



THE NEW ZEALAND ASSOCIATION OF

registered beauty therapists
INC.



Health and Hygiene Guidelines

for Beauty Therapy Clinics, Spas
and Training Establishments

First Edition - July 2016

Revised March 2017

www.beautynz.org.nz

e-mail info@beautynz.org.nz **phone** 09 579 9704

PO Box 62528, Greenlane, Auckland 1546, New Zealand

Health and Hygiene Guidelines

for Beauty Therapy Clinics, Spas
and Training Establishments

First Edition - July 2016

Revised March 2017

Code of Practice

Second edition 1990
Third edition January 1998
Fourth edition August 2000
Fifth edition December 2001
Sixth edition July 2003
Seventh edition October 2005
Eighth edition September 2007
Ninth edition March 2009
Tenth edition April 2011
Eleventh edition March 2014

Health and Hygiene Guidelines

First Edition - Health and Hygiene Guidelines July 2016

Contact Details for the Association

Postal Address: PO Box 62528, Greenlane, Auckland 1546, New Zealand

Association Manager: Phone 09 579 9704
Email info@beautynz.org.nz
Website www.beautynz.org.nz
Facebook The New Zealand Association of Registered Beauty Therapists

Introduction

The purpose of The NZ Association of Registered Beauty Therapists is to work towards the integration of all fields of the Beauty industries, providing support to, and improvement of, professional beauty care. The Association strives to continually encourage consistent high professional and ethical standards, thus protecting our members, the public and the future of the beauty industry.

This is an industry specific document, based upon internationally accepted best practice taken from allied and medical fields. As new research and evidence is continually developing together with advances in beauty care, these guidelines will continue to evolve to ensure we remain at the forefront of safe, hygienic practice.

Contributions from qualified therapists are essential to maintain continued relevance of these guidelines to the industry and as such are invited for consideration in future editions.

The recommendations for best practice in these guidelines are included to encourage higher standards of hygienic and safe practices.

The Association has made every effort to ensure that these guidelines are consistent with international best practice. Individual therapists are solely responsible for their specific circumstances, procedures and client treatments and the subsequent interpretation and implementation of these guidelines. Neither the Association, author(s), or publishers of these guidelines shall be liable for any claim, loss, demand or damages whatsoever (whether such claims, loss, demands or damages were foreseeable, known or otherwise) arising out of, or in connection with, the use of the material, information or content included in these guidelines.

The Executive Committee acknowledges the excellent contribution of Julie Martin in updating these Health and Hygiene Guidelines 2016.

Executive Committee

July 2016

Contents

Introduction	2
Qualifications	5
Display of qualifications	5
Electrolysis	5
Red Vein	5
Collagen Induction Therapy [Derma rolling/Stamping].....	5
Premises	6
Minimum Standards	6
Sterilisation/Disinfecting facilities.....	7
Floors	9
Toilets and Wash Hand basins	9
Disposal of contaminated material	9
Use of linen and other supplies	10
Storage of linen and other supplies.....	10
Spray Tanning Booths.....	11
Additional Standards.....	12
Risk and Health Management	13
Additional Recommended Best Practice.....	13
First Aid	13
Accidents and bleeding.....	14
Sterilisation/Disinfecting/Sanitising and General Hygiene	15
Washing of hands and disposable glove use.....	15
Removing disposable gloves.....	18
Skin preparation	19
After piercing the skin	20
Cleaning and Disinfecting.....	20
Sterilisation	21
Autoclaving	24
Consultation	26
Consultation and Record Keeping Requirements	27
Piercing of the Skin and High Risk Treatments	28
Sterilisation/Disinfecting facilities.....	29
Risk of Breaking the Skin	29
Precautions and aftercare.....	30
Floors	30
Additional Standards.....	30

Electrolysis/Thermolysis and Red Vein Treatment	31
Warning	32
Precautions and Aftercare	32
Additional Standards.....	32
Collagen Induction Therapy [Derma Rolling/Stamping]	33
Warning: UNDER NO CIRCUMSTANCES ARE ROLLERS/STAMPS TO BE DISINFECTED, STORED AND REUSED ON THE SAME OR ANOTHER CLIENT.	34
Additional Standards.....	34
Hair Removal by Waxing, Tweezing or Threading	35
Skin preparation	35
Use of wax	36
Additional Recommended Best Practice.....	36
Manicure / Pedicure	38
Minimum Standards for Manicure / Pedicure	38
Training	38
Ventilation	38
Broken skin not to be treated.....	39
Skin preparation	39
Use of instruments.....	39
Disposal of waste.....	39
Additional Recommended Best Practice.....	40
Exfoliation	41
Minimum Standard Exfoliation.....	41
Training	41
Additional Recommended Best Practice.....	42
Cosmetic Permanent, Semi-Permanent & Micropigmentation Tattooing	43
Use of dyes, pigments and solutions.....	43
Skin Preparation	44
Gloves	44
Disposal of Waste.....	45
Additional Standards.....	45
Massage	46
Precautions, consent and aftercare.....	46
Skin preparation	46
Additional Standards.....	47
Additional Recommended Best Practice.....	47
Sun-beds	47
Bibliography	48

Qualifications

Display of qualifications

Qualifications must be displayed in a prominent position so clients can read them, and must be in the name of the therapist performing the procedure.

The Council's Health Protection licence must be displayed in a prominent place.

Registered Nurses without Beauty Therapy qualifications performing Beauty Therapy treatments must have a current practicing certificate and have medical oversight from a medical practitioner for dermal fillers and botox.

Electrolysis

Therapists must have the knowledge, skills and qualifications necessary to provide electrolysis, diathermy, thermolysis [blend method], red vein treatment and derma rolling / stamping, which can be achieved through the following:

- 1) National Certificate (or international equivalent) in:
 - a) Electrology for electrolysis, diathermy for diathermy [H/F], thermology for thermolysis [the blend]

Red Vein

- 1) Diathermy qualifications and continual commercial industry experience of 12 months or more in diathermy for red vein treatment.
- 2) Commercial industry experience of five consecutive years or more in beauty therapy treatments, and evidence of professional development in the commercial service; or
- 3) Evidence of training with a qualified, registered and accredited red vein training provider, and commercial industry experience of 12 months or more in that specific treatment.

Collagen Induction Therapy [Derma rolling/Stamping]

Any therapist conducting Collagen Induction Therapy must have accredited and recognised beauty therapy qualifications and 2 years continuous industry experience in beauty therapy treatments and trained by a registered beauty therapist in collagen induction therapy.

PLEASE NOTE; The qualifications and training requirements will be reclassified in January, 2017 [approximately] when the formal Targeted Review of Qualifications [TROQ] for New Zealand has been finalised and comes into force.

A certificate of attendance or a short course provided by non-educational institutes affiliate with product manufacturers and branded franchises is not a qualification.

Post development certificates must be accompanied with a NZQA diploma or international diploma and is not a “stand alone” qualification.

A certificate or diploma must contain the word competent and state the treatment/treatments awarded for that given qualification.

Premises

Minimum Standards

The minimum standards contained in this part of these guidelines aim to ensure that permanent premises are kept in clean and hygienic conditions to reduce risk to public health.

Compliance with bylaws and building legislation

The premises must be well constructed in accordance with the bylaws of the council and in accordance with any applicable provisions of the Building Act 2004, the Resource Management Act 1991, the New Zealand Building Code and Building Regulations;

Fit for purpose

The premises must be constructed, designed and arranged so as to be fit and suitable for its intended purposes;

Repairs and cleanliness

The premises and all fittings, fixtures and appliances in the premises must be maintained in a state of good repair and in a clean and tidy condition, and free from any accumulation of rubbish or other materials that may harbour vermin or insects or that may become offensive or a nuisance;

Any structural alterations, repairs, renovations, plumbing, or drainage work that may be undertaken or required must be carried out without unnecessary delay and by a qualified tradesman.

Walls, floors, ceilings, fixtures and fittings

The walls, ceilings, fixtures and fittings in any area connected with the carrying out of any specified treatment must be capable of being easily cleaned, and must be maintained in good repair. If the walls are liable to be wetted or fouled, they must be constructed of impervious material;

Wet areas

All floors, walls, ceilings and other surfaces in and around spray booths, showers, pools, steam rooms, and other areas liable to get moist or wet, including any room containing a toilet, bidet or urinal must be smooth, impervious and capable of being easily cleaned.

1. All floors and walls that become wet must be cleaned with a suitable hospital grade disinfectant at least once in every 24 hours.
2. Floors must be adequately graded and drained to the requirements of the New Zealand Building Code.

