

Skin Penetration Code of Practice

Environmental Health Directorate

WA Health

DEPARTMENT OF HEALTH

CODE OF PRACTICE

FOR

SKIN PENETRATION PROCEDURES

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CODE OF PRACTICE FOR SKIN PENETRATION PROCEDURES

INTRODUCTION

The Code of Practice for Skin Penetration Procedures [the Code] has been primarily developed in response to the risks associated with the transmission of blood borne infections, [e.g. Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV)] and sets minimum standards of infection control for anyone who performs a skin penetration procedure.

The Code is based upon the National Australian Council on AIDS document prepared by the joint National Health and Medical Research Council and Australian National Council on AIDS Infection Control and Review Group endorsed in April 1996 titled "Infection Control in the Health Care Setting, Guidelines for the Prevention of Transmission of Infectious Disease."

The Code, which was prepared by the Environmental Health Service of the Department of Health of Western Australia in consultation with industry, is published (with amendments to June 1998) by the Executive Director, Public Health under the provisions of section 344A(2) of the Health Act 1911, and is to be read in conjunction with the Health (Skin Penetration Procedure) Regulations 1998.



Dr Paul Psaila-Savona
EXECUTIVE DIRECTOR PUBLIC HEALTH

CODE OF PRACTICE FOR SKIN PENETRATION PROCEDURES

1. DEFINITIONS

<i>Appliance</i>	Means the whole or part of any utensil, machine, instrument, device, apparatus or anything used or intended to be used in or in connection with the performance of a skin penetration procedure or the cleaning or sterilisation of another appliance.
<i>Cleaning</i>	Means the removal of soil and reduction in number of micro-organisms from a surface by a process such as washing in detergent and water without prior processing.
<i>Client</i>	Means any person on whom a skin penetration procedure is being or is to be carried out but not necessarily for gain or reward.
<i>Contaminated waste</i>	Means: (a) Waste that has been in contact with any body fluid. (b) Waste consisting of any instrument or object that has been used to penetrate the skin or may have come in contact with any blood or mucous excretion;
<i>Code</i>	Means the Code of Practice for Skin Penetration Procedures.
<i>Detergent</i>	Means a substance that enhances the cleansing action of water or other liquid.
<i>Disinfectant</i>	Means an agent intended to destroy or remove pathogenic micro-organisms but does not usually destroy bacterial spores.
<i>Disinfection</i>	Means the inactivation of non-spore forming organisms using either thermal (heat and water) or chemical means.
<i>High risk contact</i>	Means any activity that involves a skin penetration procedure or contact with blood, mucous or other body fluid.

<i>Low risk contact</i>	Means any activity that involves contact with a client's intact skin but does not include a skin penetration procedure.
<i>Occlusive dressing</i>	Means a waterproof wound covering.
<i>Operator</i>	Means a person who performs skin penetration procedures.
<i>Pathogen</i>	Means any micro-organism that is capable of causing infection and disease.
<i>Sharps</i>	Means any item designed to pierce, cut, puncture, tear or shave the skin, mucous membrane or conjunctiva of the eye.
<i>Skin penetration procedure</i>	<i>Means any process involving the piercing, cutting, puncturing, tearing or shaving of the skin, mucous membrane or conjunctiva of the eye.</i>
<i>Sharps container</i>	<i>Means a clearly labelled, puncture resistant container that conforms with Australian Standard AS 4031, 'Non reusable containers for the collection of sharp medical items used in health care areas'.</i>
<i>Sterilisation</i>	<i>Means the complete destruction of all micro-organisms including spores.</i>

2. APPLICATION OF THIS CODE

This Code applies to:

- a) All persons who perform skin penetration procedures;
- b) The premises in which such skin penetration procedures are performed;
- c) The business of cleaning and/or sterilising appliances for the purpose of skin penetration.

Notwithstanding the above this Code does not cover those persons who penetrate the skin in the following professions:

- a) Dentists who have been registered as dentists pursuant to the Dental Act of 1939;
- b) Medical practitioners registered pursuant to the Medical Act 1894;
- c) Podiatrists registered pursuant to the Podiatrists Registration Act of 1984 or;
- d) Nurses registered pursuant to the Nurses Act of 1992.

