



London Borough of Camden

Massage and Special Treatment Guidance

Please read in conjunction with the Conditions Relating to the Licensing of Massage and Special Treatments

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1. Introduction

The intention of this document is to provide guidance on a number of areas of law and best practice for any person running a massage and special treatment business in the London Borough of Camden. This guide does not aim to cover all aspects of legally running a business and therefore you should not rely on it solely as a means of compliance.

This guide should be read in conjunction with Camden's Massage and Special Treatment (MST) licence conditions, as it provides additional information to help you meet the conditions.

It is an absolute requirement that you must comply with the licence conditions. Failure to do so may result in further enforcement action, such as prosecution, and could result in the loss of your licence.

Apart from the licence conditions, you will need to make sure that you are complying with the other legislation that applies to your business, and this guide is designed to help you with that. The guidance includes information about:

- Planning permissions
- Building Regulations
- Health & safety law
- Management etc
- Compulsory employers liability insurance
- Electricity, gas, services
- Advertising – erotic element
- Waste – storage and collection
- Use of the premises for soliciting prostitution etc
- Littering
- Nuisance
- Fire safety/emergency safety

It is important that you as a licence holder, or owner/occupier, are aware of the licence conditions attached to your licence. It is also vitally important that you ensure that all other persons involved in your business, (particularly if they are a manager or are in charge when you are not there) are aware of the licence conditions **and** of this guidance. You should be aware that where breaches of licence conditions or other legislation occur, you would be held accountable.

You should also discuss with any other person, who you appoint to be in control of the premises or business, their responsibility to ensure compliance with the licence and other legislation.

The process/procedures for applying for a licence or varying a licence and the approval of persons giving treatments are contained in separate guidance.

2. Health and Safety Legislation

Health and safety legislation must be complied with at all times in the licensed special treatment establishment.

Premises that provide massage and special treatments are subject to the relevant provisions of the Health and Safety at Work etc Act 1974 and any associated regulations and codes of practice.

Employers have duties under the Act to ensure the safety of both employees and other persons (including the public) at all times.

Employees also have a number of duties under the Act.

Some examples of legislation that may apply to your business include:

- The Management of Health and safety at work Regulations 1999
- The Provision and use of work equipment Regulations 1992
- The Workplace (Health, Safety and Welfare) Regulations 1992
- The Electricity at Work Regulations 1989
- The Control of Asbestos Regulations 2006
- The Control of Substances Hazardous to Health Regulations 2002

For advice on compliance with health and safety legislation, relevant published guidance or codes of practice you may wish to contact Camden Council's Health, Safety and Licensing Team within the Regulatory Service on telephone number 020 7943 6767.

Alternatively you may wish to look at the licensing and health and safety sections of Camden Council's website at:

camden.gov.uk/ccm/navigation/business/business-regulations/health-and-safety.

Another useful website is the Health and Safety Executive (HSE) website at:

hse.gov.uk.

2.1. Powers of Health and Safety Inspectors

Authorised inspectors visiting your premises have powers under the Health and Safety at Work Act 1974 (HSWA) that allow them to:

- Enter any premises which inspectors think it necessary to enter for the purposes of enforcing HSWA and the relevant statutory provisions. They may only enter at a 'reasonable time', unless they think there is a situation which may be dangerous. If they have reasonable cause to expect serious obstruction, they may take a police officer;
- Order areas to be left undisturbed, take measurements, photographs and recordings, take samples and take possession of, and carry out tests on, articles and substances that appear to have caused (or be likely to cause) danger;
- Require the production of, inspect and take copies of relevant documents;

- Require anyone they think might give them relevant information to answer questions and sign a declaration of the truth of the answers;
- Require facilities and assistance to be provided; and,
- Seize and make harmless (by destruction if necessary) any article or substance which they have reasonable cause to believe is a cause of imminent danger of serious personal injury.

Inspectors are also given any other power which is necessary for the purpose of enforcing the legislation.

3. Other Legal Considerations

The following are a number of specific considerations that are not licence conditions but are legal requirements under the relevant legislation:

3.1. Anaesthetics

Under UK law anaesthetics given by injection automatically make them “Prescription Only Medicines” which are regulated by The Medicines (Sale or Supply) (Miscellaneous Provisions) Regulations 1980. Any injected anaesthetic can only be given by a doctor, dentist or under certain circumstances an independent nurse prescriber.

Some cream and spray based anaesthetics, such as Lignocaine based cream and Ametop gel, are only available from a pharmacy for medical application. Their use and application by a non-medically trained person is likely to be an offence under the Medicines Act 1968.

The licence holder should be aware of the hazards associated with the use of local anaesthetics, and shall ensure that any person undertaking the piercing or tattooing of anyone on the licensed special treatment establishment does not administer a local anaesthetic unless they have had the appropriate training and has carried out a suitable test to ensure that the anaesthetic is effective, prior to the procedure commencing.

Ethyl Chloride should not be used as this can cause a ‘frost bite’ effect and can result in skin damage which may increase the chances of infection at the treated site.

3.2. Pressure Systems

You must ensure that any equipment operating under pressure, e.g. a steam sterilizer, is correctly installed and operated in accordance with the Pressure Systems Safety Regulations and manufacturer’s instructions. The licence holder shall also ensure that a written scheme of examination is in place and that the equipment is examined by a competent person in accordance with the written scheme of examination.

For more information, you can download the HSE’s pressure systems leaflet and/or written schemes of examination leaflet from their website at:

hse.gov.uk/pubns/indg261.pdf

3.3. Means of Escape in Case of Emergency

You should ensure that the means of escape for anyone in the licensed special treatment establishment is provided and maintained unobstructed, immediately available, and clearly identifiable.

3.4. Exit Signs

You should ensure that all exits in the licensed special treatment establishment are clearly marked so that anyone in the establishment can easily see where the exits are and where to go in the case of emergency.

3.5. Client Records and Data Protection

Our conditions require that records are kept at the establishment requiring information such as the clients name, address and contact details and type of treatment given. For some special treatments, the conditions also require that the client's basic medical history is documented and a client consent/consultation form is completed prior to a treatment being given.

This client information is necessary to ensure safe and successful treatment. It is also likely that the clients' details, including their basic medical history may be required for your public liability insurance agreement for the defence of any negligence where legal action is filed against you after an alleged event. You are advised to contact your insurance company for further advice.

Although we ask that client records are kept for a minimum of two years, many trade bodies, associations and insurance companies may recommend that client records are kept for a longer period, (i.e. seven years), for the defence of any negligence as legal action may be filed against you years after an alleged event, as well as for efficient and careful practice. You are advised to check whether this requirement applies to your business.