Sterilisation/Disinfecting facilities

(See also section on Sterilisation/Disinfecting/Sanitising and General Hygiene)

Any instrument that comes in contact with non-intact skin, mucous membranes and blood or body secretions needs to be transferred to a central disinfecting station.

All premises that employ two or more therapists, undertaking specified treatments that pierce the skin must have a suitable sterilisation station for the cleaning of skin piercing equipment.

These items are to be held in a nominated contaminant container e.g. [kidney dish]. These contaminated instruments are then scrubbed and washed in warm water to remove any debris and soaked in hospital grade disinfectant, following manufacturer's hold time. They are then disinfected/sterilised by the appropriate disinfecting/sterilising method listed in the sterilising section and stored in a U.V. Sterilisation cabinet or closed container ready for use.

Contaminated items are to be kept separate from sterile/disinfected items to prevent cross contamination.

This requirement for a sterilisation/disinfecting station as required by this code may be waived by the executive Committee if it is unnecessary because of the nature of the service being carried out;

This area must have good lighting, ventilation and be capable of being easily cleaned.

Ultrasonic cleaners must be kept separately to sterilisation facilities.

Laundry Area

1. A designated laundry area or room equipped with a basin and a constant supply of hot and cold tempered running water must be provided on the premises for the sole purpose of being used in connection with cleaning of the floors, walls and similar fixed parts of the premises. The laundry area must not be used for any other purpose and the contents of the buckets must be emptied in the laundry sink or the toilet.
2. A closed cupboard must be provided for the storage of all mops, brooms and chemical agents.
3. A closed laundry basket must be provided for the storage of all soiled laundry that is then removed from the premises for commercial laundering.
4. All soiled linen must be stored separately from clean linen.
5. All soiled linen must be removed from the premises or laundered at the end of each working day.

Washing of linen on the premises

1. All soiled laundry must be laundered in an electrical washing machine with the correct laundry detergent.
2. Any linen that requires soaking must be soaked in a closed lidded container with required laundry detergent, away from all clean linen.
3. Clean linen must not come in contact with soiled linen and if it does so it must be re-laundered before coming in contact with clients.
4. Facial sponges must be soaked in hospital grade disinfectant for maximum holding time before washing [Follow manufacturer's instructions].
5. Facial sponges that are used in Collagen induction therapy [Derma rolling/stamping], and/or Acne or where blood forms on the skin surface must be single use disposable.

Staff facilities

Members of the staff must be provided with a separate room or suitable facilities for the storage of clothing and personal effects.

Floors

All smooth surfaced floors must be cleaned at the end of every working day with a hospital grade disinfectant. Manufacturer's instructions for dilution must be strictly followed to render the floor appropriately disinfected to the required code standards.

As mop heads are the leading cause of the spread of bacteria on smooth floors they must be washed separately after use in a bucket of fresh disinfectant to render them clean. Mop heads must be changed regularly especially when they become frayed or fail to have consistent surface contact with the floor.

All carpeted areas must be vacuum cleaned at the end of the working day. The carpet must be free of stains, have no frayed edges or worn tufts and commercially cleaned when necessary.

Toilets and Wash Hand basins

Toilets

1. Every toilet and wash-hand basin must be easily accessible, hygienic, clean and tidy, and equipped with a piped supply of hot and cold tempered running water, liquid soap and adequate hand drying facilities. These must be provided near toilets, bidets or urinals to the requirements of standard G1 of the New Zealand Building Code.
2. All toilets and changing rooms must be regularly checked and cleaned throughout operating times.

Wash Hand Basins

1. A wash hand basin supplied with a constant supply of hot and cold water, or tempered running water at a temperature of not less than 38 degrees Celsius, liquid soap, and single-use disposable paper towels or other approved hand-drying equipment must be provided in a readily accessible position for any therapist carrying out any specified treatment.
2. The place where the hand wash basin is situated must be such that it cannot become directly contaminated by the splashing of contaminants.

Disposal of contaminated material

1. Waste such as tissues and paper towels, with absorbed products (cleansers, tints, polishes, acetone etc.) must be disposed of in a sealed container or bag at the end of the working day.
2. Any sharps containers and bio hazard waste bins must comply with AS/NZS 4031: 1992, and therapists must demonstrate that they have made appropriate arrangements to dispose of any sharps and bio hazard wastes.

Use of linen and other supplies

1. Any towel, robes, slippers, sheet, cloth, pillow, furniture covering, permanent cover of mattresses, squabs, cushions and any other protective garments that come in contact with the client's skin must be changed before admitting the next client.
2. Therapists must not reuse any towel, sheet, head scarf, sponges, compress clothes, slippers, pillows or any other protective garments that come in contact with one client then another.
3. All sterile/disinfected instruments and unused dressings, single-use disposable products e.g. cotton wool, cotton buds, wooden spatulas etc., including jewellery that is to come in contact with the skin, must be stored in a clean U.V. Sterilising cabinet or an enclosed dust proof storage container until needed for immediate use.
4. All clean linen must be stored separately from soiled linen in closed cupboards or storage containers.
5. All soiled linen must be removed immediately after use and placed in a closed laundry container away from the treatment area until laundered or disposed of.
6. All soiled laundry must be removed from the premises at the end of the working day
7. Soiled linen may be laundered in a washing machine with laundry detergent or by a regular commercial laundry service.
8. All cleaning equipment and other chemicals, products or materials used for cleaning must be stored in separate closed cupboards.
9. Sprays must be dispensed from a purpose-specific pump where possible.
10. Creams and lotions must be dispensed from the container with a disposable or disinfected applicator.
11. All chemicals must be clearly labelled for identification and bottles must never be reused other than with the original product.

Storage of linen and other supplies

1. All premises must have a separate location or cupboard for the safe storage of all large quantities of cleaning chemicals, mops, brooms, cleaning clothes, brushes, buckets used for the cleaning of the premises, (except for small containers of disinfectants needed for the immediate disinfecting of implements and equipment being used in the treatment room).

Spray Tanning Booths

Spray tanning booths and surrounding areas must be sprayed with hospital grade disinfectant, washed down and dried before the next client can be admitted.

Clients must not be allowed to have their bare feet in contact with the floor of the spray booth or surrounding areas.

A clean towel must be placed on the floor of the spray booth for the client to stand on or the client must wear non slip footwear.

Where pooling of fluids occur, there must be graded drainage as the fluids are considered contaminated with spray residue, client's dead skin cells, oil and secretions.

Collapsible booths must be washed with hospital grade disinfectant and dried before being stored.

It is the owner's responsibility to ensure that the spray booth is kept in a hygienic state at all times.

Water supply

All premises must be supplied with hot and cold running water;

Ventilation

All parts of the premises must be adequately ventilated to the requirements of the New Zealand Building Code;

Lighting

All parts of the premises must be provided with a lighting system capable of providing adequate illumination to facilitate cleaning and inspection. Lighting of not less than 300 lux, at a distance 900mm above the floor, must be provided at all working surfaces adjacent to every place where clients are attended to. All sterilising/disinfecting stations and areas must have good lighting, ventilation and be capable of being easily cleaned.

Additional Standards

In addition to the above guidelines, other legislative acts, guidelines and codes of practice are also relevant:

- The Building Act 2004 stipulates how buildings are to be designed and constructed, to ensure that people who use buildings can do so safely and without endangering their health.
- The New Zealand Building Code (Schedule 1 of the Building Act 1992) sets out how a building and its components must perform. The Building Code addresses health issues such as external and internal moisture, hazardous agents on site, substances and processes, personal hygiene facilities, laundering facilities, ventilation, internal temperature, adequate lighting, provision of clean and hot water and adequate waste facilities.

The New Zealand Association of Registered Beauty Therapists promotes professional standards and best practice in the beauty therapy industry in New Zealand. Members of the association adhere to the following;

- “Code of Ethics for Members of the New Zealand Association of Registered Beauty Therapists Inc”.
- “Rules of the New Zealand Association of Registered Beauty Therapists Inc”.

The waste management requirements within this code of practice are based on

- AS/NZS 4031: 1992 – “Australian and New Zealand standard for non-reusable containers for the collection of sharp items used in human and animal medical applications”; and
- NZS 4304: 2002 – “New Zealand Standard for the management of healthcare waste”.
- The cleaning, disinfection and sterilising requirements within this code of practice are based on AS/NZS 4187: 2003 – “Australian and New Zealand standard for cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities”.

