



THE NEW ZEALAND ASSOCIATION OF

registered beauty therapists
INC.



Code of Practice

for

Beauty Therapy Clinics, Spas and Training Establishments

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The following guide to professional hygiene practice was originally compiled from information provided through IFHB and IHBC (both health and beauty therapy associations in the UK). Slight alterations were made to suit NZ hygiene regulations.

In accordance with our invariable practice, the information given in this Code of Practice is by way of advice in the light of present knowledge and is for reference purposes only and there is no given or implied warranty or guarantee as to the effectiveness for any purpose of the procedures stated herein and no liability of any nature is accepted by the authors, publishers or printers.

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The purpose of The New Zealand Association of Registered Beauty Therapists Inc is to work towards the integration of all fields of Beauty Therapy and related industries, providing support to, and improvement of, professional beauty care.

We strive to continually provide extensive and leading edge knowledge to ensure a consistently high professional and ethical standard thus protecting our public, our clients, and our future. To this end, it is necessary to present a clear guide to hygiene practices to all therapists in the field.

This is an industry specific document that was started some time ago to draw attention to problem areas. As research continues, its advice gives guidance but it is not necessarily definitive.

In accordance with our normal practice of working on behalf of the industry, this document is available to all therapists and training institutions. We welcome comments on its content and will revise future editions as necessary.

Executive Committee
March 2014

1. INTRODUCTION

Hygiene is not so much a set of rules as an attitude of mind. New entrants to fields such as nursing or chemistry are made aware of the need, in laboratory practice, to prevent contamination between substances and by cross infection between living organisms. The more rigid the rules, the less risk there is of error causing complications.

In health and beauty therapy we are dealing in a close body contact situation where risk exists between the client and the therapist, as well as between clients. Clients have a right to expect that in all such personal treatments there will be a good standard of hygiene and so cleanliness of surfaces and instruments and the washing of hands becomes second nature. However, in recent years, the prevalence of specific viral infections resistant to simple cleansing methods and the introduction of new treatment forms such as day spas (incorporating spa pools, thalassotherapy, wet beds and Vichy showers), raises the question of correct operating procedures.

There is no possibility of completely eliminating risk in any area of human existence and the views of experts frequently disagree. For example, in television programmes relating to AIDS, one stated that just pricking oneself with an AIDS infected needle was unlikely to cause an infection. It was pointed out that in a study of nurses who had accidentally injected themselves with infected blood, quite large quantities were necessary in order for the virus to be transmitted. On the other hand, another programme stated that tattooing and electrical epilation were very high-risk treatments and that the slightest blood/blood contact could cause infection. As in many scientific statements, both are right and both are wrong. While studies so far have indicated that there is a much smaller possibility of infection with a minor transfer of blood, the risk does exist. In the same way tears and saliva have been found to contain the AIDS virus and yet no specific cases of the disease being contracted in this way have been traced at this time.

Information regarding the client health history must be disclosed during your client consultation and must be signed by the client and therapist. It should be remembered that if the therapist is performing any other treatments e.g. Micro-dermabrasion, Cosmetic Pigment Implantation or such other advanced treatment that a consultation/ consent form signed by the client and therapist is essential.

Contra indications are currently being omitted by many clinics. It is imperative that this forms part of a consultation for any treatment and clients must give an 'informed consent' which must be signed prior to the commencement of any treatment.

Services that risk breaking the skin carry the risk of drawing blood and body fluids. These services may be considered to carry a moderate risk of transmitting blood-borne viral diseases and the risk of transferring fungal and bacterial infection. Such services include, but are not limited to, hair removal by waxing, threading and tweezing, manicure and pedicure and exfoliation.

The minimum standards set by the Auckland Council in 2014 and endorsed by the NZ Association of Registered Beauty Therapists aim to ensure that operators who are undertaking commercial services that risk breaking the skin conduct their operations in a safe and hygienic manner so as to reduce risks to public health.

2. GENERAL HYGIENE PRACTICES

(a) Hands

We are in a field where treatments are performed using the hands and for techniques such as face and body massage it is not always practicable to wear any form of glove. The question then arises as to how therapist/client cross-infection may be avoided. Paper towels and antiseptic soap must be provided alongside the hand basin. False nails and nail extensions can harbor infection.

The therapist should ensure that any cuts or abrasions on the hands be covered by waterproof plasters. In addition, any obvious cuts or abrasions on the client in areas to be treated should be similarly covered.

If massage is taking place over skin that has not been abraded in any way, then normal washing thereafter will suffice. Bactericidal washing creams are available in wall dispensers (as commonly used in hospitals) and these provide a good cleansing method without being too harsh for the skin.

If the skin is abraded and cannot be sealed and it is necessary to use the hands in close proximity, then it is desirable to wear surgical type gloves. These are thin and generally coated on the inside with powder for easy application and removal. They provide good skin protection.

The gloves are suitable for wearing when washing items and should be disposed of after each use. Care must be taken when removing gloves to ensure they are peeled off whilst being held at the top, so contamination is not transferred to the hands. However, as a further precaution, the hands should then be thoroughly washed.

(b) Footwear

Clients must wear foot covering whenever possible, even when in the shower, sauna or steam bath/room. This is to minimise the risk of infection from undiagnosed tinea pedis or verrucae.

Clients with these conditions should not present themselves for treatment where the risk of cross-infection exists. Either the client's own jandals, socks or a disposable foot covering are recommended. The therapist has a right to deny treatment.

(c) Barrier Creams

These creams have been in use in the industry for a long time and they are extremely effective in closing up minor crevices and providing a shield to the skin, whilst at the same time avoiding loss of sensitivity through wearing gloves. Generally these creams contain silicon compounds and obviously are only useful in those situations where no barrier cream solvent is being used. Products such as "Dermashield" are now available that leave an invisible film on the skin, protecting from any bacterial or fungal contamination.

