



## Guidance Notes on Hand Washing (GN1)

**Hand washing is one of the most important procedures for preventing the spread of infection and the first step in infection control.**

In addition to hand washing, it is also important to keep fingernails short and clean.

### When to wash hands

- Before and after direct contact with each client.
- After contact with any body fluids.
- Before and after using gloves.
- After visiting the toilet.
- Any point when cross contamination occurs.
- Before handling food and drink.

### How to wash hands

- Remove jewellery and place hands under warm running water and then apply liquid antibacterial soap.
- Rub hands palm to palm and vigorously to form a lather.
- Rub backs of both hands, then palm to palm with fingers interlaced.
- Rub backs of finger (interlocked).
- Rub all parts of both hands, paying attention to thumbs.
- Rub both palms with fingertips.
- Rinse hands well under running warm water.
- Dry thoroughly with disposable paper towel.
- Nail brushes should not be used unless they are single use disposable ones.
- Cuts and abrasions should be covered with a waterproof plaster and changed as necessary.

For any activities that involve piercing the skin or risk of piercing the skin alcohol rub should be applied to the hands after washing.

Please do not hesitate to contact our [Regulatory Services](#), should you wish for further advice, or to discuss this matter further.

<http://mrsaactionuk.net/posters/howtohandwash.pdf>



## Guidance notes on decontamination (GN2)

**There are many bacterial, viral and fungal infections which can be easily contracted by contaminated equipment. These include Herpes Hepatitis B, Hepatitis C and HIV, all good reasons for ensuring appropriate cleaning and sterilising techniques.**

What is cleaning, decontamination, disinfection and sterilisation?

### Definitions

- Cleaning is a physical process which removes dirt e.g. dust and organic matter, along with large proportions of germs.
- Cleaning instruments is an essential part of the decontamination process, inadequately cleaned instruments cannot be sterilised effectively.
- Decontamination is a general term used to render an item safe for use.
- Disinfection is a process that reduces the number of micro-organisms to a level where they will not be harmful to health but which may not necessarily inactivate some viruses and bacterial spores.
- Sterilisation (e.g. autoclaving) is a process that renders equipment free from all living organisms including viruses, protozoa, fungi, bacterial and their spores. It is essential that all instruments in contact with non-intact skin are sterile.

### Cleaning of the environment and equipment

- Several products are available to the industry to ensure that risks of cross contamination are reduced to a minimum.
- Equipment that comes into contact with intact skin must be cleaned before re-use including chairs and workbenches.
- Cleaning with warm water and general-purpose detergent breaks up grease and dirt and can be carried out to remove the majority of micro-organisms.
- This is essential prior to disinfection and sterilisation of instruments and equipment as disinfectants are often inactivated by organic material such as soiling and dirt.
- They may also be inactivated by other cleaning products such as anionic detergents and soap.
- Equipment with complex shapes such as forceps and tattooists needle bars etc should first be cleaned manually with general purpose

detergent and hot water and then cleaned ultrasonically prior to sterilisation.

## When to sterilise/disinfect

Risk	Application	Recommendation
High	Items in close contact with a break in the skin or mucous membrane or skin piercing involved	Sterilisation
Intermediate	Items in contact with intact skin, or mucous membrane	Sterilisation or disinfection
Low	Items in contact with healthy skin or not in contact with the client	Disinfection or cleaning

## Recommended cleaning and disinfectant agents for the environment

- General purpose detergent e.g. fairy liquid and hot water are used for cleaning surfaces at end of sessions/day prior to disinfection.
- Cream cleaner which is used for cleaning surfaces prior to disinfection.
- Disinfectant spray e.g. supermarket brands used for cleaning surfaces between clients.
- Bleach (hypochlorite) e.g. household bleach, used for environmental disinfection but not for use on metal surfaces.
- Alcohol (70 percent isopropyl) e.g. surgical spirit for disinfecting surfaces.

## Recommended cleaning and disinfectant agents for tools

- General purpose detergent and hot water, used for cleaning tools after each client prior to disinfection.
- Disinfectant spray, used for sanitising non-immersible or non-metal tools.
- Bleach (hypochlorite), used for tool disinfection but not for use on metal surfaces.



- Alcohol (70 percent isopropyl), used for disinfecting non-immersible or non-metal tools.
- Quaternary ammonium compounds e.g. barbicide, marvicide, used for tools (such as small metal instruments) disinfectant. Immersion time is important and it must be made up accurately following manufacturer's instructions.
- Chlorine-based e.g. sodium hypochlorite, sodium dichloroisocyanate, used for disinfection of pools.
- Peroxygen e.g. Ozone, used in the disinfection of pools.

