Queensland Health

Infection control guidelines for personal appearance services

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An electronic version of this document is available at
https://www.health.qld.gov.au/__data/assets/pdf_file/0019/430642/infectcontrolguide.pdf

Contents

1 Purpose

The Infection Control Guidelines for Personal Appearance Services (the Guidelines) provide evidence-based best practice recommendations to minimise the risk of infection during the provision of personal appearance services.

The Guidelines are made in accordance with Section 28 of the *Public Health (Infection Control for Personal Appearance Services) Act 2003* (the Act).

1.1 Who should use these guidelines?

These guidelines provide infection prevention requirements for all business proprietors and operators employed or engaged by the proprietor, providing personal appearance services as defined in the Act.

Examples of services included, but not limited to, are:

- beauty therapy
- hairdressing
- tattooing
- body piercing
- skin penetration that is provided as part of a business transaction.

1.2 Related documents

1.2.1 Standards, procedures, guidelines

- Australian Standard Reprocessing of reusable medical devices and other devices in health and non-health related facilities (AS 5369:2023)
- National Health and Medical Research Council Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)
- Queensland Department of Environment, Science and Innovation (or its successor) Clinical and related waste guideline.
- Therapeutic Goods Administration (TGA) information regarding disinfectants, sterilants, and sanitary products.

The legislation (the Acts and the Regulations) referred to throughout this document can be accessed on the Queensland Legislation, Office of Parliamentary Counsel website.

The Australian and New Zealand Standards referred to throughout this document can be obtained from Standards Australia, GPO Box 5420, Sydney NSW 2001 Ph: 1300 65 46 46 or also online from Intertek Inform.

2 Introduction

Effective infection prevention and control is central to providing high-quality personal appearance services for clients and a safe working environment for those that work in businesses providing personal appearance services.

Infectious agents can be spread in a variety of ways, including:

- airborne or droplet/respiratory particles (for example via coughs or sneezes)
- contaminated objects
- skin-to-skin contact
- contact with blood and/or body fluids.

The provision of personal appearance services exposes clients and staff providing and performing personal appearance services, to the risk of infection. For instance:

- Personal appearance services that involve skin penetration (whether accidental or intentional) can spread blood-borne viruses such as human immunodeficiency virus (HIV), hepatitis B, and hepatitis C. These diseases are spread by direct exposure to infected blood or other bodily fluids contaminated with infected blood. An instance where this may occur is the re-use of instruments contaminated with blood from an infected person, on another person without undergoing adequate cleaning, disinfection and/or sterilization.
- Personal appearance services that do not penetrate the skin may spread superficial bacterial skin infections (e.g. impetigo), cold sores, fungal infections, scabies, and head lice. These infections can be transferred easily from person to person, through contact with unwashed hands, unclean surfaces, or via soiled/contaminated instruments.
- Effective infection prevention in the provision of personal appearance services requires that all blood and body substances are treated as potentially infectious and special care should always be taken to avoid direct contact with these substances. Even invisible traces of infected blood can have the potential to spread blood-borne viruses.

2.1 Preventing infection is good for everyone

Minimising infection risks from personal appearance services benefits the community, personal appearance service businesses, their clients, and staff by reducing the potential for the transmission of infection.

2.2 Licence requirements

The Act and these Guidelines require business proprietors and operators to take all reasonable precautions and care to minimise the risk of infection to the proprietor's clients from the personal appearance services they provide.

A business proprietor must hold a licence to carry on a business providing higher risk personal appearance services as per the requirements of the Act. Licence conditions are

imposed by the local government issuing the licence. It is a condition of the licence that a copy of these Guidelines is kept at each premise from which the licensee conducts business.

Businesses providing non-higher risk personal appearance services are not required to hold a licence but must comply with these Guidelines or another demonstrated way to minimise the risk of infection. See section 2.4.3 How to fulfil these obligations.

A business proprietor and/or a person delivering the services must maintain and hold the formal infection control competency/qualification, HLTINF005 - Maintain infection prevention for skin penetration treatments as prescribed in the Public Health (Infection Control for Personal Appearance Services) Regulation 2016 (the Regulation).

The Act and these Guidelines do not apply to personal appearance services provided in a health-care facility. A health-care facility is a place where a health service is provided. The definition of a health service for this exemption is contained in the *Hospital and Health Boards Act 2011.*

2.3 Definitions

2.3.1 Personal appearance service

The Act defines a **personal appearance service** as beauty therapy, hairdressing, or skin penetration that is provided as part of a business transaction.

2.3.2 Beauty therapy

The Act defines **beauty therapy** as a procedure, other than hairdressing, intended to maintain, alter or enhance a person's appearance and includes facial or body treatments, application of cosmetics, manicure or pedicure, the application of, or mending, artificial nails, and epilation including by electrolysis or hot or cold wax.

2.3.3 Hairdressing

The Act defines **hairdressing** as a procedure intended to maintain, alter, or enhance a person's appearance involving facial or scalp hair and includes cutting, trimming, styling, colouring, treating, or shaving the hair.

2.3.4 Skin penetration

The Act defines **skin penetration** as a procedure intended to alter or enhance a person's appearance that involves the piercing, cutting, scarring, scraping, puncturing, or tearing of a person's skin or mucous membrane with an instrument.

2.3.5 Higher risk personal appearance service

The Act defines a **higher risk personal appearance service** as a personal appearance service that involves any of the following skin penetration procedures in which the release of blood or other bodily fluid is an expected result:

- body piercing, except piercing a person's ear or nose with a closed piercing instrument

- implanting natural or synthetic substances into a person's skin, including, for example, hair or beads
- scarring or cutting a person's skin using a sharp instrument to make a permanent mark, pattern, or design
- tattooing
- another skin penetration procedure prescribed under a regulation (i.e. tattoo removal).

2.3.6 Meaning of non-higher risk personal appearance service

The Act defines a **non-higher risk personal appearance service** as a personal appearance service other than a higher risk personal appearance service e.g. hairdressing, waxing, etc.

2.4 Obligations to minimise infection risks for personal appearance services

2.4.1 Business proprietor

The Act requires that a business proprietor must:

- take all reasonable precautions and care to minimise the risk of infection to the proprietor's clients; and
- ensure each operator employed or otherwise engaged by the proprietor takes all reasonable precautions and care to minimise the infection risk to the proprietor's clients.

2.4.2 Operator

The Act requires that an operator must:

- take all reasonable precautions and care to minimise the infection risk when providing personal appearance services to a client.

2.4.3 How to fulfil these obligations

Operators and business proprietors can meet their legal obligations to minimise infection risk by adopting and following the ways stated in these Guidelines. When an operator or business proprietor undertakes these actions, they are complying with their legal obligations to minimise infection risk.

Operators and business proprietors may use another way of minimising the infection risks. When other means are used, the operator or proprietor may need to demonstrate to the local government or to a court of law, that the measures they have taken meet their statutory obligations. If an operator chooses this option, a documented copy of the other way of minimising infection risks should be kept at each premise from which the licensee carries on their business.

A business proprietor and/or operator delivering the services, must maintain and hold the formal infection control competency/qualification HLTINF005 – Maintain infection prevention for skin penetration treatments as prescribed in the Regulation.

2.4.4 Legislation enforcement

Local governments are responsible for administering and enforcing the Act and the Regulation, which regulates personal appearance service businesses.

3 Basic infection prevention principles

The basis of good infection prevention in personal appearance services is to assume that everyone is potentially infectious. Standard precautions must always be followed.

3.1 Standard precautions

Standard precautions are required for all client interactions. They are an essential strategy for minimising the risk of infection and must be used as part of day-to-day practice when providing personal appearance services to clients. They are work practices that are applied to everyone, regardless of their perceived or confirmed infectious status, and ensure a basic level of infection prevention and control.

Standard precautions consist of work practices that include:

- good personal hygiene practices
- hand hygiene
- removing all personal jewellery that may come into contact with a client or a client's skin prior to providing the service
- practicing respiratory hygiene and cough etiquette
- aseptic non-touch technique during the provision of invasive personal appearance services
- use of personal protective equipment (PPE) – see Section 6 Personal protective equipment
- safe handling and disposal of sharps
- environmental controls
- routine environmental cleaning
- cleaning, disinfecting, and/or sterilization of reusable equipment and instruments
- appropriate handling of linen and waste.

4 Hand hygiene

Intact skin is a natural defence against infection. Infections can enter the body through cuts, abrasions, lesions, and sores or on sharp objects that pierce the skin. Damaged skin can not

only lead to infection but can also harbour higher numbers of microorganisms (germs) than intact skin, increasing the risk of transmission to others.

Effective hand hygiene is a critical action to reduce infections. Hand hygiene refers to any action of hand cleansing, including applying an alcohol-based hand rub to the surface of hands (including liquids, gels, and foams) or washing hands with potable running water and liquid soap solution. It is advisable that staff clothing does not impede hand hygiene, therefore being bare below the elbows is strongly advised.

Further information about hand hygiene is available from Hand Hygiene Australia.

4.1 When should you perform hand hygiene?

When performed correctly, hand hygiene results in a reduction of microorganisms on hands.

Perform hand hygiene at the following times:

- before or after touching a client
- immediately before and after performing a personal appearance service on a client
- before putting on and after removing gloves
- after contact with blood or other body substances (whether wearing gloves or not)
- after contact with used instruments, jewellery, and surfaces contaminated with (or which may have been contaminated with) blood and body substances
- after touching anything in the environment around a client
- before contact with instruments that penetrate the skin
- after other activities which may cause contamination of the hands and forearms, e.g. smoking, eating, using the toilet, touching a body part during a procedure
- directly before a skin penetration procedure is undertaken, and when an operator leaves the procedure area and returns to resume the procedure
- whenever hands are visibly soiled, and
- in any other circumstances when infection risks are foreseeable.

Alcohol-based hand rub can be used in most situations when hands are visibly clean. Always wash hands with liquid soap and running water when hands are visibly dirty, visibly soiled with blood or other body fluids, or after using the bathroom.

Please note that alcohol-based hand rubs should not be used if hands are visibly soiled. Always wash hands with liquid soap and running water if hands are visibly soiled.

Posters on how to hand wash and use hand rub are available in Appendix 4: Hand hygiene posters.

4.2 Recommendations for hand hygiene facilities

The proprietor or occupier of the registered premises must ensure that handwashing facilities are easily accessible and available for use by staff.

