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Hygiene In
Beauty Therapy



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Disclaimer

This is not an in-depth implementation manual. Further sources of information on specific subjects can be found at the back of this guide.

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Introduction to Hygiene in Beauty Therapy



The aim of this booklet is to give therapists information about the types of infection which can occur in a salon, the requirements of the law and inspection and practical advice on how to avoid the spread of infection.

This guidance covers infection control suitable for most beauty therapy treatments. It does not cover procedures for piercing other than of the ear lobe using single use cartridge equipment, or of micro-pigmentation. Guidance on standard infection control for body piercing and tattooing applicable to micro-pigmentation can be found on the Habia website.

Attention to hygiene and infection control has always been important in delivery of beauty therapy treatments and is an integral part of the National Occupational Standards, which form the basis for beauty therapy qualifications. The ever changing range of treatments means this needs to be kept under review for the protection of clients and therapists alike. The growth of intimate waxing, provision of complementary snacks as well as drinks, new viruses, antibiotic resistant bacteria - all present new considerations for preventing cross-infection.

Whether you are a new therapist or someone who has run a salon for many years, we hope you find this guide interesting and informative.



Who are we protecting?

Infections caught as a result of beauty treatments are extremely rare. However, the potential is there and good practice can significantly reduce the risk of cross-infection in the salon.

The most common source of infection in a salon is the client but staff and visitors can bring infection into the salon. It is important to make sure that infection is controlled and not transmitted from person to person within the salon, or taken out of the salon where a wide range of people could potentially be infected.

The transfer of infection from one person to another is called **cross-infection**.

People with active diseases are an obvious source of infection and anyone suffering from obvious diseases should not treat clients or be treated. However, some people may be harbouring disease or be symptomless carriers in which case they may not be aware of the potential problems.

What are we protecting against?

There are four main types of infectious agents –

1. Bacteria

Bacteria are single cell living organisms that exist either as single cells (vegetative form) or as spores. The vegetative forms of bacteria are easily killed by the application of moisture or the use of chemicals but the spores are much more resistant.

There is a wide range of bacteria. Many bacteria exist in the body e.g. the throat or the gut and are harmless unless they are transmitted outside their normal environment.

It is essential that the risk of creating bacteria is reduced in the salon, eg cotton wools balls should only be moistened before each treatment session or at the beginning of each day and then unused ones discarded at the end of each day. Leaving them to stand longer than this encourages bacteria to breed.

Under suitable conditions bacteria multiply rapidly releasing toxins, which can result in localised infection and pain or more chronic conditions, delaying healing and possibly resulting in scarring.

Most bacterial infections can be treated successfully with antibiotics.

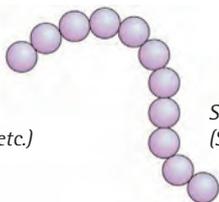


Some of the common bacteria that could be present in a salon are shown in the following table:

Type of bacteria	Characteristics	Transmission/Diseases
<i>Staphylococcus aureus</i>	Normally present in the nasal passages and on the skin. 30% of the population will carry it at any one time.	Spread by direct contact, coughing and sneezing. Causes skin infections such as boils or impetigo etc.
<i>Streptococcus pneumoniae</i>	Normally present in the throat.	Spread directly by infected droplets when coughing or sneezing, or indirectly through contaminated articles e.g. used tissues. 75% of bacterial pneumonia caused by this bacterium.
<i>Escherichia coli</i>	Normally present in the gut of animals. There are many strains.	Spread by oral-faecal contamination (not washing hands after going to the toilet), contact with infected animals and contaminated food. Can cause urinary tract infection, septicaemia, kidney disorders and diarrhoea.
<i>Salmonella</i>	Common on raw meats and poultry.	Spread person to person by oral-faecal route and by poor food handling/cooking. Causes food poisoning.
<i>Pseudomonas</i>	Can be water borne.	Infects wounds, burns and can cause severe urinary tract infections.



Staphylococcus
(Pustules, boils, etc.)



Streptococcus
(Sore throats)



Impetigo,
Dr Beck



Cracked lips of a girl affected by Herpes, Dr P. Marazzi / Science Photo Library

2. Viruses

Viruses are minute particles that can only reproduce within living cells. They can mutate to form new strains.

Viral infections are of far more concern in a beauty therapy setting than bacteria, especially blood borne viruses that cause Hepatitis B and C and HIV.

They are not treatable by antibiotics.

Common viruses that are of concern in a salon are described below.

