



Jersey Care Commission Piercing and Tattooing (Jersey) Law 2002

Approved Code of Practice

October 2023

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SECTION 1: INTRODUCTION AND OVERVIEW OF THE LAW

1. The Jersey Care Commission ('the Commission') is responsible for the regulation of the Piercing and Tattooing (Jersey) Law 2002 ('the Law'). The Commission regulates the practices of acupuncture, body and ear piercing, electrolysis, tattooing and the premises on which those practices are conducted. The law requires registration of both the person carrying out the procedure and the premises where procedures are carried out. The law also allows the Commission to issue a Code of Practice setting out :
 - the practice and procedures that should be adopted by registered persons administering any treatment,
 - the standards to which registered premises and any equipment used in connection with the administration of treatment should conform and
 - the records that should be kept in respect of persons to whom, and the premises at which, the treatment is administered.

This code applies to

- All practitioners who perform skin penetration procedures as defined in law.
- The premises in which such procedures are performed.

1.2 Procedures Covered by the Law

The Law is very specific in the range of activities that it aims to control:

- body piercing
- ear piercing
- acupuncture
- electrolysis
- tattooing

Definitions provided within the Law itself are very precise but the key issues from those definitions are as follows:

- Body piercing is defined as the “total or partial penetration of the skin using a needle or other implement with the intention of creating an aperture for decoration for decorative or cosmetic purpose, including ... insertion through or into the skin of decorative jewellery.”
 - this definition includes piercing of the upper cartilage, tragus, conch, or rook of the ear.
- Ear piercing is defined as the “total or partial penetration of the lower non cartilaginous lobe of the pinna using a needle or other implement with the intention of creating an aperture for decorative or cosmetic purposes including insertion through or into the skin.... of decorative jewellery”
- Tattooing is defined as “the insertion into the skin of any colouring material for decorative purposes and designed to leave a permanent mark.”
 - this definition includes procedures such as cosmetic tattooing, e.g., eyebrow or lip lining, micro blading and other advertised “semi-permanent skin colouring “as these procedures may result in permanent pigmentation.
 - Electrolysis is defined as “the insertion of needles into the skin in order to apply electrical current for medical or cosmetic purposes.”
 - Acupuncture is defined as “the insertion of solid needles into the skin in order to stimulate nerve impulses for medical purposes.”

There are other skin piercing, beauty treatments and other body modification procedures which are **not** covered by this law as follows:

Procedure	Description	Information
Beading	Insertion of beads under the skin to create 3-dimensional effect	Not covered
Bio skin jetting	Injection of skin below wrinkles to promote formation of new tissue	Not covered
Botox injection	Injection of clostridium botulinum toxin through the skin	Requires prescription from an authorised prescriber
Braiding	Form of scarification which includes cutting strips of skin, leaving one end attached, braiding adjacent strips and re-attaching the ends of the strips to the skin	Not covered

Branding	Form of scarification in which hot metal is used to burn the skin and scar in a desired design	Not covered
Collagen injections	Injection of collagen under creased or sunken areas of the face	Not covered
Cutting	A form of scarification which involves cutting or slitting the skin to leave scarring	Not covered
Dermal roller skin treatment	Treatment to rejuvenate the skin using fine needles	Not covered
Implants	Insertion of 3-dimensional objects under skin to create raised effect	Not covered
Lip piercing	Piercing of upper or lower lip area	Piercing of the coloured part of the lips is not recommended
Scarification	Cutting and peeling of the skin to create permanent scarring	Not covered
Stapling	Insertion of metal staples into the skin	Not covered
Tongue splitting	Tongue is split centrally from the tip to the centre of the tongue	Not covered

1.3 Person and Premises – Registration Requirements

Registration is required for both the premises from which treatments and procedures as set out in the Law are undertaken and for any individual practitioners administering any treatments or procedures. The registration process must be concluded, and registration granted before treatments can be offered. All practitioners who work from one premise, are required to register.

1.4 Excluded Persons - Registered Healthcare Professionals

Individuals who are registered under any other Jersey Law which permits treatment as part of the professional activities are exempt from the Law. The relevant Laws are:

- Medical Practitioners (Registration) (Jersey) Law 1960
- Dentistry (Jersey) Law 2015

- Health Care (Registration) (Jersey) Law 1995

1.5 Registration Procedures

Practitioners and the premises where procedures are to be conducted need to be registered. Applicants will need to ensure an application is made in advance of offering treatments and will need to pay a fee to register. It is against the law to conduct any procedures unless the premises and person carrying out the activity are registered with the Jersey Care Commission. The Commission will visit the premises as part of the initial registration process, to ensure compliance with standards prior to concluding registration and issuing a certificate.

