Part B: Industry-specific requirements

1. Beauty therapy procedures

1.1 General

Pump dispenser outlets are a potential source of contamination, so the operator should ensure any make-up, fluid, cream, ointment or similar substance is removed from the original container or tube (including self-dispensing pumps) using a clean disposable applicator. Leftover creams, ointments or similar substances should not be returned to the original container and should not be used on any other client.

Applicators used for dispensing should not be re-dipped into the original container and should be discarded after each client. (Single-use applicators are recommended.) Due to the risk of contamination, refillable liquid soap and other dispensers should be cleaned and dried before reuse and they should not be topped up. Drop-in cassette dispensers are more convenient and economical.

Ultraviolet light cabinets are not suitable as drying cabinets for brushes or other equipment. Professional make-up artists should follow the information in these guidelines when applying make-up in all settings or performing other beauty procedures.

1.2 Methods of hair removal

1.2.1 Waxing

Concerns have been raised that there is a risk of passing microorganisms from one client to the next if waxing is not performed properly. Even though the risk is believed to be low, steps can be taken to reduce the risk further. It is also important that beauty therapists can demonstrate their practices are safe, so that should a client develop an infection, the beauty therapist can demonstrate that they have taken adequate precautions. Beauty therapists are therefore encouraged to employ a risk management approach to their procedures.

Prior to waxing, the area of skin being waxed should be cleaned using a skin cleanser. This will reduce the levels of skin bacteria and the possibility of skin infection. It will also remove dirt and oils from the skin providing better wax adhesion.

Wax must not be applied to broken skin or over an area where blood has been drawn. If blood is drawn during a procedure, the operator should follow the procedures outlined in 3.2.4 and 3.2.5 (Part A) to manage the bleeding.

If wax and instruments are contaminated with blood or body fluids/substances, then the following procedures must be performed:

- the wax must be immediately discarded into the clinical and related waste container
- wooden applicators must be placed into the clinical and related waste container
- metal applicators or tweezers must be either discarded (placed into sharps container) or cleaned and disinfected before being used on another client. If contaminated with blood or body fluids they should be cleaned and sterilised. The metal instruments should be initially cleaned using a wax solvent to remove all traces of wax.

Wax is supplied in several forms; glucose (water soluble), strip (soft) wax, and hot (hard) wax.

Glucose (water soluble) wax

This type of wax is more liable to permit the growth of potentially harmful microorganisms. Its use is not recommended.

Strip (soft) wax

Strip wax is available in two forms; water based or oil based. Only oil based strip wax should be used on clients. Strip wax should not be reused. Used wax should be discarded into a plastic bag that is then sealed and placed in the general waste bin.

Hot (hard) wax

Hot wax is commonly re-used several times before being discarded. If being re-used the wax should be heated to a temperature of 125° C (allows pouring consistency) and strained free of hairs and skin debris. Heating to this temperature would also destroy any harmful microorganisms. Straining should be performed using a fine mesh strainer (not a common kitchen strainer) and gauze. The gauze should be discarded into a plastic bag that is then sealed and placed in the general waste bin. The mesh strainer should be cleaned and disinfected.

Hot wax used to remove hair from the face, underarm and pelvic area should not be re-used.

Roll on applicators

Roll on applicators that can be dismantled and thoroughly cleaned are recommended. Applicators that cannot be dismantled should not be used because they contact the client's skin and cannot be cleaned and disinfected adequately between clients. In between clients re-usable applicators should be:

- initially cleaned using a wax solvent to remove all traces of wax
- thoroughly cleaned using the method in Part A, 5.2
- dried, reassembled and stored appropriately.

Wax cartridges with their roll on applicators attached should be placed in an enclosed heating unit capable of heating the wax cartridge and roller head to a temperature level of 70-80° C for a minimum of 15 minutes.

Waxing and risk management

The risk of spreading infection from one client to another through wax has been raised as an issue. The concern is that pots of wax could be contaminated with skin or blood borne viruses from one client, especially if bleeding has occurred, and then spread to the next client if the same equipment is used. There is insufficient evidence to clearly demonstrate the extent of this risk, but it would appear that the risk is low. However, operators should ensure that their processes for waxing clients and management of equipment minimises the potential for cross contamination.

Operators should also maintain documentation (see part E appendices) of their processes.

Using a risk management approach to waxing the Department of Human Services recommends either of the following two methods, which remove the possibility of cross contamination between clients altogether:

- the use of single use pots for each client; the wax pot should be thoroughly cleaned after use.
- avoidance of re-dipping applicators if wax pots are used on more than one client. Single-use wooden spatulas are recommended because these can be thrown away after use.

However, if neither of these methods is practical, it is essential that temperature control be employed, as a means of controlling any possible risk. All types of wax (both strip and hot wax) should be kept undisturbed at a minimum temperature level of 70–80ºC for a minimum of 15 minutes between clients. (Viruses such as HIV would be expected to be inactivated at this temperature.) For strip waxing, this should be monitored and recorded before the first client and at least one other time during the day. For hot waxing, monitoring should occur between clients, or at least twice during an 8-hour day. For both strip and hot wax, monitoring should also occur after pots have been refilled or replaced with a new pot. The temperature and time of holding should be recorded and available for inspection for a reasonable period (at least one year).

Client advice

Skin may be more susceptible to irritation or infection for up to 48 hours after a waxing procedure, so clients should be advised that they should not:

- swim or have a spa bath
- wear tight clothing such as jeans, tights and leotards, because these may cause excessive perspiration
- sunbathe or have a solarium treatment
- use a deodorant on the waxed area.

1.2.2 Electrolysis

The following three types of electrolysis are commonly used by beauty therapists to remove unwanted hairs.

1. *Thermolysis* uses radio waves to generate heat. The effect is to coagulate the papilla (blood supply) to prevent it from feeding the bulb. This prevents the follicle from producing more hairs.
2. *Electrolysis* uses a direct current (galvanic). When applied through the probe, the current produces a chemical called ‘lye’, which destroys the growing cells and the papilla.

3. A *combination* of the other two types can be used for efficiency and comfort.

   All three methods are applied by passing a fine probe down the hair follicle without breaking the skin. When the probe is in position, the correct amount of one or both currents is applied. The transmission of blood-borne viruses and other infections may occur during the removal of hair by electrolysis, because the electrically heated needles inserted into hair follicles may become contaminated with blood. To reduce the risk of transmission of infection, it is essential that only sterile single-use needles are used.

   Sterile single-use needles are inexpensive and readily available, so reuse of electrolysis needles is not necessary. One needle may be used for removing as many hairs as necessary from one client during one procedural session, but the needle must be sterile at the first time of use. The needle must be disposed of into an approved sharps container immediately after use. Electrical currents do not sterilise needles.

1.2.3 Lasers

Department of Human Services recommends that personal care and body art premises operating lasers follow the standards on the safe use of lasers in health care (AS/NZS 4173:1994) and laser safety (AS/NZS 2211.1:2004). Lasers used in personal care and body art premises are usually self-contained units with limited equipment requiring cleaning and sterilisation. Although the end through which the laser beam is released should not come into contact with the client, it will become contaminated during use, via the dispersal of contaminated tissue. The end pieces of the laser arm should be cleaned and sterilised after each client use and then stored in a dry place.

1.2.4 Alternative forms of hair removal

Other methods of hair removal are available, but limited information is available on both these techniques and their infection risk. The following are three examples.

1. *Plucking* involves using tweezers or another instrument to 'pluck' the hairs one by one from the area. It is best suited to small areas such as eyebrows. Plucking is more likely to cause bleeding due to the nature of the hair removal. Instruments must be cleaned and disinfected after each client (see part A, sections 5 and 6). If contaminated with blood or body fluids they should be cleaned and sterilised.
2. *Sugaring* involves heating a sugar-based paste, spreading it onto skin and then removing it using the hands to 'roll' it against the hairs to remove them. Sugar-based pastes must not be used in personal care and body art premises because they provides a perfect medium for the growth of potentially harmful microorganisms.
3. *Threading* involves pulling hairs from the follicles using a thread that is moved quickly over the skin, catching the hairs and causing their dislodgement from the follicle. Threads must be used only once and then discarded.

