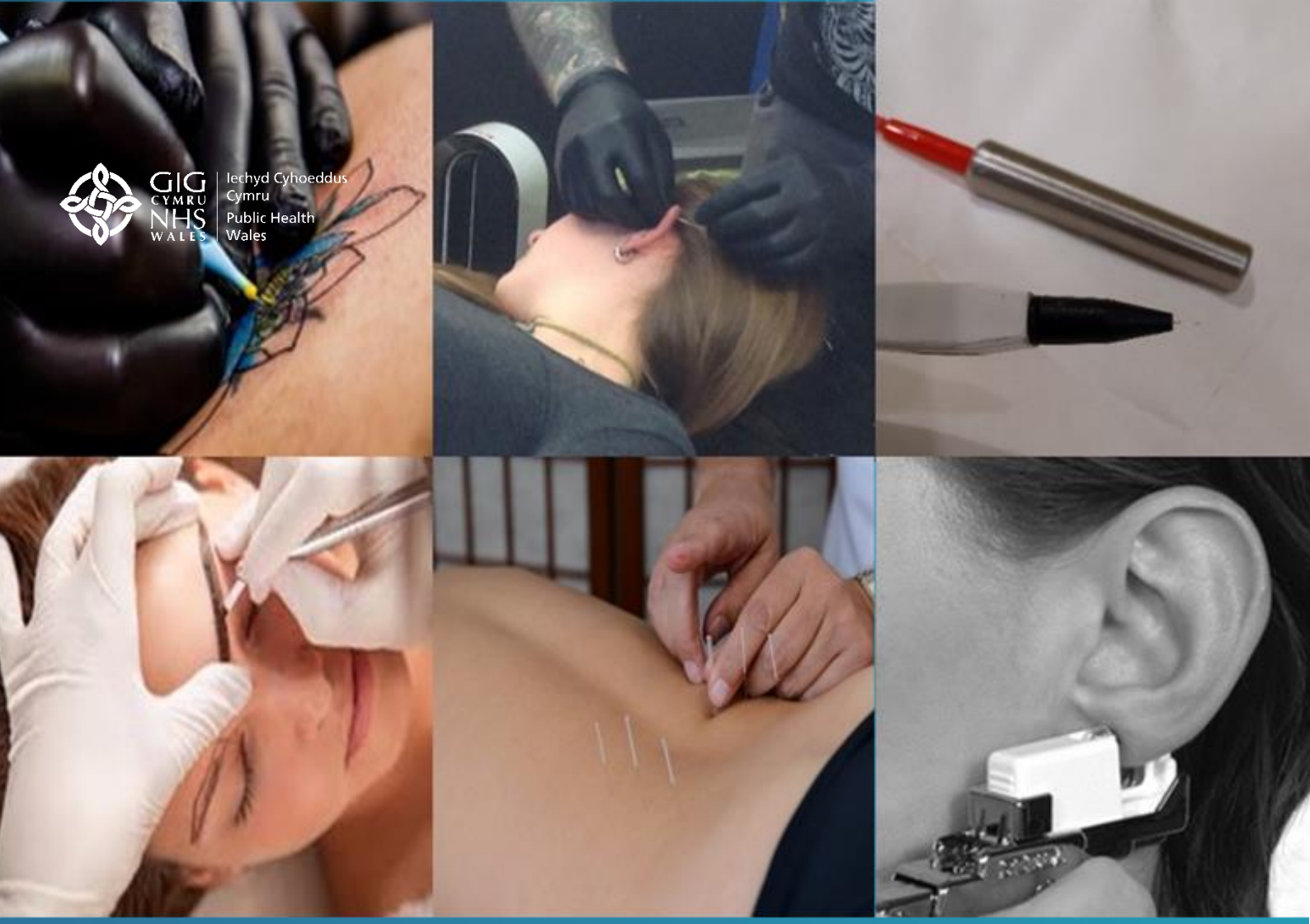


Infection Prevention and Control (IPC) Guidance for Special Procedures in Wales

Acupuncture (including dry needling), body piercing, electrolysis and tattooing (including semi-permanent make-up).

Version 1

Mae'r ddogfen yma ar gael yn y Gymraeg/This document is available in Welsh.

Contents

Introduction

The mandatory licensing scheme for special procedures in Wales is based on reducing the risk of infection through the application of Infection Prevention and Control (IP&C) principles. The conditions of the special procedure license and the premises and vehicle approval certificate incorporate IP&C measures and therefore make it a legal requirement for both license and approval certificate holders to comply with these measures.

There are two important documents which help individuals who either perform a special procedure or own or manage a special procedure business to comply with the requirements of the licensing scheme:

- Public Health Wales Infection Prevention and Control Guidance for Special Procedures in Wales (this document) which provides more detailed information and guidance on IP&C measures and how they can be applied in the special procedures sector.

- **The Welsh Government non-statutory Guidance for the Special Procedures Licensing Scheme** which provides detailed information on the requirements of the licensing scheme, how to apply for a license and an approval certificate, how to comply with the license and approval conditions and the enforcement powers available to the local authority. (Special procedures (acupuncture, electrolysis, piercing and tattooing): implementation | GOV.WALES).

Therefore, this document should be read in conjunction with the Welsh Government non-statutory guidance for special procedures practitioners and enforcement officers.

These guidelines apply to the following Special Procedures designated under the Public Health (Wales) Act 2017:

- Acupuncture means the insertion of needles into an individual's tissue for remedial or therapeutic purposes but excluding the insertion of needles into tissue for the purpose of injecting any substance. This definition includes dry needling.

- Body piercing means the perforation of an individual's skin or mucous membrane, with the view to enabling jewellery, or an object (prescribed in regulations) to be attached to, implanted in, or removed from an individual's body.

- Electrolysis means the removal of an individual's body hair by passing an electric current through the root by means of an inserted needle or probe.

- Tattooing means the insertion into punctures made in an individual's skin or mucous membrane, of any colouring material designed to leave a semi-permanent or permanent mark (including semi-permanent make-up/ micro pigmentation).

This guidance has been co-developed with IPC specialists and Welsh Government Health Protection officials. Consultation has also included Practitioners, Local Authority Lead Officers, Health Protection Specialists and specialists in the fields of Aseptic Non-Touch Technique, Decontamination, Waste Management, Microbiology and Dermatology.

Purpose of the guidelines

This guidance is intended for use by:

- License holders
- Practitioners performing special procedures
- Business owners and managers
- Staff working in a special procedure business
- Individuals responsible for the approved premises or approved vehicle where the special procedure is performed
- Local Authority officers

The aim it is to assist compliance with the conditions of the mandatory special procedures licensing scheme and to better understand how to apply the principles of IP&C in practice, to protect both the client, and practitioner.

How to use this document

As well as explanations on IP&C measures, this guidance includes boxes and symbols to reference the conditions and highlight key messages.

A Green box indicates the relevant Special Procedures License (SPL) conditions and Premises/Vehicle Approval Certificate (PVAC) conditions.

The following sections relate to the Conditions in:

- **The Special Procedures Licences (Wales) Regulations 2024 and**
- **The Special Procedures Approved Premises and Vehicles (Wales) Regulations 2024**

A Yellow box consists of recommendations for best practice in IP&C by the practitioner or business owner.

The yellow box relates to best practice recommendations:

This red box alerts to potential risks and harms. 

The magnifying glass links to further information and resources 

1. Health risks associated with special procedures

More and more people in the UK are undergoing special procedures which can be associated with some health risks. A recent rapid review (December 2023) of infections associated with these practices was carried out by the Health and Care Research Wales Evidence Centre at the request of the Welsh Government in preparation for the mandatory licensing scheme. Published studies were looked at from 2015-2023 that described adverse reactions following these special procedures. The full report can be viewed on the link below.

https://researchwalesevidencecentre.co.uk/SpecialProcedures

The two types of reactions identified from the review, were infections caused by microorganisms associated with acupuncture, body piercing and tattooing, including semi-permanent make-up and secondly, allergic / inflammatory reactions seen in all four procedures. A summary of each special procedure and infection risk and allergy are illustrated below.

Tattooing

· bacterial, viral and blood-borne infections
· allergic reactions
· sarcoidosis-related reactions
· a range of other skin-related adverse reactions

Body piercing

· fungal, viral and bacterial infections
· allergic reactions
· sarcoidosis-related reactions
· other skin related adverse reactions
· dental issues

Semi-permanent make-up

· bacterial and viral infections
· allergic reactions
· sarcoidosis-related reactions
· a range of other skin and eye-related adverse reactions

Acupuncture

· infections
· skin allergy reactions
· other skin-related adverse reactions

Electrolysis[1]*

Cutaneous sarcoidosis was reported.

Further research is needed.

[1] * **Cutaneous Sarcoidosis**: lumps and bumps on the skin, there are many reasons for these to develop, practitioners should direct clients to their GP.

Key messages from the report highlighted the importance of infection prevention and control practices to prevent transmission of infection and other health risks which can be broadly reduced through the following practices:

- Cleaning and maintenance of the environment including fixtures and fittings where the special procedure is performed.
- Hand Hygiene.
- Adequate skin cleansing with the use of antiseptics prior to the procedure being undertaken. Ensuring the skin is visually clean.
- Improved decontamination practices (including cleaning and sterilisation).
- Ensuring inks/ pigments and water are sterile to avoid contamination.[2]

[2] Inks and pigments should have a product data sheet to demonstrate quality, testing and a list of excipients (ingredients) which may cause allergy. Practitioners should avoid purchasing inks from suppliers unable to provide this as they can contain toxic metals or be contaminated by microorganisms.

2. Preventing Infection

Standard infection prevention and control measures are the basic infection prevention practices needed to reduce the risk of infection. The application of standard infection prevention and control precautions (SICPs) are to reduce the risk of transmission of sources of infection and should be applied *to all procedures, by all practitioners with all clients*. This is to ensure safety whether there is an infection known to be present or not, so SICPs should be applied for all client contact.

2.1 The Standard Infection Prevention and Control Precautions (SICPs)

- Assessment of infection risk (identified through the client consultation)
- Hand hygiene
- Safe management of equipment including decontamination
- Safe management of the environment
- *Safe management of any linen [3]
- Safe disposal of waste including sharps and spillages
- Occupational safety of practitioners (Blood Borne Viruses)
- Use of personal protective equipment (PPE)
- Respiratory and cough hygiene

Further information on SICPs can be accessed from the National Infection Prevention and Control Manual (NIPCM) in Wales.

SICPs applied to the special procedure context have been adapted from this manual in some of the sections.

Chapter 1 Standard Infection Control Precautions (SICPs) - Public Health Wales (nhs.wales)

Some special procedures will have an increased element of risk and IP&C requirements will need to be in proportion to the risk identified.

The application of SICPs will be determined by:

- The task involved, including the extent and depth of injury caused to the skin and duration of the procedure.
- Degree of interaction with the client (e.g. brief, close contact versus prolonged close contact).
- Anticipated contact with blood and body fluid during the procedure and degree of exposure.
- The complexity of the device or instrument used to perform the procedure and its subsequent decontamination (cleaning and sterilization)

- The contents of this guidance should complement the mandatory Level 2 IP&C training regulated by the Royal Society of Public Health; it is not a replacement for the training. See link below for details and options for access to the available course.

 RSPH | Level 2 Award in Infection Prevention and Control for Special Procedures Practitioners

2.2 Microorganisms associated with infection and special procedures

The common infectious agents (microorganisms) that are associated with special procedures include bacteria e.g. mycobacteria, *staphylococci*, *streptococci* and *pseudomonas,* viruses including those blood borne (Hepatitis B, C and HIV) and fungi.

During a special procedure infection can be introduced from two mechanisms:

1. Microorganisms live naturally on the skin and only cause a problem when the skin barrier is broken through piercing and puncturing of the skin. This includes infections with bacteria such as *streptococci, staphylococci,* and *pseudomonas.*

2. Microorganisms that do not live on the skin can be introduced during the procedure through contaminated hands, including gloved hands and by tools or equipment. This includes transmission through equipment contaminated with blood-borne viruses if not sterilised properly or reuse of single-use items.

