

# ***Public Health (Infection Control for Personal Appearance Services) Act 2003***

**What business needs to know about personal appearance services**

**August 2014**

**Public Health (Infection Control for Personal Appearance Services) Act 2003:  
What Business needs to know about Personal Appearance Services.**

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## Overview

This booklet provides information about personal appearance services such as hairdressing, beauty therapy and skin penetration procedures and about the *Public Health (Infection Control for Personal Appearance Services) Act 2003*.

The booklet contains four parts and five appendices. Part 1 contains a summary of the Act, and information on other legislation you need to know about. Part 2 contains the Infection Control Guidelines made under the Act. Part 3 provides details of additional measures you can take to minimise potential harm from personal appearance services. Part 4 sets out an example of a “good practice” skin penetration procedure.

Appendix 1 contains a summary of Australian/New Zealand Standard 4815 that covers sterilisation practices relevant to the provision of personal appearance services.

Appendix 2 contains Part 5.0, MP5.2 of the Queensland Development Code.

Appendix 3 is an excerpt from the Department of Environment and Heritage Protection Information Sheet on clinical waste.

Appendix 4 contains information on how infections are spread. It also forms part of the reasoning for the legislation.

Appendix 5 Personal Appearance Services Categorisation Table (Guide only). This table provides a guide on which category a personal appearance service falls into higher or non-higher risk.

## Further information

Further information and the documents below are available at [http://www.health.qld.gov.au/legislation/health\\_portfolio.asp#pest](http://www.health.qld.gov.au/legislation/health_portfolio.asp#pest)

- *Public Health (Infection Control for Personal Appearance Services) Act 2003*
- *Public Health (Infection Control for Personal Appearance Services) (Infection Control Guideline) Notice 2013*
- *Public Health Infection Control for Personal Appearance Services Regulation 2016*
- Queensland Development Code Part 5.0 MP 5.2 - Higher risk personal appearance services
- Public Health (Infection Control for Personal Appearance Services) Act 2003 - A Guide for Local Government
- Public Health (Infection Control for Personal Appearance Services) Act 2003 - What business needs to know
- Public Health - Infection Control Guidelines for Personal Appearance Services 2012
- Public Health - Explanatory note on the consultation draft of the Public Health (Infection Control for Personal Appearance Services) Bill 2003

Fact sheets about a range of infectious diseases and other health issues are available on the Queensland Health website at: <http://www.health.qld.gov.au>

In this document the terms “local government” and “local council” have the same meaning and are interchangeable.

If you have any questions after reading this booklet, contact the Communicable Diseases Unit, Queensland Health on (07) 3328 9728 or contact the local Hospital and Health Service Public Health Unit.

## Tattoo Parlours Act 2013

The *Tattoo Parlours Act 2013* sets up an occupational licensing and regulatory framework for the Queensland tattoo industry.

In summary, the Act contains provisions to prohibit people from conducting a body art tattooing business or from performing a body art tattooing procedure (with certain, limited exceptions) without the authority of a licence or permit.

Under the Act, a person will not be eligible to apply for a licence if the person is:

- under the age of 18 years; or
- not an Australian citizen or resident; or
- a controlled person within the meaning of the *Criminal Organisation Act 2009*.

The Act includes compliance and enforcement provisions to allow authorised officers to detect, and take appropriate action in response to contraventions of the body art tattoo licensing framework.

The new licensing scheme started on 6 January 2014. The compliance provisions in relation to unlicensed body art tattooing commence on 1 July 2014. It is important to apply for a licence as soon as possible to ensure that you can continue to operate your business, or work as a tattooist after 1 July 2014 when the compliance provisions start.

After 1 July 2014 it will be an offence to operate a tattoo business or perform body art tattooing procedures without a licence or permit, or without having at least lodged an application. Heavy penalties will apply. An individual will not be able to be employed to work as a tattooist unless they hold a tattooist licence. It is therefore, important that tattoo parlour business owners and managers alert their staff members to these new licensing requirements.

It is recommended to contact the Department of Justice and Attorney-General, Office of Fair Trading in relation to licensing under the *Tattoo Parlours Act 2013* prior to submitting an application for a licence under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*.



## Part 1 - Personal Appearance Services

### What legislation covers personal appearance services?

The *Public Health (Infection Control for Personal Appearance Services) Act 2003* covers all aspects of personal appearance service practices, such as hairdressing, beauty therapy, tattooing and body piercing, in Queensland.

### What is a personal appearance service?

Hairdressing, beauty therapy, tattooing and body piercing services are collectively referred to as “personal appearance services”.

### To what activities does the Act apply?

The Act aims to minimise the risk of infection that may result from an operator providing personal appearance services as part of a business transaction. It does not apply to personal appearance services provided in a health-care facility (e.g. cosmetic surgery).

Acupuncture is not considered to be a personal appearance service. It is regulated under Chapter 4 – Infection control for health care facilities – of the *Public Health Act 2005*.

There are two categories of personal appearance services – higher risk and non-higher risk.

### What is a higher risk personal appearance service?

A higher risk personal appearance service involves any of the following skin penetration procedures, in which the release of blood or other body fluid is an expected result:

- body piercing, other than closed ear or nose piercing
- implanting natural or synthetic substances into a person's skin (e.g. hair or beads)
- scarring or cutting a person's skin using a sharp instrument to make a permanent mark, pattern or design
- tattooing (including cosmetic tattooing or semipermanent make-up).

### What is a non-higher risk personal appearance service?

A non-higher risk personal appearance service includes hairdressing, beauty therapy and those skin penetration procedures such as closed ear or nose piercing.

### Can a non-higher risk personal appearance service provider become a higher risk personal appearance service provider?

Yes. If a business starts to provide higher risk personal appearance services they are required to be licensed and to comply with all conditions of the licence.

## Higher risk personal appearance services

### Compliance with the legislation for a higher risk personal appearance service (e.g. tattooing and body piercing)

A business which provides or intends to provide higher risk personal appearance services must be licensed under the Act and only provide services from the premises stated on that licence.

### Conditions of licence

All licences are subject to the following conditions:

- the licensee must comply with the Act
- the licensee must ensure that:
  - the licence or a copy, is displayed at each premises covered by the licence so that it is visible to a person as they enter the premises
  - a copy of the Infection Control Guidelines is kept at each premises covered by the licence
  - each premises (including mobile premises) complies with Part 5.0 (MP 5.2 – Higher risk personal appearance services) of the Queensland Development Code
  - fixtures, fittings and equipment in each premises are maintained in good repair and operational order
  - other reasonable conditions the local council that issued the licence considers appropriate.

### How do I apply for a licence?

To apply for a licence to provide higher risk personal appearance services, you need to contact the local government (council) for the area in which the premises are located. If services are to be provided from two or more fixed premises in the same council area, you still only need a single licence. If you are providing services from multiple fixed premises located in different local council areas, you need to apply for separate licences from each local council.

An application for mobile premises (e.g. a caravan) can be made to any local council. Applications must state an address, in the area of the local council in which you make the application, where the mobile premises may be inspected before a decision is made on an application.

Application forms are available from the local council and need to be accompanied by the fee set by that council.

A licence may be issued for three years, or a shorter period at the discretion of the local council. Before granting a licence, the local council must be satisfied that:

- the applicant is a suitable person to hold a licence, and
- the premises are suitable for providing higher risk personal appearance services.

## What are the building requirements for premises?

Building requirements for premises (fixed or mobile) providing higher risk personal appearance services are contained in Part 5.0 (MP 5.2 – Higher risk personal appearance services) of the Queensland Development Code (QDC), published by the Department of Housing and Public Works. (See Appendix 2)

## Mobile higher risk personal appearance services

If you are licensed to provide higher risk personal appearance services from mobile premises in one local council area, and want to provide mobile higher risk services in a second local area, you must notify the second local council at least seven days before doing so (or by a shorter time period agreed to by the local council). This includes providing information about the details of the licence, and when and where the licensee intends to provide services in the area. Notification may be given by phone but must be promptly confirmed in writing.

When providing services in another local council area, the licensee's obligations under their mobile licence continue to apply. For more information about licences for higher risk personal appearance services contact:

- your local council
- Australian Business and Licence Information Service (ABLIS):  
<https://ablis.business.gov.au/>

## Non-higher risk personal appearance services

Providers of non-higher risk personal appearance services (hairdressing and beauty therapy services) are not required to be licensed. However, you are required to take all reasonable precautions and care to minimise the risk of infection to your clients. The Infection Control Guidelines still apply.

If you are a new business, local council may require you under a local law to notify them within 30 days after starting the business. The notice must contain your name and address, business type, address of premises (if fixed premises), date business started and, for mobile premises, a description of the premises including vehicle registration number. Check with your local council whether you are required to notify them.

If you are a hairdresser or beauty therapist who also provides higher risk personal appearance services like cosmetic tattooing or body piercing, then you also need to comply with the requirements applying to higher risk services.

## What do I need to do to comply with the Act?

A business proprietor must take all reasonable precautions and care to minimise the risk of infection to their clients, and ensure their employees do the same.

Employees also have a personal obligation to take reasonable precautions to minimise infection risks to their clients.

All businesses providing personal appearance services will comply with the Act if they follow the Infection Control Guidelines or adopt other measures that minimise the risk

of infection. If a business adopts other measures, the proprietor may be required to demonstrate to the local council's satisfaction that these measures minimise the infection risk.

## What are the building requirements for premises?

There are no mandatory building requirements for businesses that provide non-higher risk services. However, to be able to implement many of the infection control practices described in the Infection Control Guidelines, certain facilities may be needed. For example:

- for hand washing – a basin with clean cold running water needs to be considered (provision of hot water is preferred)
- for instrument cleaning - a separate single bowl sink with clean running water
- where the service is provided in a building or caravan, it is recommended that floors, floor coverings, walls, ceilings, shelves, fittings and other furniture be constructed of suitable materials to enable easy cleaning and maintenance
- where the service is not provided in a building or caravan, it is recommended you assess the suitability of the environment under which the personal appearance service will be conducted, to ensure that infection risks can be minimised.

Providers who travel to different locations to provide non-higher risk services need to determine how they can effectively minimise infection risks in each location. For example, what facilities (e.g. hand-basins or sinks) are available at each location for cleaning hands and instruments? Will portable cleaning facilities be needed?

It is recommended that mobile operators carry alcohol-based hand cleaners, multiple sets of instruments, and only use disposable single-use instruments.

## The role of local councils

Local councils are responsible for administering and enforcing the Act.

They can appoint “authorised persons” (e.g. a council employee) whose functions are to enforce the Act, to monitor compliance with the Act by inspecting businesses which provide personal appearance services, and to provide advice and information to businesses on how they can comply with the legislation.

Authorised persons may enter and search premises, take samples for testing, stop motor vehicles, copy documents and seize evidence of an offence against the Act.

If there is a breach of the Act:

- an authorised person may issue a remedial notice requiring the business proprietor to remedy the breach within a stated reasonable time. Non-compliance with the notice without a reasonable excuse is an offence.
- a local council may prosecute for an offence.

Some offences can result in an “on the spot” fine by way of an infringement notice under the *State Penalties Enforcement Act 1999*. The offences in this category will be a failure by a licensee of a higher risk personal appearance service to do any of the following:

- ensure a copy of their licence is displayed in their premises (2 penalty units);
- ensure that a copy of the Infection Control Guidelines is kept in their premises (2 penalty units);
- notify a local council of their intention to provide services from mobile premises in its area (2 penalty units);
- give written confirmation after giving notification by phone as above (1 penalty unit).

The value of a penalty unit may change over time. The Penalties and Sentences Act 1992 as amended contains the penalty unit value.

If a person is convicted of an offence, the court on its own initiative, or at the request of the prosecutor, may order the person to stop providing personal appearance services, or carrying on or managing a business which provides personal appearance services.

The following additional enforcement measures apply for higher risk services:

- if there is an immediate and serious risk of infection to clients, the local council that issued the licence may immediately suspend it. This must be followed by a “show cause” process, where the licensee is given an opportunity to make a submission as to why the suspension should not continue, or the licence be cancelled;
- the local council that issues a licence may suspend or cancel it after a show cause process, if a condition of the licence has been breached or another ground exists.

If a licensee of mobile premises breaches a condition of their licence while in a second local council area, the second local council may notify the first local council in writing. The first local council may then take action to suspend or cancel the licence as if the breach had occurred in its area.

## Licence and inspection fees

Businesses providing higher risk personal appearance services will need to pay a licence fee. In addition, the Act allows local councils to charge higher risk and non-higher risk services a fee for inspecting business premises. An inspection fee may only be charged after an inspection is carried out.

Each local council may set the licensing and inspection fee, but these must be no more than the cost to the local government of providing the service or taking the action.

Councils may charge the following inspection fees.

For higher risk services:

- each fixed or mobile premises - one inspection fee per year. That is, each local council in which the services are provided may charge an annual inspection fee.

