from the parent or guardian of that child and again retain a record (photocopy) of the form of identification provided. Forms of ID that are acceptable proof of age would be a passport; driving licence or a young scot card.

8.1.2. Medical History

Operators must discuss client medical history with the individual prior to carrying out ear piercing. Operators should ascertain whether clients currently suffer from, or have previously suffered from, a range of conditions including the following:

- Heart disease, angina
- Blood pressure problems, high or low
- Seizures, e.g. epilepsy
- Haemophilia, haemorrhaging, blood clotting disorders
- Skin conditions, e.g. eczema, psoriasis, dermatitis
- Diabetes
- Allergies, e.g. jewellery, foodstuffs, anaesthetics
- Use of aspirin or other potentially blood-thinning medicines
- Use of any regularly prescribed medications
- Pregnancy
- Any other health condition which may be affected by the intended procedure

Should a client identify any of these conditions, either current or historic, that may impact on the ear piercing procedure, operators should be advised to refer the client to their GP to discuss the procedure and its potential implications for the health of the client. Where a GP

is satisfied that the client is fit to undergo the procedure, they should provide authorisation for this in writing. Operators should ensure that this written authorisation is retained within the client records.

8.1.3. Consent Forms

Licence holders are required to retain records of all ear-piercing procedures carried out for a period of 2 years. These records should comprise a signed consent form and a client medical history form (if not incorporated into the consent form) and should provide a full record of:

- Client name, address and telephone number
- Client date of birth
- Client medical history
- Type of jewellery used (if applicable)
- Operator name
- Date and time of procedure (to be completed by operator)
- Details of parent/guardian if under-16

This form should be signed by the client (or their parent or guardian if under 16 years old). In signing the form the client will be declaring that all information provided, particularly in relation to their medical history, is correct to the best of their knowledge. Clients should also confirm on this form that they have been provided with written information, both on the risks associated with the procedure as well as appropriate aftercare instructions. The operator who is named on the form and who will be carrying out the ear piercing should also sign the consent form. Clients should also be advised that the information they provide will be retained by the operator for a period of 2 years from the date of signing.

8.2. Requirements of the Premises

Requirements for premises only offering ear piercing are as follows:

- Premises must clearly display a notice advising clients that :
    - ear piercing will not be carried out on an individual who is under the influence of drugs or alcohol.
    - ear piercing will not be carried out on individuals under the age of 16 years unless accompanied by a person who has parental rights and responsibilities

in respect of that child and who has also given their consent in writing to the ear piercing

- A dedicated area within the premises should exist for the carrying out of the ear piercing procedure.
    - No requirement for physically separate room as for other practices.
    - Area should be equipped with a chair which is fully washable and durable.
    - The chair should be covered with a disposable paper sheet which is replaced for each client and disposed of appropriately.
    - In premises where the potential exists for hair or chemicals to be present in the environment, e.g. hairdressing salons, the designated area should be positioned as far as possible from areas where hair cutting/treatment is conducted.
- Physical requirements for these premises are commensurate with the level of risk associated with the use of dedicate sterile single-use ear piercing guns.
    - A wash-hand basin – equipped with a **constant** supply of hot and cold running water - should available within the premises.
        - The basin should be as close as possible to the designated area.
        - There is no requirement for non-hand-operated taps for premises of this kind.
        - Electric geysers are acceptable for this type of premises provided they are fitted with a **constant** water supply and do not require manual filling.
    - A requirement still exists for the premises to be in a good general state of repair with adequate lighting and ventilation.
    - Carpets are an acceptable form of floor covering for the designated area due to the lower infection risk from this procedure, although best practice would recommend a washable smooth floor area where piercing is carried out.
- Premises should be equipped with:
    - Paper towel dispenser stocked with disposable paper towels
    - Soap dispenser containing liquid soap

- Pedal-operated waste bin
- Alcohol solution (70%) for cleaning purposes
    - Pre-packed alcohol impregnated wipes (70%) are a suitable alternative.

CHAPTER 9: REQUIREMENTS OF THE ORDER – ACUPUNCTURE

All applicable requirements of the Order apply to acupuncture being carried out as a business.

- As for piercing or tattooing, certain requirements need not be met if specific conditions are met, e.g. if only using sterile, single-use equipment then certain requirements are not necessary.

However, in order to bring requirements into line with current clinical practice, The Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Amendment Order 2026 relaxed the requirement for those carrying out acupuncture to wear gloves at all times.

In order that this change in requirement does not impact adversely on public health, licence holders should ensure that all operators wash and dry their hands immediately prior to carrying out any acupuncture procedure.

In line with clinical practice, the licence holder should ensure that operators wear disposable non-latex gloves when:

- the operator has an open lesion on their hands.
- the operator is handling items that may be contaminated with blood or other body fluids.
- the client is bleeding or has an open lesion on an exposed part of their body.

A fresh pair of gloves should always be worn for each client.