The London Local Authorities Act states that an authorised officer may at all reasonable times enter upon, inspect and examine any premises which are, or which he has reasonable cause to believe are used in contravention of the conditions or restrictions on which a licence is granted; and may do all things reasonably necessary for the purpose of ascertaining whether an offence has been committed.

As our standard conditions require that certain records are kept for each client, an officer can ask to see these records to ascertain that a treatment has been provided, that the conditions attached to the licence are being complied with and that the required records actually do exist.

Very rarely, circumstances may arise where, for the purposes of an investigation, an officer may wish to conduct a search of a premise. In such circumstances, an officer will require consent from a person entitled to grant entry to the premises and the provisions of Code B, that relate to voluntary searches, must be followed.

3.5.1. Data Protection Act 1998

The Data Protection Act 1998 allows for client information to be provided if it “is necessary for compliance with any legal obligation to which the data controller is subject”, e.g. for compliance with the London Local Authorities Act 1991 (LLAA) and therefore the licence conditions; Health and Safety at Work Act 1974 and other health and safety legislation, etc. The records should therefore be made available to the officer if requested.

The Data Protection Act 1998 deals with protecting the data you collect, but Section 31 gives an exemption to ‘regulatory activity’ which means that authorised officers, in some circumstances, can access client information in order to secure the health, safety and welfare of persons at work, or for protecting persons, other than persons at work, against risk to health and safety arising out of or in connection with the actions of persons at work. If necessary, this client information can be passed on to a third party (e.g. the Health Protection Agency) for the purposes of investigating health, safety and welfare concerns.

Client records are confidential and should be stored in a secure place. For more information the Data Protection Act or about client records and how to store them, you can contact the Information Commissioner’s Office on telephone number 01625 545745 or at:

informationcommissioner.gov.uk

You can also seek independent legal advice on this matter if necessary.

3.6. Gas Installation

You should ensure that the gas installation for the licensed special treatment establishment complies with the Gas Safety (Installation & Use) Regulations 1998.

For more information, you can download the HSE’s gas safety leaflet from their website at:

hse.gov.uk/pubns/indg238.pdf

3.7. Electrical Installation and Equipment

You must ensure that the electrical installation for the premises and any electrical equipment used complies with the Electricity at Work Regulations 1989 and conforms to the standards laid down in the current edition of BS7671. This British Standard is the Institute of Electrical Engineers’ (IEE) wiring regulations and is the accepted standard. The most up to date regulations are the 17th edition. Ensure that these are the ones your electrician is using.

It is a requirement of the licence conditions that an electrical test and inspection is carried out at least once every five years or sooner if recommended by the inspecting person.

Electrical appliances must also be checked periodically to ensure that the electrical systems within them are safe and in order to prevent unsafe equipment being used with the risk of electric shock or worse occurring.

All persons working on electrical equipment or installations must be competent to do so.

There are a number of recognised associations that approve persons as being competent to work with electrical systems. It is advisable that you check that the electrician you want to use is a member of one of these bodies.

For testing and inspection, the National Inspection Council for Electrical Installation Contractors (NICEIC) or the Electrical Contractors Association (ECA) are such bodies accepted by Camden Council.

3.8. Piercing and Tattooing

The Tattooing of Minors Act 1969 defines a tattoo as "...the insertion into the skin of any colouring material designed to leave a permanent mark", and prohibits the permanent tattooing of anyone in Great Britain under the age of 18 years. The client's proof of age should always be asked for, and if possible, the ID shown should be photocopied and attached to the client's consent form.

3.8.1. Body Piercing - Age of Consent and Assault

Although the law allows children under the age of 18 to consent to cosmetic body piercing, provided they are sufficiently mature enough to understand the nature of the request, Camden Council's conditions [see Note below] prohibits body piercing to anyone under the age of 16, except in the ear lobe, and in this case, the ear lobe piercing would have to be carried out in the presence of that person's parent or guardian, who must also sign the consent form (this is to avoid any conflicts later). The client's proof of age should always be asked for, and if possible, the ID shown should be photocopied and attached to the client's consent form.

Camden Council stipulates specific conditions relating to age where body piercing and tattooing are carried out (see conditions "Additional Conditions Relating to Piercing / Tattooing" for further details).

Note: The London Local Authorities Act 1991 empowers London Councils to prescribe their own additional conditions if required.

Under the Sexual Offences Act (1956), girls and boys under the age of 16 cannot legally give consent to intimate sexual contact under any circumstances, so piercing of nipples and genitalia (for girls) or genitalia (for boys) can be regarded as an assault offence. Indecent assault is a serious sexual offence that attracts a prison sentence and a subsequent requirement to register with the police as a serious offender under the Sexual Offenders Act 1997.

The courts have held in the past that one could not consent to the infliction of grievous bodily harm. Therefore, scarification, branding and related activities would be regarded as illegal under UK law. The courts have not been asked to rule on these as commercial activities, but as they can be so extreme, the courts could classify such levels of violence and harm to be unacceptable to public policy.

3.8.2. Female Genital Piercing

The Female Genital Mutilation Act 2003 states that female genital mutilation (to 'excise, infibulate or otherwise mutilate the whole or any part of a female's labia majora, labia minora or clitoris for non-medical reasons') is illegal. Therefore, piercing the female genitalia could be deemed a criminal offence in a court of law.

3.8.3. Further Body Piercing, Tattoo, and Micropigmentation Guidance

Calderdale Council have produced free detailed guidance on their website about establishments carrying out:

Tattooing

calderdale.gov.uk/business/licences/licensingactivities/tattooing.pdf

Body Piercing

calderdale.gov.uk/business/licences/licensingactivities/bodypiercing.pdf

Micropigmentation

calderdale.gov.uk/business/licences/licensingactivities/micropigmentation.pdf

The above guidance also contains sample checklists and forms relating to client consent, health information and declaration, health questionnaire's, aftercare advice, etc. that you may find useful.

3.9. Lasers and Intense Pulsed Light Treatment

If any laser or intense pulsed light equipment is kept at the establishment, you should keep documentary evidence that verifies the classification of the equipment at the premises. It is your duty to ensure that you comply with any relevant legislation associated with this type of equipment.

Before any Class 3B laser, Class 4 laser or intense pulsed light (IPL) is used in the establishment, the establishment must be registered and inspected by the Care Quality Commission (as required under the Care Standards Act 2000) so that any treatment given can be delivered safely.

For more information on laser treatment, go to the Care Quality Commission's website at:

cqc.org.uk/usingcareservices/healthcare/makingdecisionsaboutindependenthealthcare/cosmeticprocedures/cosmeticsurgery.cfm

or you can contact the Care Quality Commission on telephone number 03000 616161.

3.10. Spa Pools

Spa pool conditions and guidance shall also relate to any whirlpool bath used in an establishment.