2.3 Antibiotic resistance and "superbugs"

Preventing infection through application of SICPs is crucial. The overuse and inappropriate use of antibiotics means that they are becoming less effective leading to the emergence of "superbugs". This is where certain strains of bacteria have developed resistance to some or all antibiotics meaning that infections become more difficult to treat. Infections post procedure can range from superficial (surface) to deep seated (deeper level) skin infections or sepsis involving the body's tissue and organs. It should also be noted that all antibiotics can cause side-effects and therefore avoiding the need for antibiotics through effective application of SICPs is key. Antibiotics can also harm the good bacteria in the gut and should only be taken when needed and as prescribed and advised by a healthcare provider.

2.4 Microorganisms and the chain of infection

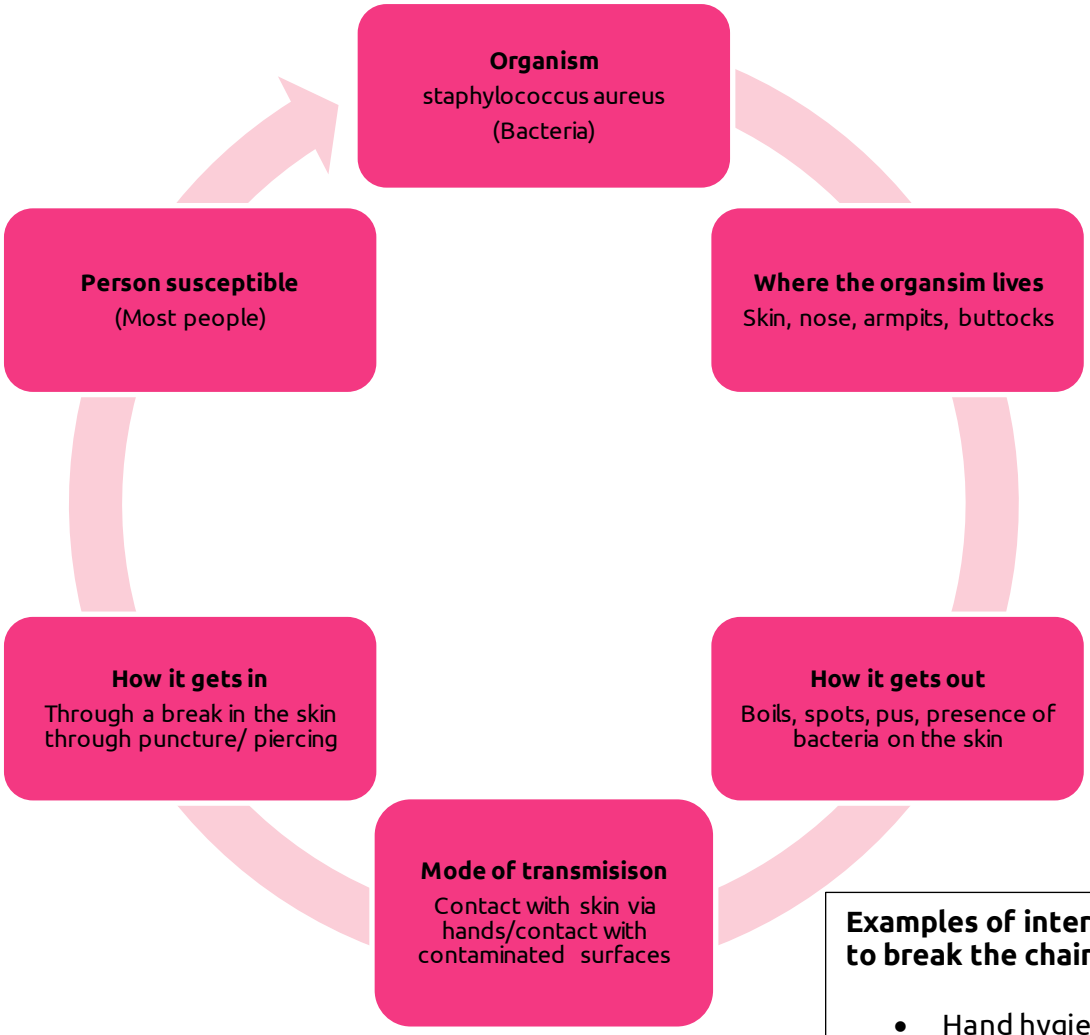
The aims of infection prevention and control are to apply the Standard Infection Prevention and Control Precautions outlined above to interrupt potential transmission and safeguard the client and practitioner.

As mentioned, the skin is an organ and is the key barrier to prevent microorganisms entering the body, once the skin is broken, microorganisms can enter and cause infection. Each of the special procedures involve piercing the skin and therefore *every* procedure carries a potential risk of infection.

The spread of disease involves a chain of six steps, starting with an infectious agent, how it spreads from the source and how it infects another person. There are six links in the chain and the way to stop transmission is to interrupt the links. Breaking the chain may include hand hygiene, cleaning the environment, sterilising equipment or utilising single use items.

The following diagrams (2.4.1 and 2.4.2) give examples of the chain of infection for several organisms and how they can be avoided by breaking the links in the chain.

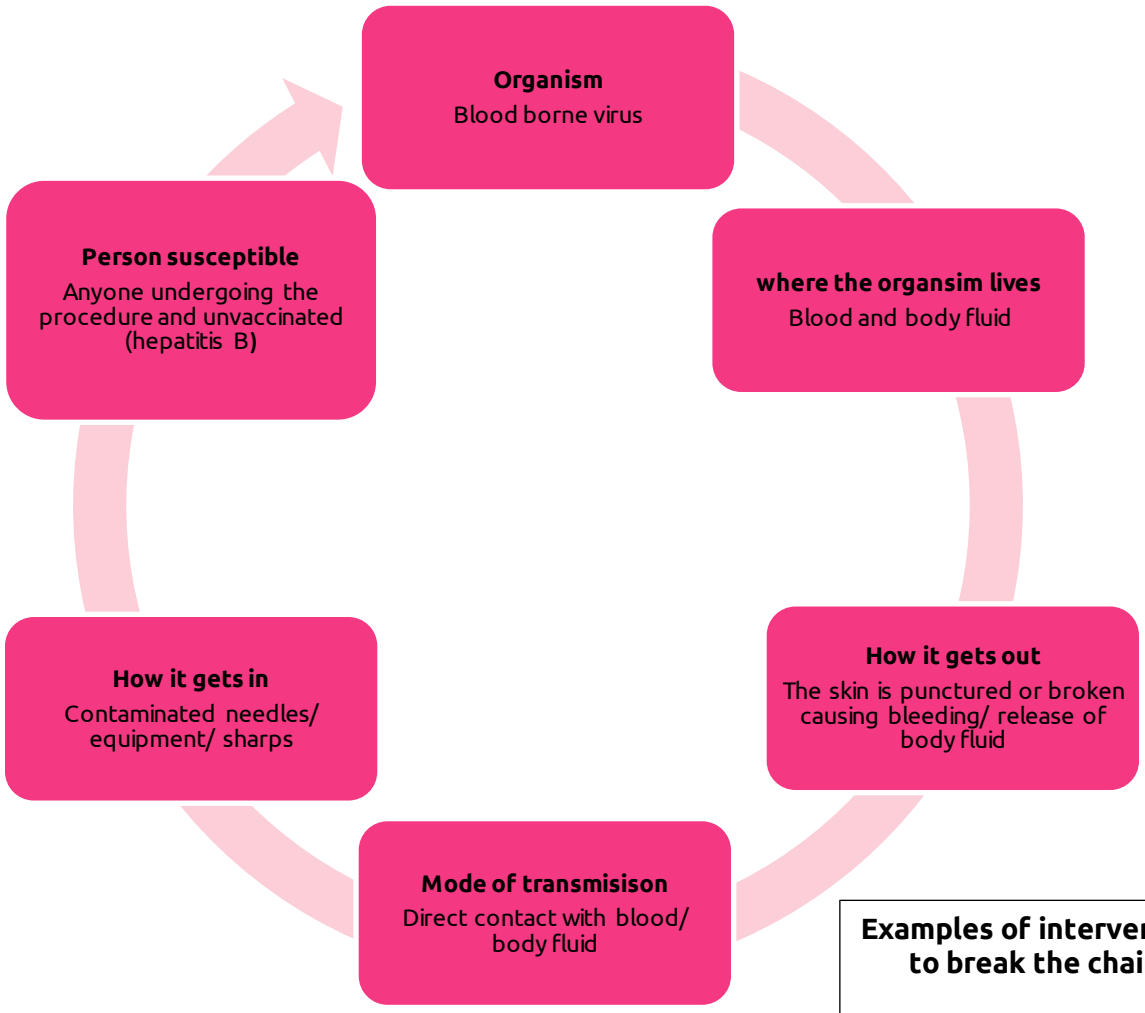
2.4.1 An example of the chain of infection associated with *Staphylococcus aureus (bacteria* that live on the skin and mucous membranes)



Examples of interventions to break the chain:

- Hand hygiene
- Covering wounds on hands
- Cleaning and disinfecting equipment
- Cleaning surfaces and the environment

2.4.2 An example of the chain of infection associated with Hepatitis B / Hepatitis C virus or HIV (blood borne viruses)



Examples of interventions to break the chain:

- Glove and appropriate PPE use for all blood and body fluid contact.
- Safe needle and sharps practice to avoid injury.
- Sterilisation of equipment in contact with blood/ tissue.
- Single use items (e.g. needles).
- Covering of wounds
- Hepatitis B vaccine.

3. Increases in the number of infections or possible outbreak, what you should do

If a practitioner notices that there are [4]*increased numbers of infections associated with their premises, they should ensure that all clients affected have visited their GP for any medical advice or treatment.

The practitioner should contact their local authority lead officer/ local health protection team, details of how to contact are on the link below:

AWARe/ Health Protection Team - Public Health Wales (nhs.wales)

Local Authority officers will be able to review the situation and continue to support the practitioner if an outbreak is confirmed. [3]

The following sections cover the standard infection prevention and control precautions (SICPs) that apply to special procedures, these are the infection prevention and control measures necessary to reduce the risk of transmission of infectious agents.

The following sections relate to the conditions in Schedule 3, Regulation 7 (3) The Special Procedure Licences (Wales) Regulations 2024:

Condition 5: Safety and hygiene practices of the licence holder
Schedule 4, Regulation 7(4) Acupuncture The Special Procedure Licences (Wales) Regulations 2024 Condition 2

[3] *An outbreak is defined as two or more clients with an infection linked to the special procedure within a specified time frame and at the same premises

4. Hand hygiene for practitioners

The following sections relate to the conditions in Schedule 3, Regulation 7 (3) The Special Procedure Licences (Wales) Regulations 2024:

Condition 5: Safety and hygiene practices of the licence holder
Schedule 4, Regulation 7(4) Acupuncture The Special Procedure Licences (Wales) Regulations 2024 Condition 2

 Hand hygiene is considered the most effective measure to reduce transmission of infectious microorganisms which cause infection. There are two methods that can be used:

Method[4]	When to use
1. Liquid Soap and water	When hands are visibly dirty When hands are potentially contaminated with blood, body fluids or non-intact skin or mucous membranes (e.g. nose or mouth)
2. Alcohol based hand rub	In all other circumstances

The detergent properties of soap enable the physical removal of microorganisms on the hands picked up during the day along with dirt and organic matter.

Fingernails should be clean and nail accessories and polishes should not be worn. Acrylic nails harbour more bacteria than natural nails and hand gel nails may be more difficult to clean. The burden of bacteria increases with time under nails and there is also the risk of glove puncture with nail accessories.

Rings and hand jewellery can also harbour bacteria, jewellery with stones or irregularly shaped have the potential to tear gloves.

A single band ring can be worn but all jewellery and watches should be removed in order to wash hands properly.

When to perform hand hygiene:

- Before touching the client
- Before performing the procedure

[4] Source: NIPCM (Wales)

- After performing the procedure
- Immediately after contact with blood, body fluids and non-intact skin

Other situations when hand hygiene should be performed:

- Before and after eating
- After going to the toilet
- Prior to setting up the workstation and gathering equipment and instruments
- After handling instruments that have been used during the procedure

Hand hygiene should also be used *immediately* before gloves are put on and performed *immediately* when gloves are removed.