Health and Safety at Work Act 2015

<http://www.legislation.govt.nz/act/public/2015/0070/latest/DLM5976660.html>

With addition to the Health and Safety at Work Act 2015 the following regulations are read in conjunction with this Act.

Health and safety at Work (General risk and Workplace Management) Regulations 2016

<http://www.legislation.govt.nz/regulation/public/2016/0013/latest/DLM6727530.html>

Health and Safety at Work (Worker Engagement, Participation, and Representation) Regulations 2016

<http://www.legislation.govt.nz/regulation/public/2016/0016/latest/DLM6314002.html>

Risk and Health Management

Health and Safety Management

The Health and Safety at Work Act 2015 is to secure the health and safety of workers, workplaces and other persons against harm. It applies to all New Zealand workplaces and specifies the responsibilities of the business (PCBU), Officers, Workers, Contractors, self-employed and others who have duties to manage their hazards and risks.

It is to provide and maintain workplaces that are without risks to health and safety of all persons. PCBU's must notify WorkSafe NZ of notifiable events i.e. a death, a notifiable injury or illness, a notifiable incident. Notifications must be done by phone or in writing, and must be given by the fastest means possible in the circumstances.

Phone: 0800 030 040 (24/7) online forms www.worksafe.govt.nz/forms

- The waste management requirements within this code of practice are based on the AS/NZS 4031: 1992 – “Australian and New Zealand standard for non-reusable containers for the collection of sharp items used in human and animal medical applications”.
- New Zealand Guidelines for the Control of Legionnaires further aims to ensure public health and safety by setting guidelines to reduce the potential of an outbreak of Legionnaires disease.

Additional Recommended Best Practice

It is highly recommended that Therapists undertaking treatments that involve the possible risk of coming in contact with human blood or excretions/secretions should be immunised against Hepatitis B.

It is highly recommended that Therapists protect their clothing by wear a protective garment or cover for every treatment that involves the risk of producing blood or body fluids.

It is highly recommended that eye protection / face shields should be worn when performing close-up procedures that may cause aerosols of blood or body substances.

First Aid

All therapists on the premises must have a current First Aid certificate at all times.

All beauty therapy clinics must have a first aid kit containing pressure bandages, a single use disposable resuscitation mask and triangle bandage. [St John or Red Cross first aid kits preferred].

Accidents and bleeding

Therapists must have procedures for managing accidents and unseen events. These procedures include keeping a registry to record any incidents involving the client or therapist where there is exposure to blood or bodily fluids, including the name and address of those exposed and the steps undertaken to respond to the incident.

Procedures must also be in place to record and manage incidents where prolonged or unexpected bleeding occurs.

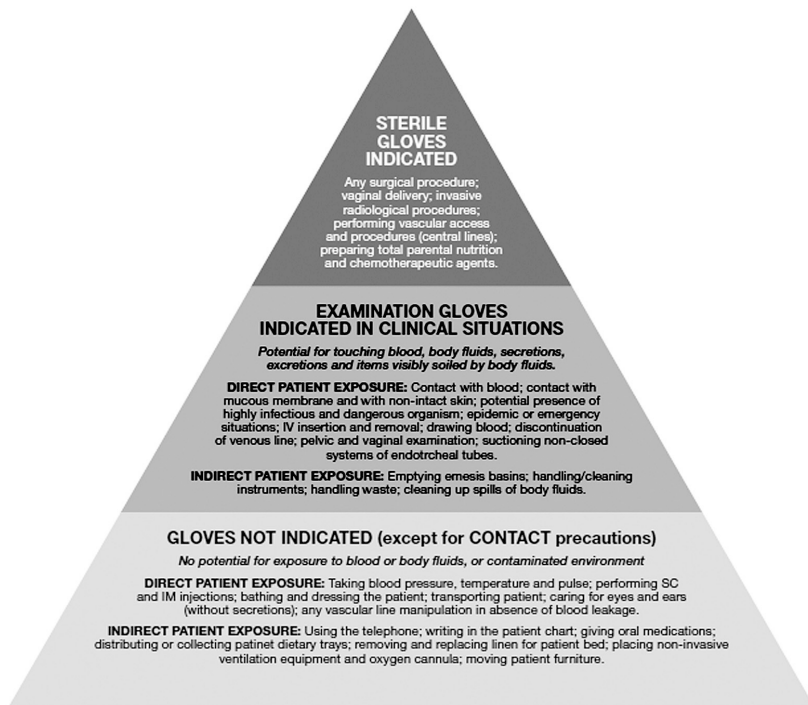
Records of such incidents must be stored on the premises and kept for a period of 2 years and made available to the applicable authorities for inspection on request.

Therapists should use single use and disposable sponges/ facial towels if blood or any bodily fluids are drawn to the skin surface during treatments sponges/ facial wipes must be disposed of.

The Ministry of Health “Guidelines for the Safe Piercing of Skin” <http://www.health.govt.nz/publication/guidelines-safe-piercing-skin> outlines procedures to deal with bleeding, sharps injuries and contact with blood or body fluids.

Employers and self-employed therapists need to notify the Labour Group of the Ministry of Business, Innovation and Employment as soon as possible of workplace accidents and occurrences of serious harm (e.g. communicable disease, laceration, derma logical disease) HSE Act 1992 S25 ,and Schedule 1- <http://www.legislation.govt.nz/act/public/1992/0096/latest/DLM279288.html>. www.dolgovt.nz/businessessentials/safety/incidents

Sterilisation/Disinfecting/ Sanitising and General Hygiene



**Figure 1: The Glove Pyramid – to aid decision making.
(WHO Hand Hygiene 2009)**

Washing of hands and disposable glove use

- Therapists must at all times keep their clothing, hands, and fingernails clean and any infected, damaged or inflamed skin must be covered with an impermeable dressing and disposable gloves.
- Therapists must thoroughly cleanse their hands by washing up to the wrist with hot water and soap or an antibacterial cleansing agent. Then drying with a single service towel or other approved hand-drying equipment.
- Hands must be washed before and after commencing each treatment.
- Hands are to be thoroughly washed after cleaning instruments, sinks, couches, trolleys, lamps and all other fixtures and fittings that have come in contact with the client that needs addressing before admitting the next client.

- Hands must be washed immediately after using the bathroom, using a handkerchief or nasal tissue or smoking.
- Should a therapist come in contact with blood or fluids, they must wash their hands immediately.
- If the client has open lesions or is known to have a contagious disease, the therapist has the right to refuse treatment.
- If the therapist has cuts or wounds on their hands or has a skin infection or lesion then the injury must be dressed and disposable gloves worn.
- No Therapist shall treat clients whilst wearing false nails, nail extensions or nail polish as bacteria becomes lodged between the acrylic, polish and the cuticle.
- Nails must be kept short and clean.
- No therapists shall wear bangles or jewellery whilst providing treatments as bacteria collects on the jewellery and is passed from client to client.
- Therapists must wear clean well-fitting single-use disposable gloves when undertaking treatments that may result in coming into contact with blood, mucus membrane, body excretions e.g. Collagen induction therapy, extractions, pedicures.
- Therapists must cover their hands with clean well-fitting single-use disposable gloves before touching any object which has not been subject to a process of cleansing and sterilisation which has been used to pierce the skin or used in a high risk treatment e.g. pedicures.
- If the therapist has handled blood-soiled items, body fluids, excretions, and secretions hands are to be washed after gloves are removed.
- Hands must be washed before putting on and after removing clean well-fitting single-use disposable gloves when performing a specified treatment that involves piercing of the skin or high risk treatments e.g. pedicures.
- All therapists including mobile business, that don't have access to hot and cold running water, must use an antiseptic alcohol based hand sanitiser and disposable gloves before and after treating their clients and handling contaminated equipment.
- If the treatment is interrupted and the therapist called away from the treatment, the therapist must discard the gloves to the bin. Wash their hands in hot/soapy water and not touch anything in the treatment area. Once returned, the therapist must rewash their hands in the appropriate way and reapply a new pair of disposable gloves before recommencing the treatment.

HOW TO HAND WASH

HAND HYGIENE
IT'S BLACK & WHITE

WASH HANDS WHEN VISIBLY SOILED, AFTER CONTACT WITH PATIENTS WHO HAVE DIARRHOEA OR VOMITING, OR WHEN ADVISED TO DO SO. ALCOHOL BASED HAND RUB CAN BE USED AT ALL OTHER TIMES.



Duration of the entire procedure: about 40-60 sec.



