CODE OF PRACTICE FOR HYGIENIC REMOVAL OF HAIR USING ELECTROLYSIS

STOCKPORT METROPOLITAN BOROUGH

CODE OF PRACTICE FOR HYGIENIC REMOVAL OF HAIR USING ELECTROLYSIS

The purpose of the code is not only to provide guidance to the byelaws relating to the practice of electrolysis 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 electrologist must ensure for himself and his assistants that he has received sufficient and adequate training in 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 electrologist 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 sterilise instruments.

(I) PREMISES

1.1 General

Electrologist's 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 hand basin with a hot and cold water supply and properly connected to the drainage system is essential and should be located in the electrologist's work room; 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 readily accessible. Such hand drying facilities include disposable and machine auto-rolled towels.

1.2 Table tops and Other Working 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 that is used in connection with the business of the electrologist.

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 over all 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 Hygienic Practice
Paper tissues and towels
Stainless steel kidney dishes and forceps
Alcohol impregnated swabs (pre-packed)/separate cotton wool swabs and alcohol
(B.P.C.) 'Sharps' -disposable box for needles.
Disinfectants (see Section 7)

If the electrologist is to sterilise his own needles an Autoclave or approved sterilisation equipment should be provided, together with sterile storage facilities.

(3) RECOMMENDED METHODS

(a) Disposable needles:

Sterile disposable needles are available on the market and are recommended. One needle may be used for removing as many hairs as necessary from one client. but the needle must be discarded after the treatment." and a new needle obtained for the next client.

(b) Sterilisation of Needles

The electrologist may, if he wishes, sterilise the needles himself, but the cost of this is likely to prove prohibitive. An autoclave is required and this is the method usually used when electrolysis is carried out in hospitals. An alternative is the glass bead steriliser, dry heat ovens are not recommended.

(4) RECOMMENDED PROCEDURES

1) Wash hands at beginning of session
2) Seat customer
3). Place clean paper tissue or towel on table top
4) Clean area to be epilated with spirit swab (e.g. medi-swab)

5) Clean operator's hands with spirit swab
6) Clean forceps with clean spirit swab
7) Open pre-sterilised needle packet carefully. as instructed. DO NOT touch the sharp end of the shaft.
8) Insert into electrolysis machine and begin epilation procedure
9) At end of procedure dispose of needle into sharps box -again do not touch sharp end or shaft of needle. Tissue and swabs should be discarded in plastic lined bin.
10) Clean epilated skin with fresh spirit swab.

(5) AFTER CARE

There is a small risk of bacterial infection after electrolysis. The epilated area should be kept dry. Infection should be treated by a doctor -antibiotic lotion. creams or ointments should not be used except when prescribed by a doctor. Apart from surgical spirit, disinfectants should not be used, as they may cause an allergy.

(6) DISPOSAL OF EQUIPMENT

6.1 All needles to be discarded should be sterilised or disinfected by placing them in a solution of hypochlorate before disposal.
6.2 Equipment used to hold or contain the needles should be similarly treated when it is necessary for them to be discarded.
6.3 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'

6.4 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.
6.5 Used disinfectants must be carefully poured down the sink after use and flushed with running water.

6.6 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.

(7) DISINFECTANTS

7.1 Disinfectants are necessary. where it is not practicable to sterilise equipment and instruments. They do not sterilise, that is killing 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 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.

7.2 Preparation and use of Disinfectants

Agent	Preparation	Uses
Hypochlorite	Make up weekly according to instructions wiping and cleaning all materials including metal.	Excellent for wiping and cleaning all materials except metals.
Glutaraldehyde	Make up weekly according to instructions.	Wiping and cleaning all materials including metal.

(8) HEALTH AND PERSONAL HYGIENE

8.1 Health of the Electrologist

An electrologist 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 electrologist should wear clean, washable or disposable clothing while carrying out his practice. Electrologists 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 -An electrologist 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 infectious nature. Ensure that the practitioner knows that you are engaged in the practice of electrolysis. Medical advice should always be sought if a cut is sustained with the apparatus that is being used on a patient who is suspected of suffering from infective hepatitis.

8.2 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.

(9) REGISTER OF PATIENTS

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

(10) HEALTH AND SAFETY AT WORK

10.1 Electrologists 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 or safety. This duty extends to both patients and employees. It is by following recognised standards that this duty can be fulfilled. In connection with safety aspects particular attention is drawn to the following:

10.2 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.

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

10.4 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.

10.5 Accidents must be dealt with in accordance with the provisions of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1983. 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. Other injuries to employees,

which result in more than three days absence from work excluding the day of the accident, are also notifiable.

10.6 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.

(11) 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:

Stockport Metropolitan Borough Council
Communities, Regeneration & Environment Directorate
Environmental Health & Trading Standards
Stopford House
Piccadilly
Stockport
SKI 3XE
Tel No. 061 480 4949 Ext. 4344

APPENDIX 'A'

It is strongly suggested that sterilisation is carried out by one of these two methods:

Moist Heat

The use of moist heat rather than dry heat is far more efficient using lower temperatures and shorter times but unfortunately an autoclave is expensive to buy although renting may be a possibility. Before being placed in an autoclave all instruments must be clean, as the surface of the object to be sterilised must come into contact with the steam.

Glass Bead Steriliser

The use of glass bead sterilisers was not recommended in the past because of problems with fluctuating temperatures and the danger of burns. However, several glass bead sterilisers have been tested and found to be acceptable for the sterilisation of needles if the needles are completely covered by the beads.

Dry Heat Ovens

These are not recommended as a method of sterilising needles because of the high temperatures required which may damage the metal instruments and may be a fire hazard. Further problems include hot and cold spots in the oven and the length of time taken for the oven to heat up and cool down.

1. Use of Autoclave {moist heat)
{Recommended method}

Temp degrees C	Minimum holding time in minutes, once the required temperature has been achieved.
121º	15
126 º	10
134 º	3

2. Glass Bead Sterilisers

(a) Stericel Class Bead Steriliser
Approximately 20 minutes to stabilise

Temp. degrees C	Minimum holding time in minutes, once the required temperature has been achieved
191°	10

(b) Epitherm Glass Bead Sterilisers

Approximately 30 mins to stabilise

Temp. degrees C	Minimum holding time in minutes, once the required temperature has been achieved
300°- 325°	1 min

(c) Kree Dry Heat Steriliser

Approximately 45 mins to stabilise

Temp. degrees C	Minimum holding time in minutes, once the required temperature has been achieved
196° -236°	10

(d) Nesor Dry Heat Steriliser

Approximately 15 mins to stabilise

Temp. degrees C	Minimum holding time in minutes. once the required temperature has been achieved
1900 -200°	10

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 shell fish 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 electrologists. 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 electrologist 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.

APPEND1X ‘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. Electrologists 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 electrologist can inmost 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 electrologist 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 profession confidentiality.