STANDARDS FOR INFECTION CONTROL

3. STANDARD PRECAUTIONS

Standard precautions shall be followed during skin penetration procedures. It must be assumed that all blood and body fluids are potentially infectious, thus standard precautions shall be undertaken wherever skin penetration procedures are conducted.

Standard precautions include:

- Good hygiene practices,
- Washing and drying hands before and after client contact,
- The use of protective barriers such as gloves, gowns, plastic aprons, masks etc.,
- Appropriate handling and disposal of sharps and other contaminated materials

3.1 Hand Washing

Hand washing is the first step in infection control.

- a) Hands shall be washed with soap and water and dried before and after direct low risk contact with clients. Hands shall be washed with soap and water for a minimum of 10-15 seconds.
- b) Hands or skin surfaces subjected to high risk contact with blood or body substances shall be washed immediately or as soon as possible after contamination. Hands shall be washed with soap and water for a minimum of 10-15 seconds.
- c) Hands shall be washed before and after using gloves.
- d) Scrub brushes are not recommended for scrubbing hands as they may cause damage to the skin.
- e) Cuts and abrasions on hands shall be covered with a water resistant occlusive dressing which shall be changed as necessary or when the dressing becomes soiled.
- f) Hands shall be dried thoroughly using disposable paper towels.
- g) Operators with weeping cuts, abrasions or dermatitis shall not come into direct contact with clients.

3.2 Personal Protective Clothing

- a) Gowns and/or disposable plastic aprons should be worn where there is a reasonable likelihood of splashing or contamination of clothing.
- b) Where high risk contact is likely to occur where an operator may come into contact with blood or other body substances disposable examination gloves shall be worn.
- c) Gloves shall be discarded and replaced with new if there is any evidence of tearing or deterioration.
- d) Gloves shall be changed when performing separate and distinct procedures on the same client to avoid cross contamination.
- e) Gloves shall be changed between each client to avoid cross contamination.

- f) General purpose rubber utility gloves should be worn when performing cleaning duties.
- g) General purpose utility gloves may be reused unless there is peeling, cracking, puncturing, tearing or any other evidence of deterioration.
- h) Face protection, eye protection or masks should be worn when performing any procedure that may cause splash or spray of blood or body substance.

3.3 Handling and disposal of sharps

Sharps represent the major cause of accidents involving potential exposure to blood-borne diseases.

- a) Operators using sharps are responsible for their management and disposal.
- b) All sharps shall be placed in an appropriate container when not in use.
- c) Contaminated sharps shall not be passed from the hand of one operator to another.
- d) Needles should not be removed from disposable syringes for disposal, purposely broken or otherwise manipulated by hand except when the removal of the needle is technically necessary; or when performing procedures where needles should be bent. Needles should be bent only when required prior to contamination with blood or any body substance.
- e) All used sharps shall be placed in a designated puncture resistant container that complies with Australian Standard AS 4031, '*Non reusable containers for the collection of sharp medical items used in health care areas*'.
- f) Sharps shall be discarded immediately after the skin penetration procedure is completed.
- g) Reusable sharps are prohibited unless of a class or type that has been exempted by the Executive Director Public Health.

3.4 Management of waste

- a) Contaminated waste shall be placed into waste receptacles at the source of generation.
- b) Receptacles for contaminated waste shall be clearly identified.
- c) Sharps shall be discarded into a designated puncture resistant container that complies with the requirements of Australian Standard AS 4031.
- d) All waste shall be stored and disposed of in a manner that complies with local government requirements.

3.5 Blood and/or body fluid spills

Blood and body fluid spills pose a significant health risk. If a spillage of blood or body substances occurs:

- a) Wear disposable gloves and protective clothing;
- b) Pick up broken glass or any other sharp object included in the spill with forceps and dispose of in a sharps container;
- c) Clean the surface that has been contaminated with detergent and water using disposable wipes or paper towels;
- d) Rinse and dry the surface;
- e) All soiled materials, excluding sharps, should be placed in a plastic bag and then disposed of in a manner that complies with local government requirements;
- f) If a spill occurs on a carpeted area, the area should be shampooed or steam cleaned as soon as possible after the spill occurs.