1.3 Manicure, pedicure and nail treatments

1.3.1 General

The hands and feet of clients should be cleaned and dried before a manicure or pedicure. Any instrument or part of an instrument used on a client should be cleaned with detergent and warm water, dried and thermally disinfected before being used on another client. If an instrument penetrates the skin, then it requires cleaning and sterilisation. Single-use instruments are recommended and should be discarded after each client use.

1.3.2 Fungal (onychomycoses) and bacterial nail infections

Infections can be spread between the client and operator, and from client to client, if the instruments used have not been thoroughly cleaned and sterilised or disinfected between clients. Good hygiene and sensible precautions will reduce the transmission of nail infections.

Fungal infections can cause tinea or ringworm, affecting hair, skin and nails. Paronychia (infection of the nail folds) can be caused by *Candida albicans* (a form of yeast infection) and the bacteria *Staphylococcus aureus* and *Streptococcus pyogenes* (group A streptococci). If the bacterium produces a cellulitis (a spreading infection), then it can cause severe damage and become serious very quickly. Fungi more commonly infect toenails than fingernails; less than 10 per cent of nail infections involve fingernails.

In the attachment of acrylic nails and similar products to normal nails, care should be taken to avoid the formation of spaces between the two, which could provide the perfect environment for microorganisms to grow. It is important that an operator does not work on nails that are abnormal in appearance or have any evidence of infection (redness, pus, tenderness or swelling). The operator should not disguise nails affected by an infection, and should advise the client to consult a medical practitioner.

1.3.3 Manicure and pedicure

Bowls used to soak the hands or feet of clients should be cleaned and dried between each client use (see part A, section 5).

1.3.4 Chemicals used in nail treatments

To protect the operator and the client against undesirable chemical exposure:

- ensure premises are well ventilated
- only use drop-on or brush-on products rather than aerosol products
- keep lids on all containers to reduce vapour escaping into the air, because cotton wool and similar articles soaked with chemicals will disperse fumes into the room (see part A, section 3.5).

1.3.5 Instruments

The following instruments should be used:

- single-use chamois buffers and emery boards (one for each client as they can not be effectively cleaned)
- reusable cuticle sticks and cutters, which should be cleaned and dried between clients (single - use cuticle sticks are recommended).
- nail brushes, which should be cleaned and dried between clients
- burrs used for buffing, which should be cleaned and dried between clients (single - use burrs are recommended).
- single-use nail files (reusable nail files should be cleaned and dried between clients).

Disinfection (thermal/chemical - 70% alcohol) may be carried out following cleaning.

1.4 Facials

The client's face should be cleaned before any massage of facial tissue or the application of lotions, creams, moisturisers or make-up (see part A, section 2.5). All applicators should be either single use or cleaned and dried after each client. Ultraviolet light cabinets are not suitable as drying cabinets for brushes or other similar equipment.

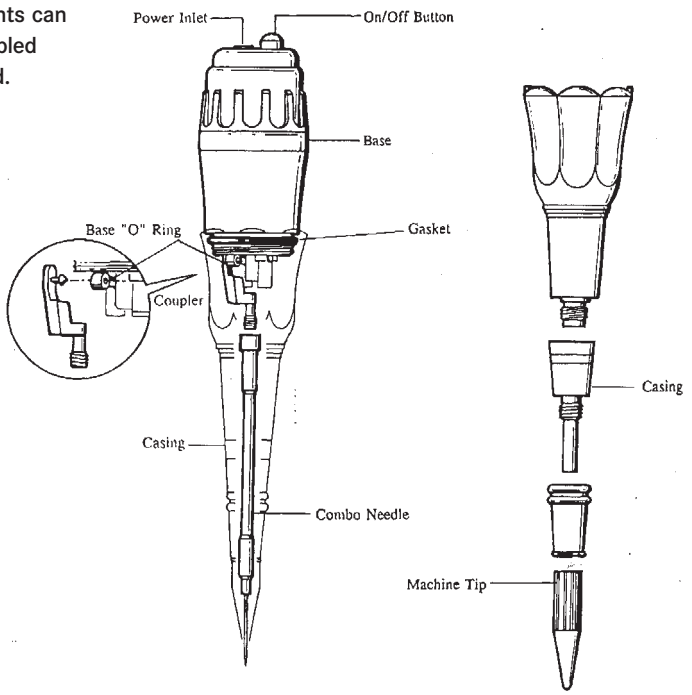
1.5 Cosmetic tattooing

See part B, section 4 as the main reference for this section. Cosmetic tattooing is also referred to as pigment implantation, semi-permanent creation, permanent make-up, derma-impigmentation and micro-pigmentation. All these procedures are similar to those involved in tattooing. The same principles apply regardless of the type of premises in which the tattoo is undertaken.

It is recommended that cosmetic tattooists use single-use devices. Reusable instruments should be used only if the premises has its own steriliser or has convenient access to one so the device is appropriately cleaned and sterilised. The needle chamber must be capable of being detached from the motor housing to enable thorough cleaning and sterilisation; consequently, tattooists should use only those devices where all parts can be sterilised (see figure 5).

Figure 5: Example of an acceptable instrument for cosmetic tattooing.

All components can be disassembled and sterilised.



Source: Advanced International.

1.6 Electrodes for muscle stimulation

There is a risk of infection if the electrodes become contaminated. As electrodes cannot be immersed they should be wiped with a cloth dampened in warm water and detergent, rinsed and dried after each client use. Wipe electrodes over with a solution of 70 per cent alcohol and dry using a lint-free cloth (see part A, section 5.3).

1.7 Other beauty procedures

There are many other beauty treatments available to clients, such as mud baths, skin exfoliation, body polishing, brush cleaning, eyelash perming and tinting, eyebrow tinting and bleaching of facial hair. Each proprietor and operator should assess the risk of infection associated with each procedure, using the information provided on low-, intermediate- and high-risk procedures (see table 1, part A, section 5.1 and part C).

1.8 Mobile beauty therapies

Low-risk procedures such as hairdressing, hairstyling, manicures/pedicures and make-up procedures can be conducted in the client's home or other settings (for example, a hotel, hostel, day care centre or nursing home) if the operator is registered with the local government within which they reside. Mobile personal care and body art businesses that conduct skin penetration procedures are not permitted.

1.9 Beauty therapy – cleaning, disinfection and disposal schedule

Table 6: Beauty therapy equipment – cleaning, disinfection and disposal schedule

	Equipment	Reason	When	How	Additional information
High risk	Reusable instruments Tattoo gun	Potential for skin infections or for blood borne virus transmission.	After each client.	Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth. Package with chemical indicator and seal. Sterilise.	Note: Some parts of the tattoo gun are not immersible. Use a lint free cloth for all stages of the cleaning process. Store appropriately.
	Single-use needles	Potential for skin infections or for blood borne virus transmission.	Dispose of after each client.	Dispose of into a sharps container.	Refer to part A, section 2.4.1.
	Tweezers Probes	Potential for skin infections or for blood borne virus transmission.	After each client.	Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth. Sterilise if contaminated.	Use a lint free cloth for all stages of the cleaning process. Store appropriately.
	Lasers	Potential for skin infections or for blood borne virus transmission.	After each client.	Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth. Sterilise or disinfect laser parts as appropriate.	Use a lint free cloth for all stages of the cleaning process. Store appropriately.