4.1 How to perform hand washing

Wash hand basins are only to be used for hand hygiene and not for the cleaning of equipment or the disposal of waste or liquids including wastewater from cleaning, otherwise this will lead to contamination of the wash hand basin.

Before performing hand washing with soap and water:

- Ensure the forearms are exposed to allow the hands and wrists to be cleaned.
- Remove jewellery and watches (a single band ring is acceptable).
- Fingernails should be clean and short and free from extensions and nail decoration.
- Cuts and abrasions should be covered with an adhesive waterproof dressing.

The steps to hand hygiene with soap and water

1. Wet hands with warm running water.
2. Apply liquid soap from a dispenser to cover all hand surfaces.
3. The hands should be rubbed together paying attention to the fingertips, thumbs and in between the fingers. The total time it takes for hand hygiene is 15 to 30 seconds.

4. Hands should be rinsed with running warm water (hot water can increase the risk of dermatitis)

5. Hands should be dried thoroughly with paper towels from a wall-mounted dispenser, this is the preferred method for hand drying.

6. Hands should not be used to turn off taps to avoid contamination, this can be achieved via elbows/ foot operated or by use of a single use paper towel to turn off the tap.

7. Paper towels should then be disposed of in a pedal operated bin and not reused.

Please see posters on hand hygiene technique in the appendix 14.3 and 14.4

4.2 Alcohol-based hand rubs and aftercare

Alcohol hand rubs are not a substitute for hand washing with liquid soap and water. Alcohol-based hand rubs should contain 62-90% alcohol by volume to be effective.

- Where there is no contact with blood and body fluids and hands are not visibly dirty, alcohol hand rubs may be used following manufacturer's instructions for the volume needed and duration of rubbing.

- BS EN numbers on the product label will outline the testing of products against a range of organisms and should include activity against bacteria, viruses, fungi and yeasts.

Tubes and pots should be individual use and not shared to prevent cross contamination.

Tubes and pots should be disposed of following manufacturer's instructions.

For any concerns around dermatitis, the practitioner should contact their GP.

Hand creams/ emollients should be applied to the hands to protect them from drying.

4.3 Wash hand basins (WHBs) in the special procedure work area

The following sections relate to the conditions in Schedule 3, Regulation 11 (2) The Special Procedures Approved Premises and Vehicles (Wales) Regulations 2024:

Condition 3: Matters relating to display of notices and restricted access.
Condition 4: Design, structure and physical environment.

There must be at least one readily accessible WHB located in the Special Procedure Work Area (SPWA) dedicated for hand hygiene. The number of WHBs in the SPWA will be dependent on the number of workstations and the ability of practitioners to have ready access to the basin without

presenting an increased risk of cross-contamination or compromising the dirty to clean workflow. See section on design and structure here for further information.

Wash hand basins (WHBs) play a vital role in infection prevention and control and can be a source of transmission where there is potential of splash contaminating surfaces. Using the WHB for wastewater/ liquids disposal will lead to contamination of the WHB. Bacteria grow in sinks especially around U bends and cannot be removed even by disinfection. Premises should dispose of all wastewater into a separate outlet or dedicated "dirty" sink.

Hand- washing facilities should include:

- A supply of running water (hot and cold or mixed).
- A WHB only used for the purpose of hand washing and not cleaning of equipment/ emptying liquid waste or for drinking water. A bowl of water is not an alternative as hands need to be under running water.
- A WHB should be readily accessible to the workstation and be located in the special procedure work area.
- The WHB should be at least a metre away from the procedure/ treatment site to avoid splash from the sink contaminating surfaces.
- The WHB should not be adjacent to sinks used for cleaning and decontaminating instruments.
- Liquid or foam soap and not bar soap with a supply of paper towels for hand drying. Bar soap will become contaminated.
- Liquid soap should ideally be wall mounted. Alcohol based hand rubs can be available in pump dispensers.
- A wall mounted paper towel dispenser should be in close proximity to the WHB.
- For taps that do not have levers or sensor/foot operated, a paper towel should be used to turn off the tap. The paper towel should be single use and discarded.
- No plugs or overflows which encourage inappropriate use (filling the sink for washing).
- Tap spouts that are off-centre to the plug hole (avoiding splash out that can contaminate surfaces).

When cleaning the WHB, there is a risk of contaminating tap outlets if the same cloth is used to clean the bowl of the WHB and then the tap, a separate cloth should be used.

Antibacterial soaps are not required for hand hygiene and can disturb the normal PH of the skin and natural protection. Hand rubs are an aid to hand washing and should only be used when hands are visibly clean and there has been no contact with blood or body fluids.

4.4 Portable Hand Wash Units

Portable hand wash units should only be used when suitable plumbing is not available.

If portable hand wash units are used, the maintenance regimen needs to be strictly followed as they carry a water borne bacteria risk, especially if they have a spray tap. The manufacturer's instructions must be followed in relation to daily cleaning including draining of the water container, flushing the waste compartment with fresh water, re-filling, purging and wiping the surfaces. The unit will also need to be disinfected as per instructions. There is an infection risk from stagnant water if this is not performed and there needs to be fresh water source for re-filling. Maintenance and service records must be kept demonstrating proper usage for audit and inspection.


A permanent hard plumbed sink would significantly mitigate or remove the risk of contamination.

The following sections relate to preventing the introduction of infection during the special procedure and will cover recommended skin preparation, use of products and the technique used throughout the procedure to avoid contamination.

5. Skin preparation and antisepsis prior to the special procedure

The following sections relate to the conditions in Schedule 3, Regulation 7 (3) of the Special Procedure Licences (Wales) Regulations 2024:

Condition 5: Safety and hygiene practices of the licence holder

Antisepsis is the destruction of microorganisms from the skin by the use of chemical solutions.

The skin of the client needs to be visually inspected prior to the procedure, the skin is an organ and if broken could allow microorganisms to enter and cause an infection.

Prior to the procedure, to remove bacteria from the clients skin it is important to ensure the skin is clean. This will reduce the risk of infection at the site after the procedure. Hand hygiene should be performed prior to putting on gloves immediately before the procedure.

The choice of antiseptic will depend upon any client allergies identified at the client consultation (e.g. chlorhexidine allergy) and other considerations of the procedure such as duration and size of the skin area where the procedure is taking place. The following is recommended:

1. Apply a large alcohol-based single swab sachet of 70% isopropyl alcohol to chemically disinfect the skin area following manufacturer's instructions, this should include the time the antiseptic needs to be in contact with the skin and left to dry in order to work. Do not wipe with a cloth to dry.[5]

2. Alternatively, for longer-lasting antiseptic effects, alcohol-based single use applicators with 2 % chlorhexidine gluconate in 70% alcohol can be considered.[6]

In healthcare, chlorhexidine in alcohol has been shown to be associated with the lowest incidence of surgical site infection when compared to other antiseptics, see the National Institute for Health and Care Excellence (NICE) guidance below:

Overview | Surgical site infections: prevention and treatment | Guidance | NICE

[5] Alcohol on its own, kills a range of bacteria except some spores and some viruses. It breaks protein links but is short acting. Alcohol-based solutions should not be applied to mucous membranes because of the risk of burns.

[6] Chlorhexidine disrupts the cell wall of microorganisms, kills bacteria and has a long duration of actions (6 hours). Various volumes of single-use applicators are available.

The Health and Safety Executive do not recommend the use of phenolic based products as these chemicals were not supported by a biocide review (biocides are chemicals used to control microorganisms) and were deemed inappropriate for skin use.

https://www.hse.gov.uk/biosafety/blood-borne-viruses/methods-of-decontamination.htm

The manufacturer's instructions **MUST** be followed with regards to **warnings** and **precautions** and, in how to apply any antiseptic. Practitioners should check which skin sites to avoid and check flammability of products.

Muti-use spray bottles of skin antiseptic are not recommended as they can become contaminated, and nozzles can be difficult to clean.

If pouring solution into pots, these pots should be single-use only.

5.1 Handling and dispensing products for use on the skin

The following sections relate to the Conditions in Schedule 3, Regulation 7 (3) of the Special Procedure Licences (Wales) Regulations 2024

Condition 5: Safety and hygiene practices of the licence holder
Condition 7: Equipment and instruments

Schedule 5, Regulation 7 (4) Body Piercing
Condition 8

Schedule 7, Regulation 7 (4) Tattooing
Condition 5
Condition 6

Once the skin is prepared, care should be taken to avoid recontamination of the area via contact with the hands, equipment or using opened products such as ointments, creams, and jelly.

- If using carbon copy paper for outlining designs for tattooing, store the paper in a clean and dry environment to avoid contamination by dust.

- For marking the skin, apply single use pencils or clients' own pencils e.g. eyebrow pencils for semi-permanent make-up.

- For marking in cosmetic piercing, a toothpick dipped in a pen/ ink and dotted on the skin area can be used and then the toothpick disposed of (single use) or use a disposable marker that can be given to the client afterwards.

- Creams/ lotions and jelly should be labelled with the date of opening and dispensed into smaller pots for each client using a single-use spatula. Lids should be promptly replaced to avoid becoming contaminated on exposure to the air. Prescribed only, and client applied topical anaesthetic creams must be single person use (not shared amongst other clients).

- Gloves will become contaminated during the procedure by blood and body fluid and touching contaminated surfaces. Gloves should be removed before touching containers of creams and jelly during the procedure.

Once the skin is prepared, it is important that the special procedure process does not provide an opportunity to reintroduce microorganisms, this can be achieved using a non-touch technique throughout. This is described in detail below.

5.2 Aseptic Non-Touch Technique (ANTT®) Framework

Aseptic Non-Touch Technique is a unique practice framework for aseptic technique that is widely used in Wales in health and social care and internationally to protect clients from infection during invasive procedures.

Asepsis is the aim of ANTT, it means keeping the clients procedure 'Key- site' (skin) and the important 'Key-Parts' of the procedure equipment "free from harmful organisms" (See Figures A below and Appendix 14.5).

There are two types of ANTT:

1. Standard-ANTT for less complex practices such as with special procedures

2. Surgical-ANTT for complex procedures like surgery in a hospital

There are two main stages to performing Standard-ANTT

1. Preparation

The risk of harmful microorganisms contaminating the procedure are first minimised by application of standard infection prevention and control precautions.

2. Procedure Technique

During special procedures, it is vital that the prepared skin and the Key-Parts of sterile equipment are not touched directly. This is achieved by:

- Using non-touch technique to not touch procedure 'Key-Parts' (e.g. needles and jewellery).
- Using non-touch technique to not touch 'Key-Sites' (e.g. target skin areas that have been disinfected).

To protect Key-Parts such as needles, they should not be directly touched by hands (including gloved hands) or put onto contaminated surfaces once removed from sterile packaging.

When not in use, Key-Parts should be carefully returned to their recently opened sterile packaging (Micro Critical Aseptic Field). Key-Parts should only come into contact with the prepared skin area (Key-Site).

If the procedure can't be performed without touching the Key-Parts directly, then Surgical-ANTT should be considered. Special procedures are almost always possible using Standard-ANTT for more information including visit the site below.

🔍 www.antt.org

Different special procedures have different characteristics, however, the ANTT principles are the same, and the process is similar for all such procedures as outlined briefly below.

With the ever-presence of harmful microorganisms in mind, the practitioner must ensure a safe workstation and special procedure work area and ensure the bacteria on their hands is first reduced to a minimum. These actions represent an important 'transition' by the practitioner from normal day-to-day working activities, where microorganisms are acquired from touching the environment, to performing an invasive procedure on a client where microorganisms need to be minimised in order to reduce the potential for infection.

Fig A. Example of a set up for a Special Procedure using Standard-ANTT (piercing).

5.2.1 Procedure Preparation

The practitioner must ensure a safe workstation and special procedure work area and ensure the bacteria on their hands is reduced to a minimum.