Hepatitis B

Hepatitis B is highly infectious and is found in blood and some other body fluids. It is very robust, being able to survive for long periods of time on work surfaces etc. and can be transmitted by very small volumes of blood – too small to see.

About 1 in 300 people are **carriers** of Hepatitis B. They do not appear ill themselves but can still pass on the virus.

Hepatitis B is a notifiable disease but due to its long incubation period (2 – 6 months) the original source of the infection is often difficult to determine.

Hepatitis B virus can be destroyed by autoclaving.

A vaccine is available and is advisable for therapists who are involved in electrolysis, ear lobe piercing or other services where they could come into contact with blood.

Hepatitis C

This is present in blood and is usually transmitted through intravenous drug use and

the sharing of needles. There is a small risk of infection via cuts or open wounds and this can be minimised by good hygiene practices.

Hepatitis C can be destroyed by autoclaving but vaccination against Hepatitis C is not available at the present time.

HIV/AIDS

Infection with HIV occurs primarily by contact with infected blood or via sexual contact. Transmission via blood is only usually a problem if fresh blood from an infected person passes directly into another person's body etc by blood transfusion. The virus interferes with the immune system and impairs the body's resistance to infection.

This leads to opportunistic infections from organisms that are normally present in the body but kept under control by the immune system. There are several stages to the disease with no obvious symptoms in all but the late stages of infection. It is only when the immune suppression occurs that patients are said to be suffering from Acquired Immune Deficiency Syndrome (AIDS).

No vaccination is available for HIV and although there is no known cure for AIDS, the onset of AIDS can be slowed by the use of antiretroviral drugs.

Herpes

Herpes simplex virus is one of a family of herpes viruses all of which, once caught, remain in the body. There are two types that can cause symptoms on the face (facial cold sores), the genitals or on the hands and fingers (called whitlows on finger or hand). About seven in ten adults already carry herpes simplex virus type 1 and one in ten already carry type 2 but may be symptom-less.

The virus is passed directly from skin to skin. It enters easily through mucous membranes and through breaks in the skin on other parts of the body.



3. Fungal infections

Some fungi can cause a variety of infections of the skin and mucous membranes. The following fungi could be encountered in the salon:

Candida albicans

This is a common fungus found in the mouth and throat where it can cause thrush.

The sole of a foot affected by Candidiasis, Dr P. Marazzi/Science Photo Library



Ringworm

This is caused by a group of fungi, usually of the *Trichophyllum* species. They can infect the scalp (*Tinea capitis*), the foot (*Tinea pedis*, commonly known as Athlete's Foot) and the groin (*Tinea cruris*) or of the skin.

Ringworm, Brian W T Plunkett MIT



Tinea versicolour

This is a common scaly skin infection caused by a fungus known as *Malassezia furfur*. The condition is also known as *Pityriasis versicolor*.

Malassezia Furfur, Brian W T Plunkett MIT



In many cases fungal infections are kept in check by competition from bacteria. If broad-spectrum antibiotics are given to control bacteria, fungal infections can increase.

4. Infestations

Certain insects are associated with infections in humans, either as carriers of disease or by causing the infection themselves. These include lice and the scabies mite.

The three common lice which spread disease by sucking human blood are:

- pediculus humanus capitis – the head louse
- pediculus humanus humanus – the body louse
- phthirus pubis – the pubic or crab louse.



Head Lice

Head Louse, S. Lewis

Scabies is caused by the scabies mite, *Sarcoptes scabiei*.

Lice and mites do not normally carry disease but they burrow into the skin causing intense itching. This together with scratching can result in secondary infection.

Red Papules (lumps) on the skin due to Scabies, Dr P. Marazzi/Science Photo Library



Scabies

What to do if your client has an infectious condition

You are most likely to identify infectious conditions during the consultation process. Do not offer services to any client who exhibits signs of an infectious condition, as you would if you found any other contra-indication. Discreetly explain why the treatment cannot be carried out and encourage the client to seek medical advice.

In a beauty salon consultation usually takes place in the privacy of a treatment room. However, if it is busy and you are using an open area for initial consultation and discover a contra-indication, ensure you cannot be overheard or wait until privacy can be assured.

As a beauty therapist you are not qualified to diagnose medical conditions, so it is important you do not name specific infections or contra-indications when referring a client to their general practitioner, for example,

"I'm sorry Mrs Smith, but I am uncertain what this mark is and would prefer you to have it checked by your doctor before I treat you.

Just explain to your doctor that you are thinking of having [name of treatment] on your [part of the body] and would this be OK? You can say your beauty therapist has encouraged you to have the mark checked first.