(d) Record Keeping

These days actions for damages are well known and we are more conscious of the incubation periods for various diseases. It is therefore imperative that therapists keep

adequate records of all treatments performed and products used including aftercare/homecare advice. A copy of aftercare advice should be given to the client.

(e) Disposables

This refers to disposable gloves, paper, knives, needles, abrasive crystals etc. In the case of any disposables coming into contact with body fluids, they should be dealt with by incineration and your local Environmental or Public Health Officer will advise on this. All such items should be placed in sealed plastic bags appropriately marked as "contaminated material."

Disposable needles as used for electrolysis, red vein and pigment implantation work, should be similarly sealed in a "sharps" box (an impervious sealed container labelled as holding contaminated needles) and this sharps container must be removed and incinerated by a registered disposal company.

❖ Sterilisation

Sterilisation is the complete destruction of micro-organisms.

Some good salon practices:

- **Tools should always be washed in warm, soapy water and then rinsed thoroughly in warm water before being disinfected or sterilised. This ensures the removal of debris that would act as a barrier. It also prevents contamination of the soaking solution.**
- **Antiseptics - these are used specifically on the skin and for treating wounds. Swabs impregnated with 70% isopropyl alcohol are often used for convenience.**
- **The risks of cross infection will only be eliminated if potential disease is identified, immediate measures taken, and tools/equipment are scrupulously clean throughout treatment.**
- **If the therapist has any open cuts or abrasions, they should be covered with an adhesive waterproof dressing and gloves worn.**

(a) Autoclave

An autoclave is basically a container in which pressure is increased so that water boils at higher than 100°C. Sterilisation of metal tools is easily accomplished at these higher temperatures and the following durations of treatment are recommended by the Medical Research Council:

At 15 psi (pounds per square inch) water will boil at 121°C and 15 minutes treatment will give sterilisation; at 32 psi, boiling point is 134°C and 3 minutes is adequate.

It must be appreciated that at these high pressures it is essential that for safety and efficiency, the manufacturer's instructions be followed precisely.

❖ Sanitisation

(a) Glass Bead Steriliser

Glass bead sterilisers are being improved and manufactured by more companies. As a result, the latest models fulfill the major criteria in that a uniform temperature of 190°C or 300°C, depending on the model used, has to be maintained. The unit must be switched on for 30 – 60 minutes before use. Check manufacturer's instructions. If extra items are placed in the steriliser during this period, the temperature of the beads drops, therefore it is advisable to sterilise one item at a time. Glass-bead sterilisers can hold only very small items such as tweezers. Approximately 10 seconds is required for sterilisation to be complete. Check manufacturer's instructions before use.

❖ Disinfecting

Disinfecting is a somewhat vague term and implies a bactericidal action. The substances used for this purpose fall into various family groups and are effective within their stated limits. However, when dealing with viruses they have severe limitations compared with heat sterilisation. It is recommended to source hospital grade products, i.e. Viraclean.

Each disinfectant substance has a life prescribed by the manufacturer, whose directions must be strictly adhered to. Some require dilution and, if anything other than distilled water is used, there is the possibility of chemical interaction reducing efficiency.

If immersion in any solution is to be of value, then the contaminated section of the item must be free of organic matter and the surface must be fully immersed.

(a) Sodium Hypochlorite

This is damaging to the skin in concentrated form. Available in commercial products, and requires dilutions of 1:20 and 1:1. It is generally used for glassware and plastics only and 30 minutes soaking is not likely to cause structural damage. However it is corrosive and should not be used for soaking metal instruments.

(b) Glutaraldehyde

This product was once widely used as a high-level disinfectant for use on heat sensitive instruments. It is an irritant and potent sensitiser. If it is to be used then **ALL** appropriate safety precautions are to be followed. Advice on these precautions can be obtained from the supplier of the product from their product data sheet and material safety data sheet. It is strongly recommended that a glutate-free, neutral pH and non-corrosive product be used instead. There are products available which are safe for the user and details of these can be obtained from your regular supplier.

(c) Phenol

This is familiar as carbolic acid and used at one time as a universal disinfectant. In chlorinated form it is found in many household and industrial disinfectants, but it is not suitable for skin contact unless in 1% concentration or less.

❖ Antiseptics

The partner of the disinfectant is the antiseptic substance, which inhibits the growth of micro-organisms but does not necessarily destroy them.

Some mild antiseptics are used as a post-treatment application such as in a soothing lotion after epilation, or in cosmetics to prevent premature deterioration. Anything more powerful should not be left on the skin prior to a high frequency or galvanic treatment as a chemical reaction damaging to the skin can occur. Similarly, items cleansed in powerful disinfectants should not be used in those treatments whilst still coated. In both cases, a further wash with soap or detergent followed by good rinsing is essential.

(a) Surgical Spirit / Ethyl Alcohol

This is useful for cleaning skin, instruments and surfaces to remove grease and organic matter. The term is generic, for investigation shows that a well known chain of chemists provide this with a 60% content of ethyl alcohol and a medical supply house with 95%. A concentration of 70% alcohol should be considered minimal for most purposes. Spirit should not be used for storage of instruments as corrosion could result.

HAZARD IDENTIFICATION, ASSESSMENT & CONTROL

Assessing Hazards

- All hazards are assessed to determine whether or not each hazard is a significant hazard – *as required under Section 7(1) (c) of the Health & Safety in Employment Act* – that could result in serious harm to a person.
- Each significant hazard is prioritized for attention to control it.
- The results of the assessment and hazard rating are noted on the new **“Hazard Identified” form** or into the **“Hazard Register”** which each clinic is required by law to keep with their Health & Safety Regulations documentation for each clinic.

Chemicals and Hazardous Substances

- All chemicals must be handled, stored and transported in accordance with the manufacturer’s or supplier’s instructions.
- Secure storage must be provided for any such materials.
- All incompatible chemicals should be clearly labelled as to their contents and precautions taken in their use and handling.
- Make sure all employees read the labels and are familiar with the chemicals that you are required to use to carry out your role as a professional beauty therapist.