For non-higher risk services:

- services provided only at fixed premises - one inspection fee per year for each premises;

- services provided only at places other than fixed premises - one inspection fee per year irrespective of the number of locations or the number of local council areas in which services are provided;
- services at both fixed premises and other locations - one inspection fee per year for each fixed premises.

For all personal appearance services, an additional inspection fee may be charged if a remedial notice has been issued and it is necessary for a further inspection to be carried out to check whether the remedial action has been taken. An additional fee may be charged for each follow-up inspection.

## Can I appeal against a decision made by a local council?

Yes. Under the Act, a business may apply to a local government for a review of certain decisions made by that government, about licences for higher risk personal appearance services. If they are dissatisfied by the outcome of the review, they may appeal to the Queensland Civil and Administrative Tribunal (QCAT) against the review decision. QCAT plays a key role in improving the openness, accountability, quality and consistency of original decision making in the public sector through reviewing administrative decisions made by government decision-makers.

Decision-makers include the Chief Executive (Director General), Commissioner, Superintendent, registrar, officer, regulator, authority or inspector of Queensland Government departments, local governments and regulatory authorities. More information is available at <http://www.qcat.qld.gov.au/matter-types/review-of-administrative-decisions>

## Other laws that apply to personal appearance services

Business operators and staff should also be aware of their responsibilities under other Queensland legislation. Some of that legislation is listed below however it is not an exhaustive list.

### Piercing and tattooing of persons under 18 years

*Summary Offences Act 2005* contains offence provisions relating to piercing the nipples or genitals of a minor or tattooing a minor (person under 18 years of age).

The maximum penalty for both offences is 40 penalty units or 6 months imprisonment. However, the maximum penalty for the piercing offence is doubled if the minor's decision-making capacity is impaired by alcohol, drugs or by intellectual disability. It is not a defence that the minor's parent or guardian consented to the tattooing or piercing.

### Is parental consent required for body piercing of a minor?

No (subject to the qualification in the previous paragraph). An operator has an implied moral obligation not to pierce any minor without their parents' consent. As this is a big step for a minor and their parents it is recommended that a parent be involved in the decision. Depending on the nature of the piercing requested, it may be appropriate to ask the client to return the next day after discussing the piercing with their parents. The implied consent goes hand in hand with a duty of care to take all precautions not to

harm a minor during the piercing. Some people may not have the maturity or mental capacity to give their own consent for a procedure. Parental consent cannot be given for the piercing of a minor's nipples or genitals.

## Smoking

Smoking in enclosed places is prohibited under the *Tobacco and Other Smoking Products Act 1998*<sup>1</sup>.

## Waste management

See the *Environmental Protection (Waste Management) Regulation 2000* about the disposal of waste (including sharps disposal)<sup>2</sup>. See Appendix 3 – Excerpt from the Department of Environment and Heritage Protection Information Sheet.

## Workplace health and safety

The *Work Health and Safety Act 2011* requires employers to take steps to ensure the safety of employees at work. It also requires employers and self-employed persons to conduct their business in a manner which ensures their own health and safety, the health and safety of people not in their employment, and the health and safety of members of the public who may be affected.

Relevant Standards under this Act include the *First Aid Advisory Standard 1999* and the Supplements to the *Risk Management Advisory Standard 2000*: Supplement No. 1 (*Personal Protective Equipment*) and Supplement No. 2 (*Training*)<sup>3</sup>.

## Use of anaesthetic substances (e.g. to reduce pain, discomfort)

It is illegal for a person to administer or apply or inject a scheduled anaesthetic or pain reducing substance to another person unless they are endorsed under the Health (Drugs and Poisons) Regulation 1996 to administer the substance.

It is also illegal for a person to sell or give away a scheduled anaesthetic or pain reducing substance to another person unless they are endorsed under the Health (Drugs and Poisons) Regulation 1996 to sell or give away the substance.

A S3 or S4 substance can be dispensed by a pharmacist only to a person demonstrating a therapeutic need for the treatment of a condition for which it has been prescribed.

Businesses have an obligation to ensure products being used and practices at the business comply with current legislation.

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<sup>1</sup> For further information, contact the Alcohol, Tobacco and Other Drugs Unit, Queensland Health, ph: (07) 3328 9849, visit the website at <http://www.health.qld.gov.au/atods/home.htm> or email [atodsweb@health.qld.gov.au](mailto:atodsweb@health.qld.gov.au).

<sup>2</sup> For further information contact local council or the Department of Environment and Heritage Protection

<sup>3</sup> For information about Workplace Health and Safety legislation, Advisory Standards and Guides see <http://www.whs.qld.gov.au/publications> or contact the Infoline at 1300 369 915, or by e-mailing [safetyinfo@detir.qld.gov.au](mailto:safetyinfo@detir.qld.gov.au)



## Infection Control Qualification

### What training is needed if I personally provide higher risk personal appearance services?

You must achieve the competency standard ***HLTIN402C – Maintain infection control standards in office practice settings***. This unit of competency is endorsed by the Australian National Training Authority. Business proprietors of higher risk services also need to ensure people they employ or use to provide services achieve this competency standard also. An administrative change to the previous competencies ***HLTIN2A – Maintain Infection Control Standards in Office Practice Settings*** and ***HLTIN402B – Maintain infection control standards in office practice settings*** has resulted in the renumbering of the competency standard. The content of the competency unit has not changed. Operators who achieved the ***HLTIN2A*** or ***HLTIN402B*** competencies have the same competencies as those who complete the new package ***HLTIN402C***.

Training for the standard is being offered through distance study conducted by institutions such as the South Queensland Institute of TAFE. Other training organisations may offer training in this competency standard. You should check that the organisation is registered with the Department of Education and Training to provide training and assessment for this standard.

An operator cannot provide higher risk personal appearance services unless they hold the infection control qualification (outlined above). Trainees within higher risk premises are also required to hold the infection control qualification prior to providing or assisting in providing a higher risk personal appearance service.

For further information, contact the South Queensland Institute of TAFE Faculty of Community Services & Health - telephone: 07 4694 1961 or an alternate registered training organisation who delivers the training package.

Details of the competency standard are also available at [www.training.gov.au](http://www.training.gov.au).



## Part 2 – Infection Control Guidelines

### Introduction

Skin that is intact, that is without cuts, abrasions or lesions, is a natural defence against infection. Infections can enter the body through cuts and sores or on sharp objects which pierce the skin.

Personal appearance services that involve skin penetration (whether accidental or intentional) can spread blood-borne diseases such as HIV, hepatitis B and hepatitis C. These diseases are spread by blood-to-blood contact, e.g. by instruments that are contaminated with blood from an infected person and used on another person without adequate processing.

Personal appearance services that do not penetrate the skin may spread superficial infections such as staphylococcal bacteria, cold sores, ringworm, scabies and head lice. These infections can be easily transferred from person to person, by contact with unwashed hands or via soiled instruments.

It should be assumed that all blood and body substances are potentially infectious and special care should always be taken to avoid direct contact with these substances. Even invisible traces of infected blood can potentially spread blood-borne diseases.

Proper hand washing, use of clean and/or sterile instruments, safe waste disposal, safe procedures and clean premises all contribute to preventing the transmission of infections.

### Preventing infection is good for everyone

Minimising infection risks from personal appearance services is good for the community, personal appearance service businesses, and their customers and staff.

### Infection control guidelines

Under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*, Infection Control Guidelines are provided for personal appearance services to help minimise the risk of infection. These guidelines provide information on how to protect operators and clients, and are based on current infection control practice. A copy of the Infection Control Guidelines can be found and downloaded from the Queensland Health web site – [www.health.qld.gov.au](http://www.health.qld.gov.au)

The Act and these Guidelines do not apply to personal appearance services provided in a health-care facility (e.g. cosmetic surgery). Acupuncture is not considered to be a personal appearance service. Acupuncturists will need to comply with the provisions of Chapter 4 – Infection control for health care facilities of the *Public Health Act 2005*.

### What is a personal appearance service?

A personal appearance service is a hairdressing, beauty therapy or skin penetration procedure (e.g. tattooing or piercing) that is provided as part of a business transaction.

The terms "hairdressing", "beauty therapy" and "skin penetration" are described in the Glossary of Terms.

### **What is a higher risk personal appearance service?**

A higher risk personal appearance service involves any of the following skin penetration procedures, in which the release of blood or other body substance is an expected result:

- body piercing, other than closed ear or nose piercing
- implanting natural or synthetic substances into a person's skin, e.g. hair or beads
- scarring or cutting a person's skin using a sharp instrument to make a permanent mark, pattern or design
- tattooing (including cosmetic tattooing or semi-permanent makeup).

### **What is a non-higher risk personal appearance service?**

A non-higher risk personal appearance service is hairdressing, beauty therapy or a skin penetration procedure that is not a higher risk personal appearance service (e.g. closed ear or nose piercing).

### **What is my legal obligation to minimise infection risks?**

The Act requires that business proprietors and operators who provide personal appearance services to the public must take all reasonable precautions and care to minimise infection risks to clients.

### **How can this obligation be fulfilled?**

If an operator or business proprietor adopts and follows the ways of minimising infection risks set out in these Guidelines, they will be complying with their legal obligations.

Operators and business proprietors may use another way of minimising infection risks. If another means is used, the operator or proprietor may need to demonstrate to the local council or to a Court that the measures they have taken meet the statutory obligation to minimise infection risks.

### **Who enforces the legislation?**

Local councils are responsible for administering and enforcing the Act.

# 1. Guideline – Standard infection control precautions

This Guideline applies to all personal appearance services.

## 1.1 Introduction

### 1.1.1 Standard precautions

‘Standard Precautions’ are work practices required to achieve a basic level of infection control and are recommended when providing any personal appearance service.

Standard Precautions assume that all blood and body substances are potentially infectious and aim to prevent transmission of infections including HIV, hepatitis B and hepatitis C.

Standard Precautions involve work practices such as personal hygiene, particularly hand washing before and after contact with clients, appropriate reprocessing of re-usable equipment and instruments, management of contaminated linen and waste, and the use of personal protective equipment (e.g. gloves).

## 1.2 Hand hygiene

### 1.2.1 When should hands be washed?

Hand washing is generally considered to be the most important measure in preventing the spread of infection. Hand washing removes significant numbers of infectious agents when it is done properly. The risk of infection is minimised by washing your hands:

- immediately before you perform a personal appearance service
- before putting on and after removing gloves
- after contact with blood or other body substances
- after contact with used instruments, jewellery and surfaces contaminated with (or which may have been contaminated with) blood and body substances
- before contact with instruments that penetrate the skin
- after other activities which may cause contamination of the hands and forearms, e.g. smoking, eating, using the toilet, touching part of your body whilst performing a procedure
- before a skin penetration procedure is undertaken, and whenever an operator leaves the procedure area and then returns to resume the procedure
- whenever hands are visibly soiled
- in any other circumstances when infection risks are apparent.

## 1.2.2 How to wash your hands

### Method 1 - Use running water and liquid soap

- remove hand jewellery and watches
- wet hands
- use liquid soap with running water
- wash hands vigorously including backs of hands, wrists, thumbs, between fingers, and forearms for a minimum of 20 seconds (see figure 1)
- rinse hands well with running water
- thoroughly dry hands with a single use clean dry material, e.g. clean disposable paper towels
- if hand-controlled taps are used, turn the taps off with a paper towel. Do not contaminate hands by turning off the tap with clean hands or forearms.

Use this method:

- (a) before providing the first personal appearance service for the working day
- (b) when hands are contaminated with blood or body substances
- (c) whenever possible throughout the working day.

### Method 2 - Use a alcohol based hand sanitiser

- remove hand jewellery and watches
- dispense recommended amount of sanitiser into palm of one hand
- spread sanitiser over all surfaces of hands including backs of hands, wrists, thumbs, between fingers, forearms, and allow to dry without wiping (see figure 2).

This method may be used, provided Method 1 is used before providing the first personal appearance service for the working day and when hands are contaminated with blood or body substances. If method 2 is used five times in a row on the sixth wash use method 1.

## 1.2.3 Other hand washing tips

- use dispensers for liquid soap
- clean and dry dispensers before re-filling with fresh soap (do not top up dispensers)
- use clean, disposable, single-use paper towels or roller towels for drying hands
- place soap, paper towels and a waste receptacle near the hand basin.

Figure 1

How to Handwash. Source: World Health Organisation (WHO), 2009.