CHAPTER 10: CLEANING, DISINFECTION AND STERILISATION

As any invasive procedure carries with it an associated risk of infection, it is imperative that risks to clients and operators are minimised through the implementation of effective infection control procedures. All cleaning, disinfection and sterilisation of equipment should be carried out in line with advice provided within HELA Local Authority Circular 76/2 (April 2005). LAC 76/2 recommends that all reusable instruments should be subject to steam sterilisation at the highest temperature compatible with the equipment being processed and recommends that, wherever possible, this should be carried out by a hospital sterile services department (or non-hospital, commercial sterile services provider). However, this is a recommendation and not a requirement provided a licence holder utilises a properly functioning and serviced bench top steam autoclave suitable for the sterilisation of the equipment being processed.

Additional guidance on the purchase, operation and maintenance of steam sterilizers has been produced by the Medicines & Healthcare products Regulatory Agency (incorporating the Medical Devices Agency) ("Benchtop Steam Sterilizers – Guidance on Purchase, Operation and Maintenance", DB2002 (06), October 2002). This guidance also advises on the choice of decontamination method in relation to the infection risk associated with the use of equipment. A subsequent publication ("Water Quality for Small (Benchtop) Steam Sterilizers", Update for DB 2002(06), October 2004) provides advice in relation to water quality for autoclaves.

10.1. Definitions

Cleaning – a procedure that removes dirt or contamination from an article but does not necessarily destroy microorganisms. Cleaning is carried out using detergents that are compatible with the material of the surface or equipment to be cleaned. Suitable detergents are available from a range of manufacturers and operators should be advised to request the most suitable detergent from their supplier to meet their needs.

Disinfection – this is a process by which the number of viable microorganisms are reduced through the use of a suitable disinfectant. Disinfection may not effectively remove bacteria, fungi, viruses or spores.

Sterilisation – this is a process by which articles are rendered free of viable microorganisms including viruses, protozoa, bacteria, fungi and their spores.

10.2. Requirements for Equipment

The Microbiology Advisory Committee to the Department of Health has provided advice on the level of decontamination required for medical equipment as detailed in Table 3. This level of requirement should also be adhered to for procedures governed by the Order.

TABLE 3: INFECTION RISK AND RECOMMENDED DECONTAMINATION

Risk	***Application of Item***	***Recommendation***
High	• *In close contact with break in skin or mucous membrane, e.g. piercing/tattoo needles* • *Introduced into sterile body areas*	*Sterilisation*
Intermediate	• *In contact with mucous membranes* • *Contaminated with particularly virulent or readily transmitted organisms*	*Sterilisation or disinfection required*
Low	• *In contact with healthy skin*	*Cleaning may be acceptable in some situations*
	• *Not in contact with patient*	*Cleaning*

10.3. Cleaning

Cleaning of equipment prior to disinfection or sterilisation is of the utmost importance, as failure to remove physical contamination from an item may inhibit any subsequent sterilisation procedure.

- Effective cleaning can be carried out either manually or ultrasonically - the Medicines & Healthcare products Regulatory Agency (MHRA) advise that manual cleaning only be carried out on equipment that cannot be cleaned ultrasonically.
- Such cleaning should be conducted in the “dirty” area within the treatment room (or another such designated area, should the size of the premises allow).

Wherever possible, equipment should be subjected to **ultrasonic cleaning**.

- Ultrasonic cleaning is a highly consistent form of cleaning which uses sound waves propagated through a liquid at high frequencies to move debris or contamination from items.
- It works on every surface of an item, including crevices and parts that may not be easily accessible during manual cleaning.
- The Order places a requirement on licence holders to have an ultrasonic bath when non single-use equipment is being used.
- Ultrasonic cleaning should always be carried out following the manufacturers' instructions :
    - Baths should be clean and dry prior to their use.
    - Baths should never be operated without a lid in place as the aerosols formed have the potential to contaminate the air around the bath.
    - Only recommended cleaning agents should be used (licence holder should be able to demonstrate that they are using agents recommended by manufacturer or supplier).
    - Instruments should always be placed in the basket, rack or tray provided with the bath.
    - Enough cleaning fluid should be used to fully immerse the equipment.
    - Cleaning fluid should be changed at least every 4 hours during operational periods, or sooner if it becomes visibly dirty.
    - Baths should be tested regularly following manufacturers' instructions and it would be good practice for licence holders to retain a log of testing carried out.

It is important, however, that operators ensure that equipment can tolerate ultrasonic cleaning prior to using this method.

The Medicines & Healthcare products Regulatory Agency (MHRA) have produced a standard protocol for the use of ultrasonic baths which is reproduced in Appendix 4. It is assumed that all licence holders will be operating baths following manufacturers' instructions but officers may wish to use this protocol where they believe this may not be the case.

