



Health, Hygiene and Safety Standards for Registered Beauty Professionals

Health and Hygiene Guidelines Version Control

Edition	Revision date	Approved by
First edition	July 2016	
Second edition	February 2020	
Third edition	July 2022	
Fourth Edition	September 2022	

Contact Details

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

Office manager Phone: 021 062 4597

Email: info@beautynz.org.nz

Website: www.beautynz.org.nz

Facebook: The New Zealand Association of Registered Beauty Professionals Inc

Instagram: nzbeautyassociation

Purpose of this Document

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

The Association strives to continually encourage consistently high professional and ethical standards, thus protecting the public, clients, staff, and the future of our industry.

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

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

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

Disclaimer

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

Executive Committee

Date

Table of Contents

Qualifications	1
Requirements.....	1
Display of qualifications	1
Qualifications for specific treatments.....	1
Premises.....	4
Compliance with bylaws and building legislation	4
Structure	4
Maintenance	6
Cleaning.....	6
Cleaning, Disinfecting and Sterilising	8
Introduction	8
Instruments and equipment	8
Waste management.....	13
Hand and Personal Hygiene	14
Introduction to hand hygiene	14
Personal hygiene standards.....	14
Gloves.....	17
Facilities	20
Laundry	20
Spray Tanning Booths, Tents, and Showers.....	21
Health and Safety Management	22
Health and Safety in the Workplace Overview	22
Safe Work Practices	23
Accident and Incident Reporting	23
First Aid	24
Treatments.....	25
Requirements.....	25
Consultation.....	25
High Risk Treatments	27
Requirements.....	27
Skin piercing.....	29
Electrolysis/Thermolysis and Red Vein Treatment	30
All electrologists are.....	31
Collagen Induction Therapy	31

Hair Removal.....	32
Manicure and Pedicure.....	33
Exfoliation	35
Cosmetic tattooing.....	35
Dermaplaning.....	36
Laser, IPL and LED Treatments.....	37
Massage	41
Sunbeds.....	41
Appendices.....	43
Additional Standards.....	43
Acts and regulations.....	43
Standards	43
Codes of Practice, Rules and Guidelines	44
Bibliography	45

Qualifications

Requirements

Beauty Therapists must have appropriate qualifications for the beauty treatments they perform.

Registered Nurses who perform Beauty Therapy treatments but do not have Beauty Therapy qualifications must have a current practicing certificate and have medical oversight from a medical practitioner when undertaking dermal fillers and Botox treatments.

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

A certificate of attendance or a short course provided by non-educational institutes affiliated with product manufacturers and branded franchises is not a qualification, although it may be recognised as professional development. Professional development is encouraged annually to upskill/ensure currency from initial qualifications gained.

Please note: The New Zealand Beauty Qualifications and Training Requirements were reclassified in 2017 through the formal Targeted Review of Qualifications [TROQ]. The new qualifications are identified with the prefix New Zealand from the previous National, e.g. New Zealand Certificate in Beauty Therapy, Level 4.

Display of qualifications

Qualifications must be displayed in a prominent position so clients can read them. The qualifications of the person performing the procedure must be displayed.

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

Qualifications for specific treatments

The following treatments require the therapist to have specific qualifications:

- Electrolysis
- Red Vein
- Collagen Induction Therapy
- Laser and IPL Treatments
- Manicure / pedicure
- Micro dermabrasion
- Massage.

Electrolysis

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

- National Certificate/ NZQA accredited qualification (or international equivalent) in:

- Electrology for electrolysis, diathermy for diathermy (H/F), thermology for thermolysis (the blend)

Red vein

This treatment requires evidence of training with a qualified, registered and accredited red vein training provider, and commercial industry experience of 12 months or more in electrolysis

Collagen Induction Therapy (Derma-rolling / Stamping/Micro-needling)

Any person conducting Collagen Induction Therapy must have:

- National Certificate (or international equivalent) in:
 - Electrology for electrolysis
 - Electrology and commercial industry experience of 12 months or more for red vein treatment
 - Beautician and commercial industry experience of 12 months or more for derma rolling/stamping
- Commercial industry experience of five consecutive years or more, and evidence of professional development in the commercial service
- Evidence of training with an electrolysis, red vein treatment or derma rolling/stamping training provider, and commercial industry experience of 12 months or more.