# How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB



Duration of the handwash (steps 2-7): 15-20 seconds



Duration of the entire procedure: 40-60 seconds

0



Wet hands with water;

1



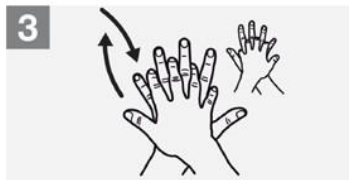
Apply enough soap to cover all hand surfaces;

2



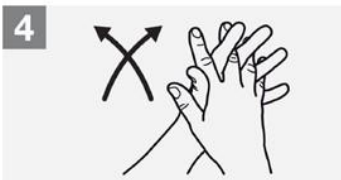
Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms with fingers interlocked;

6



Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



Rinse hands with water;

9



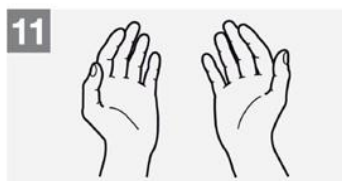
Dry hands thoroughly with a single use towel;

10



Use towel to turn off faucet;

11



Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands


Based on the 'How to Handwash', URL: [http://www.who.int/gpsc/5may/How\\_To\\_HandWash\\_Poster.pdf](http://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf) © World Health Organization 2009. All rights reserved

May 2009

Figure 2 How to Handrub. Source: World Health Organisation (WHO), 2009

# How to Handrub?

**RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED**

 Duration of the entire procedure: **20-30 seconds**



## 1.3 Skin lesions

- cover visible skin lesions (e.g. cuts, abrasions, and/or infections) on exposed parts of your body with an adhesive water-resistant dressing. Change the covering regularly or when the dressing becomes soiled
- hand care is also important as a means of preventing rashes and lesions, because intact skin is a natural defence against infection
- use hand cream to minimise sensitivity and irritation caused by repeated hand washing and wearing gloves

- wear gloves whenever the skin of the hand is grazed, torn, cracked or broken (wearing gloves does not eliminate the need for hand washing)
- before using hand cream under gloves, check the label to see whether it is oil-based or aqueous. As oil-based hand cream can cause latex gloves to deteriorate, the use of aqueous hand cream is recommended.

## **1.4 Exposure to blood and body substances**

### **1.4.1 How to manage client bleeding**

If a client bleeds during a procedure (either accidentally or more than expected during a skin penetration procedure):

- put on clean disposable gloves (if not already wearing them)
- place a clean dressing on the wound and apply pressure to stop the bleeding
- if appropriate (e.g. after shaving nicks), apply a styptic substance to stop the bleeding, using a single-use applicator and take care not to contaminate the stock solution
- place soiled disposable sharp instruments into a sharps container
- place soiled re-usable instruments into a smooth surfaced impervious container to await cleaning and sterilisation
- dispose of soiled dressings into a waste bin
- clean work area surfaces (e.g. benches, chairs or floors) that have been soiled with blood or other body substances, as soon as possible, using water, detergent and a disposable cloth (see Guideline 2.1.2)
- dispose of cloths used for wiping up blood
- remove gloves and dispose of them
- wash hands thoroughly.

### **1.4.2 How to manage operator exposure to blood or other body substances**

If you as an operator are cut or pricked, or are exposed to a client's blood or body substances:

- if the exposure involves a cut or puncture, encourage bleeding by applying gentle pressure, and wash with liquid soap and water
- if the exposure does not involve a cut or puncture, wash with liquid soap and water
- if your eyes are splashed, rinse open eyes several times with water or normal saline (gently but thoroughly)
- if blood or other body substance gets in the mouth, spit it out and then rinse out the mouth with water several times without swallowing the water
- if clothing is soiled, remove clothing and shower if necessary
- report the incident immediately to your manager or employer.



## 1.5 Instruments and wax

In cases where businesses do not have adequate sterilisation or decontamination facilities, single-use disposable instruments and materials should be used.

### 1.5.1 Skin penetration instruments

When using instruments for skin penetration procedures:

- use disposable instruments, or re-useable instruments that have been processed through a cleaning, disinfection or sterilisation process as described in Guidelines 1.6 and 5
- do not re-use hollow (hypodermic) needles as they cannot be effectively cleaned and sterilised
- ensure disposable sterile equipment packaging (including jewellery) is labelled with the manufacturer's statement that the instruments are sterile
- ensure the packaging maintains the sterility of the instrument.

### 1.5.2 Depilatory wax

When using wax (e.g. for hair epilation):

- use the wax once only and then dispose of it (recommended); or
- re-use wax that has been decontaminated as described in Guideline 3.5.

## 1.6 Cleaning and storage of re-usable instruments

Before re-using instruments, clean or decontaminate them. Some instruments may also need to be disinfected or sterilised – see the following Process Chart.

### Process chart for cleaning instruments

PROCESS	COMMENT
<b>Cleaning</b>	<ul style="list-style-type: none"><li>• Most instruments used in personal appearance services can be decontaminated by being washed in warm water and detergent, rinsed in hot running water and dried. Exceptions include instruments or parts of instruments that contain an electrical motor or component, or instruments used to penetrate the skin.</li></ul>
<b>Disinfection</b>	<ul style="list-style-type: none"><li>• For some instruments, a higher level of decontamination is required (e.g. hair cutting scissors should be cleaned and disinfected if they accidentally penetrate skin).</li><li>• For some instruments, disinfection is required because decontamination using water and detergent is not practical (e.g. Electric hair clippers which cannot be immersed in water).</li></ul>
<b>Sterilisation</b>	<p>This level of decontamination is required for instruments (or parts of instruments) which are:</p> <ul style="list-style-type: none"><li>• intended to penetrate skin, hair follicle or mucous membrane;</li><li>• likely to have been in contact with blood or body substances; and</li><li>• able to undergo a sterilisation process.</li></ul> <p>See Guideline 5</p>

When developing the above process chart, factors considered included the type of personal appearance service, the type and intended use of the instrument, the



likelihood of exposure to blood, the likelihood of disease transmission, the infectious agents likely to be encountered, the desired results, and the practicality of the process.

### 1.6.1 Cleaning instruments

- clean all instruments and equipment contaminated with blood or body substances soon as practicable after they become contaminated
- clean instruments by:
  - using a dedicated sink for instruments only
  - using Cleaning Method 1 for instruments or parts of instruments that can be immersed in water
  - using Cleaning Method 2 for instruments or parts of instruments that cannot be immersed in water
- useful cleaning aids include:
  - small brush with firm plastic bristles e.g. toothbrush (avoid wooden brushes)
  - light-grade nylon or similar non-abrasive scouring pad
  - disposable pipe cleaner
- for cleaning instruments like electric hair clippers and shaving razors see Guidelines 3.2.1.

#### Cleaning Method 1

Use for all instruments or parts of instruments that can be immersed in water.

- when cleaning instruments, wear intact and water-resistant rubber or plastic gloves
- rinse the instrument in luke-warm water to remove gross visible blood and body substances
- dismantle the items where necessary
- ensure equipment used to clean instruments is clean and in good condition
- fully immerse the instrument, where practical, in warm water and suitable detergent, and scrub with a clean brush or other suitable device, paying particular attention to interior surfaces. In the case of tubes, the brush should pass completely through the tube in one direction. Alternatively a dedicated dishwasher can be used
- the formation of potentially hazardous aerosols is minimised when the scrubbing action is performed under water, OR by agitation using an ultrasonic cleaner. Use ultrasonic cleaners in accordance with manufacturer's instructions
- rinse the instrument in running hot water
- dry instruments to be sterilised with a clean non-linting cloth. Dry other instruments by air drying or with clean disposable paper towels
- wash hands as per Guideline 1.2 before and after cleaning the instruments.

#### Cleaning Method 2

Use this method for instruments that cannot be immersed in water due to size and/or safety issues (e.g. hair steamers and dryers, parts of electric powered instruments).

- wear water-resistant rubber or plastic gloves when cleaning instruments or equipment

- wipe the instrument with a disposable paper towel moistened with warm water and detergent, and allow it to air dry intact.

### **1.6.2 Managing and storing instruments**

- workflow - remove re-useable instruments and jewellery from the contaminated area to the cleaning area for cleaning and, when dry, move them to the clean storage area. This will help ensure that clean re-usable instruments and jewellery are not contaminated by soiled instruments
- store clean, disinfected and sterilised instruments and jewellery to protect them from contamination, dust and vermin (e.g. in sealable, clean, impervious, smooth surface containers).

### **1.6.3 Care of cleaning equipment**

After using equipment for cleaning instruments (e.g. cloths, scourers and brushes):

- wash in warm water and detergent
- rinse in hot water
- allow to dry and store it in a clean dry place.

Maintain the equipment in a good condition and replace when it becomes unserviceable.

## **1.7 Smoking, eating and drinking**

While attending to clients, or cleaning or disinfecting instruments, do not smoke, eat or drink. These activities allow close contact with the mouth and may transfer infectious agents to the hands, which can then be spread to the client, and vice versa. Smoking in the workplace is prohibited.

## **1.8 Linen and clothing – laundry and storage**

- place soiled linen and clothing in either a container capable of being cleaned or one that is lined with a disposable liner
- rinse off any gross contamination before washing linen and clothing
- wash soiled linen and clothing in detergent and water, then rinse and dry
- domestic washing machines can be used for cleaning linen and clothing
- store clean, dry linen in a clean and dry environment free from dust, insects and vermin.

## **1.9 Animals**

As a general rule animals should not be allowed in places where personal appearance services are provided, as they may be a potential source of infection (e.g. ringworms). However, the rights, needs, and circumstances of people with disabilities and special needs should be considered.

Under the *Guide, Hearing and Assistance Dogs Act 2009*, a person with a disability who relies on a guide, hearing or assistance dog to reduce the person's need for support may be accompanied by the guide, hearing or assistance dog in a public place or public passenger vehicle. A person with a disability who relies on a guide, hearing or assistance dog to reduce the person's need for support does not commit an offence merely by taking the guide, hearing or assistance dog into a public place or public passenger vehicle.

This could include for example, a place of business where hairdressing, beauty therapy, tattooing or body piercing services are provided.

The *Anti-Discrimination Act 1991* prohibits discrimination (whether direct or indirect) on the basis of a person's impairment including failing to supply goods and services to a person. The Act contains a 'health' exemption. That is, a person may do a discriminatory act that is reasonably necessary to protect public health, or to protect the health and safety of people at a place of work. However if you discriminate on that basis, you may be called upon to demonstrate to the Anti-Discrimination Commission why the health risks could not have been managed in a non-discriminatory manner.

## 1.10 Clothing and footwear

- wear clean clothing when attending to clients
- wear closed, puncture resistant footwear especially when handling sharp instruments capable of puncturing the skin if dropped e.g. needles.

## **2. Guideline – Environmental cleaning and waste disposal**

This Guideline applies to all personal appearance services.

### **2.1 Cleaning and maintenance of premises**

The physical environment where personal appearance services are provided should be kept in a clean condition and enable good infection control practices to be implemented. Cleaning procedures may require the use of personal protective equipment such as masks where vigorous cleaning actions are used.

#### **2.1.1 General cleaning**

- maintain working surfaces in a clean condition, particularly surfaces on which instruments to be used on clients are placed
- use detergent mixed with warm water to clean all work surfaces
- use cleaning equipment (e.g. cloths, mops and brushes) that is clean
- use a vigorous cleaning action when cleaning work surfaces
- allow the surface to dry
- maintain floors and walls in a clean condition through normal cleaning processes (e.g. sweeping and removal of visible dirt).

#### **2.1.2 Cleaning inanimate surfaces (e.g. benches, floors) soiled with blood and body substances**

Spot cleaning

- wipe the spot with absorbent material (e.g. paper towels) and then clean the surface with detergent and warm water.

Spills of blood or body substance

- if a spill of blood or body substance occurs, wipe the spill up with absorbent material (e.g. paper towels)
- clean the surface with detergent and warm water
- leave the surface for 10 minutes in contact with cotton wool or disposable towels soaked with chlorine-based disinfectant of approximately one part liquid household bleach to 10 parts water, freshly diluted
- dispose of contaminated materials used to clean up the spill in a waste container (see Guideline 2.2.1).

## 2.2 Waste disposal

### 2.2.1 General waste

- place waste into a container, which is smooth, impervious and has a suitable lid
- empty the container regularly into your main waste bin
- use of a disposable liner can reduce the need to clean the container.

### 2.2.2 Sharps disposal

- take care to prevent injuries during the disposal of sharps. The potential for transmission of blood-borne diseases is greatest when sharps are handled
- dispose of used sharps in accordance with *the Environmental Protection (Waste Management) Regulation 2000*. That is, dispose of the used sharp after use into a rigid-walled, puncture resistant container and seal or securely close the container
- dispose of sharps immediately to protect operators, staff and clients from injury. Place sharps disposal containers as close as practical to where a procedure is undertaken so they can be easily accessed by the operator
- ensure sharps containers are not accessible to visitors, particularly children
- ensure sharps containers are not overfilled
- ensure items are not forcefully inserted into sharps containers
- refer to Guideline 1.4.2 if you are pricked when disposing of a sharp.