Handwashing facilities should be:

- clearly designated for the sole purpose of washing hands

- supplied with liquid soap (bars of soap should not be used) and clean disposable single-use paper towel
- hands-free where skin penetration procedures are performed (for example, foot, knee, or elbow operated or electronically controlled)
- preferably a permanent fixture
- made of a hard, durable, non-scratch material (usually porcelain) that is easy to clean
- connected to, or otherwise provided with, a supply of running potable water through a single outlet
- of a size that allows easy and effective handwashing and will prevent splashing into the adjacent environment.

When maintaining handwashing facilities, the following must be considered/available:

- soap dispensers are disposable or have single-use cassettes
- dispensers should be kept free of soiling and soap build-up
- liquid dispensers should be clean and dry before re-filling
- dispensers should never be topped up
- soap dispenser, paper towels, and a waste receptacle should be placed near the hand basin
- free of moisturisers in the reprocessing zone. Use of moisturisers can lead to inadvertent residue on reusable medical devices, other devices or packaging. These should be made available for staff in other work areas.

Handwashing facilities must be located:

- within areas where staff work and where procedures are being undertaken
- within areas where staff are cleaning and reprocessing instruments and equipment
- within or close to staff and client toilet facilities.

Alcohol-based hand rub can be used in all situations when hands are visibly clean. Each premises should ensure they have this available for use.

The number and location of handwashing facilities will depend on the layout and use of areas within the premises. Proprietors should consult with their local government environmental health officer for advice on the suitable placement of handwashing facilities.

Handwashing facilities must be permanent fixtures unless otherwise assessed and approved by your local government.

Portable sinks (that is non-permanent fixtures) should only be considered when connecting to mains plumbing is either very difficult or impracticable, such as for a small make-up kiosk in a shopping centre. This option must be discussed with and approved by the local government before portable sinks are installed.

4.3 Hand care

Intact skin is a first-line defence mechanism against infection. Damaged skin can not only lead to infection in the host but can also harbour higher numbers of microorganisms than

intact skin. This can increase the risk of transmission of infection to others. Damaged skin on personal appearance service providers is a serious issue that should be immediately addressed.

There are two major types of skin reactions associated with hand hygiene: irritant contact dermatitis and allergic contact dermatitis. Irritant contact dermatitis, includes symptoms that can vary from mild to debilitating, including dryness, irritation, itching, and even cracking and bleeding. Allergic contact dermatitis is a rare form and represents an allergy to some ingredient in a hand hygiene product. In its most serious form, allergic contact dermatitis may be associated with symptoms of anaphylaxis.

The vast majority of skin problems among personal appearance service operators that are related to hand hygiene are due to 'irritant contact dermatitis'. Irritant contact dermatitis is primarily due to frequent and repeated use of hand hygiene products – especially soaps, other detergents, and paper towel use – resulting in skin drying.

It is important that any open wounds and skin abrasions should be covered with a waterproof dressing following hand hygiene and prior to donning gloves.

It is important to ensure that the selected alcohol-based hand rub, soaps, and moisturising lotions are chemically compatible to minimise skin reactions among staff. Moisturising lotions should only be used outside of the reprocessing zone to reduce risk of residue on instruments and packaging.

Please see Hand Hygiene Australia's website for more information.

4.4 Respiratory hygiene/cough etiquette

Covering sneezes and coughs minimises infected persons from dispersing respiratory secretions into the air. Hand hygiene should be performed after coughing, sneezing, using, and disposing of tissues, or after contact with respiratory secretions or objects contaminated by these secretions.

4.5 Smoking, eating and drinking

Smoking and vaping in the workplace are prohibited, refer to the *Tobacco and Other Smoking Products Act 1998* for details. While attending to clients, or cleaning or disinfecting instruments, do not eat or drink. These activities allow close contact with the mouth and may transfer infectious agents to the hands, which can then be spread to the client and vice versa. Hand hygiene should be performed before and after smoking, eating or drinking.

5 Aseptic non-touch technique

Aseptic technique aims to prevent disease-causing organisms from being introduced during invasive procedures by using infection prevention measures that minimise the presence of these disease-causing organisms.

Aseptic non-touch technique requires the identification and protection of key parts and sites.

- A ‘key part’ is the part of the equipment that must remain sterile, such as a needle tip and must only make contact with other key parts or key sites.
- A ‘key site’ is the area on the person receiving the personal appearance services, such as the piercing location site that must be protected from microorganisms.
- Ensure aseptic key parts/sites only have contact with other aseptic key parts/sites.

The following process provides an example of the application of the aseptic non-touch technique in personal appearance services:

1. Perform hand hygiene.
2. Clean the work surface/trolley with detergent and water or a detergent wipe.
3. Identify and gather equipment for the procedure.
4. Perform hand hygiene and prepare the field:
   4.1. open dressing pack/sterile drape (taking care to open packaging correctly so as not to contaminate key parts with wrapping)
   4.2. drop sterile equipment into the sterile field
   4.3. perform hand hygiene.
5. Prepare client (e.g. mark piercing site), clean piercing site/injecting site.
6. Perform hand hygiene and apply gloves.
7. Perform procedure ensuring all key parts/components are protected:
   7.1. Sterile items are used once and disposed into a waste bag or sharps bin.
   7.2. Only sterile items contact the key site.
   7.3. Sterile items should not come into contact with non-sterile items (if items/equipment to be used are accidentally contaminated, replace them immediately).
8. Remove gloves and perform hand hygiene.
9. Clean the trolley/work surface after use and perform hand hygiene.

If the aseptic non-touch technique is breached during any point of the process, discard the affected products, and prepare the field again.

6 Personal protective equipment

6.1 Use of personal protective equipment

Personal protective equipment (PPE) refers to a variety of barriers, used alone or in combination, to protect mucous membranes, airways, skin and clothing from contact with infectious agents. The selection of PPE is based on the type of personal appearance service to be performed and may include fluid-resistant aprons/gowns, gloves, surgical masks, protective eyewear and face shields.

Some things to consider when selecting appropriate PPE to wear include:

- chance of exposure to blood and body substances
- type of body substance involved
- possible type and route of transmission of infectious agents.

6.2 Disposable gloves

Gloves should always be worn when it is likely that hands may be contaminated with blood or body fluids or may come in contact with mucous membranes.

- Single-use gloves are to be used for personal appearance services and should comply with the *Australian/New Zealand Standard 2161.1:2016 Occupational protective gloves selection, use and maintenance*. This Standard provides recommendations to enable users of protective gloves to select gloves suitable for their work and to use and maintain them in a manner that ensures the gloves' function is not compromised.
- Wear sterile gloves where an aseptic technique is required when contact will occur with that part of the sterile instrument or jewellery that penetrates the skin. Otherwise, wear clean, single-use disposable gloves.

Single-use gloves must not be washed and reused but discarded after use. Gloves must always be changed, and hand hygiene performed in the following circumstances:

- Between personal appearance services for different clients.
- During the provision of service to a single client, to prevent cross-contamination of body sites. For example, if a client is having both a tongue and eyebrow piercing performed, gloves should be removed, hand hygiene performed, and fresh gloves applied between these piercings.
- If any other equipment is touched that is not being used for the current personal appearance service.

Hand hygiene should be performed before putting on gloves and after the removal of gloves. Non-sterile single-use medical gloves are available in a variety of materials.

General recommendations regarding the use of gloves:

- gloves must be worn where there is a risk of exposure to blood or body substances, to protect hands from contamination
- perform hand hygiene as per Section 4 Hand hygiene before putting on and after removing gloves
- using disposable gloves does not substitute for or eliminate the need for hand hygiene
- do not reuse disposable single-use gloves
- discard gloves:
  - if prior to the use of the gloves, upon inspection, they are found to be defective
  - after contact with each client
  - as soon as they are torn or punctured

- when performing separate procedures on the same client where there is a risk of transfer of infectious agents from one part of the body to another
- when they touch unsterile items or surfaces.

6.3 Reusable utility/cleaning gloves

Reusable utility/cleaning gloves should be worn for handling and cleaning contaminated equipment and surfaces and for undertaking general cleaning duties. Reusable gloves should be heavy duty PVC, latex or similar and be puncture resistant. They should only be reused and cleaned according to the manufacturer's instructions and stored dry between uses.

Reusable utility/cleaning gloves should be worn when:

- cleaning skin penetration instruments
- cleaning up blood and body substance spills.

The general-purpose rubber gloves, if reused, should be washed in detergent, rinsed, and left standing up to drain and dry.

It is recommended that each operator has their own identifiable pair of cleaning gloves.

Cleaning gloves should be replaced as soon as they start to show signs of deterioration. (1)

6.4 Plastic aprons

A single-use disposable plastic apron must be worn when there is a chance that clothing may be exposed to the possibility of sprays or spills of blood, body fluids, secretions, or excretions. Aprons must be changed between clients and disposed of immediately after use. Unused aprons must be stored in an appropriate area away from potential contamination. (1)

6.5 Eye and face protection

Eye protection and face masks must be worn where there is any chance of blood, body fluids, secretions, or excretions splashing into the eyes and face. Personal eyeglasses and contact lenses are not considered adequate eye protection. A risk assessment of the planned procedure should be undertaken to help inform decision making (e.g. when manually cleaning equipment as part of decontamination processes). If reusable goggles/protective eyewear is used, they should be washed after each client or task using a general-purpose detergent, rinsed and stored dry. Eye protection should be compatible with any face mask used.

Face masks (such as surgical or procedural masks) should be used if there is a chance of splashing of blood/body fluid droplets into the mouth or nose. If used, masks should be changed when blood or body fluid splash occurs and disposed of immediately after use. The mask must not be carried or worn around the neck. Masks should be changed immediately if they become soiled or wet. Users should not touch the front of the mask while wearing it or on removal or disposal. Surgical masks must comply with the *Australian Standard Single-use face masks for use in health care (AS 4381:2015)*.

6.6 Clothing and footwear

Clean clothing must be worn when attending to clients. Shoes must be enclosed, non-slip, puncture resistant, and worn especially when handling sharp instruments (e.g. needles) capable of puncturing the skin if dropped.

7 Safe handling and disposal of sharps

The use of sharp devices exposes personal appearance service operators/staff performing the procedure to possible injury and the chance of exposure to viruses that can be transmitted by blood. If skin penetration procedures are offered on premises, there must be an appropriate sharps container at the premises.

7.1 Handling of sharps

Precautions should be taken to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during personal appearance services, when cleaning used instruments, during disposal of used instruments and when handling sharp instruments after a personal appearance service.

Standard measures to avoid sharps injuries include handling sharp devices in a way that prevents injury to the user and to others who may encounter the device during or after a personal appearance service.