1. Wet hands with water and apply enough soap to cover all hand surfaces.



2. Rub hands palm to palm, up to and including wrists.



3. Right palm over back of left with linked fingers and vice versa.



4. Palm to palm with fingers linked.



5. Backs of fingers to opposing palms with fingers interlocked.



6. Rotational rubbing of left thumb held in right palm and vice versa.



7. Rotational rubbing firmly, with closed fingers of right hand in left palm and vice versa.



8. Rinse hands well with water.



9. Dry hands with a paper towel.

WAIT! HAVE YOU:

- Removed all wrist and hand jewellery other than a wedding band?
- Been using a hand lotion regularly to prevent dry, cracked hands. i.e. before and after work and before breaks?
- Covered minor cuts and abrasions on hands and arms with a waterproof dressing before starting work?
- Contacted occupational health and safety if you have any dermatitis, skin allergies or infected lesions on your arms or hands?

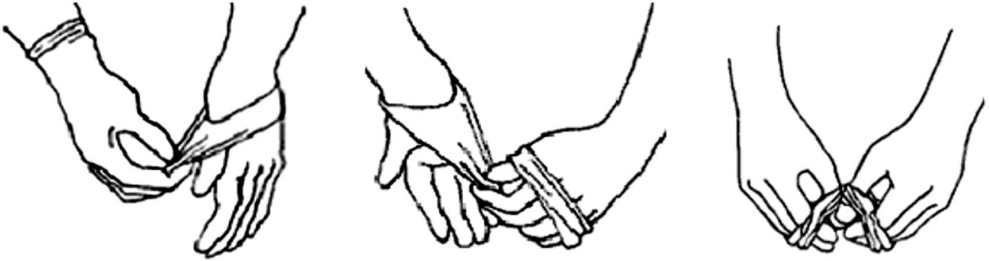


www.handhygiene.org.nz

Figure 2 : How to hand wash - Poster

It is strongly recommended that the above poster (or similar from www.handhygiene.org.nz) is posted above wash basins (World Health Organisation, 2009)

Removing disposable gloves



1. Grasp one of the gloves and cuff and pull it partway off. The glove will turn inside out. It is important to keep the first glove partially on your hand before removing the second glove. This protects you from touching the outside of either glove with your bare hands.
2. Leaving the first glove over your fingers, grasp the second glove near the cuff and pull it part of the way off. The glove will turn inside out. It is important to keep the second glove partially on your hand to protect you from touching the outside surface of the first glove with your bare hand.
3. Pull off the two gloves at the same time, being careful to touch only the inside surfaces of the gloves with your bare hands.
4. Dispose of the gloves by placing inside out in the waste bin.
5. Wash hands thoroughly.

http://public-safety.berkeley.edu/oepweb/media/TIPS_FOR_REMOVING_GLOVES.doc

It is important that disposable gloves are:

- Changed between attending clients.
- Never washed or re-used.
- Discarded and replaced with new gloves if there is evidence of tearing or deterioration.
- Removed and dispose of when leaving a client for any reason.

Skin preparation

- Therapists must evaluate the skin site prior to each treatment and any skin condition that may lead to skin irritation must be discussed.
- Prior to commencing any treatment that involves piercing of the skin therapists must cleanse the client's skin by swabbing with an antiseptic using a clean, single-use swab.

Only sterile or single-use disposable instruments to be used

All instruments or like articles used for piercing the skin on any client, must be:

1. Single-use disposable;

OR

2. All instruments must be cleaned and sterilised in accordance with the provisions of Minimum Standard and kept in such a manner to maintain its sterility

AND

3. All devices used on any mucous membrane or non- intact skin of any client, must be single-use and disposable.
4. Any articles having a hollow lumen must be single-use and disposable.
5. An instrument or like article that is used for piercing the skin must be opened in the presence of the client, from a package that has been sealed by the manufacturer.
 - a. In an unbroken and undamaged condition.
 - b. The instruments must have a manufacturer's fixed label stating that the contents of the package are sterile.
 - c. The article or instrument, if steam sterilised, has been packaged according to section 3 of AS/NZS 4187: 2003.
 - d. The instrument has not been subjected to any contamination during storage.

After piercing the skin

After completion of treatments that pierce the skin:

1. All single-use needles/probes, razors, dermal rollers, stamps, pens are immediately disposed of according to AS/NZS 4261: 1994 A1;
Or
2. Any reusable instrument or like article used in that process is thoroughly cleansed, disinfected and sterilised in accordance with the provisions of the Minimum Standard. [See section on Sterilisation/Disinfecting] and kept in such a manner to maintain its sterility, before it is used on any other client or the same client at a later time.

All sharps containers and bio hazard waste bins must comply with AS/NZS 4031: 1992, and therapists must demonstrate that they have made appropriate arrangements to dispose of sharps and bio hazard wastes.

Cleaning and Disinfecting

The aim of cleaning is to remove microbial, organic and inorganic debris. Cleaning agents for manual cleaning should be biodegradable, non-corrosive, non-toxic, non-abrasive, low foaming, free rinsing and preferably liquid of mild alkali formulation. Alkaline detergents are much more effective at removing blood and fat than plain surfactant based detergents.

1. Equipment should not be soaked in chemical disinfectants unless specified by the manufacturer's instructions. Chemical disinfectants can have limited contact times and may become ineffective if left for long periods. The more items immersed in the disinfectant the less effective it will be.
2. Fresh disinfectant must be prepared each time items are to be disinfected. The disinfectant must be discarded after use.
3. To reduce the risk of cross contamination, cleaning and decontamination activities should not take place simultaneously with packaging and/or sterilisation activities.
4. All instruments that do not need to be sterile must be cleaned and then disinfected by a thermal or chemical disinfection procedure appropriate to the level of disinfection required for that item and treatment. Therefore the disinfectants required for that item must be disinfected by following manufacturer's guidelines.
5. At the completion of any cleaning activity, all surfaces must be disinfected before any pre-packaging of implements takes place.

Note:

- Chlorine solutions may corrode metals.
- Glutaraldehyde and phenol are not recommended as disinfectants because of the health risks involved in their usage.

Sterilisation

In choosing the right method of sterilisation for your instruments, it is important to understand the degree of risk associated with that implement and treatment. There are the three basic classifications to categorise instruments and treatments (Center for Disease Control, 2015) ;

Critical Items Implements that enter sterile tissue or non-intact skin must be sterile as the risk of pathogens entering the body could transmit disease. Most of the items in this category should be purchased as single use disposable or come in a sterile pack. If it is reusable then these implements must be cleaned, soaked in hospital grade disinfectant, autoclaved with steam and pressure and stored in a U.V. sterilising cabinet before being reused.

Semi-critical Items Implements that come in contact with mucus membrane or non-intact skin.
These implements require medium to high levels of disinfecting or sterilising.

Noncritical Items Non-critical items are those that come in contact with intact skin but not mucous membranes.

Intact skin acts as an effective barrier to most micro-organisms; therefore, the sterility of items coming in contact with skin is not critical. In contrast to critical and some semi-critical items, most non-critical reusable items may be decontaminated where they are used and do not need to be transported to a central processing area.

Virtually no risk has been documented for transmissions of infectious agents to clients through noncritical items.

Non-critical environmental surfaces include treatment trolleys, magi lamp, treatment couch, reception desk, chairs, floors and walls.

In premises that employ more than one staff member there must be clear, well formatted instructions explaining step by step protocols on how to clean, sterilise, disinfect and process all implements and like articles that come in contact with clients and staff. These instructions must be visible on the wall at the sterilising station or cleaning area.

All instruments used for piercing the skin and high risk treatments other than disposables must be sterilised after each use by thoroughly cleansing and washing in warm water with a hospital grade disinfectant. Then soaking implements in hospital grade disinfectants for the recommended hold time [see manufacturer's instructions].

or

Placing within an ultrasonic cleaner and exposed to the appropriate method of sterilising/disinfecting in accordance with the hygiene standard required for that instrument.

