

# **STOCKPORT METROPOLITAN BOROUGH COUNCIL**

## **CODE OF PRACTICE FOR TATTOOISTS**

The purpose of the code is not only to provide guidance to the byelaws relating to the practice of tattooing, but also to include preferred advice on those matters of practice which are of importance in achieving the high standards of hygiene and safety necessary. The tattooist must ensure for himself and his assistants that he has received sufficient and adequate training the practice of hygiene and safety in connection with his work. Adequate professional indemnity and public liability insurance is considered obligatory.

Incorrect hygienic procedures can result in damage to the health of both the tattooist and his patient. This is particularly relevant in the risk of contracting viral hepatitis. Special reference is made to this elsewhere in the appendices.

The best means of avoiding cross-infection is to use disposable equipment where available, in preference to other types. It also needs to be emphasised that ultrasonic equipment only cleans but does not sterilize instruments.

### **(1) PREMISES**

#### **1.1 General**

Tattooists' surgeries must be clean and be capable of being kept clean. All internal parts of the structure of the premises should be maintained in a clean condition and kept in proper repair. Wallpaper should not be used as a wall covering unless it is of a durable and washable type. The surface of the floor should be continuous. A wash handbasin with a hot and cold water supply and properly connected to the drainage system is essential and should be located in the tattooist's workroom; water heaters of the 'top-up' type are not permitted. It is preferable for the taps to be foot or elbow operated. Soap, preferably in liquid form, and approved hygienic means of drying hands must be available and easily accessible. Such hand drying facilities include disposable and machine auto-rolled towels.

## 1.2 Table Tops and Other Work Surfaces

The table tops, shelves and other working surfaces must have a smooth, impervious surface (preferably stainless steel or glass), be in good repair and kept clean with the frequent use, at least once each session, of a suitable disinfectant. Shelves, cabinets, cupboards, etc, must contain only equipment which is used in connection with the business of the tattooist

## 1.3 Chairs, Seats or Couches

The surface of any chair, seat or couch should have a smooth, impervious surface such as vinyl, etc, in good repair. They should be kept clean and washed with detergent and hot water regularly. Patients should sit or lie on a disposable paper sheet rather than on the bare surface. Fabric chairs should not be used.

## 1.4 Ventilation

Ventilation shall be such as to provide a minimum of six air changes per hour and must be capable of keeping an odour free environment. The Environmental Health Officer of the local District Council will be able to give advice on how to comply with this provision.

## 1.5 Artificial Lighting

Adequate artificial lighting must be provided and maintained. A suitable standard overall for the premises would be 500 lux with a higher level of 1,000 lux 'free from glare' at all working areas in the treatment room.

## (2) EQUIPMENT

Recommended equipment for good hygiene will include:-

Autoclave

Ultrasonic cleaner

Autoclave metal syringe or metal spatula

Disposable razor or metal safety razor with disposable blades

Disposable capsule for pigment

Wide-bore glass or metal tubes in a rack for holding assembled machines

Paper tissues, towels and cups

‘Sharps’ – disposable box for needles  
Autoclave containers for needles, eg kidney dish  
Metal forceps  
Alcohol-impregnated swabs (pre-packed)  
Disinfectants – see appropriate section, 6  
Pedal operated waste-bin with disposable liner

### (3) PREPARATION AND TATTOOING OPERATION

As a guide to tattooists, the following list of step by step procedures, based on the directions given above, may be helpful.

#### BEFORE EACH SESSION

- a) Solder new needles on to rods. If re-usable needles, wash needles and rods with hot water and detergent. Wash tubes also with hot water and detergent. Wash tubes also with hot water and detergent.
- b) Use the ultrasound on needles and needle bars.
- c) Autoclave needles, rods and tubes and pair of forceps in a stainless steel dish or perforated metal dish. Leave in autoclave with door open at end of cycle to dry out.
- d) Clean down table surfaces as instructed.

#### BEFORE TATTOOING

- e) Wash and dry hands.
- f) Place a large fresh paper towel on table surface before customer places part to be tattooed on table. Place tissue or gauze used to dab tattoo area on towel.
- g) Clean skin with spirit swab. Shave skin. Throw away razor.
- h) If transfer is to be used, do this now.
- i) Arrange required number of pigment capsules in holder, fill with pigment.
- j) Smear Vaseline on area with spatula or gauze swab.
- k) Attach sterilized needles, etc, to motors and begin tattooing.
- l) Needles attached to motors must be returned to holding tubes once tattooing has commenced.