### 2.2.3 Clinical waste

Tattooing and body piercing are the only two personal appearance service industries where clinical waste may be produced. However, if the waste does not contain free-flowing blood or body fluids, it is not clinical waste. This means that waste with a small amount of dried blood (e.g. cotton wool ball with a spot of dried blood) does not have to be disposed of as clinical waste.

## 3. Guideline - Non-higher risk services

### 3.1 Materials and instruments used in non-higher risk personal appearance services

When dealing with materials and instruments used in providing services to clients:

- clean, disinfect or sterilise instruments and materials, depending on the instrument and its use (see Guidelines 1.6 and 5)
- apply materials (e.g. cosmetics, creams, powders or nail polish) to a client with clean, single use equipment OR with equipment that has been cleaned as per Guideline 1.6.1
- do not apply cosmetic testers (e.g. lipsticks) directly to the face or mouth, this will avoid potential infections such as cold sores
- to avoid cross contamination, dispense sufficient material (e.g. cream) from the original container into another clean container (to be used for one client only) or onto a single use applicator
- place single-use disposable instruments (e.g. applicators) in a waste container after use on a client and do not re-use on another client
- do not apply materials to a client if it has been applied to another person, with the exception of wax (see Guideline 3.5)
- handle, store and use all materials applied to a client in a way that minimises contamination
- clean and sterilise instruments that do not normally penetrate skin but which may become contaminated with blood and body substances (e.g. razors, manicure instruments) before using them on another client (see Guideline 5). Exceptions include scissors and electric hair clippers (see Guideline 3.2)
- clean and sterilise items intended to pierce skin, e.g. electrolysis needles, jewellery studs used in closed ear and nose piercing (see Guideline 5)
- clean the client's skin immediately before a skin penetration procedure (see Guideline 4.1).

### 3.2 Hairdressing

Refer to Guideline 3.1 for general information about materials and instruments used in hairdressing.

#### 3.2.1 Cleaning instruments

Clean re-useable instruments as per the cleaning instructions in Guideline 1.6 before being used on a person. When cleaning scissors or electric hair clippers after accidental contamination with blood, follow the special instructions below.

##### **Routine cleaning of hair cutting scissors**

Clean scissors as per Guideline 1.6.

### **Cleaning hair cutting scissors after accidental contamination with blood**

- clean the scissors as per Guideline 1.6; and
- disinfect the cleaned scissors with either:
  - a 70-80% ethyl alcohol soaked wipe, or
  - a 60-70% isopropyl alcohol soaked wipe, or
  - a cloth or tissue soaked in methylated spirits.

### **Cleaning electric hair clippers**

Clean electric hair clippers as part of routine cleaning and immediately after accidental contamination with blood.

- disconnect the clippers from the power source
- remove hair from the clipper teeth
- clean the clipper teeth with a plastic brush dampened with 70%-80% ethyl alcohol or 60%-70% isopropyl alcohol solution or methylated spirits. Wipe over other visible accessible areas with a clean cloth dampened with detergent and water as per Guideline 1.6.1
- allow clipper teeth and other cleaned areas to air dry
- clean the cleaning brushes and cloths as per Guideline 1.6.3.

### **Cleaning and sterilising other instruments following accidental contamination with blood**

If other re-useable instruments become contaminated with blood, clean and sterilise them (see Guideline 5) before using on another person.

## **3.2.2 Head lice treatments**

- use a non-chemical treatment (e.g. white hair conditioner and comb) or a chemical (insecticidal) treatment (by following the instructions on commercially available head lice products). For a fact sheet on both forms of treatment see the Queensland Health website at [www.health.qld.gov.au](http://www.health.qld.gov.au)
- clean instruments used in head lice treatments (e.g. combs) as per Guideline 1.6.1, Method 1
- kill head lice and their eggs which stick to linen by:
  - washing the linen in a washing machine using the hot water cycle; or
  - placing the linen in a hot clothes-dryer cycle for 15 minutes; or
  - soaking the linen in near boiling water for 30 minutes.

## **3.3 Shaving**

### **Method 1 (highly recommended)**

- shave the area using a single-use disposable safety razor or a single-use disposable open straight blade razor
- use the razor for one client only and dispose of it immediately after use.

## **Method 2**

- shave the area using a re-useable razor handle that has been cleaned and incorporates a single-use disposable razor blade
- use the razor blade for one client only and dispose of it immediately after use.

## **Method 3**

- shave the area using a re-useable open straight blade razor (cut throat razor) which has been cleaned (see Guideline 1.6)
- if the razor is contaminated with blood or body substances, clean and sterilise it as per Guideline 5 before re-using on another person.

## **3.4 Beauty and nail treatments**

- refer to Guideline 3.1 for general information about materials and instruments used in personal appearance services, including applying cosmetic and other materials to clients, and the use of cosmetic 'testers' (e.g. lipsticks)
- clean and store re-useable instruments used in applying cosmetics, manicures/pedicures as per Guideline 1.6
- clean and sterilise re-useable instruments (e.g. used for extractions or digging out hairs) that have come into contact with blood, before they are used on another client, as per Guideline 5.

## **3.5 Depilatory waxing (including paraffin treatment)**

- heat and strain re-usable wax to remove hair and reheat it to at least 130°C for 15 minutes before it is used on another client. Use a thermometer to check the temperature of the wax
- place the strained material (hair and other matter) in the waste container and clean the strainer after each use
- clean wax pots and tongs daily to remove the build up of hair and other matter
- clean spatulas before re-using on another person, or use disposable spatulas. Wax may become contaminated by dipping a spatula into the wax pot, transferring wax to the area of the skin from where the hair is to be removed and then dipping the spatula into the wax pot.

## **3.6 Electrolysis**

- clean each client's skin as per Guideline 4.1
- ensure all needles used in electrolysis are sterile
- single-use disposable needles are recommended
- if non-disposable needles are used, clean and then sterilise them before re-use as per Guideline 5
- if a single sterile needle is used to remove as many hairs as necessary from a client on a single occasion, dispose of the needle in a sharps container. The needle should not be kept for future use by the operator or client



- clean needle holders with warm water and detergent and dry them
- if bleeding occurs, see Guideline 1.4.1 for advice.

### 3.7 Closed ear and nose piercing instruments

When performing closed ear and nose piercing:

- mark the site to be pierced before cleaning the site
- clean each client's skin as per Guideline 4.1
- clean closed piercing instruments as per Guideline 1.6.1
- use closed piercing instruments such as closed ear and nose piercing guns strictly in accordance with the manufacturer's instructions. Keep the manufacturer's written instructions at the premises where the instrument is used.
- use a closed ear piercing instrument, only for piercing ears and not for piercing any other part of the body
- use a closed nose piercing instrument, only for piercing noses and not for piercing any other part of the body
- avoid bringing the closed piercing instrument into contact with the person's skin or mucous membrane
- ensure the closed piercing instrument is fitted with a sterilised single-use disposable cartridge containing assembled sterilised jewellery and fittings. It should be noted that some instruments need the jewellery stud and clasp to be directly fitted into the instrument. This allows the cartridge to be discarded
- do not re-use jewellery or fittings on another person unless it has first been sterilised as per Guideline 5
- if bleeding occurs, see Guideline 1.4.1.

### 3.8 Foot spas

Clean foot spas between each client:

- drain the water from the spa
- wipe the foot spa clean with a cloth, soap and water to remove all contamination
- flush the spa after cleaning and
- use an alcohol wipe or a alcohol spray to wipe the surface of the spa.

At the end of each day all the components of the foot spa should be thoroughly cleaned and dried.

## 4. Guideline – Skin penetration procedures

This Guideline applies to all personal appearance services where skin penetration occurs. This includes non-higher risk services such as electrolysis, closed ear and nose piercing.

### 4.1 Preparing a client's skin for a skin penetration procedure

- if the area to be penetrated is visibly dirty, use soap and water to clean the area
- if the area of the skin to be penetrated requires hair to be tied back or removed, follow these procedures
  - if the client has head hair that may touch the site to be penetrated, ask them to tie back their hair so the site is not potentially contaminated
  - shave the area by following the method in Guideline 3.3
  - where possible, use a single-use disposable safety razor. If another type of razor is used, then clean as per Guideline 3.3
- antiseptics are not needed for piercings inside the mouth. Ensure the client's mouth (including tongue, teeth and gums) is clean, e.g. clean with a toothbrush
- clean the piercing site with warm water and a liquid soap before genital piercing is done. Antiseptics are not needed for genital piercing
- before inserting the skin penetration instrument or performing a procedure associated with the insertion or removal of jewellery, apply antiseptic to the skin at and around the piercing site. Use one of the following antiseptics in accordance with manufacturer's instructions:
  - 70% - 80% v/v ethyl alcohol
  - 60% - 70% v/v isopropyl alcohol
  - alcoholic (isopropyl and ethyl) formulations of 0.5 to 4% w/v chlorhexidine
  - 10% aqueous povidone-iodine (1% w/v available iodine)
  - 30% or 70% alcoholic aqueous povidone-iodine
- before applying an antiseptic, ask the client whether they are allergic to an ingredient in the antiseptic proposed to be used. If the client says they are allergic, use another antiseptic that does not contain that ingredient
- if individually packaged 70% ethyl or isopropyl alcohol swabs are used to prepare skin, check the package is intact before opening and if it isn't, throw away and use one that is intact
- where additional skin preparation is needed after initial skin swabbing, use a fresh alcohol swab
- if the skin undergoes cleaning and softening before an extraction process (e.g. for blackheads, pimples), do not use a skin antiseptic as this may further irritate already sensitive skin
- pour antiseptic to be used on a client into a clean, dry container (e.g. open dish) from the stock solution. Discard any leftover antiseptic in the container after use.

Clean and dry the container before being used on the next client, or use a disposable container

- swab the skin penetration site in a circular/spiral motion starting at the centre of the site, and ensuring the swab remains moist during swabbing
- ensure the skin penetration site is dry before the skin is pierced and do not touch the site by hand after swabbing
- do not use antiseptics that have passed the manufacturer's "use by" date.

## 4.2 Gloves

- wear gloves where there is a risk of exposure to blood or body substances, to protect the hands from contamination
- clean hands before putting on and after removing gloves
- gloves can have defects such as tiny holes even when they are new or can be damaged while in use or in storage. Inspect gloves before each use, and throw away if peeled, cracked, discoloured, torn or punctured
- wear sterile gloves if direct hand contact will occur with that part of the sterile instrument or jewellery that actually penetrates the skin. Otherwise wear clean, single use disposable gloves
- if you suffer a reaction from wearing a particular type of glove, use another type of glove
- use general-purpose rubber gloves when:
  - cleaning skin penetration instruments
  - cleaning up blood and body substance spills
- wash general-purpose rubber gloves in detergent, rinse and leave standing up to drain and dry after each use
- to reduce the risk of fungal transmission between operators, ensure that each pair of cleaning gloves is worn only by one operator
- using disposable gloves does not substitute for, or eliminate the need for hand washing
- do not re-use disposable single use gloves
- discard gloves:
  - after contact with each client
  - as soon as they are torn or punctured
  - when performing separate procedures on the same client where there is a risk of transfer of infectious agents from one part of the body to another
  - when they touch unsterile items or surfaces.

## 4.3 Use of face protection

If there is a chance of blood spraying from a puncture site, use face protection such as a face shield.

#### **4.4 Precautions when handling sharps (instruments that penetrate skin)**

- do not pass contaminated sharps (e.g. needles, jewellery and trocars) by hand between persons. Place them in a suitable container (e.g. kidney dish, sharps waste container) before passing
- place contaminated instruments that are not being thrown away in a suitable container (e.g. kidney dish). Ensure the container is clearly identified, set aside from sterile, clean or unused instruments and materials, and not accessible to children
- check floors regularly for any accidentally dropped instruments.

#### **4.5 Single-use disposable instruments**

When using single-use disposable instruments place them in a waste container after use on the client and do not re-use on another client.

## 5. Guideline – Sterilising instruments

This Guideline applies to all higher risk personal appearance services. It may also apply to non-higher risk services, for example, if instruments become contaminated with blood or body substances.

### 5.1 Sterilising instruments and jewellery

Sterilise the following instruments and jewellery:

- all re-useable instruments (except tattooing machine motors) and jewellery that are used when providing higher risk services
- jewellery used in other skin penetration procedures (e.g. closed ear/nose/navel piercing)
- any re-useable instrument that has penetrated the skin or mucous membrane, and becomes contaminated with blood or body substances (e.g. instruments used for extractions, razors). This does not include haircutting scissors and electric hair clippers (refer to Guideline 3.2.1).

### 5.2 Australian/New Zealand Standard AS/NZS4815

A way to minimise infection control risks when cleaning and sterilising instruments and jewellery listed in 5.1 above is to follow the 'Australian New Zealand Standard AS/NZS4815: Office based health care facilities not involved in complex processes – cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of the associated environment'.