The following precautions must be implemented when handling sharps:

- take care when handling sharp devices
- do not recap devices
- store contaminated sharps in a standardised way, until they are disposed of or taken for reprocessing
- do not pass sharps by hand
- have sharps disposal containers as close as practical to where a procedure is undertaken, so they can be easily accessed by the operator
- use appropriate PPE
- establish a responsibility practice – the person who uses the sharp is responsible for its disposal.

7.2 Disposal of single-use sharps

Sharp instruments or equipment must never be placed into waste bags.

Any person who has used a disposable sharp instrument or equipment must be responsible for its safe management and immediate disposal after use.

After sharps are used, single-use syringes and needles, scalpel blades, and other sharp items must be disposed of immediately into an Australian Standard approved sharps container.

These containers should be clearly labelled, puncture and leak proof and comply with the *Australian Standard Sharps injury protection – Requirements and test methods – Sharps containers* (AS 23907:2023).

Sharps containers should be located as close as practical to where the sharp is being used. Sharps containers must be appropriately placed so that they are out of reach of children. The container should also be placed in a secure position or mounted on the wall to prevent tipping.

Reusable sharps requiring transport to a reprocessing area must be placed in a puncture-resistant container with a secure lid. Procedures for the transportation of reusable sharps should be developed to reduce the risk of sharps injury to protect staff, clients and the environment from contamination and harm.

8 Exposure to blood and body substances

See Section 9.2 Management of blood and body substance spills for information regarding the cleaning of benches, floors and other inanimate surfaces should blood and/or body substances be spilt on the surfaces.

8.1 How to manage client bleeding

If a client bleeds during a procedure (either accidentally or more than expected during a skin penetration procedure):

1. Remove gloves if wearing.
2. Perform hand hygiene.
3. Gather and set up dressings or required equipment.
4. Perform hand hygiene.
5. Put on clean disposable gloves. Using other PPE will be based on level of risk (for example, risk of splash to the face).
6. Place a clean dressing on the wound and gently apply pressure (to stop the bleeding).
7. Where appropriate (e.g. shaving nicks) apply a styptic substance using a single-use applicator (to stop the bleeding). Take care not to contaminate the stock solution.
8. Place soiled (used) disposable sharp instruments into a sharps container.
9. Place soiled re-usable instruments into a smooth surfaced impervious container (to await processing).
10. Dispose of soiled dressings in a rubbish bin.
11. Remove gloves and dispose of them in a rubbish bin.
12. Perform hand hygiene.

8.2 How to manage operator exposure to blood or other body substances

As an operator, if you are cut, pricked, or exposed to a client's blood or body substance, the following steps should be followed:

1. If the exposure involves a cut or puncture wound, wash the area with liquid soap and running water.
2. Apply a sterile dressing and apply pressure through the dressing if bleeding is still occurring.
3. If the exposure does not involve a cut or puncture, wash the area with liquid soap and water.
4. If the eyes are exposed, thoroughly flush with running water or a normal saline solution.
5. If blood or other body substances enter the mouth, spit it out immediately and rinse the mouth several times with water.
6. If clothing is soiled, remove clothing and shower if necessary.
7. Report the incident to your manager or employer immediately.
8. Consult a medical practitioner as soon as possible.
9. Complete the required occupational health and safety incident forms and follow-up.

9 Routine environmental cleaning

There is an association between poor environmental cleaning and the transmission of infectious agents. The level of cleaning required for environmental surfaces depends on the objects involved and the risk of contamination – for example, surfaces that are likely contaminated with infectious agents (e.g. procedure tables) require cleaning between clients which is more often than general surfaces and fittings. However, all surfaces require regular cleaning.

The finish on all surfaces within personal appearance service premises should be smooth and impervious, and easy to clean. Most hard surfaces can be adequately cleaned with water and detergent. Allowing the cleaned surface to dry is an important aspect of cleaning.

Thorough cleaning of all surfaces is necessary after spills.

General purpose utility or cleaning gloves e.g. rubber gloves, can be used for routine environmental cleaning. General purpose utility gloves should be washed in detergent, rinsed, and left to dry after each use. Gloves should be inspected before each use and discarded if damaged or in a state not able to provide protection. Perform hand hygiene after using general-purpose gloves.

9.1 Cleaning and maintenance of premises

The physical environment in which personal appearance services are provided should be kept in a clean condition to enable effective infection prevention practices to be

implemented. Cleaning procedures may require the use of PPE, e.g. apron when vigorous cleaning actions are used.

9.1.1 General cleaning

- Ensure working surfaces are in a clean condition, particularly surfaces where instruments are placed prior to being used on clients.
- Surfaces are to be intact and non-porous.
- Use detergent mixed with water to clean all work surfaces.
- Use clean equipment (e.g. cloths, mops, buckets and brushes) for all cleaning activities.
- Use a vigorous manual cleaning action when cleaning work surfaces.
- When cleaning, work from clean surfaces (surfaces where instruments are placed) to dirty surfaces (the floor).
- Allow surfaces to dry fully.
- Ensure floors and walls are in a clean condition through normal cleaning processes (e.g. mopping and removal of visible dirt).
- Maintain surfaces so they are in good condition i.e. repair damaged floors, table tops, and walls.
- Cleaning materials should be stored in a designated safe storage area. Safety data sheets should be stored with the materials or in an identified safe and easily accessible location.

9.2 Management of blood and body substance spills

Spots and spills of blood and body substances should be removed immediately, followed by cleaning and disinfection of the contaminated area. Removing potentially infectious substances reduces the risk of infection for the worker, clients and other people who may come in contact with it. This is a sound infection prevention practice and meets work health and safety requirements.

Appropriate PPE should be worn at all times. Table 1 outlines the recommended practices for the management of blood or body substance spills.

Table 1 Management of blood or body substance spills

Size of spill	Clean up procedure
Spot cleaning	• Select the proper PPE. • Wipe the spot immediately with disposable paper towel. • Clean the area with detergent and water solution, using disposable cleaning cloth, and allow to dry. • Discard contaminated materials. • Remove PPE and perform hand hygiene.
Small spills (up to 10 cm diameter)	• Select the proper PPE. • Wipe the spill immediately with disposable absorbent material. • Place contaminated absorbent material into an impervious container or plastic bag for disposal. • Clean the area with warm detergent solution, using a disposable cloth or sponge. • Wipe the area with 1000 ppm sodium hypochlorite (bleach) with a disposable cloth and allow to dry (rinse off metal surfaces after drying as sodium hypochlorite is corrosive). • Discard contaminated materials. • Remove PPE and perform hand hygiene.
Large spills (greater than 10 cm diameter)	• Select the proper PPE. • Cover the area of the spill with an absorbent clumping agent and allow it to absorb. • Use a disposable scraper and pan to scoop up absorbent material and any unabsorbed blood or body substances. • Place all contaminated items into an impervious container or plastic bag for disposal. • Clean the area with a detergent solution using a disposable cloth or mop. • Wipe the area with 1000 ppm sodium hypochlorite (bleach) with a disposable cloth and allow to dry (rinse off metal surfaces after drying as sodium hypochlorite is corrosive). • Discard contaminated materials. • If a mop is required for cleaning, launder the mop head after use, allow to dry fully and store dry. • Remove PPE and perform hand hygiene.

Table 1 taken from the National Health and Medical Research Council as modified from Table 6. Appropriate processes for managing spills, Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) (1)

The Australian Register of Therapeutic Goods lists the disinfectants and sterilants approved for use by the TGA for use in Australia.

10 Cleaning, disinfecting, and/or sterilizing of reusable equipment and instruments

This section discusses the core principles for cleaning, disinfecting, and/or sterilizing of reusable equipment and instruments in any personal appearance service. Principles of cleaning, disinfecting and/or sterilizing reusable instruments and equipment involve:

- All reusable devices and equipment used in the provision of personal appearance services should be reprocessed and stored correctly in between use, according to their intended use and the manufacturer's recommendation.
- Single-use devices and equipment must not be reprocessed but discarded after use.
- Staff responsible for reprocessing are educated and trained and adhere to defined work practices and have demonstrated competency in reprocessing.
- Reprocessing equipment is cleaned, calibrated, has passed relevant validation testing and undergone scheduled preventative maintenance as per the manufacturer's instructions for use and the requirements of AS 5369:2023.

Any instrument or piece of equipment that is to be reused, requires reprocessing - cleaning, disinfection, and/or sterilization. The minimum level of reprocessing required for reusable instruments is determined by the Spaulding Classification Scheme. Under this scheme, reusable devices are categorised as either critical, semi-critical, or non-critical depending on the body site and the way in which the instrument will be used.

In accordance with the Spaulding Classification Scheme, the reprocessing requirements are –

1. critical: cleaning followed by sterilization
2. semi-critical: cleaning followed by high-level disinfection at a minimum, sterilization strongly recommended
3. non-critical: cleaning, followed by low or intermediate level disinfection.

All reusable equipment and instruments must be reprocessed between uses in accordance with AS 5369:2023, ensuring compliance with all stages of reprocessing.

Refer to Appendix 1: Cleaning instruments and Appendix 2: Processing/Reprocessing re-usable instruments for detailed guidance.

For businesses that do not have access to adequate cleaning, disinfection, and/or sterilization facilities, single-use disposable instruments and materials must be used.

If disposable instruments or materials are used, they should be disposed of in the appropriate receptacle after use. If reusable equipment and materials are used, contaminated instruments should be appropriately placed in the reprocessing area after

use. The disposal of single-use sharps is covered in Section 7.2 Disposal of single-use sharps.

10.1 Cleaning

For the purposes of these Guidelines, cleaning refers to the removal of foreign material (e.g. blood or body fluids) from objects and is normally accomplished using a detergent solution.

Cleaning of reusable equipment and instruments must all be undertaken before high-level disinfection and sterilization. Items should be cleaned as soon as possible after use before soiled materials become dried onto the instruments. Items should be correctly disassembled and checked for damage in line with manufacturer's instructions. All surfaces including internal openings or channels must be cleaned. If an item cannot be cleaned or is damaged, it cannot be disinfected or sterilized and should not be reused.

There are two methods of cleaning available, automated and manual. Staff should always wear appropriate PPE for the task – plastic apron, general purpose utility gloves, and face protection. Care should be taken to prevent splashes to mucous membranes or penetration of the skin by sharp instruments. The cleaning process should be carried out in accordance with manufacturer's instructions.

Items used for cleaning (for example loading racks, trolleys, ultrasonic cleaners, cabinets and other accessories) are to be cleaned, thermally disinfected or sterilized daily as per the manufacturer's instructions for use.

Refer to Appendix 1: Cleaning instruments and Appendix 2: Processing/Reprocessing re-usable instruments for detailed guidance.