- Prepare and remove any environmental risk (ensure the area is clean, dry and safe).
- Wash hands, clean and disinfect procedure surfaces and/or procedure trays with appropriate cleaning agents, following manufacturer's instructions for use.
- Whilst surfaces are drying, gather all required equipment and supplies.
- Skin should be clean and disinfected where indicated, using an appropriate skin disinfectant (as described above section on antisepsis).
- Hands should be cleaned (see hand hygiene section) with soap and water or hand rub.
- Non-sterile gloves should be put on to protect the practitioner from potential exposure to blood or body fluids.
- Identify all procedure Key-Parts and Key-Sites, this includes sterile needles and the area around the procedure site.
- Assemble equipment as required.
- All single-use pre sterilised needles, jewellery or instruments must not be placed on an intermediate surface before insertion. The point or shaft of the needle, instrument or jewellery should not come in to contact with anything that is not sterile before use on the client.
- When handling equipment, protect the Key-Part from contamination using non-touch technique.
- When equipment is not being used protect Key-Parts with Micro Critical Aseptic Fields (Typically, the inside of recently opened sterile packaging).
- If hands or gloved hands become contaminated during the procedure, temporarily suspend the procedure and re-clean hands and replace gloves.
- Dispose of all sharps safely in a rigid, yellow container with an orange lid (see waste section).
- Clean and disinfect any re-usable equipment such as procedure trays.
- Disinfect the procedure surface area.

- Remove gloves and clean hands immediately.

5.2.2 Procedure Technique Key points summary

1. Identify all procedure Key-Parts and Key-Sites, this includes sterile needles and the area around the procedure site.
2. Assemble equipment as required.
3. All single-use pre sterilised needles, jewellery or instruments must not be placed on an intermediate surface before insertion. The point or shaft of the needle, instrument or jewellery should not come in to contact with anything that is not sterile before use on the client.
4. When handling equipment, protect the Key-Part from contamination using non-touch technique.
5. When equipment is not being used, protect Key-Parts by carefully returning them to their recently opened sterile packaging.
6. If hands or gloved hands become contaminated during the procedure, temporarily suspend the procedure and re-clean hands and replace gloves.

6. Inks and pigments relating to tattooing and semi-permanent make-up (SPMU)

The following sections relate to the Conditions in Schedule 7, Regulation 7 (4) of the Special Procedure Licences (Wales) Regulations 2024:

Conditions: 7, 8, 9

 Since January 2022, the European Union restricted the use of certain harmful chemicals used in SPMU/ tattoo inks and pigments. Please see the link below for information by the Health and Safety Executive as the agency for UK REACH proposing restrictions on substances in tattoo ink and permanent make-up.

 Agency opinion on the Annex 15 dossier proposing restrictions on substances in tattoo ink and permanent make-up (hse.gov.uk)

Non-sterile water used to dilute inks and pigments or rinse equipment during the procedure can cause contamination with microorganisms leading to infection, most notably worldwide outbreaks of non-tuberculous *Mycobacteria*l skin infection such as *Mycobacterium chelonae*. These infections are very hard to treat requiring prolonged use of antibiotics with side effects for the client. Pre diluted inks and pigments will reduce this risk. Sterile water must be used in all cases of dilution or flushing.

Once sterile containers are opened, sterile water, inks and pigments will become contaminated, this can be minimised by purchasing smaller volumes, labelling with the date of opening and discarding once the shelf-life, after opening, is reached. Inks and pigments should be stored as per manufacturer's instructions.

6.1 Water quality

Water normally contains a handful of impurities, parasites and microorganisms.

 Only sterile water can be trusted to be free from microorganisms (bacteria, fungi, protozoa and spores) and should only be used. Distilled water is water that is boiled, and the steam captured, this process leaves behind some mineral contaminants. Deionized water is produced via ion exchange using resin. It removes salts but cannot remove bacteria or viruses. Therefore, neither is appropriate for use.

 The Difference Between Sterile, Distilled and Deionized Water (theberkey.com)

7. Use of personal protective equipment (PPE) and selection

The following sections relate to the Conditions in the Special Procedure Licences (Wales) Regulations 2024:

Schedule 4 Regulation 7 (4): Acupuncture
Condition 3

Schedule 5, Regulation 7 (4) Body piercing
Conditions 2,3,4

Schedule 6, Regulation 7 (4) Electrolysis
Conditions 2,3

Schedule 7, Regulation 7 (4) Tattooing
Conditions 2,3,4'conditions 2, 3,4 Conditions 2,3,4

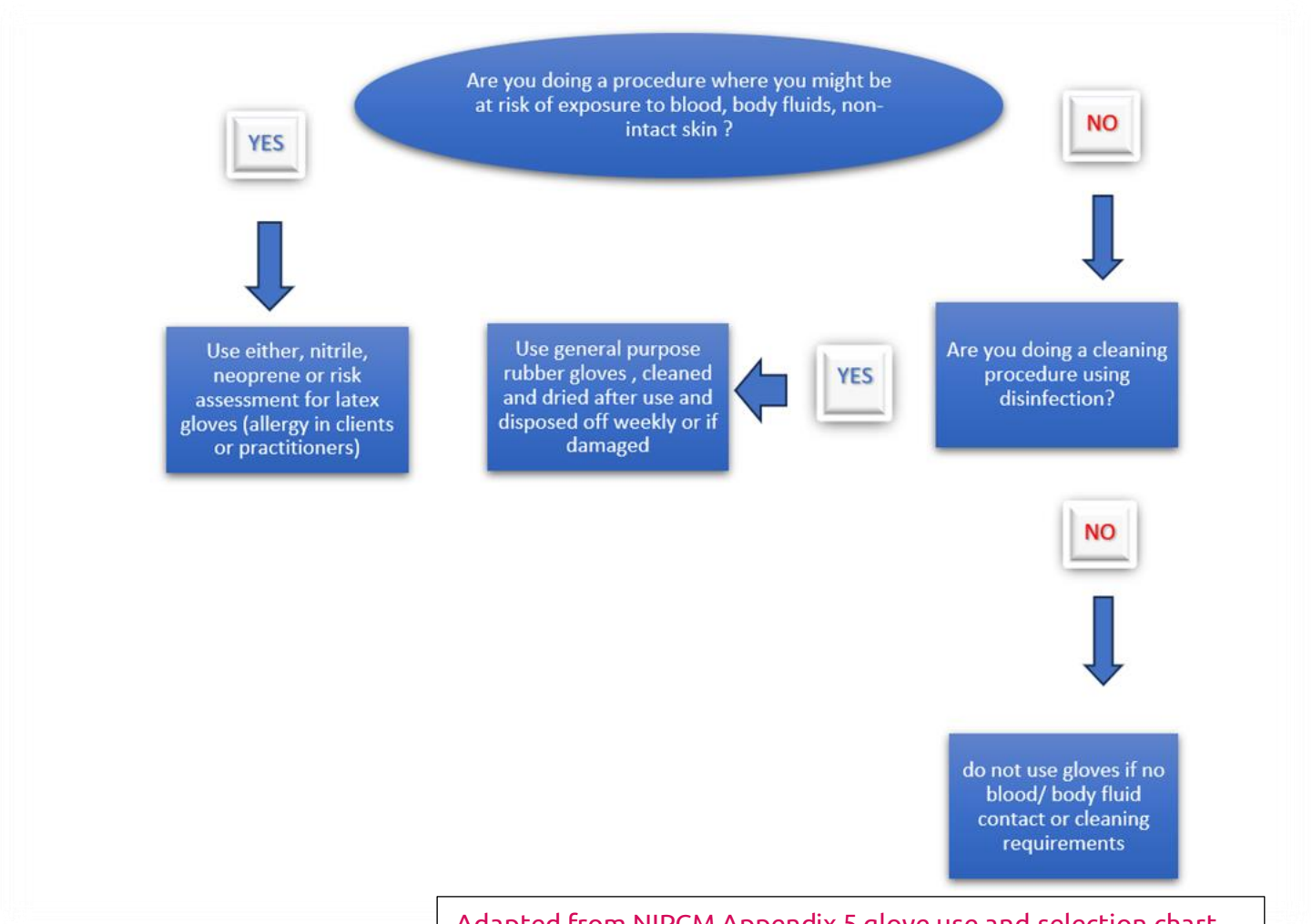
PPE should be used for when there is contact or anticipated contact with blood and body fluid or non-intact skin/ mucous membranes such as the nose/ ear/ mouth/ intimate area.

7.1 Gloves

Well-fitting gloves should be worn where there is exposure to blood, body fluids, non-intact skin, skin lesions, mucous membranes, and chemical cleaning agents (See 7.1.1 below). Polythene gloves are not suitable for any special procedure.

Gloves do not need to be sterile, however Aseptic Non-Touch Technique should be applied to practice when handling sterile items and equipment and performing any special procedure. Remember, gloves are not a substitute for hand hygiene and can be a source of transmission (see section on glove selection for cleaning advice).

7.1.1 Glove selection process



Adapted from NIPCM Appendix 5 glove use and selection chart.

Gloves should be single-use and changed in the following circumstances:

- In between clients
- If torn, damaged or contaminated by sneezing or coughing
- Different procedures on different parts of the body
- Immediately before and after the procedure
- When there is a break in the procedure requiring gloves to be removed i.e. using the toilet/ eating

Gloves do not need to be worn in the following circumstances:

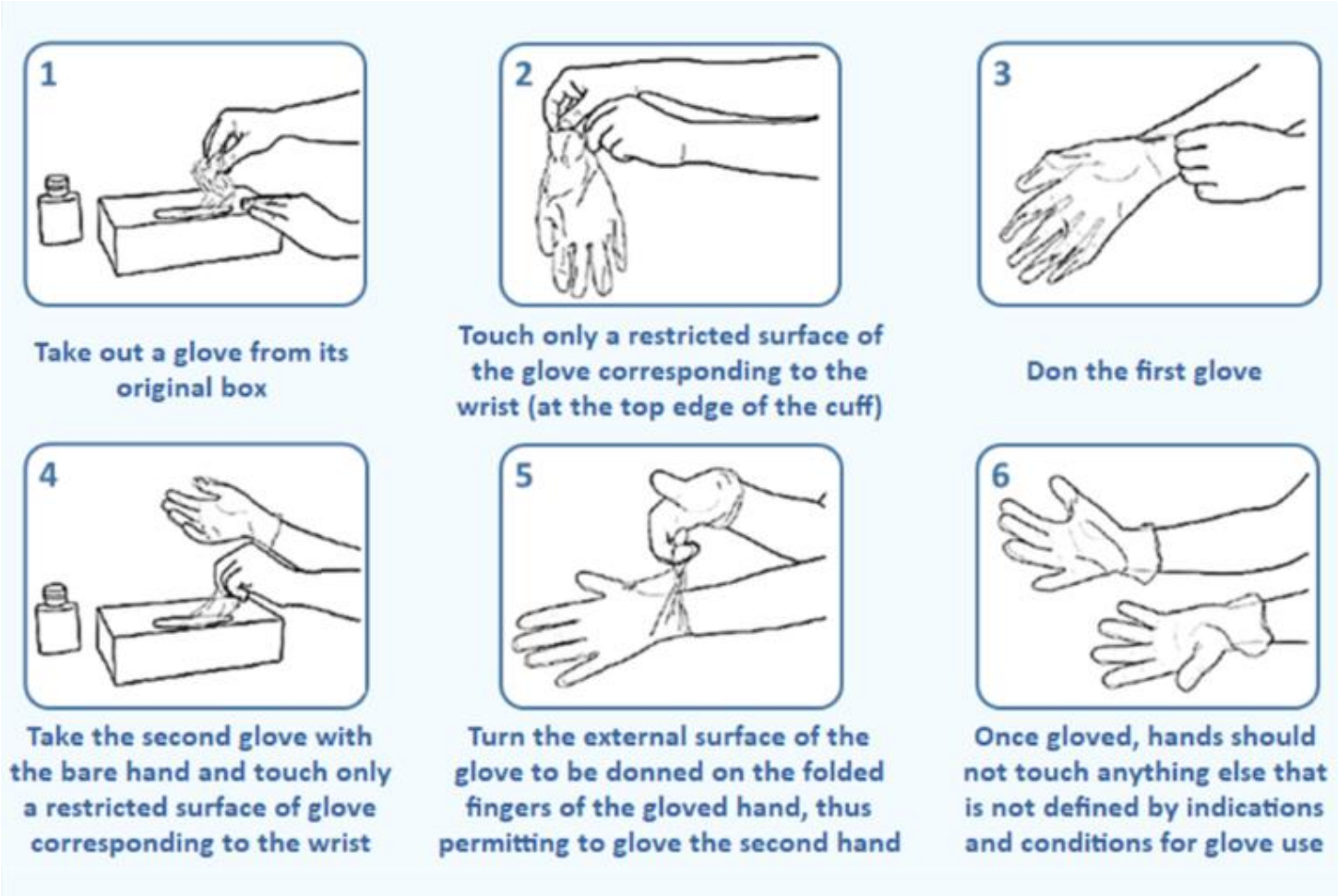
- Where there is not contact or anticipated contact with blood or bodily fluid
- Performing a client consultation (questionnaire), admin tasks, using a computer or devices
- Discussing aftercare advice
- Preparing the workstation
- Walking around the procedure area
- Making beverages