❖ **Materials**

Within the field of beauty therapy we use a number of materials and both mechanical and electrical equipment. The surface cleaning of these pieces of equipment is imperative and specific consideration must be given to those parts that come into body contact and where the risk of contamination is localised.

(a) Cloth and Sponges

Items such as blankets, towels and head bands have been commonly used and cleansed by washing. A blanket used to wrap a client on the couch may be separated from body contact by towelling or paper. However, towels that are used for direct body covering after showers and for sitting on in saunas, are for one client use only. Similarly, headbands and couch covers are washed after single use – these items are all available in a disposable form.

Material couch covers should preferably be replaced by disposable paper. Disposable paper should be used on the floor adjacent to the couch or at any other point where the client may stand with bare feet.

It has been noted that in Colleges where students use towels after showering there have been cases of cross-infection showing that accidental contact one to another is difficult to avoid. Therefore, if in such cases, towels are kept by individual students, then the towels should be physically separated from each other.

As a further precaution in the handling of towels and similar materials, there should be a suitable container into which these items can be dropped after use and this should be lined with a plastic bag. After discharge of the material into the washing machine, the plastic bag should be destroyed. Equally, all items should be subject to a hot wash, with appropriate detergent and adequate rinsing. A pre-wash soak with Napisan for 48 hours is ideal.

All operators should use new single-use sponges where facial towelling is necessary for exfoliation.

Where the use of facial towelling compresses/sponges are preferred to using disposable cotton wool, each should be washed thoroughly in a hot wash with the addition of pre-wash soak in Napisan or similar for 48 hours. Nappy liners are now being used by some therapists as facial compresses that can be disposed of after a single use.

(b) Metal

Metal items range from tweezers through to cutting instruments such as cuticle clippers.

Metals may be fully sterilised by insertion in an autoclave. In the case of instruments where the whole cannot be inserted in a glass bead steriliser, items should be washed in soapy water, rinsed and disinfected with Viraclean, Barbicide or something similar or 70% isopropyl alcohol swabs and stored in an airtight container.

With cutting instruments, those commonly used in beauty therapy are plated and are not

suitable for continuous re-heating or autoclaving. In addition, some instruments with plastic handles will disintegrate under sterilisation conditions of this type. However, stainless steel instruments are available which are suitable for these procedures and these include cuticle knives with metal handles.

With the metal comedone extractor there is a specific problem in material adhering around the orifice. All organic matter must be removed from instruments by washing in warm soapy water before being disinfected or sterilised. Disposable forms of comedone extractors are now available.

In the case of vacuum suction applicators made of metal and used to suck out comedones, difficulties will arise because of the need to remove organic matter from the tube itself. Therefore, this cannot be considered a suitable method until manufacturers have devised some intermediate trap section which can be removed and be subject to disposal.

It should be remembered that stainless steel is a generic term and some grades are more resistant to corrosion than others. Material hardness is also a relevant factor. To avoid problems with re-use on the skin after chemical treatment, the instrument should then be detergent washed and thoroughly dried.

(c) Glass / Pyrex

Whilst glass may be suitable for autoclave procedures, in beauty therapy the prime glass items are vacuum suction applicators used on the face and high frequency electrodes.

Micro-dermabrasion treatments can be performed anywhere on the body but most commonly on the face. Caps attached to metal holders or Pyrex hand-pieces that come into contact with the skin must be thoroughly rinsed after use then soaked in an antibacterial solution, before being sterilised in an autoclave at 120°C for 30 minutes or by placing in a pot and covering with cold water, brought to the boil, and boiled for 10–15 minutes. The sterilised hand-pieces are removed with forceps/tongs and placed in a sealed plastic bag. If disposable caps are offered by the manufacturer then these **MUST NOT** be reused.

Vacuum suction applicators are very difficult to cleanse completely and therefore should not be used until manufacturers have devised some suitable disposable trap mechanism for organic matter. This will not apply to those of sufficient size to allow internal cleaning with detergent water.

In regard to high frequency electrodes, their very nature makes them unsuitable for autoclaving. However after cleansing adhered debris from the contact part of the electrode with surgical spirit, the glass lower section can be washed in detergent and water. Care must be taken that the metal section remains dry.

(d) Perspex and other Plastics

Perspex is found in the shape of vacuum suction body cups and plastics on vibrator applicators couch surfaces etc. As with glass, the simplest procedure is initial cleansing with surgical spirit and washing with detergent and water.

When using vacuum cups on the body, the skin should have been pre-cleansed by a shower or wiping with surgical spirit. The area to be treated should then be very lightly greased with a cream or oil, this being just enough to allow cup slippage.

In this condition, no organic matter will be drawn through cups with an upper orifice of about 2mm. If a suction tube does become contaminated, it should be changed as complete cleansing may not be possible. This would also apply to tubing supplied with micro-dermabrasion equipment.

(e) Conductive Rubber

Conductive rubber electrodes of the latest type are sealed and can be washed with detergent and water, a soft brush being used to ensure the removal of any surface debris. Experiments indicate that damage may be caused by using disinfectant agents. These can also affect the conductive properties by surface reaction.

Alternatively, to prevent debris reaching the electrode, gauze soaked in saline solution may be placed on the skin beneath the electrode. This will ensure conductivity and at the same time prevent organic matter from reaching the electrode itself. Care must be taken that detergent water does not enter the part of the electrode where the cable inserts, as corrosion will take place. Under no circumstances should there be prolonged immersion of the pads. To store, thoroughly rinse, dry and dust with talc to prevent perishing.