Would you like to make another appointment and then ring to confirm after you've seen your doctor?"

If the client tries to insist that you carry out the treatment, remember that besides the risk to the client and of cross-infection to you, your colleagues and other clients, it is the long-term professional reputation of you and your salon that is more important than the income from one client.

How is infection transmitted?

The major routes of transmission are:

- by injection
- by direct contact
- by inhalation – breathing in
- by ingestion – swallowing.

Injection

Whenever the skin is pierced, e.g. accidentally during electrolysis or during micro-pigmentation and ear lobe piercing, there is the risk of cross-infection.

Direct contact

Faecal material and occasionally urine can contain infectious organisms, which can be passed from person to person by direct contact, e.g. not washing your hands after going to the toilet or during intimate waxing if inadequate skin preparation has taken place. The risk of serious infection is increased in the presence of wounds which can themselves become sources of further infection, e.g. by producing pus.

Contaminated equipment, towels, cotton wool pads etc. In contact with the skin can cause infections such as impetigo and, if wounds are present, *Streptococci* and *Staphylococci* may be introduced into the body.

Fungal and insect infestations can be spread by direct contact.



Inhalation

Respiratory infections such as colds and flu are spread by coughing or sneezing. The mouth and throat are exposed to airborne organisms that the body rejects via the coughing/sneezing reflex.

Ingestion

Organisms can be swallowed and infect the digestive system causing, for example, food poisoning and resulting in symptoms such as diarrhoea and dehydration.

Common causes of this are consuming contaminated food or water and touching the mouth with contaminated hands following failure to wash hands after handling food or using the toilet.

How can infection be prevented?

Salon design

A well designed salon can go a long way towards making infection control simple and the following guidelines should be followed:

- walls and floors should be capable of being cleaned easily and solid flooring rather than carpets is advisable
- worktops should have a hard impervious surface such as laminate or stainless steel
- chairs etc. should have a cleanable impervious surface such as vinyl
- washing facilities with hot and cold water are essential to enable the therapist to wash hands between each client and these facilities should be as close as possible to the working area
- ideally taps should be infrared, elbow or foot controlled and disposable paper towels should be used rather than fabric towels
- toilet facilities should be suitable for use by anyone in the salon and should be kept clean
- there should be adequate storage space for materials and equipment
- sufficient room should be allocated for sterilisation equipment if used

- there should be separate disposal facilities and procedures for general waste, waste contaminated with human tissue or body fluids (Group A Clinical Waste) and sharps (Group B Clinical Waste)
- there should be provision of rest facilities and an area to eat and drink away from the work and storage areas
- areas where appointments are made, money handled etc. should ideally be separate from the work area.

Personal hygiene

All members of staff in a salon must maintain a high standard of personal hygiene and cleanliness. This contributes to high standards of client care, as well as good hygiene practice. The following guidelines should be followed:

- well trimmed nails and long hair tied back
- minimal jewellery, particularly around the hands, wrists and arms
- clean overalls, washed at high temperatures ie 60 degrees and above, with short sleeves. Long sleeves can become contaminated, causing cross-infection when touching the client
- hands must be washed before and after treating a client and after handling food, using the toilet, handling money etc. Use soap, preferably from a liquid dispenser where the whole assembly is disposed of once the soap has run out

- disposable gloves should be worn where there is or may be contact with mucous membranes (e.g. during intimate waxing) or blood or serum (e.g. where spotting may occur during waxing areas of the body with coarse hair, other treatments such as bio skin jetting and micro-dermabrasion)
- gloves should be replaced after each client
- any cuts and abrasions should be covered with a waterproof dressing
- regular bathing/showering to remove dirt from hands, arms etc. and also to prevent body odour.

Types of glove

Traditionally single use latex surgical gloves have been used as a protection against infection. However, there are an increasing number of cases of latex allergy which can, in extreme circumstances result in anaphylactic shock and even death. Alternative types of glove are available e.g. nitrile or PVC and these should be used in beauty situations. If anyone using latex gloves, or in contact with latex, shows signs of skin irritation or an allergic reaction further contact should be prevented. See contacts at end of the booklet for further advice on latex allergies relating to protective gloves.

Care should be taken to put gloves on and take them off correctly, so that the inside of one glove is not contaminated by contact with the outside of the other. Users should be trained to discard disposable gloves by inverting them as they take them off so that contaminated surfaces are enclosed when discarded to the waste.



Hand washing

Hand washing should take place prior to and after any physical contact with the client or any possible blood or body fluid exposure.