Table 6: Beauty therapy equipment – cleaning, disinfection and disposal schedule *continued*

	Equipment	Reason	When	How	Additional information
Intermediate risk	Face brushes – Make-up – Eyebrow – Other Face sponges	Risk of infection if previous client has skin lesions or infection.	After each client.	Rinse free of lotions, creams and make-up. Wash in warm water & detergent. Rinse in hot running water. Dry thoroughly.	Note: Brushes & plastic items will not withstand the sterilisation process. Do not dry these items in an Ultraviolet Light (UV) cabinet as they become brittle with a shortened life.
	Non-immersible equipment: Tattoo guns Electrical items Reusable muscle stimulator electrodes	Potential for infection.	After each client.	Wipe over with cloth dampened in warm water & detergent. Rinse by wiping with cloth dampened in hot water. Dry thoroughly. Wipe over with cloth dampened with 70% alcohol solution and allow to dry.	Use a lint free cloth for all stages of the cleaning process. Single use electrodes should be disposed of in the general waste. May be disinfected in addition to cleaning.
Low risk	Nail clippers/scissors Cuticle sticks Nail burrs Nail files	Potential for infection.	After each client.	Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth. Dispose of or sterilise if contaminated.	Become high risk if they penetrate or abrade the skin. Note: Plastic equipment may not withstand the sterilisation process. Use single use where possible.
	Eyelash curlers Nail brushes Nail buffers Emery boards	Potential for infection.	After each client.	Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth. Dispose of or sterilise if contaminated.	May be disinfected in addition to cleaning. Become high risk if they penetrate or abrade the skin. Note: Plastic equipment may not withstand the sterilisation process. Note: Some buffers (and handles) may be washable (for example, chamois) – see the manufacturer's instructions on cleaning and drying these items. Other buffers should be single use and disposed of after each client. Emery boards should be single use and disposed of after each client as they cannot be washed and dried effectively.

Table 6: Beauty therapy equipment – cleaning, disinfection and disposal schedule *continued*

	Equipment	Reason	When	How	Additional information
Low risk	Hand bowls	Potential for contamination.	After each client.	Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth.	
	Foot baths	Potential for contamination.	After each client.	Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth. Use chlorine-based disinfectant (bleach) to disinfect, rinse in hot water and dry with lint free cloth.	Note: Cleaning may not be sufficient to remove some fungal microorganisms therefore disinfection after each client is essential particularly if the foot bath is of the 'spa' type. Refer to part A, section 5.3.
	Single use Applicators	Potential for infection.	After each use.	Dispose of into a clinical or related waste container.	Use once only.
	Bottles/sprays/ pump dispensers: – Liquid soap – Water – Lotions – Creams – Gels	Potential for contamination.	When empty.	Wash in warm water & detergent. Rinse in hot running water. Dry thoroughly with lint free cloth before refilling.	These should never be 'topped up'. Manufacturer's containers should be discarded when empty.
	Dye mixing bowls	Potential for contamination.	After each client.	Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth.	Prevent residual dyes being mixed into new preparations.
	Wax thermometers Wax pots Reusable wax applicators – Metal – Plastic Saucepans Strainers	Potential for skin infections or for blood borne virus transmission.	After each client.	Remove wax using appropriate solvent for the type of wax. Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth.	Wax applicators should be sterilised after being cleaned if: – Blood is drawn during waxing procedures – The wax pot is used for more than one client – Redipping of applicators into the same wax pot occurs. There is a risk of burns during reheating of hot (hard) wax prior to reuse. Refer to part A, section 3.2.
	Nail varnish brushes	Potential for contamination.	After each client.	Remove varnish using an appropriate solvent. Wash in warm water & detergent. Rinse in hot running water. Dry with lint free cloth.	Use single use brushes or varnish pots.

Table 6: Beauty therapy equipment – cleaning, disinfection and disposal schedule *continued*

	Equipment	Reason	When	How	Additional information
Low risk	Linen – Towels – Gowns – Hair covers – Hair bands – Other	Potential for infection.	After each client.	Wash in hot water (70-80°C) and detergent. Dry in open air or in clothes dryer on hot setting. Dry as required by type of material.	Place into washable leak-proof linen bin before laundering.
	Capes	Risk of infection if previous client has neck lesions or infection.			Use a clean towel or paper tape around neck.
	Client couch/chair	Potential for contamination and prevents dust accumulating.	After each client	Wash with warm water & detergent. Dry thoroughly with lint free cloth.	
	Equipment trolley	Prevents dust accumulating and contaminating clean equipment.	Weekly	Use damp cloth to remove dust. Wash with warm water & detergent. Dry thoroughly with cloth before refilling.	Ensure items are in closed containers. Cover when not in use. Use a lint free cloth for cleaning.

2. Body art–tattooing and piercing

2.1 General

Body art is used to describe any process to decorate or adorn the body by means of implantation, or the marking of the skin in a permanent way by means of injection, incision or heat. Current practices include tattooing and cosmetic tattooing, body piercing, branding, scarification, braiding and three-dimensional art such as beading or devil's horns.

Invasive body art involves a high risk of transmission of blood-borne viruses such as hepatitis B and C and HIV, and bacterial infections that can be transmitted by unclean and nonsterile equipment and unhygienic procedures and premises. The potential for serious infection occurs during body art procedures because needles used to penetrate the skin become contaminated by blood and body fluids, which do not have to be visible on an instrument, needle or working surface for infection to be transmitted. There is also a risk of nerve damage and unwanted scarring if procedures are poorly performed.

Every client and worker is at risk if proper infection control procedures are not followed. The client's skin should be clean and free of infection, and all instruments used in skin penetration practices (including needles and attachments such as nozzles, needle bars and tubes) must be sterile at the time of use.

In Victoria it is illegal to tattoo any person under the age of 18 years (Summary Offences Act 1966, s. 42(10). There is no legal age limit for body piercing.

2.2 Preparation of work area and equipment for body piercing and tattooing

See part A, section 4.1.

2.3 Bleeding

See part A, section 3.2.4.

2.4 Dispensing – pigments, creams, jelly etc.

See part A, section 2.5.

2.5 Tattooing

2.5.1 Specific tattooing requirements

The same principles apply to all methods of tattooing, including cosmetic tattooing (see part B, section 1.5), regardless of the type of premises in which the tattooing is undertaken (see part A, section 4).

- Cover surfaces that may need to be touched (for example, spray and ink bottles) with single-use plastic bags so only the nozzles are exposed. Cover light fittings and power pack controls with cling film.

- Dispense the required pigment, lubricating jelly, antiseptic cream and any other lotion (including solutions used to clean the skin during the tattooing process) into single-use containers using single-use spatulas.
- Place water to be used for rinsing between colours into a single-use cup.
- Place sufficient single-use wipes for one client in the area. Wipes must be stored where they cannot become contaminated.
- Open all sterile items (including tubes and needles attached to needle bars) in the presence of the client to show sterile instruments are being used. Check the chemical indicators for colour change and, if satisfactory, then assemble the handpiece.

  The operator should document the chemical indicator results on the client sheet (see part E, appendix 3).

  Any leftover pigments, creams, water and wipes must be immediately discarded after each client.
- Replace any sterile instruments or needles accidentally touched by the operator or contaminated in any other way, either before or during a treatment, with another sterile instrument or needle.
- Take care when inspecting needles for defects such as damaged or blunt points. Needles must never be tested for sharpness on the skin of the operator or client. Self-illuminating magnifying glasses are available to check needles for bluntness or barbs.
- Clean and sterilise nonsterilised needles before inspection, then re-clean and re-sterilise them before using them on a client.
- See part A, section 4.1.3 before soldering any needles together.
- Use a lead-free solder. Effective cleaning of the solder removes the flux residue from the soldering process.

2.5.2 Skin preparation

See part A, section 4.1.3 and also note the following practices.

- Ensure the client's skin is clean and free from infection, sores or wounds on or around the tattoo site.
- If the tattoo area needs to be shaved, then use a new single-use safety razor for each client and immediately discard it into the sharps container (see part A, section 2.4.1).
- Disinfect the site where the procedure will be carried out.
- Use an antimicrobial lotion or plain liquid soap on the skin before the placement of a single-use stencil. Multi-use deodorants should never be used.

- Apply lubricating jelly to the tattoo site using a new single-use spatula for each client. If extra jelly is required, then use a new spatula; discard the spatula after each application. Never use gloves or bare fingers.
- Immediately discard any leftover detergent or lubricating jelly.

2.5.3 Procedure

Each tattooist must have a fully equipped and separate workstation. Equipment must not be shared. The area of the room or cubicle should be no less than 2.5 metres square. The floor, walls and doors should be made of a sealed nonporous material.

The use of sterile single-use gloves is encouraged when skin penetration procedures are being performed. The use of nonsterile single-use gloves is the minimum requirement if sterile gloves are not provided.