You must ensure that any spa pool and whirlpool bath in the licensed special treatment establishment is designed, constructed, installed and operated under current legislation and in accordance with the manufacturer's instructions so that it is safe and without risks to health when used.

Principal legislation and guidance that applies to spa pools:

The control of legionella bacteria in water systems. Approved Code of Practice (series L8).

Management of Spa Pools – Controlling the risks of infection (HSE/HPA).

Legionnaires' Disease: Controlling the risks associated with using spa baths (HSE information leaflet).

Some examples of what the law and guidance relating to spa pools require:

- The water temperature in a spa pool should be kept between 35°C to 40°C.
- Any prospective user to shower before using the spa pool;
- The use of the equipment is limited to no more than fifteen minutes at a time;
- Any prospective user not to consume alcoholic beverages before or during the use of the equipment;
- Poolside testing and recording of residual disinfectant and pH levels should be undertaken before the spa pool is used each day and at least every 2 hours after that. Records must be kept in a logbook together with any remedial action taken in the event of a test result being out of specification. Records should be kept for a minimum of 5 years and be available for inspection by an officer of the Council.
- Free chlorine residual in spa pools should be maintained between 3-5 mg/l and for bromine 4-6 mg/l of total active bromine. pH levels should be maintained between 7.0 - 7.6.
- The licence holder must be able to demonstrate that the microbiological quality of the spa pool and whirlpool bath water is properly managed in accordance with the Health and Safety Executive and Health Protection Agency Guidance, 'Management of Spa Pools: Controlling the Risk of Infection'.
- Routine microbiological analysis of the spa pool water should be carried out at least once a month and at least quarterly for Legionella. The water sample should be taken by trained and competent personnel and the microbiological analysis must be carried out in a laboratory accredited for the analysis to ISO 17025:1999. Records should be kept for a minimum of 5 years and be available for inspection by an officer of the Council.
- A suitable written policy should be kept on the premises detailing the action to be taken in the event of an unsatisfactory microbiological result or other health concern associated with the spa pool and whirlpool bath. All staff should be made aware of this policy.
- The licence holder shall ensure that any water treatment chemicals used in the licensed special treatment establishment are:
 - a) Kept in their closed containers in an upright position and stored in a cool, well-ventilated, dry, lockable area, away from combustible materials. Acids and alkalis should be stored separately and banded if necessary to contain spills. Each area should be marked externally with the appropriate warning sign;

- b) Added in the amount and in the manner specified in the manufacturer's instructions; and,
 - c) Kept away from contact with the eyes and skin. The licence holder shall ensure that anyone handling chemicals in the establishment is provided with adequate training in the safe use and handling of chemicals and uses appropriate personal protective equipment. Records of staff training must be kept and made available for inspection by an officer of the Council.
- The licence holder shall ensure that there are appropriate staff levels maintained to undertake the day to day running of the spa pool while it is in operation. The licence holder shall ensure that anyone responsible for the day to day running of the spa pool, i.e. the cleaning of, operation of, supervision of, or testing of water in the spa pool is suitably informed, instructed and trained, and their suitability assessed. They must be able to carry out their duties in a safe and technically competent manner. Records of all initial and refresher training records must be kept and made available to an officer of the Council.
 - The electrical installation for the spa pool or whirlpool bath should be inspected, tested and maintained in accordance with BS 7671:1992 'Requirements for electrical installations'.
The tests should be carried out at least annually and the certificate should be obtained from, and signed by, a corporate member of the Institute of Electrical Engineers, or by a contractor currently enrolled with the National Inspection Council for Electrical Installation Contracting.
The licence holder shall ensure that a copy of the current inspection certificate is kept at the licensed special treatment establishment, and is open to inspection by an officer of the Council and must be produced on their request.
 - Correct and safe management of a spa pool includes controlling microbiological levels, water treatment chemical storage and handling and many other areas of health and safety.
 - The licence holder shall ensure that suitable and compatible water treatment chemicals are used to maintain a consistent acceptable water quality in any spa pool in the licensed special treatment establishment.

3.11. Sex Establishments/Sex Shops

If your business includes any activities relating to sexual entertainment or the sale of "sex toys" or similar you are likely to need a separate licence to operate as a sex establishment/sex shop.

Prostitution is illegal and licensed premises found to be involved in this activity, or allowing the premises to be used for it, may lose their licence for massage and special treatments.

3.12. Fire Safety and Precautions Including Emergency Escape Provisions

The LFEP/ Fire Brigade are responsible for enforcing all matters relating to fire safety, fire precautions and fire escapes.

Under The Regulatory Reform (Fire Safety) Order 2005 you are required to carry out a risk assessment relating to fire.

You should contact the fire brigade if you are unsure of what you need to do or want advice on: the layout of your premises, fire retardant materials, fire fighting equipment etc. You can also go to their website at:

london-fire.gov.uk

or you can telephone Camden's local fire and community safety centre on 020 7587 2326.

3.13. Building Control

Any alterations to the premises that could affect the structure, means of escape, disabled access or a controlled service e.g. electrical and mechanical services, drainage, ventilation, etc., may require building regulation approval. Any necessary building regulation application should be made directly to the Building Control department at Camden Council and a completion certificate should be obtained on satisfactory completion of the works.

For further information on building regulations, you can speak to a duty building control officer on 020 7974 6941 or you can visit:

camden.gov.uk/ccm/navigation/environment/building-control

3.14. Planning Permissions

The massage and special treatment licence legislation does not deal with planning permissions and so if you are granted a massage or special treatment licence it doesn't necessarily mean that you have the correct planning permissions to use the premises in that way.

You should contact Camden's Planning Service to check that your premises has planning permission to be used as a massage and special treatment premises, and take the necessary steps to correct the situation if you do not have the appropriate planning permissions.

You should also note that any changes beyond the limits of the planning consent, e.g. to the nature of the treatments provided, floor space used, access to the premises or hours of operation, may require planning permission, which must be obtained prior to such changes taking place.

If you wish to install a ventilation system which is outside of the premises, such as a flue or ventilation stack, you may require planning permission.

For further information on planning regulations go to:

camden.gov.uk/ccm/navigation/environment/planning-and-built-environment

or you can telephone the duty planner on 020 7974 5613.

3.15. Insurance

Under the Employers' Liability (Compulsory Insurance) Act 1969 most employers are required to have a minimum of £5 million employers' liability insurance.

The licence conditions also require that you have additional public liability insurance of at least £2 million which must cover all of the massage and special treatments offered at the establishment.

3.16. Advertisements

Permanently positioned adverts may be subject to planning requirements/restrictions. If you advertise any massage or special treatment carried out at your establishment "in a public place, public convenience, conveyance or in any place in which the public assemble", you may need to get permission from Camden Council's Planning Advice and Information Team and/or the owner of where the advert is placed.