To be sufficiently effective for prevention of cross-infection in a salon situation, this involves a thorough 10-20 second wash of the hands and wrists using water and a liquid soap, followed by a thorough drying. Single use paper towels are preferred to fabric reusable towels.

If taps cannot be turned off without using the hands, using a paper towel over the tap to turn it off can prevent recontamination.

The areas of the hand which are particularly prone to harbouring micro-organisms are between the fingers, the finger tips, the thumb, the back of the hand and the wrists and these areas should be thoroughly cleaned as part of a normal, thorough hand washing.

How to wash your hands



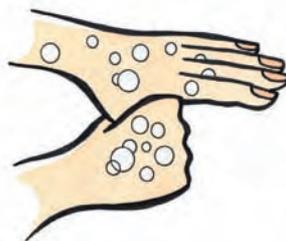
Step 1 - Wet your hands, wrists and forearms thoroughly using running water



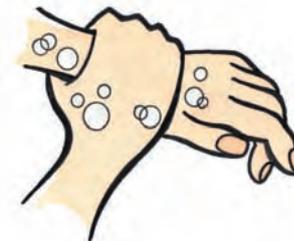
Step 2 - Apply around 3ml to 5ml of liquid soap



Step 7 - Lock thumbs and rotate hands



Step 8 - Grasp thumb with hand and rotate, repeat with opposite thumb



Step 9 - Rotate hand around wrist, repeat on opposite wrist



Step 3 - Start the lathering up process, rubbing palm to palm



Step 4 - Interlock fingers and rub, ensuring a good lather



Step 5 - Rub right hand over back of left, then left over right hand



Step 6 - Rub with fingers locked in palm of hand ensuring fingertips are cleaned



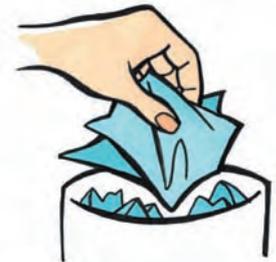
Step 10 - Rinse hands and wrists thoroughly using running water



Step 11 - Dry the hands and wrists thoroughly



Step 12 - Turn off the tap using a paper towel



Step 13 - Dispose of paper towel without touching any part of the waste bin



Sterilisation, disinfection and cleaning

Although the total removal of micro-organisms, such as bacteria from the working environment, is desirable, this is impossible in practice.

The greatest risk of cross-infection occurs when the skin is cut or pierced and the equipment used for this, particularly needles, **must** be sterile. Using disposable single use equipment or sterilising the equipment between each client or a combination of both can achieve this.

Work surfaces need to be disinfected with a chemical disinfectant such as bleach, whereas other surfaces such as walls and floors need cleaning with detergent and hot water.

Sterilisation

Sterilisation is the total removal or destruction of all living micro-organisms and is an absolute term. There is no such thing as 'partial sterilisation' – an object is either sterile or it isn't!

The most reliable method of sterilising equipment is moist heat using steam under pressure i.e. an autoclave. It is important that the correct type of autoclave is purchased for the type of sterilisation required by the equipment placed in it. More detailed guidance can be found in Section 6 of *"Guidelines for Control of Infection in Special Treatments (Tattooing & Piercing)"* courtesy of the South West London Health Protection Team, which can be downloaded from the Habia website.

What follows is an overview.

Effective sterilisation using a benchtop steriliser relies upon correct use and maintenance of the unit, which can be complex and time consuming. All persons operating benchtop autoclaves should have received training on the safe use of transportable autoclaves and follow manufacturers' instructions. Training is often provided by manufacturers but needs to be requested by the operator. All training should be documented.

Traditional benchtop steam autoclaves (non-vacuum) are considered suitable for solid or unwrapped instruments. Pouches or other wrappings must NOT be used in these autoclaves.

If your salon circumstances use "wrapped/pouched items". Such as porous loads (e.g. gauze swabs) or instruments with lumens (e.g. tubes), ideal sterilisation practice is to use a vacuum autoclave. This is to ensure that all parts of the load (especially hollow tubes) are exposed to steam at the required temperature. It is important that such a steriliser has a vacuum drying cycle as well so that resultant loads are dry at the end of the cycle. Wet (or damp) pouches cannot be regarded as sterile as bacteria can penetrate into them.

For both types of autoclave, however, it is essential that the instruments are thoroughly cleaned by manual means to remove visible contamination BEFORE they are autoclaved. Do not overload the autoclave. It is important to allow room between the various items of equipment so that heat penetration can take place.