10.1.1 Automated

Automated cleaners, such as ultrasonic cleaners and washer-disinfectors reduce the handling of instruments and are recommended for cleaning basic instruments that can withstand the process. Visible soiling should be removed by pre-cleaning prior to an automated cleaner being used. Where an automated cleaner does not adequately remove soil from instruments, they should be cleaned again using an automated or mechanical cleaning process.

10.1.2 Manual

Manual cleaning is done for fragile or difficult to clean instruments, in areas without automated units, or where the manufacturer states that an instrument needs manual cleaning prior to placing into an automatic washer.

The two essential components of manual cleaning are:

- Friction – rubbing/scrubbing the soiled area with a soft brush.
- Fluidics – use of fluids under pressure to remove soil and debris.

10.2 Disinfection

All equipment and instruments that come into contact with mucous membranes or non-intact skin must be cleaned, followed by high-level disinfection as a minimum. There are three reprocessing levels for reusable equipment and instruments, depending on the intended use of the instruments/equipment (Refer to Appendix 2: Processing/Reprocessing re-usable instruments for detailed guidance).

Disinfection is the deactivation of non-sporing organisms using either heat or water (thermal) or by chemical means. There are two methods of disinfection available, thermal or chemical disinfection.

10.2.1 Thermal disinfection

Thermal disinfection uses heat and water, at temperatures that destroy infectious agents and is appropriate for items that are heat and moisture-resistant and do not require sterilization. Thermal disinfection is the simplest, most efficient, and cost-effective method of disinfection.

10.2.2 Chemical disinfection

Chemical disinfection can be achieved with a compatible TGA registered, instrument-grade disinfectant, used alone or together with an automated washer/disinfector.

Disinfectants are registered with the TGA and must comply with the Therapeutic Goods (Standard for Disinfectants and Sanitary Products) (TGO 104) Order 2019 (or it's successor). Only disinfectants registered with the TGA for that use (known as specific claims), should be used. For guidance on suitable disinfectants refer to the TGA website.

Safety data sheet instructions should be followed for the handling, use, storage, disposal and management of spills and exposures, for any chemical in use.

10.3 Sterilization

All instruments that enter sterile tissue, cavity, or the bloodstream (vascular system) must be sterile at the time of use. It is strongly recommended that items that come into contact with mucous membranes or non-intact skin should be single-use, disposable or sterilized after each use.

The process of sterilization destroys all microorganisms on the surface of an instrument or device. Inadequately sterilized items represent a high risk of transmitting infectious agents. (Refer to Appendix 1: Cleaning instruments and Appendix 2: Processing/Reprocessing re-usable instruments for detailed guidance). Should an item not pass the sterilization process, it must not be reused and the reason for the failure of the sterilization process should be investigated and managed.

10.4 Storage and maintenance

All items must be stored in a way that maintains their level of reprocessing (e.g. sterile, high-level disinfection). Dry, sterile, packaged instruments and equipment should be stored in a clean dry environment. The maximum period of time a reprocessed instrument can be stored before requiring reprocessing again should be determined and documented. Actions that must be taken if this timeframe is exceeded should also be specified. Drying methods used should not compromise the sterility of items.

Items which may damage packaging should not be used (e.g. ball point pens, elastic bands).

Businesses should have a sterile supplies rotational system, for example, “use from the left, restock from the right” or “use from the front, restock from the rear”.

Before using any sterile equipment check that:

- the packaging is intact
- there are no obvious signs of packaging contamination; and
- the expiry date remains valid.

Do not use any package that is wet, has a missing or defective label, or is placed or dropped onto a dirty surface after sterilization.

10.5 Instruments used for skin penetration

When using instruments for skin penetration:

- All instruments (single-use and reusable) must be sterile.
- Do not reuse hollow (hypodermic) needles as they cannot be effectively cleaned and sterilized.
- Ensure that the packaging of sterile equipment (including jewellery) is labelled with the manufacturer’s statement that the instruments are sterile. Check the expiry date.
- Assess the integrity of the packaging of the sterile instruments to ensure sterility. If there is any doubt surrounding the integrity of the packaging, the instrument (or jewellery) must be reprocessed/resterilised.
- Single-use items must never be reprocessed or reused.

Refer to Appendix 1: Cleaning instruments and Appendix 2: Processing/Reprocessing re-usable instruments for detailed guidance.

10.6 Management of multi-use products

Some products that can be used on multiple clients, like depilatory wax, make-up, creams, and ointment, could allow the growth of microorganisms if they become contaminated.

To prevent cross-contamination, all liquids and creams must be decanted into single-client containers, and a single-use client applicator must be used for each client undergoing the procedure (no double dipping).

Label the container with the date when opened; discard as per manufacturer's shelf-life/expiration date or if not managed in an aseptic manner.

If wax is used for hair removal, the wax and any instrument used to apply the wax (such as a spatula) should be single-use and immediately disposed of after completing the procedure.

- Single-client pots, single-use cartridges, disposable applicator heads, and a new spatula must be used for each client. Wooden spatulas/applicators must be disposed of after each use.
- Metal spatulas/applicators or tweezers must be discarded or reprocessed prior to use on another client.
- All wax cartridges/roll-on applicator heads should be disposed of at the end of every treatment.

These same principles apply to the other hair removal processes such as sugaring and threading.

Products should be used in accordance with the manufacturer's instructions. Dilution and mixing of the product are not recommended unless it is specified in the manufacturer's instructions.

10.7 Pumps, nozzles, and spray bottles

Pump outlets, nozzles, and spray bottles can be a source of contamination and a place for microorganisms to grow when there is content build up around the outlet. Clean nozzles frequently and dry appropriately before use.

Do not top up liquid in refillable soap, pump/spray bottles, and other reusable dispensers. This can cause contamination. Always empty the container and follow the steps below before reuse of refillable dispensers.

Use the following steps in cleaning pump/spray bottles and other reusable dispensers:

1. Always empty the bottles before washing and clean the items in water and detergent.
2. Rinse items under hot running water.
3. Dry the items using a lint-free cloth and allow them to fully air dry.
4. Refill the dried bottle and nozzle and ensure it is appropriately labelled with the name of the product, dilution (if diluted), and date of preparation.

11 Safe handling, storage, and disposal of linen and waste materials

11.1 Linen

Unused clean linen should be used on each client.

For skin penetration procedures, it is recommended that single use (disposable) bed covers, or a bed roll are used.

Used linen should be removed from the treatment area once the client leaves and stored for laundering in an appropriate laundry receptacle. PPE should be worn when handling used/soiled linen.

Rinse off any gross contamination before washing linen and clothing (in a designated sink in the dirty zone).

All used linen must be:

- washed with laundry detergent in a washing machine with a water temperature of 65°C for not less than 10 minutes or at 71°C for not less than 3 minutes, or washed by a commercial laundry
- domestic washing machines can be used for cleaning linen and clothing if they can reach the appropriate temperatures
- washed items are to be hung out to dry in the sun or machine dried
- clean linen must be stored in a clean dry place that is free from dust, insects, and vermin. It should be kept separate from used linen.

11.2 Waste management

When handling waste, it is important that the following principles are followed:

- Use standard precautions to protect against exposure to blood and body substances. Wash hands following waste handling.
- Waste should be contained in the appropriate receptacle and disposed of according to Queensland Government waste management regulations.

An outline of the waste management requirements for businesses is available from Business Queensland.

Waste is made up of general waste, such as household waste, and regulated waste which requires a higher level of management to prevent harm to the environment or human health. The Environmental Protection Regulation 2019 provides comprehensive definitions of regulated waste.

For example, the following regulated waste may be generated during the provision of a personal appearance service:

- Clinical and related waste. Clinical waste means waste that has the potential to cause disease including, for example, discarded sharps or, human tissue waste.
- Waste associated with the use of inks/dyes.

Certain personal appearance services, such as hair transplantation, tattooing, cosmetic tattooing, scarification, and body piercing will generate regulated waste and these need to be managed in accordance with the Environmental Protection Regulation 2019.

11.3 Waste disposal

11.3.1 General waste

All general waste should be disposed of in a container, which is smooth, fluid resistant, and has a suitable lid. The waste container should be emptied regularly. A disposable bin liner may reduce the need to clean the container.

11.3.2 Clinical waste

Clinical and related waste must be handled, stored, packaged, labelled, and transported appropriately to minimise potential contact with waste and to reduce the risk to the environment from any accidental release. The management of clinical and related waste in Queensland is regulated under the Environmental Protection Regulation 2019 and the Waste Reduction and Recycling Regulation 2023.

Detailed information for businesses regarding the management of clinical and related waste is available from the Department of Environment, Science and Innovation.

Clinical waste is waste that has the potential to cause disease such as animal waste, discarded sharps, human tissue waste, and laboratory waste. Related waste is any waste that constitutes, or is contaminated with, chemicals, cytotoxic drugs, human body parts, pharmaceutical products, or radioactive substances.

Tattooing, cosmetic tattooing, body piercing, and cosmetic aesthetics are the main personal appearance service activities where clinical waste may be generated. In general, waste that does not contain free-flowing blood or body fluids is not clinical waste. This means that waste with a small amount of dried blood (e.g. cotton wool ball with a spot of dried blood) does not have to be disposed of as clinical waste. However, sharps are listed as clinical waste and must be handled and managed accordingly.

For the purposes of identifying clinical waste, the Environmental Protection Regulation 2019 defines a sharp as an object or device with sharp points, protuberances, or cutting edges that are capable of causing a penetrating injury to humans. This includes wastes such as used hypodermic, intravenous, or other medical needles, scalpel blades, lancets, and scissors.

Care should be taken to prevent injuries during the storage and disposal of sharps. Sharps produced by premises generating clinical waste (the generator) must be placed into a rigid-walled, puncture-resistant container that meets AS 23907:2023. Once the sharps container has been sealed and secured, it can be placed directly into a secondary container for transportation. There is no requirement to first place the sharps container into a plastic bag before disposal into a secondary container, as they are already contained.

A summary of sharps safety container principles:

- Dispose of sharps immediately after use to protect operators, staff, and clients from injury.
- Place the sharps disposal containers as close as practical to where a procedure is undertaken, so they can be easily accessed by the operator.
- Ensure sharps containers are not accessible to visitors, particularly children.

- Ensure sharps containers are not overfilled.
- Ensure items are not forcefully inserted into sharps containers.

Refer to Section 8.2 How to manage operator exposure to blood or other body substances if you sustain a needle stick or sharps injury when disposing of a sharp.