THEN CHOOSE ONE OF THE FOLLOWING METHODS:

Classification	Treatment	Implements	Appropriate Processes
Critical Items	<p>Collagen Induction Therapy [Dermarolling/Stamping], Tattooing procedures Electrolysis/ Thermolysis/ Diathermy treatments, Acne/Milia extractions, Waxing, Manicures/ Pedicures</p> <p>ANY TREATMENT – EVEN IF CLASSIFIED BELOW AS SEMI OR NON- CRITICAL WHERE BLOOD IS DRAWN OR CONTACT WITH MUCUS MEMBRANES MAY OR HAS OCCURRED IS CONSIDERED CRITICAL AND MUST BE TREATED AS SUCH</p>	<p>Rollers and Stamps, Electrolysis/ Thermolysis/ Diathermy probes, razor blades, non-metal/metal manicure/pedicare implements, comedone extractors, lancets, sterile single use swabs, gauze, facial sponges, tissues, paper towels, face masks, wax, pedicure foot bath liners, disposable gloves</p>	<p>Single use only. All rollers/stamps, probes, needles and razor blades dispose of in “sharps” container other consumables in the rubbish bin.</p> <p>Non-sterilisable nail files should be single use then disposed of or give to the client to take home.</p> <p>Sterilising of all reusable instruments must follow the procedures listed below</p>
Semi-Critical Items	<p>Skin treatments, Microdermabrasion</p> <p>ANY TREATMENT IN THIS SECTION OR BELOW WHERE BLOOD IS DRAWN OR CONTACT WITH MUCUS MEMBRANE HAS OCCURRED IS CONSIDERED AS CRITICAL AND MUST BE TREATED AS SUCH</p>	<p>tweezers</p>	<p>Wash with warm soapy water.</p> <p>Immerse in hospital grade disinfectant for manufacturer’s holding time. Autoclave or</p> <p>Dry Heat sterilisation</p> <p>Store in U.V. Steri-cabinet</p>
Non-critical Items	<p>Facials, Eye treatments, waxing, massage treatments</p> <p>Make up</p> <p>ANY TREATMENT IN THIS SECTION WHERE BLOOD IS DRAWN OR CONTACT WITH MUCUS MEMBRANE HAS OCCURRED IS CONSIDERED CRITICAL AND MUST BE TREATED AS SUCH</p>	<p>Linen, facial sponges,</p> <p>Make up brushes</p>	<p>See laundry instructions,</p> <p>Pre-sterilising procedures,</p> <p>Store in a U.V. Steri-cabinet</p>

Autoclaving

The basic principle of steam sterilization, as accomplished in an autoclave, is to expose each item to direct steam contact at the required temperature and pressure for the specified time. Thus, there are four parameters of steam sterilization: steam, pressure, temperature, and time (Center for Disease Control, 2015). Ideally the autoclave should be fitted with time, temperature and pressure gauges.

Exposure to steam must occur within the autoclave under the pressure indicated below:

During each use the gauges must be set to the correct times and temperatures.

1. 103 KPa (15psi) – For at least 15 minutes at not less than 121 degrees Celsius;

OR

2. 138KPa (20psi) – For at least 10 minutes at not less than 126 degrees Celsius;

OR

3. 206KPa (30psi) – For at least 4 minutes at not less than 134 degrees Celsius;

The times quoted above are holding times and do not include the time taken for the autoclave, dry heat or boiling water steriliser's contents to reach the required temperature.

Every time the steriliser (autoclave) is used, chemical indicator strips must be inserted to show that the temperatures as set out above have been attained during the autoclaving procedure.

Note: indicator tape may not be UV stable so equipment should be stored to protect from such exposure.

If the chemical indicator/integrator fails to meet the cycle parameters, all of the load contents must be reprocessed;

Indicator tape or other such products that indicate when a product has been properly sterilised should be used to identify reusable equipment that has been sterilised, to prevent non sterile equipment being used by mistake.

All instruments or like articles must be individually packaged and marked "sterile" or display an indicator tape (or similar indicator) indicating sterility, be intact and kept in such a manner to maintain sterility.

Bench top steam sterilisers without a drying cycle are only appropriate for the sterilisation of unwrapped items. Steam sterilisers should comply with a recognised national or international standard. Manufacturer's instructions must be followed.

In practice, a domestic pressure cooker providing 15psi can provide 121 degrees Celsius and it would be sufficient for the Therapist to demonstrate that they have a device able to provide such pressures and have procedures that ensure items are placed in such for 30 minutes under full steam.

Dry Heat

- 1) Thoroughly cleanse by washing in warm water and detergent, soak in hospital grade disinfectant following manufacturer's recommended hold time. Then exposed to dry heat for at least 60 minutes at not less than 170 degrees Celsius;

or
- 2) Thoroughly cleanse by washing in warm water and detergent, soak in hospital grade disinfectant, totally immersed in a glass bead steriliser operating at 250 degrees Celsius for a minimum of 5 minutes;

or
- 3) Thoroughly cleanse by washing in warm water and detergent, soak in a hospital grade disinfectant for manufacturer's recommended hold time. Dry and store in a U.V. sterilising cabinet.

Ultrasonic cleaners must comply with AS 2773.1: 1998 and AS 2773.2: 1999 as appropriate.

Ultrasonic cleaners clean but do not disinfect instruments and equipment. An ultrasonic cleaner should be operated with the lid closed to prevent emission of aerosols and should be isolated from the work area to reduce exposure to high frequency noise. No part of the body should be submerged into the water tank during operation as this is thought to cause long-term arthritic conditions.

Therapists must comply with the following standards;

- Premises
- Risk and Health Management
- Piercing of the Skin and High Risk Treatments
- Sterilisation/Disinfection

Consultation

- A full consultation must be given to every new client. This is to include;
- All the client's contact details.
- Client's medical history including doctor's name.
- Client's skin type, client's skin care history and any relevant information.
- Treatment type and machine settings if any machine is used.
- The client must be informed of the treatment given, how the treatment works, expectations, risks involved and after care advice.
- The client' contact details and medical information must be reviewed at regular intervals and updated.
- All information shared between client and therapist is to be regarded as confidential and must be stored on site in an appropriately secure place for a minimum of 2 years.
- [Privacy Act 1992]

Although a through consultation is given, it is appreciated that not every possible undiagnosed condition can be identified at this time and may only come to light during or after the treatment is completed. However all care must be taken by the therapist to collect and document all relevant information.

1. The following conditions must be observed;
 - a. The client must give voluntary informed consent to any treatment being provided. NB-Any procedure carried out without consent by the client may be regarded as assault [Crimes Act 1961]
 - b. The client must have the capacity to give consent [Privacy Act, HDC Act 1994]
 - c. No therapist may carry out any treatment on a client; who is suspected to be under the influence of drugs, alcohol or mind altering substances.
 - d. No therapist may carry out a treatment on any person under the age of 16 years without the written permission of a parent or guardian who must be present at the initial consultation.
 - e. No therapist shall carry out a permanent or semi-permanent pigmentation treatment on a person under the age of 18 years without the written permission of a parent or guardian who must be present at the consultation.

2. A notice asking client's to notify the therapist on any communicable or infectious diseases must be visible in a prominent place.
3. No therapist who knows or suspects a client suffers from or is a carrier of a skin infection or communicable disease, or associated conditions, shall carry out the treatment without taking adequate precautions to prevent the transmission of such infections, disease or other. [Therapist may decline treatment]
4. No pets except registered assistance dogs are allowed in the treatment room.
5. No smoking on the premises.
6. Consumption of alcohol or drugs is prohibited on the premises.

Consultation and Record Keeping Requirements

Every new client must fill out a consultation form before embarking on any treatment.

Every form must consist of;

1. Client's full name, postal address, all contact details, date of birth, occupation
2. Record of treatment, what type, where on the body, machines used, settings, outcomes etc.

Prior to the commencement of any treatment, the therapist must:

- 1) Advise the client who wishes to undergo such treatments of the risks associated with the treatment and the potential for infection to occur during and after the treatment.
- 2) Give written advice appropriate to the procedure to be undertaken, concerning precautions and post care instructions that should be taken by the client who wishes to undergo the treatment.
- 3) The client must sign a consent form after divulging their medical history.
- 4) Be given the opportunity to inform the therapist through a written and signed consent form prior to the commencement of any specified treatment, to establish if he or she knows or suspects that he or she:
 - a) Is suffering from a communicable disease or skin disease.
 - b) Has a history of haemophilia (bleeding) or is taking medications such as anticoagulants which thin the blood or interfere with blood clotting.
 - c) Has a history of allergies or adverse reactions to pigments, dyes or other skin sensitivities.

- d) Has a history of epilepsy or seizures.
 - e) Has a heart condition, pacemaker or metal pins or plates inserted.
- 5) The therapist may decline to carry out any specified treatment based on such information or agree to carry out the treatment subject to written medical permission from her G.P.

Therapists must keep records of the client's consent form for the procedure to be undertaken.

These records must be kept secure and confidential for a minimum of 2 years and made available to the council or other authorised agency for inspection on request.