The time required depends on the actual temperature setting. Commonly three minutes at 134°C will kill all organisms.

Most equipment will have a temperature and pressure gauge and readings should be taken and recorded together with the sterilisation time for the first cycle each day. It is recommended that these records be kept for a minimum of two years.

To further ensure that the autoclave is working efficiently coloured paper strips or tapes can be used which change colour in the autoclave when sterilisation conditions have been achieved.

Autoclaves must always be used and maintained strictly according to the manufacturers' instructions.



Autoclave, HOF

Single Use Equipment

Equipment such as needles for electrolysis and micro-pigmentation, microlances used for milia extraction, equipment for ear lobe piercing etc. can be purchased in single use sealed sterile packs. These should only be opened immediately prior to use, as once equipment is exposed to the air it will be open to contamination by micro-organisms.

Such sharp single use equipment must be disposed of safely after use, as Group B clinical waste.

Clean towels and linen must be provided for each client. Dirty towels must be laundered at a minimum of 60°C.

Disinfection

This is the removal of micro-organisms by chemical or physical means. The level of decontamination depends on duration of exposure to lethal levels of disinfectants. Unlike sterilisation, disinfection does not remove all micro-organisms but reduces the population to safe levels. Disinfection does not usually kill bacterial spores. You must not rely on disinfection where sterilisation would be appropriate.

Many disinfectants deteriorate when stored or are inactivated by other contaminants. They should therefore be made up freshly according to the manufacturers' instructions.

The process of disinfection is not usually as well-controlled as the process of steam sterilisation. Disinfection has an inherently lower quality assurance than sterilisation and must be performed thoroughly and carefully.



Equipment/surface disinfecting

The disinfectants used are highly active chemicals and must be handled with care. The concentration of the disinfectant used is usually a compromise between maximum effectiveness and prevention of health risks to the user.

As with sterilisation, gross contamination (visible dirt etc) should be removed from equipment and surfaces before disinfecting. This is because organic material (dead skin, blood etc), as well as detergents, can deactivate the disinfectant.

Hypochlorite solutions (bleach) are recommended for disinfecting work surfaces and general equipment and for cleaning up blood and other body tissue spillages. Unfortunately, normal household bleach does not have a standard concentration. Commonly given guidance is that normal household bleach, based on the usual concentration of sodium hypochlorite of around 5.25%, should be diluted 1:100 with water for general use and 1:10 for blood spillages, vomit, urine etc.

Work surfaces should be disinfected regularly to help prevent cross-infection, as well as for aesthetic reasons of salon cleanliness. "Work surfaces" includes taps, door handles, light switches, telephones and computer equipment. Since these are in constant use by staff and/or clients and in the case of electrical equipment, not suitable for wet cleaning, the hands must be washed between touching these and susceptible treatment sites on clients.

A disposable paper cover should be used on couches etc for each client.

Glutaraldehyde Health Warning

Once widely used for disinfection, glutaraldehyde can now only be used under strictly controlled conditions, such as in medical laboratories and **must not be used in salons**. Glutaraldehyde is a respiratory sensitiser and over a period of time it can

cause serious asthma. Misuse can result in prosecution.

Skin Preparation

Household bleach is not for use on the body. For treatments with a risk (intentional or otherwise) of release of body fluids, the most common skin disinfectant is ethyl or isopropyl alcohol (a 70% solution in water) sometimes with the addition of chlorhexidine. The disinfectant should be bought as a solution or as impregnated disposable wipes.

Application of Products and Use of Equipment

All products including oils, peroxides and disinfectants should be dispensed either by using disposable spatulas in the case of solids or thick liquids, or by pouring into a separate container in small quantities before use, making sure that the containers do not become contaminated.

NEVER return unused products, such as peroxide, to the original containers as this can cause cross contamination.

NEVER use the same spatula for different products.

Wherever possible purchase products in single use packs.

Industry techniques and views on waxing hygiene are changing. Current accepted practice is that a new spatula is used for each client and the risk of cross infection from re-dipping a spatula into the same wax pot used for all clients are small. Many beauty therapists also use a new spatula for each new area of the body to be waxed. However, increasingly therapists are moving to use of single client pots, cartridges and disposable applicator heads.

If not using single client equipment, the risk of cross infection can be further reduced by using a new spatula for each dip into the wax pot, and this is increasingly recommended. The importance of adhering to the waxing aftercare advice needs to be stressed to clients, as this is the most likely cause of any post waxing infections. This is especially true immediately after waxing when the follicles are open and before the skin's natural protective acid mantle is restored.