Once issued, registration certificates remain valid until 31 December of the registration year, and you must inform the Commission of any changes to the details provided on registration. Renewal application documents will be sent out to each practitioner and premises for registration the following year and which will require an annual fee to be paid.

The law gives permission for registered practitioners to “occasionally administer treatment elsewhere than from a registered premises.” Any practitioner intending to work peripatetically is required to seek permission from the Commission in advance of carrying out treatments as part of the registration process.

The practitioner is required to carry with them a copy of their registration certificate when conducting their business. Additionally, in order that prospective clients can successfully identify the practitioner and can be assured the person is registered, a form of photographic identification should be carried at all times.

SECTION 2: REQUIREMENTS FOR PREMISES

2.1 Any premises within which skin piercing or tattooing activities are conducted should be in a good state of general repair. This requirement covers not only general cleanliness of premises but also advises that adequate levels of lighting and ventilation, in keeping with the practices being carried out on that premises, should be available.

2.2 Cleanliness is of utmost importance to reduce the risk of cross contamination and good hand hygiene is imperative. For this reason, a dedicated sink for hand washing purposes must always be provided in the area where procedures are carried out.

2.3 The sink should be equipped with liquid soap and paper hand towels.

2.4 A separate deep sink with hot and cold water supply, should be provided for exclusively washing equipment and instruments and be positioned in a separate area away from the clean treatment area where such procedures require it.

2.5 All walls and floor surfaces should be smooth, washable, and durable in order to ensure that cleanliness can be maintained. Carpets in treatment areas should be avoided.

2.6 Animals are prohibited in areas where skin penetration procedures are undertaken. The only exception being guide dogs in the company of a visually impaired person, or service dogs.

2.7 The treatment room should be equipped with a supply of detergent, fresh bleach containing minimum 1000ppm available chlorine or other purpose-designed disinfection products, and detergent/disinfectant wipes in order that environmental cleaning can be conducted at the end of each day or whenever soiling of surfaces occurs.

2.8 Foot-operated pedal bins, with close fitting lids clearly marked for offensive/hazardous waste in the treatment room should be used. The practitioner is responsible for ensuring that waste is disposed of correctly.

2.9 The treatment room should also be equipped with an approved sharps container for disposal of sharps and needles, as well as items that have been contaminated with blood or bodily fluids after use, in preparation for disposal. Sharps containers must be labelled correctly to ensure an audit trail. These containers should not be stored on the floor or above shoulder height. Sharps containers and other waste contaminated with body fluids (which is classed as hazardous waste) must be identified as hazardous waste and be stored and disposed of safely, in accordance with waste management guidance. Sharps containers should be correctly assembled, labelled, and always be handled and disposed of as hazardous waste.

2.10 Household detergent products are adequate for most routine environmental cleaning. For high-risk environmental surfaces, however a hypochlorite solution of 1000 parts per million (PPM) solution should be used. It is advised a cleaning schedule to be implemented in terms of environmental cleaning which should include for example:

ITEM	FREQUENCY	METHOD
High risk treatment surfaces	After use	Treatment area surfaces cleaned and dried between clients using detergent and then disinfected using a bleach solution (1000 ppm) using disposable cloths/ paper towels
Non-high-risk surfaces	At least daily	Use general purpose detergent, dry thoroughly using disposable cloths/ paper towels
Hand wash basins and sinks	Daily	Standard detergent
Floors	Daily	Mop with water and detergent *Disinfectant is required in the event of contamination with blood spillages
Bins	As required	Empty bins daily If contaminated, clean with water and detergent and then disinfect
Couches	Between clients	Wipe with hot, soapy water and dry thoroughly Clean with disinfectant against blood borne viruses if contaminated with blood

Walls/ ceilings	As required	Routine cleaning not required Clean periodically with water and general-purpose detergent Clean with disinfectant against blood borne viruses if contaminated with blood
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2.11 The Health and Safety at Work (Jersey) Law 1989 applies to all persons engaged in tattooing and skin piercing activities and places a duty on registered persons to ensure their activities do not expose clients to risks to their health and safety.