(f) Viscose Materials

Viscose materials are commonly found as electrode pockets with faradic machines. As with conductive rubber electrodes, the pockets should now be separated from the skin by lint or cotton wool soaked in saline solution and this will prevent body contact by the material. After each use the pocket should be rinsed in cold water to remove saline solution and then washed in hot detergent water. Following a thorough rinse, the pocket should be air-dried.

3. TECHNIQUES

(a) Creams and Make-up

It is advisable whenever possible to use creams and lotions that are hygienically packaged in tubes and pump top containers as opposed to jars. Check use-by dates regularly or know the shelf life of your product. Product containers should not be refilled from bulk containers as this may lead to cross contamination.

Most beauty therapists have established a method of ensuring there is no contamination of massage creams or make-up materials by using a cut out system. Whereas an individual at home might put her fingers or a brush into a substance, transfer this to the skin and then return the brush or fingers to the pot, beauty therapists use an intermediate stage. This involves the use of a spatula or palette.

If applying onto the body massage cream which has been taken from the container with a spatula and dropped onto the skin, this will not only cause discomfort to the

client, but is unprofessional. If it is removed, however, from the spatula with fingers, the spatula is contaminated and should not be returned to the pot. The advantage of wood spatulas is that they are cheap and disposable. Plastic or metal spatulas must be thoroughly cleansed after use and in present circumstances are best avoided. Pump pack dispensers are ideal.

When substances have to be applied by brush or finger, transferring the substance from their containers to a palette is frequently the simplest method. An adequate amount of substance must be available on the palette so that the finger or brush can be returned time and time again and the palette thoroughly detergent washed at the end of the treatment. This includes the application of lipstick as well as facial creams.

Substances such as eye shadow, blushers and powders can be shaken or scraped from their containers on to disposable cotton wool or tissue and this applied to the client. The essence of all these methods is that there is a cut-out preventing any possibility of client body substances contaminating the original containers.

If eyeliners are required for use and are not the client's own property, they must be re-sharpened and wiped with mild antiseptic solution prior to use. (They should not be used on the inner eyelid rim).

With regard to the use of mascara, again it is advisable to use the client's own, but if this is not possible, disposable mascara wands are a great asset to a make-up artist and can be thrown away after each insertion into the mascara tube.

(b) Brushes

When brushes are used on the eye or lip area, there is an obvious danger of them coming into contact with tears or saliva that contain viruses. If possible, the client's own brushes should be used.

The sterilisation of brushes to an adequate level is a virtual impossibility and thus an alternative method of application is desirable. Use disposable methods wherever possible.

4. MANICURE / PEDICARE / NAIL TREATMENTS

The danger with manicure/pedicare treatments is that orange sticks, nail files, emery boards, cuticle and nail clippers may all accidentally draw blood and/or abrade the skin. Disposable gloves should be worn. Dust masks should be worn when using an electric or hand nail file however these masks will not prevent against vapour inhalation. Ensure the treatment area is well ventilated particularly when performing shellac, gel or acrylic nails.

Manicure/pedicare instruments should always be washed and scrubbed with a small brush (toothbrush) antibacterial soap and hot water, and placed in suitable disinfecting solution. After 30 minutes they can be removed, rinsed and stored in an air tight container. Wiping with 70% isopropyl alcohol swabs before the next use is good practice.

All bowls and foot spas used for soaking the feet and hands must be wiped with 70% isopropyl alcohol to remove greasy residues, washed out with hot soapy water, filled with a disinfectant solution and water and left to soak for 30 minutes. Rinsed and stored in a plastic bag. Foot spas must be run through with disinfectant solution to ensure thorough cleaning.

All towels used should be disposable. If normal towels are used there should be a suitable container into which these items can be dropped after use and this should be lined with a plastic bag. A pre-wash soak with Napisan or similar for 48 hours is ideal.

After discharge of the material into the washing machine, the plastic bag should be destroyed. Equally, all items should be subject to a hot wash, with appropriate detergent and adequate rinsing.

5. EXFOLIATION / MICRODERMABRASION

Exfoliation is a practice intended to remove dead skin and can be performed using microdermabrasion, physical peels that have an abrasive action or chemical peels such as glycolic or enzyme. Exfoliation procedures are generally safe because they usually involve the intact layer of the epidermis. However, there is a minimal risk of breaking the skin and infection when exfoliation is performed using microdermabrasion.

Microdermabrasion is mechanical exfoliation that removes the uppermost layer of dead skin cells from the face, chest and hands and is associated with a risk of infection if equipment is not sterile or if the operator is not trained in the use of equipment.

All commercial services that risk breaking the skin are required to comply with the general standards for risk of breaking the skin (Minimum Standard 4) of the Auckland Council revised Code of Practice 2014 which aims to ensure that operators who are undertaking exfoliation conduct their operations in a safe and hygienic manner so as to reduce risks to public health.

All care should be taken not to go below the epidermis level of the skin. Disposable gloves must be worn and Equipment must be sterile and strict hygiene practices should be followed when using chemical peels such as glycolic or enzyme. **Only safety certified microdermabrasion equipment should be used.**

All operators should use new single-use sponges where facial towelling is necessary for exfoliation.

6. DEPILATORY WAX TREATMENTS

Because depilatory waxing removes hair by the root, the papilla is ruptured and blood and body fluids can leak from the follicle onto the skin surface. For personal and client protection, disposable gloves must be worn - vinyl gloves are easiest to use. Hands must be washed before and after wearing the gloves.

Prior to waxing, the skin should be sanitized with a pre-cleansing depilatory preparation, following the manufacturer's instructions. Waxing areas should be kept scrupulously clean; couches should be covered in clean linens and/or disposable paper.

(a) Hot Wax

It is advisable to dispense hot wax into a disposable container from the main wax heater and then apply it directly to the skin by means of a disposable spatula. If any difficulty is found in removing the wax by 'flicking-up' when wearing gloves, the following method can be used - putting a small piece of polythene under an edge before applying the wax. After hardening, this gives a loose edge, which is easily gripped. After the wax has been removed, it should be destroyed and the hands thoroughly washed.