Other techniques with the same aim that Habia has been made aware of are described below. There are advantages and disadvantages for each.

i) Using one spatula for dipping in the wax pot, dripping or drizzling the wax onto the area to be treated and spreading the wax with a second spatula.

ii) using one spatula for dipping in the wax pot and then transferring the wax onto a second spatula that is used on the client.

Habia plans to include further guidance in a Code of Practice for general and intimate waxing to be consulted on during 2006.

Electrolysis needles must be disposable single use.

Remember that all chemicals used must be assessed under the Control of Substances Hazardous to Health Regulations (COSHH) 2002 and users informed of any risks identified.

Ear Jewellery

All jewellery used for ear lobe piercing should be sterile.

The use of nickel containing jewellery is subject to the Dangerous Substances and Preparations (Nickel)(Safety) Regulations 2000. If nickel containing jewellery is used

ask the supplier to confirm that it complies with the regulations.

Silver is not suitable for new or unhealed piercings due to its property of tarnishing easily and the fact that micro-organisms can become trapped in the soft metal.

The recommended metals are as follows:

- surgical stainless steel
- titanium (6AL4V)
- gold of at least 14 carat

Many gold alloys may not be suitable due to possible allergic reaction whilst 18 carat gold is usually too soft.

What does the law require in relation to hygiene

The Environmental Health Department of the local authority is responsible for ensuring that businesses offering beauty services comply with the relevant law. You should complete a form OSR1 and send to the local authority when you start your business.

There are many pieces of legislation that apply to the running of a salon. These are covered in the Habia Health & Safety Pack for Salons. Legislation of particular relevance to salon hygiene and preventing cross-infection is described below.

The Health & Safety At Work etc Act 1974

This Act requires employers and the self-employed to look after the health & safety of themselves, their employees and any other persons who may be affected by their activities.



The Management of Health & Safety at Work Regulations 1999

These Regulations require employers to assess the risk to health & safety of employees and clients, which could arise in the salon and take the appropriate action to minimise or eliminate the risk. The Regulations also require the employer to document such assessments and make staff aware of any procedures required.

Workplace (Health, Safety & Welfare) Regulations 1992

These regulations cover all businesses and require employers to:

- maintain the workplace and all equipment in a safe condition
- provide adequate heating and lighting
- provide suitable toilets and washing facilities
- maintain the workplace in a clean condition and provide facilities for storing and disposing of waste safely.

Local Government (Miscellaneous Provisions) Act 1982

Local Government Act 2003 (Section 120)

The 1982 Act allows local authorities (LAs) to make bye-laws and these cover electrolysis, ear piercing and tattooing.

The 2003 Act amends the 1982 Act to cover micro-pigmentation and all cosmetic body piercing. Micro-pigmentation is the insertion of pigment into the dermal layer of the skin, also known as semi-permanent make-up for example lip and eye liner.

Each LA is free to introduce its own bye-laws under the Acts but in practice they tend to follow the 'Model Bye-laws'.

The relevant bye-laws set the standards for cleanliness of premises and fittings, cleanliness of registered persons and their assistants and for the cleansing and, where appropriate, sterilisation of instruments, materials and equipment used in connection with the activities.

For cosmetic body piercing both the person undertaking the activity and the premises must be registered with the relevant local authority where the LA has adopted the Act and a certificate of registration displayed. Registration cannot be refused and displaying a registration certificate does not mean that the premises are safe.

This can only be confirmed following a visit from an LA Environmental Health Officer.

Greater London Council (General Powers) Act 1981 London Local Authorities Act 1991

These Acts cover the London Boroughs and require registration of both the premises and the practitioner for any premises offering 'special treatments'. These are defined as:

- massage
- manicure (and nail services generally)
- tattooing including micro-pigmentation
- cosmetic piercing

- chiropody
- light, electric or other special treatments of a like kind e.g. UV treatments
- vapour, sauna or other baths.

What records do I need to keep?

If you have less than 5 employees the records you have to keep legally are minimal. However, if you have to defend yourself in a court of law, the fact that you can produce records will be in your favour.

Therefore it is recommended and good practice that you keep the records outlined below:

- if you have 5 or more employees you must record the significant findings of your COSHH (Control of Substances Hazardous to Health regulations 1999) assessment
- your autoclave sterilisation records
- the treatments given to clients together with dates and any contra-indications
- suppliers and product batch numbers.

How do I dispose of waste safely?