Note: The above questions are required but not limited to the above as situations vary from client to client and more information may be required to complete a full and thorough consultation.

Piercing of the Skin and High Risk Treatments

Skin piercing is any process involving piercing, and puncturing the skin or any other part of the human body and includes such processes as Dermal Collagen induction [derma rolling/stamping], extractions, red vein treatment, permanent/semi-permanent pigmentation and pedicures not because blood can be accidentally drawn, but because of increased risk of exposure to micro-organisms such as fungi ABD bacteria and the high risk of infection.

Treatments that pierce the skin may be considered high risk due to the significant hazards posed by contact with blood and body fluids, such as the risk of transmitting blood-borne viral diseases and the transference of communicable diseases including Hepatitis B, Hepatitis C and HIV.

Other treatments that could become potential high risk beauty treatments that may unintentionally draw blood from a follicle or skin surface are; electrolysis, microdermabrasion [exfoliation], waxing, threading, manicures and especially pedicures

The minimum standards contained in this part of these guidelines aim to ensure that therapists who are undertaking treatments that accidentally or deliberately pierce or break the skin conduct their treatments in a safe and hygienic manner so as to reduce risks to public health.

Sterilisation/Disinfecting facilities

All premises undertaking treatments that pierce the skin or that may come into contact with non-intact or skin must have a suitable sterilisation station for the cleaning of skin piercing equipment;

Any instrument that comes in contact with non-intact skin, mucous membranes, blood or body secretions must to be transferred to a central disinfecting station.

These items are to be held in a nominated contaminant container e.g.[kidney dish]. These contaminated instruments are then soaked in hospital grade disinfectant, scrubbed and washed in hot water to remove any debris. They are then disinfected/sterilised by the appropriate disinfecting/sterilising method listed in the sterilising section and stored in a U.V. Sterilisation cabinet or closed container ready for use.

Contaminated items are to be kept separate from sterile/disinfected items to prevent cross contamination.

This area must have good lighting, ventilation and be capable of being easily cleaned;

Ultrasonic cleaners must be kept separately to sterilisation facilities.

Therapists must comply with the following standards:

- Premises
- Consultation Section
- Risk and Health Management
- Piercing of the Skin and High Risk Treatments
- Sterilisation/Disinfection

Risk of Breaking the Skin

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

The minimum standards contained in this part of these guidelines aim to ensure that therapists who are undertaking treatments that risk breaking the skin conduct their treatments in a safe and hygienic manner so as to reduce risks to public health.

BEFORE ANY TREATMENT THAT RISKS BREAKING THE SKIN IS CONDUCTED, A COMPLETE AND THOROUGH CONSULTATION MUST BE COMPLETED WITH A SIGNED CLIENT CONSENT FORM.

NO THERAPIST MAY CONDUCT A TREATMENT THAT RISKS BREAKING THE SKIN SHOULD A CONTRAINDICATION EXIST.

Therapists must comply with the following standards:

- Premises
- Consultation Section
- Risk and Health Management
- Piercing of the Skin and High Risk Treatments
- Sterilisation/Disinfection

Precautions and aftercare

Prior to the commencement of any specified treatment that risks breaking the skin, the therapist must:

1. Advise the client who wishes to undergo such treatment of the risks associated with the treatment and the potential for infection to occur during and after the treatment; and
2. Give advice appropriate to the procedure to be undertaken, concerning precautions and post treatment procedures that should be taken by the client who wishes to undergo the treatment;

Floors

Refer to section on Premises

Additional Standards

In addition to the guidelines above, several other legislative acts, guidelines and codes of practice are also relevant:

Members of the Association adhere to the “Code of Ethics for Members of the New Zealand Association of Registered Beauty Therapists”.

Collagen Induction Therapy [Derma rolling/Stamping] Derma rolling/stamping is a practice of using micro needles to create tiny punctures in the skin to create a minor trauma intended to stimulate the fibroblasts and growth factors to enhance collagen production.

Electrolysis/Thermolysis and Red Vein Treatment

Electrolysis is a practice involving the insertion of a sterilised probe into individual hair follicles to the bulb. An electric current is passed through the probe to the bulb to produce a chemical solution called sodium hydroxide or lye to destroy the hair bulb.

Diathermy is a practice involving the insertion of a sterilised probe into an individual hair follicle to the bulb. An electrical current is passed through the probe to produce high levels of heat which desiccates the bulb.

Thermolysis [The blend method] is the practice involving the insertion of a sterilised probe into an individual hair follicle to the bulb. A D/C current is applied to produce sodium hydroxide or lye and then a H/F current producing heat is mixed with the D/C current.

Red vein treatment is a process by which a probe pierces the capillary and heat is applied to cause capillary shrinkage. The capillary can be pierced with a probe along the length of the damaged capillary, causing little dams or blockages along the vessel membrane.

All commercial treatments that risk breaking the skin are required to comply with the general standards for the risk of breaking the skin. The minimum standards contained in this part of these guidelines aim to ensure that therapists who are undertaking electrolysis/thermolysis and red vein treatments conduct their treatments in a safe and hygienic manner so as to reduce risks to public health.

BEFORE ANY TREATMENT THAT RISKS BREAKING THE SKIN IS CONDUCTED, A THOROUGH CONSULTATION MUST BE COMPLETED WITH A SIGNED CLIENT CONSENT FORM.

NO THERAPIST MAY CONDUCT A TREATMENT THAT RISKS BREAKING THE SKIN SHOULD A CONTRAINDICATION EXIST.

Written medical consent is required for;

1. the removal of hairs from moles OR
2. any health condition that may affect the healing ability of the skin or irritate an existing condition.

WARNING; All beauty therapists and IPL/laser therapists are prohibited from removing skin tags, moles, pigmented or unpigmented abnormalities or lesions from their clients without written permission from a medical practitioner.

Precautions and Aftercare

It is also advised that after electrolysis/thermolysis the area should not be touched. After care instructions given and where necessary product should be applied for three to five days after the treatment to accelerate the healing process.

Therapists must comply with the following standards;

- Premises
- Consultation Section
- Risk and Health Management
- Piercing of the Skin and High Risk Treatments
- Sterilisation/Disinfection

Additional Standards

In addition to the guidelines above, several other legislative acts, guidelines and codes of practice are also relevant:

Members of the Association adhere to the “Code of Ethics for Members of the New Zealand Association of Registered Beauty Therapists”.

Collagen Induction Therapy [Derma Rolling/Stamping]

Derma rolling/stamping is a practice of using micro needles to create tiny punctures in the skin to create a minor trauma intended to stimulate the fibroblasts and growth factors to enhance the collagen production.

Any treatment that breaks the skin has the potential to become infected and cause cross contamination. Therefore before commencing this particular treatment strict hygiene measures must take place first.

All commercial treatments that risk breaking the skin are required to comply with the general standards for the risk of breaking the skin. The minimum standards contained in this part of these guidelines aim to ensure that therapists who are undertaking collagen induction therapy conduct their treatments in a safe and hygienic manner so as to reduce risks to public health.

Preparation

1. The skin must be analysed prior to each treatment and any skin and/or hair condition that may lead to skin irritation must be discussed.
2. Before commencing Derma rolling/Stamping the room must have been cleaned and free of all dust, debris and washed with a hospital grade disinfectant.
3. Any equipment that comes in contact with the therapist and client must have been disinfected with hospital grade disinfectant following manufacturer's instructions.
4. Treatment trolleys are to be stripped down, disinfected and draped with a sterile towel or disposable paper towels.
5. All items required for the treatments are to be laid out in order of use e.g. disposable gloves, mask, sterile swabs/gauze, cleanser/toner, disposable facial sponges, numbing gel, antiseptic wash e.g. Chlorhexidine, hydrogen peroxide or saline, roller/stamp, serums/creams etc.
6. Disposable single use roller/stamp must not be removed from their sterile containers until they are to be used.
7. After use the single use disposable roller/stamp is to be placed in the waste hazard contaminant container.

WARNING: Under no circumstances are rollers/stamps to be disinfected, stored and reused on the same or another client.

It is impossible to remove debris from between the needles when trying to clean it. This debris is decaying and could infect the client if reused.

Trying to clean the roller/stamp may cause damage to the needles that could result in tissue damage if used again. Cases of tissue damage have been reported.