## Skin disinfectants

Alcohol, (70 percent ethyl or isopropyl alcohol), used in impregnated wipes, a useful way of using alcohol on the skin.

- Chlorhexidine e.g. salvon liquid needs to be freshly made up or used as individual sachets as bulk packs of wipes and stored solutions are easily contaminated.
- Benzalkonium chloride, used for cleaning wounds and skin surfaces.
- Povidone iodine or betadine preparations, used for preparing skin for skin piercing, tattooing and acupuncture procedures.
- This can cause allergic response and may cause damage to sensitive tissues.
- N.B Glutaraldehyde (Cidex) must never be used in special treatment centres.

## Sterilisation

All equipment used to penetrate the skin must be sterile. All re-useable instruments used in the procedure to pierce a person's skin e.g. clamps, forceps or objects in contact with broken skin, should be considered to be contaminated and should not be used until they have been sterilised. Water boilers, hot air ovens and UVA light boxes are not effective methods of sterilisation.

The recommended method of sterilisation is autoclaving and this method must be used where possible. Autoclaves and other sterilising equipment must be used and maintained strictly in accordance with manufacturers instruction to ensure reliable operation.

Products are available which can be used as chemical high level disinfectants in certain circumstances when autoclaving is not possible. e.g. peroxygen systems such as perasafe for immersion of equipment.

These products can be purchased in powder form and made up when required.

It is important to remember the following when using chemical sterilizers:

1. The products must be made up strictly in accordance with the manufacturers recommendation and the quantities must be measured carefully.
2. The made-up solution must only be kept for as long as the manufacturer specifies then disposed of.
3. No further equipment must be added during the immersion time.
4. Care must be taken that the immersed equipment is fully submerged and devoid of bubbles on the equipment surface or the exposed areas will not be sterile.

Please do not hesitate to contact us [Regulatory Services](#), should you wish for further advice, or to discuss this matter further.

## Guidance Notes on the use of anaesthetics (GN3)

**This Authority's advice in relation to the use of anaesthetics is particularly relevant to tattooists and body piercers but also useful advice for therapists who carry out treatments that involve a degree of discomfort such as waxing, electrolysis and micropigmentation.**

All clients should expect to experience some degree of pain for any of the above treatments.

The administration of local anaesthetic injections by persons other than medically qualified practitioners (doctor/dentist) is illegal, and therefore not permitted.

External application of topical anaesthetics (creams/gels/sprays) to clients can be deemed an offence under the [Medicines Act 1968](#). The legislation stipulates that only persons who hold a product licence (generally pharmacists) may supply these products for use in medical applications. Their administration by body piercers, tattooists or therapists on clients for cosmetic purposes can therefore be deemed an offence.

All topical anaesthetics fall into one of three classifications.

### Prescription Only Medicines

These products are supplied only by a pharmacy against a doctor's prescription and are valid only for use by the person to whom the doctor prescribes it. The use of this would be inappropriate unless the client's Doctor has prescribed it.

### Pharmacy Medicines

These products can only be supplied at a pharmacy under the supervision of a pharmacist, who deems its use suitable for the person concerned;

### General Sales List Medicines

These products can be purchased at any type of shop as suitable for general use.

When considering the use of a topical anaesthetic, piercers, tattooists and therapists are advised to take a balanced risk approach between benefit and risk of using such products. If the associated risks of use outweigh the likely beneficial effects then the anaesthetic should not be used. For example,

specific problems regarding the use of ethyl chloride spray includes the following:

- the product itself is not sterile and can therefore potentially cause an infection
- to have a good numbing effect, the spray must be applied in quite high doses to reach the nerve fibres below the skin
- this presents the likelihood of burns being caused to the skin, particularly in cases of smokers and diabetics, which opens the way for infection
- the product has been shown to be a respiratory irritant, resulting in inhalation risks particularly when used on or near the face
- the product is highly flammable and must therefore be considered carefully in terms of health and safety during usage, storage etc

The use of relaxation techniques by an experienced piercer, tattooist or therapist to put a client at ease and gain their confidence, combined with a fast, smooth and accurate treatment technique can be far more effective than the application of a topical anaesthetic.

While it is strongly recommended that you only carry out treatments within these guidelines, we are aware that some clients may request the use of an anaesthetic particularly prior to piercing. In this respect, it is recommended that a topical anaesthetic be administered by the client only after consultation with the therapist as to the risks involved and obtaining a signed consent form to this effect. Where persons under 16 years of age are concerned, the parent or legal guardian must also countersign this consent.