3.6 Needle stick and blood accidents

Work places where skin penetration occurs shall have a policy concerning needle stick and blood accident exposure. Staff shall be aware of the policy. Needle stick and blood accident policies shall follow the Australian National Council on AIDS (ANCA) recommendations. Appropriate sections of the ANCA needlestick policy are attached to this document as Appendix 1.

3.7 Animals

Animals are prohibited in areas where skin penetration procedures are undertaken. The only exception being seeing-eye dogs in company of a blind person.

3.8 Linen

Linen used in premises where skin penetration procedures are undertaken shall be stored to prevent contamination.

Only fresh, clean linen shall be used on each client.

Used, dirty or soiled linen shall be stored in a suitable receptacle.

Household laundering procedures are adequate for processing all soiled linen.

3.9 Sterile materials and solutions

- (a) Single dose vials and single use sterile skin penetrating equipment shall be used in all cases. Unless of a type approved or exempted by the Executive Director, Public Health, multiple use vials and skin penetrating equipment are prohibited.
- (b) All equipment must be appropriately cleaned or sterilised between each client in accordance with the Code.

3.10 Smoking and Preparing Food

Smoking and food preparation are prohibited in areas where skin penetration procedures are undertaken.

4. SELECTION AND MANAGEMENT OF APPLIANCES

The selection and management of appliances will be dependent upon the use. The level of disinfection and sterilisation is based upon the degree of risk of infection involved in the use of the appliance. Any micro-organism that is introduced into a sterile body can establish an infection. Micro-organisms can potentially contaminate instruments, surfaces, dyes or any other fluids such as disinfectants. The most effective way to avoid cross infection by skin penetration procedures is through the use of single use, sterile materials.

Selection and maintenance of an appliance depends upon the application.

Skin penetration procedures can be placed into three risk levels:

- a) **A non-critical procedure:** Is where an appliance may come into contact with intact skin but does not penetrate skin or come into contact with mucosa or blood.
These appliances require *cleaning*.
- b) **A semi-critical procedure:** Is where appliances come into contact with mucosa or blood.
Such items must be *disinfected*.
- c) **A critical procedure:** Is where appliances enter or penetrate the skin.
Such appliances require cleaning and *sterilisation*.

4.1 Cleaning appliances

- a) Cleaning is adequate for non-critical appliances which come into contact with intact skin but not in contact with blood or body fluids.
- b) Cleaning is essential for all appliances before disinfection or sterilisation to remove all organic matter and other residue.
- c) Agents for cleaning include detergents, proteolytic enzyme cleaning agents and ultrasonic cleaners.
- d) Ultrasonic cleaners used to assist with the cleaning of jointed and serrated stainless steel appliances shall comply with Australian Standard AS 2773, '*Ultrasonic Cleaners for Hospital Use*'. Ultrasonic cleaners are not suited for cannulated appliances or plastics. Appliances of dissimilar metals should not be cleaned together. Ultrasonic cleaners shall be used according to the manufacturer's recommendations.

4.2 Disinfection of appliances

All appliances that may come into contact with blood, mucosa or other body fluids shall be disinfected before use on a client.

All reusable appliances used in procedures that may become contaminated with blood, mucosa or other body substances shall be cleaned and disinfected before being reused on another client.