2.12 To minimise potential public health risks and to ensure client privacy, it is a requirement that *separate rooms are provided for (i) waiting area; and (ii) the carrying out of skin piercing or tattooing.* The following should be ensured:

- these rooms should have a **full** physical divide, i.e., floor to ceiling.
- the dividing wall should be constructed from smooth, washable, and durable material.
- “booths” which are only partially segregated from a waiting area – either non-floor to ceiling partition/wall or “curtain” – are **not** acceptable.
- screens are **not** acceptable.
- these rooms should be separated by a close-fitting smooth, impervious door – saloon-type doors are **not** acceptable.

2.13 There should be information in the waiting area to inform potential clients of a number of legal requirements and rules in terms of the business operation. Example notices for tattooing and piercing premises are presented in Appendix 1.

2.14 The layout of the premises should ensure that a client is ensured privacy during the procedure, e.g., where a window exists in a dividing wall between a studio waiting room and treatment room, this window should be equipped with a washable/durable/non-fabric screen which can be closed at the request of the client. Similarly, for premises where the treatment room may be visible from outside the

premises, appropriate washable/durable/non-fabric screens should be available to ensure client privacy.

2.15 It is not necessary that separate treatment rooms should be used for each client. The only requirement is that the treatment room should be separated from the room used for waiting/seating. Therefore, provided adequate space exists within the treatment room for practitioners to operate safely, and client privacy can be ensured, it is possible to have more than one chair/bench/couch within a treatment room. If screens are used to ensure client privacy, then these should be constructed from washable and durable material. Where more than one chair/couch is present, enough space should exist for practitioners to place a washable, durable screen between these and still have adequate space to operate.

SECTION 3: REQUIREMENTS FOR PRACTITIONERS

3.1 To minimise the risk to public health, there are a number of requirements in relation to both the practitioner and the equipment that they use. It is important that practitioners adopt safe working practices, in particular effective infection control practices to protect clients. It is the practitioner's responsibility to ensure they are familiar with infection control and safe working procedures.

3.2 Practitioners must obtain public liability insurance. The public liability insurance certificate should be clearly displayed in the premises. For the protection of both client and practitioner.

3.3. It is advisable for all practitioners to be immunised against Hepatitis B.

3.4 There is a duty of care on practitioners to ensure they are competent and trained to carry out relevant piercing and tattooing procedures. Records should be kept on the premises of all qualifications and courses attended; this may include first aid, hand hygiene and skin disinfection. All registered persons should be aware they, and every registered practitioner working at the premises, must be capable of demonstrating that they have sufficient knowledge, skills, training, and experience in keeping with the procedures they are carrying out.

3.5 Where there are a number of practitioners working within one premise, it is the duty of the registered premise owner to ensure that all practitioners are fully registered to operate.

3.6 Practitioners should ensure they remain up to date in practice standards and remain competent to undertake procedures they are registered for. Under the Health and Safety at Work (Jersey) Law 1989, business owners, as employers, are required to ensure that they provide all information, instruction, training, and supervision necessary so as far as is reasonably practicable to protect the health and safety of their employees.

3.7 It is recognised that tattooing is traditionally taught under an informal apprenticeship scheme, usually on a one-to-one basis within the registered premises. Trainees should always be under the supervision of an experienced and competent registered practitioner, who has been registered and practicing for a minimum of three years. Apprentice practitioners must apply for registration to the Commission, in advance of commencing the apprenticeship programme and the supervising practitioner must also confirm in writing to the Commission, they will always be assuming responsibility for delivering their training programme and always working under their supervision.

3.8 Training techniques are not covered by this document; however, apprenticeships should include knowledge of the law, first aid, hand hygiene, infection prevention, gaining informed consent and knowledge of risks associated with procedures. Once the apprentice practitioner has completed their apprenticeship, the supervising practitioner must provide written confirmation to the Commission to confirm their training has been completed, and they are competent to work unsupervised.

3.9 Hand hygiene is of particular importance and hands should be washed regularly. Hand washing is one of the most important procedures for preventing the spread of infection and is the first step in infection control. Further information relating to hand hygiene techniques can be found in Appendix 2.

3.10 Protective clothing should be worn by the practitioner when carrying out piercing and tattooing procedures, which may include disposable aprons, face coverings and gloves.

3.11 Supplies of latex free gloves should be available in the treatment area to protect clients who have allergies to latex.

3.12 Practitioners should be trained in first aid and be updated regularly. First aid kits should be available on the premises.