Laser and IPL treatment

All clinics and operators offering Laser and / or IPL treatments for non-surgical cosmetic purposes are required to have gained certification / qualification from a training establishment specialising in laser safety and laser and IPL treatments, or at the very least from the IPL or Laser provider. Such training should include.

- Proof of previous beauty or medical training if applicable
- Laser safety
- Theory of light and light physics and core principles of lasers and IPL
- Laser interactions with tissue
- Full theory of hair and skin (and tattoo ink and processes if doing tattoo removal)
- Skin type identification; Fitzpatrick Scale
- Consultation process
- Documentation required
- Aftercare
- Maintenance of your device
- Who will be able to service or support your device

All users of Class 3B (IPL) or Class 4 laser systems and laser team members working within the Nominal Ocular Hazard Area (NOHA) shall provide proof of appropriate education and training in compliance with national, state or local legislation, as appropriate.

Manicure and pedicure

Any person providing manicure / pedicure treatments, must be qualified as follows:

- New Zealand Certificate/NZQA accredited (or international equivalent) in Beauty therapy or Nail Technology; or
- Continual, commercial industry experience of five consecutive years or more in performing nail treatments and evidence of professional development in that specific commercial treatment; or
- Evidence of training with a nail treatment training provider with the above qualifications in that specific area of expertise.

Micro-dermabrasion

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

- New Zealand Certificate/Diploma (or international equivalent) in Beauty therapy Level 4 and continual, commercial industry experience of 12 months or more performing facials and skin treatments, or
- Continuous commercial industry experience of five consecutive years or more in performing facials and skin treatments and evidence of professional development in micro-dermabrasion; or evidence of training with a micro-dermabrasion accredited and qualified training provider and continual commercial industry experience of 12 months or more.

Massage

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

Premises

This section describes the minimum standards required to ensure permanent premises are maintained in clean, hygienic conditions, thereby reducing risk to public health.

Compliance with bylaws and building legislation

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

Structure

The premises must be constructed, designed and arranged so it is fit for its intended purposes.

Walls, floors, ceilings, fixtures and fittings

Walls liable to be wetted or fouled, they must be constructed of smooth, impervious material that is easy to clean.

Floors must be adequately graded and drained to meet requirements of the New Zealand Building Code.

Ventilation

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

All sterilising/disinfecting stations and areas must have good ventilation and be capable of being easily cleaned.

It is advisable that a ventilation system is installed in areas without adequate air flow to remove fumes away from the operator and client when performing gel or acrylic nails or any treatment that involve strong vapours. These ventilation systems must be placed low down to be effective. Natural ventilation may be used by opening doors and windows. It is also recommended extraction fans are installed to reduce risk of dust inhalation.

Lighting

All parts of the premises, including sterilising / disinfecting areas and stations, must be provided with a lighting system capable of providing adequate illumination to facilitate cleaning and inspection. Lighting at least 300 lux, at a distance of 900mm above the floor, must be provided for all working surfaces adjacent to every place where clients are attended to.

Laser / IPL treatment areas

The laser and IPL treatment room must be a controlled area.

Auckland City Bylaws states: 7(14) All operators must ensure there is a 'controlled area' for the pulsed light or laser equipment, which will have:

(a) clear and detailed safety rules which describe how to use the area correctly, any hazards the operator or customer might be exposed to, who is authorised to use the

- equipment, and what to do in the event of an accident;
- (b) no windows to prevent eye damage to any passer-by;
 - (c) no reflective areas such as mirrors;
 - (d) clear signs or warning lights showing when it is safe to enter or when the laser/intense pulsed light is on; and
 - (e) suitable door locks or keypads.