For more information, please call Camden's duty planner on 020 7974 5613 or you can visit:

camden.gov.uk/ccm/navigation/environment/planning-and-built-environment/planning-applications/advice-and-help-with-planning-applications/advertisements-and-signs.

Camden Council's Street Environment Enforcement Team is responsible for enforcing various environmental crimes, including fly posting or unauthorised advertisements in Camden. Adverts relating to your business, such as posters, stickers or leaflets that are placed in public areas, on the streets or on Council-owned street furniture, are illegal and you may be prosecuted and fined.

A standard sized advertising board (1.5 metres high and 0.9 metres wide) can be placed on the pavement if you own the land as your forecourt and it is not causing an obstruction. In any other circumstance, they could be removed by Camden's Street Environment Enforcement Team.

For more information about the use of A-boards to advertise your premises, you should contact Camden's Litterline on 020 7974 6914.

(Please note that any red route is controlled and enforced by Transport for London.)

These restrictions do not apply to an advertisement on your premises or to a newspaper or magazine advertisement.

3.17. Tariff of Charges

You should ensure that a comprehensive tariff of charges relating to all special treatments given at the licensed special treatment establishment is prominently and legibly displayed, in such a position so that it can be easily and conveniently read by anyone before they enter the establishment and in such a manner that it is adequately protected against defacement, theft or vandalism.

You should ensure that the tariff of charges also clearly shows the cost of all services provided at the establishment in addition to the giving of special treatments.

You should ensure that all costs indicated on the tariff of charges are inclusive of Value Added Tax (VAT).

For further information on these and other Trading Standards issues, you should initially contact Consumer Direct on 0845 4040506 or Camden's Trading Standards Team on 020 7974 6767.

3.18. Nuisance

The London Local Authorities Act 1991 (as amended) allows Camden Council to consider the impact of the business in relation to nuisance when considering a new or renewal application.

You should therefore consider the impact that your activities may have on others around you - this can include activities such as seeking to obtain custom by personal solicitation near your establishment.

You may wish to discuss your activities with the occupiers of properties surrounding you and if these people have concerns, it is better to try to resolve them (or come to an agreement) at this stage rather than waiting until they appeal against your application or make a complaint of nuisance to the Licensing or Environmental Health Teams.

You should ensure that any noise or vibration from equipment (including ventilation) in the establishment will not cause any annoyance or discomfort to anyone inside or outside of the establishment.

There are also laws that relate to what may be considered "statutory nuisance" and action under such legislation can be taken separately from the licensing laws.

4. Guidance relating to Camden's standard MST conditions

The following guidance relates to some but not all of the standard conditions:

4.1. Advertisements

Camden Council aims to monitor and investigate any activities that are being carried out without a licence. To prevent time and money being wasted investigating adverts for premises that are already licensed, adverts should clearly state where the business is operating and not just a phone number.

Likewise, no licensed premises shall imply or suggest erotic element in treatments, so that the police can concentrate resources on investigating premises where there are breaches of the law in relation prostitution and other sexual services.

4.2. Staff

Where consent has been refused, an appeal can be made in writing to the Council.

4.3. Staff Giving Treatment

Our conditions require that all staff offering or providing any massage or special treatments in Camden must be individually approved by the Council **before** these treatments can be given. Any **new** staff will have to be approved before they give any treatments. This includes any trainees, students or temporary staff.

All applicant therapists must be aged 18 years of age or over.

When we consider the application for approval of a therapist, we require as much information as possible from you or your employee when the approval is submitted. Full information will not delay the decision. Such information would include:

- time spent in the trade.
- other establishments where employed.
- reference letter(s) from previous establishments where employed.
- previous staff approvals held with other authorities.
- specific qualifications related to their trade.
- specific training courses/seminars attended within their trade and subscription to representative association.
- any other relevant information that will assist with the application.

An interview must then be arranged by the applicant (or their representative) so that an interview can take place with the applicant at the Council offices to check their documents and qualifications and to discuss their capabilities and training to enable a decision to be made on the applicant's competence.

The staff approval process normally takes about two weeks to complete.

If you would like further advice on staff approvals, or would like an application form for approval of persons to give licensable treatments, or to book a staff approval interview with the Council, please contact Camden Council's Customer Support Team on 020 7974 5613 or email them at ppp@camden.gov.uk.

The following documents must be sent with the completed staff approval application form otherwise the Council will not be able to process the application:

- a) Fully completed massage and special treatment staff approval application form.
- b) 2 full face colour passport size photographs of the applicant, taken within the last 12 months. Print and sign the back of each photograph.
- c) Applicant's passport or drivers licence.
- d) Original marriage certificate or deed poll documents (where applicable).
- e) Approval documentation issued from other local authority (if applicable).
- f) Hepatitis B immunisation record (required for piercers and tattooists only).
- g) Original certificate(s) of qualification gained by applicant for EACH of the treatments to be approved for.
- h) A comparability certificate of applicant's qualification(s) if training obtained from outside the U.K.
- i) Official translation of certificate(s) if they are in any language other than English.
- j) Proof of applicant's private (home) address.

Once the Council is satisfied with the applicant's competence, an approval letter will be sent to the applicant. The applicant will then be able to offer or provide the approved special treatments anywhere in the London Borough of Camden.

It is the responsibility of the approved applicant and licence holder to keep a copy of the staff approval letter, which should be made available for inspection to an officer of the Council upon their request.

4.4. Manager

You are required to have named manager(s) who will be in charge of the premises when the licence holder is not there. If these change then you must notify the licensing department.

4.5. Treatment Rooms

Whilst the conditions require treatment rooms to have a smooth, impervious and durable floor surface it must still be "suitable". In terms of health and safety you would need to make sure that it is not slippery at any time, it should not present a tripping hazard or cause any other obstruction, especially where it could cause a fall onto an appliance in the treatment area.

4.5.1. Maintaining Privacy

Where only the hands, feet, neck, face or head are to be treated, screening may not be necessary. However, where a treatment requires a client to undress, partially undress or remove or move items of clothing which exposes parts of their body other than their hands, feet, neck, face or head, the room or area where the special treatment is carried out shall be provided with suitable and sufficient screening in order to maintain appropriate levels of privacy. Where you are unable to provide fixed partitioning such as walls, other suitable types of screening can be fitted or provided, such as curtains or moveable screens. Screens and curtains shall be non-porous and shall be capable of being adequately cleaned and disinfected. The screening should not present a trip hazard or cause any other obstruction, and should, where necessary, satisfy the requirements of your fire risk assessment.

4.6. Cleaning, Disinfection and Sterilisation of Equipment and Surfaces

The cleaning, disinfection and sterilization of equipment or surfaces are essential for making treatments safe and for maintaining a safe working environment.