- For equipment that cannot be ultrasonically cleaned, equipment should be washed in the designated sink – or an instrument bath, bowl or any other similar receptacle within that sink – not in the wash-hand basin – in cool water (LAC 76/2 recommends < 35°C) which minimises the potential for steam or droplet formation. Following this, warm water can be used to improve the efficiency of cleaning.
    - It is important that operators ensure that all scrubbing is carried out below the surface of the water to minimise the potential for contamination spread in aerosols that may be created.
    - Operators may wish to use pipe cleaners or similar implements to clean difficult-to-reach parts of equipment
    - Operators should be advised to wear protective equipment when carrying out manual washing, e.g. gloves, apron, eye protection.

10.4. Disinfection

Given that the effectiveness of a disinfectant relies on sufficient contact between the disinfectant and the item requiring disinfection, it is imperative that the process be carried out on surfaces or equipment that have been thoroughly cleaned beforehand.

LAC 76/2 advises that adequate disinfection can be achieved through the use of fresh bleach containing minimum 1000ppm available chlorine or purpose-designed disinfection products. In the event of blood or body fluid contamination, fresh bleach containing 10,000 ppm available chlorine should be used. Some products are suitable for use on skin or the environment but few are suitable for use on both and operators should be aware of this fact.

LAC 76/2 summarises a range of disinfectant products and their potential uses, and officers should refer to this document where necessary.

10.5. Sterilisation

The Order makes reference to the requirement for licence holders to have, unless only sterile single-use equipment is used, an autoclave - defined as “a pressure vessel in which the lid is sealed by the internal pressure in the vessel and which is used to steam sterilise equipment used for skin piercing and tattooing”.

It should be noted that the following are **not** deemed suitable sterilisation alternatives to steam autoclaves:

- Hot air ovens
- Water boilers
- UV light boxes
- Glass bead sterilisers

The steam sterilisation process requires direct contact between the material being sterilised and pure dry saturated steam at a specific temperature for a specific length of time. The standard temperature/pressure/time relationships for steam sterilisation are presented in Table 4. It is always recommended that the highest temperature compatible with the load items is used wherever possible.

TABLE 4: TEMPERATURE, PRESSURE AND HOLD TIME FOR STEAM STERILISATION

Sterilising Temperature Range (°C)		***Approximate Pressure (bar)***	***Minimum Hold Time (mins)***
Minimum	***Maximum***		
134	*137*	*2.25*	*3*
126	*129*	*1.50*	*10*
121	*124*	*1.15*	*15*

Steam sterilisation has a number of advantages over other sterilisation techniques:

- This is a rapid, automated, easy-to-use and reliable technique.
- The process is non-toxic and non-polluting.
- Although an initial outlay is involved, the procedure is relatively cheap to run.

Two main forms of steam autoclaves exist – standard (traditional) steam autoclaves and pre-sterilisation vacuum stage autoclaves. The suitability of each type of autoclave for equipment used in the tattooing/piercing industry will now be discussed.

10.5.1. Standard Steam Autoclaves (Passive Air Removal)

The simplest of steam autoclaves – gravity displacement or passive air removal autoclaves – use displacement of air with steam to allow the steam (at a specified temperature) to come into contact with the items to be sterilised.

- These systems **are** suitable for the sterilisation of:
    - solid items.
    - non-wrapped items.
- They **are not** suitable for the sterilisation of:
    - hollow devices.
    - tubular items.
    - devices with lumens.
    - porous items, e.g. fabric.
    - wrapped loads (loads in pouches or packages).
- They are cheap to purchase, operate and maintain.

10.5.2. Pre-Sterilisation Vacuum Steam Autoclaves

Vacuum sterilisers work on the same principle as basic steam autoclaves except they incorporate an initial vacuum-assisted air removal stage before admission of steam into the system. This air removal can be achieved using a pump or some other active method.

- These systems **are** suitable for the sterilisation of:
    - wrapped and non-wrapped solid items.
    - wrapped and non-wrapped hollow devices.
        - packaging material must be purpose-made for steam sterilisation and should be resistant to the ingress of contamination when dry.
    - tubular items.
    - devices with lumens.
    - porous items, e.g. fabric.

- These systems cover a far wider range of applications than basic steam autoclaves.
- They are expensive to purchase and maintain.
- They require additional testing periodically.
- Cycle times can be longer due to the post-sterilisation drying stage required for wrapped items.
    - Packages that are still wet or even damp cannot be deemed sterilised as microorganisms can penetrate wet packaging.

10.5.3. Storage and Sterility of Items Following Sterilisation

Unless an effective post-sterilisation drying stage is incorporated into any sterilisation cycle, steam will condense inside the autoclave, wetting the load.

As soon as wet non-wrapped equipment is removed from either a traditional or a vacuum autoclave they will quickly become contaminated and be in the same condition as the atmosphere in the surrounding room.

- It is almost impossible to retain the sterility of wet equipment once the steriliser door is opened.

Dried non-wrapped equipment which has been subject to complete drying within the autoclave – before the door is opened - can be stored in a dry, airtight disinfected container.