Clinics outside of Auckland should check their local bylaws.

Laundry

Premises must have a designated laundry area or room equipped with a basin and a constant supply of hot and cold tempered running water dedicated to the cleaning of the floors, walls and similar fixed parts of the premises. The laundry area must not be used for any other purpose.

Toilets and hand basins

Every toilet and wash-hand basin must be easily accessible and be equipped with:

- Constant, piped supply of hot and cold running water or tempered running water at a temperature of not less than 38⁰C
- Liquid soap
- Adequate hand drying facilities (i.e. single-use disposable paper towels or other approved hand-drying equipment, which must be provided in a readily accessible position for any beauty professional carrying out any specified treatment.)

Hand wash basins must be provided near toilets, bidets or urinals to the requirements of standard G1 of the New Zealand Building Code.

Note: Hand wash basins must be situated in a way that it cannot be directly contaminated by the splashing of any contaminants.

Spray Tanning Booths, Tents and Showers

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

Booths, tents and showers require sufficient ventilation and / or have an extraction fan.

Staff facilities

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

Sterilisation station

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

Ventilation

All parts of the building must be adequately ventilated to the requirements of the New Zealand Building Code.

Water supply

All business premises must have potable, running water.

Maintenance

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

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

The walls, ceilings, fixtures and fittings in any area connected with the carrying out of any specified treatment must be capable of being easily cleaned and must be maintained in good repair.

Cleaning

Disinfecting the premises

Disinfection is a process which prevents the spread of disease, by eliminating or reducing harmful microorganisms from non-living objects and surfaces.

Thorough cleaning, which includes disinfecting areas, is key to maintain the required standards of hygiene, and correct procedures must be adhered to.

Walls, floors, ceilings, fixtures and fittings

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

Wet areas

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

All floors and walls that become wet must be cleaned with a suitable hospital grade disinfectant at least once in every 24 hours.

Floors and floor coverings

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

After washing floors and smooth surface the contents of the buckets must be emptied in the laundry sink or the toilet.

Mop heads are the leading cause of the spread of bacteria on smooth floors. They must be washed separately after use in a bucket of fresh disinfectant to render them

clean. Mop heads must be changed regularly especially if they become frayed or fail to have consistent surface contact with the floor.

All carpeted areas must be vacuum cleaned at the end of the working day. The carpet must be free of stains, have no frayed edges or worn tufts. They must be commercially cleaned when necessary. Professional carpet cleaning must be completed at least annually (more frequently if necessary) to ensure cleanliness.

Spray tanning booths and showers

Spray tanning booths and surrounding areas must be kept in a hygienic condition at all times. They must be cleaned with hospital grade disinfectant, washed down and dried before the next client can be admitted.

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

Toilets and wash hand basins

Every toilet and wash-hand basin must be maintained in a hygienic, clean and tidy condition.

All toilets and changing rooms must be regularly checked and cleaned throughout operating times.

Cleaning, Disinfecting and Sterilising

Introduction

About cleaning, disinfection and sterilisation

Cleaning, disinfecting and sterilising, reduces the number of contaminants (microbial, organic, inorganic debris) in, on and around tools, equipment and surfaces, which reduces the risk to the health and wellbeing of clients and staff.

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

Disinfection is used to remove most pathogenic organisms, whereas sterilisation seeks to kill or remove all pathogenic organisms.

Staff training

It is important that staff understand the cleaning process in order to keep staff, individuals and clients safe.

It is recommended that clear processes and procedures are available for staff to follow in order to perform cleaning, disinfecting and sterilisation tasks to the required standard.

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

Instruments and equipment

Safety requirements

All instruments or similar used for piercing the skin on any client, must be sterile, and when possible, sterile, single-use and disposable.