Manual cleaning of equipment should be carried out in a separate deep sink with hot and cold running water exclusively for washing equipment and instruments and should be located in a separate 'dirty' area, away from the clean operating area. The washing of equipment and instruments cannot be carried out in a wash hand basin and the washing of hands must not be impeded at any time.

Definitions:

Cleaning: a process that physically removes contamination, including some microorganisms, but does not necessarily destroy all of the microorganisms originally present. If an item is not clean this may inhibit disinfection/sterilization. Detergents assist cleaning and should be used according to manufacturers' instructions (i.e. at the correct dilution, etc.).

As the level of organic residue (e.g. dead skin, oils, lotions, grease, etc.) present on equipment or surfaces can affect the efficiency of the cleaning process, cleaning is best achieved using warm water and detergents compatible with the materials from which the equipment and work surfaces are made. Disinfectants should not be used to assist cleaning, as unlike detergents, disinfectants alone do not assist the removal of organic residues.

Ultrasonication: Ultrasonication is an efficient cleaning method and operates using a process known as cavitation. This cleaning effect attacks every surface, including apertures, lumens and recesses. Only instruments that can tolerate ultrasonication should be processed in this way. Cleaning agents are added to the bath and these are usually supplied with the equipment, or else need to be recommended for use by the equipment supplier. A cleaning effect occurs wherever equipment is in contact with the liquid; therefore it is an effective way of cleaning the smallest crevices in objects.

The tank of the ultrasonic cleaner should be cleaned with a suitable non-corrosive detergent and soft brush at least weekly. The tank should be emptied and refilled with clean solution when the solution has become visibly soiled, or every four hours during the working day, whichever is the sooner.

Note: Ultrasonic cleaning is not a disinfection process and items cleaned by ultrasonication must be subjected to a subsequent disinfection or sterilization process as appropriate. Therefore items removed from the ultrasonication bath should be handled with care.

Disinfection: reduces the number of viable microorganisms but it may not necessarily inactivate all bacteria, fungi, viruses and spores. Viable microorganisms may remain on work surfaces and instruments despite apparently thorough disinfection. Adequate disinfection may be achieved using fresh bleach containing minimum 1000ppm available chlorine or purpose-designed disinfection products. Many bleach products do not state their contained chlorine activity, and this may undermine effective disinfection.

Disinfection does not achieve the same reduction in microbial contamination levels as sterilization and it lacks the treatment quality assurance of steam sterilization. Organic residue (e.g. dead skin, oils, lotions, grease, blood, ink, etc.) present on equipment or surfaces can reduce the effectiveness of the disinfection process. Therefore, you should clean equipment and surfaces with a suitable detergent and warm water before starting the disinfection process.

Sterilization: renders an object free from viable microorganisms, including bacterial and fungal spores that may survive disinfection treatments. Use of UV light, glass bead, water boilers and hot air ovens are not reliable methods of sterilization and should not be used.

4.6.1. Disinfection Usage

A disinfectant might be suitable for some areas but not others. In particular, many disinfectants may be designed for either *skin* or *environmental* application, but not both. For example, bleach solution (1000ppm) can be used effectively on hard work surfaces but can damage skin and metal instruments. Some common disinfectants, and their appropriate uses, are given in Table 1 below.

Chemical/Product Name	Type of use		
	Instruments	Skin	Work Surfaces, Equipment and Jewellery
Bleach	No	No	Yes (hard, man-made work surfaces). Not for jewellery.
70% alcohol	No	Yes	Yes
Dettol™ or Dettol™	No	No	Yes (work surfaces only)
Chlorhexidine	No	Yes	No
Povidone-iodine preparations	No	Yes	No
Halogenated Tertiary Amines (e.g. Trigene)	Yes	No	Yes
Glutaraldehyde-based (e.g. Omnicide™)	This substance is both an irritant and a potent allergen. Exposure to it is strictly controlled under COSHH. <i>Its use cannot be recommended unless appropriate exposure control measures are in place.</i>		

Table 1: Some common disinfectants and their appropriate uses¹

Supportive Information for Table 1:

Disinfectants - are often unstable and are generally inactivated by organic contaminants (e.g. blood, tissue and other body fluids). Disinfectants should therefore be freshly prepared and used according to the manufacturer's instructions. It is essential to use the correct concentration and contact time.

Bleach – sodium hypochlorite solution or other source of chlorine e.g. sodium dichloroisocyanurate [NaDCC], (Presept, Haz-Tab, Sanichlor etc). NaDCC is stable under storage in its dried form and as such is preferable to liquid forms. On application bleach products must contain minimum 1000ppm available chlorine (10% dilution of proprietary disinfectant e.g. Milton or Domestos, containing 2% available chlorine. Or make a solution from sodium dichloroisocyanurate). Solutions are unstable. They must be freshly prepared and must not be stored.

¹ Information Source: HSE Local Authority Circular, number 76/2.

70% Alcohol - (ethyl alcohol, ethanol, industrial methylated spirit, isopropyl alcohol or isopropanol). Highly flammable. It has a limited effect. Alcohol is less effective in the presence of proteinaceous organic matter. Higher or lower concentrations than 70% are less effective.

Chlorhexidine - suitable only for skin disinfection, often as chlorhexidine in alcohol, chlorhexidine wipes should be packed in individual sachets. Bulk packs should not be used as they become contaminated after opening.

Dettol™ or **Dettox™** - preparations are inactivated by soaps and organic debris. If used on surfaces, the surface must be clean, free from detergent, and dry before applying these products.

Povidone-iodine Products, e.g. Betadine - used for skin disinfection, but may cause cell damage to sensitive tissues. Some iodine (non-povidone) products, e.g. the iodine in potassium iodide or alcohol may cause allergic and other responses, but povidone-iodine preparations are less likely to cause this. Might stain equipment and work surfaces.

Halogenated Tertiary Amines (e.g. Trigene) - inhalation of mist or spray should be avoided. Accidental skin contact carries low risk, though may degrease skin leading to dryness if excessive contact. For hard surface or equipment cleaning, the manufacturer's instructions should always be checked to ensure compatibility with materials treated.

Please note that COSHH Regulations will apply to the above substances.

4.7. Needles, Clinical Waste and Offensive/Hygiene Waste

All establishments have a legal responsibility to dispose of waste safely, ensuring no harm is caused either to staff, members of the public or the environment. It is essential to make sure that waste is stored and disposed of correctly and in line with legal requirements and local byelaws.

It is the duty holder's responsibility to obtain a waste transfer note at the point the needles, clinical waste and offensive/hygiene waste are collected by the contractor. An annual transfer note may be used to cover all the movements of regular transfer of this type of waste between the same parties. Waste transfer notes must be kept for a minimum of two years.