A copy of the AS/NZS 4815 can be obtained from Standards Australia, GPO Box 5420, Sydney NSW 2001 Ph: 1300 65 46 46 ([www.standards.com.au](http://www.standards.com.au)).

## **6. Guideline – Body piercing and tattooing**

### **6.1 Body Piercing**

#### **6.1.1 Instruments**

- use clean and sterile instruments when piercing a person or enlarging a piercing
- use clean and sterile instruments when inserting or adjusting jewellery
- do not re-use hollow (hypodermic) needles
- use instruments or other items that will not rust or corrode as a result of being cleaned in detergent and water, or sterilised.

#### **6.1.2 Choice of jewellery**

- clean and sterilise jewellery before using on a person
- use jewellery featuring low or non-allergenic qualities, of a grade suitable for piercing into the body. Some examples include high quality stainless steel, titanium, niobium, palladium and 18 carat gold
- use jewellery that is highly polished, smooth and free from surface imperfections such as pitting.

#### **6.1.3 Embedded jewellery**

- do not surgically remove jewellery from a client
- if jewellery requires surgical removal, advise the client that this procedure should be performed by a medical practitioner.

### **6.2 Tattooing (including cosmetic tattooing, micro-pigmentation)**

#### **6.2.1 Ink (including pigments and dyes)**

- do not re-use ink, pigments or dyes and water
- store ink at all times in a way that prevents contamination
- use water or other liquid for mixing with ink only if it is free of contamination (e.g. use treated drinking water, ethyl alcohol).

#### **6.2.2 Stencils and outlines**

- ensure stencils are clean before applying them to a client's skin
- single-use stencils are recommended
- apply clean soapy water to assist with fixing the stencil to the client's skin. The soapy water may be either:
  - poured from a stock mixture (freshly made each day) into a clean container and used on one client only

- made up separately for each client in a clean container, with any mixture left at the end of the procedure thrown away
- a mixture freshly made each day and applied from a squeeze bottle that drizzles from the nozzle.
- do not apply stencils with re-useable applicators (e.g. deodorant sticks)
- remove, from a stock supply, lubricating jelly that is applied to the tattoo site and place in a clean container using a clean implement. Use this jelly exclusively on one client only. Throw away any jelly left in the container at the end of the procedure
- clean all implements after use (e.g. paintbrushes used to mark the outline of a tattoo on a client's skin).

### **6.2.3 Tattoo needles and needle bar**

Ensure that tattoo needles and needle bars, tubes or barrels used on a client are clean and sterile.

### **6.2.4 Cleaning the motor of the tattoo gun's handpiece**

After a tattooing procedure for each client is completed, wipe the motor of the tattoo gun's handpiece with a clean paper towel moistened with warm water and detergent and allow it to dry. This will remove any gross contamination.

### **6.2.5 Removing needles from the tattoo gun needle bar**

- If an operator intends to break the needle from the needle bar before disposing into a sharps waste container, clean and sterilise the needle and needle bar before breaking the needle. The risk of needle stick injury when breaking off the needle from the needle bar is high.
- If the needle is removed from the needle bar carefully by heating and liquefying the soldered joint, and is disposed into a sharps waste container, there is no need to clean and sterilise the needle and needle bar.

### **6.2.6 Cosmetic tattooing or micro-pigmentation machines**

- ensure the machine or needle tips, needles and the machine barrel casing are clean and sterile
- after the tattooing procedure for each client is completed, wipe the casing covering the motor with a clean paper towel moistened with warm water and detergent and allow the casing to air dry. This will remove any gross contamination.

## 7. Records – for higher risk personal appearance services

Records required to be kept include but are not limited to the following:

- client records:
  - name address and date of birth of the client
  - date of high risk personal appearance service procedure performed
  - site and type of high risk personal appearance service procedure
  - operator who provided the service/administered the procedure
  - instruments used (including sterilising batch number).
- sterilisation records:
  - date of sterilisation cycle process
  - exposure time and temperature
  - maintenance
  - validation certificate
- staff immunisation
- staff training and qualifications
- needlestick injuries in the workplace.

**The intention with the introduction of section 7 Records was that it would apply to businesses providing higher risk personal appearance services only. It is intended to change the Infection Control Guidelines for Personal Appearance Services 2012 to reflect this following the review of the legislation.**



## Glossary of Terms

### **Antiseptic**

A substance that is applied to the skin or living tissue of a person to inhibit the growth of infectious agents.

### **Applicator**

A spatula or similar instrument for mixing or spreading lotions, pigments, potions or wax.

### **Beauty therapy**

A procedure intended to maintain, alter or enhance a person's appearance including facial or body treatments, application of cosmetics, manicure or pedicure, application of or mending artificial nails, and epilation (hair removal) by electrolysis or hot or cold wax.

### **Body piercing**

The process of penetrating a person's skin or mucous membrane with a sharp instrument for the purpose of implanting jewellery or other foreign material through or into the skin or mucous membrane. The term 'body piercing' does not include closed ear and nose piercing procedures.

### **Body substance**

Any secretion or fluid from the human body other than blood.

### **Business proprietor**

A person conducting a business that provides personal appearance services.

### **Cleaning**

The removal of all foreign material (e.g. soil/organic material) from objects, and the reduction of infectious agents from surfaces. Cleaning is normally done with water and detergents.

### **Closed ear and nose piercing**

A process of piercing a person's ear or nose with a closed piercing instrument that does not come into contact with the skin or mucous membrane, and is fitted with a sterilised, single-use disposable cartridge containing sterilised jewellery and fittings (ie. stud and clasp).

### **Detergent**

A substance that enhances the cleaning action of water or other liquid.

### **Disinfectant**

A substance that, when applied to inanimate surfaces or instruments, can kill or remove pathogenic micro-organisms.

## **Disinfect**

To reduce the number of potentially infectious micro-organisms on an item or surface to safe levels.

## **Hairdressing**

A procedure intended to maintain, alter or enhance a person's appearance involving facial or scalp hair. This includes cutting, trimming, styling, colouring, treating or shaving the hair.

## **Hepatitis B and C**

Forms of viral hepatitis that can result in acute and chronic hepatitis, cirrhosis of the liver or cancer of the liver. A vaccine is available for hepatitis B.

## **Higher risk personal appearance service**

A personal appearance service involving any of the following skin penetration procedures, in which the release of blood or other body substance is an expected result:

- body piercing, other than closed ear or nose piercing
- implanting natural or synthetic substances into a person's skin, e.g. hair or beads
- scarring or cutting a person's skin using a sharp instrument to make a permanent mark, pattern or design
- tattooing (including cosmetic tattooing or semi-permanent makeup).

## **Human Immuno–deficiency virus (HIV)**

The virus that causes AIDS (Acquired Immune Deficiency Syndrome). This virus attacks white blood cells that are a vital part of the body's immune system.

## **Infection**

For the purpose of these guidelines, infection means the entry of infectious agents into the body or the introduction of parasites into and onto the body that may or may not result in disease.

## **Infectious agent**

An organism (virus, rickettsia, bacteria, fungus, protozoan or helminth) that is capable of producing infection or infectious disease.

## **Infectious disease**

The harmful result of infection by micro-organisms.

## **Infection control**

A way of minimising the risks of spreading infection.

## **Instruments**

Includes sharps, tools and other items used in providing personal appearance services.

**Jewellery**

A decorative item (not a pigment or dye) placed in the body or under the skin or mucous membrane during or following skin penetration, including the clasps or fittings.

**Non-higher risk personal appearance service**

A non-higher risk personal appearance service includes hairdressing, beauty therapy or a skin penetration procedure that is not a higher risk personal appearance service (e.g. closed ear or nose piercing).

**Operator**

An individual who personally provides a personal appearance service to a client.

**Pathogenic micro-organism**

An organism capable of causing a disease in a susceptible person.

**Personal appearance service**

Beauty therapy, hairdressing or skin penetration procedure that is provided as part of a business transaction.

**Sharps**

Any object or device with rigid corners, edges or points designed and capable of cutting or penetrating the skin. This includes but is not limited to needles, punches, jewellery and razors.

**Skin penetration**

A procedure to alter or enhance a person's appearance that involves piercing, cutting, scarring, scraping, puncturing, or tearing a person's skin or mucous membrane with an instrument.

**Soil**

Dirt or debris which may protect or assist the growth of infectious agents. Includes organic matter, blood and body substances.

**Sterile**

The absence of all infectious agents.

**Sterilise**

To make an item free of all living micro-organisms. In practice this involves a combination of cleaning (which removes many micro-organisms prior to sterilisation) and sterilisation (which reliably kills all remaining micro-organisms). Sterilisation processes need to be validated.

**Styptic substance**

A commercially available substance that helps to stop bleeding from small cuts or nicks from shaving).

### **Tattooing /cosmetic tattooing**

Tattooing means to penetrate the skin and insert into it colour pigments to make a permanent mark, pattern, design or colouration of the skin. Tattooing also includes any process that penetrates the skin and inserts into it colour pigments to make a semi-permanent mark, pattern or design on the skin, e.g. cosmetic tattooing or semi-permanent make-up.

### **Validate**

To demonstrate that a process is both reliable and repeatable. With sterilisation, this means that a steriliser's mechanical functioning is first shown to be correct and reliable, followed by a demonstration that intended sterilising conditions are being reliably achieved in packs/loads being sterilised, and that monitoring methods are being correctly interpreted.

## Part 3 - What else you can do to reduce potential harm from personal appearance services

**Please note these measures are provided as additional information only and are not part of the Infection Control Guidelines.**

### 3.1 Vaccination

An operator may pierce or injure their skin or their client's skin while providing a personal appearance service. The transfer of small (even invisible) amounts of infected blood into a wound could put an operator at risk of contracting or transferring HIV or hepatitis B or C. There is a vaccine available against hepatitis B and it is highly recommended that operators talk to their doctor about this vaccination.

### 3.2 Jewellery considerations

Before using jewellery in body piercing, consider the following:

- the style or shape of the jewellery should be compatible with the piercing site and the person's anatomy
- the material used in jewellery should be compatible with the person's physiology, e.g. does not cause allergic contact dermatitis
- manufacturers or wholesalers should be able to provide certification and/or a material safety data sheet (MSDS) that states the material used in the jewellery
- a fact sheet on nickel allergy is available on the Queensland Health website at [www.health.qld.gov.au](http://www.health.qld.gov.au)
- the thickness or gauge should not be too large or too small, and be suitable for the piercing site. Thinner jewellery can tear tissue and thick heavy jewellery can damage or distort tissue
- the jewellery diameter for rings and length for bars should be suitable for the anatomy of the piercing site, e.g. sufficient length of bar for tongue jewellery to allow for swelling of the tongue or ear lobe.

### 3.3 After care/wound care for closed ear nose and navel piercing, and body piercing

It is good practice to provide clients with information about after-care following closed ear and nose piercing. It is recommended clients be advised:

- to avoid touching the piercing site or jewellery as much as possible (except for cleaning)
- to wash their hands thoroughly before and after they touch the piercing site or handle the jewellery
- when cleaning the piercing site and/or jewellery:
  - use mild soap and water
  - thoroughly rinse off and dry with a clean paper tissue or cloth towel
  - remove softened debris at the piercing site with clean cotton buds.

- when rotating the jewellery, ensure that no debris is carried under the skin surface
- what is the likely healing time
- protecting the piercing during sleep or other situations if necessary
- how to check for infection
- some irritation of the piercing site is normal, but medical advice should be sought if signs of infection arise, e.g. extensive redness, swelling, excess ooze.

### 3.4 Choice of inks

Select inks carefully as ink is deposited and retained in the client's body. Where possible, make enquiries to determine if the ink is:

- free from any contamination including heavy metals
- free from infectious agents
- manufactured under hygienic conditions
- stored at all times in a way that prevents contamination.

### 3.5 After care/wound care for tattoos

It is good practice to provide clients with information about after-care following tattoos.

It is recommended clients be advised:

- to remove the bandage/dressing after 24 to 48 hours (48 hours is preferable to allow the formation of new skin as the covering provides for the containment of blood and serum, and prevents cross infection)
- not to pull at the bandage/dressing but remove it by soaking under clean running water, which eases the bandage/dressing off the tattoo while minimising the damage to the new skin
- to gently pat the tattoo with a clean soft towel
- to apply an aqueous moisturiser (eg sorbolene cream) daily
- not to re-bandage the tattoo
- not to remove the tattoo scab or the colour will deteriorate
- to protect the tattoo from the sun with a cover for two weeks, e.g. wear a loose fitting, long sleeved shirt
- what is the likely healing time
- to avoid prolonged immersion of the tattoo in water (e.g. swimming) for two weeks
- how to check for infection
- to see a general practitioner and advise the tattooist if the wound becomes infected.