Most waste produced in beauty salons is not contaminated by human tissue and can be disposed of as general rubbish. However, some treatments can produce contaminated (clinical) waste including waxing (blood spotting), electrolysis, micro-dermabrasion, bio skin jetting, milia extraction.

Cotton wool, cloths and anything contaminated with human tissues are designated as Group A clinical waste under the Environmental Protection Act 1990 and the Controlled Waste Regulations 1992.

Apart from sharps, clinical waste should be placed in yellow refuse sacks which should be sealed with a plastic tie or a heat sealer when no more than $\frac{3}{4}$ full. **Do not place clinical waste in general rubbish.**

Needles are designated as Group B clinical waste, which means they should be put in purpose made yellow sharps boxes made of a hard substance such as plastic. Do not overfill the boxes which should be sealed when $\frac{3}{4}$ full.

All clinical waste must be disposed of using a waste carrier registered for carrying and disposal of clinical waste.

Small companies, like salons, must ensure that the carrier is registered and delivers the waste to a licensed waste management site where the waste can be dealt with by incineration at high temperature.

Contact your local authority for advice concerning waste carriers and disposal in your area.



Waste	Container	Notes
Group A – High Risk <ul style="list-style-type: none"> all human tissue including blood e.g. waste from cosmetic fillers and colonic irrigation cotton wool, cloths and anything contaminated with human tissue waste materials where assessment indicates a risk to staff handling them, e.g. items used to mop blood spills accidentally incurred during treatments such as, waxing, epilation, comedone extraction soiled surgical dressings, swabs and soiled contents of first aid hygiene packs. 	Yellow sack	<ul style="list-style-type: none"> keep separate from all other waste waste assessed as infectious or hazardous should be autoclaved prior to disposal.
Group B – High Risk <ul style="list-style-type: none"> discarded syringes, needles, cartridges, small items of broken glass e.g. syringes used for cosmetic fillers, syringes used for administering injectable treatments and needles used in electrolysis and bio skin jetting sharp instruments e.g micro-lances used in milia extraction. 	Sharps container	<ul style="list-style-type: none"> keep separate from all other waste.
Group C – Most Hazardous <ul style="list-style-type: none"> microbiological cultures potentially infected waste from laboratories viable genetically modified organisms. 	Yellow sack	<ul style="list-style-type: none"> autoclave prior to disposal keep separate from all other waste.
Group D <ul style="list-style-type: none"> pharmaceutical and chemical waste. 	Secure container e.g. bottles, jars	<ul style="list-style-type: none"> do not dispose of in a yellow sack or sharps container.
Group E – Lowest Risk <ul style="list-style-type: none"> items used to dispose of urine, faeces and other bodily secretions e.g. cotton wool or wipes used to cleanse the skin prior to treatments. other bodily secretions assessed as not falling within Group A. 	Yellow sack or straight to sewer	<ul style="list-style-type: none"> keep separate from all other waste.

Where to go for more information

Department of Health website www.dh.gov.uk

Downloads of specific legislation and associated guidance, including:

- Local Government Act 2003 – Regulation of Cosmetic Piercing and Skin-Colouring Businesses: Guidance on Sections 120 and Schedule 6.

Health and Safety Executive (HSE) website www.hse.gov.uk

A wide range of advice, downloads and products, some for specific industries, including:

- Blood borne viruses in the workplace: guidance for employers and employees
- Selecting protective gloves for work with chemicals.

Habia website www.habia.org

Advice, downloads and products for the beauty and hair industries including:

- National Occupational Standards (NOS) for beauty, nail and spa treatments
- National Occupational Standards (NOS) for hairdressing and barbering services
- Learning Support Packs for Beauty Therapy and Nail Services
- Induction Pack for Beauty Therapy

- Health & Safety for Salons Beauty Therapy Pack (with an optional update subscription service)
- guidance on the safe use of lasers and IPL for hair removal
- Hygiene for Beauty Therapists
- Hygiene for Hairdressers and Barbers
- guidelines for Control of Infection in Special Treatments (Tattooing & Piercing) [courtesy of the South West London Health Protection Team; relevant to micro-pigmentation].





Clinical Waste Disposal

Further information on how to dispose of clinical and human hygiene waste can be found in guidance from the *Health Services Advisory Committee* or by contacting your local *Environment Agency office* (General Enquiry Line Tel: 08708 506506/Scottish Environment Protection Agency Tel: 01786 457700) or your local authority Environmental Health Department.