#### AFTER TATTOOING

- m) When tattooing has finished, disengage needles, rods and tubes from motor and place in kidney dish containing detergent and designated for used (‘dirty’) instruments.

- n) Tip remains of pigment with capsules into plastic-lined bins.
- o) Sellotape gauze to tattooed area.
- p) Remove paper and all swabs or tissues used on customer, place in bin.
- q) Damp wipe motors.
- r) Clean down table surfaces (then begin at (e) again).

#### AT END OF SESSION

- s) Take 'dirty' dish containing used needles, etc, to basin and
- t) Also wash forceps and capsule holders.
- u) Burn off needles if they are not being re-used, and place in sharps box.
- v) Ultrasound re-usable needles and holders.
- w) Autoclave needles, holders, tubes, forceps, holding tubes and capsule holders.

#### (4) AFTERCARE

##### Cleansing and Disposal of Equipment

- 1) Needles After each customer is tattooed, the needle bars must be disengaged, with the tubes, from the machine and placed in an autoclavable dish, (eg stainless steel kidney dish). At the end of the session, the needle is 'burned off' by flaming from the point to the soldered junctions, and unless resterilizable needles are used, the needles are thrown away. Reusable needles must be used once only, on one client, before being autoclaved. The needle bars must be cleaned ultrasonically, as before, the resterilized in the autoclave. Ultrasonic treatment alone is not effective. All used needles should be disinfected before discarding, either by flaming, autoclaving or boiling; as an alternative they may be placed in a fresh solution of hypochlorate.
- 2) Pigment capsules: The pigment capsules must be disposed of after each customer.
- 3) Capsule holders and forceps: these must be autoclaved between sessions.
- 4) Holding tubes for motors: These must be autoclaved between sessions.

Care of skin after tattooing: The tattooed area should be covered with sterile, non-stick gauze, (eg Melolin), which is then sellotaped to the skin; gauze permits ventilation and aids healing. Antibiotic or antiseptic cream should not be used except under a doctor's supervision when infection has occurred.

(5) DISPOSAL OF EQUIPMENT:

5.1 All needles to be discarded should be sterilized or disinfected by placing them in a solution of hypochlorate before disposal.

5.2 Equipment used to hold or contain the needles should be similarly treated when it is necessary for them to be discarded.

5.3 Needles should then be placed in stout cardboard or metal 'sharps disposal' boxes such as are used in hospitals. The boxes should be clearly marked.

'DANGER CONTAMINATED NEEDLES'

5.4 All waste matter – paper towels, tissues, etc, should be disposed of in suitable receptacles lined with a leak-proof, sealable, plastic bag and provided with close fitting lids.

5.5 Used disinfectants must be carefully poured down the sink after use and flushed with running water.

5.6 The advice of the local Environmental Health Officer must be sought about the final disposal of the sealed bags and 'sharps disposal' boxes from the premises.

(6) DISINFECTANTS

6.1 Disinfectants are necessary where it is not practicable to sterilize equipment and instruments. They do not sterilize, that is kill all germs, but their proper use will reduce the number of germs to the extent that they pose little danger of infection. Two disinfectants frequently used are hypochlorite and glutaraldehyde. These disinfectants will neutralise most viruses, especially the hepatitis ones. Hypochlorite can corrode metals and therefore is useful only for wiping table tops, etc. Solutions of hypochlorite need to be made up each day but weekly preparation is adequate for glutaraldehyde. Manufacturer's instructions regarding the correct concentrations should be strictly followed. Disinfectants other than those indicated here may be used, but they would not be superior or cheaper than the ones recommended. It is better to familiarise oneself with only one or two disinfectants. Not all disinfectants are equally destructive against germs. For

example, even high strengths of alcohol used as disinfectant have only a weak effect on destroying the hepatitis B virus.

## 6.2 Preparation and Use of Disinfectants

Agent	Preparation	Uses
Hypochlorite	Make up daily. Add 50 millilitres of hypochlorite to 1 litre of water.	Excellent for wiping and cleaning all materials except metals.
Glutaraldehyde	Make up weekly according to instructions.	Wiping and cleaning all materials including metal.