Procedures for disinfection of appliances are:

- a) Clean and dry appliances;
- b) If appliances can withstand heat and moisture and do not require sterilisation, thermal disinfection is the simplest and most efficient method of disinfection. The minimum surface temperature, time relationship for disinfection is greater than or equal to 80°C, minimum time of 2 minutes; 75°C minimum time of 10 minutes; and 70°C minimum time of 15 minutes;
- c) Chemical disinfection should only be used when thermal disinfection is unsuitable.
- d) A 2% solution of glutaraldehyde is the only chemical disinfectant recommended by the Australian Standard AS 4187, '*Cleaning, Disinfecting and Sterilising reusable medical and surgical instruments and equipment and maintenance of associated environments in health care facilities*'. However, when using glutaraldehyde the following recommendations are made:

Glutaraldehyde is an intense irritant and is highly toxic

- a) *Follow the manufacturer's instructions and recommended immersion time guidelines; and*
- b) *Operators using glutaraldehyde should wear protective attire to minimise skin sensitisation and prevent splashing of the eyes. The use of glutaraldehyde should be restricted to well ventilated rooms with a fume hood. Solutions should be in a covered container when not in use.*
- c) *All items treated with glutaraldehyde must be washed with sterile water before use.*

This chemical is not to be used as or in place of sterilisation.

4.3 Sterilisation and storage of appliances

Sterilisation means the complete destruction of all organisms including bacterial spores. All reusable appliances used in procedures involving contact with normally sterile areas of the body or contaminated with blood or body substances shall be cleaned and sterilised before being reused on another client. Appliances shall be sterilised by one of the following methods.

Steam under pressure (moist heat) sterilisation - autoclaving.

TEMPERATURE PRESSURE AND HOLDING TIME

Temperature	Pressure		Penetration Time (plus Safety factor*)
	°C	kpa	psi
121	103	15	15
126	138	20	10
132	186	27	4
134	206	30	3

*Applies to unwrapped items only.

Notes:

1. *The manufacturer's recommendations shall be followed to ensure the effective and safe use of steam sterilisation equipment.*
2. *To ensure correct operation, steam sterilisation equipment shall be regularly tested and calibrated in accordance with Australian Standard AS. 4187. If the temperature of the steam inside the steam steriliser exceeds 137°C, or the pressure of the chamber is lower than it should be, the steam will not be able to kill all microbes in the chamber.*
3. *All sterile equipment shall be packaged and wrapped to maintain sterility. Where equipment is steam sterilised and stored for later use, a chemical colour indicator shall be included in or on the package to distinguish packages that have been sterilised.*

b) Dry heat sterilisation

1. Appliances shall be maintained in a dry air steriliser at 160°C for a minimum of one hour plus penetration time. This is a sterilising time which commences when the equipment to be sterilised reaches the required temperature.
2. The manufacturer's recommendations shall be followed when operating a dry heat sterilisation system.
3. All items that are subjected to sterilisation shall be packaged and wrapped to ensure sterility.
4. Dry heat sterilisers shall comply with Australian Standard AS 2487, 'Dry Heat Sterilisers (Hot Air Type)'.

Note: Dry heat sterilisation can damage some equipment, particularly those with moving parts and sharpened points or edges.

5. SKIN PREPARATION

The clients skin shall be clean and free of infection. Prior to any skin penetration procedure the area to be penetrated shall be wiped with a sterile disposable swab containing an approved disinfecting solution. The skin should be allowed to dry for 30-60 seconds.

Skin disinfectant for skin preparation should be decanted from its container on a client by client basis. Fluid remaining at the end of each procedure shall be discarded and the container cleaned and re-sterilised before reuse.

5.2 Approved disinfecting solution

The following solutions have been approved for disinfecting skin.

- a) 70% W/W isopropyl alcohol;
- b) 80% V/V ethyl alcohol;
- c) 60% V/V isopropyl alcohol;
- d) Alcoholic (isopropyl and ethyl formulations of 0.5 - 4% W/V chlorhexidine); or
- e) 10% W/V aqueous or alcoholic providine iodine (1% W/V available iodine).

5.3 Use-by-dates

Operators shall ensure that the use-by-date on disinfectants is current. Disinfectants shall not be used after the expiry date and shall be disposed of in a manner that complies with the local government requirements.

6. SAFE WORK ENVIRONMENT

6.1 Duty of Care

Employers have a responsibility to provide a safe work environment. The work place environment should have proper facilities and equipment arranged to minimise the potential for hazard. Workers should be offered immunisation e.g. Hepatitis B vaccine against infections which are a potential risk in skin penetration environment. Further information about the employer duty of care may be obtained from Worksafe Western Australia.