7.1.2 Glove storage

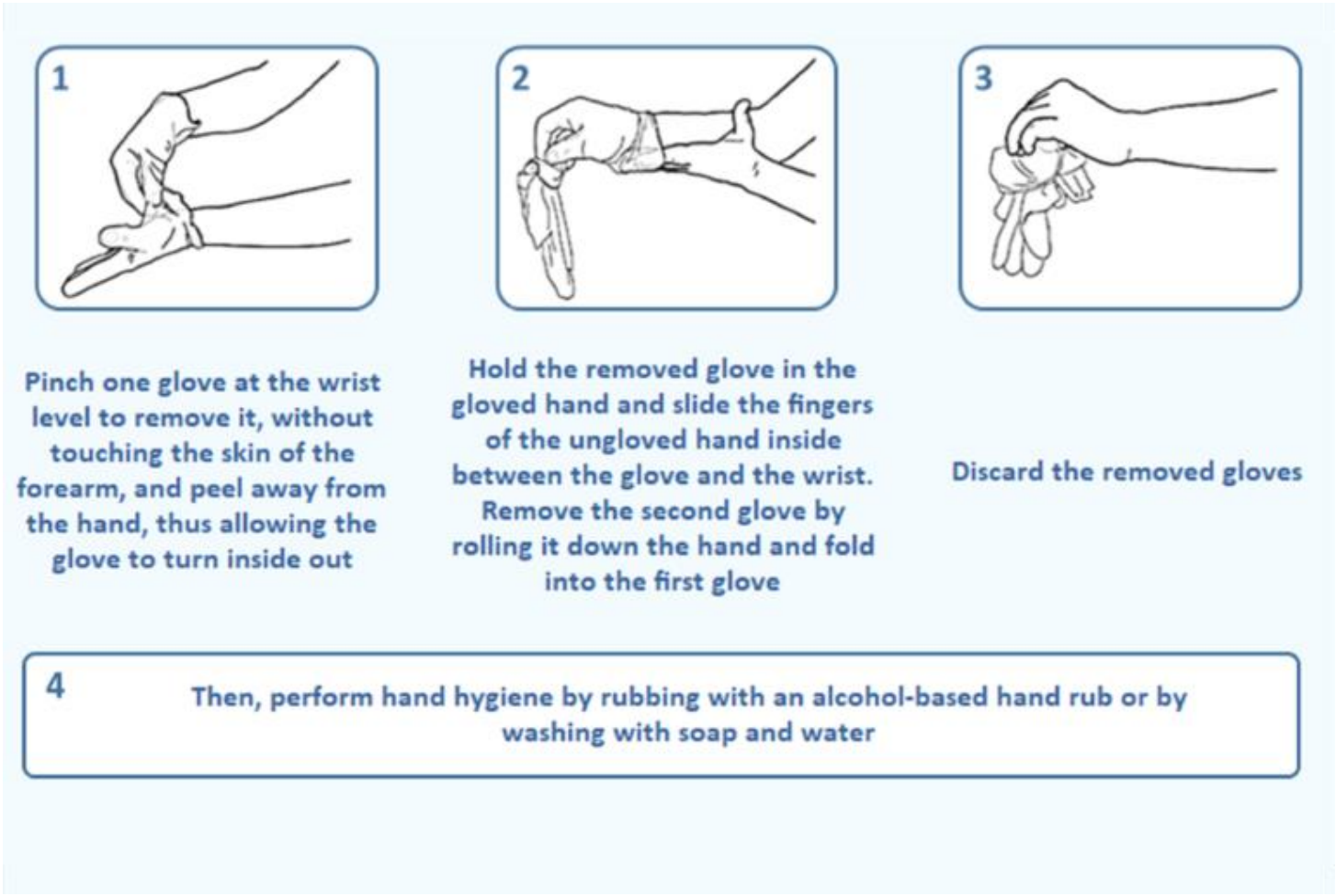
Gloves can become contaminated by the environment or if placed in pockets or left on a surface. All PPE should be stored according to manufacturer's instructions considering the temperature and cleanliness of storage.

 Gloves should only be removed from the glove box when ready to put them on. Hand hygiene should be performed after glove removal. Please see below for steps to putting on gloves (donning) to minimise contamination.

7.1.3 How to put gloves on



7.1.4 How to remove gloves safely to avoid contamination of hands



7.1.5 Latex gloves

Given the risk of allergy in response to the use of natural rubber latex gloves (NRL), the HSE stipulate that disposable latex gloves must be low-protein and powder free following an assessment of potential latex allergy in the client or practitioner. If there is suspicion or confirmed latex allergy, alternative gloves should be worn. Nitrile gloves are used as standard in healthcare settings due to risk of allergy.

It should be noted that nitrile gloves can also cause allergy. For further information on latex gloves, visit the HSE website:

 www.hse.gov.uk/skin/emply/latex-gloves.htm

7.2 Aprons

Clothing or uniform should be clean and protected with an apron if there is anticipated contact with blood and body fluid. This can be from splatter from the procedure or cleaning contaminated equipment or the environment. If there is no risk of blood or body fluid contamination, an apron does not need to be worn.

Clothing contaminated with blood or body fluid should be changed and washed at 65°C if tolerated by the fabric. All linen should be washed at 65°C after use with each client if tolerated following the instructions.

 If an apron is required, it should be:

- Disposable and single use
- Changed in between each client

7.3 Eye protection

Routine use of eye protection is generally not necessary in these settings during the procedure, but if there is a risk of body fluid or blood splash to the face, practitioners can protect themselves by wearing a pair of goggles to protect their eyes or a full-face visor if protection is needed for nose and mouth. Prescription glasses are not adequate protection.

For reusable goggles and visor, these can be washed with detergent and water, rinsed, and stored in a clean dry area or container. They should be washed and dried after each client use.

8. Environmental cleaning

The following sections relate to the Conditions:
Schedule 3, Regulation 7 (3) of the Special Procedure Licences (Wales) Regulations 2024
Condition 5: Safety and hygiene practices of the licence holder
Condition 6: Fixtures and fittings
Condition 7: Equipment and instruments

Schedule 5, Regulation 7 (4) Body Piercing
Condition 9 (g)

Schedule 3, Regulation 11 (2) of the Special Procedures Approved Premises and Vehicles (Wales) Regulations 2024
Condition 4: Design structure and physical environment
Condition 5: Decontamination, cleaning, disinfection, and sterilisation

Schedule 4 Regulation 11(3) of the Special Procedures Approved Premises and Vehicles (Wales) Regulations 2024
Condition 4: Design, structure, and physical environment
Condition 5: Decontamination, cleaning. disinfection and sterilisation

Surfaces, equipment, fixtures, and fittings will become contaminated and then act as a source of transmission of infection usually via hands or shared equipment. They should be impervious and easy to clean. Microorganisms are found in dust and dirt so cleaning and disinfection (when appropriate) and vacuuming can remove or destroy possible harmful microorganisms.

Definitions in the context of environmental cleaning:

Cleaning: A process to remove dirt, residue, blood and body fluids and microorganisms to acceptable levels through physical "friction" with detergent and water. Must precede disinfection as some disinfectants are inactivated by organic matter (dirt/ blood/ body fluid).

Disinfection: A process to reduce or eliminate harmful microorganisms using a chemical agent

8.1 Suggested Cleaning frequency

The special procedures work area needs to have a freshly made, daily supply of detergent and disinfectant, for example, fresh bleach containing minimum 1,000 parts per million available chlorine or equivalent for disinfection of the environment. Routine disinfection is not required for all areas other than sanitary fittings (toilet areas) unless there is known contamination or visible blood or body fluid.

Cleaning can be difficult to undertake with soft furnishings that are near the special procedure work area and should be avoided. Any damaged surfaces should be repaired or replaced as they can harbour harmful microorganisms. All furniture should be impervious to fluid.

If required, the disinfectant should be compatible with the covering and manufacturer's cleaning instructions. Any coverings of equipment should be carefully removed to avoid the spray generated and re-contaminating surfaces. Surfaces will still need cleaning if covered.

Surface	Frequency	Cleaning Agent
[7]*Client treatment couch/ chair/ bench	After each client use	Water and detergent
[7]*Treatment trolleys	After each client use	Water and detergent
[7]*Handles/ doors/ rails (Frequent and high touch points)	Twice daily unless visibly contaminated	Water and detergent
Wash hand basin (WHB) & wall attached dispensers	Minimum daily or when visibly soiled	Water and detergent Use disinfectant for visible contamination with blood/ body fluid
Toilet/ sanitary items / dispensers	Daily unless visibly contaminated	Water and detergent followed by disinfectant
[7]*Floors	Daily and if visibly contaminated	Water and detergent
[7]*Ceilings/ Walls	If visibly dirty	Water and detergent
[7]*Mirrors	Weekly	Water and detergent

Detergent wipes or detergent plus disinfectant wipes are alternatives and manufacturer's instructions for use must be followed.

[7] * Disinfection should follow cleaning with detergent and water if any surface has become contaminated with blood or body fluid.

8.2 Use of cleaning products and equipment

As with all substances the requirement of all Health and Safety legislation should be followed in addition to manufacturer's instructions for safe practice.

General purpose neutral detergent and warm water is recommended for routine cleaning.

Disinfectants do not act instantly and need a "contact time", this is the time that the disinfectant needs to be left on the surface to work and should be less than 5 minutes. Drying should not be hastened by wiping with a cloth as this will prevent the disinfection from working.

The manufacturer's instructions should be followed in relation to dose (amount to use), contact time, coverage and method including time for drying.

The product should have a test data sheet and COSHH safety sheet, further guidance on regulations and chemical safety can be found in the link below:

Control of substances hazardous to health (Sixth edition) - L5 (hse.gov.uk)

When choosing a disinfectant for cleaning ensure that it will work against viruses, bacteria and fungi. The product chosen should have been tested according to British and European (EN) standards for each organism, the standard EN numbers are displayed on the product label:

- BS EN 1276 = indicates antibacterial activity
- BS EN 14476 = indicates virucidal activity (enveloped and non-enveloped Viruses)
- BS EN 13624/1650 = fungal spore activity

Key considerations for cleaning

- Solutions should be made and used in accordance with manufacturer's instructions and the date and time the solution was made noted. For example, chlorine-based solutions need to be disposed of after 24 hours and should not be prepared with hot water. *Products should not be mixed together unless this is specified by the manufacturer.*
- The manufacturer's recommended contact times should be followed.
- Disinfectants should be used for sanitary fittings such as toilet and basins.
- Equipment used for cleaning should be stored clean and dry.

- Mop buckets should be washed with detergent and dried with paper towels and stored upside down. Disinfect if the bucket has been used for blood/ body fluids.

8.3 Cleaning procedure

Personal protective equipment should be used for cleaning purposes to protect the wearer such as general-purpose gloves and aprons to protect clothing. Assess the level of splash to decide if facial protection is needed. The following should be considered as demonstrated in Figure D below.

- The direction of cleaning should be from top to bottom and clean to dirty.

- Cleaning flow should use an "S" shaped pattern, beginning at the furthest point, overlapping slightly but not going over the same area twice this ensures that wiping is in one direction avoiding contaminating the parts of the surface that has been already cleaned. It also ensures that the whole of the surface is cleaned.

- A fresh solution of water and detergent should be made daily and changed when visibly dirty and if moving to a new location/ room.

- Some bacteria can grow in disinfectants and should also be made every day.

- Separate cleaning equipment should be used for the treatment/ procedure area, decontamination area and toilets.