Even with consent, you are reminded that the use of any anaesthetic, be it by oral, injection or topical application, must be administered by the client and not the therapist as this may leave the licensee open to prosecution under the [Medicines Act 1968](#) or [Health and Safety at Work Act 1974](#).



## Guidance Notes on Sharps Injuries (GN4)

### What to do if you receive a sharps injury:

If you suffer an injury from a sharp which may be contaminated:

- Encourage the wound to gently bleed, ideally holding it under running water
- Wash the wound using running water and plenty of soap
- Don't scrub the wound whilst you are washing it
- Don't suck the wound
- Dry the wound and cover it with a waterproof plaster or dressing
- Seek urgent medical advice as effective prophylaxis (medicines to help fight infection) are available
- Report the injury to your employer.

Only hospitals with Accident and Emergency (A & E) facilities can assist with sharps injuries. Urgent Care Centres or Minor Injury Units cannot deal with such incidents. The local A&E address and postcode should be included in the procedure.

**N.B. RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013** RIDDOR puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).  
<https://www.hse.gov.uk/riddor/report.htm>



## Guidance note on the use of bench-top steam sterilizers (GN5)

**This authority's advice in relation to the use of bench-top steam sterilizers.**

### Bench top steam sterilizer (autoclaves)

- The most reliable method of sterilising equipment is moist heat using steam under pressure i.e. autoclave.
- Autoclaves operate at moist heat temperatures of between 121 Celsius and 134 Celsius.
- It is important that the correct type of autoclave is purchased for the type of sterilisation required.
- The type of equipment and quantity of equipment placed in it will also dictate the autoclave required.
- Effective sterilisation using a bench top steam sterilizer relies on the correct use and maintenance of the unit.
- All persons operating bench top steam autoclaves should have received training on the safe use of portable autoclaves and follow manufacturers instructions.
- Training is often provided by manufacturers but needs to be requested by the operator.
- All training should be documented.

Further guidance for healthcare professionals on using benchtop sterilizers safely and effectively.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/372222/Benchtop\\_sterilizers.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/372222/Benchtop_sterilizers.pdf)

### There are two main types of autoclave

- For both types of autoclaves, it is essential that the instruments are thoroughly cleaned by both manual and ultrasonic bath means to remove visible contamination before they are autoclaved. Any contamination remaining on the instruments will leave non-sterile areas underneath the contamination.
- Guidance should be sought from the [Medical and Healthcare products Regulatory Agency](#) (MRHA) on the type of autoclave most suitable for the work carried out.

- After purchase the autoclave must be correctly used, maintained and validated periodically according to the devices bulletin 'The Validation and Periodic Testing of Bench Top Steam Sterilizers' DB 9804.

### Traditional bench top steam autoclaves (non-vacuum)

These are considered suitable for solid or unwrapped instruments. Pouches or other wrappings must not be used in these autoclaves. It is important to leave as much air as possible around each object when placing in the autoclave. All equipment such as clamps must be sterilised in the open position to ensure all parts of the equipment get sterilised. Once sterilised, items must be placed in a clean airtight container. They can be stored in this manner for up to 3 hours at which point they will then require to be sterilised again prior to use; and

### Vacuum autoclaves

For the sterilisation of wrapped or pouched items eg instruments with lumens (ie tubes grips and tips) the ideal sterilisation practice is to use a vacuum steam autoclave. It is important that such a sterilizer has a drying cycle as well so that resultant loads are dry at the end of the cycle. Wet or damp pouches cannot be regarded as sterile as bacteria can penetrate into them. Intact dry pouches should be stored in a clean dry environment until use.

The owner of the autoclave is responsible for:

- ensuring the machine is certified as suitable by a competent person
- the machine is properly maintained and in a good state of repair
- installation and validation of the autoclave is done via an authorised person
- ensuring training of the operator occurs and is documented
- daily, weekly, quarterly and yearly testing is completed and documented in a logbook

The following sterilisation temperature bands, holding time and pressure for sterilisation, using high temperature steam must be checked daily before the start of the session and documented on the [Autoclave Record Sheet](#).

Option	Sterilisation	Temperature	Range (°C)	Approx. Pressure Bar	Minimum Hold (min)
	<b>Normal</b>	<b>Minimum</b>	<b>Maximum</b>		
A	136°C	134°C	137°C	2.25	3 minutes
B	127.5°C	126°C	129°C	1.5	10 minutes
C	122.5°C	121°C	124°C	1.15	15 minutes

Please do not hesitate to contact our Regulatory Services should you wish for further advice, or to discuss this matter further.

Visit <http://www.hse.gov.uk/pubns/guidance/pm73.pdf> for further safety requirements for autoclaves