3.13 Practitioners are required to obtain information from, and provide information to, clients and maintain records relating to procedures carried out. Prior to carrying out any piercing or tattooing on a client, a practitioner must obtain information relating to their age, medical history and seek their consent to the procedure being carried out. Examples of client consent and information relating to aftercare guidance can be found in appendix 3 & 4 at the end of this document.

3.14 Records should be stored in line with data protection requirements and practitioners should establish a policy for the retention of records. This will provide direction to retaining documents and serve as a guidance for when documents can be destroyed.

SECTION 4: INFECTION PREVENTION AND CONTROL

4.1 Skin should be cleaned with soap and water if visibly dirty and dried thoroughly prior to any piercing or tattooing procedure being carried out. It is strongly recommended that single-use equipment should be used wherever possible. It is also imperative that under no circumstances should single-use equipment be re-used. All single use equipment must be used before the manufacturer's expiry date and be purchased from a reputable supplier. Any non-disposable equipment that is liable to come into contact with blood or body fluids should be adequately covered and thoroughly cleaned and disinfected after use.

4.2 Only sterile single-use needles should be used for skin piercing or tattooing. The practitioner should open pre-sterilised single-use needles in front of the client just before beginning the procedure (once disposable non-latex gloves have been

donned). Practitioners should be aware of the action to take in the event of sustaining a needlestick injury and procedures should be readily available in the premises for reference. Needles and other sharp items should always be discarded into an approved sharps container.

4.3 Any non-disposable equipment that is liable to come into contact with blood or bodily fluids and cannot be sterilised, should be adequately covered to protect from such contact and be thoroughly cleaned between clients. A 70% alcohol Isopropanol (IPA) solution is considered most appropriate for this purpose.

4.4 Practitioners should ensure that instruments and equipment used for ear and body piercing is based upon the best available evidence with the aim of minimising risks of skin trauma and infections. Practitioners should ensure that all jewellery used for body and ear-piercing should be sterile prior to its use. Where jewellery is not purchased pre sterilised but is sterilised within the premises, the practitioner must be able to demonstrate the efficacy of the sterilisation process. All cleaning, disinfection and sterilisation of equipment should be carried out in line with Tattooing and body piercing guidance Toolkit (2013). Acceptable metals for skin piercing jewellery include:

- Titanium
- Niobium
- Platinum
- Surgical stainless steel
- Gold – preferably sold gold 14 or 18 carats.

4.5 Prepacked single use vials of sterile tattoo inks are advised, although it is recognised, they may not be widely available in the United Kingdom. As an alternative, inks should be sourced from a reputable supplier, identify the date of expiry and shelf life and the required amount decanted into a single use sterile pot for the tattooing procedure. Any unused inks must be discarded. Practitioners should avoid purchasing inks from suppliers who cannot guarantee the absence of potentially toxic metals or the sterility of the ink in terms of microbiological contamination. Inks should be appropriately labelled with a clear indication of their durability on the label from the supplier.

4.6 The Health and Safety at Work (Jersey) Law 1989 places an obligation on all persons using equipment to be adequately trained in its use. Machines and other equipment necessary associated with tattooing, piercing and electrolysis procedures should be routinely checked, deemed safe for use and records of servicing kept.

IMPORTANT INFORMATION

Tattooing/Body piercing will not be carried out on any individual who is:

- under 16 years of age
- between 16 years and 18 years unless written permission is given by an individual with parental rights for that child
- under the influence of alcohol or drugs

Clients should discuss their medical history with the practitioner and read the aftercare information leaflet before signing a consent form.


Clients should be aware of the risks that may be associated with tattooing/body piercing and consider these before giving consent for the procedure - if aftercare advice provided by the practitioner is not followed, a tattoo/piercing is at risk of becoming infected.

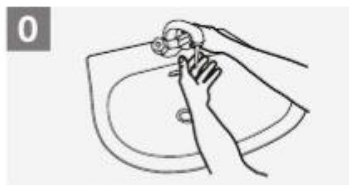
Ear piercing, acupuncture or electrolysis will not be administered to people under the age of 16 years without the prior written consent of that person's parent/ guardian.