4.7.1. Needles

Needles ('sharps' waste) must be single use, sterile-packed from a reliable supplier and disposed of immediately following use by the operator at the point of use. Under no circumstances should they be re-used or left for someone else to dispose of. Care should be taken to avoid accidental needle-stick injury, as exposure to contaminated blood may be associated with transmission of blood borne viruses, such as Hepatitis B, HIV.

Needles and other sharps waste arising from non-healthcare activities such as cosmetic treatments, acupuncture, body piercings, tattoos and other body art, are classed as clinical waste due to the risk of infection and possess the hazardous property "H9 Infectious".

As this waste is not considered to arise from healthcare activities, it is classified in the European Waste Catalogue (EWC) as “a non-hazardous, separately collected, municipal fraction of ‘hygiene/offensive’ waste (EWC code: 20 01 99)”. Therefore, the colour coding of the approved sharps container for this type of waste should be yellow with orange lid.

For duty of care purposes, this type of waste must be properly described, and the waste removed and disposed of by incineration or alternative treatment, through an approved waste management contractor registered with the Environment Agency.

Please note that you have a statutory duty of care to describe the waste accurately as different rules and risks apply for different types of waste. You should try and avoid using sharps containers that are coloured yellow with a *yellow or purple* lid, as waste of this type is disposed of as medicinally contaminated waste and therefore put into a different waste stream.

How to be ‘sharps’ safe:

- Do not try to re-sheath a needle;
- Sharps containers should be available at each location where sharps are used;
- To avoid risk of needle-stick injury, discard sharps directly into an approved sharps container immediately after use and at the point of use. Never place sharps materials into a clinical waste bag or any other type of bag or container;
- Close the opening to the sharps container when carrying or if left unsupervised, to prevent spillage or tampering;
- Do not place sharps containers on the floor, window sills or above shoulder height – use wall or trolley brackets, they should be stored above knee level and below shoulder level;
- Carry sharps containers by the handle – do not hold them close to the body;
- Never leave sharps lying around;
- Never try to retrieve items from a sharps container;
- Do not try to press sharps down to make more room;
- Dispose of the sharps container when $\frac{3}{4}$ full to avoid accidental injury – lock the container using the closure mechanism prior to disposal;
- Label the sharps container with the premises address prior to disposal; and,
- Place damaged sharps containers inside a larger sharps container – lock and label prior to disposal - do not place inside a clinical waste bag or anything other than an approved sharps container as this may cause injury.
- If razors are used, they should be one-use only (disposable) and should be discarded to an approved sharps container immediately after use and at the point of use. Razors should never be re-sheathed after use;
- Used sharps receptacles should be exchanged every three months or sooner.

4.7.2. Non-Sharps Clinical Waste

Clinical waste is defined as: “. . . any waste which consists wholly or partly of human or animal tissue, blood or other bodily fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it..” Clinical waste can be divided into two categories of materials:

1. Waste which poses a risk of infection, i.e. substances containing viable microorganisms or their toxins which are known or reliably believed to cause disease in man or other living organisms;
2. Medicinal waste, i.e. cytotoxic and cytostatic medicines or medicines other than those classified as cytotoxic and cytostatic.

Where there is a risk of infection, the waste is clinical waste and possesses the hazardous property “H9: Infectious”. The EWC code 20 01 99 should be assigned and the waste disposed of in suitable orange infectious waste bags.

For duty of care purposes, this type of waste must be properly described, and the waste removed and disposed of by licensed/permitted treatment facility, through an approved waste management contractor registered with the Environment Agency.

For more information about how to determine whether or not clinical waste is infectious, you can download the HSE’s guidance note on offensive/hygiene waste at:

hse.gov.uk/pubns/waste22.pdf.

4.7.3. Non-Sharps Offensive/Hygiene Waste

‘Offensive/hygiene’ waste is defined as waste which is contaminated with non-infectious body fluids, not clinical waste or sharps waste and which does not require specialist treatment or disposal, but which may cause offence to those coming into contact with it. Offensive/hygiene waste includes waste previously described as human hygiene waste and “sanpro” waste, and does not need to be classified for transport.

Examples of offensive/hygiene waste include non-sharps waste arising from non-healthcare activities, for example swabs, small dressings and cotton wool contaminated with body fluids arising from body piercings, other body art, cosmetic treatments.

This type of waste should be segregated, for duty of care purposes, as offensive/hygiene waste and the EWC code 20 01 99 should be assigned and the waste disposed of in suitable yellow and black offensive/hygiene waste bags (‘tiger bags’). This enables subsequent handlers of the waste to identify the nature of the material and adapt handling and disposal procedures accordingly.

For duty of care purposes, this type of waste must be properly described, and the waste removed and disposed of by deep landfill, through an approved waste management contractor registered with the Environment Agency.

Offensive/hygiene waste from the above non-healthcare activities can normally be assumed to present no risk of infection unless an indication to the contrary is provided by a healthcare professional. Licence holders should ensure that appropriate assessment and segregation is undertaken where any risk factors indicate that an element of the waste may be infectious. If the offensive/hygiene waste *does* pose a risk of infection, the waste is *clinical waste* and therefore must be disposed of as clinical waste and possess the hazardous property “H9: Infectious”. The EWC code 20 01 99 should be assigned and the waste disposed of in suitable orange bags [see guidance note on ‘Non-Sharps Clinical Waste’].

For more information about how to manage offensive/hygiene waste, you can visit the HSE's website at:

news.hse.gov.uk/2009/01/21/managing-offensivehygiene-waste

or you can download the HSE's guidance note on offensive/hygiene waste at:

hse.gov.uk/pubns/waste22.pdf

For more information about all of the above types of waste, you can view the Department of Health's best practice guide to the management of healthcare waste at:

dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063274

4.8. Personal Hygiene

As with all the conditions, it is the responsibility of a licence holder or manager to ensure that these hygiene conditions are complied with.

4.9. Hand Washing

As the therapist/operator, your hands should be washed regularly to maintain a high level of personal hygiene and to maintain a safe working environment. Hand washing is an important procedure for preventing the spread of infection and the first step in infection control. Hands should be washed in a dedicated wash hand basin. Hands should be dried with suitable and hygienic hand drying facilities. We would strongly advise using good quality disposable hand towels, not multi-use cloth towels, which can be a source of cross-contamination. Nail brushes should not be used as they are a source of microbial contamination.

When to wash hands:

- Before and after direct contact with each client;
- Whenever hands become accidentally contaminated with blood, body fluids or secretions;
- Before and after using gloves;
- After visiting the toilet, blowing your nose or covering a sneeze;
- Before eating, handling food and drinks, and before and after smoking;
- Any point when cross contamination occurs or when hands become visibly soiled.