- Non-wrapped items processed in a traditional benchtop steam steriliser should, preferably, be used direct from the autoclave.
- If transfer of the items takes place quickly and the storage container is indeed dry, airtight and disinfected, the sterility of these items should be similar to those used direct from the autoclave.
- LAC 72/2 states that it is best practice to use such sterilised items within 3 hours or to re-sterilise.
    - LAC 72/2 also states, however, that such items cannot be regarded as sterile at point of use as they are not being used in a controlled clinical environment. However, it is stated that the microbiological condition of appropriately stored items will, at worst, be comparable to that of the environment in which they are being used.

If sterilised items are to be retained for future use in sterile conditions they should be processed in suitable wrapping material, in a suitable pre-vacuum steam steriliser equipped with a post-sterilisation drying phase.

- The packaging material must be completely dry before the door of the autoclave is opened as microorganisms may be able to penetrate the wet or damp packaging and contamination can take place from the moment the door opens.
- Packages **cannot** be removed damp from the autoclave and dried subsequently.
- Items will not remain sterile if removed from the autoclave and placed into packages after sterilisation.

If items are processed and stored properly, they may retain their sterility indefinitely. However, licence holders should be advised to discuss issues such as shelf life with equipment (and packaging) manufacturers.

10.5.4. Maintenance and Operation of Autoclaves

All autoclaves should be operated in line with the manufacturers' instructions and only loads for which the steriliser is intended should be processed in the system. The sterility of incorrect loads, or overweight loads, cannot be guaranteed therefore incorrect use of a system in this way poses a risk of contamination.

Licence holders should maintain a permanent record for each autoclave for which they are responsible and should be able to provide evidence to an officer at any time of its efficient operation and consistent sterilisation capability. This information should be held within an autoclave logbook (which should be made available to an officer upon request) and it should contain historical information on the autoclave in relation to:

- all commissioning and validation tests and checks carried out.
- routine monitoring of every sterilisation cycle.
- actions taken to correct a system in the event of a cycle fail (and information on the fate of the unsatisfactory load).
- results of all testing – daily and weekly tests by operator, quarterly and annual tests by a qualified test person.

- Measurements of time and temperature should be carried out at the start of each cycle, at the end of the maximum holding time and at the end of the cycle.
- The door seal should be tested at least weekly for distortion or wear.
- The door safety devices and pressure devices should be tested at least weekly.

- records of all maintenance, repairs or modifications.
- the written scheme of examination as required under the Pressure Systems Safety Regulations 2000 (see 10.5.5.).
- records of inspection under the written scheme of examination.
- certificate of insurance for the autoclave.
- records of training of all operators.

10.5.5. Use of Indicators

Chemical indicators are often used by operators for a number of reasons. However, it is important to recognise the potential problems associated with interpretation of indicators by operators.

- Indicators should meet all requirements of relevant standards – packaging should be checked to ensure that indicators comply.
- Indicators should only be used for the use for which they are intended by the manufacturer.

The chemical indicators available and commonly used in steam sterilisers are:

- Process indicators, e.g. autoclave tape/indicators on bags/indicators on pouches.
  - These indicators should only be used to distinguish between processed and unprocessed items.
  - These should **not** be used for any other purpose, e.g. for indication of efficient operation of the autoclave.
- Performance indicators

- These are used for specific tests including checking the effectiveness of penetration of steam into test packs.

- Integrating indicators
    - Used for monitoring steam sterilisers.
    - Monitor two or more critical variables in the process.
    - Display either end point reaction or, in some cases, graduated response.
    - Do **not** indicate that a load is sterile.

10.5.6. Legislation

Provision and Use of Work Equipment Regulations 1998 - it is a requirement of the Provision and Use of Work Equipment Regulations 1998 that any person operating, supervising or managing work equipment must be adequately trained in its use. The licence holder is responsible for ensuring that both they, and any other operator working within their premises, are trained in the use of the autoclave systems in use. This training should form part of the training given to trainees during “apprenticeships” and licence holders should be advised of this.

The Pressure Systems Safety Regulations 2000 - the Pressure Systems Safety Regulations 2000 covers the installation and operation of autoclaves and, amongst other things, requires that:

- a written scheme of examination for the pressure system in produced by a Competent Person (pressure vessels).
- a periodic examination of the system is conducted by a Competent Person in accordance with that written scheme.

This written scheme should be produced by the equipment manufacturer, the insurer who provides public liability insurance to the licence holder, or some independent inspection organisation. Licence holders who require further assistance on this topic – or on any other aspect of autoclave operation or maintenance - should be directed to “Benchtop Steam Sterilizers – Guidance on Purchase, Operation and Maintenance” (Medicines and Healthcare products Regulatory Agency, DB2002 (06), October 2002). This document also provides useful background information for officers who are inspecting premises, equipment and logs.