- Wash hands using antimicrobial or plain liquid soap and thoroughly pat dry before putting on single-use gloves.
- Always wear single-use gloves on both hands for each client and wear throughout the tattooing procedure.
- Tattoo an outline of the design on the skin.
- Change the needle assembly or handpiece after each client use.
- Tattoo the colour or shade of the outline on the skin.
- Where possible, avoid contaminating the work area with the client's blood.
- Avoid cross-contamination between surfaces.
- When tattooing, do not eat, drink or smoke. If having to leave during the procedure (for example, to answer the phone or for a toilet break), then remove and dispose of gloves and wash and thoroughly pat dry hands. Before resuming tattooing, wash hands, thoroughly pat dry and put on new single-use gloves.
- If the client takes a break during the tattooing process, then cover the skin being tattooed with a dry clean dressing.
- Use pre-dispensed cleaning solution and single-use wipes to remove excess pigment and blood from the tattoo site. Dispose of wipes into the clinical and related waste container.
- When the tattoo is completed, clean the area, then remove gloves and wash and dry hands, then re-glove (using single-use gloves).
- Remove antiseptic cream from a single-use container and apply to the treated area by means of a single- use spatula. Cover site with a sterile dressing.
- Remove gloves, and wash and dry hands.

- Take time to demonstrate to the client how to care for the tattoo to prevent infection, and provide the client with the same information in writing. Ensure the client has fully understood these instructions.

2.5.4 Cleaning, disinfection and sterilisation procedures for instruments

All tattooing procedures are high risk for the possibility of contamination with blood and body fluids or substances.

See part A, sections 5 & 6.

2.5.5 Record keeping

It is important to keep accurate records of every tattooing procedure for each client. These records should include name, address, the date, a description of the procedure, and sterilisation information relevant to the instruments used. Accurate and detailed records are valuable to the body artist if there is any infection or possibility of a blood-borne virus transmission from a procedure. For example, in the case of a blood-borne virus, these records can be cross-checked for the probability for or against a reported infection as a result of a specific procedure (see part A, sections 2.7 and 3.2; and part E, appendix 3).

2.5.6 Mobile tattooing

Due to the high risk of spread of infection where skin penetration procedures are carried out, mobile tattooing businesses are not permitted.

2.6 Body piercing

2.6.1 Areas used for piercing and other forms of body art, and potential risks

This table describes common body piercing sites and known potential risks associated with these pierced areas. The list is not complete: as fashions change, additional practices will arise and other risks may be associated with them.

Table 7: Common piercing sites and known potential risks

Piercing sites	**Potential risks**
Ear piercing–the lobe or the upper cartilaginous parts are the most usual sites. The tragus, the conch and the rook may also be pierced.	• Infection
Nose–the nostril or the septum	• Infection
Mouth/face–lips, tongue, eyebrows, cheeks, chin	• Potential airway obstruction or difficulty in breathing due to swelling from insertion or infection • Interference with speaking and chewing • Possible oral surgery to retrieve lost or submerged objects within the tongue tissue • Mouth irritation or trauma to teeth and gums if inappropriate jewellery is used, including fracture to the enamel and gingival recession • Tongue–nerve damage, severing of large blood vessels, swelling, airway obstruction, increased salivary flow, permanent numbness and loss of taste • Eyebrows–damage to the nerves responsible for eyelid movement • Infection (bacterial, viral and fungal)
Skin surfaces–neck, forearms, wrist	• Rejection, where skin tension puts pressure on the jewellery and leads to rejection • Infection
Navel	• Risk of severe infection if the umbilicus is pierced
Nipple	• From piercing of the female areola, possible effect on ability to breastfeed • Infection
Genitals Female–clitoris, clitoral hood, labia, forchette and triangle Male–urethra, foreskin, frenum, scrotum and the pubic area	• Infection *Note:* Body artists should refer to s.47 of the *Crimes Act 1958* (indecent act with a child under the age of 16 years) and to s.49 (indecent act with a child 16 years old) to be aware of the potential legal consequences of genital piercing a minor.
Other forms of body art	**Potential risks**
Scarification and cutting with a surgical scalpel or laser to produce scar tissue. Some clients insert foreign matter such as clay or ash into the wounds to achieve permanently raised welts known as keloids.	• Infection • Rejection of the foreign matter
There is a current trend towards tongue splitting.	• Speech impediment • Numbness • Loss of taste
Branding using heated surgical steel; cold branding using dry ice.	• Infection
Braiding by cutting adjacent strips of skin, keeping one end attached and braiding them together (The loose ends are then re-attached to the skin.)	• Infection • Skin loss if the reattachment does not take
Beading/three-dimension body art, where the skin is slit and stainless steel beads, rings or other jewellery are implanted beneath the skin. (For devil's horns, teflon and/or coral inserts are adhered to the skull underneath the skin.)	• Infection • Rejection of the foreign matter

Healing times from piercing depends on the location on the body, the technique employed, the health of the individual, the quality of the jewellery, and the aftercare undertaken. Healing times can vary from a few weeks to six or nine months.

2.6.2 Choice of jewellery

Appropriate jewellery is well polished and specifically designed for body piercing, with no nicks, scratches or irregular surfaces. Metals are chosen for their biocompatibility (or body-friendly) quality. Some metals are more biocompatible than others due to their specific composition or alloys. Surgical stainless steel, niobium, titanium and platinum are common. The metals to which people are most often sensitive are nickel, copper and chromium. Dense, low-porosity plastics such as monofilament nylon, acrylic or lucite are also used.

All jewellery must be sterile at the time of insertion. Infection results from the use of substandard, nonsterile jewellery and poor operator practices. Surgical stainless steel is the most suitable metal because it can be effectively cleaned and sterilised before piercing. The grade recommended is 316 LVM, with grade 316 L being an acceptable minimum. 18 carat gold jewellery can be used although the gold may react with body tissue and fluids and delay healing. Gold jewellery less than 18 carats will tarnish during sterilisation due to the amount of alloy present. Unless gemstone jewellery is of high-quality manufacture with solid backing, it is not suitable for initial piercings because it may not withstand pressure gradients during sterilisation. Less than 18 carat gold jewellery or gemstones can be inserted once the piercing has healed.

The use of gemstones and gold and sterling silver beads in rings may be unsuitable for genital piercings because the materials react with urine. In this instance, periodic removal and cleaning of the jewellery is required. If the client wants to use their own jewellery, they should take it to the studio the day before to check its suitability for sterilisation and, if appropriate, have it sterilised. Jewellery bought from alternative sources other than the piercing studio will not be sterile and may not be of suitable quality or size, or appropriate for sterilisation.

2.6.3 Instruments

Deterioration of equipment, specifically plated-metal surfaces, occurs as a result of repeated cleaning and sterilisation processes. It is recommended that only good quality stainless steel instruments be used and maintained. Needles must be pre-sterilised and single-use. They must be discarded into a sharps container immediately after use.

Stud guns are designed for ear lobes only, while nostril piercing guns are used for the nose. These guns may damage body tissue when used on other parts of the body. They must be of the sterile single-use cartridge type. Other instruments used in body piercing that must be sterile at the time of use are clamps, needle pushers, insertion tapers and any other instrument likely to come in contact with open tissue

or to be contaminated with blood or body fluids/substances. Under no circumstances should any item marked by its manufacturer as single-use be cleaned and sterilised for reuse on another client.

2.6.4 Skin preparation

See part A, section 4.1.3.

2.6.5 Procedures

General procedures

The potential for serious infection occurs during all body art practices. Each body artist must have a fully equipped and separate workstation. The area of the room/cubicle should be no less than 2.5 metres square. The floors, walls and doors should be made of a sealed, nonporous material.

The use of sterile single-use gloves is encouraged when skin penetration procedures are being performed. The use of nonsterile single-use gloves is the minimum requirement if sterile gloves are not provided.

The body artist should:

- wash their hands with antimicrobial soap and thoroughly pat dry before putting on single-use gloves
- clean the area to be pierced with a broad-spectrum antimicrobial solution
- mark the area with a nontoxic single-use marker
- if a clamp is to be used, apply the sterile clamp using a sterile rubber band to secure it
- perform the piercing by pushing the sterile single-use needle through the skin (noting that it is important to follow the markings exactly)
- insert sterile jewellery into the piercing and then close using sterile ring closing and circlip pliers.