## (7) HEALTH AND PERSONAL HYGIENE

### 7.1 Health of the Tattooist

A tattooist must ensure that his own health including personal hygiene does not endanger in any way the health of a patient. Personal Hygiene – Observance of a high standard of personal hygiene is essential. Hands should be frequently washed, especially before and after each treatment. All cuts and wounds must be washed and dressed with a waterproof dressing immediately. The tattooist should wear clean, washable or disposable clothing while carrying out his practice. Tattooists must refrain from smoking, eating or drinking whilst engaged on a treatment. Nails must be kept short and clean. A first-aid kit, the contents of which should comply with the requirements of the First Aid Regulations 1981 must be kept on the premises and should also be available for the use of customers.

Personal Health – A tattooist who is suffering from an infectious disease can transmit germs to his client in various ways including, for example, through breaks and punctures in the skin during treatment. Consult your family practitioner early about any personal illness that may be of an infectious nature. Ensure that the practitioner knows that you are engaged in the practice of tattooing. Medical advice should always be sought if a cut is sustained with the apparatus which is being used on a patient who is suspected of suffering from infective hepatitis.

### 7.2 Health of the Patient

Ensure that the part of the body to be treated is clean, free of any cuts or wounds or disease. It is essential to enquire if the patient has a history of infective hepatitis and is not currently suffering from it. The areas to be pierced should be cleaned at the start of treatment with an alcohol impregnated swab. Other cleaning agents, if used, should also have adequate disinfectant properties. Medical attention may be necessary if a treated part becomes inflamed or infected. Immediately before use, any paper or other disposable material used as a covering on a chair, seat or couch, and any towel, cloth or other article which is applied to the patient's skin shall be clean and shall not previously have been used in connection with any other patient.

(8) REGISTER OF PATIENTS

Names and addresses of all patients and dates of attendance should be recorded in a suitable register (see Appendix 'C').

(9) HEALTH AND SAFETY AT WORK

9.1 Tattooists must comply with the provisions of the Health and Safety at Work etc Act 1974 which places a duty on them to conduct their undertaking in such a way as to ensure, so far as is reasonably practicable, that persons who may be affected thereby are not exposed to risks to their health and safety. This duty extends to both patients and employees. It is by following recognised standards this duty can be fulfilled. In connection with safety aspects particular attention is drawn to the following:

92. All floors, passages and stairs shall be of sound construction and properly maintained and should be kept free from obstruction and from any substance likely to cause persons to slip. A substantial handrail must be provided to every staircase. A two-way lighting system must be provided to every staircase.

9.3 Every dangerous part of machinery must be effectively guarded. Machinery should be subjected to regular inspection and preventative maintenance where necessary.

9.4 All electrical installations should be in accordance with Institution of Electrical Engineers Regulations for the Electrical Equipment of Buildings.

Both the installation and portable appliances should be subjected to regular examination. Care should be taken to keep cables as short as possible and routed in such a way as to prevent a risk of tripping.

9.5 Accidents must be dealt with in accordance with the provisions of the Reporting of Injuries, Diseases and Dangerous Occurrences 1985. This will involve the reporting of all major accidents to employees and members of the public to the office of the enforcing authority without delay, and by telephone if possible, with written confirmation being made within seven days on form F2508. Other injuries to employees which result in more than three days' absence from work excluding the day of accident are also notifiable.

9.6 Where five or more persons are employed, it is the duty of every employer to prepare and as often as may be appropriate revise a written statement of his general policy with respect to the health and safety of his employees and the organisation, and arrangements for the time being in force for carrying out that policy, and to bring the statement and any revision of it to the notice of all of his employees.

#### (10) INFORMATION AND ADVICE

The Environmental Health Officer is the authorised officer for the purposes of this code of practice and the relevant byelaws. His address and telephone number is:

Metropolitan Borough of Stockport  
Communities, Regeneration & Environment Directorate  
Stopford House  
Piccadilly  
Stockport, SK1 3XE  
Tel No 0161 480 4949, Ext 4344

#### APPENDIX 'A'

It is strongly recommended that sterilisation is carried out using an autoclave.