APPENDIX 2: HANDWASHING TECHNIQUES

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the entire procedure: 40-60 seconds



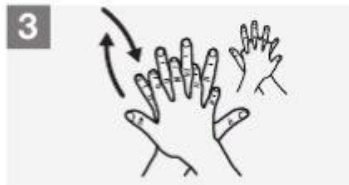
Wet hands with water;



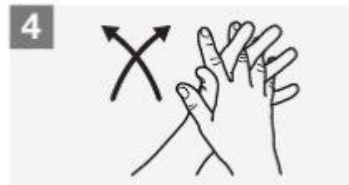
Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



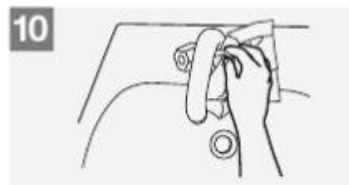
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



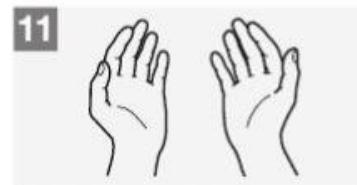
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health
Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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May 2009.

APPENDIX 3: CLIENT CONSENT EXAMPLES

CLIENT DETAILS			
Name _____	Date of Birth _____		
Address _____	Telephone _____		

PROCEDURE DETAILS	PRACTITIONERS'S NAME _____
Procedure Undertaken* TATTOO PIERCING ACCUPUNCTURE ELECTROLYSIS *circle or delete as appropriate	Site on body _____
Jewellery Used (if applicable) _____	

CLIENT MEDICAL HISTORY			
	YES	NO	DETAILS
<i>Do you (Does the client, if completing for an under-16) currently suffer from, or have you (they) ever suffered from any of the following?</i>			
Heart Condition/Angina			
Blood Pressure Problems			
Epilepsy/Seizures			
Haemophilia/Blood Clotting Disorders			
Blood borne Virus, e.g. Hepatitis B/C or HIV			
Skin Complaints, e.g. psoriasis, eczema, hypersensitive skin			
Lumpy raised scars (keloid scars)			
Diabetes			
Allergic Response, e.g. anaesthetics, jewellery, latex			
Are you prone to fainting attacks?			
Do you regularly take any blood-thinning medicines, e.g. aspirin?			
Do you take any regularly prescribed medication?			
Could you be pregnant?			

I declare that the information I have provided on medical history is correct to the best of my knowledge and that I am not currently under the influence of drugs or alcohol. I hereby give consent for the procedure detailed above to be carried out by the named practitioner. I confirm that I have been provided with written information on (i) the potential complications associated with the procedure and (ii) appropriate aftercare advice for the procedure. I agree that it is my responsibility to read this and follow the aftercare advice given until the treatment area is healed. I give consent to the practitioner to retain the details provided on this form in line with their records retention schedule.

Signature of Client _____ Date ___/___/___

Aftercare sheet given _____ Date ___/___/___

Signature of Practitioner _____ Date ___/___/___

Where client is under 16 years old, or in the case of tattooing/body piercing between the age of 16 – 18 years old details and consent of parent or guardian:

Name _____ Relationship to Client _____

Address _____

Telephone _____ Proof of ID Provided? Y N

Signature of Parent or Guardian _____ Date ___/___/___

Signature of Practitioner _____ Date ___/___/___

Aftercare sheet given _____ Date ___/___/___

APPENDIX 4: EXAMPLES OF AFTERCARE ADVICE

Your new tattoo has involved breaking the surface of your skin and there is a possibility that, if not cared for properly, your tattoo may become infected. By following the advice provided in this leaflet you will be reducing the chance of anything going wrong with your tattoo.

HOW TO TREAT YOUR TATTOO

Your new tattoo is basically an area of tiny skin breaks which have been caused by the penetration of needles carrying ink into your skin. It is important that you keep wearing the sterile dressing applied by your tattooist for at least an hour after it is applied. This should provide enough time for the tattoo to stop bleeding or weeping.

Once you remove the dressing, you should wash the tattoo gently with warm tap water and pat it dry with a clean tissue – try to avoid using towels, and definitely don't use towels that other people have been using.

After washing and drying your tattoo, apply a moisturising skin cream (your tattooist may recommend a cream but something like E45 is appropriate unless you are allergic to any of the ingredients) to stop the skin drying out and reduce scabbing.

You should aim to wash the area and apply the moisturising cream approximately 2 to 3 times a day for the first few days. Cream should continue to be applied 2 to 3 times a day to keep the skin moisturised until your tattoo is fully healed.