Under no circumstances must hot wax be recycled.

(b) Warm Wax

Pot Wax

To prevent contamination of the pot and its contents, there should be no re-dipping. Each spatula should be used once only from pot to client. Open pots should be kept covered as they attract dust and airborne components.

Roll-on Devices

Roll-on heads are in direct contact with the client's skin and then directly roll around into the cartridge. To prevent contamination, a roll-on head and container should be used on only one client.

Disposable Application

A disposable applicator device is available. The wax is hygienically packaged in tubes. An applicator is attached to the tube and wax is dispensed onto the skin via the applicator. Design features on the applicator include a gate, which stops the flow of wax and prevents backflow. The applicator is disposed of after use.

After Wax Lotions

Manufacturers supply after wax lotions. Always follow the recommended instructions. Pre and post lotions should be correctly stored. Pump tops are advised for dispensing. Refilling is not recommended as this can lead to cross contamination.

(c) Paraffin Wax

When applying paraffin wax to the feet or hands, it is advisable to dispense a quantity of paraffin wax into a plastic bag. The hands or feet can then be inserted into the bag. When the wax has set, the wax and bag are removed together and disposed of.

To apply paraffin wax to the body, the wax can either be decanted into a separate container and then brushed onto the body, or preferably individual gauze sheets can be dipped into the paraffin bath and wrapped onto the body area. The gauze and wax, once removed, is disposed of.

All used paraffin wax must be disposed of.

7. EAR / BODY PIERCING

- (a) Use only those guns with pre-sterilised cartridges and which do not allow serum from the wound to contaminate the gun.
- (b) Therapists must wear disposable gloves. Hands must be washed with liquid anti-bacterial soap/detergent both prior to treatment and after removing gloves. If gloves are torn or damaged during treatment they should be discarded and replaced with new gloves.
- (c) Suitable protection of the face e.g. eyewear/masks should be worn when performing treatments to protect cross contamination from body substances.
- (d) Use ethyl alcohol / Viraclean or similar for cleaning the treatment area both before and after treatment. Avoid other antiseptic substances which may cause allergic reactions.
- (e) Ensure that disposable paper is placed to catch any drops of blood serum.
- (f) If there is inadequate piercing, then the complete hygienic procedure must be followed in order to ensure no transfer of contamination. However, if the manufacturer's instructions are followed precisely, this problem is unlikely to occur.
- (g) The gun may be then washed with hot soapy water, then wiped with 70% isopropyl alcohol solution and stored in an air tight container or UV cabinet.

8. ELECTRICAL EPILATION / RED VEIN THERAPY

The introduction of disposable needles and their subsequent manufacture throughout the world has meant that there is an instant and safe method of dealing with the problems of potential blood and body fluid contamination. For a higher degree of protection it is suggested that surgical type disposable gloves also be worn when performing these treatments. Use ethyl alcohol / Viraclean or similar for cleaning the treatment area both before and after treatment.

A problem remains in that some needle holders require that for the insertion of the needle the chuck cap must be removed. Thus, in passing over the needles the inside of the collar becomes infected and requires to be fully sterilised. It is therefore desirable that needle holders require that the chuck cap be loosened rather than withdrawn for both the insertion and extraction of the needle by tweezers. Equally, the length of the needle left exposed in the chuck should be such that an uncontaminated part can be gripped by the tweezers for extraction. Those manufacturers whose needle holders do not fulfill these specifications must adapt them, or their use should be avoided.

Contaminated disposable needles should be placed in a 'sharps' box, or similar sealed container. This must be suitably labelled as "contaminated" and removed and incinerated by a registered disposal company.

Even more important in the treatment of red veins than any of the previously mentioned treatments, is the possible contamination with body fluids. Blood serum loss is extremely common on the vascular skins being treated. It is imperative that disposable gloves be worn and disposable needles used that can be hygienically removed after treatment. Any swabs with blood debris should be burnt or disposed of by other adequate means.

If a minor penetration of the skin occurs, the site should be expressed continuously; i.e. bleeding should be induced under running water for 5-10 minutes. Disinfect, dry the wound and seek medical advice as required.

In the event of a needlestick injury, written consent should be gained from the client, a blood test should be completed (for HIV and Hepatitis screening) and rechecked again in 3 months.

If a client is known to be HIV or Hepatitis B positive, the employee should go directly to a hospital Emergency Department in their area for specialist cover and input.

Any near misses e.g. beauty therapist who pricks her finger whilst loading the needle, should be documented in order for the insertion to be performed safely.

NB: OSHA - Occupational Safety and Health Administration regulations in industry ensures employee and client have all tests necessary or treatment carried out.

9. SKIN NEEDLING / SKIN ROLLING / DERMA ROLLING / MICRO NEEDLING & DERMASTAMPS (COLLAGEN INDUCTION THERAPY) & MICRO-PIGMENTATION OF COLOUR (Tattooing)

This treatment should only be provided by dermatologists, cosmetic surgeons, specialist skincare doctors, nurses as well as qualified beauty therapists, skincare therapists and aestheticians.

Skin Needling (clinical grade – 0.5mm-1.0mm)

Skincare Therapists and Aestheticians must have the knowledge and skills necessary to provide this treatment which can be achieved through the following:

- National Certificate (or International equivalent) in Electrology plus at least 3 years experience in the beauty industry
 - Insurance must cover the use of micro needling devices up to 1.0mm in length
- a) Therapists must wear disposable gloves. Hands must be washed with liquid anti-bacterial soap/detergent both prior to treatment and after removing gloves. If gloves are torn or damaged during treatment, they should be discarded and replaced with new gloves.
 - b) Suitable protection of the face e.g. eyewear/masks should be worn when performing treatments to protect cross contamination from body substances.
 - c) Application of pre and post operative creams and lotions are all applied

with disposable applicators. Application of the derma roller is to be administered by one hand only for the duration of the treatment to avoid cross contamination.