### 3.6 Exposure prone piercing

- Exposure prone piercing means situations where there is a higher risk of the piercer's hands being pierced or cut due to the location of the piercing and the position of the hands, where the needle cannot be seen at all times during the piercing.
- Examples of exposure prone piercing include oral piercings and some genital piercings.

- If you are a body piercer who is HIV or hepatitis C antibody positive, or are a hepatitis B carrier, and you conduct exposure prone piercings, you should talk to your doctor about whether you should continue to conduct these piercings.

### **3.7 Single-use instruments**

It is good practice to open single-use instruments (e.g. sharps and razors) in the presence of the client. These instruments are designed to be disposed of immediately after use.

### **3.8 Injuries and bleeding**

- If a staff member is injured, they should immediately report the incident to the manager or employer. If the injury is significant or involves exposure to body fluids, the staff member should be encouraged to see a doctor or the nearest hospital, so their injury may be assessed and treated.
- It is suggested that business proprietors establish links with a nearby medical service. A list of medical contacts can then be displayed for quick reference.
- The business proprietor or delegated person (e.g. business manager) should review all exposures and accidents, and take steps to reduce the chances of a similar event re-occurring.

### **3.9 Cosmetic testers**

It is good practice to encourage customers intending to use cosmetic testers (e.g. lipsticks, creams) to use single use disposable applicators. This can be achieved by providing single use applicators (e.g. cotton tips, cotton pads), displaying clearly visible signage and/or the monitoring of customers by staff.

### **3.10 Design of the work area**

The work area flow should be such that there are separate clean areas and soiled/dirty areas. Correct work flow reduces the potential for cross contamination of clean and soiled instruments and other materials.

## Part 4 - An example of a 'good practice' skin penetration procedure

### 4.1 Preparing the work area

- clean hands as per Guideline 1.2
- decide if the working environment has been cleaned previously, and if not, clean the area where the procedure will take place
- clean your hands again after the working environment has been cleaned
- ensure all required instruments, materials and equipment (e.g. needles, templates, jewellery, ink, and waste containers) are at hand in the immediate working area
- if necessary, cover benches or couches to be used by the client with clean linen
- cover surfaces or controls likely to be touched by the operator (e.g. light fittings, power pack controls, telephone) with clean, unused plastic wrap
- open sterile packs of instruments, materials and dressings in front of the client while ensuring the items do not become contaminated (e.g. tattoo guns or micropigmentation machines)
- if unpackaged sterile instruments and items are to be used, use them immediately upon removal from the steriliser.

### 4.2 Preparing the client

- check the client's skin penetration site is free from infection, sores or wounds
- ask the client if they have any health conditions which may be affected by a skin penetration procedure (e.g. keloid formation, presence of cysts, dermatitis, heart condition)
- if the client is to be pierced, prepare the client's piercing site, e.g. clean the site and apply antiseptic
- mark the skin penetration site on the client's skin if necessary, e.g. surgical marker, tattoo template, toothpick dipped in food colouring.

### 4.3 During the procedure

- wear sterile gloves if there will be direct hand contact with that part of the sterile instrument or jewellery that actually penetrates the skin. Otherwise clean, single-use disposable gloves can be used
- ensure the gloves are not contaminated while putting them on or by coming into contact with an unsterile agent. During a procedure, if the operator leaves the immediate work area and then returns to the procedure, the operator should wash their hands and put on another pair of sterile, single-use gloves
- perform the skin penetration procedure including insertion or implanting the selected item or material (eg jewellery, beads, hair) into the piercing site
- use a clean, dry single-use swab to remove any blood released as a result of the piercing of skin or mucous membrane



- if the pierced site requires covering; use a clean, dry, single-use covering (e.g. gauze dressing or surgical tape)
- place the used single-use disposable sharps in the sharps waste container
- place re-useable instruments into a smooth surfaced resistant container holding water after use. This will prevent drying of matter and allow easier cleaning
- place other waste including instruments and working surface coverings, swabs and gloves into the general waste container
- place contaminated linen into the linen receptacle.

#### **4.4 After the procedure**

- clean the immediate working area in which the procedure was performed
- wash your hands as per Guideline 1.2
- provide your client with after-care information.

## Appendix 1      Summary of Australian/New Zealand Standard 4815

The Infection Control Guidelines call up the provisions of this standard and as such the provisions must be complied with.

Note: This is a summary of Australian/New Zealand Standard (AS/NZ) 4815. It does not replace AS/NZS 4815, and is intended as a guide only for personal appearance services.

**Where reusable equipment is used in a business providing personal appearance services the operators should read the complete AS/NZS 4815 before sterilising items.**

1. There are two approaches for sterilising skin penetration items used in personal appearance services:
  - 1.1 items sterilised unwrapped
  - 1.2 items sterilised while wrapped in a suitable sterilising packaging material.
2. Unwrapped sterilisation appears simpler than wrapped sterilisation. However, there is the drawback if items are required to be sterile then, they must be used immediately after they are removed from the steriliser. After steam sterilising unwrapped items, they are usually both hot and wet, and care is needed in handling them aseptically.
3. Wrapped sterilisation is preferable to unwrapped because items can be stored in a reliably sterile state, given appropriate storage and handling conditions, and can be opened right at the time when they are to be used. This is not only convenient, but also assists in maintaining aseptic technique during procedures involving the sterilised items. Steam sterilisers must have a suitable drying stage to enable drying of the items in their packets, before their removal from the steriliser.
4. Processes that do not reliably sterilise
  - 4.1 Sterilising in boiling water units (including "crock pots"), pressure cookers, microwave ovens, ultra-violet cabinets or ultrasonic cleaners is not reliable.
  - 4.2 Soaking in alcohol or wiping with a chemical disinfectant just prior to use (and similar practices) is not adequate for sterilising.
5. Appropriate sterilisation methods
  - 5.1 There are only two acceptable sterilisation methods appropriate for skin penetration items used in personal appearance services:
    - moist heat in a benchtop steam steriliser
    - dry heat in a benchtop hot air steriliser.

- 5.2 Steam sterilisation is more appropriate due to its shorter sterilisation times, its versatility and the ease with which it can be controlled and monitored in an appropriately designed steriliser. When compared to steam sterilisation, the hot air method can damage the packaging materials and the materials of which some items are made. This makes dry heat a less attractive method of sterilisation.
6. Cleaning items before sterilisation
- 6.1 Before any sterilisation procedure, all items need to be thoroughly cleaned. This involves removing all soil manually or mechanically. Containers for the transportation of used skin penetration items are to be leak proof and puncture resistant with sealable lids and be labelled for identification. These containers should be cleaned after all used items have been removed for pre-cleaning and sterilisation.
- 6.2 Manual cleaning requires two sinks or bowls, one with detergent for the actual cleaning and one with water for rinsing items after they have been cleaned. A suitable stiff-bristled brush is suggested for cleaning. Brushing items underwater minimises the risk of creating potentially hazardous aerosols.
- 6.3 Mechanical cleaning (which may have a thermal disinfection stage) can be done in a small sized instrument-washing machine. Ultrasonic cleaners can also be used after the items have been manually cleaned first.
- 6.4 AS/NZS 4815 highlights that a high mineral content of water used in cleaning can be a problem for the working life of instruments. The choice of cleaning chemicals is also important.
- 6.5 Care needs to be taken by people when cleaning to reduce the possibility of acquiring an infection where blood or other body substances are a significant part of the soil that needs to be removed. Protective clothing like gloves or an apron may be needed.
7. Packaging materials
- 7.1 As previously described, using suitable packaging materials allows items to remain reliably sterile following storage, between the time of sterilisation and when these items are used.
- 7.2 For steam sterilisation in personal appearance services, suitable materials are:
- heat-sealable paper sterilisation bags
  - heat-sealable combination paper and transparent, plastic materials
  - paper and non-woven wrapping materials, both cellulose based and non-cellulose based.
- 7.3 If hot air sterilisation is being considered, suitable materials are:
- heat-sealable paper sterilisation bags (with care taken to check the paper does not become too brittle by the process)
  - cellulose based non-woven wrapping materials (with care taken as above).

8. Packaging and sealing
  - 8.1 It is possible to use inner wraps and these are potentially useful, but are not always necessary.
  - 8.2 Heat-sealable materials must be sealed in a heat-sealing machine designed to provide repeatable sealing conditions, or they may be folded over by hand at least twice (parallel folds about 1cm apart), and sealed with steam sterilisation indicator tape along the whole length of the folded seal. Staples or other perforating sealing methods must not be used.
  - 8.3 Where paper or non-woven wrapping materials are used, a neat package should be formed around the item(s) to be sterilised. The package edges should be folded together in a way that will later enable the wrapped pack to be opened without contaminating the sterilised item (see AS/NZS 4815 for detailed wrapping diagrams). The wrapped package should be secured by one or more pieces of adhesive sterilisation indicator tape, appropriately placed so that the folds of the package will be secure during storage.
9. Loading of sterilisers
  - 9.1 Items placed in a steriliser may lean against each other lightly, leaving some space around each item, but it is important that items are not 'crammed' together as this will prevent effective sterilisation.
  - 9.2 When a steam steriliser is used, metal bowls or other "hollow ware" must be placed in a way so that any liquid present drains away. This will help with air removal, and with later drying of the pack, where appropriate. When a dry heat steriliser is used, items can be placed in any way.
10. Sterilisers — steam
  - 10.1 Steam steriliser designs for personal appearance services should meet Australian Standard 2182.
  - 10.2 Sterilisers with an effective drying stage in the operating cycle may be used for either wrapped or unwrapped items.
  - 10.3 Sterilisers that do not have an effective drying stage in the operating cycle, must be used only for unwrapped items.
11. Sterilisers — dry heat
  - 11.1 At this stage, there is no Australian Standard directly relevant to small-scale dry heat/hot air units that are often used in personal appearance services.
  - 11.2 Australian Standard 2487, while written for dry heat sterilisers for larger facilities, provides the best guidance. It requires that even temperature distribution be achieved using fan circulation of the hot air in the steriliser chamber. Sterilisers with fans are available.
  - 11.3 Sterilisers without fans are also available, however prospective users of these low-cost units will need to be cautious about the effectiveness of temperature control within the steriliser chamber, and the accuracy of any timers fitted.
  - 11.4 As previously stated, steam sterilisation is recommended over dry heat sterilisation for personal appearance services.

## 12. Monitoring of sterilisation

12.1 Section 7 of AS/NZS 4815 describes the monitoring methods that should be used for both steam and dry heat methods of sterilisation. These comprise physical, chemical and biological methods.

- **Physical methods** include:

- steriliser gauge indications
- steriliser gauge calibration
- measurement of the time at temperature inside packages during test cycles of the steriliser.

Physical methods should be performed:

- **annually** - involving calibration of the steriliser gauge (and of the process recorder where one is fitted to a steriliser), and measurement of the temperature inside the steriliser chamber and inside the packages being sterilised
- **routinely** – in cycle-by-cycle gauge recordings, preferably by a process recorder which is fitted to the steriliser. Where there is no process recorder, recordings should be made by the steriliser operator, during every operating cycle of the steriliser.
- **Chemical methods** involve using a variety of chemical indicators, mostly to help the sorting of processed from not-yet-processed goods.
- **Biological methods** use biological indicators that are useful during validation. These are explained in AS/NZS 4815.

## 13. Validation of sterilisation processes

13.1 If sterilisation is to be an assured process, then steps need to be taken by the owner or operator of a steriliser to validate that sterilisation conditions in the steriliser have been reached. This takes into account such factors as density of the items being sterilised, packaging materials used, temperatures needed to be reached, and time settings required for sterilising loads.

13.2 This is not usually a simple process and Appendix H of AS/NZS 4815 presents the issues that need to be addressed. For the purposes of this summary, 'validation' is comprised of two definite stages. This includes:

- commissioning/operational qualification stage - in which all aspects of the sterilisation equipment and process are demonstrated to be working in accordance with design and/or purchase specifications
- performance qualification - the demonstration that intended sterilising conditions are being reached on a regular basis inside real packs being sterilised.

13.3 It is unlikely that sterilising users/operators are able to undertake validation processes alone, without the regular involvement of a steriliser service/testing contractor. The best validation results are achieved when sterilising users and steriliser service/testing contractors work together, as each needs to be aware of the test results obtained by the other party.

Validation of sterilisation will be a new concept for most steriliser operators and learning will be required.