Health and Safety at Work etc Act 1974 - licence holders can contribute towards their compliance with the Consumer Protection Act and the Health and Safety at Work Act by ensuring that autoclave equipment under their control:

- complies with all safety requirements
- is properly installed and maintained
- is validated
- is routinely tested
- is operated only by properly trained operators
- is operated in full accordance with the manufacturer's instructions.

CHAPTER 11: ADDITIONAL SOURCES OF INFORMATION

"Body art, cosmetic therapies and other special treatments", Chartered Institute of Environmental Health and Barbour Index (2001).

"Enforcement of skin piercing activities", Health & Safety Executive/Local Authorities Enforcement Liaison Committee (HELA) Local Authority Circular 76/2 (2005).

"Benchtop Steam Sterilizers – Guidance on Purchase, Operation and Maintenance", Medicines and Healthcare products Regulatory Agency, DB2002 (06) (2002).

"Sterilization, Disinfection and Cleaning of Medical Equipment: Guidance on Decontamination from the Microbiology Advisory Committee to the Department of Health", Microbiological Committee to the Department of Health (2006).

APPENDIX 1

EXAMPLE OF ADVICE NOTICES FOR TATTOOING AND PIERCING PREMISES

IMPORTANT INFORMATION

PLEASE READ

Tattooing will not be carried out on any individual who is:

- **under 18 years of age**
- **under the influence of alcohol or drugs**

Customers should discuss their medical history with the Operator and read the aftercare information leaflet before signing a consent form.

Clients should be aware of the risks that may be associated with tattooing and consider these before giving consent for the procedure - if aftercare advice provided by the Operator is not followed, a tattoo is at risk of becoming infected.

Clients should be aware of the risk of allergic reaction to pigment.

IMPORTANT INFORMATION - PLEASE READ

Piercing will not be carried out on any individual who is:

- **under 16 years of age unless permission is given by an individual with parental rights for that child**
- **under the influence of alcohol or drugs**

Customers should discuss their medical history with the Operator and read the aftercare information leaflet before signing a consent form – if aftercare advice provided by the Operator is not followed, a piercing is at risk of becoming infected.

Clients should be aware of the following risks that may be associated with piercing and consider these before giving consent for the procedure:

- **allergic reaction to jewellery**
- **migration or rejection of jewellery**
- **localised infection at the piercing site**
- **localised swelling and trauma**

APPENDIX 2

EXAMPLES OF CONSENT FORMS

INSERT STUDIO NAME BODY PIERCING/TATTOOING CLIENT CONSENT FORM

CLIENT DETAILS

Name _____ **Date of Birth** _____

Address _____ **Telephone** _____

PROCEDURE DETAILS **OPERATOR'S NAME** _____

Procedure Undertaken* **TATTOO** **PIERCING** **Site on body** _____

***circle or delete as appropriate**

Jewellery Used (if applicable) _____

CLIENT MEDICAL HISTORY

Do you (does the client, if completing for an under-16) currently suffer from, or have you (they) ever suffered from any of the following?

	YES	NO	DETAILS
Heart Condition/Angina			
Blood Pressure Problems			
Epilepsy/Seizures			
Haemophilia/Blood Clotting Disorders			
Skin Complaints, e.g. psoriasis, eczema, dermatitis			
Diabetes			
Allergic Response, e.g. anaesthetics, jewellery			
Are you prone to fainting attacks?			
Do you regularly take any blood-thinning medicines, e.g. aspirin?			
Do you take any regularly prescribed medication?			
Could you be pregnant?			
Any other associated health condition(s)			
Details of any associated problems with treatment			

I declare that the information I have provided on medical history is correct to the best of my knowledge and that I am not currently under the influence of drugs or alcohol. I hereby give consent for the procedure detailed above to be carried out by the named operator. I confirm that I have been provided with written information on (i) the potential complications associated with the procedure and (ii) appropriate aftercare advice for the procedure. I agree that it is my responsibility to read this and follow the aftercare advice given until the treatment area is healed. I give consent to the operator to retain the details provided on this form for a period of 2 years from today.

Signature of Client _____ **Date** ___/___/_____

Signature of Operator _____ **Date** ___/___/_____ **Time** ___:___ **am/pm**

Where client is under 16 years old, details and consent of parent or guardian:

Name _____ **Relationship to Client** _____

Address _____

Telephone _____ **Proof of ID Provided?** **Y** **N**

Signature of Parent or Guardian _____ **Date** ___/___/____

Signature of Operator _____ **Date** ___/___/____

INSERT STUDIO NAME ELECTROLYSIS CLIENT CONSENT FORM

CLIENT DETAILS

Name _____ **Date of Birth** _____

Address _____ **Telephone** _____

PROCEDURE DETAILS **OPERATOR'S NAME** _____

Type of electrolysis _____ **Site on body** _____

CLIENT MEDICAL HISTORY

Do you (does the client, if completing for an under-16) currently suffer from, or have you (they) ever suffered from any of the following?