In addition to management and disposal requirements, the container must then be given to an appropriately licensed treatment facility (receiver) via a licensed regulated waste transporter. Businesses generating clinical waste, such as sharps, must ensure that the waste will be stored, treated, or disposed of by a receiver who holds an appropriate environmental authority to undertake the storage, treatment, or disposal of the waste.

12 Animals

In general, animals should not be allowed in places where personal appearance services are provided, as they may be a potential source of infection (e.g. ringworms). However, the rights, needs, and circumstances of people with a disability who rely on the assistance of an animal should be considered.

Under the *Guide, Hearing and Assistance Dogs Act 2009*, a person with a disability who relies on a guide, hearing, or assistance dog, to reduce the person's need for support may be accompanied by the dog in a public place or public passenger vehicle. A person with a disability who relies on a guide, hearing, or assistance dog to reduce the person's need for support, does not commit an offence by taking the dog into a public place or public passenger vehicle. This could include, for example, a place of business where hairdressing, beauty therapy, tattooing, body piercing, and cosmetic aesthetic services are provided.

The *Anti-Discrimination Act 1991* prohibits discrimination (whether direct or indirect) on the basis of a person's impairment, including failing to supply goods and services to a person. The *Anti-Discrimination Act 1991* contains certain exemptions, relating to the protection of public health, and health and safety at places of work. That is, a person may do a discriminatory act that is reasonably necessary to protect public health or to protect the health and safety of people at a place of work. However, if you discriminate on that basis, you may be called upon to demonstrate to the Anti-Discrimination Commission why the health risks could not have been managed in a non-discriminatory manner.

13 Materials and instruments used in non-higher risk personal appearance services

Ensure the following when using materials and instruments for the provision of a non-higher risk personal appearance service to clients:

- Clean, disinfect or sterilize the instruments and materials, depending on manufacturer's instructions, the instrument and its use.

- Single-use disposable instruments and/or applicators must be disposed of immediately after use and not be re-used.
- Use only clean and disinfected instruments and materials (procedures for cleaning of instruments are detailed below).
- When applying cosmetics, creams, powders, or nail polish for a client, use clean, single-use applicators.
- Use single-use applicators for cosmetic testers (e.g. lipsticks, mascara, etc).
- Avoid cross-contamination of ingredients by decanting the materials from the original container into a working (single-use) container.
- The contents of all working (single-use) containers should be disposed of after use.
- Store all materials and instruments used in the provision of non-higher risk personal appearance services in a manner that minimises the potential for and risk of contamination.
- Clean, disinfect and/or sterilize re-usable instruments contaminated with blood and/or bodily substances prior to reuse.

Refer to Appendix 1: Cleaning instruments and Appendix 2: Processing/Reprocessing re-usable instruments for detailed guidance.

13.1 Hairdressing

13.1.1 Cleaning instruments

Clean reusable instruments as per the cleaning instructions in Appendix 1: Cleaning instruments before re-use. The procedure for cleaning scissors or electric hair clippers after accidental contamination with blood is listed below.

13.1.1.1 Routine cleaning of hair-cutting scissors

Clean scissors as per Appendix 1: Cleaning instruments cleaning method 1.

13.1.1.2 Cleaning hair-cutting scissors after accidental contamination with blood

Scissors accidentally contaminated with blood must be cleaned as per Appendix 1: Cleaning instruments method 1. Cleaning is then followed by disinfection of the cleaned scissors by wiping with 1000 ppm sodium hypochlorite solution (bleach) using a disposable cloth and allowing to dry (rinse off metal surfaces after drying as sodium hypochlorite is corrosive).

13.1.1.3 Cleaning electric hair clippers after accidental contamination with blood

Clean electric hair clippers as part of routine cleaning and immediately after accidental contamination with blood by:

- Donning gloves and eye protection (if risk of splashing).
- Disconnecting the clippers from the power source.

- Remove any visible blood with absorbent paper towel and discard in waste bin.
- Using an airbrush to remove hair from the clipper teeth.
- Any part that can be immersed in water should be cleaned as per Appendix 1: Cleaning instruments cleaning method 1. After cleaning, wipe over each part with 1000 ppm sodium hypochlorite solution (bleach) using a disposable cloth and allow to dry (rinse/wipe off metal surfaces after drying as sodium hypochlorite is corrosive). Allow to dry before re-use.
- Parts not able to be immersed in water must be wiped over with 1000 ppm sodium hypochlorite solution (bleach) using a disposable cloth and allowed to dry (rinse/wipe off metal surfaces after drying as sodium hypochlorite is corrosive).
- Air dry clipper teeth and other cleaned parts on completion of the cleaning process.
- Brushes and cloths used for cleaning should be cleaned as per Appendix 1: Cleaning instruments

13.2 Shaving

Single-use razors are strongly recommended.

13.2.1 Cutthroat razors

Disposable single-use blades must be used with cutthroat razors. A new disposable blade must be used for each client and disposed of into a sharps container, that complies with the AS 23907:2023, after each use.

The blade handle must be cleaned with warm water and detergent to remove any contaminates and allowed to dry prior to a new single-use blade being attached. If the blade handle is accidentally contaminated with blood, disinfect the cleaned handle by wiping with 1000 ppm sodium hypochlorite solution (bleach) using a disposable cloth and allowing it to dry (rinse off metal surfaces after drying as sodium hypochlorite is corrosive).

13.2.2 Disposable razors

Disposable razors must be single-use only. Following use, they are to be disposed into a sharps container.

If disposable razors have a detachable blade, the blade must be disposed of into a sharps container after use.

The blade handle must be cleaned with warm water and detergent to remove any contaminates and dried prior to a new single-use blade being attached. If the blade handle is accidentally contaminated with blood, disinfect the cleaned handle by wiping with 1000 ppm sodium hypochlorite solution (bleach) using a disposable cloth and allowing it to dry (rinse off metal surfaces after drying as sodium hypochlorite is corrosive).

13.3 Beauty and nail treatments

General information about materials and instruments used in personal appearance services, including applying cosmetic and other materials to clients, and the use of cosmetic 'testers' (e.g. lipsticks, mascara, eyeliners) is contained in Appendix 1: Cleaning instruments.

Re-useable instruments used for manicures/pedicures and the application of cosmetics must be cleaned as per Appendix 1: Cleaning instruments and stored to prevent contamination.

Re-useable instruments (e.g. scissors) that have come into contact with blood must be cleaned, disinfected, and sterilized as per Appendix 2: Processing/Reprocessing re-usable instruments prior to using on another client.

13.4 Electrolysis

Prior to electrolysis, prepare the client's skin as per Section 14.1 Preparing a client's skin for a skin penetration procedure.

All needles used in electrolysis must be sterile and single patient use.

A single sterile needle can be used to remove multiple hairs from a single client in one session. Following use, they must be disposed of into a sharps container as per AS 23907:2023.

Needle holders must be cleaned as per Appendix 1: Cleaning instruments.

If bleeding occurs, see Section 8.1 How to manage client bleeding.

13.5 Closed ear and nose piercing guns

Use closed ear and nose piercing guns strictly in accordance with the manufacturer's instructions. Keep the manufacturer's written instructions at the premises where the instrument is used.

Single-use disposable gloves must be used when performing a piercing procedure.

When performing a closed ear and nose piercing:

1. Mark the site to be pierced before cleaning the site.
2. Disinfect the area to be pierced as per Section 14.1 Preparing a client's skin for a skin penetration procedure.
3. Ensure the closed piercing gun is fitted with a pre-sterilized single-use disposable cartridge containing assembled sterilized jewellery and fittings. This will avoid contact between the closed piercing gun and the person's skin or mucous membrane.
4. Following use, clean and disinfect the closed piercing gun as per Appendix 1: Cleaning instruments.
5. Do not re-use jewellery or fittings on another person.

13.6 Foot spas

Check the condition of the client's feet and legs. If open sores or skin wounds are present (including insect bites, scratches, scabbed-over wounds, or any condition that weakens the skin barrier), the client should not use the foot spa.

Any procedure that risks damage to a client's skin should not be done before soaking their feet in the foot spa basin.

Foot scrapers should not be used to remove hard, dead, or dry skin prior to using a foot spa. The use of foot scrapers is a skin penetration procedure. Please refer to the information in Section 14 Skin penetration procedures.

Clean and disinfect foot spas between each client:

- always follow the manufacturer's instructions
- drain the water from the spa
- clean the surfaces of the foot spa with detergent and water
- after cleaning, use a disinfectant that is listed on the Australian Register of Therapeutic Goods, in accordance with manufacturer instructions
- allow the foot spa to air dry.

At the end of each day, all the components of the foot spa should be thoroughly cleaned, disinfected, and allowed to dry.

14 Skin penetration procedures

This section of the Guidelines applies to all personal appearance services where skin penetration occurs or is likely to occur. This is not an exhaustive list but may include services such as skin needling/collagen induction therapy, cuticle cutting, extractions, microdermabrasion, razor scraping, cosmetic injectables, polydioxanone threads, and closed ear and nose piercing.

Single-use equipment is recommended for skin penetration procedures as some equipment may not be able to be cleaned, disinfected, and sterilized effectively or withstand the cleaning, disinfection, and sterilization processes.

14.1 Preparing a client's skin for a skin penetration procedure

The area of the skin where the skin penetration procedure is to be performed must be clean and free from contamination. The following must be observed:

- Visibly check the client's skin to ensure it is clean with no cuts, abrasions, redness, or any signs of infection. If the skin is visibly dirty, clean the area with soap and water and dry with paper towel. Do not proceed with the procedure if signs of infection in the area are present.

- If shaving is required, follow Section 13.2 Shaving.
- The area undergoing the procedure must be disinfected with a suitable skin antiseptic.
- Check for any allergies and/or sensitivities before applying skin antiseptic.
- If individually packaged skin antiseptic is used to prepare the skin, ensure packaging is intact prior to opening. If the packaging is damaged, do not use.
- Where additional skin preparation is required following the initial application of antiseptic, use a fresh swab applicator.
- Where antiseptic is decanted into a container from the stock solution, any remaining decanted antiseptic must be discarded after use. Clean and dry the container before being used on the next client or use a disposable container.
- Disinfection of the skin penetration site should be done in a circular/spiral motion with friction starting at the centre of the site or in a vigorous side-to-side motion over the entire area to be prepared for at least 30 seconds. Ensure the swab remains moist.
- After disinfecting the skin penetration site do not touch the site.
- Do not wipe off excess solution.
- Allow to air dry before commencing the procedure.
- Ensure antiseptics are within the manufacturer's expiry date, and stored in a cool, dry place.