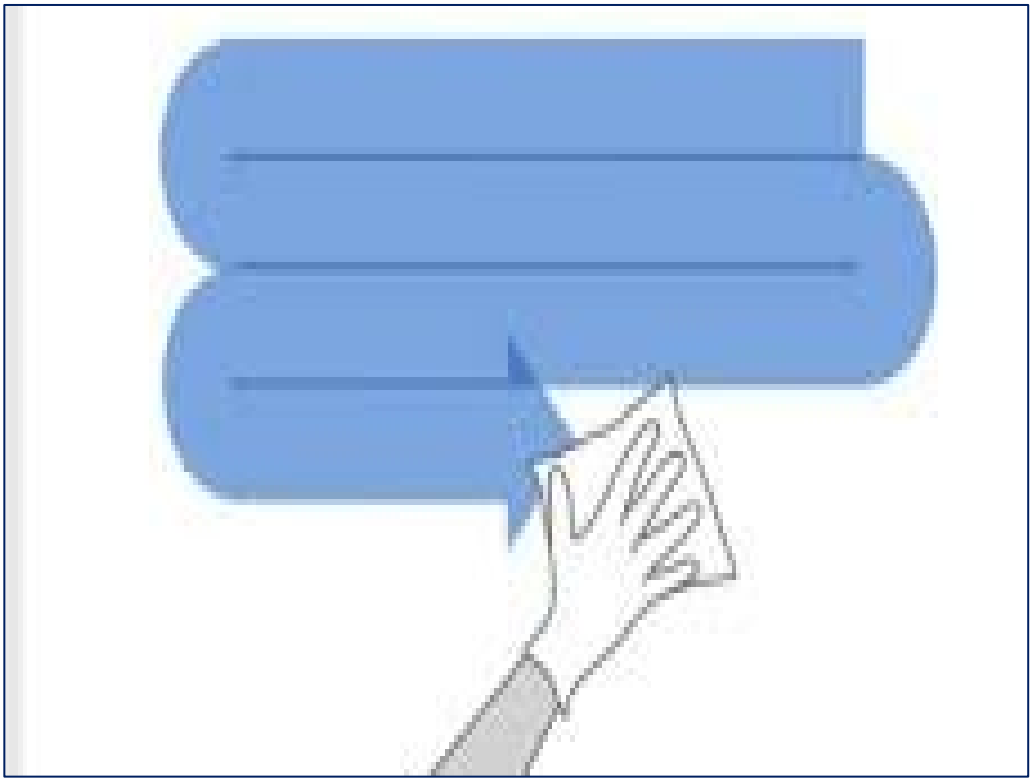
- High touch surfaces such as door handles should be cleaned on a frequent basis (e.g. after each client).

- Cloths and wipes/ mop heads can also cause re contamination and should be either single use or amenable to washing and disinfection according to manufacturer's instructions.

- Flooring should be cleaned and/ or disinfected last.

- Areas should be checked post cleaning to assess for any damage and cleanliness.

Figure D



Source: GAMA healthcare

8.4 **Spillages of blood and body fluid (e.g. vomit and urine)**

Although there is a low risk of spillages in the setting, spill kits are available and recommended which contain detergent/chlorine granules and disposable personal protective equipment to manage blood and body fluid spills. Manufacturer's instructions should be followed depending upon whether the spill is blood or body fluid (vomit or urine).

Chlorine based disinfectants can release toxic gas if directly used on urine and vomit or if mixing with hot water, so this risk can be mitigated by using paper towels initially to mop up the spill or using non-chlorine-based disinfectant. The area can then be cleaned with detergent and water and then disinfectant.

The main blood borne viruses (BBVs) of concern are hepatitis B, hepatitis C, hepatitis D and HIV. Body fluids are low risk of BBVs unless they are contaminated with blood.

Correct PPE should be worn to protect the wearer (single use gloves, aprons) and eye protection should be considered. The expiry date of the spill kits should be monitored.

9. Design, structure, and physical environment

The following sections relate to the conditions in Schedule 3 Regulation 11(2) of the Special Procedures Approved Premises and Vehicles (Wales) Regulations 2024
Condition 1: General
Condition 3: Matters relating to display of notices and restricted access
Condition 4: Design, structure and physical environment

Schedule 4 Regulation 11(3) of the Special Procedures Approved Premises and Vehicles (Wales) Regulations 2024
Condition 1: General
Condition 3: Matters relating to displaying of notices and restricted access
Condition 4: Design, structure and physical environment

9.1 Ventilation & lighting

Premises should be in a good state of repair with adequate lighting for the tasks to be undertaken and ventilation. The purpose of ventilation is to bring in fresh air from outside and remove indoor air. This helps to remove odours and harmful substances (chemical cleaning agents) and to reduce contaminants/ microorganisms in the air through dilution. Ventilation can be achieved through natural or mechanical means. Indications for poor ventilation in the work area is a feeling of "stuffiness" and odour.

Under regulation 6 of the Workplace Health, Safety and Welfare regulations 1992, employers must ensure that every enclosed workplace is ventilated by a sufficient quantity of fresh or purified air.

Further information can be found at the HSE website:

 https://www.hse.gov.uk/ventilation/overview.htm

Natural ventilation can be achieved though manually opening windows (with fly screens) doors and trickle ventilation slots to let fresh air in. Opening windows for 10 mins per hour, even in cold weather, will improve and air rooms. However, to achieve this, the outside air needs to be "clean", for example if the window opens out to bins or construction site, this would not be deemed clean. Consideration should also be given to any special procedure workstations and adjoining rooms with windows such as toilets.

Mechanical ventilation uses fans to move the air into and out of rooms, larger buildings may use ducts and fans to blow in clean air and extract stale air.

The design and layout of rooms may need to be reconfigured or mechanical ventilation considered where natural ventilation is not possible.

Respiratory and cough hygiene can be encouraged and adopted by practitioners and clients:

 Covering the nose and mouth with disposable tissues when sneezing or coughing and providing a bag or waste bin for disposal to prevent air contamination.

9.2 Definitions: The Special Procedures Work Area (SPWA)

The workstation must have sufficient space to enable the safe and hygienic performance of the special procedure.

Workstations will be variable in size depending on the special procedure being performed and composition of the workstation. For example, some workstations will not have a chair for the license holder to use, the size of the work surface will depend on the amount of equipment used and the type of client chair or bed could also vary in size.

To ensure that the special procedure is performed safely and hygienically, there should be at least one metre space between the perimeter of the workstation and (a) another workstation and (b) other fixtures and fittings. This measurement will mitigate the risk of cross infection and facilitate a dirty to clean workflow.

The Special Procedure Work Area must accommodate the workstation/s and facilities for the clean storage of equipment, instruments and products used for or in conjunction with special procedures to prevent the risk of contamination.

A SPWA contains workstations. The number of workstations that can be located in a SPWA will be dependent on the size, shape and structure of the SPWA.

The following matters should be taken into consideration when deciding how many workstations can be accommodated in the SPWA and where they should be located:

- The minimum distance of 1 metre space from the perimeter of each workstation
- The number and location of workstations enables a ‘dirty to clean’ workflow and do not permit cross over
- The number of workstations permit effective cleaning and disinfection of all areas of the SPWA
- There is ready access from the workstations to the wash hand basin/s

9.3 Food and Drink

The following sections relate to the Conditions in Schedule 3, Regulation 7 (3) of the Special Procedure Licences (Wales) Regulations 2024
Condition 5, Safety and hygiene practices of the licence holder.

The practitioner must not consume food and drink in the special procedure work area as it may have contact with contaminated surfaces or equipment. However, in certain circumstances food and drink is permitted for the client where they have medical needs such as diabetes. Practitioners with medical needs should be able to take a break in the procedure in order to eat and drink in another room/ space.

9.4 Animals

The following sections relate to the Conditions in Schedule 3, Regulation 7 (3) of the Special Procedure Licences (Wales) Regulations 2024
Condition 5, Safety and hygiene practices of the licence holder

Schedule 3, Regulation 11 (2) of the Special Procedures Approved Premises and Vehicles (Wales) Regulations 2024
Condition 3: Matters relating to display of notices and restricted access

Schedule 4 Regulation 11(3) of the Special Procedures Approved Premises and Vehicles (Wales) Regulations 2024
Condition 3: Matters relating to displaying of notices and restricted access

Only assistance dogs that are registered and trained should be allowed in the premises where procedures are undertaken. This is to prevent dogs spreading infection through contamination of the environment or hands. Other pets and animals including reptiles should not be allowed into the special procedure work area (SPWA) in any premises. Salmonella bacteria are easily spread from reptiles to humans.

10. Waste management including sharps

The following sections relate to the Conditions:
Schedule 3 Regulation 7 (3) of the Special Procedure Licences (Wales) Regulations 2024
Condition 8: Waste

Schedule 3 Regulation 11 (2) of the Special Procedures Approved Premises and Vehicles (Wales) Regulations 2024
Condition 6: Waste including sharps

Schedule 4 Regulation 11(3) of the Special Procedures Approved Premises and Vehicles (Wales) Regulations 2024
Condition 6: Waste including sharps

10.1 Municipal waste regulations

Waste generated from non-health activities, for example sharps and related wastes from all special procedures are regulated under the Waste separation Requirements (Wales) Regulations 2023 for the purposes of section 45AA of the Environmental Protection Act (1990). Safe disposal of waste is the legal responsibility of all practitioners and managers.

The Waste (England and Wales) Regulations 2011, stipulate that the producer of waste must sign a declaration describing the waste for collection. The regulators for the duty of care: Code of Practice for Waste in Wales are Natural Resources Wales (NRW) and local authorities. The duty of care sets out responsibilities for anyone who produces and disposes of waste and what is illegal.

Waste duty of care: code of practice (accessible version) - GOV.UK (www.gov.uk)

Further information on recycling can be found on the link, appropriate separation of waste will limit the negative impact on the environment and reduce costs of unnecessary treatment:

Separate Collection of Waste Materials for Recycling: A Code of Practice for Wales (gov.wales)

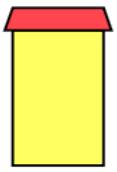
Technical information (Welsh Health Technical Manual 07-01) including classification of waste can be accessed on the link below, key areas from this document have been applied in this section for ease of reading.

nwssp.nhs.wales/ourservices/specialist-estates-services/specialist-estates-services-documents/whtms-library/whtm-07-01-safe-management-of-healthcare-waste-pdf/

Waste is classified under the EWC (colour coded European Waste Catalogue) regulations in England and Wales and require producers to describe their waste using the appropriate EWC code when transferring waste off the premises. This is to communicate the type of waste to handlers and contractors so it can be disposed of appropriately.

10.2 Waste classification (European Waste Codes)

The codes and colours in the table apply to the different “waste streams” (how waste is dealt with) that should be use for all the special procedures.

Waste stream	Description /EWC codes	Colour
Domestic (municipal waste)	Waste excluding recyclable components such as paper, cans and food which should be segregated. 20 03 01	 Black
Offensive	Hygiene waste including waste contaminated with blood/ body fluids such as gloves, aprons, dressings. 18 01 04/ 18 02 03	 Yellow/black
Sharps	Non-medicinally contaminated sharps 20 01 99	 Orange Lid. *Check with contractor the colour of the rigid box as this may be yellow or grey (recycled material)*

All non-sharps waste is considered non-infectious (not coming from a client with an infection). This type of waste includes gloves, aprons and gauze/ dressings contaminated with blood or body fluids during the procedure and is considered “offensive” waste (usually yellow/black bag).

Sharps waste, if not contaminated with medicinal products, should be disposed of in a standard compliant yellow or grey sharps bin with an orange lid. The container must comply with UN 3291 and BS7320 standards.

Licence holders should not share sharps bins with practitioners who administer Botox injections. Botox is classified as cytostatic and sharps should be disposed of in a purple lidded sharps bin.

10.3 Waste handling standards

- All waste bins should have lids to avoid spillage and be foot operated to avoid contaminating hands
- Containers and bins should be clearly labelled with your company/ business details and identify the waste within, this is also for tracing if there is a needlestick injury during transfer out of the premises.
- “Infectious” waste bags (usually orange) should not be used or dental sharps bins as they are not appropriate in this setting.
- The correct size of the bin should be selected based on usage.
- Bags and bins should be securely closed once they are ¾ full.
- Handlers should wear appropriate PPE (gloves and aprons as a minimum) to protect themselves.