4.9.1. Alcoholic Hand Rub

Alcoholic hand rub should **not** be used as a substitute for effective hand washing. The hand rub solution (70% alcohol and an emollient) should only be used as an *additional* hand hygiene measure (if required) on hands that have just been washed with soap and water and are already physically clean and free from dirt and organic material.

Gloves

Disposable single use examination-style gloves must be worn during any body piercing or tattoo treatment. This type of glove must also be worn during any other special treatment or activity if it involves invasive procedures or if there is a potential risk of exposure to blood, body fluids, secretions, excretions or to sharp or contaminated instruments. Gloves are used to protect the operator during contact with bodily fluids and tissues. This barrier also protects the client from any microorganisms harboured on the operator's hands, but should **not** be regarded by an operator as a substitute for good hand washing.

- Hands should always be washed and thoroughly dried before and after using gloves;
- Fresh gloves must be used at the beginning of every new procedure and **must** be disposed of between clients;
- Gloves must always be changed if punctured at any time during a procedure or when otherwise contaminated during procedures;
- Used, single-use gloves should be disposed of to clinical waste receptacles and should never be re-used, or washed for re-use;
- Gloves must be CE-marked for use with 'biological agents';
- Domestic style gloves should only be used for equipment cleaning.

4.9.2. Latex Allergies

Allergic reactions from exposure to natural rubber latex (NRL) in disposable latex gloves have increased significantly over the last few years. The proteins naturally present in NRL cause the allergies either through direct contact with the skin or by inhalation of powder from powdered latex gloves.

The use of disposable vinyl or nitril-based examination style gloves will help prevent latex allergy and skin irritation to both the operator and the client, and are therefore recommended. If latex gloves must be used, use only 'low protein', 'powder free' disposable gloves but also keep a supply of suitable vinyl or nitril-based gloves in the establishment for those operators or clients who have a latex allergy or those who want to avoid sensitisation or skin irritation. Remember, the gloves used for any of the activities mentioned above must be CE-marked for use with 'biological agents'. Transparent polythene gloves are loose-fitting and easily perforated, so are not suitable for this type of work.

Further information on latex allergy can be found at:

hse.gov.uk/latex/index.htm

Information on skin care and dermatitis in the workplace can be found at:

hse.gov.uk/skin/index.htm

4.10. Hepatitis B Vaccination

A safe and effective vaccine for the prevention of Hepatitis B is available. Camden Council's conditions require that any person who carries out body piercing or tattooing be immunised against Hepatitis B before treating clients. Vaccination and blood tests can be arranged through GP's. Operators must keep copies of their antibody results following vaccination for inspection and for approval as a body piercer/tattooist. Repeat immunisation and/or antibody level checks should be made as directed by a GP.

Although immunisation protects clients and operators against hepatitis B, it should not be a replacement for good hygiene standards, because most infections are transmitted between clients via the operator rather than from the operator to the client.

4.11. Washing Facilities

In many cases this is likely to mean adequate shower facilities.

4.12. Ventilation

General ventilation is a term used to define the removal of 'stale' indoor air from a building or work area and its replacement with 'fresh' outside air which is of reasonable quality.

*Important Note: Many people confuse air conditioning systems with ventilation systems. Air conditioning is a form of treatment in which the air temperature inside a building is controlled or can be lowered. However, air conditioning alone is **not** a means of providing ventilation to the premises unless it incorporates an adequate ventilation system.*

Regulation 6 of the Workplace (Health, Safety and Welfare) Regulations 1992 requires that you ensure effective ventilation for any enclosed workplace by providing a sufficient quantity of fresh or purified air. The associated Approved Code of Practice and Guidance gives you practical guidance. Note that it does not specify how you can achieve effective ventilation but refers you to more detailed guidance elsewhere.

Ventilation is required for one or more of the following purposes:

- provision of outside air for breathing;
- dilution and removal of airborne pollutants, including odours that are released as a result of the activities of the building occupants or work activities including treatments given, or from the building itself;
- control of excess humidity and condensation (arising from water vapour in the indoor air);
- provides a means to control thermal comfort.

This can be provided by:

- a) *Natural ventilation* – from windows and other openings. This relies on wind pressure and temperature differences to move fresh air through a building and is usually not fully controllable; and,
- b) *Forced or mechanical ventilation* – which uses mechanical supply and/or extraction to provide fresh air and is controllable.

An adequate number of air changes per hour will be required to:

- prevent a build up of, for example, toxic substances, fumes, moisture/humidity, heat and stale air;
- ensure safety, such as enabling proper concentration and comfort of those receiving and giving treatments.

The fresh air supply rate should normally be between 6 to 10 litres per second, per occupant (which equates to approx. 2 to 5 air changes per hour). However, factors to be considered when establishing the correct air supply and air extract rate include the floor area per person, the work activities and treatments given, the equipment involved, whether the activities are strenuous, whether the room/area contains sanitary conveniences or washing facilities, whether there is a high humidity level. These factors would require higher air supply rates.

4.12.1. Maintenance of Mechanical Ventilation Systems

The Workplace (Health, Safety and Welfare) Regulations 1992, Regulation 5 requires that mechanical ventilation systems used for providing general ventilation are maintained in an efficient state, in efficient working order and in good repair (which includes being cleaned as appropriate). This means that any mechanical ventilation systems, including air conditioning systems, which you use to provide fresh air, should be regularly and properly cleaned, tested and maintained to make sure that they are kept clean and free from anything which may contaminate the air and cause health problems.

As a general rule, if you run your finger along the opening of a duct and it collects dust, then it probably needs cleaning. Organisations such as the Heating and Ventilating Contractors Association (HVCA) and the Chartered Institution of Building Services Engineers (CIBSE) provide information on testing for likely contaminants in ductwork and cleaning.

4.12.2. Ventilation Systems and Infection Transmission

Some businesses, particularly tattooing and piercing establishments, provide air cleaning equipment to allegedly reduce the risk of airborne contamination in the treatment area. It has been shown that transmission of airborne infection between people is most effective in large droplets that will cover only short distances before falling to the ground. Smaller particles that can form true aerosols rapidly become too dilute to transmit infection effectively as the distance from their source increases. Air will move between rooms and areas in a building, either by natural or mechanical ventilation, or a mixture of both. The further the air moves, by whatever means, the more dilute any infectious aerosols become. Even with ventilation systems that re-circulate a proportion of air, the redistribution of air and the fresh air make-up produces very substantial dilution. Therefore, the risk of infection from micro-organisms transmitted through the air or through mechanical ventilation systems is minimal as it is unlikely that any infection transmission during these treatments is via the airborne route. Furthermore, performance for these types of equipment may vary between manufacturers, and they can be expensive. Therefore, such purchases require careful consideration of specifications, cost and benefit.