#### 14. Operation of Sterilisers

- 14.1 The essential requirement for both steam and dry heat sterilisation is to reliably achieve a minimum time at a nominated temperature in the steriliser chamber, and throughout all parts of the load being sterilised. For steam sterilisation in personal appearance services, this means three minutes at 134°C after air has been reliably removed from the chamber and the load items are thoroughly heated. In dry heat sterilisation, two hours at 160°C is needed.
- 14.2 In each case, the operator must determine the extra time that needs to be added to these time periods to allow for penetration by steam or heat into and through the items being sterilised. Determining this is part of validation.
- 14.3 Sterilisers may have automatically controlled cycles or be manually operated through their stages. Automatically controlled sterilisers are already set to deliver time at temperature but validation of the sterilisation performed in them is not automatic. Operators will need to check gauges and other sterilisation indicators during each cycle. For most steriliser operators, validation of sterilisation will be a new concept and learning will be required.
- 14.4 Manually operated sterilisers also require validation as much as automatically operating sterilisers. Operators of manual sterilisers are more likely to monitor their machines due to their continual checking of gauges and other physical sterilisation indicators during each cycle.

#### 15. Manually operated steam sterilisers

To operate a steam steriliser manually, an operator needs to be assured of the validation status of the steriliser. Following this assurance, the following steps need to be followed.

- 15.1 Fill or let the required quantity of deionised water into the steriliser chamber, and turn off the fill valve.
- 15.2 Load items to be sterilised into the chamber, taking care they do not contact the chamber walls. See Section 9 about how to load a steriliser.
- 15.3 Close and fix the steriliser door, and ensure the sterilisation timer (if fitted) is set to the correct sterilisation stage time. Start the cycle.
- 15.4 When the sterilisation temperature has been reached, timing of the sterilisation stage starts using the timer on the machine (if fitted), a clock or other external timer.
- 15.5 The operator must ensure that temperature does not drop below the intended sterilisation temperature during this stage. For sterilisers with manual timing only, this may require constant checking during this stage. Automatic sterilisers will reset or stop their cycles if the temperature falls below the threshold. Many manually operated machines at least have a

connection between temperature and timing that helps in controlling temperature.

- 15.6 After a successful sterilisation stage, the chamber pressure is exhausted, often using the same valve used to fill the chamber with water. The chamber pressure returns to zero as steam, and in some design the remaining water, is forced back into the reservoir. With many older steriliser designs, care must be taken to avoid the return of reservoir water back into the chamber due to a prolonged exhaust stage.
  - 15.7 If items being sterilised are unwrapped, the steriliser door may now be opened and the items removed for immediate aseptic use or for clean storage. Remember if the items are being used later, they need to be sterilised again.
  - 15.8 If items being sterilised are wrapped and the steriliser has a suitable drying stage, start drying for a previously determined length of time sufficient to achieve reliable dryness in both the packaging materials and the items themselves.
  - 15.9 The drying method depends upon the particular design of the steriliser. The operator needs to investigate that the maximum temperature achieved during the drying stage is not damaging to the items being sterilised or their packaging materials. This investigation is a part of validation.
  - 15.10 When the drying stage is complete, remove packs carefully from the steriliser chamber and allow to cool, preferably without being touched by the operator's hands and place them on a sterile rack until they are close to room temperature. They are then ready to be placed in clean storage until next use.
16. Manually operated dry heat sterilisers
- 16.1 Pre-heat the steriliser to the preset operating temperature before loading items into the chamber.
  - 16.2 Minimise the time the steriliser door is open and take care to avoid burns from hot metal surfaces. Place the packs to be sterilised on steriliser shelves, leaving some space around each item for hot air circulation.
  - 16.3 When the steriliser door is opened to load the items to be sterilised, ensure the temperature gauge has returned to the correct temperature before timing of the sterilising stage starts. The length of the sterilising stage is the previously determined heat penetration time, plus two hours of actual sterilising time.
  - 16.4 At the end of the sterilising stage, the steriliser is turned off and the goods are allowed to cool, preferably before being removed from the steriliser.
  - 16.5 When the sterile packs are at room temperature, inspect for possible damage due to the hot sterilising conditions and if satisfactory, transfer to their intended sterile storage location.

## 17. Storage conditions and shelf life

17.1 Factors influencing the length of time that packs may remain sterile during storage are:

- the type of packaging materials used
- design of the completed packs
- incorrect wrapping/sealing procedures
- too much moisture at the end of the sterilising/drying cycle
- being placed or dropped on a dirty surface
- incorrect cleaning procedures in the area in which the sterile packs are stored
- vermin or insects in the storage area
- moisture, condensation, wide temperature fluctuations and/or excessive exposure to sunlight or ultra-violet radiation
- sharp objects or rough handling which may cause damage to packaging materials
- careless handling when other contaminated items are being transported in or near areas where sterile packs are stored.

17.2 It is common practice for the maximum shelf life for sterile packs to be four weeks, after which the items need to be re-packed and re-sterilised. Four weeks is a conservative length of time, and is generally the most practical approach to controlling the sterile shelf life for personal appearance services. However, services need to also recognise that any of the factors described in Section 17.1 may compromise the sterility of a pack at any time.

17.3 Personal appearance service business operators need to check that packs are stored in good conditions, are always handled correctly, and operators always examine the pack(s) which they are about to open for possible evidence of damage or compromised conditions during storage.



## Appendix 2

## Queensland Development Code, Part 5.0, MP 5.2 - Higher risk personal appearance services

### Purpose

To minimise the risk of infection in a *place of business* where *higher risk personal appearance services* are provided.

### Application

This standard applies to places of business where *higher risk personal appearance services* are provided to the public as part of a business transaction.

### Referral Agency

The local government is a concurrence agency as per item 21 in schedule 2 of the Integrated Planning Regulation 1998.

### Associated Requirements

- *Public Health (Infection Control for Personal Appearance Services) Act 2003.*
- *Plumbing and Drainage Act 2002*
- *Standard Plumbing and Drainage Regulation 2003.*
- *Standard Building Regulation 1993.*

### Definitions

Note: Italicised words within the body of the text are defined.

**Acceptable solution** – means solutions which are deemed to satisfy the *performance criteria*.

**Body piercing** - means the process of penetrating a person's skin or mucous membrane with a sharp instrument for the purpose of implanting jewellery or other foreign material through or into the skin or mucous membrane.

*Body piercing* does not include the process of piercing a person's ear or nose with a closed piercing instrument that:

- does not come into contact with the person's skin or mucous membrane; and
- is fitted with a sterilised, single-use disposable cartridge containing sterilised jewellery and fittings.

**Business transaction** - means a transaction in which a service is provided for payment or other consideration.

**Higher risk personal appearance service** - means a personal appearance service involving any of the following *skin penetration* procedures, in which the release of blood or other bodily fluid is an expected result:

- *body piercing*
- implanting natural or synthetic substances into a person's skin (e.g. hair or beads)
- scarring or cutting a person's skin using a sharp instrument to make a permanent mark, pattern or design
- *tattooing*
- another skin penetration procedure prescribed under a regulation made under the *Public Health (Infection Control for Personal Appearance Services) Act 2003*.

**Performance criteria** – means the outcome that must be achieved for an element of a building or structure or part of a building or structure.

**Place of business** – means premises where a *higher risk personal appearance service* is provided.

**Skin penetration** - means a procedure for the purpose of altering or enhancing a person's appearance that involves the piercing, cutting, scarring, scraping, puncturing or tearing of a person's skin or mucous membrane with an instrument.

**Tattooing** - means to penetrate a person's skin and insert into it colour pigments to make a permanent mark, pattern or design on the skin. *Tattooing* also includes any process, for example the process known as cosmetic tattooing or semi-permanent make-up, that penetrates the skin and inserts into it colour pigments to make a semi-permanent mark, pattern or design on the skin.

Performance criteria		Acceptable solutions	
Functionality			
P1	A <i>place of business</i> must be suitably planned and fitted out to effectively minimise infection risks, taking into consideration- a) separation of clean or sterile items from contaminated items b) convenient access by operators to hand basins from a number of rooms.	A1	A <i>place of business</i> consisting of a single room or multiple rooms incorporates- a) a clean zone within a room, or rooms where clean or sterilised items are stored and a hand basin complying with A2(a) is located; and b) a dirty or contaminated zone within a room, or rooms where contaminated items are placed to await cleaning, and where the cleaning sinks, instrument washers and sterilisers complying with A2(b) are located.

Performance criteria	Acceptable solutions
<b>Hand washing, instrument and equipment cleaning facilities</b>	
<p><b>P2</b> A <i>place of business</i> must be provided with suitable hand washing and instrument cleaning facilities to provide and maintain hygienic conditions.</p>	<p><b>A2</b> A <i>place of business</i> is provided with hand washing and instrument cleaning facilities which consist of-</p> <ul style="list-style-type: none"> <li>a) at least one hand-washing basin for each five workstations or part thereof with- <ul style="list-style-type: none"> <li>(i) bowl dimensions of not less than 400mm x 250mm; and</li> <li>(ii) reticulated cold water controlled by non-touch taps and includes wrist, elbow, knee, foot or sensor operated taps; and</li> <li>(iii) unobstructed space above it, not less than 600mm wide and extending not less than 750mm above the fixture; and</li> <li>(iv) the basin situated not more than 5m from any work station unobstructed by walls or fixtures; and</li> <li>(v) each hand-washing basin located between 800mm and 1000mm above the floor; and</li> </ul> </li> <li>b) at least one sink solely for washing and cleaning instruments and equipment with: <ul style="list-style-type: none"> <li>(i) a bowl not less than 400mm long; and</li> <li>(ii) reticulated hot and cold water; and</li> <li>(iii) each sink located between 800mm and 1000mm above the floor.</li> </ul> </li> </ul>
<b>Finishing Materials</b>	
<p><b>P3</b> The floors, walls, ceilings, benches and cupboard surfaces, workstations and any areas used in conjunction with workstations, must be finished in materials suitable to enable easy cleaning.</p>	<p><b>A3</b></p> <ul style="list-style-type: none"> <li>a) The finished floor surface consists of a material that is free of cracks, irregularities, and imperfections and includes- <ul style="list-style-type: none"> <li>(i) ceramic tiles; or</li> <li>(ii) sealed cork tiles; or</li> <li>(iii) plastic tiles or sheeting; or</li> <li>(iv) polyurethane sealed timber; or</li> <li>(v) epoxy resin sealed concrete; or</li> <li>(vi) carpet that can withstand fluids and can be easily cleaned.</li> </ul> </li> </ul>

## Performance criteria

## Acceptable solutions

- b) The finished wall surfaces consist of a material that is easily cleaned when painted or sealed and includes:
  - (i) sealed smooth concrete; or
  - (ii) rendered hard plaster; or
  - (iii) smooth concrete masonry; or
  - (iv) smooth clay masonry; or
  - (v) timber boards; or
  - (vi) timber sheeting; or
  - (vii) washable vinyl wallpaper; or
  - (viii) plasterboard.
- c) The finished ceiling surfaces consist of a material that is easily cleaned when painted or sealed and includes:
  - (i) sealed smooth concrete; or
  - (ii) rendered hard plaster; or
  - (iii) plasterboard; or
  - (iv) timber; or
  - (v) timber boards or sheeting; or
  - (vi) vinyl faced board.
- d) All joinery and other surfaces including benches, cupboards, shelves and work station areas on which instruments are placed consist of a material that can be easily cleaned, is smooth and free from cracks and crevices and includes:
  - (i) gloss paint or stain; or
  - (ii) laminate; or
  - (iii) glass; or
  - (iv) stainless steel; or
  - (v) epoxy resin.
- e) The intersections between floors and walls are provided with-
  - (i) coving at least 50mm high; or
  - (ii) continuous skirting at least 50mm high consisting of timber, ceramic tiles or the like.

## Finishes – joining system

**P4** Internal wall, ceiling and floor finishes must have a suitable joining system to facilitate the maintenance of hygienic conditions.

**A4**

Joints between:

- a) wall and ceiling linings are flush with the surface; and

### **Performance criteria**

### **Acceptable solutions**

- b) ceramic wall and floor tiling are filled with heavy duty 100% epoxy, acid resisting grouting in accordance with the manufacturer's recommendations; and
- c) wall and floor flexible PVC sheeting have heat welded seams; and
- d) polypropylene sheeting has proprietary plastic mouldings.

## Appendix 3      Excerpt from the Department of Environment and Heritage Protection Information Sheet EM 1250

### Determining clinical waste

*This information sheet clarifies the definition of clinical waste in the Environmental Protection (Waste Management) Regulation 2000 (the Regulation) and will help determine whether clinical waste generated could be exempt from some requirements of the clinical waste management provisions in the Regulation. The Regulation does not define clinical waste generators. It only specifies certain premises that must develop clinical or related waste management plans.*

### What is clinical waste?

**Clinical waste** means waste that has the potential to cause disease, including the following:

- animal waste
- discarded sharps
- human tissue waste
- laboratory waste.

### When waste is not clinical waste

Domestic premises. In the home environment the only category of clinical and related wastes requiring special treatment is sharps or other devices used to penetrate the skin. All other wastes can be disposed of through the domestic waste stream.

NH&MRC - National Guidelines for Waste Management in the Health Care Industry, March 1999.

Emergency first-aid. Waste generated when administering emergency first-aid at accident scenes should be disposed of by using all reasonable precautions commensurate with the nature and circumstances of the situation.