Therapists must comply with the following standards;

- Premises
- Consultation section
- Risk and Health Management
- Piercing of the Skin and High Risk Treatments
- Sterilisation/Disinfection

Additional Standards

In addition to the guidelines above, several other legislative acts, guidelines and codes of practice are also relevant:

Members of the Association adhere to the “Code of Ethics” for Members of the New Zealand Association of Registered Beauty therapists”

The Ministry of Health “Guidelines for the Safe Piercing of the Skin”

<http://www.health.govt.nz/publication/guidelines-safe-piercing-skin> outlines procedures to deal with bleeding, sharps injuries and contact with blood or body fluids.

Employers and self-employed therapists need to notify the Labour Group of the Ministry of Business, Innovation and Employment as soon as possible of workplace accidents and occurrences of serious harm [e.g. communicable diseases, lacerations, dermatological disease] HSE Act 1992 S25, and Schedule 1-
<http://www.legislation.govt.nz/act/public/1992/0096/latest/DLM279288.html>
www.dolgovt.nz/businessessentials/safety/incidents

Hair Removal by Waxing, Tweezing or Threading

Hair removal is the removal of hair by any means. This includes, but is not limited to, waxing (pulling the hair from the skin using soft wax, hot wax or glucose); threading (lifting the hair out from the follicle by entwined thread); or tweezing (grasping hairs and pulling them out of the skin, including epilation - a mechanical means of tweezing).

All commercial treatments that risk breaking the skin are required to comply with the general standards for risk of breaking the skin [Minimum Standard]. The minimum standards contained in this part of these guidelines aim to ensure that therapists who are undertaking hair removal conduct their treatments in a safe and hygienic manner so as to reduce risks to public health.

Therapists must comply with the following standards:

- Premises
- Consultation Section
- Risk and Health Management
- Piercing of the Skin and High Risk Treatments
- Sterilisation/Disinfection

Therapists must cover their hands with clean well-fitting single-use disposable gloves:

- 1) Before commencing hair removal or where there is mucus/body fluids, blood or non-intact skin.
- 2) After touching any object which has not been subject to a process of cleansing and sterilisation unless an effective sterile barrier is used.

Skin preparation

The skin site must be analysed prior to each treatment and any skin and/or hair condition that may lead to skin irritation must be discussed.

Prior to commencing hair removal, Therapists must cleanse the client's skin by swabbing with an antiseptic solution using a clean, single-use swab and maintaining product-specific recommended contact time.

Use of wax

Therapists must ensure that wax is not applied to broken skin or over an area where blood has been drawn.

Therapists must use either of the two following methods to prevent cross contamination between clients:

1. Pre-dispense wax, where the required amount of wax for each client is put into single-use disposable pots. Any remaining unused wax is discarded;
or
2. Use single-use disposable wooden spatulas for wax application and not re-dip the spatula into the wax pot.

Therapists must ensure wax that has been applied to a client's body for hair removal is not reused.

Therapists must ensure pots of wax are kept covered between each clients use.

Additional Recommended Best Practice

Waxing

Therapists should ensure that their processes for waxing clients and management of equipment minimise the potential for cross contamination. The following is also advisable:

Single-use disposable underwear should be offered to the client for waxing involving bikini and/or Brazilian waxing;

Wax should be initially applied to the inside of the therapist's wrist to test the temperature of the wax. A new spatula is used to test on the client in the area to be treated;

Hot wax should be applied with a spatula in thick strips and removed by hand. Warm wax should be applied with a spatula in a thin film and removed with a paper or muslin strip;

A soothing product should be applied after the wax has been removed;

Metal instruments e.g. tweezers should be initially cleaned using a wax solvent to remove all traces of wax before sterilisation.

Threading

New single-use cotton thread should be twisted and rolled onto the surface of the skin to entwine the hair. When the hair is entangled with the thread it should be twisted out and the hair removed. The used thread must be discarded in the rubbish bin.

The thread must be worked with the fingers and it is prohibited to hold the thread with your teeth.

Skin Preparation

The skin must be analysed prior to each treatment and any skin/hair condition that may lead to a skin irritation must be discussed.

Prior to commencing the threading treatment, therapists must cleanse the client's skin by swabbing with an anti-septic solution using a clean, single-use swab and maintaining product-specific recommended contact time on the skin.

Following the treatment the thread must be discarded in the rubbish bin. The thread must be single use only and never reused on another client.

Therapists must comply with the following standards;

- Premises
- Consultation section
- Risk of Health Management
- Piercing of the Skin and High Risk Treatments
- Sterilisation/Disinfection

Manicure / Pedicure

Manicure and pedicure is the beautification or enhancement of the hands and fingernails, as well as feet and toenails, and involves the shaping and polishing of nails, nail extensions such as gel, or artificial acrylic nails, and exfoliation of skin or tissue from the hands and feet.

All commercial treatments that risk breaking the skin are required to comply with the general standards for risk of breaking the skin. The minimum standards contained in this part of these guidelines aim to ensure that therapists who are undertaking manicure or pedicure conduct their treatments in a safe and hygienic manner so as to reduce risks to public health.

Minimum Standards for Manicure / Pedicure

Therapists must comply with the following standards:

- Premises
- Consultation section
- Risk and Health Management
- Piercing of the Skin and High Risk Treatments
- Sterilisation/Disinfection

Training

Therapists must have the knowledge, skills and qualifications necessary to provide manicure / pedicure treatments, which can be achieved through the following:

- National Certificate (or international equivalent) in Beautician or Nail Technology; or
- continual, commercial industry experience of five consecutive years or more in performing nail treatments and evidence of professional development in that specific commercial treatment; or
- Evidence of training with a nail treatment training provider with the above qualifications in that specific area of expertise.

Ventilation

Therapists must ensure there is adequate ventilation for any products used that may produce noxious vapours or fumes.

Broken skin not to be treated

No therapist may undertake a manicure or pedicure on any client if there are any exposed cuts, abrasions or evidence of fungal/bacterial infections to the client's hands and feet.

No therapist may expose any skin that is broken during a manicure or pedicure to any further treatments until skin has completely recovered and is intact.

Skin preparation

Therapists must evaluate the skin site prior to each treatment and any skin condition that may lead to skin irritation must be discussed;

Prior to commencing a manicure or pedicure, Therapists must cleanse the client's skin by swabbing with an antiseptic using a clean, single-use swab and maintain product-specific recommended contact time;

It is highly recommended that disposable gloves be worn by therapists when analysing the hands and feet and throughout the whole treatment.

Use of instruments

The use of electric nail files on the client's own natural nails is prohibited due to the possible overheating, trauma and burning on the natural nail plate. Electric files can only be used on artificial or acrylic nails.

Therapists must ensure that pedicure basins are lined with a single use disposable plastic basin liner for each client and pipes are disinfected regularly.

Rubber hoof sticks are recommended to push back cuticles in preference to metal cuticle push backs.

Warning

Callus shavers are only permitted to be used by registered Podiatrists and are banned by the Association of Registered Beauty Therapists for the use by beauty therapists.

Use of supplies

Therapists must ensure that chemicals and products are stored in containers with air tight lids.

Disposal of waste

Therapists must ensure that absorbed products, such as tissues, cotton buds and paper towels and other associated waste products are removed from the manicure and pedicure stations and disposed of at the end of each day.

Additional Recommended Best Practice

Ventilation

It is advisable that a ventilation system is installed in areas without adequate air flow to remove fumes away from the therapist and clients when performing gel or acrylic nails or any treatment that involve strong vapours. These ventilation systems must be placed low down to be effective.

Natural ventilation may be used by opening doors and windows.

Gloves

Therapists are advised to cover their hands with clean well-fitting single-use disposable gloves:

- a)** Before carrying out a pedicure on any client.
- b)** Before touching any object including surfaces and instruments which may have become contaminated with contact with the client's hands or feet or touching any object which has not been subject to a process of cleansing and sterilisation.

Therapists must take all practicable steps to prevent cuts and abrasions from filing, buffing and cuticle clipping.

Therapists are advised to wear masks when using strong solvents and electric files to avoid the inhalation of filings and fumes from the nail.

If recommended by the manufacturer, therapists should apply an oil or solution to the artificial nail before filing, which will make the dust heavier. This will help prevent inhalation of dust particles, improve the atmosphere and aid salon cleanliness.

Exfoliation

Exfoliation is a practice intended to remove dead skin from the skin surface and can be performed using micro-dermabrasion, mechanical peels that have an abrasive action or chemical exfoliation/ peels such as glycolic or enzymes. 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 micro-dermabrasion. Micro-dermabrasion is a 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 therapist is not trained in the use of this equipment.