If at any stage the body artist needs to touch anything that has not been sterilised, then they should remove their gloves and wash and thoroughly pat dry hands. Before resuming the piercing, the body artist should again wash and thoroughly pat dry hands, and put on a new pair of single-use gloves.

Ear piercing

Ear piercings have been detailed because ears are the most commonly pierced area. The preferred method of piercing ears is the use of a single-use ear-piercing gun. The secondary option is the employment of an ear-piercing system that minimises the risk of contaminating the gun. In these systems, a pre-sterilised single-use cartridge containing the stud and butterfly is inserted into the gun. No contact occurs between the gun and the ear, and the cartridge should be discarded into the clinical and related waste bin after the studs are inserted. All reusable ear-

piercing guns must be thoroughly cleaned and disinfected, with particular attention to the cartridge holder, to minimise the risk of spreading infection.

Methods of ear piercing using a trocar and cannula or needle and cork are not recommended, due to the difficulty of sterilising cork. Where these methods are used, all articles that penetrate the skin must be disposed of or cleaned and sterilised. Cork can be sterilised only by gamma irradiation or ethylene oxide gas.

Strict care must be taken when handling ear-piercing equipment. Ear-piercing studs must be sterile at the time of use.

- Only use studs that have been taken from a sealed sterile package.
- Be familiar with the loading procedures. (Load all guns without touching the studs or the stud-holding devices on the gun.)
- Dispose of sterile single-use cartridges after use on each client. (The cartridge holder is also contaminated during use and therefore must be cleaned and disinfected between clients.)
- Do not use any stud packets that have been opened previously or that are split. The contents of these packs are no longer sterile and may cause infection if used for this purpose, although they can be sold in the same way that other studs and earrings are sold for general use.

2.6.6 Possible medical implications

Clients should be advised that the placement of some piercings/implants may hinder the delivery of required medical interventions.

2.6.7 Cleaning, disinfection and sterilisation procedures for instruments

See part A, sections 5 and 6.

2.6.8 Record keeping

It is important to keep accurate records of every body piercing and body art procedure for each client. These records should include name, address, date, a description of the procedure and jewellery, and sterilisation information relevant to the instruments used. Accurate and detailed records are valuable to the body artist if there is any infection or possibility of a blood-borne virus transmission with the client. For example, in the case of a blood-borne virus, these records can be cross-checked for the probability for or against a reported infection as a result of a specific procedure.

See part A, sections 2.7 and 3.2, and part E, appendix 3.

2.6.9 Mobile body piercing

Due to the high risk of spreading infection with skin penetration procedures, mobile businesses are not permitted.

2.7 Body art – cleaning, disinfection and disposal schedule

Table 8 provides a summary schedule for both tattooing and body art equipment in terms of cleaning, disinfection and disposal.

Table 8: Body art equipment–cleaning, disinfection and disposal schedule

	Equipment	Reason	When	How	Additional information
High risk	Single-use razors	Potential for skin infections or blood-borne virus transmission	After each client	Dispose of into a sharps container.	See part A, section 2.4.1.
	Single-use needles	Potential for skin infections or blood-borne virus transmission	After each client	Dispose of into a sharps container	See part A, section 2.4.1.
	Single-use rubber bands	Potential for skin infections or blood-borne virus transmission	After each client	Dispose of into clinical and related waste container.	See part A, section 2.4.2. Rubber bands weaken through multiple sterilisations.
	Reusable instruments Jewellery (such as needle bar and tube, clamps, ring closers, and receiving tubes). Tattoo gun	Potential for skin infections or blood- borne virus transmission	After each client	Wash in warm water and detergent. Rinse in hot running water. Dry with lint-free cloth. Package with a chemical indicator and seal. Sterilise.	*Note:* Some jewellery will not withstand the sterilisation process. Some parts of the tattoo gun are not immersible. Use a lint-free cloth for all stages of the cleaning process. Store appropriately.
Intermediate risk	Shaving brushes (if used)	Risk of infection if previous client has skin lesions or infection	After each client	Rinse free of hair and shaving cream. Wash in warm water and detergent. Rinse in hot running water. Dry thoroughly.	*Note:* Brushes and plastic items will not withstand the sterilisation process.
	Nonimmersible equipment Electrical items	Potential for infection	After each client	Wipe over with cloth dampened in warm water and detergent. Rinse by wiping with cloth dampened in hot water. Dry thoroughly. Wipe over with cloth dampened with 70% alcohol solution and allow to dry.	Use a lint-free cloth for all stages of the cleaning process.

Table 8: Body art equipment–cleaning, disinfection and disposal schedule *continued*

	Equipment	Reason	When	How	Additional information
Low risk	Clippers	Potential for infection/ infestation	After each client	Use lint-free cloth to remove hair Wash in warm water and detergent Rinse in hot running water. Dry with lint-free cloth	Clippers become high risk if they penetrate or abrade the skin *Note:* Plastic clipper attachments will not withstand the sterilisation process.
	Single-use ink Wells/caps	Potential for infection	After each use	Dispose of into a clinical and related waste container.	Use once only. Some inkwells are reusable. See above note on reusable instruments for cleaning. Single-use inkwells are preferred.
	Single-use applicators	Potential for infection	After each use	Dispose of into an clinical and related waste container.	Use once only.
	Single-use skin markers	Potential for infection	After each use	Dispose of into a clinical and related waste container.	Use once only.
	Bottles/sprays/pump dispensers – Liquid soap – Water – Lotions – Creams – Gels	Potential for contamination	When empty	Wash in warm water and detergent. Rinse in hot running water. Dry thoroughly with lint-free cloth before refilling.	Never top up. Discard manufacturer's containers when empty.
	Dye-mixing bowls Shaving bowls	Potential for contamination	After each client	Wash in warm water and detergent. Rinse in hot running water. Dry with lint-free cloth.	Prevent residual dyes being mixed into new preparations.
	Equipment trolley	Prevention of dust from accumulating and contaminating clean equipment	Weekly	Use damp cloth to remove dust. Wash with warm water and detergent. Dry thoroughly with cloth before refilling.	Ensure items are in closed containers. Cover when not in use. Use a lint-free cloth for cleaning.

3. Hairdressing

3.1 General

Infection can occur during hairdressing procedures. Items such as razors, scissors, combs, clippers and hairpins can accidentally penetrate the skin. Blood and body fluids do not have to be visible on instruments, equipment or working surfaces for infection to be transmitted. Both clients and operators are at risk.

Operators should ask clients if they have any skin lesions such as prominent moles and require them to specify the location so appropriate care can be taken. If hairdressing premises perform other personal care and body art procedures, including skin penetration, then the operators should follow the relevant sections in these guidelines.

3.2 Risks

3.2.1 Infection

Infections that can be spread in hairdressing premises include skin infections on the scalp, face and neck such as impetigo (also known as school sores) and fungal infections such as tinea capitis and ringworm. These infections can spread when instruments and equipment used on clients are not cleaned between client sessions or are not handled or used in a hygienic manner, and when structural facilities such as furnishings and fittings are not kept clean and in good repair.

3.2.2 Blood-borne viruses

A risk of the transmission of a serious disease such as hepatitis B and C and HIV can occur when using razors, scissors or clippers, which can abrade the skin and/or cut accidentally. Contaminated instruments can transfer infection directly to the blood of another individual (for example, the operator or next client) if that individual has open cuts, sores or broken skin.

3.2.3 Other risks

Burns

Burns can occur during hairdressing procedures involving hot rollers, tongs and crimpers. They can also occur when hair is being washed with water that is too hot or when stationary or hand-held dryers are improperly used. Operators should be familiar with first aid procedures for burns (see part A, section 3.2.3).

Pediculosis or head lice

People get head lice from direct hair-to-hair contact with someone who has head lice. Head lice do not transmit any infectious diseases and there is no evidence to suggest that the environment is of significant concern in their transmission. They are fragile insects, easily killed by water temperatures greater than 60°C. No disinfection or fumigation of the salon is required. See www.health.vic.gov.au/headlice.