- d) Ensure that disposable paper is suitably placed to catch any drops of blood serum.
- e) Ensure that the pigments used for micropigmentation of colour (tattooing) comply with The Environmental Protection Agency (EPA) standards, are gamma sterilized from a reputable supplier as part of the manufacturing process and the containers are sealed when received from the supplier; also that the pigment dispenser (acrylic pigment caps) are disposable.
- f) Dispose of all needling devices used into a sharps container; all other materials used are placed into a plastic bag which is then sealed and disposed of immediately. Therapist must not remove her disposable gloves until the last possible moment. At no time must she touch any contaminated materials.
- g) After each client, wipe the work surfaces/machine with disinfectant, isopropyl alcohol.

It is recommended by the New Zealand Association of Registered Beauty Therapists Inc that all needles used for epilation, red vein work and micropigmentation and also derma rollers above 0.5mm should be sterile and single-use disposable and that all hygiene precautions be taken. Sharps container must be removed and incinerated by a registered disposal company.

Any near misses e.g. beauty therapist who pricks her finger whilst using a needling device while administering a treatment should be documented. Please refer to Section 8. Electrical Epilation/Red Vein Therapy.

Personal/Home use Derma Rollers and Derma Stamps

Skin Needling at home, client purchases retail grade (0.2mm-0.3mm) these can be administered at home with guidelines and instructions provided by the therapists (patient treatment guide)

- Needling device sold with a compatible disinfectant solution & allow to dry before each use
- Ensure the roller is cleaned thoroughly after each use, run under hot water and disinfect before allowing it to dry and return to the case. Always allow roller to dry and cool before use.
- Dispose of roller after 4-6 months after date of opening.

10. EXERCISE EQUIPMENT

Exercise equipment will be used in a gymnasium where the client is wearing a leotard or similar clothing and there is little risk of cross-infection. However, clients should not be performing exercises in bare feet, primarily in order to avoid the risk of infection from verrucae or athlete's foot. On exercise benches the surface may be wiped over with a disinfectant solution and a towel or paper may be provided to absorb sweat deposits. All apparatus should be wiped over regularly with suitable cleansing agents.

The belts on vibro-belt machines can be hand-washed in a detergent solution, fully

rinsed and left to dry naturally overnight. It can no longer be considered permissible in commercial establishments for vibro-belts to be used on bare skin.

11. SWEDISH MASSAGE

Reference has already been made to a cut-out system of applying massage cream (see 3a, p9) and suitable couch hygiene (see Materials, p7-9). Bedding must be changed after each client. The covering of cuts and abrasions and the client pre-showering gives further protection.

12. SHOWERS

In the shower area paper can be used on the floor, where the client stands afterwards to dry, or disposable footwear can be worn in order to prevent the spread of disease. It is desirable that the floor be of seamless plastic capable of being washed with a suitable disinfectant and detergent solution. Once the shower has been used, it can be dried and then wiped with a disinfectant solution. In particular, the small 'hotel' tablets of soap should be used and one provided for each client and the residue destroyed. This is a more satisfactory solution than trying to use soap dispensers and provides a completely hygienic way of washing. For drying, a towel may be used but this should be immediately placed in the container for dirty washing which has a plastic bag liner.

13. SAUNA AND STEAM BATHS

The sauna is a wooden structure in which there is high heat and very low humidity. In contrast the steam bath, which is usually made of glass fibre, has a high humidity and relatively low temperature. The sauna will accommodate a number of people at one time, whilst the steam bath is for single use only.

In the sauna, the problem is that it is made of wood. Because sebum and skin particles adhere to the wood, it is normal to scrub wash the commercial sauna each day using plain water. This is as far as cleansing of this nature can go, because it is impracticable to use soap solutions without using large quantities of rinse water, and disinfectant substances would cause noxious fumes. Using large quantities of scrub water is only possible when a drain has been incorporated into the sauna floor and this has not been done in many beauty salons.

For maximum hygiene, it is desirable that there be a limit on client occupancy so that there is adequate room for each individual to sit without being in body contact with another person. The client should be wearing the bottom half of a bathing suit/panties (G string wear is not advised due to possible inadequate body coverage) as an added protection against contaminating the wood and be given a disposable absorbent paper towel to sit on. Given these precautions, the element of risk is small.

With glass fibre steam cabinets, the same precautions with regard to the wearing of

bikini bottoms or swimming trunks and the provision of paper between the seat and the client are required. Some steam baths deposit quantities of condensed steam on the floor and in these it is desirable that there be some means of soaking this up.

This can be through a piece of paper or towelling placed on the floor. Following use, the paper can be disposed of and the towel can be lifted with appropriate washing tongs and placed in the dirty linen bag for washing in the normal way. The inside of the bath can be wiped dry and may then be wiped over with a disinfectant solution. Glass fibre resists the growth of many organisms.

14. SUNBEDS

It is a legal requirement that no person under the age of 18 years is permitted to use a sun-bed. The latest research has proved that the use of sun beds does accelerate skin cancer, especially in Australasia with the depletion of the ozone layer. Research done in 2010 showed that 58% of New Zealanders per capita suffer from melanoma. The Association does not endorse the use of sun beds but, where they are used in clinics, the therapist should ensure that correct consultation and education is given individually to each client to inform them of the risks involved and how to minimise those risks.