10.4 Sharps waste

Sharps' are needles, or other instruments that are necessary for carrying out special procedure work and could cause an injury by cutting or puncturing or perforating the skin.

- Sharps bins should not be stored on the floor to prevent them being accidentally kicked over spilling sharps onto the floor. They should be out of reach by members of the public.
- The temporary closure device should always be used.
- Sharps bins should not be shaken, or contents pushed down to make room. Once the fill line is reached they should be closed.
- Sharps bins are available in various sizes and the most appropriate size selected on use and amount of sharps generated.
- Disposal of the sharps is the responsibility of the user; needles should never be placed in waste bags (yellow/ black offensive or black waste bag).

10.5 Storage of waste

There should be a dedicated area to store waste waiting collection, waste should be labelled and dated. The area should be secure and lockable to guard against misuse, protected from vermin and water. The area should also be accessible to be cleaned.

11. Occupational Health for practitioners

The following sections relate to the conditions in Schedule 3, Regulation 7 (3) of the Special Procedure Licences (Wales) Regulations 2024
Condition 4: Record keeping

11.1 Needlestick injury

If the practitioner is injured by a used sharp, including needles (penetration of the skin/ inoculation) guidance should be followed in the Health and Safety Link below:

Heath and social care services - Sharps injuries (hse.gov.uk)

For needlestick / sharps injuries

- Encourage the wound to gently bleed under running water.
- Wash the area with running water and soap.
- Avoid scrubbing the wound.
- Dry the area and cover with a waterproof dressing or plaster.
- Never suck the wound area.
- Seek medical attention immediately (within 1 hour of the injury) by attending the nearest Emergency Department to decide and discuss the need for preventative medication depending upon the assessment of risk.
- Document the incident in your incident records.

The main risk of a sharps injury is the exposure to a blood borne viruses (BBV) this occurs when a sharp is contaminated with blood or body fluid from a client who may have a BBV:

- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Human immunodeficiency Virus (HIV)

There is a higher risk with hollow bore needles.

11.2 Actions following a splash or inoculation injury

For splashes to eyes, nose or mouth:

Rinse the area with warm running water to dilute/ flush away the contaminant. For the mouth, spit out any blood or body fluid and continue to rinse the mouth with drinking water.

11.3 Hepatitis B vaccination[8]

Transmission can occur through a needlestick/ sharps injury. Workers who are at an increased, work-based risk of injury from blood-contaminated sharp instruments are recommended to have the vaccine for prevention of Hepatitis B.

Three separate vaccines are generally required via injection in the upper arm over a period of six months. The World Health Organisation (WHO) does not recommend any further boosters (vaccines). In the event of a subsequent needlestick injury, the area should be washed, and medical advice should be sought as described above.

Access to the HBV vaccine differs across Wales. Practitioners can start with their GP and see if they provide the service, or the GP may be able to refer to another Practice. Alternatively, some Highstreet Pharmacies and Travel Clinics may offer the vaccine which will be at a cost for each vaccine given.

It is advisable to have a blood test 2-3 months following the course to check that you have immunity, the test will look at the antibody levels in your blood to check that your body is able to fight the Hepatitis virus infection if you are exposed. Your GP can advise on how this might be achieved.

Very rarely, some people do not respond to the course of vaccines and have very low levels of antibodies. The GP will then advise on the course of action. Further updated information can be found in the link below.

 Hepatitis B: the green book, chapter 18 - GOV.UK (www.gov.uk)

11.4 Other infections

If practitioners have diarrhoea or vomiting, they should not be working while they have symptoms and should only return to work 48 hours after symptoms have stopped. For respiratory infections, practitioners can return to work when they no longer feel unwell. Practitioners should seek national guidance on COVID-19 or other new viruses for the recommended period of isolation.

Practitioners should also avoid performing procedures if they have any open wounds on their hands which are oozing any pus. A waterproof dressing should cover the wound fully and gloves should be worn.

[8] Vaccination is only available against Hepatitis B and it is highly recommended to protect the practitioner.

12. Decontamination and reprocessing of equipment and instruments

The following sections relate to the Conditions:
Schedule 3 Regulation 7 (3) of the Special Procedure Licences (Wales) Regulations 2024
Conditions 7: Equipment and Instruments

Schedule 5 Regulation 7 (4) Body piercing
Conditions 6 & 9

Schedule 7, Regulation 7 (4) Tattooing
Condition 10

Schedule 3, Regulation 11 (2) of the Special Procedures Approved Premises and Vehicles (Wales) Regulations 2024
Condition 5: Decontamination, cleaning, disinfection and sterilisation

Schedule 4 Regulation 11(3) of the Special Procedures Approved Premises and Vehicles (Wales) Regulations 2024
Condition 5: Decontamination, cleaning, disinfection, and sterilisation

Decontamination of equipment used in the performance of a special procedure plays an important role in preventing transmission of infection. Where possible pre-sterilised single-use items should be used.

Why we should decontaminate equipment:

- Protects clients from infection.
- Protects practitioners from infection.
- Protects practitioner from litigation/ reputational damage.
- Prevent the spread of microorganisms and antibiotic resistance.

What is decontamination?

Decontamination is the process which includes cleaning and disinfection and/or sterilisation to render a reusable item safe for further use/ reuse. Decontamination of instruments is also known as reprocessing.

	Single-use items that carry this symbol by manufacturers should not be reused and immediately disposed of after use

All items must be cleaned before sterilisation or disinfection, if blood or protein remains on instruments, it will stop either disinfection or sterilisation from working properly.

High Level Disinfection (HLD) should not routinely be used for invasive items.

Definitions used in decontamination of instruments:

Cleaning: a process to remove dirt, residue, blood and body fluids and microorganisms to acceptable levels through physical "friction" and detergent and water. It must precede disinfection as some disinfectants are inactivated by organic matter (dirt/ blood/ body fluid).

Disinfection: a process to reduce or eliminate harmful microorganisms using a chemical agent

Sterilisation: the process of making a product sterile by reducing the level of microorganisms to a low level. Products will only remain sterile if they are not re- contaminated during storage or handling.

High Level Disinfection (HLD): A process that kills all microbial organisms but not necessarily bacterial spores and is indicated where items have been in contact with mucous membranes.

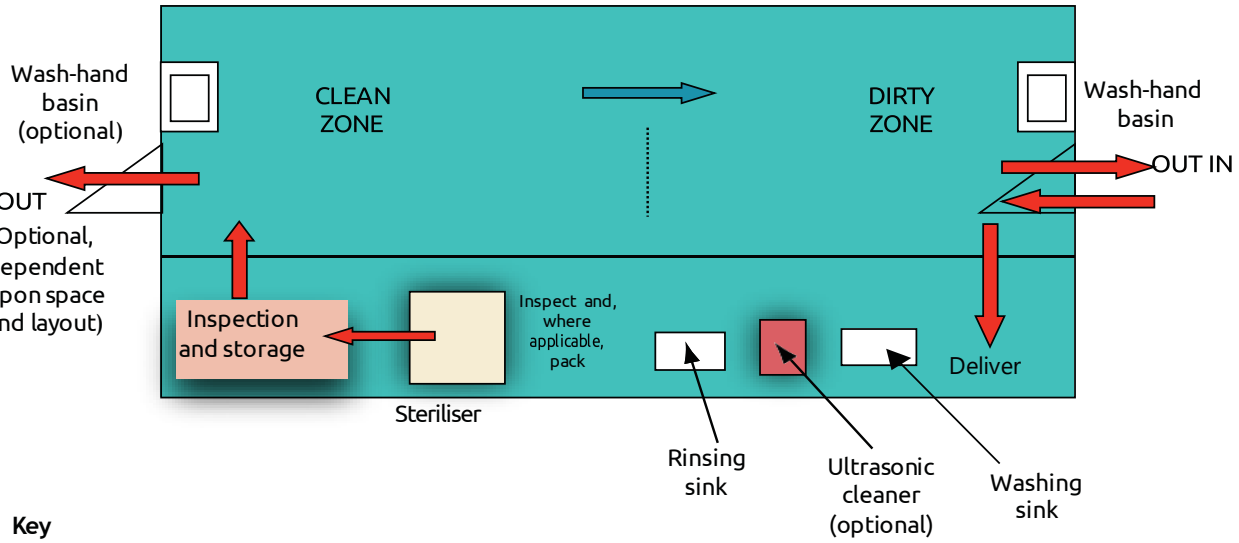
12.1 The area used for decontamination of equipment (dirty area)

The area where invasive equipment and devices are decontaminated and reprocessed should ideally be physically separate from other work areas but as an alternative, practitioners can have a dedicated and clearly marked area with a one-way workflow from the dirty items through to cleaning, disinfection, and sterilisation (dirty to clean). This is to ensure that the dirty instruments do not encounter cleaned and sterilised items.

There should be reduced footfall in this area to prevent practitioners, clients and the environment coming into contact with dirty equipment.

Reprocessed instruments/sterilised items should be stored separate from the workstation in the clean area.

12.2 Example of a decontamination layout working from a dirty to clean direction (workflow)



Key

Instrument flow Airflow

Notes

1. The use of an ultrasonic cleaner is optional. Where such a cleaner is not provided, handling difficulties will be reduced by siting the washing sink near to the rinsing sink or by combining both sinks through the installation of a double-bowl sink assembly.

2. Practices may increase the number of sterilisers if capacity and service continuity dictates.

[9]

Following the special procedure, contaminated equipment for decontamination and reprocessing should be transported to the decontamination area in a puncture proof container. Instruments should be kept moist while they await cleaning (drying out will make cleaning more difficult), they should **not** be soaked in saline or hypochlorite solution as this can cause damage to the instruments. A wet disposable paper towel can be used to wrap the instruments and/ or placed into a plastic bag temporarily.

Manual cleaning of instruments is an acceptable method but is the least effective and difficult to validate. Staff must be trained in the correct use of any method.

Blood should be removed as quickly as possible as it tends to congeal making it harder to remove.

12.3 Manual cleaning

- Should be undertaken in a dedicated sink, preferably using two sinks, one to wash and the other for rinsing.

[9] Adapted from Health Technical Memorandum 01-05: Decontamination in primary care dental practices.

- Appropriate PPE should be worn when cleaning, this includes heavy-duty gloves (or nitrile), eye protection and waterproof aprons as a minimum.

- Items such as scissors or forceps should be fully opened to allow steam to reach all the surfaces during sterilization.

- Items should be immersed in a dedicated sink for decontaminating equipment with warm water (not hot, as this can fix proteins) and a detergent. Submersion in detergent and water while cleaning minimises aerosols when scrubbing.

- Long-handled brushes with soft bristles should be used to avoid damage to instruments.

- An appropriate detergent manufactured for the purpose should be selected.

- A detergent that is compatible with the equipment should be used and the manufacturer's instructions followed.

- Equipment should then be rinsed and dried depending upon the manufacturer's instructions.

- Cleaning equipment such as brushes should be dedicated for this purpose then cleaned, disinfected and sterilised or disposed of.

- Soaking in disinfectant is not an adequate method of cleaning and not a substitute for sterilization.

Equipment and instruments should be visibly inspected for soiling in good light.

Cleaning equipment should not be reused unless it can be sterilized.

Do not reuse brushes unless they can be sterilised

12.4 Automated methods of cleaning prior to sterilization

All equipment used for decontamination of instruments should be subject to validation, testing, maintenance, and servicing as recommended by the manufacturer/ supplier. Records should be kept for audit and inspection.