3.3 First aid and occupational exposure to blood

See part A, section 3.

3.4 General hairdressing equipment

3.4.1 Use and disposal of razors and blades

All razors and blades are considered to be contaminated with blood, body fluids or substances after use. Routine cleaning of razor blades is not adequate to minimise the risk of transmission of blood-borne diseases. The safest and most efficient way of preventing the spread of these diseases is to use single-use items.

Single use (disposable) razors

If the razor is a single-use type, then it must not be used again on another client and must be disposed of into a suitable sharps container immediately after use.

Single use (disposable) blades

Where a safety-type razor is used, remove the blade from the razor body, taking care not to cut yourself. Dispose of the blade as above. The blade holder must be cleaned and disinfected between clients. If contaminated, it must be sterilised or disposed of. Do not use the body of the razor again until these measures have been taken.

Electric razors

Electric razor blades are considered contaminated with blood, body fluids or substances after use in the same way that other razors and blades are contaminated. The blades, mesh and the blade mechanism housing are difficult to clean and will not withstand the sterilisation process. This difficulty is due to their design and the materials from which they are made. Debris from shaving, such as blood, hair and skin cells, have been found in the body and motor of electric razors. Electric razors are therefore not recommended for use on clients and should not be loaned to clients.

Razor haircutting

Razors should be used so the operator can see the blade at all times. Blades may scrape the skin and become contaminated. Razor blades used for hair cutting should be changed after each client, and the blade should be disposed of into a sharps container. The handle should be washed and dried after the blade has been removed; if contaminated, it also requires sterilisation. See part A, sections 5 and 6 and section 2.4.1.

3.4.2 Clippers

Clippers should be used in such a way that the operator can see the tip of the clippers at all times. Clippers, including those with plastic attachments, should be dismantled after each use and thoroughly cleaned before being used on another client. If contamination occurs, then the clipper blades must be dismantled, cleaned and sterilised. Plastic attachments must be disposed of into a sharps container.

3.4.3 Ultraviolet (UV) cabinets

These cabinets do not sterilise instruments and other articles placed in them because the UV radiation does not penetrate to all surfaces. Some viruses are not particularly susceptible to UV radiation, and UV cabinets are not suitable storage receptacles because the UV rays damage combs and brushes, and compromise sterile packaging. See part A, section 6.2 and 6.3.

3.5 Cleaning and sterilisation of hairdressing equipment

Over the years, many types of disinfecting solutions have been used in the hairdressing industry. The use of disinfectants requires operators to apply these solutions in strict accordance with the manufacturer's directions. Due to the problems experienced, the use of disinfecting solutions is not recommended.

Table 9 provides a guide on cleaning requirements for equipment commonly used in the hairdressing industry. The main references for the table are part A, sections 2, 5 and 6. Any item that accidentally penetrates or abrades the skin must be considered and dealt with as a high-risk category item. These items include, but are not limited to, scissors, combs, clippers, hair pins/clips and razors used for hair cutting. Any item dropped on the floor must be cleaned and dried, or discarded as per the table.

Table 9: Cleaning requirements for hairdressing equipment

	Equipment	Reason/risk	When	How	Additional information
High risk	Single-use razors	Potential for skin infections or blood-borne virus transmission	After each client	Dispose of into a sharps container.	See part A, section 2.4.1.
	Safety razors	Potential for skin infections or blood-borne virus transmission	After each client	Dispose of blade into sharps container. Wash handle in warm water and detergent. Rinse in hot running water. Dry with lint-free cloth. If contaminated sterilise or dispose of into a sharps container.	
	Electric razors	Potential for skin infections or blood-borne virus transmission	Do not use.		*Note:* Electric razors cannot withstand immersion or sterilisation
Intermediate risk	Shaving brushes	Potential for infection if previous client has facial skin lesions or infection	After each client	Rinse free of hair and shaving cream. Wash in warm water and detergent. Rinse in hot running water. Dry thoroughly.	*Note:* Brushes and plastic items will not withstand the sterilisation process.

Table 9: Cleaning requirements for hairdressing equipment *continued*

Low risk

Equipment	Reason/risk	When	How	Additional information
Scissors Clippers	Potential for infection or infestation	After each client	Use lint-free cloth to remove hair. Wash in warm water and detergent. Rinse in hot running water. Dry with lint-free cloth.	Scissors become high risk if they penetrate or abrade the skin. *Note:* Plastic clipper attachments will not withstand the sterilisation process.
Haircutting razors	Potential for infection or infestation	After each client	Sterilise or dispose of if blood is drawn. Dispose of blades into sharps container.	See above note on safety razors.
Combs Hair brushes Hairnets Neck brushes Ear caps Hair pins/clips	Potential for infection or infestation	After each client and when dropped on the floor	Use lint-free cloth to remove hair. Wash in warm water and detergent. Rinse in hot running water. Dry with lint-free cloth.	*Note:* Brushes and plastic items will not withstand the sterilisation process. Dispose of any piece of equipment that pierces the client's skin into a sharps container.
Rollers – Regular – Hot – Hot tongs – Crimpers	Potential for infection or infestation	After each client and when dropped on the floor	Use lint-free cloth to remove hair. Wash in warm water and detergent. Rinse in hot running water. Dry with lint-free cloth.	Store in covered containers. For a risk of burns, see part A, section 3.2.
Bottles – Shampoo – Conditioner Shaving bowls	Potential for contamination	When empty	Wash in warm water and detergent. Rinse in hot running water. Dry thoroughly with lint-free cloth before refilling.	Never top up.
Dye mixing bowls	Potential for contamination	When empty	Wash in warm water and detergent. Rinse in hot running water. Dry with lint-free cloth.	Prevent residual dyes from being mixed into new preparations.
Capes/wraps	Potential for infection if previous client has neck skin lesions or infection	After each client unless a clean towel or paper tape is used around neck	Wash in warm water and detergent. Rinse in hot running water. Dry according to type of material.	Launder–see part A, section 2.3.5. Use a clean towel or paper tape around neck.
Equipment trolley	Prevention of dust and hairs from accumulating or contaminating clean equipment	Weekly	Use lint-free cloth to remove hair. Wash with warm water and detergent. Dry thoroughly with lint-free cloth before refilling.	Ensure items such as rollers are in closed containers. Cover when not in use.

3.6 Mobile hairdressing

Mobile hairdressers must register their principle place of business (for example, their residence) with local government. They should comply with these guidelines, thus maintaining the cleanliness of equipment and personal hygiene standards. For example, the use of impervious and easily cleanable containers with lids for transporting equipment. If additional procedures are undertaken, such as hair removal using wax, then the operators should follow the relevant sections of these guidelines.

4. Colonic irrigation

4.1 General

Colonic irrigation is also known as colonics, colonic lavage, colon irrigation, high colonic or colon hydrotherapy. The practice involves cleansing the entire colon from the rectum to the caecum using filtered and temperature-regulated warm water, which enters and exits the colon through tubes connected to a rectal catheter.

Various forms of colonic therapy have been used over the centuries. The practice is based on the belief that irrigating the bowel cleanses the body of toxins, improves overall colon function, reduces gas and fever, controls infection, eliminates disease and relieves constipation, skin problems, sinus, backache, headache, fatigue, bad breath, coated tongue, indigestion and bloating.

If equipment is not sterile and infection control procedures are not followed, then there is the potential for transmission of bowel infections (including hepatitis A), as well as blood-borne viruses such as hepatitis B and C and HIV. There is also the potential for serious injury.

Victoria's *Health Act 1958* has no provisions requiring a colonic irrigation business to register with local government. These guidelines have been produced to assist operators to implement infection control requirements and safe practices.

4.2 The procedure

The first stage of a colonic irrigation procedure involves massage of the lower abdominal area. The operator or the client gently inserts a sterile single-use catheter into the rectum. Filtered, gravity- or pressure-fed and temperature-regulated warm water (and occasionally herbs or oxygen, for ozone therapy) is gradually introduced into the colon, and natural evacuation of faeces occurs. Where the intention is to use additives, the operator should check with the client before any procedure that the client does not have any allergies to the proposed substance. In addition, care should be taken to ensure the system's tubing does not become blocked during the procedure. A single session lasts 30–45 minutes and uses 18–20 litres of water.