14.2 Antiseptic use

An antiseptic is an antimicrobial solution that can be used on skin or tissue.

Antiseptics are used to reduce the number of bacteria on the skin around the site of a skin penetration service to reduce the risk of a client developing an infection.

It is very important to select and use an appropriate antiseptic product to disinfect the site before any skin penetration service. Ensure the product selected is suitable to use on the site of the skin penetration service.

Always use antiseptics according to the manufacturer's instructions.

There are several skin disinfectants available. The following preparations may be used for the preparation of a client's skin, considering the nature and site of the procedure:

- 70%–80% w/w ethyl alcohol
- 60%–70% v/v isopropyl alcohol
- alcohol (60% w/w isopropyl or 70% w/w ethyl) formulations of 0.5% to 4% w/v chlorhexidine
- aqueous formulations of 0.5% w/v chlorhexidine
- aqueous or alcohol povidone-iodine (1% w/v available iodine).

Only use antiseptic products that are listed on the Australian Register of Therapeutic Goods.

Ask the client if they have an allergy to alcohol, chlorhexidine, or iodine-based products before using any of these products on their skin.

It is preferable to use single-use skin antiseptic products instead of large containers intended for multiple use, as these can become contaminated. If you do use a multi-dose container, please refer to Section 10.7 Management of Multi-use products.

14.3 Use of scheduled medicines

It is illegal for a person to administer, apply, inject or sell a scheduled medicine such as cosmetic injections and pain-relieving gels unless authorised under the *Medicines and Poisons Act 2019*. Be aware that some products obtained over the internet may not comply with the Australian Register of Therapeutic Goods and may not meet Australian safety standards. Ensure that you are meeting the legislative requirements for any product you purchase or use in your business.

For further information contact the Healthcare Medicines Approvals and Regulation Unit: MARU@health.qld.gov.au

14.4 PPE

Section 6 Personal protective equipment discusses the use and importance of PPE. PPE is clothing or equipment designed to be worn by someone to protect them from the risk of injury or illness. PPE must be changed regularly throughout the day. The provisions of the *Work Health and Safety Act 2011* apply.

14.5 Single-use disposable instruments

When using single-use disposable instruments, place them in an appropriate waste container after use on the client and do not re-use them on another client. See Section 11 Safe handling, storage, and disposal of linen and waste materials.

15 Body piercing, tattooing, and microblading

15.1 Body piercing

15.1.1 Instruments

All instruments used for body piercing, enlarging a piercing, or adjusting jewellery, must be sterile prior to use on the client.

- Do not reuse hollow (hypodermic) needles.
- Do not use instruments or other items that will rust or corrode as a result of the cleaning and sterilizing processes.
- Do not use instruments that have failed high level disinfection or sterilization processes.

Refer to Appendix 1: Cleaning instruments and Appendix 2: Processing/Reprocessing re-usable instruments for detailed guidance.

15.1.2 Choice of jewellery

Only pre-sterilized jewellery should be used on a client following a body piercing procedure. Displayed jewellery must be cleaned and sterilized prior to use during the piercing procedure.

Jewellery featuring low or non-allergenic qualities, or a grade suitable for insertion into the body should be used. Some examples include surgical-grade stainless steel, titanium, niobium, palladium, and 18-carat gold.

Jewellery that is highly polished, smooth, and free from surface imperfections such as pitting, reduces the potential for infection during and after the piercing procedure.

15.1.3 Embedded jewellery

Do not surgically remove jewellery from a client. If jewellery requires surgical removal, advise the client that this procedure should be performed by a medical practitioner.

15.2 Tattooing (including cosmetic tattooing, micro-pigmentation, and micro-blading)

15.2.1 Ink (including pigments and dyes)

All ink used must be fit for purpose, i.e. free from chemical and microbiological contaminants.

Decanted inks, pigments or dyes, and water from the tattooing process must be disposed of after use on the client. Do not reuse.

The ink must be stored in accordance with manufacturer recommendations and in such a way that prevents contamination of the ink.

All water or other liquid used as a carrier in the tattooing procedure must also be fit for purpose and sterile. It is recommended that safety data sheets for all inks in use are requested when purchased to confirm the product is safe for use. (2)

15.2.2 Stencils and outlines

Stencils should be single-use.

Ensure the stencils are visibly clean and free of dust before applying them to a client's skin.

The application of clean soapy water should assist with the stencil adhering to the client's skin. The soapy water may be either:

- poured from a stock mixture (freshly made each day) into a clean container and used on one client only

- made up separately for each client in a clean container, with any mixture left at the end of the procedure thrown away
- a mixture freshly made each day and applied from a squeeze bottle that drizzles from the nozzle (no contact between nozzle and skin).

Do not apply stencils with reusable applicators (e.g. deodorant sticks).

The application of a lubricating jelly to the tattoo site should be done from a clean container using a clean implement. Use this jelly exclusively on one client only. Any jelly left in the container should be discarded at the end of the procedure.

All reusable items must be reprocessed after use in accordance with Section 10 Cleaning, disinfecting, and/or sterilizing of reusable equipment and instruments (e.g. paintbrushes used to mark the outline of a tattoo on a client's skin).

15.2.3 Tattoo needles

Ensure that tattoo needles, bars, tubes, or barrels used on a client are sterile. Needles are to be single-use only and be disposed of into an appropriate sharps container after use. Needles must be removed in a manner that reduces the risk or potential for a needle stick injury to occur.

15.2.4 Cleaning the motor of the tattoo machine's handpiece

The tattoo machine must be cleaned after use on a client. Follow the manufacturer's cleaning recommendations and refer to the information contained in Appendix 1: Cleaning instruments and Appendix 2: Processing/Reprocessing re-usable instruments.

15.2.5 Cosmetic tattooing or micro-pigmentation machines

All cosmetic tattooing or micro-pigmentation machine handpieces must be cleaned before use on each client. The manufacturer's instructions should be observed when cleaning the machine motors. Disposable equipment is recommended. If parts of the machines are to be reused, please refer to Section 10 Cleaning, disinfecting, and/or sterilizing of reusable equipment and instruments. The needles, front casings, needle sleeves, and needle caps must be sterile prior to use, be single-use only and disposed of into an appropriate sharps container after use.

The tattoo machine must be cleaned after use on a client.

15.2.6 Microblading, eyebrow tattooing, and feather touch brows

Microblading, eyebrow tattooing, and feather touch brows are cosmetic tattooing processes that apply ink/pigments to the eyebrow. The same processes as outlined in Section 15.2.5 Cosmetic tattooing or micro-pigmentation machines apply to microblading equipment.

It is a requirement that needle cartridges with a membrane to prevent blood and body fluids from entering the device are being used. Disposable single-use equipment is strongly recommended.

The handle of the microblading pen must be capable of being cleaned, disinfected, and sterilized. The needle holder and barrel must be cleaned, disinfected, and sterilized prior to reuse. The needles must be sterile prior to use, be single-use only, and disposed of in an appropriate sharps container. Section 16 Records for higher risk personal appearance services applies to this process.

16 Records for higher risk personal appearance services

It is a requirement under Section 2 of AS 5369:2023, that reprocessing records, to assist with traceability, are maintained and reviewed at regular intervals established by the facility's policy. These records must include:

- purchasing records of reusable equipment and reprocessing equipment
- monitoring of reprocessing equipment
- cleaning process records
- sterilization process records
- high-level disinfection process records
- microbiological surveillance testing (if applicable)
- cleaning of reprocessing equipment and reprocessing facility
- staff training and competency records
- staff rosters and allocations
- incident reports e.g. occupational health and safety incidents and non-conforming products
- maintenance records for reusable equipment and reprocessing equipment (e.g. reason, date of repair, location of equipment, model, serial number, details of parts replaced, a description of repair undertaken, name of person performing repair, and name of person releasing equipment back into use)
- certificate of validation including Installation Qualification (IQ), Operational Qualification (OQ), and Performance Qualification (PQ) data
- recall records (if applicable)

In addition, the following client records are required and must be kept:

- name, address, and date of birth of the client
- date of higher risk personal appearance service procedure performed
- site and type of higher risk personal appearance service procedure
- operator who provided the service/administered the procedure
- jewellery used (including description and sterilization details)

- instruments used (including details from the packaging of disposable or single-use instruments and reusable instruments such as sterilizing batch number, date sterilized, and description of the instrument). The tray/instrument tracking number/record links the instruments used with the procedure and the client.

These records are to be kept for at least seven years from the last entry. This is in line with the State Archives document– General Retention and Disposal Schedule (GRDA) 03 December 2020. A record retention and disposal schedule should be used to coordinate this process. Contact the Queensland State Archives for more detail.

17 Glossary

Term	Definition
Antiseptic	A substance that is applied to the skin or living tissue of a person to inhibit the growth of infectious agents.
Applicator	A spatula or similar instrument for mixing or spreading lotions, pigments, potions or wax.
Body piercing	The process of penetrating a person's skin or mucous membrane with a sharp instrument for the purpose of implanting jewellery or other foreign material through or into the skin or mucous membrane. The term 'body piercing' does not include closed ear and nose piercing procedures.
Body or bodily substance	Any secretion or fluid from the human body other than blood.
Business proprietor	A person carrying on a business that provides personal appearance services.
Cleaning	The removal of all foreign material (e.g. soil/organic material) from objects and the reduction of infectious agents from surfaces. Cleaning is normally done with water and detergents.
Closed ear and nose piercing	Is the process of piercing a person's ear or nose with a closed piercing instrument that does not come into contact with the skin or mucous membrane and is fitted with a sterile, single-use disposable cartridge containing sterile jewellery and fittings (i.e. stud and clasp).
Critical medical device	An item intended to be introduced directly into or have contact with the vascular system or normally sterile areas of the body

Term	Definition
Detergent	A detergent is a surfactant or mixture of surfactants that have cleaning properties in a dilute solution with water.
Disinfectant	A disinfectant is a chemical substance or compound used to inactivate or destroy microorganisms on inert surfaces. Three major types of disinfectants are alcohols, chlorine, and aldehydes.
Hepatitis B and C	Forms of viral hepatitis that can result in acute and chronic hepatitis, cirrhosis of the liver or cancer of the liver. A vaccine is available for hepatitis B.
High level disinfectant	Disinfectant that kills all microbial pathogens, except large numbers of bacterial endospores
Human immunodeficiency virus (HIV)	Is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases.
Infection	For these Guidelines, infection means the entry of infectious agents into the body or the introduction of parasites into and onto the body that may or may not result in disease.
Infectious agent	An organism (virus, rickettsia, bacteria, fungus, protozoan or helminth) that is capable of producing infection or infectious disease.
Infectious disease	Infectious diseases are disorders caused by organisms – such as bacteria, viruses, fungi, or parasites.
Infection control	Infection control aims to prevent or stop the spread of infections.
Installation Qualification (IQ)	Process of establishing evidence that reprocessing equipment has been supplied and installed in accordance with manufacturers specifications
Instruments	Includes sharps, tools or other implements or items used in providing personal appearance services.
Jewellery	A decorative item (not a pigment or dye) placed in the body or under the skin or mucous membrane during or following skin penetration, including clasps or fittings.
Non-critical medical device	A medical device that comes into contact with intact skin but not mucous membranes.