Everyone heals at a different rate and healing times depend on many factors. However, most scabbing should disappear within approximately 2 weeks - the next stage is for the tattoo to be covered in a "silver" skin which will last for about a week - in total, your new tattoo should be completely healed within about 4 to 5 weeks.

SOME GENERAL TIPS FOR AFTERCARE OF YOUR TATTOO

If possible, shower rather than bathe during the healing period – this prevents unnecessary water exposure – always pat your tattoo dry with a separate towel or tissue until it is fully healed.

Do not pick your tattoo as this will increase the healing time and will also lessen the quality of your healed tattoo.

Avoid swimming, sun bathing and sunbeds until your tattoo has fully healed – sunlight and chlorine can interact with the dyes in your tattoo causing irritation or inflammation of your skin.

Where possible, minimise the amount of "rubbing" from clothing by wearing loose fitting clothes around the area of the tattoo – this will minimise irritation of the skin around your new tattoo.

Keep your new tattoo covered if working in a dirty or dusty environment.

If you have any problems or questions at any time then you should contact your tattooist – contact details are provided below - to ask their advice in the first instance. It may be the case that they may refer you to your GP, or reassure you that what you are seeing is part of the natural healing process. In an emergency, you should always seek medical attention either at your GP surgery or at a hospital Accident and Emergency (A&E) Department.

TATTOOIST DETAILS

Practitioner Name _____ Telephone Number _____.

Studio _____.

AFTERCARE ADVICE FOR YOUR NEW PIERCING

Your new piercing has involved breaking the surface of your skin and there is a possibility that, if not cared for properly, your piercing may become infected. By following the advice provided in this leaflet you will be reducing the chance of anything going wrong with your piercing.

WHAT TO EXPECT FROM YOUR PIERCING

It is normal for most piercing to bleed slightly at first, but this should last no more than a few minutes - this may happen a few times over the first few days but should not be continuous and should not be heavy – if this happens you should seek medical advice immediately.

Everyone heals at different rates and some piercing take longer than others to heal. The following list gives an idea of the *estimated* healing times for different piercing but yours may take more or less time to heal completely.

Ear lobe, eyebrow, nasal septum	6 to 8 weeks
Ear cartilage, nostril	2 months to 1 year
Tongue	4 to 8 weeks
Lip, cheek	6 to 12 weeks
Genital	4 to 12 weeks

Your new piercing may be itchy, tender and slightly red for some time – in some cases a clear, odourless fluid may come from the site and form a crust. This is part of the natural healing process.

SOME GENERAL RULES ABOUT YOUR PIERCING

Minimise the chance of germs getting into your piercing:

- don't touch your piercing for at least a couple of days
- don't pick at, or play with, your piercing
- don't allow anyone else to touch your piercing
- when you have to handle either the site or jewellery, wash and dry your hands thoroughly first
- don't use your fingernails to move the jewellery

Try not to aggravate your piercing:

- avoid wearing tight clothing around your piercing
- keep waistbands away from navel piercings
- try to avoid rigorous exercise until your piercing heals

For tongue piercings:

- try to eat soft foods for the first few days
- gradually work your way up to tougher foods
- try to avoid hot spicy foods for the first few days
- sucking on ice, or drinking iced water, might help reduce swelling of tongue piercings
- use a new toothbrush to ensure that any bacteria that may be in your old one don't get into your piercing and infect it.

KEEPING YOUR PIERCING CLEAN

After cleaning, pat the piercing **dry** with a clean tissue - always keep your piercing as **dry** as possible – try to avoid using towels, and definitely don't use towels that other people have been using.

Where possible, you should aim to clean your piercing twice a day. Most piercings can be cleaned with warm pre-boiled tap water or sterile saline solution – this can be bought from most pharmacies in individual packs – use a fresh pack and a clean fresh cotton bud every time you clean the site. Always make sure your hands are clean.

Turn your piercing once or twice a day when you are cleaning it – soak off any crust that may have formed before you start to turn the jewellery – if possible, use a tissue to handle the jewellery rather than your hands – always make sure your hands are clean. Other than when you are cleaning the site, don't pick off any crust that forms as this acts as a barrier to stop your site becoming infected.

After cleaning pat the piercing **dry** with a clean tissue – always keep your piercing as dry as possible – try to avoid using towels and definitely don't use towels that other people have been using.

For tongue piercings, half strength mouthwash (diluted with water) should be used after everything that you eat, drink or smoke until your piercing is fully healed.