Note that any alterations to the premises that could affect the ventilation may require building regulation approval. Any necessary building regulation application should be made directly to the Building Control department at Camden Council and a completion certificate should be obtained on satisfactory completion of the works.

For further information on building regulations, you can speak to a duty building control officer at Camden Council on 020 7974 6941 or you can visit:

camden.gov.uk/ccm/navigation/environment/building-control/

For further information about general ventilation, go to the HSE's website at:

hse.gov.uk/pubns/indg244.pdf

4.13. Electrical Installation and Equipment


Beyond the requirement for the installation to be tested and inspected and a report provided by a competent person, the suitability of the electrical installation and the safety and suitability of equipment will be assessed under the Health and Safety at Work Act 1974 and Electricity at Work Regulations 1989.

Where possible a 30mA (milliamp) Residual Current Device (RCD) should be fitted to the mains electric supply for equipment. This will provide an extra safety cut off device if equipment becomes faulty to prevent persons being exposed to dangerous amounts of electricity. RCDs have a test button which should be checked periodically to make sure it is working.

For further advice on electrical safety, you can obtain a free leaflet from the HSE called "Electrical Safety and You", INDG231, or you can download it from:

hse.gov.uk/pubns/indg231.pdf.

All electrical appliances should be EC (European Community) approved and should be labelled such and have accompanying paperwork to demonstrate this approval.

Electrical equipment that is metal on the outside (including any equipment that comes in to contact with persons, e.g. tattoo guns) must be double insulated to provide extra protection. If the equipment is double insulated you should see this sign  on the equipment.

Electrical appliances should also be tested and inspected regularly by a competent person, such as a member of the Electrical Contractors Association (ECA). Testing, amongst other things, should include: correct ordering and secure wiring, correct fuse sizes, earth continuity, insulation integrity and the current condition and suitability of wiring.

Whilst there is no set time frequency for the electrical inspection and testing of equipment it is recommended that equipment in contact with persons including acupuncture and tattooist equipment is inspected and tested at least annually and more often, such as six monthly, if it is used regularly. Other equipment such as lamps and computers can be tested less regularly, such as every two years.

For further advice on maintaining portable electrical appliances, you can obtain a free leaflet from the HSE called "Maintaining portable electrical equipment in offices and other low risk environments", INDG236, or you can download it from:

hse.gov.uk/pubns/indg236.pdf.

If you employ a person to carry out any electrical inspection or testing that is not NICEIC or ECA approved then you must satisfy yourself that the electrician has sufficient knowledge and competency to undertake electrical inspection and testing work and they should be able to demonstrate competence through the successful completion of a suitable training course.

If you wish, you can contact the Health, Safety and Licensing Team at Camden Council to discuss this matter further before spending any money.

For more information on this matter and other electrical FAQ's, you can go to the HSE's website at:

hse.gov.uk/electricity/faq.htm#a4

4.14. Additional Conditions Relating to Piercing, Tattooing and Micropigmentation

Micro-pigmentation or semi-permanent tattoo is included as a special treatment and should therefore meet the standards as for body piercing and tattooing.

4.14.1. Medical History

The medical history of a person about to receive a treatment should be established.

The main reason for establishing a medical history is to adequately assess the suitability of a person for the treatment and advise them as to the risks associated with their medical history and the treatment. The customer can then make an informed choice as to whether or not they wish to go ahead with the treatment or to seek further medical advice from a doctor.

The information is not required to ensure that you, your staff, or therapists, are protected from exposure, because you should already be carrying out treatments with adequate protection and precautions to prevent any exposure to infection or disease.

4.14.2. Ear Piercing and Body Piercing Guns

No ear piercing or body piercing guns shall be used on the establishment unless the licence holder has been given prior approval in writing by the Council. A copy of the manufacturer's instructions should be kept at the establishment. Ear piercing and body piercing guns must never be used to pierce body parts other than those they have been specifically designed for. If you are in any doubt, you should refer to the manufacturer's instructions.

Only the following ear piercing guns shall be approved by the Council:
Inverness, Coren, Caress, Caflon, Studex, Tripps and Poly Dots Cassette.

Only the following nose piercing guns shall be approved by the Council:
Studex.

4.15. Sterilization Indicators

Sterilization indicators change colour when the specified time and temperature have been achieved for sterilization. Autoclave tape or the indicators printed on the outside of a sterilization pouch or bag are only intended to show exposure to steam, i.e. to distinguish items that have been processed from those that have not been processed. They do not show that sterilizing conditions have been met within a packaged item. The use of an inappropriate indicator can give dangerously misleading results and are not a substitute for routine periodic testing, validation and correct maintenance of a sterilizer.

Emulating indicators that conform to ISO 11140 (Class 6 – Emulating indicators) are designed to react to all critical parameters (e.g. exposure time, temperature and saturated steam) of a specified sterilization cycle. Only that type of indicator will show, when placed in the sterilization pouch or bag, whether sterilizing conditions have been attained at that point. Once again, this type of indicator is a quality control measure and is not a substitute for routine periodic testing, validation and correct maintenance of a sterilizer.

4.16. Additional Conditions Relating to Ultra-Violet Tanning Equipment

Under health and safety law, you have a duty to assess the risk of using ultraviolet (UV) tanning equipment. The purpose of your risk assessment is to help you make an appropriate decision about the measures required of you to prevent or control UV radiation exposure levels to the people working near or using your UV tanning equipment.

A risk assessment does not need to be long or complex, but you do need to work through the following 5 steps:

- Identify the hazards.
- Decide who may be harmed and how.
- Evaluate the risks and decide on actions.
- Record your findings (if you employ 5 or more people) and implement them.
- Review your assessment and update it if necessary.

The Health and Safety Executive's (HSE) leaflet "5 steps to risk assessment" gives straight-forward advice. HSE also publishes example risk assessments to show what is expected. Both can be found at:

hse.gov.uk/risk

The identified hazards associated with running and/or using UV tanning equipment include:

- short term:
 - burns;
 - skin dryness and itching;
 - eye irritation or conjunctivitis (where suitable goggles are not worn);
 - customers becoming trapped if the equipment fails mechanically.
- long term:
 - skin cancer;
 - cataracts (where suitable goggles are not worn);
 - premature ageing of the skin, which will look coarse, leathery and wrinkled.

Further information and advice on UV tanning equipment for operators and customers can be downloaded from the HSE's website shown below:

Operator guidance leaflet entitled "Reducing health risks from the use of ultraviolet tanning equipment at:

hse.gov.uk/pubns/indg209.pdf

Customer poster entitled "UV tanning equipment" at:

hse.gov.uk/pubns/misc869.pdf

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