	YES	NO	DETAILS
Heart Condition/Angina			
Blood Pressure Problems			
Do you wear a pacemaker or any other electrical equipment?			
Do you wear dentures /have a large amount of metalwork in your teeth?			
Sinus problems/asthma			
Epilepsy/Seizures			
Haemophilia/Blood Clotting Disorders			
Skin Complaints, e.g. psoriasis, eczema, hypersensitive skin			
Lumpy raised scars (keloid scars)			
Diabetes			
Allergic Response, e.g. anaesthetics, jewellery			
Are you prone to fainting attacks?			
Do you regularly take any blood-thinning medicines, e.g. aspirin?			
Do you take any regularly prescribed medication?			
Could you be pregnant?			
Any other associated health condition(s)			
Details of any associated problems with treatment			

I declare that the information I have provided on medical history is correct to the best of my knowledge and that I am not currently under the influence of drugs or alcohol. I hereby give consent for the electrolysis detailed above to be carried out by the named operator. I confirm that I have been provided with written information on (i) the potential complications associated with the procedure and (ii) appropriate aftercare advice for the electrolysis. I agree that it is my responsibility to read this and follow the instructions on it until the treatment area is healed. I give consent to the operator to retain the details provided on this form for a period of 2 years from today.

Signature of Client _____ **Date** ___/___/_____

Signature of Operator _____ **Date** ___/___/_____ **Time** ___:___ **am/pm**

Where client is under 16 years old, details and consent of parent or guardian:

Name _____ **Relationship to Client** _____

Address _____

Telephone _____ **Proof of ID Provided?** **Y** **N**

Signature of Parent or Guardian _____ **Date** ___/___/____

Signature of Operator _____ **Date** ___/___/____

INSERT STUDIO NAME ACUPUNCTURE CLIENT CONSENT FORM

CLIENT DETAILS

Name _____ **Date of Birth** _____

Address _____ **Telephone** _____

PROCEDURE DETAILS **OPERATOR'S NAME** _____

Type of acupuncture _____ **Site(s) on body** _____

CLIENT MEDICAL HISTORY

Do you (Does the client, if completing for an under-16) currently suffer from, or have you (they) ever suffered from any of the following?

	YES	NO	DETAILS
Heart Condition/Angina			
Blood Pressure Problems			
Do you wear a pacemaker or any other electrical equipment?			
Do you wear dentures /have a large amount of metalwork in your teeth?			
Sinus problems/asthma			
Epilepsy/Seizures			
Haemophilia/Blood Clotting Disorders			
Skin Complaints, e.g. psoriasis, eczema, hypersensitive skin			
Lumpy raised scars (keloid scars)			
Diabetes			
Allergic Response, e.g. anaesthetics, jewellery			
Are you prone to fainting attacks?			
Do you regularly take any blood-thinning medicines, e.g. aspirin?			
Do you take any regularly prescribed medication?			
Could you be pregnant?			
Any other associated health condition(s)			
Details of any associated problems with treatment			

I declare that the information I have provided on medical history is correct to the best of my knowledge and that I am not currently under the influence of drugs or alcohol. I hereby give consent for the acupuncture detailed above to be carried out by the named operator. I confirm that I have been provided with written information on (i) the potential complications associated with the procedure and (ii) appropriate aftercare advice for the acupuncture. I agree that it is my responsibility to read this and the aftercare advice and follow the instructions on it until the treatment area is healed. I give consent to the operator to retain the details provided on this form for a period of 2 years from today.

Signature of Client _____ **Date** ___/___/_____

Signature of Operator _____ **Date** ___/___/_____ **Time** ___:___ **am/pm**

Where client is under 16 years old, details and consent of parent or guardian:

Name _____ **Relationship to Client** _____

Address _____

Telephone _____ **Proof of ID Provided?** **Y** **N**

Signature of Parent or Guardian _____ **Date** ___/___/____

Signature of Operator _____ **Date** ___/___/____

APPENDIX 3

EXAMPLES OF AFTERCARE ADVICE

AFTERCARE ADVICE FOR YOUR NEW TATTOO

Your new tattoo has involved breaking the surface of your skin and there is a possibility that, if not cared for properly, your tattoo may become infected. By following the advice provided in this leaflet you will be reducing the chance of anything going wrong with your tattoo.

HOW TO TREAT YOUR TATTOO

Your new tattoo is basically an area of tiny skin breaks which have been caused by the penetration of needles carrying ink into your skin. It is important that you keep wearing the sterile dressing applied by your tattooist for at least an hour after it is applied. This should provide enough time for the tattoo to stop bleeding or weeping.

Once you remove the dressing, you should wash the tattoo gently with warm tap water and pat it dry with a clean tissue - try to avoid using towels, and definitely don't use towels that other people have been using.

After washing and drying your tattoo, apply a moisturising skin cream (your tattooist will recommend a cream but something like E45 is appropriate unless you are allergic to any of the ingredients) to stop the skin drying out and reduce scabbing.