WHAT TO LOOK OUT FOR WITH YOUR NEW PIERCING

As your piercer will already have advised you, there are a number of things that could go wrong with your new piercing if it is not cared for properly.

Localised Infection

If aftercare advice is not followed correctly, infection may occur at the site of your piercing. If you suffer from any of the following after having your piercing you should speak to your piercer, or seek medical assistance in an emergency:

- Swelling and redness that increases or lasts more than a week or so after the piercing -
- A burning or throbbing sensation at the site -
- Increased tenderness, painful to touch -
- An unusual discharge (yellow or green) with an offensive smell -

Migration of Jewellery

If jewellery is too thin, or the jewellery is agitated before it heals completely, it is possible that the jewellery may move outwards through your skin. This problem is more common in navel and eyebrow piercings but could happen with a piercing at any site. If you think this may be happening to your piercing then return to your piercer and seek their advice.

Embedding of Jewellery

Sometimes, if an infection occurs at a piercing site, or if an inappropriate piece of jewellery has been used for a piercing, the jewellery may try to make its way completely under the surface of the skin. This is known as embedding. If you think this may be happening to your piercing then return to your piercer and seek their advice.

Allergic Reaction

Your piercer will already have asked you about any allergies that you may have. However, if you should notice an allergic response to your jewellery (or any other product used during the piercing) at any time then seek medical advice.

If you have any problems or questions at any time then you should contact your piercer– contact details are provided below - to ask their advice in the first instance. It may be the case that they may refer you to your GP, or reassure you that what you are seeing is part of the natural healing process. In an emergency, you should always seek medical attention either at your GP surgery or at a hospital Accident and Emergency (A&E) Department.

PIERCER DETAILS

Practitioner Name _____

Telephone Number _____

Studio Name _____

AFTERCARE ADVICE FOLLOWING AN ELECTROLYSIS TREATMENT

SOME GENERAL TIPS FOLLOWING ELECTROLYSIS

The area treated should be kept dry

Following your treatment do not touch or scratch the area treated

If small scabs appear do not scratch them away as this can cause scarring. Allow them to fall off naturally

Avoid tight clothing for 48 hours to allow skin to breathe

Avoid smoking, strenuous exercise and swimming for the rest of the day

Avoid other treatments or makeup on the treated area for at least 48 hours after treatment

If possible, shower rather than bathe during the healing period – this prevents unnecessary water exposure – always dab rather than rub the treated area dry.

Avoid swimming, sun bathing/sun beds, saunas and other heat treatments for at least 48 hours after treatment

Do not tweeze between treatments

ELECTROLYSIS DETAILS

Practitioner Name _____

Telephone Number _____

AFTERCARE ADVICE FOLLOWING ACUPUNCTURE

SOME GENERAL INFORMATION FOLLOWING ACCUPUNCTURE

Some clients may experience drowsiness following acupuncture. If affected you are advised not to drive.

Minor bleeding or bruising may occur after acupuncture.

If you have any problems or questions at any time then you should contact your acupuncturist – contact details are provided below - to ask their advice in the first instance. It may be the case that they may refer you to your GP, or reassure you that what you are seeing is part of the natural healing process. In an emergency, you should always seek medical attention either at your GP surgery or at a hospital Accident and Emergency (A&E) Department.

ACUPUNCTURIST DETAILS

Practitioner Name _____

Telephone Number _____

Studio Name _____

Address

APPENDIX 5: MANAGEMENT OF SHARPS INJURY

If a sharps injury/contamination incident occurs:

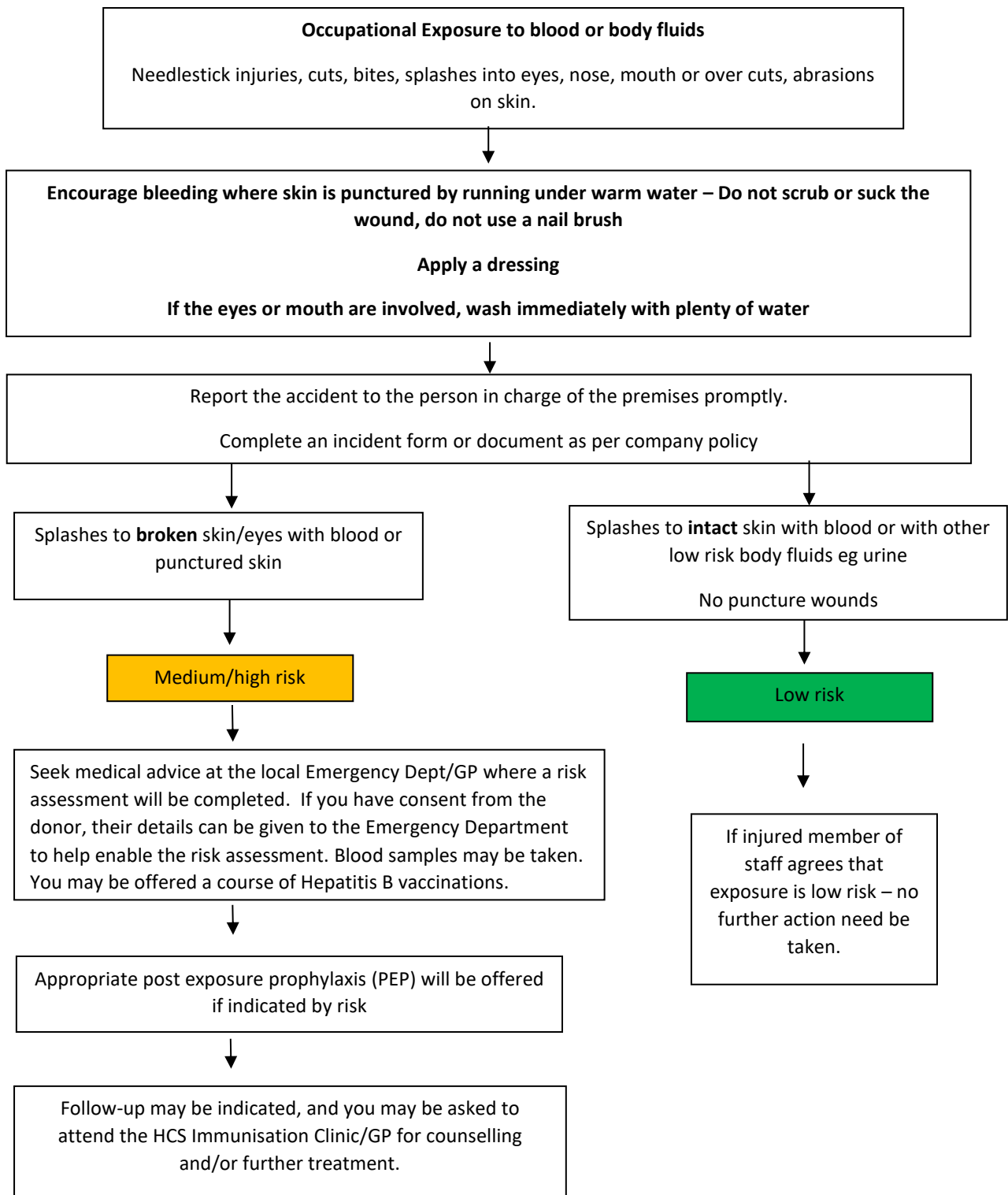
1. Encourage bleeding from the punctured wound by running under warm water (do not squeeze or scrub).
2. Cover the wound with a dressing.
3. Ensure the sharp is disposed of safely into an approved sharps container.
4. If a splash to the skin, eyes or mouth occurs, wash in plenty of water.
5. The incident must be documented and recorded as soon as possible as per company policy.
6. The recipient should go to the Accident and Emergency Department (if there is any blood borne virus risk) or GP without delay.

If the client/donor involved in the contamination incident is known to be a Hepatitis B or Hepatitis C carrier, please pass on this information to the doctor in the Emergency Department so they can complete a risk assessment and organise appropriate follow-up blood tests for you if appropriate.

If the client/donor involved in the contamination incident is known to be HIV positive you should attend the Accident and Emergency Department without delay (preferably within the hour) explaining clearly to the receptionist/triage nurse what has happened so you can be seen as priority. This is to enable a rapid risk assessment to be done and to decide whether there is an indication for offering you post-exposure prophylaxis. This is likely to be most effective if given as quickly as possible after the exposure hence the need for prompt assessment.

The doctor will take an exposure history from you and determine what further action needs to be taken. Dependent on the incident your doctor may also take a blood sample from you at the time and retest you approximately 6 months later to provide reassurance that you have not been infected.

Appendix 6 Flow chart following a blood/body fluid exposure



REFERENCES

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