6.2. Education and Training

It is the responsibility of any person who performs skin penetration procedures, to ensure that they are familiar with infection control and safe working procedures.

Employers have a responsibility to provide adequate levels of staff training to ensure the maintenance of adequate infection control procedures and safe working practices.

7. STANDARDS FOR PREMISES

7.1. Skin penetration procedures areas

All floors, floor coverings, walls, ceiling, shelves, fittings and other furniture shall be constructed of materials suitable for the procedures undertaken and shall be kept clean and in good repair.

Surfaces that come into direct contact with a client's skin or mucous membranes must be smooth, impervious and in good repair.

All operators shall ensure that a hand basin supplied with hot and cold water, soap and paper towels is available in the immediate area where skin penetration procedures are undertaken and that all waste is stored and disposed of in a manner that complies with the local government requirements.

For new premises or premises that are undergoing refurbishment an approved hand free type of handbasin supplied with hot and cold water through a single outlet shall be installed in the immediate area where skin penetration procedures are to be undertaken. The handbasin shall be supplied with soap and disposable paper towels.

7.2 Work Space/Preparation Area

A work space or preparation area shall be separate from the client treatment or work area. The work space shall have a cleaning area separated from the preparation area. There should be sufficient bench space to accommodate the necessary equipment (e.g. steam steriliser).

All appliances shall be positioned and stored safely to minimise the risk of an injury.

All work surfaces shall be smooth and impervious. All floors should be smooth impervious and non slip.

The work area shall have available at least two sinks, one for hand washing and one for cleaning and decontaminating appliances.

7.3 Cleaning

All floors, floor coverings, walls, ceiling, shelves, fittings and other furniture shall be regularly cleaned and maintained in good repair. A cleaning and maintenance schedule shall be written and be available upon request by an Environmental Health Officer.

When not in use, cleaning equipment should be kept clean and dry. Buckets shall be clearly identified for their purpose. Buckets should be emptied after use, washed with detergent and hot water and stored dry. All equipment used for cleaning shall be stored separately from any appliance.

Work surfaces shall be cleaned before and after each client session.

Trays used to hold and carry instruments shall be sterilised before use.

7.4 Lighting

Areas used for skin penetration procedures, work space and preparation areas shall be illuminated to a level that complies with Australian Standard, AS 1680.2.0 1990, '*Interior Lighting - Recommendations for specific tasks and interiors*'.

8. MORE INFORMATION

The following authorities will be able to assist you if you require any further information about this Code

Environmental Health Service of Western Australia.
227 Stubbs Terrace
SHENTON PARK

Ph 9388 4999 Fax 9388 4955

Work Safe Western Australia
1260 HAY STREET
WEST PERTH

Ph 9327 8777 Fax 9321 8973

Your Local Government Environmental Health Officer

Appendix 1

AUSTRALIAN NATIONAL COUNCIL ON AIDS (ANCA) NEEDLESTICK AND BLOOD ACCIDENTS

Management of exposure to blood/body fluids contaminated with blood, including needlestick/sharps injuries with a potential for Human Immunodeficiency Virus (HIV), Hepatitis B (HBV), Hepatitis C (HCV) or other blood-borne infections.

The following information has been extracted for all those persons involved in the skin penetration industry.

Part A - Information for the affected person

- If your skin is penetrated by a needle or other sharps injury, wash the area well with soap and water (alcohol based hand rinses or foams 60%-90% alcohol by weight should be used when water is not available).
- If blood gets on your skin, irrespective of whether there are cuts or abrasions, wash well with soap and water.
- If your eyes are contaminated, rinse the area gently but thoroughly with water or normal saline while the eyes are open.
- If blood gets in the mouth, spit it out, then rinse the mouth with water several times.
- If you are an employee, you should report immediately to your supervisor the nature of the incident and complete an Incident Report Form which should include: the date and time of exposure, how the incident occurred and the name of the source individual, if you know it.
- If you are the owner, manager or an employee, you should report the incident to your doctor or the Accident and Emergency Casualty Department at the nearest hospital.
- If a needle syringe was involved, place it in a rigid walled container, such as a lunch box. Take it to your doctor, do not attempt to cover the needle because you may run the risk of further injury.
- In the event of an exposure to a source individual who has been previously tested and confirmed as HIV, HBV or HCV positive, the affected person should immediately be evaluated by a doctor with experience in the management of these infections.