1. Use of Autoclave (moist heat)  
(recommended method)

Temp degrees C

Minimum holding time in minutes, once



the required temperature has been achieved.

121	15
126	10
134	3

## APPENDIX 'B'

### ACUTE VIRAL INFECTIVE HEPATITIS

Viral hepatitis is believed to consist of several distinct disease entities, a common feature of which is infection of the liver which may lead to clinical 'yellow jaundice'. The infection is caused by different viruses of which hepatitis A and hepatitis B viruses are the commonest and most well known.

#### HEPATITIS A

Hepatitis A (formerly 'infectious hepatitis') is normally transmitted by the faecal-oral route in the same way as most of the enteric infections which cause 'food poisoning'. It has an incubation period of about four weeks. It is a common infection in conditions of poor sanitation and overcrowding. Infected shellfish can be a cause of the infection and there is an increased incidence among travellers to countries with inadequate sanitation.

#### HEPATITIS B

Hepatitis B was formerly known as 'serum hepatitis'. Although various body fluids such as saliva, urine, etc, have been implicated in the spread of infection, infectivity appears to be essentially related to blood. Hepatitis B virus is spread through the blood system either by penetrating of the skin with infected needles, razors, etc – or contact with broken skin from contaminated apparatus or surfaces. It usually has a longer incubation period of from six weeks – six months. Hepatitis B must be recognised as an occupational hazard to tattooists. It is often acquired by exposure to the blood of apparently healthy people, for example, symptomless carriers of the virus or from patients incubating the infection but not yet ill. It is thus essential that the tattooist is aware of the risk of contracting the infection and employs a high standard of care in his practice at all times.

High standards of hygiene and safety consciousness will greatly reduce the incidence of hepatitis B. the risk to patients of the infection from unwise procedures must also not be underestimated.

It is recommended that if you are a carrier of or have hepatitis B that you cease this type of work.

## APPENDIX 'C'

### REGISTER OF PATIENTS

In an investigation of an outbreak of viral hepatitis, nothing is more important than that an accurate record has been kept of names and addresses of all patients and dates of treatments. It will be appreciated that it is difficult for a practitioner to remember these details without recording them at the time of treatment. Tattooists will know that hepatitis B has a long and varied incubation period and lack of recorded information about patients' treatment at a relevant time will prevent the proper investigation of any cross-infection related to hepatitis B.

The source of an outbreak of a disease needs to be quickly identified from the available records. The tattooist can in most cases continue to carry on his normal business once he has made such records available to the appropriate authority. The alternative may well be the tattooist is involved in prolonged and protracted investigations.

The difficulty of obtaining accurate information is well recognised but the process of registration of the practice and public education should assist in overcoming the reluctance on the part of the patient to give proper and adequate information.

Environmental Health Officers of the District Councils can give advice on the setting up of such records, and on routine visits to the premises they will wish to confirm that records are being maintained. Access to an individual's personal records shall only be available to an authorised officer of the local authority and shall be subject to the usual safeguards of professional confidentiality.

## APPENDIX 'D'

### AIDS

AIDS or Acquired Immune Deficiency Syndrome is caused by a virus called HTLV-III. This virus only survives in body fluids, ie blood, semen, saliva and tears; although only blood and semen have been implicated as proven carriers of the virus.

The virus is not very strong, it does not survive for long in the open and it cannot withstand heat or household bleach.

The precautions, ie disinfectants, etc, used to prevent infection by hepatitis B, which is a stronger virus, is sufficient to prevent the spread of AIDS.

The only additional recommended precaution is to wear rubber gloves when mopping up any spilt blood. Care must be taken not to re-use dirty needles, etc, before they have been re-sterilized, and when handling them to ensure the operator's skin is not accidentally pierced.

It is recommended that if you are a carrier of the HTLV-III virus or have contracted AIDS that you cease this type of work.

If you are worried that you may have the HTLV-III virus there is a special blood test called the HTLV-III antibody blood test which is available to anybody who requests it. If you want this blood test or require further information, please contact your own doctor or a Sexually Transmitted Disease Clinic, the address of the nearest may be found in a telephone book.

### ACKNOWLEDGEMENT

NORMAN D NOAH  
PUBLIC HEALTH LABORATORY SERVICE  
Communicable Disease Surveillance Centre

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