Health Service Advisory Committee (1999). Safe Disposal of Clinical Waste. HMSO, London

Use of Autoclaves

See Section 6 of "Guidelines for Control of Infection in Special Treatments (Tattooing & Piercing)" courtesy of the South West London Health Protection Team.

Medical Devices Agency (MDA) (1996). Sterilisation, disinfection and cleaning of medical equipment parts 1, 2 and 3 MDA, London

NB: MDA is now called the Medicines and Healthcare products Regulatory Agency (MRHA).



Chronic	A condition that continues for a long time and constantly reoccurs.
Impetigo	A contagious skin disease, caused by bacteria. The skin appears red and itchy then blisters appear which burst to form crusts. Commonly found around the mouth and ears.
Septicaemia	Blood poisoning caused by micro-organisms in the blood. Seen on the skin as a rash in meningitis sufferers.
Intravenous	Injecting drugs in to the vein.
Opportunistic Infections	Micro-organisms that are normally harmless to a healthy person but debilitate a person whose immune system is weak from conditions such as HIV/Aids.
Antiretroviral drugs	Drugs specifically designed to block the action of retro-viruses, a very rudimentary type of virus of which HIV is the most notorious.
Secondary Infection	An infection that is caused by the aggravation of a pre-existing primary infection or break in the skin (eg from psoriasis, eczema) primary infection. For example a secondary infection from head lice can be impetigo.
Electrolysis	Total follicle destruction using direct current.
Micro-pigmentation	The application of semi-permanent pigment that is inserted into the dermis layer of the skin also known as semi-permanent make-up and cosmetic tattooing.
Impervious	A surface that would not allow infection to pass through it.

Bio skin jetting	Wrinkle reduction treatment offered.
Anaphylactic shock	The severest form of an allergic reaction which is a medical emergency.
Nitrile	A material that is used to make disposable gloves.
PVC	A material that is used to make disposable gloves.
Micro-organisms	An organism that is not visible to the naked eye such as bacteria.
Sterile	Free from all micro-organisms.
Clinical waste	Clinical or contaminated waste is any waste contaminated by blood or body fluids.
Bacterial spores	A highly resistant, resting phase displayed by some types of bacteria. Spores are formed in response to adverse changes in the environment. The original cell replicates its genetic material and one copy of this becomes surrounded by a tough coating. They are harder to destroy than bacteria.

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Vocational Training Charitable Trust (VTCT) can trace its roots back to 1962 when it was first established as the Society of Beauticians to offer training and examinations in the newly named area of 'Beauty Therapy'. Beauty Therapy was defined at the time as 'the many ways in which the combination of art and science could make permanent changes to women'.

In 1975 the society took the name International Health & Beauty Council (IHBC) and continued to expand in areas of beauty therapy and start to forge links with hairdressing. As the IHBC qualifications from inception were unit based, they were easily adapted to fit the National Vocational Qualification (NVQ) model when these were introduced in the late 1980s.

In 1986, IHBC was formed into a National Charity and renamed Vocational Training Charitable Trust (VTCT) and incorporated specialist institutes IHHHT (International Institute of Health & Holistic Therapies) and IIST (International Institute of Sports Therapy) to cover these expanding fields of study. Today VTCT is the largest specialist provider of qualifications in Beauty Therapy, offering N/SVQs in Beauty Therapy, Nail Services and Spa Therapy as well as its own Vocational Qualifications in more specialised areas such as epilation, theatrical make-up and face and body painting. Its qualification portfolio is continually being updated as new techniques are adopted. For the 2005/2006 academic year a Level 3 Diploma in Sound-Energy Epilation and a Level 3 Diploma in Stone Therapy are being introduced. These are two qualifications that have been produced as a result of demand from industry for recognised training to be available.

Qualifications from VTCT can be taken throughout the United Kingdom at Colleges of Further Education or Approved Private Training Organisations and because of their unit based nature, offer flexibility in delivery. They are delivered on a continuous assessment basis meaning that learners can go at their own pace and are not dependent on passing an end of course examination.

VTCT offers qualifications recognised by the Qualification and Curriculum Authority (QCA) which appear on the National Qualifications Framework and therefore attract Government funding.

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For further information please contact our Customer Services Department at:

VTCT Customer Services

**3rd Floor, Eastleigh House, Upper Market street,
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A central point of contact for information, Habia provides guidance on careers, business development, legislation, salon safety, equal opportunities, and is responsible to government on industry issues such as training and skills.

Habia raises the profile of its industries through the press and media, and is the first port of call for organisations such as the BBC, Channel 4 and Sky TV on news items and background information.

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