All commercial treatments that risk breaking the skin is required to comply with the general standards for risk of breaking the skin. The minimum standards contained in this part of these guidelines aim to ensure that therapists who are undertaking exfoliation conduct their treatments in a safe and hygienic manner so as to reduce risks to public health.

Minimum Standard Exfoliation

Therapists must comply with the following standards:

- Premises
- Consultation Section
- Risk and Health Management
- Piercing of the Sin and High Risk Treatments
- Sterilisation/Disinfection

Training

Therapists using micro-dermabrasion equipment must have the knowledge, skills and qualifications necessary to provide micro-dermabrasion, which can be achieved through the following:

1. National Certificate (or international equivalent) in Beauty therapy and continual, commercial industry experience of 12 months or more performing facials and skin treatments
or
2. Continuous commercial industry experience of five consecutive years or more in performing facials and skin treatments and evidence of professional development in micro-dermabrasion; or evidence of training with a micro-dermabrasion accredited and qualified training provider and continual commercial industry experience of 12 months or more.

Additional Recommended Best Practice

Only single-use disposable sponges must be used where there is a risk of blood being drawn when performing micro-dermabrasion.

Any facial sponges or facial towels that come in contact with blood or body fluids must be disposed of immediately after use and must never be reused on another client.

The New Zealand Association of Registered Beauty Therapists recommends that only safety certified micro-dermabrasion equipment should be used.

Cosmetic Permanent, Semi-Permanent and Micropigmentation Tattooing

Cosmetic permanent, semi-permanent and micropigmentation tattooing is the application of chemical free based dyes that are etched into the skin.

Tattooing can be used to rebuild uneven or faded eyebrows, emphasise facial areas such as the eyes and lips and breasts to help restore the skin's natural appearance.

The minimum standards contained in this part of the guidelines aim to ensure that therapists who are undertaking treatments that accidentally or deliberately pierce or break the skin conduct their treatments in a safe and hygienic manner so as to reduce risks to public health.

Therapists must comply with the following standards;

- Premises
- Consultation section
- Risk and Health Management
- Piercing of the Skin and High Risk Treatments
- Sterilisation/Disinfection

Use of dyes, pigments and solutions

All therapists must comply with the following;

1. Decant required amount of dyes, pigment and solutions into a separate container for the use on that client only.
2. Only the decanted dye, pigment or solution is to be used whilst the tattoo is being carried out.
3. Only pre-purchased ink that is manufactured for the above mentioned tattooing purposes is to be used and must only contain the recommended ingredients as set out by the Environmental Protection Authority-Guideline for tattoo and permanent makeup substances.
4. It is recommended that therapists confirm with their supplier that all dyes, pigments and solutions purchased conform with the requirements outline in the Environmental Protection Authority document.

5. Upon completion of the treatment any residual dyes, pigment or solutions are disposed of in an appropriate manner and the container cleaned, and sterilised by one of the methods recommended in the sterilisation/ Disinfection segment of these guidelines.
6. All tattooing ink must be stored in its' original container. The container label must list; product name, colour, batch # and ingredients. Contact information of the NZ importer, supplier/manufacturer and any other references including warning statements may be retained on a separate leaflet.
7. No dye, pigment or solutions are to be use after their expiry date.

Warning; No tattoo therapist may tattoo over pigmented, unpigmented moles, or any unidentifiable lesions. These clients must be referred to a dermatologist for an examination and written permission must be sort before any semi-permanent treatment can take place.

Single-use disposable items

All single-use disposable items must be disposed of after being used on that single client.

All single-use disposable cloths must be discarded.

All needles, razors and other sharps must be used on one client only then disposed of in a biohazard sharps container.

Skin Preparation

Therapists must evaluate the skin site prior to each treatment and any skin condition that may lead to skin irritation must be discussed.

Please refer to Collagen induction therapy skin section for set up procedures.

Gloves

Therapists are advised to cover their hands with clean well-fitting single use disposable gloves before:

1. carrying out any tattooing procedures OR
2. touching any objects including surfaces and instruments which may have been contaminated with blood/body fluids or contact with the client's skin or touching any object which has not been subjected to a process of cleaning and sterilising.

Disposal of Waste

Therapists must ensure that absorbent products, such as tissues, cotton buds, clothes and paper towels and other associate waste products are placed in a closed covered rubbish bin and disposed of at the end of each working day.

Additional Standards

Members of the Association adhere to the “Code of Ethics for Members of the New Zealand of Registered Beauty therapists” and “Rules of the New Zealand Association of Registered Beauty Therapists”.

Members adhere to the Environment Protection Authority-Guidelines [EPA] for tattoo and Permanent Makeup Substances.

Massage

Massage is a practice of applying lotion, soft wax, stones or pressure to another person's face or body. Treatments which are unlikely to break the skin, but do involve contact with the skin, may be considered to carry public health risks, such as the transfer of bacterial and viral infections due to direct skin contact between client and therapist.

The minimum standards contained in this part of these guidelines aim to ensure that therapists who are undertaking massage conduct their treatments in a safe and hygienic manner so as to reduce risks to public health.

Therapists are advised to comply with the following standards:

- Premises
- Consultation Section
- Risk and Health Management

Precautions, consent and aftercare

Prior to the commencement of any massage treatment, the therapist must:

1. Consult the client who wishes to undergo such treatment including medical history to make sure the treatment is suitable for that client.
2. Advise the client who wishes to undergo such treatment of the risks associated with the treatment.
3. Give advice appropriate to the procedure to be undertaken, concerning precautions and post treatment procedures that should be taken by the client who wishes to undergo the treatment.

Skin preparation

Therapists must evaluate the skin site prior to each treatment and any skin condition that may lead to skin irritation must be discussed.

Before commencing any skin to skin contact, Therapists must ensure that any cuts or abrasions on both the therapist and the client where there will be skin contact are covered. Any gloves used must be disposed of after each massage.

Additional Standards

Unless it is a single-use disposable instrument, all instruments or like articles must be cleaned, disinfected and/or sterilised in between use on each client.

In addition to the minimum standards below, several other legislative acts, guidelines and codes of practice are also relevant:

Massage New Zealand is an association that promotes best practice in massage. Members of the association adhere to the “Rules of Massage New Zealand (NZ) Incorporated”, “Constitution of Massage New Zealand (NZ) Incorporated” and “Code of Ethics”.

Additional Recommended Best Practice

The physical, mental or emotional health, well-being or safety of a client should not be endangered.

The therapist should communicate clearly with the client so that they can respond to feedback during the treatment.

The therapist should be adequately trained, with a minimum of a Certificate of Relaxation Massage (or equivalent) from an accredited massage training establishment to ensure the safety, professionalism and efficacy of the treatment.

Sun-beds

Sun-bed (tanning unit) means an electrically-powered device designed to produce tanning of the human skin by the emission of ultra-violet radiation.

Treatments involving the use of sun-beds, or solarium, have the potential to burn the skin and lead to longer term skin conditions, including skin cancer. The World Health Organization has stated that,

“Exposure to ultraviolet (UV) radiation contributes to the skin ageing process and may cause skin cancer.” (Sinclair, 2009)

Consequently the NZ Association of Registered Beauty Therapists does not endorse the use of such devices in professional beauty therapy practice.

Bibliography

- Auckland Council. (2013). Health and Hygiene Code of Practice 2013.
- Auckland District Health Board. (2009). *Guidelines on Hand Hygiene*. Auckland, NZ.
- Center for Disease Control. (2015, 05 15). *Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008*. Retrieved from Healthcare Infection Control Practices Advisory Committee (HICPAC): http://www.cdc.gov/hicpac/Disinfection_Sterilization/13_0Sterilization.html
- Hand Hygiene Task Force CDC. (2002). *Guideline for Hand Hygiene in Health-Care Settings*. Atlanta: Center for Disease Control.
- Health and Safety Executive. (2005). *Biological agents: Managing the risks in Laboratories and Healthcare Premises*. London, England.
- New Plymouth District Council. (2015). *Hygiene and Cleaning Guidelines*. New Plymouth, NZ.
- Rutalia W, W. D. (2008). *Guideline for Disinfection and Sterilization in Healthcare Facilities*. Atlanta: Center for Disease Control.
- Sinclair, C. (2009). *Artificial tanning sunbeds, risks and guidance* -. World Health Organisation.
- US Food & Drug Administration. (2010). Removing Hair Safely. Retrieved June 2015, from <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm048995.htm>
- World Health Organisation. (2009). *Hand Hygiene: Why, How & When?* World Health Organization.
- Environmental Protection Authority [EPA] *Guidelines for tattoo and permanent makeup substances*