Tattooists. If the waste does not contain free-flowing blood or body fluids, it is not clinical waste. This means that waste with a small amount of dried blood (e.g. cotton wool ball with a spot of dried blood) does not have to be disposed of as clinical waste. However, any sharps must be contained within a rigid-walled, puncture-resistant container prior to disposal. The container must then be given to an approved regulated waste treatment facility via a registered transporter.

Electrolysis. Electrolysis procedures used by beauticians to treat or remove body hair are not considered to generate clinical waste if the waste does not contain free-flowing blood or body fluids. Any sharps must be contained within a rigid-walled, puncture-resistant container prior to disposal. The container must then be given to an approved treatment facility via a registered transporter.

Ear piercing/body piercing. This practice is not considered to generate clinical waste, unless the waste contains free-flowing blood or body fluids. However, any sharps waste must be disposed of in the same manner as for tattooists, or go to an approved treatment facility via a registered transporter.

Waxing. Waxing procedures used by beauticians for removing body hair are not considered to generate clinical waste.

Public areas (e.g. shopping centres, parks, beaches, hotels, restaurants, railway and bus stations, airports etc.) Sanitary hygiene waste and sharps are not considered to be clinical waste if disposed of or discarded in a public toilet or public area.

For the purposes of management and disposal, sanitary hygiene waste from shopping centres, child care centres, family day care, public toilets, restaurants and other facilities whose primary function is not health care related is not considered to be clinical waste or nightsoil. However, as this material is considered sensitive it is strongly recommended that it is disposed of to landfill in consultation with the land fill operator.

Animal bathing and grooming. Animal bathing and grooming services (e.g. hydrobathing and hair and nail clipping) are not considered to generate clinical waste, even if the activity is conducted at a premises generating clinical waste (such as a veterinary clinic). However, correct management practices need to be followed, particularly to manage waste water and any associated chemicals that may have been used.

Facilities having animals (e.g. pet shops, kennels, pounds, theme parks). Waste generated from a pet shop, public aviary, aquarium or zoo is not considered to be clinical waste, unless the waste originated from an animal contaminated with an agent infectious to humans. This waste must then be managed as clinical waste.

Crime scenes. Waste from the clean-up of a crime scene generally does not need to be managed as clinical waste, unless the material is heavily contaminated with free-flowing blood or body fluids, or is known to contain infectious agents.

First aid rooms. (e.g. in schools, offices, factories) Clinical waste generated in the treatment of minor injuries (e.g. bandages, band-aids, cotton wool) is not clinical waste. However, any hypodermic needles must be placed in a rigid-walled, puncture resistant container, which can then be disposed in the general waste stream if allowed by the local government.

Medical practitioners, dentists and vets. General waste such as tongue depressors, cotton wool balls, tissues, bandages, band-aids, protective bibs, gloves, overalls, disposable sheets, and shoe protectors with no free flowing blood, are not classed as clinical waste and can go into the general waste stream.

Laboratories. Waste from laboratories that do not conduct testing of blood, body fluids or tissue from humans or animals is not clinical waste.

## Further information

Other information sheets in this series include:

- Clinical or related waste management (EM12444)
- Storage and transport of clinical or related waste (EM1246)
- Clinical or related waste treatment and disposal (EM1247)
- Managing sanitary hygiene waste (EM1248)
- Pharmaceutical and cytotoxic waste management (EM2976)

If you generate, transport or treat clinical waste you may be required to obtain an environmental authority and a development approval (if required depending on the nature of the activity). Please refer to the Business and Industry Portal at [www.business.qld.gov.au](http://www.business.qld.gov.au) for more information.

Advice and support are available through a statewide network of regional departmental offices. Contact details are available on the above website (refer to the information sheet Contact details for environmental licensing — including Council areas) and in the White Pages.

The full information sheet is available at

<http://www.ehp.qld.gov.au/licences-permits/business-industry/waste-management/pdf/info-define-clinical-waste-em1250.pdf>



## Appendix 4 Infections and how they are

**spread\*** (Extract from Risk Assessment report by Dr. Joan Faoagali; and Dr. Michael William Harrison)

A risk assessment undertaken in 1999 found that some personal appearance activities such as hairdressing and beauty therapy pose a relatively low risk of transmitting blood-borne diseases like HIV and hepatitis C, while other personal appearance activities such as tattooing and body piercing pose a higher risk of transmission.

A two-tiered system of regulation was determined to be the best way to minimise infection risks to the community, without unnecessarily restricting competition in business. As a result, changes to the *Public Health Regulation 1996* were made and new legislation implemented - *Public Health (Infection Control for Personal Appearance Services) Act 2003*. The Act commenced on 6 November 2003 and places an obligation on all personal appearance services to minimise infection risks to clients; however licensing is required for higher risk personal appearance services.

**Table 1.1 Methods of Spreading Infections**

Method of Spread	Comment	Examples
Ingestion	The infectious organisms are swallowed, ie taken by mouth	Food poisoning Hepatitis A
Inhalation	The infecting organisms are breathed (inspired) in	Legionella TB Influenza Chicken pox
Direct Contact	The organisms are spread directly from one person to another	Staphylococcal infection in wounds spread from the hands of attendant(s) Streptococcal infections from hands of attendant to skin of client Herpes simplex virus from hand of attendant to client or vice versa Scabies
Indirect contact	The organism is spread via a fomite (inanimate item) which is contaminated with the microbe, eg: reusable needles used in acupuncture or tattooing which have not been adequately sterilised	Contaminated needle: Hepatitis C, Hepatitis B, HIV infection Contaminated comb: head lice, dermatophytes (ringworm)
Nosocomial Infection	Occur in a health care institution	Any infection that is not incubating on admission and develops <u>≥ 48 hours after</u> the patient was admitted

Inoculation	Penetration usually by a sharp object through skin or mucous membranes (eg oral mucosa)	Needle stick or sharps injury with prior contamination of the sharp with infectious material
Vertical transmission	From mother to baby during or near delivery (parturition)	HCB,HCV, HIV, HSV, Syphilis, CMV
Endogenous	From the “normal flora” of the person infected	Staph infection following ear or nose piercing even with the use of sterile equipment

Many microbes can cause an infection by multiple infectious routes (For example, hepatitis A infection is usually caused by ingestion of the agent but it can also follow a blood transfusion from a patient incubating the disease).

**Endogenous micro-organisms** are found as “normal flora” on individuals. These organisms have a protective role and often produce substances (bacteriocins) which inhibit or prevent the establishment of other microbes on the skin or in the gut. While these organisms remain in their ecological niche they provide a useful function but if they gain access to other areas of the body e.g. the subcutaneous tissues, or the blood stream, they can multiply and cause disease before the body defence mechanisms can mount a response.

**Environmental micro-organisms** may arise from plants, the soil, animals and insects, or simply represent residual human micro-organisms shed in skin squames or secretions such as faeces, urine, saliva, blood or sputum.

There are a vast number of micro-organisms in the world although only a few are commonly associated with human disease. Some micro-organisms such as Hepatitis A virus are only found in humans. Other micro-organisms are ubiquitous, although different strains (same family but different species) may colonise different animal and plant species. Many of these organisms can cause infections in humans if they are able to invade the skin barrier or be breathed or swallowed by humans. A rule of thumb commonly used in infection control practice is that **ALL ORGANISMS ARE POTENTIALLY PATHOGENIC** if they are able to evade the normal defence mechanisms of the body or if the defence mechanisms are weakened or absent (ie. immuno-suppressed).

Alertness to the presence of micro-organisms is essential to ensure that they can be adequately controlled. Knowledge of how micro-organisms can spread, where they can be found and how the spread can be prevented is an essential prerequisite to their control. Operators carrying out skin penetrating activities must have such an understanding because failure to maintain aseptic techniques could result in the inoculation of environmental organisms into the client during the skin penetrating activity.

Environmental microbes include filamentous fungi and moulds (eg *Aspergillus*, *Mucor*, *Penicillium*), Gram positive bacteria such as *Nocardia sp*, mycobacteria, and *Bacillus species*, some Gram negative bacteria such as some strains of *Pseudomonas sp*, *Klebsiella sp*, *Vibrio sp* and *Aeromonas sp*.

For example, if body piercing equipment (e.g. a nose ring) was dropped on to the floor before it had been used and the equipment was not resterilised, organisms could contaminate the equipment and could be inoculated (ie. penetrate the skin) into the patient while the procedure was being undertaken. Washing the item under the tap may not remove the organisms and may, in fact, allow tap and tap water microbes to further contaminate the equipment placing the patient at further risk. It is impossible to “sterilise” a floor and it is not expected that this should be attempted. Many experiments using powerful disinfectants on floors have shown that the micro-organisms recur within two hours of exposure to the disinfectant. Modern hospitals no longer use powerful floor disinfectants, recognising that the implementation of appropriate instrument cleaning and handling processes is more cost effective and reliable. Further, the risk of contamination for the patient arises from the ‘equipment’ not being resterilised after being dropped and not the floor itself.

Therefore, of the various routes of transmission noted above, only two are relevant to hairdressing, beauty therapy and skin penetration activities. These are direct contact (operator to/from client) and indirect contact (via equipment eg needles or other sharp items). The *mode* of infection from a contaminated sharp is by inoculation, ie injected into a person either directly or by accident.

Legionellosis may be associated with inadequately maintained air conditioning but this is not relevant here, as the spread of disease is independent of the activity or industry being undertaken.

## Why do people get infected?

A number of factors influence whether an infection occurs after exposure to an infectious agent. These factors are shown in Table 1.2:

**Table 1.2 Factors influencing the transmission of infectious conditions**

Factor	Reason
The (size) dose of the microbe (microbial exposure)	<p>A larger dose of microbes is more likely to cause infection than a smaller dose.</p> <p>Smaller doses may result in <u>immunity</u> to infection without the development of overt disease (infection) by stimulating the immune system but not overwhelming it and causing symptoms (disease).</p>

The virulence of the organism	Virulence is a term used to reflect the ability of the organism to <u>cause disease</u> . This may be associated with the production of extra cellular products (enzymes), which facilitate tissue invasion or the ability to adhere to specific tissues e.g. influenza virus adheres to respiratory epithelium, poliovirus invades and destroys motor neurone cells in the spinal cord.
The site of entry of the microbe – (route of primary infection).	For example, inoculation of <i>S.aureus</i> into the skin may cause a local abscess, inhalation may cause a lung abscess and invasion into the blood stream with deposition and abscess formation in many organs including bone, the heart valves, brain, muscle etc.
Immune status of the individual	<p>People who have been immunised/vaccinated against infection with specific microbes for which a vaccine is available will be unlikely to develop an infection when exposed to that organism. Examples of available vaccines are measles, rubella, diphtheria, polio, TB, Hepatitis A &amp; B. <i>Haemophilus influenzae</i> type b.</p> <p>People who have previously been infected with the organism are unlikely to be reinfected. Examples are chicken pox, Hepatitis A or B and measles virus infections.</p> <p>People with abnormal immune systems due to cancer or immunosuppressive drug therapy will be more susceptible to infections to which they have previously been exposed because their natural defence mechanisms (white cells, antibodies, immunoglobulins) are not functioning optimally. Organisms that rarely cause disease can infect these persons.</p> <p>People with loss of skin due to trauma (eg burns) or disease (eg pemphigus) will be more susceptible to infection due to loss of their normal skin defensive barrier.</p> <p>People with invasive devices through skin e.g. IV lines, urinary catheters, have an easy route for microbes to enter areas of the body to which they do not normally have access. These microbes can colonise the invasive devices and be protected from the activity of anti microbial agents by the formation of biofilm on the catheter surfaces.</p>
Source of the infecting microbe	Although most infecting organisms come from a person's own flora, environmental and animal microbes can cause human disease. Sometimes these diseases are difficult to treat because the animal or environmental micro-organisms are not susceptible to the available antibiotics.

Environmental factors	Ambient temperature, dust, lack of sunlight, humidity, moist areas (damp cloths) may provide an environment, which encourages the growth of micro-organisms and is difficult to alter/control e.g. <i>Legionella sp.</i> in tap spouts/shower/rosettes, <i>Pseudomonas sp.</i> in damp areas such as foam rubber sponges, nail brushes.
Transmission vectors	Rodents, flies, cockroaches, mosquitoes can transmit micro-organisms indirectly from their external skeleton or excreta or as part of the life cycle of the organism e.g. Malaria/Ross River virus infection.
Mode of transmission	Inoculation is more effective than inhalation, which can be more effective than ingestion and direct contact - but other factors including dosage size and microbial virulence must be also considered.

## Appendix 5

### Personal Appearance Services Categorisation Table

This table is under review and an updated version will be incorporated into this document when available. The public health risk amendment 2XA invasive procedures under the Public Health Regulation 2005 will be included.