Term	Definition
Operator	An individual who personally provides a personal appearance service to a client.
Operational Qualification (OQ)	Process of obtaining evidence that reprocessing equipment (in an unloaded state or using test materials) demonstrates the capability of the equipment to undertake the cleaning, disinfection or sterilization process correctly as outlined in equipment specifications
Pathogenic micro-organism	An organism capable of causing a disease in a susceptible person.
Performance Qualification (PQ)	Process of establishing by objective evidence that the process under anticipated conditions, consistently produces a product which meets all predetermined cleaning, disinfection or sterilization requirements
Reprocessing	Reprocessing refers to the activities required to ensure a device or instrument is safe for future use after it has been used. Reprocessing involves cleaning, inspection and assembly, functional testing (if applicable), disinfection (if applicable), packaging and labelling, sterilization (if applicable) and storage in order to allow its safe reuse
Reusable instrument / device	Reusable instruments or devices are intended by the device manufacturer for reprocessing and reuse.
Semi-critical medical device	A medical device that comes into contact with the mucous membranes or non-intact skin.
Sharp/s	Any object or device with rigid corners, edges or points designed and capable of cutting or penetrating the skin. This includes but is not limited to needles, punches, jewellery and razors.
Single-use equipment	Equipment to be used on a single occasion for one person only and then discarded after use. Single use equipment should not be reused on the same person or anyone else. Single use equipment is labelled with this symbol: 
Soil	Dirt or debris which may contaminate, hinder or assist the growth of infectious agents. Includes organic matter, blood and body substances.

Term	Definition
Spaulding Classification Scheme	A system used to classify reusable medical devices and other devices as critical, semi-critical, or non-critical on the basis of risk to patient/client safety from device contamination and determine the level of microbicidal action required for reprocessing.
Sterile	The absence of all living microorganisms.
Styptic substance	A commercially available substance that helps to stop bleeding from small cuts or nicks (e.g. from shaving).
Tattooing/cosmetic tattooing	Tattooing means the process of penetrating a person's skin and inserting into it colour pigments to make a permanent mark, pattern, or design on the skin. Tattooing also includes any process that penetrates the skin and inserts into it colour pigments to make a semi-permanent mark, pattern or design on the skin, e.g. cosmetic tattooing or the process for applying semi-permanent makeup.
Tattoo removal	Tattoo removal by the use of liquid containing injectable products is prescribed as a higher risk personal appearance service under Section 14(e) of the Act. This means that it is considered to be a skin penetration procedure in which the release of blood or other bodily fluid is an expected result. As such, a licence is required for this type of tattoo removal. Tattoo removal using lasers is excluded.
Validate	Is to demonstrate a process is both reliable and repeatable. With sterilization, this means that a sterilizer's mechanical functioning is first shown to be correct and reliable, followed by a demonstration that intended sterilizing conditions are being reliably achieved in packs/loads being sterilized, with monitoring methods being correctly interpreted.

Appendix 1: Cleaning instruments

- Clean all contaminated instruments and equipment as soon as practicable.
- Visibly inspect instruments for signs of wear or damage prior to cleaning. Any item found to be faulty or in need of repair should be removed from use immediately.
- Clean instruments as per manufacturer's instructions with compatible cleaning agents.
- Clean instruments by:
  - using a dedicated instruments sink
  - using Cleaning Method 1 (see below) for instruments or parts of instruments that can be immersed in water
  - using Cleaning Method 2 (see below) for instruments or parts of instruments that cannot be immersed in water.
- Useful cleaning aids include:
  - a small brush with firm plastic bristles (do not use wooden handle brushes)
  - a light-grade nylon or similar non-abrasive scouring pad
  - a fine diameter bottle brush.
- For cleaning instruments like electric hair clippers and shaving razors see Cleaning method 2.
- Protective eyewear/safety glasses or face shields should be used to reduce the risk of a splash injury and other PPE as required.
- Consult manufacturer guidelines for information on recommended cleaning practices.

Cleaning method 1

The following is to be used for all instruments or parts of instruments that can be immersed in water:

- When cleaning instruments, wear intact and water-resistant rubber or plastic gloves and add protective eyewear in case of risk of splash with blood or body fluids.
- Rinse the instrument in lukewarm water to remove gross visible blood and body substances. Cold water will congeal fatty substances, while hot water will coagulate protein in blood and body fluids.
- Fully dismantle the instruments where able as per the manufacturer's instructions.
- Ensure equipment used to clean instruments is clean and in good condition.
- Fully immerse the instrument, where practical, in warm water and suitable detergent, and scrub with a clean brush or other suitable device, paying attention to all interior and exterior surfaces. In the case of tubes, the brush should pass completely through the tube in one direction. Alternatively, a dedicated dishwasher can be used.
- The formation of potentially hazardous aerosols and risk of splash is minimised when the scrubbing action is performed underwater, or by agitation using an ultrasonic cleaner. Use ultrasonic cleaners in accordance with the manufacturer's instructions.

- Rinse the instrument in running hot water.
- Dry instruments to be sterilized with a clean non-linting cloth or disposable non-linting paper cloths. Dry other instruments by air drying or with clean disposable paper towels.
- Wash hands as per Appendix 4: Hand Hygiene posters.

Cleaning method 2

Use this method for instruments that cannot be immersed in water due to size and/or safety issues (e.g. hair steamers and dryers, parts of electric powered instruments):

- Wear water-resistant rubber or plastic gloves when cleaning these instruments or pieces of equipment.
- Wipe the instrument with a disposable cleaning cloth moistened with warm water and detergent and allow it to air dry intact.

Ultrasonic cleaners

Ultrasonic cleaners work by producing high-frequency, high-energy sound waves that cause organic material to dislodge and drop to the bottom of the tank. Ultrasonic cleaners do not sterilize or disinfect instruments, but they provide a safe and effective means of cleaning most reusable instruments before sterilization. Operators are required to follow the manufacturer's instructions for the correct use, maintenance and cleaning of equipment. Daily cleaning of unit should be undertaken as per AS 5369:2023.

Ultraviolet cabinets

Ultraviolet (UV) cabinets do not disinfect or sterilize equipment because the UV radiation does not penetrate all surfaces. Additionally, some viruses are not particularly susceptible to UV radiation, and these cabinets are not suitable storage receptacles because the UV rays damage combs and brushes and compromise sterile packaging. The use of ultraviolet cabinets is not recommended.

Disinfection of instruments

The use of disinfectants does not replace the need for good cleaning practices, and all items/equipment/surfaces must be thoroughly cleaned before disinfection.

Thermal and chemical disinfection are two disinfection processes suitable and effective for disinfecting instruments that can be immersed in water. Thermal disinfection uses heat and (boiling) water at temperatures that destroy most organisms. It is the most effective method of disinfecting instruments that can be immersed in water. It relies on a time-temperature relationship being maintained for the defined period e.g. surface temperature 90^0C for a minimum of one minute.

Chemical disinfection should only be used when thermal disinfection is unsuitable. All items that can be fully immersed in the chemical disinfectant solution must be fully immersed. The immersion time will be specified on the label of the chemical by the manufacturer. It is

essential to dry items fully after cleaning as any moisture will dilute the chemical solution making it ineffective. The use-by date of the chemical should be adhered to.

Only disinfectants listed on the Australian Register of Therapeutic Goods can be used by operators. Disinfectants should only be used for the approved purpose and in accordance with manufacturer's instructions (for example, as per the label).

Appendix 2: Processing/reprocessing reusable instruments

AS 5369:2023 specifies the requirements and practices for the effective cleaning, disinfection and sterilization of reusable medical and surgical instruments and equipment, and the maintenance of associated environments in non-health related facilities that are not involved in complex patient procedures and processes. These Guidelines are not a substitute for AS5369:2023. Personal appearance services management, business proprietors and operators should ensure that they familiarise themselves with AS 5369:2023.

Premises identified as being suitable for the application of AS 5369:2023 are medical, dental and allied health facilities and skin penetration establishments. Management and business proprietors should ensure that staff involved in the cleaning, low, intermediate or high-level disinfection or sterilization, storage and distribution of items are trained, competent and educated accordingly to enable them to comply with the requirements of AS 5369:2023 and these Guidelines. The manufacturer's instructions for reprocessing of the item, instrument or equipment should also be considered.

Before re-use, instruments must undergo any one or a combination of the following three processes – cleaning, disinfection and sterilization. All reusable devices should be categorised as either critical, semi-critical, or non-critical according to the Spaulding Classification Scheme with the appropriate combination of reprocessing chosen based on the intended use of the item. The cleaning of instruments is essential prior to disinfection and/or sterilization of the instruments. See the process chart in Table 2 below for more detail on process definitions.

When cleaning and handling reusable instruments, standard precautions should be followed. PPE should be used when reprocessing reusable equipment. This includes the use of gloves, aprons, masks and eye protection. PPE should be changed as often as necessary during the reprocessing of instruments, e.g. it may be necessary to remove PPE and then reapply PPE between cleaning and rinsing of equipment stages. Hand hygiene should be performed after removing and before reapplying PPE.

Table 2 Process chart for cleaning, disinfection and sterilization of instruments

PROCESS	COMMENT
Cleaning	Cleaning is the removal of foreign material (e.g. soil/organic material) and the reduction of microorganisms/infectious material from a surface, by a process such as washing with water and detergent without prior processing. Many instruments such as brushes, combs and metal applicators used in personal appearance services can be decontaminated by being washed in water and detergent, rinsed in hot running water and dried. The cleaning method/style must be appropriate for each instrument or piece of equipment. For example, full immersion in detergent and water may not be suitable for instruments or parts of instruments that contain an electrical motor or component. Follow manufacturer recommendations for cleaning of these items. Any items which cannot be effectively cleaned must be discarded.
Disinfection	Disinfection is the deactivation of non-sporing organisms using either heat or water (thermal) or by chemical means. Disinfection is not sterilization. For some instruments, a higher level of decontamination is required should they accidentally penetrate the skin. Semi-critical items must be either sterilized by an approved method, or if not compatible with sterilization, undergo a thermal, or high-level disinfection method. Items need to be cleaned before being disinfected.
Sterilization	Sterilization is a process used to render a product free of all forms of viable microorganisms. Items classed as critical must be sterilized for reuse as per the manufacturer's instructions. Semi-critical items must be either sterilized by an approved method, or if not compatible with sterilization, undergo a thermal, or high-level disinfection method. This level of decontamination is required for instruments (or parts of instruments) which are: • intended to penetrate skin, hair follicle or mucous membrane; • likely to have been in contact with blood or body substances; and • able to undergo a sterilization process.