Appendix 1(Contd.)

Part B - Information to Supervisors, Managers and Occupational Health and Safety Officers

- If an employee has suffered a possible or definite exposure it is important that you make sure that immediate steps are taken to reduce the risk to the employee of contracting a serious illness. An exposure may include one of the following:
 - a superficial injury with a needle contaminated with blood or body fluid;
 - a wound that is not associated with visible bleeding produced by an instrument contaminated with blood or body fluid;
 - a skin lesion contaminated with blood or body fluid;
 - a mucous membrane or conjunctival contact with blood;
 - skin penetrating injury with a needle contaminated with blood or body fluid;
 - an injection of blood or body fluid;
 - a laceration or similar wound which causes bleeding;
 - any direct inoculation.
- Ensure that the exposed area has been washed thoroughly.
- Arrange for blood to be taken from the employee.
- Find out whether a known source individual is involved in the incident, and if so, contact a medical officer to organise for blood to be taken from the source individual to be tested for HIV antibody, Hepatitis B surface antigen, and Hepatitis C antibody. Blood samples should be collected as soon as possible after the incident and processed urgently. Remember informed consent is required.
- When the source individual is known to be positive to either HIV antibody, Hepatitis B surface antigen or Hepatitis C antibody, be sure that a doctor with experience in management of these infections has been contacted.
- Ask the employee to complete an Incident Report Form.
- Check to see that it is correctly filled out.
- Make sure that the form includes the date and time of the incident, how the incident happened and whether the affected person has been stabbed by a syringe or other sharp or has been splashed.
- Reassure the employee that only a small proportion of accidental exposure to blood results in infection.

The risk of infection with HIV following one needlestick exposure to blood from a client known to be infected with HIV has been reported as 0.3% (Annals Int. Medicine 1990; 113;740-746). The risk may vary according to the stage of infection of the source individual. Low risk is asymptomatic and high risk with symptomatic HIV infections (AIDS). This rate is considerably lower than for HBV.

Appendix 2

SPECIAL REQUIREMENTS

1. **Special requirements for acupuncture**
 - (a) Before inserting needles, prepare the skin in accordance with this Code.
 - (b) A new swab should be used for each separate area of the body e.g. if needles are to be inserted into both the back and leg areas, separate swabs should be used for the back and the leg.
 - (c) The skin should be allowed to dry for 30-60 seconds.
 - (d) Disposable single use needles shall be used. However, the Executive Director, Public Health may exempt a class or type of needle or procedure.
 - (e) Dry heat sterilisation is not recommended for acupuncture needles as it causes brittleness and loss of elasticity.
 - (f) When ear press needles are to be used they shall be sterile.
 - (g) When a dermal hammer is to be used it is recommended that it should be sterile.
 - (h) When bleeding is to be used as a treatment technique, disposable sterile single use lancets should be used.
 - (i) When needles requiring guide tubes are used a sterile guide tube shall be used.
 - (j) If the shaft of a needle is to be touched when long needles are inserted, a sterile barrier should be placed between the shaft of the needle and the hand.