Further information on testing and maintenance for ultrasonic cleaners, washer disinfectors and benchtop sterilisers can be found from the Health Technical Memorandum 01-05: Decontamination in primary care dental services. Despite the guidance being specific to dentistry, the information on sterilisers and automated cleaning methods is relevant and applicable.

https://www.england.nhs.uk/wp-content/uploads/2021/05/HTM_01-05_2013.pdf

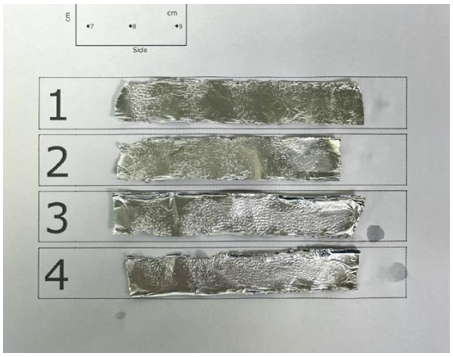
12.4.1 Ultrasonic cleaners

- Ultrasonic cleaners remove surface soiling prior to sterilisation, the ultrasonic cleaner will not disinfect and items will still be contaminated and present a sharps injury risk.
- Ultrasonic cleaners (Fig G) can be used for hollow or items with a lumen, they use high-frequency, high energy sound waves to dislodge organic matter.
- They should comply with electrical safety specifications BS EN 61010-1 and conform to EN 15883 part 1,2 and 5.
- Manufacturer's instructions for use must be followed regarding any cleaning solution and degas function prior to use.
- The basket should not be overloaded, or the cycle interrupted once started.
- The ultrasonic bath should be covered during use to prevent release of aerosols.
- Ensure that the operation and maintenance follow manufacturer instructions for use, including cleaning of all components, choice of PPE and information on daily performance tests and guidance on when other tests need to be performed including an annual service.
- An aluminium foil test (Fig H) within the cleaner tank indicates that ultrasonic activity is uniformly distributed (perforations will be present if working properly).
- An automatic printer and data-logger maybe used to show proof of any cleaning cycle type duration and cycle failures. Results should be kept for audit and inspection.
- The cleaner should be drained, cleaned and dried at the end of the day.
- Items should be inspected for cleanliness once the process is completed and returned to the ultrasonic cleaner for a repeat cycle. Any debris will prevent adequate sterilization.

- Ultrasonic cleaners should be placed in a designated area following a dirty-to-clean workflow.

Fig (G) Ultrasonic cleaner

Fig (H) Foil test



12.4.2 Washer-Disinfectors (automated)

- Washer Disinfectors both clean and disinfect during a process cycle, only recommended disinfectant should be used. Items will still require sterilisation.

- They must be designed for the purpose of cleaning instruments and a domestic dishwasher cannot be used.

- Ensure that the operation and maintenance follow manufacturer instructions for use including cleaning of all components, choice of PPE and information on daily performance tests and guidance on when other tests need to be performed including an annual service.

- Use of the washer disinfector should be validated on commissioning and maintenance and servicing.

- An automatic printer and data-logger may be used to show proof of any cleaning cycle type duration, temperature, and cycle failures for example. Results should be kept for audit and inspection.

- Instruments must be disassembled before loading, they should be appropriately placed in baskets or trays without overlapping or overloading. Inspection processes should ensure that instruments are visually free form particulate contamination, salt deposits or discolouration.

12.5 Classification of equipment and method of decontamination

Items used in special procedures can be classified according to the risk that they pose for transmission of microorganisms. The table below sets out the level of risk for each item and the

minimum standard for decontamination (if an instrument is not listed, please refer to the category of risk to identify the most appropriate method of decontamination).

High Level Disinfection (HLD): A process that kills all microbial organisms but not necessarily bacterial spores and is indicated where items have been in contact with mucous membranes.

Sterilisation is the gold standard for decontamination of equipment that has had contact with blood or tissue. HLD is not a substitute for sterilisation.

Alcohol is not a HLD and has been found to bind blood and proteins to stainless steel and hard surfaces and should be avoided. See Decontamination Health Technical Memorandum 01-05 in the link below.

https://www.england.nhs.uk/wp-content/uploads/2021/05/HTM_01-05_2013.pdf

Category of risk	Item	Method of decontamination
Critical Device/ instrument/ item in contact with tissue or blood	Needle, cannulas/ needle bars/ clamps/forceps/ grips/ tweezers that are in contact with blood or tissue	Dismantle, clean with water and detergent, and sterilise or single-use item
Semi-critical Device in contact with mucous membranes or non-intact skin	Needles in contact with mucous membranes Ear piercing/ nasal guns With cartridges	Single-use needles Dismantle, clean with water and detergent first and apply a 70% alcohol swab or High Level Disinfection (HLD) that is compatible with the device, preferably in wipe form with activity spectrum to cover bacteria, viruses and fungi. Pay attention to intricate areas and areas where there has been contact with skin. Follow manufacturers instructions.
Non-critical Items in contact with intact skin (not broken)	Any item that will not have contact with blood, mucous membranes, or broken skin	detergent and water
Miscellaneous	Spatulas, gauze and paper towels, tubing, ink pots, elastic bands covers for leads and motors	Single -use items and disposed of in appropriate waste bag

12.6 Additional guidance to mitigate contamination of complex devices

The following sections relate to the conditions in Schedule 3, Regulation 7 (3) of the Special Procedure Licences (Wales) Regulations 2024

Condition 7: Equipment and Instruments

Covering the tattoo and semi-permanent makeup devices may also be used to protect against contamination with blood and body fluid. covers should not give a false sense of security and care should be taken when removing to prevent recontamination of the device, hands, and the surroundings.

Figure E *Use covers for leads/ grips and the device itself.*

Covers must be changed between clients and disposed of.

Biodegradable covers are available.

2.6.1 Cartridges for tattoo and semi-permanent make-up devices

There is a risk of contamination from the needle into the main body of the device with blood, this can be minimized by using a membrane cartridge system.

Figure J *Needle cartridge systems should have membranes that prevent back tracking of blood and other fluids into the main body of the device.*

2.6.2 **Decontaminating coil tattoo/ SPMU devices and other parts/ instruments that cannot withstand sterilisation temperatures (in an autoclave)**

In a small number of situations, items will not be able to be sterilised due to potential damage to sensitive parts of the device such as Coil devices (Figure K) and motor parts in pen/ rotary devices (Figure L).

Figure K Coil Device

Figure L Pen/ rotary (components disassembled)

- Follow manufacturer's instructions if available for how to clean the device.
- Disassemble the device prior to cleaning.
- Manually clean using a lint free cloth, clean all parts of the device with water and detergent prior to disinfection.
- A High-level disinfectant (HLD) indicated for non-invasive devices should be selected and not a HLD specified for use on surfaces. Recommended examples of appropriate disinfectants would include paracetic acid or chlorine dioxide if compatible with the device and are available in wipe form for ease.
- Method and contact time should follow manufacturer's instructions for the HLD.
- Drying time should follow manufacturer's instructions for the HLD.

Any elastic bands used should be single use and disposed of between clients.

12.7 **What is steam sterilisation?**

Steam sterilisers are used to sterilise instruments/devices via direct contact of the loaded items with saturated steam under pressure at temperatures and exposure time to render the item free from viable microorganisms. An example of ideal temperature and duration would be 134ºC for 3-minute exposure.

12.7.1 Type of benchtop steam steriliser (autoclave)

Type N: These are non-vacuum sterilisers designed for non-wrapped solid instruments and jewellery. They are not designed for sterilising instruments or jewellery with a lumen (hollow). This method can also be used for items that do not need to be sterile at the time of use but require sterilisation between each client. For example, this might be used for tweezers that have blood or tissue contact (plucking out hair/ breaking the skin).

Type B: These are vacuum sterilisers that can process both hollow and solid items including packaged (pouched) items. They incorporate a vacuum stage which removes air from the chamber to allow steam to contact all the surfaces. Items will remain sterile until the package or pouch is opened or expiry date reached.

Type N

Type B

With the Type N steriliser, it is important to recognise that once the door is opened the instruments will become increasingly contaminated by the environment as they are not in a sterile package or pouch. Items should therefore be used immediately (see picture above).

12.7.2 Key tips for benchtop steam sterilisers including monitoring

The steriliser must be inspected and certified in accordance with the Pressure Systems Safety Regulations (PSSR).

- Single use items should never be reprocessed.
- Hollow/ tubular products should be processed in a suitable vacuum benchtop steam steriliser.
- Before loading, all items must be cleaned and dried. The steriliser should not be overloaded as some items may not be sterilised properly. Avoid placing too many pouches or packs together.

- Benchtop vacuum sterilisation cycle performance must be checked daily including time and temperature monitoring manually or via a data logger (pass or fail) and should also include a chemical indicator such as the Bowie Dick type test validated at set frequencies.

- The chamber and reservoir should be cleaned, and water used of a defined quality as identified by the manufacturer of the steriliser e.g. sterile water for injection/ irrigation.

- Records of safety checks should be kept including pressure system checks, each sterilisation cycle and record maintenance in a logbook.

- Technical advice can be sought from Registered Authorising Engineers (Decontamination).

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14. Appendices

14.1 Example of best practice applied to the workstation

Tips for improving practices by applying the principles of infection prevention and control precautions when setting up the workstation. The principles can be adapted for all procedures.

The workstation should be free of clutter to avoid contamination and injury, and to enable cleaning.

Example of a tattoo workstation with some examples of hazards to avoid.

Do not top up refillable bottles, wash them including the nozzle. Ensure they are labelled.

Store ink pots/ receptacles in original packaging or store in small quantities in clean containers.

Tap water should not be used for flushing inks and pigments.

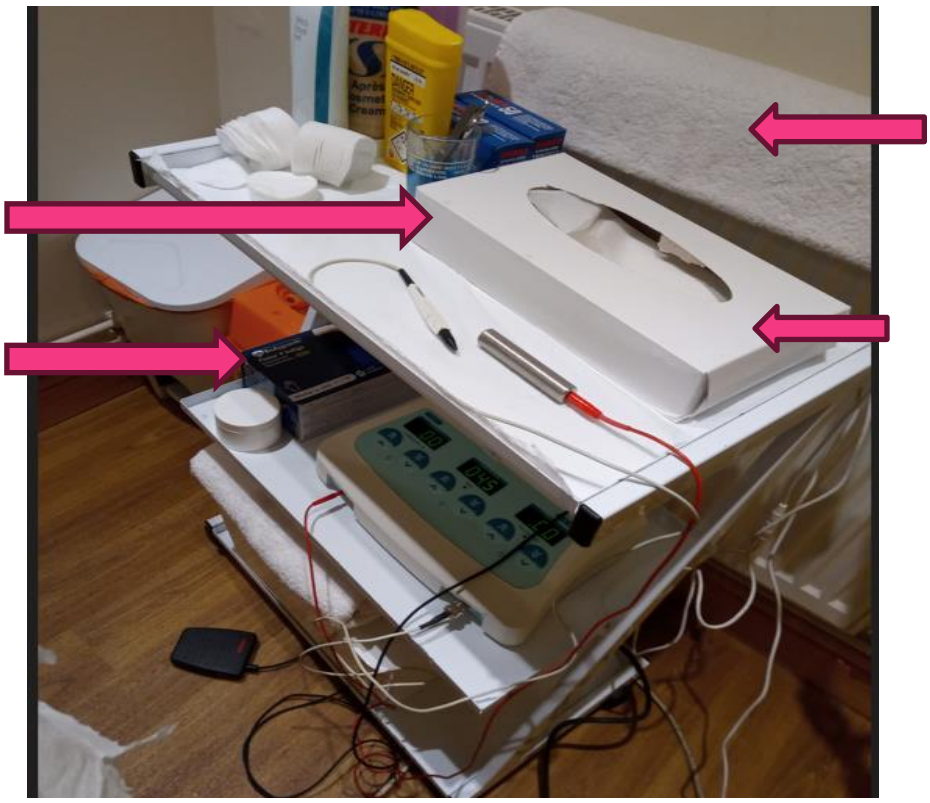
Unprotected needles should be safely positioned to avoid needlestick injury to practitioner.

14.2 **Best Practice workstation for electrolysis**

Example of an electrolysis workstation with some examples of hazards to avoid.

Items should not be left soaking in disinfectant.

Avoid storing the workstation next to potentially contaminated soft furnishings or heat source.



Avoid placing sharps bins on the floor and always use temporary closure.

Tissues and open gauze will become contaminated by hands and the environment. Decant into smaller vessels and cover.

14.3 Alcohol handrub hand hygiene technique

14.4 How to perform hand hygiene with soap and water

Duration should be 15-30 seconds.

14.5 Example of ANTT Procedure Guidelines

Figure B. This is an example of an ANTT Procedure Guideline (Freely available from www.antt.org). It provides a safe and efficient sequence to the procedure, highlighting the steps of Standard-ANTT. **It is not intended to be exhaustive or prescriptive as local equipment and disinfection methods may be different.**

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