Repeated reprocessing of reusable instruments (cleaning, disinfection and sterilization processes) may result in the deterioration of instrument surfaces. Any deterioration of an instrument's surface can impact the effective cleaning, disinfection and/or sterilization of that instrument. It is recommended that all instruments be checked for deterioration and discarded where damage to their surface is detected.

When determining whether an item should be cleaned or cleaned and disinfected or cleaned, disinfected and sterilized, consider the following:

- manufacturer's instructions for use
- type of personal appearance service item is used for
- ability of the item/instrument to be adequately cleaned, disinfected or sterilized
- the likelihood that the item/instrument was exposed to blood or bodily fluids
- level of contamination
- desired results, and
- the practicality of the process.

Layout and considerations for the reprocessing area

Licensed business proprietors must comply with the Queensland Development Code, Part MP 5.2, which contains the requirements for design, construction, fit-out, fixtures and finishes for higher risk personal appearance services premises. Additionally, section 5.6 of AS 5369:2023 outlines minimum requirements and considerations for reprocessing facilities. Personal appearance services management, business proprietors and operators should ensure that they familiarise themselves with the requirements of these documents.

The reprocessing work area should be designed so the flow of the processing area is from dirty (soiled) to clean (to ensure effective segregation of clean and dirty activities) - from the procedure room to the reprocessing area.

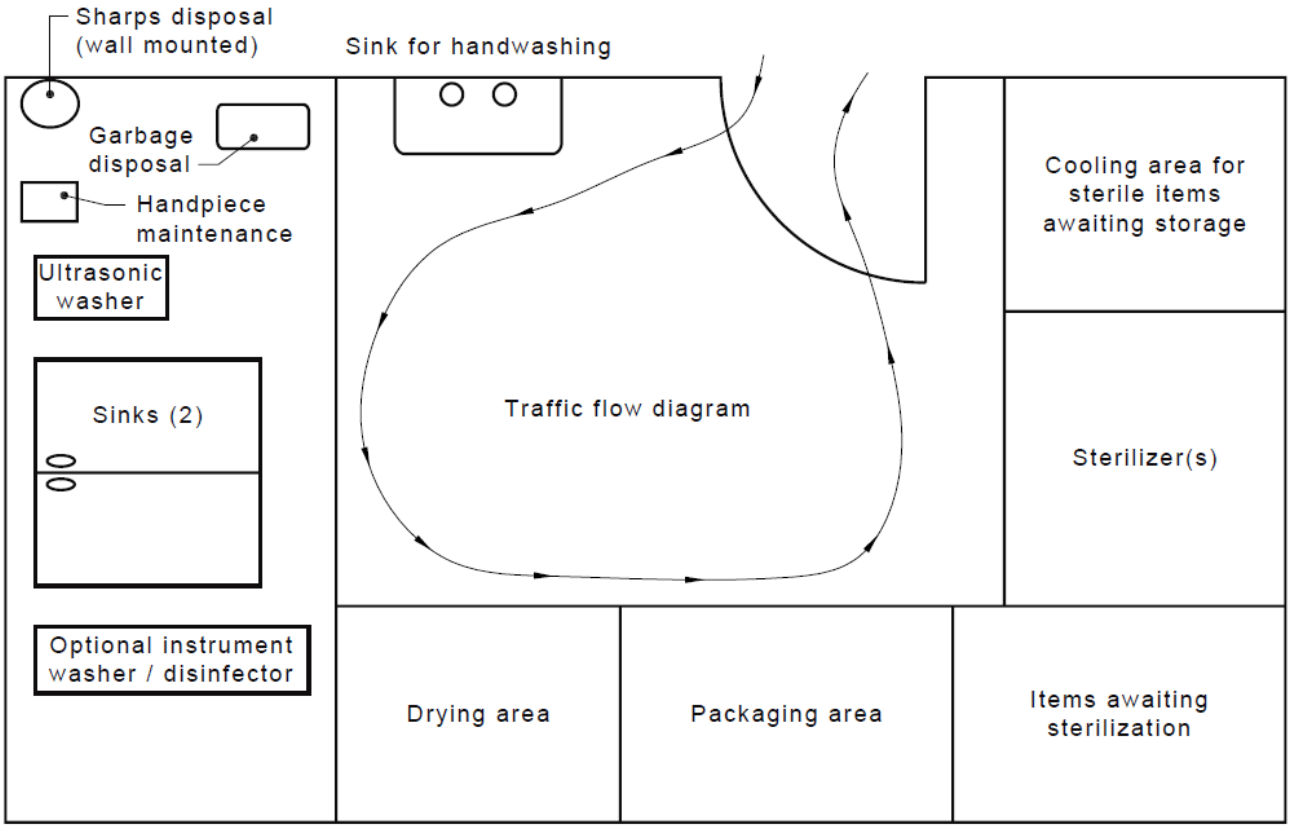
This will reduce the risk or potential for the contamination of clean instruments and jewellery by soiled instruments.

A process map should be developed to show the flow from dirty to clean and outline clean and dirty segregation as per the example in Figure 1.

Consideration must also be given to:

- facility fixtures and finishes (e.g. smooth, flush, non-shedding, water resistant and able to withstand frequent cleaning)
- design and location of cleaning sinks
- quality of water available for use
- design and location of workstations to allow safe and effective reprocessing activities
- appropriate lighting and ventilation
- appropriate storage
- cleaning of the reprocessing facility
- accessible hand hygiene facilities and PPE
- entry to the reprocessing facility is restricted to authorised personnel.

An example layout of the processing area for cleaning, disinfection and sterilization using principles from AS 5369:2023 is shown in Figure 1.



Notes:

1. **Arrow direction indicates the flow of instruments and equipment from dirty – clean – sterile.**
2. **Personnel working in the processing area should wash their hands:**
   - **2.1. after handling soiled items and removal of gloves;**
   - **2.2. before handling clean items; and**
   - **2.3. before handling sterile items.**

Figure 1 Example layout for a processing area (3)

Appendix 3: Sterilizing instruments

This section applies to all skin penetration instruments and jewellery used in the provision of a personal appearance service. The sterilization procedures listing the requirements for the cleaning and sterilizing of instruments and jewellery are detailed in AS 5369:2023.

Sterilizing instruments and jewellery

All instruments and jewellery (except tattooing machine motors) that are used when providing higher risk personal appearance services must be sterile prior to use.

All jewellery used in closed piercing procedures (e.g. closed ear/nose piercing) must be sterile, prior to use.

The packaging material of all packaged pre-sterilized instruments and jewellery must be checked, including the integrity of the packaging, the sterilization markers and/or indicators, prior to use.

Reusable instruments that have penetrated the skin or mucous membrane of a client are considered contaminated with blood or body substances and must be cleaned and sterilized prior to reuse. Please note this does not include haircutting scissors and electric hair clippers.

Packaging instruments

The packaging and wrapping of instruments and other items for sterilization provides an effective barrier against potential contamination to maintain sterility and to permit aseptic removal of the instruments or items from the pack. It must be remembered that when instruments are placed into a sterilization pouch you need to ensure that the package is not overfull as it may burst during the sterilization process. Ensure that seals are intact and sharp instruments are protected so they do not pierce the packaging as this will render the sterilized items unsterile. Factors which impact on the sterilization process include:

- the pack size
- labelling of packs prior to sterilization
- specific pack types
- wrapping materials and the sealing of packs.

Some packaging materials may be unsuitable for some types of sterilizers e.g. sealed metal or glass containers are unsuitable for steam sterilizers but are suitable for dry heat sterilizers.

It is good practice to check the labelling and packaging of all pre-sterilized instruments and jewellery upon receipt into the business for defects.

Sterilization of instruments

Heat bead devices, microwave ovens, pressure cookers, incubators, ultraviolet cabinets, boiling water units, ultrasonic cleaners and similar appliances will not sterilize instruments. To ensure you have sterile instruments at the end of the sterilizing process, it is important

that staff possess the knowledge and receive training on how to effectively sterilize equipment used at your premises. When sterilizing equipment, staff must follow directions in accordance with the manufacturer's documentation for the use of that equipment.

All staff must be trained in the following areas for sterilizing equipment used at the premises:

- the type of sterilizer in use at the premises
- the loading and unloading requirements for the sterilizer
- validation
- monitoring and maintenance of the sterilizer and associated equipment, including the quality management processes in place for the premises.

All staff training records are to be recorded as per Section 16 Records for higher risk personal appearance services.

Maintenance of sterilizer and associated equipment

The sterilizer and associated equipment must be maintained in good condition and replaced when it becomes unserviceable. Sterilizers should be serviced in accordance with manufacturer instructions, at least annually and calibrated by a NATA-certified service person. Sterilizer maintenance and validation records must be kept as detailed in Section 16 Records for higher risk personal appearance services.

Preventative maintenance programmes should be established in accordance with the manufacturer's recommendations. This may be monthly, quarterly and/or annually.

AS 5369:2023 details the required maintenance of sterilizers and associated equipment. It is important that sterilizers and sterilizing trays in use are kept clean so that any debris that may be in the sterilizer or on the sterilizing tray doesn't contaminate the item/s being sterilized and render them unsterile. In some instances, where the item does become contaminated with debris from the steam or the sterilizer chamber e.g. impurities in the water such as high calcium levels, the impurity may adhere to the item being sterilized and when that item is used on a client, the client may experience redness or swelling, as a reaction.

Where complex procedures and sterilizing processes, such as low temperature sterilization, are performed in office-based health care facilities, refer to AS 5369:2023 for guidance on cleaning, disinfecting, sterilizing and reprocessing reusable medical and surgical instruments and equipment, as well as maintenance of the associated environments.

Appendix 4: Hand hygiene posters

Figure 2 How to Handrub poster (4)

Figure 3 How to Handwash? poster (5)

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Document approval details

Approval and implementation

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1.0	March 2012	Communicable Diseases Branch	New guideline
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