SPECIAL REQUIREMENTS

2. Special requirements for beauty therapy procedures

- (a) Wax re-used between clients shall be thermally disinfected. (For the purposes of this paragraph thermally disinfected means reused wax that has been treated at a temperature of at least 130°C for a minimum time of 20 minutes).
- (b) Single use disposable electrolysis needles shall be used at all times.
- (c) All non-invasive appliances such as tweezers and nozzles used for beauty treatments shall be rinsed in tepid water, immersed in detergent and water and scrubbed under water with a clean scrubbing brush.
- (d) Following cleaning, appliances should be dried and stored dry. They should not be stored by soaking in disinfectant.
- (e) Depilatory waxes shall be poured or removed from stock using a new clean spatula or ladle and placed into a clean container prior to each client treatment. If more wax is required a new spatula shall be used. (A new ladle is not required providing the ladle does not come into contact with any material that is in use on the client). Disposable spatulas and containers shall be discarded into an appropriate waste receptacle after use. Reusable containers shall be cleaned and disinfected between each client.
- (f) Dyes, pigments, solutions used in skin penetration shall be poured or removed from stock using a new clean spatula or ladle and placed into a sterile container prior to each client treatment. If more dye, pigment, solution is required a new spatula shall be used. (A new ladle is not required providing the ladle does not come into contact with any material that is in use on the client). Disposable spatulas and containers shall be discarded into an appropriate waste receptacle after use. Reusable containers shall be cleaned and disinfected between each client.
- (g) Reusable appliances used in tattooing shall be cleaned, disinfected or sterilised in accordance with this Code before reuse.

SPECIAL REQUIREMENTS

3. Special requirements for body piercing

Only appropriate jewellery shall be used in piercing. Suggested materials include, but are not exclusive to:

- (a) implant grade high quality stainless steel;
- (b) solid 14 or 18 ct gold;
- (c) niobium;
- (d) titanium;
- (e) platinum; or
- (f) a dense low porosity plastic such as mono-filament nylon, acrylic or Lucite.

3.2 All jewellery shall be capable of being sterilised.

3.3 Only sterile jewellery shall be inserted.

3.4 Solutions used in skin penetration procedures shall be poured or removed from stock and placed into a sterile container prior to each client's treatment. If additional solution is required it shall be placed onto a new sterile container. Disposable containers shall be discarded into an appropriate waste receptacle after use. Reusable containers shall be cleaned, disinfected or sterilised in accordance with this Code.

SPECIAL REQUIREMENTS

4. Special requirements for tattooing.

- (a) If the area to be tattooed needs to be shaved, a new disposable safety razor shall be used and then discarded into an approved sharps container.
- (b) If petroleum or lubricating jelly is to be used to cover the client's skin, the jelly shall be removed from the container using a new clean wooden or plastic spatula. A new spatula shall be used every time more jelly is required from the container.
- (c) Dyes, pigments and solutions used in skin penetration procedures shall be poured or removed from stock using a clean spatula and placed into a sterile container prior to each client treatment. If more dye, pigment or solution is required a clean spatula shall be used. Disposable spatulas and containers shall be discarded into an appropriate container after use. Reusable containers shall be cleaned, disinfected or re-sterilised before the next customer.
- (d) Sterile disposable single use needles shall always be used. The reuse of needles is prohibited.
- (e) Reusable tubes and needle bars shall be cleaned and sterilised in accordance with this Code.
- (f) Electrical equipment associated with the needle bar shall be cleaned and maintained in accordance with the manufacturer's guidelines.

9. ACKNOWLEDGMENT

The Environmental Health Service of the Department of Health acknowledges documentation provided by:

- The Department of Health and Community Care of the Australian Capital Territory
- The Department of Human Services, Victoria; and
- The National Health and Medical Research Council and the Australian National Council on AIDS

from which information and sections for this Code have been adapted.

10 REFERENCES

The National Health and Medical Research Council and the Australian National Council on AIDS, **Infection Control in the Health Care Setting, Guidelines for the Prevention of Transmission of Infectious Diseases** Australian Government Publishing Service, Canberra, 1996.

Australian Standard 1680.2.0, **Interior Lighting - Recommendations for Specific Tasks and Interiors**, Sydney Standards Australia, 1990.

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Australian Standard AS 2487, **Dry Heat Sterilisers (Hot Air Type)**, Sydney Standards Australia, 1981.

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Australian Standard AS 4031, **Non-reusable containers for the collection of sharp medical items used in health care areas**. Sydney, Standards Australia, 1992.

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Australian National Council on AIDS. **ANCA Needlestick and Blood Accidents - Management of exposure to blood/body fluid contaminated with blood, including needlestick/sharps injuries, with a potential for HIV or other bloodborne infections**. Bulletin No 16 1994

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