Water temperature must be regulated to normal body temperature to prevent thermal shock or scalding. The temperature of the water delivery should be 34–40ºC and should never exceed 40ºC. Normal body temperature (37.6ºC) should be the guide.

A water-based lubricant in a single-use sachet is recommended to assist catheter insertion. Single-use gloves should be worn by the operator when assisting a client to insert a catheter, and discarded immediately. If the client is positioning the catheter, then they should be provided with single-use gloves and wipes. Wipes or gloves should be discarded into the clinical and related waste bin. Care should be taken to avoid cross-contamination.

Operators should wear personal protective equipment, including a clean plastic apron and single-use gloves when cleaning the equipment and environment after the session. Operators should keep themselves and their clothing clean, and have no

exposed cuts, abrasions or wounds. Hands must be washed and thoroughly dried immediately before regloving before the procedure and on completion of the procedure (see part A, section 3.4).

Colonic irrigation differs from the enema currently used in the health care environment. Enemas use small amounts of electrolyte-based solutions to cleanse the small bowel before surgery and to assist in faecal disimpaction procedures. Protocols for urgent medical assistance should be in place (see part A, section 3.2).

4.3 Risks

People who have acute or chronic illnesses, are suffering from diarrhoea or are immunocompromised should seek medical advice before undertaking any colonic irrigation procedure. Potential risks for any client include:

- infection due to unsterile equipment or equipment that permits backflow of faecal material to the water system
- trauma to the colon, such as ulceration or perforation; exacerbation of chronic bowel disease such as diverticulitis, Crohn's disease or haemorrhoids; and thermal shock or scalding if controls regulating the water temperature fail
- a reduced capacity to control bowel movements for a period of time after the procedure
- the removal of normal intestinal flora, which may lead to such problems as gastrointestinal infections.

4.4 Set-up

See part A, sections 2.2 and 2.3. The procedure room should:

- be as hygienic as possible and protect the operator and the client from disease transmission
- have adequate ventilation, heating and cooling to ensure patient comfort (although moveable floor heating/cooling units should not be used because they constitute a safety hazard due to the presence of fluids)
- have smooth, impervious and washable floors
- be fitted with a hands-free hand basin with hot and cold running water supplied through a single outlet, liquid soap and paper towels
- have a toilet for the exclusive use of the client, located in the procedure room or as an en suite
- have an en-suite shower
- have paper towel on client couch
- have paper towel for each client to clean himself/herself after the irrigation procedure

- have two waste receptacles: one for clinical and related waste (for any item contaminated with blood) and the other for other single use items.

Clean and comfortable facilities should be made available for the client to change, and clean gowns, robes and towels should be provided. Separate toilets should be made available for public and staff use.

4.5 Equipment

Colonic irrigation equipment should have an Australian Register of Therapeutic Goods inclusion number. Policies and procedures for safe operation must be in place, and operators must follow the manufacturer's instructions, including maintenance procedures.

Under no circumstances should the colonic irrigation equipment be connected directly to a potable water supply system. A direct connection could result in: (a) serious (and possibly fatal) injury to a client due to application of mains pressure; and (b) under abnormal supply conditions (such as a sudden drop in mains water pressure), contamination of the potable water supply with faecal material. The following practices are also important.

- Controls should be placed so clients are unable to alter settings once the procedure commences.
- Suitable water filters (1–20 microns filtration) should be fitted to all systems to reduce/remove particulate matter. The water must be filtered before entering the storage tank. The filter elements must be replaced at the manufacturer's recommended intervals and as necessary. (It may also be necessary to install a pump to ensure adequate water flow to the storage tank.)
- For a gravity-fed system, the minimum vertical distance between the top of the couch and the tank outlet spigot should be 650 millimetres and the maximum distance between the couch top and the upper level of water in the feed tank should be 1300 millimetres.
- There should not be pumps, other pressure-enhancing devices or suction facilities on the client side of the tank. Mechanisms for regulating water temperature must be installed at the mains and the tank.
- The use of single-use tubing is recommended (AS/NZS 4815:2001, page 23). All reusable tubing poses a challenge to cleaning processes, and the cleaning processes have the potential to generate infectious aerosols (particularly given that tubing is difficult to sterilise). If equipment tubing requires lubrication, then each end should be moistened with water before connection.
- If UV light is used, then it must be fitted with screening to protect the client, because it can damage the skin and retina.

4.5.1 Catheters

Catheters must be sterile and single use only. Operators should purchase only items that are on the Register of Therapeutic Goods, and they should ask suppliers for the Australian Register of Therapeutic Goods number.

4.5.2 Plumbing/sewage disposal

The consent of the local water authority must be sought before the installation of any colonic system, and installation must conform with the standards of the Plumbing Industry Commission (Victoria) and Standards Australia:

- Australian Standard/New Zealand Standard (AS/NZS) 3500.1:2003 Plumbing and drainage – Water services
- AS/NZS 3500.2:2003 Plumbing and drainage – Sanitary plumbing and drainage
- AS/NZS 3500.4:2003 Plumbing and drainage – Heated water services.

The following practices are also important.

- All plumbing should be easily accessible.
- The system must be odourless and prevent backflow to, and subsequent contamination of, mains water.
- A reduced pressure zone device (RPZD) should be fitted on the water supply line to the colonic equipment.
- Water authorities may also require a RPZD to be fitted at the water meter outlet to contain any possible backflow within the property.
- The storage tank should be vented to atmosphere. Gravity-fed tanks create a physical air gap, known as a registered air break, to prevent backflow.
- The treatment bed must be equipped with nonreturn and pressure-reducing valves to prevent backflow of faecal material.
- All waste must be discharged to a sewer, and there must be approval for this connection.
- A pressure hose should be available to clean the system.
- Hot water installations must deliver water at the outlet of all sanitary fixtures used primarily for personal hygiene at a temperature to ensure scalding does not occur.
- Hot water is to be stored at 60°C to inhibit the growth of Legionella bacteria.

4.6 Waste disposal, cleaning and disinfection procedures

See part A, sections 2.4, 3.4, 4 and 5.

4.6.1 Disinfectants

Hospital-grade disinfectants should be used in colonic irrigation premises for the couch, the external irrigation system and en-suite facilities. The internal water tank should be disinfected using a 5 per cent solution of sodium hypochlorite (chlorine). This solution should be left for 10 minutes and then rinsed thoroughly using at least two tanks full of water.

A 5 per cent chlorine solution can be obtained by either:

- 450 millilitres per 4.5 litre tank of a commercial product (for example, laundry bleach with 4–5 per cent available chlorine), or
- 225 millilitres per 4.5 litre tank of sodium hypochlorite (12 per cent available chlorine, but usually accepted as 10 per cent available chlorine).

Table 10 outlines a recommended cleaning, disinfection and disposal schedule.

Table 10: Colonic irrigation–cleaning, disinfection, and disposal schedule

	Equipment	Reason/risk	When	How	Additional information
High risk	Catheter Gloves	Faecal material harbours microorganisms.	Immediately after use	Use sterile rectal catheters only. ↓ Dispose of immediately after use.	Catheters and gloves are single use only, so cannot be cleaned and disinfected. If contaminated with blood dispose of in the clinical and related waste bin.
	Procedure couch En-suite toilet En-suite shower Hand-wash basins		After each client and daily As above As above As above	Wash with warm water and detergent and dry. ↓ Wipe over with a hospital-grade surface disinfectant.	Wear personal protective equipment when cleaning.