- a. Any person supervising the operation of a solarium or tanning unit shall be familiar with the requirements of AS/NZS 2635:2008 : Solaria for cosmetic purposes and practical implementation, including identification of medication that causes photosensitivity, and in particular shall be proficient in the following:
 - i. The safe use and operation of equipment ;
 - ii. the proper determination of skin photo types and maximum exposure levels for those skin photo types ;
 - iii. individuals with skin photo type 1 are strongly advised against using a tanning unit ;
 - iv. emergency procedures in case of adverse reactions or over-exposure to UV light ;
 - v. types and wavelengths of UV light;
 - vi. proper procedures for sanitizing protective eyewear and tanning equipment.
- b. Protective eyewear is worn by every tanning unit user during any period for which the tanning unit is operative. Eye protection shall comply with the standards of AS/NZS 2635:2008 : Solaria for cosmetic purposes.
- c. Warning notices to the standards of clause 3.6.1. of AS/NZS 2635:2008 are placed next to all sun beds.

It has now been advised by the NZ Herpes Foundation that the contraction of herpes virus CANNOT be contracted via sun beds in normal situations. The virus does not "live" away from its host's body for long enough for contraction to occur. Skin to skin contact is deemed to be the only way for the virus to be passed from person to person. The virus is not transmissible by inanimate objects. Heat, however, can trigger a viral attack.

15. SPA POOLS, SPA BATHS AND HOT TUBS

Spa pools are those that are not drained, cleaned or refilled for each individual's use. They generally include the circulation of water under pressure through small orifices and with the secondary possibility of the injection of air under pressure to increase turbulence. A common characteristic of these pools is that the water passes automatically through a filtration system and is chemically treated. The most usual form in beauty therapy is the type of pool where the water is heated so as to be a warm or hot bath.

A spa bath is one which is drained and cleaned for each individual user, is generally not chemically treated and has the facility of high pressure water and/or high pressure air causing turbulence.

A hot tub is usually a vertical structure made of wood mostly allowing 4 to 8 persons to stand upright in close contact, whilst hot water with or without the addition of high-pressure air is circulated.

Hydro-tubs are used for individual treatments. There may be a high usage rate over extended periods with different treatments containing corrosive properties e.g. sea water or seaweeds. Such equipment is fitted with a built-in disinfectant reservoir that is automatically activated following a bathing programme. A sanitising cycle flushes the disinfectant through all the jets, tubing, pumps and "hidden spots", followed by air being flushed through to eliminate any remaining deposits and to prevent stagnant water remaining in the jets.

With a spa pool the general problem has been infection of the skin by one of the organisms within the family of *Pseudomonas*. These problems have also occurred with swimming pools and have been recorded over the last 12 years. As a result, the SPATA 'Standards for Spa Pools' was published in 1984 and updated in 1989 to ensure that installations provide water at a high quality standard.

The regular circulation of water ensures that filtration plants can be used and there are specific commercial standards that differ from those for installation in private use. One should be aware of these differences which can materially affect the installation cost. We have heard of cases of domestic provision being made in salons, because they were presented as cheaper options without the dangers being adequately disclosed.

In regard to chemical treatment, chlorine has, in recent years, been overtaken by bromine. With both these substances it is important to have a level of chemical that is at optimum and which gives the required pH with the correct degree of free chlorine, or bromine in a free or combined form. The aim is to produce a stable chemical condition with enough disinfectant to create the desired effect and not so much that the atmosphere becomes obnoxious to clients.

The dimensions and rapid circulation of water in a spa pool create completely different conditions in regard to holding water quality at optimum, compared with the much larger and potentially less densely occupied swimming pool. Thus, the latest commercial installations tend to incorporate automatic chemical treatment machinery

that, unlike the human operator, will not forget to test regularly and this can be at such short intervals that the loading to the pool can be taken into account. However, as a cross check on the efficiency of the system it is desirable that manual checks be made with a pool tester kit at say half day intervals and an appropriate record kept for inspection.

In regard to cleaning procedures, the baths themselves are made of acrylic material and any cleaning substance applied to the surface can drain into the re-circulating water machinery. It is essential therefore that the manufacturer's recommendations in regard to cleaning be followed precisely. Under no circumstances use detergent substances as this could have an adverse effect on the system and would take considerable circulation to clean out. Providing the manufacturer's specified methods are followed, adequate cleansing will take place.

Questions have been asked in relation to the possibility of infection from the AIDS or Hepatitis-B virus. This is held to be a low risk possibility in the case of both swimming and spa pools having regard to the volumes of water involved, their physical movement and the levels of water treatment recommended. However, it has been suggested that many installations in salons are not functioning at the latest standards and they should be brought in to line without delay.

In regard to single use spa baths, the manufacturer's cleaning specifications will again be adequate. Domestic hot tubs, being made of wood, are impossible to keep completely clean and the close proximity of the bathers is an encouragement to cross-infection. In the circumstances this form of bath should not be provided in commercial salons or clinics.

16. VICHY SHOWERS AND WET BEDS

These can be made of plastic, stainless steel or fibreglass. All of these materials are suitable but each will have different cleaning compounds. Always follow the instructions of the manufacturer so as not to damage the surface of the beds.

At the end of each treatment the entire bed surface should be washed and lightly scrubbed with hot soapy water, rinsed and dried. This will include any out flow areas, hand held showers and mattresses. Wipe all of these surfaces with a disinfectant solution - preferably one that has an anti-fungal ability. Stand mattress and allow it to dry (do not put back on bed surface wet). The plastic surface of the mattress could also be wiped with 70% alcohol solution. All floors and wall surfaces within the wet room must be scrubbed with hot soapy water, wiped with a disinfectant solution and allowed to dry. The floor area must be also wiped over with an antiseptic/anti-fungal solution. Manufacturers are now supplying products suitable for all of the surfaces used in a wet room and if these are available to you, it is suggested that you follow the manufacturer's recommendations. Hand mitts, body brushes, plastic wraps/sheeting (that are non disposable), bandage wraps and all linen used in the wet room must be placed in a soak solution for 48 hours after use. These will then be hot washed/rinsed and stored for further use.