You should aim to wash the area and apply the moisturising cream approximately 2 to 3 times a day for the first few days. Cream should continue to be applied 2 to 3 times a day to keep the skin moisturised until your tattoo is fully healed.

Everyone heals at a different rate and healing times depend on many factors. However, most scabbing should disappear within approximately 2 weeks - the next stage is for the tattoo to be covered in a "silver" skin which will last for about a week - in total, your new tattoo should be completely healed within about 4 to 5 weeks.

SOME GENERAL TIPS FOR AFTERCARE OF YOUR TATTOO

If possible, shower rather than bathe during the healing period – this prevents unnecessary water exposure – always pat your tattoo dry with a separate towel or tissue until it is fully healed.

Do not pick your tattoo as this will increase the healing time and will also lessen the quality of your healed tattoo.

Avoid swimming, sun bathing and sunbeds until your tattoo has fully healed – sunlight and chlorine can interact with the dyes in your tattoo causing irritation or inflammation of your skin.

Where possible, minimise the amount of "rubbing" from clothing by wearing loose fitting clothes around the area of the tattoo – this will minimise irritation of the skin around your new tattoo.

Keep your new tattoo covered if working in a dirty or dusty environment.

If you have any problems or questions at any time then you should contact your tattooist – contact details are provided below - to ask their advice in the first instance. It may be the case that they may refer you to your GP, or reassure you that what you are seeing is part of the natural healing process. In an emergency, you should always seek medical attention either at your GP surgery or at a hospital Accident and Emergency (A&E) Department.

TATTOOIST DETAILS

Operator Name _____ **Telephone Number** _____

Studio Name _____

Address _____

AFTERCARE ADVICE FOR YOUR NEW PIERCING

Your new piercing has involved breaking the surface of your skin and there is a possibility that, if not cared for properly, your piercing may become infected. By following the advice provided in this leaflet you will be reducing the chance of anything going wrong with your piercing.

WHAT TO EXPECT FROM YOUR PIERCING

It is normal for most piercings to bleed slightly at first, but this should last no more than a few minutes - this may happen a few times over the first few days but should not be continuous and should not be heavy – if this happens you should seek medical advice immediately.

Everyone heals at different rates and some piercings take longer than others to heal. The following list gives an idea of the *estimated* healing times for different piercings but yours may take more or less time to heal completely.

Ear lobe, eyebrow, nasal septum …… 6 to 8 weeks
Ear cartilage, nostril …… 2 months to 1 year
Tongue …… 4 to 8 weeks
Lip, cheek …… 6 to 12 weeks
Genital …… 4 to 12 weeks
Nipple, scrotum, outer labia …… 2 to 6 months
Navel …… 4 months to 1 year

Your new piercing may be itchy, tender and slightly red for some time – in some cases a clear, odourless fluid may come from the site and form a crust. This is part of the natural healing process.

SOME GENERAL RULES ABOUT YOUR PIERCING

Minimise the chance of germs getting into your piercing:

- don't touch your piercing for at least a couple of days
- don't pick at, or play with, your piercing
- don't allow anyone else to touch your piercing
- when you have to handle either the site or jewellery, wash and dry your hands thoroughly first
- don't use your fingernails to move the jewellery

Try not to aggravate your piercing:

- avoid wearing tight clothing around your piercing
- keep waistbands away from navel piercings
- try to avoid rigorous exercise until your piercing heals

For tongue piercings:

- try to eat soft foods for the first few days
- gradually work your way up to tougher foods
- try to avoid hot spicy foods for the first few days
- sucking on ice, or drinking iced water, might help reduce swelling of tongue piercings
- use a new toothbrush to ensure that any bacteria that may be in your old one don't get into your piercing and infect it.

KEEPING YOUR PIERCING CLEAN

Where possible, you should aim to **clean** your piercing twice a day. Most piercings can be cleaned with warm pre-boiled tap water or sterile saline solution – this can be bought from most pharmacies in individual packs – use a fresh pack and a clean fresh cotton bud every time you clean the site. Always make sure your hands are clean.

Turn your piercing once or twice a day when you are cleaning it – soak off any crust that may have formed before you start to turn the jewellery – if possible, use a tissue to handle the jewellery rather than your hands – always make sure your hands are clean. Other than when you are cleaning the site, don't pick off any crust that forms as this acts as a barrier to stop your site becoming infected.

After cleaning, pat the piercing **dry** with a clean tissue - always keep your piercing as **dry** as possible – try to avoid using towels, and definitely don't use towels that other people have been using.

For **tongue** piercings, half strength mouthwash (diluted with water) should be used after everything that you eat, drink or smoke until your piercing is fully healed.

WHAT TO LOOK OUT FOR WITH YOUR NEW PIERCING

As your piercer will already have advised you, there are a number of things that could go wrong with your new piercing if it is not cared for properly.