Table 10: Colonic irrigation–cleaning, disinfection, and disposal schedule *continued*

	Equipment	Reason/risk	When	How	Additional information
Intermediate risk	Single-use towels	Potential hazard	Immediately after use	Dispose of into clinical and related waste bin.	
	Linen		After each client	Wash in hot water (70–80°C) and detergent. ↓ Dry in open air or in clothes dryer on hot setting.	Place into washable leak-proof linen bin before laundering.
	Procedure room – Floors – Walls		Daily After each client Weekly and when visibly soiled	Wash with warm water and detergent and dry. ↓ Wipe over with a hospital grade surface disinfectant.	Wear personal protective equipment when cleaning.
Low risk	Operator personal protective equipment	Potential hazard	Daily and when soiled	See linen section above	Wear personal protective equipment when cleaning.
	External tank equipment		Weekly	Wash with warm water and detergent and dry. ↓ Wipe over with a hospital-grade surface disinfectant.	
	Internal water tank		Weekly	Fill tank with sodium hypochlorite solution. ↓ Leave 10 minutes. ↓ Rinse thoroughly using two tank fulls of water. (Also see disinfection section above)	Sodium hypochlorite is corrosive, leading to rinsing requirements.

4.7 Records

All client consultations should be conducted in privacy, particularly when taking a client history. A record should be kept of all staff, including name, date of birth, gender, home address and contact telephone numbers. The responsibilities of each staff member should also be documented.

Clients should read and sign a consent form, which contains details of name, address, age, medical history and other relevant information. An example is attached in part E, appendix 3. These forms and details of further procedures and progress should be kept in a secure location for at least seven years since the last visit or, in the case of minors, seven years after the client reaches the age of 18 years (that is, until 25 years of age). Clearly written after-care instructions should be given to all clients.

The operator should also record incidents of bleeding, complaints of pain, any required treatment or the need to seek medical treatment. If a client has been referred from another source, then a report of the treatment results, observations and recommendations should be recorded. All records should be kept confidential.

When the operator becomes aware of any infection, complication or disease resulting from any colonic irrigation procedure, these should be reported to the local government environmental health officer or the Department of Human Services within 24 hours. In the event of an investigation, the records should be made available on request to local environmental health officers and the department officers, who will deal with them according to State privacy legislation.

5. Physical therapies

Under the current Health Act (1958) the following practices do not require registration with local government. The information provided relates to general hygiene in minimising the risk and the spread of potentially harmful microorganisms that may lead to infection. Adoption of the outlined information is encouraged.

5.1 Massage

In performing various massage therapies, the operator needs to assess all possible infection risks and to consult their professional organisation. See the following sections for appropriate procedures to reduce the potential for the transmission of infection:

- hands–see part A, section 3.3
- surfaces–see part A, section 4.2.2
- linen–see part A, section 2.3.5
- oils/creams–see part A, section 2.5.

5.2 Solaria

Guidelines for the installation, maintenance and operation of solaria are outlined in AS/NZS 2635:2002 Solaria for cosmetic purposes. The standard seeks to increase the levels of safety associated with the use of solaria. The Department of Human Services recommends compliance. The following are key requirements of the standard.

5.2.1 Age limit

It is recommended that an operator does not allow an individual under the age of 18 years to use a sun-tanning unit without parental or guardian consent. Any individual under the age of 15 years is strictly not permitted.

5.2.2 Warning notices

Commercial premises should place one or more notices (of A4-size paper) presenting the following information (in legible print) within the immediate view of every client entering the premises and in each sun-tanning unit cubicle.

- Exposure to ultraviolet radiation from a sun-tanning unit contributes to the skin-ageing process and may cause skin cancer.
- People with fair skin and who are unable to tan should not use a sun-tanning unit.
- Intentional exposure to sunlight or a sun-tanning unit should be avoided for 48 hours after sun-tanning exposure.
- Protective goggles should be worn at all times while undergoing sun-tanning unit exposure.
- Age restrictions as discussed above.

5.2.3 Client consent form

Prior to the commencement of tanning sessions, the solarium operator should hand a consent form (appendix A of AS/NZS 2635:2002) to the client. This consent form advises clients of the first four points under part B, section 5.2.2 and also of risks of certain medical conditions and medications.

The solarium operator should ensure the following practices.

- The client signs and dates the form.
- The client returns the signed and dated form before the commencement of the first tanning session in the premises.
- The original signed and dated form is filed in the records of the premises for a period of not less than two years.
- A copy of the signed and dated form is handed to the client.

5.2.4 Measurements

The standard recommends that measurement of ultraviolet radiation levels of solaria occur immediately after the commissioning or replacement of any item of sun-tanning equipment that is not to the original manufacturer's specification. It is therefore important to use only items of equipment (including lamps) that comply with the manufacturer's specifications.

5.2.5 Maximum exposure times

The standard has technical exposure limits based on various skin types. These ensure no individual suffers erythema (skin reddening) as a result of ultraviolet exposure in a solarium.

5.2.6 Maximum repeat exposure

Repeat exposures should not be undertaken sooner than 48 hours after the previous exposure.

5.2.7 Promotion

Claims of noncosmetic health benefits should not be made in the promotion of sun-tanning unit use.

5.2.8 Skin type exclusion

Individuals with skin type 1 (fair skin that always burns, never tans and is often accompanied by red hair and freckles) should not be allowed to use a sun-tanning unit.

5.2.9 Hygiene

Any part of a surface of a sun-tanning unit that is subject to body contact, including protective goggles, should be either cleaned and disinfected or, if disposable, completely replaced after the solaria unit has been used by any individual (see part A, section 4.2.2).

5.2.10 Supervision

In commercial premises, all sun-tanning unit use by any client of the premises should be subject to supervision by a trained operator at all times.

5.2.11 Solarium operator training

Any individual who is supervising the operation of a solarium or sun-tanning unit should be properly trained in the following:

- requirements of the standard and their practical implementation
- the proper determination of skin types and exposure times
- the proper screening for potential exposure limiting conditions
- emergency procedures in case of overexposure to ultraviolet light
- the types and wavelength of ultraviolet light
- proper procedures for cleaning and disinfecting protective eyewear and tanning equipment.

5.2.12 Unstaffed, coin-operated premises

Unsupervised, self-service solaria do not meet the standard and therefore are not recommended for use.

5.3 Saunas

The main infection risk relates to the surfaces of the sauna. Operators should ensure surfaces are kept clean. Only nonabrasive cleaners should be used (see part A, section 4.2.2). Clients should be encouraged to use a clean towel for sitting or lying on while using the sauna. If the operator provides towels, they should be handled accordingly once used (see part A, section 2.3.5).

5.4 Flotation tanks

The main infection risk for floatation tanks is the salt water that is reused between clients. Operators should ensure both internal and external surfaces are kept clean, using nonabrasive cleaners to remove scum and to prevent corrosion caused by splashing of the highly concentrated salt water (see part A, section 4.2.2). Regular maintenance should include checking the filters.

When applying oils or creams to protect the skin from the concentrated salt water, appropriate dispensing procedures should be used (see part A, section 2.5).

5.5 Spas and pools

Pools and spas are required to comply with the Health (Infectious Diseases) Regulations 2001, part 7 (public spa pools and public swimming pools).

5.6 Gymnasium equipment

Daily cleaning of the gymnasium environment and its equipment is important to prevent the spread of infection and provide a safe environment for users and staff. Additional cleaning is required immediately when and where any person has sweated profusely.

Bacteria such as *Staphylococcus aureus* (golden staph) can cause conjunctivitis and skin infections when transferred from inadequately cleaned equipment and reusable towels. The spread of infection is assisted by the reuse of a single towel for cleaning and by the use of the gymnasium user's own towel to wipe down equipment. Supplied reusable towels should be used only once and placed in a receptacle for laundering (see part A, section 2.3.5).

The following cleaning equipment should be readily available for gymnasium users or staff:

- a solution of warm water and detergent in a pour bottle
- paper towels for cleaning and drying equipment

There should be a receptacle for the disposal of used paper towels. Facilities should be available for users and staff to wash their hands after cleaning or wiping down equipment (see part A, sections 2.3.1).

5.7 Alternative therapies

There is an abundance of alternative therapies, including naturopathy, aromatherapy, homeopathy and ear candling. It is important for the operator to consider all possible infection risks and, if possible, consult their professional organisation. If those therapies consites of procedures that penetrate the skin then premises must be registered and guidelines for skin penetration (part B, section2) should be followed. See the following sections for appropriate procedures to reduce the potential for infection transmission:

- hands–see part A, section 3.3
- surfaces–see part A, section 4.2.2
- linen–see part A, section 2.3.5
- oils/creams–see part A, section 2.5.