Ensure that the client wears disposable slippers while moving around the treatment rooms. All speciality electric wraps/blankets must be thoroughly wiped over with a disinfectant solution and hung up to dry. These wraps/blankets should come with very stringent manufacturer's cleaning and storage instructions - follow them carefully. If disposing of 'one use' plastic sheeting or foil, place immediately into a lined, sealed rubbish tin.

17. FIRST AID

Therapists may be called on to give First Aid at any time and training is part of a basic beauty therapy curriculum. There should always be someone on the premises of a Beauty Therapy clinic holding a current First Aid certificate. An initial minimum course is of 12-16 hours duration and then a refresher course of 8 hours is required every two years. The following guidelines are provided based on advice from the St Johns Ambulance and the Red Cross.

- (a) First aides should ensure that any cuts or abrasions on their own hands are covered before treating any casualty. The wearing of surgical type gloves is desirable and these should be kept available in all First Aid kits. However, as a further precaution, the hands should be thoroughly washed before and after treatment.
- (b) Protective eyewear should be worn if available.
- (c) If blood, semen or body fluids have to be mopped up, disposable plastic gloves and an apron should be worn and also disposable paper used. All disposable items should be placed in a plastic sack and destroyed by incineration.
- (d) Contaminated clothing may be machine washed on the hot cycle. The AIDS virus is destroyed by household bleach and so contaminated surfaces may be cleaned with a solution in a 1:10 dilution. Wear plastic disposable gloves and avoid skin contact with the bleach.
- (e) If any direct contact occurs with another person's blood or body fluids, wash immediately with soap and water. Copious cold tap water may be used if the contamination is to the lips, mouth, tongue, eyes, or broken skin and medical advice obtained immediately. This is particularly important when treating people with Aids and Hepatitis A, B and C.
- (f) Mouth-to-mouth resuscitation carries a theoretical risk of infection by AIDS and a definite risk of Hepatitis and can, of course, be the source of other types of infection. For this reason, it is desirable to use an airway device for this purpose and one should be kept in the First Aid set and adequate practice in its use undertaken.
- (g) **All therapists must hold a first aid certificate and complete a refresher course in first aid every 2 years in order to retain membership.**

18. HEALTH AND SAFETY POLICY FOR IPL LIGHT

The New Zealand Association of Registered Beauty Therapists Inc does not recommend the use of unregulated IPL machines which have not been certified. We recommend that members only purchase machines from reputable suppliers who provide post graduate training, hold a current Safety Certificate and have comprehensive insurance coverage. Skin lesions and/ or moles on any client may be managed and removed by a health practitioner only; not a Beauty Therapist. All operators must obtain written medical consent to undertake intense pulsed light or laser treatment for the removal of hair from moles. Clients must give an 'informed consent' which must be signed prior to the commencement of any treatment.

The management and distributor of any IPL will have an active consultative commitment to continuous improvement in all areas of health and safety management in the work place.

1. Comply with all of the following relevant legislation, standards, codes of practices and safe operating procedures, including:
 - a. Health and Safety in Employment Act 1992, including amendments
 - b. Health and Safety in Employment Regulations 1995
 - c. Injury Prevention, Rehabilitation, and Compensation Act 2001
2. **Materials** - Within the field of IPL we use a number of materials and both mechanical and electrical equipment. The surface cleaning of these pieces of equipment is imperative and specific consideration must be given to those parts that come into body contact and where the risk of contamination is localized.
 - (a) Handpiece – Hospital grade disinfectants much be utilized between each client. For Health & Safety purposes the operator must wear disposable gloves when using disinfectant e.g. hospital grade wipes, Viraclean or similar.
 - (b) Disposable Consumables include: gloves, razors, eye pads, protective sticky tapes

- (c) Professional safety goggles must be worn by the client and operator to protect the retina of the eye. These are supplied by IPL machine manufacturers. Professional safety goggles must be regulation standard similar to welding goggles. **This excludes sunglasses.**
 - (d) Post treatment cooling units must be sanitized – refer to General Hygiene Practices.
3. The Association requires all members administering IPL to have their clients seek pre-medical advice regarding any pigmentation and or skin abnormalities. A written consent must be obtained from the doctor prior to commencement of treatment. A patch test must be carried out prior to treatment. **NB: Any clients with a family history of melanoma must be exempt from all IPL / Light/ Laser / sunbed treatment.**
 4. Provide and maintain a procedure of accurate reporting and recording of accidents, incidents and near misses, notably including processes to bring about improvement. Following a critical event or incident – an investigation will be carried out and the corrective actions will be carried out.
 5. Implement a system for continuously improving health and safety management in the business, through regular reviews by management of health and safety-related policies, and system procedures to ensure their on-going effectiveness.
 6. Realise the business' commitment to the issue of effective health and safety management by designating specific health and safety co-ordination roles at a senior management level.
 7. To educate all staff, students, visitors and contractors as far as reasonably practicable as to the potential dangers and hazards that exist within the business and the appropriate steps to take in order to ensure the safety and health of all staff and visitors.
 8. Support staff participation in building decisions on health and safety issues through regular contact.
 9. Provide, where necessary and practicable, training.
 10. In order to implement this policy staff, contractors and their employees have a responsibility to co-operate by:
 - a. Working safely and with efficiency
 - b. Using protective clothing and equipment whenever necessary
 - c. Complying with all legal requirements and work standards
 - d. Reporting all accidents and incidents regardless of whether or not injury or damage has resulted
 - e. An employee is to be elected to the role of Safety Representative and is expected to partake in a consultative role with management.
 11. Training certificates must be displayed in a prominent position so clients can read them, and must be in the name of the therapists performing the treatment.

19. HEALTH AND SAFETY REGULATIONS

UNDER THE HEALTH AND SAFETY AND EMPLOYMENT ACT, ALONG WITH THE ELECTRICITY ACT, IT IS NECESSARY, ANNUALLY, TO HAVE ALL ELECTRICAL CABLING, APPLIANCES AND MACHINES CERTIFIED AS ELECTRICALLY SAFE.