Localised Infection

If aftercare advice is not followed correctly, infection may occur at the site of your piercing. If you suffer from any of the following after having your piercing you should speak to your piercer, or seek medical assistance in an emergency:

- Swelling and redness that increases or lasts more than a week or so after the piercing -

- A burning or throbbing sensation at the site -

- Increased tenderness, painful to touch -

- An unusual discharge (yellow or green) with an offensive smell -

Migration of Jewellery

If jewellery is too thin, or the jewellery is agitated before it heals completely, it is possible that the jewellery may move outwards through your skin. This problem is more common in navel and eyebrow piercings but could happen with a piercing at any site. If you think this may be happening to your piercing then return to your piercer and seek their advice.

Embedding of Jewellery

Sometimes, if an infection occurs at a piercing site, or if an inappropriate piece of jewellery has been used for a piercing, the jewellery may try to make its way completely under the surface of the skin. This is known as embedding. If you think this may be happening to your piercing then return to your piercer and seek their advice.

Allergic Reaction

Your piercer will already have asked you about any allergies that you may have. However, if you should notice an allergic response to your jewellery (or any other product used during the piercing) at any time then seek medical advice.

If you have any problems or questions at any time then you should contact your piercer– contact details are provided below - to ask their advice in the first instance. It may be the case that they may refer you to your GP, or reassure you that what you are seeing is part of the natural healing process. In an emergency, you should always seek medical attention either at your GP surgery or at a hospital Accident and Emergency (A&E) Department.

PIERCER DETAILS

Operator Name _____ **Telephone Number** _____

Studio Name _____

Address _____

AFTERCARE ADVICE FOLLOWING AN ELECTROLYSIS TREATMENT

SOME GENERAL TIPS FOLLOWING ELECTROLYSIS
The area treated should be kept dry
Following your treatment do not touch or scratch the area treated
If small scabs appear do not scratch them away as this can cause scarring. Allow them to fall off naturally
Avoid smoking, strenuous exercise and swimming for the rest of the day
Avoid other treatments or makeup on the treated area for at least 48 hours after treatment
If possible, shower rather than bathe during the healing period – this prevents unnecessary water exposure – always dab rather than rub the treated area dry.
Avoid swimming, sun bathing/sun beds, saunas and other heat treatments for at least 48 hours after treatment
Do not tweeze between treatments

If you have any problems or questions at any time then you should contact your electrolysist – contact details are provided below - to ask their advice in the first instance. It may be the case that they may refer you to your GP, or reassure you that what you are seeing is part of the natural healing process. In an emergency, you should always seek medical attention either at your GP surgery or at a hospital Accident and Emergency (A&E) Department.

ELECTROLYSIST DETAILS

Operator Name _____ **Telephone Number** _____

Studio Name _____

Address _____

AFTERCARE ADVICE FOLLOWING ACUPUNCTURE

SOME GENERAL INFORMATION FOLLOWING ACUPUNCTURE

Some clients may experience drowsiness following acupuncture. If affected you are advised not to drive.

Minor bleeding or bruising may occur after acupuncture

If you have any problems or questions at any time then you should contact your acupuncturist – contact details are provided below - to ask their advice in the first instance. It may be the case that they may refer you to your GP, or reassure you that what you are seeing is part of the natural healing process. In an emergency, you should always seek medical attention either at your GP surgery or at a hospital Accident and Emergency (A&E) Department.

ACUPUNCTURIST DETAILS

Operator Name _____ **Telephone Number** _____

Studio Name _____

Address _____

APPENDIX 4

STANDARD PROTOCOL FOR OPERATION OF ULTRASONIC BATHS

STANDARD PROTOCOL FOR ULTRASONIC BATHS

- Refer to device manufacturer's instructions for compatibility with ultrasonic process.
- Ensure that the ultrasonic washer is clean and dry prior to use.
- Wearing protective clothing, fill the fluid reservoir with sufficient water/detergent to ensure complete immersion of the item.
- Replace lid.
- Switch on and leave for required time to de-gas the water where necessary following manufacturer's instructions.
- Switch off.

- Remove lid and carefully immerse the item in the fluid ensuring that any air contained within the item is displaced.
- Irrigate lumened/cannulated devices or connect to accessory port.
- Replace the lid, switch on and leave for the recommended time.

- Switch off, lift lid, remove the item and drain before transferring to a clean-rinse receptacle.
- Rinse thoroughly with clean water, ensuring irrigation of lumened/cannulated devices, and drain.
- Carefully hand-dry using absorbent, non-shedding cloth, industrial hot air dryer or place into drying cabinet.
- Complete the documentation.
- Dry the equipment before storing until required for reuse (or until being disinfected and subsequently sterilized in a steam autoclave).

Modified from "*Sterilization, Disinfection and Cleaning of Medical Equipment: Guidance on Decontamination from the Microbiology Advisory Committee to the Department of Health*", 2006.