All devices used on any mucous membrane or non- intact skin of any client, and any device having a hollow lumen, must be single-use, disposable.

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

All instruments and equipment, after coming in contact with the client, whether intact, non-intact skin, mucous membranes and blood or body secretions, need to be held in a nominated contaminant container (e.g. kidney dish) and transferred to a central disinfecting station.

The instruments/equipment must either be:

- Washed, dried and sterilised and stored according to the sterilisation machine, or chemical manufacturer's instructions, or

- Washed with warm soapy water and soaked in hospital grade disinfectant*, then dried and sprayed down with isopropyl alcohol prior to being stored appropriately such as in a U.V. sterilisation cabinet, sterile packaging or in a clean, closed container until required for use.

***As per manufacturer's instructions**

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

Notes: Chlorine solutions may corrode metals.

Glutaraldehyde and phenol are not recommended as disinfectants because of the health risks involved with their use.

Storage

All sterile/disinfected instruments and unused dressings, single-use disposable products e.g. cotton wool, cotton buds, wooden spatulas etc., that is to come in contact with the skin, must be stored in a clean U.V. sterilising cabinet or an enclosed dust proof storage container until needed for immediate use.

All cleaning equipment and other chemicals, products or materials used for cleaning must be stored, in containers with airtight lids, in separate closed cupboards. All chemicals must be clearly labelled for identification and refillable bottles must only be refilled with the original product.

Sterilisation

To choose the right method of sterilisation for instruments, it is important to understand the risks associated with the implement and treatment.

There are the three basic classifications for instruments and treatments (Center for Disease Control, 2015).

Classification	Definition
Critical Items	Implements that enter sterile tissue or non-intact skin These must be sterile as pathogens entering the body could transmit disease.

Semi-critical Items Implements that come in contact with mucus membrane or non-intact skin, where there is no risk of contact with blood or penetrating tissue. These implements require medium to high levels of disinfecting or sterilising.

Non-critical Items Implements that come in contact with intact skin but not mucous membranes. Non-critical reusable items may be decontaminated where they are used.

Treatments	Implements used	Action required
<p>Critical - high risk of infection</p> <ul style="list-style-type: none"> Collagen Induction Therapy (derma rolling/stamping/micro-needling) Tattooing Electrolysis/thermolysis/diathermy treatments, acne/ milia extractions, waxing 	<ul style="list-style-type: none"> Rollers, stamps, needle cartridge Electrolysis/thermolysis/ diathermy probes, needles, blades Razor blades, lancets Sterile single use swabs, gauze, facial sponges, tissues, paper towels, face masks, wax, disposable gloves 	<p>Single use disposable</p> <p>Dispose of</p> <ul style="list-style-type: none"> Sharps (e.g. blades, probes needles) in the sharps Other consumables contact with body fluids and blood in the biohazard bag / bin or in a sealed plastic bag until placed in a biohazard container. <p>Reusable instruments</p> <p>Clean reusable implements by:</p> <ul style="list-style-type: none"> Cleaning then soaking in hospital grade disinfectant and Autoclaved with steam and pressure, or Placed in an ultrasonic cleaner and exposed to the appropriate method of sterilising/ disinfecting in accordance with the hygiene standard required for that instrument, and Stored in a U.V. sterilising cabinet before being reused. <p>Items that cannot be sterilised and that are not potentially harmful to the client, e.g. nail files should be single use or given to the client to take home.</p> <ul style="list-style-type: none"> See laundry instructions for linen Wash in hot, soapy water, and / or use a low-level disinfectant instrument-grade disinfectant Store to minimise environmental contamination (e.g. in U.V. steri-cabinet)
<p>Semi-critical – lower risk of infection</p> <ul style="list-style-type: none"> Skin treatments, microdermabrasion Manicures, pedicures 	<ul style="list-style-type: none"> Tweezers Non-metal / metal manicure and pedicure implements, pedicure footbath liners Comedone extractors Make-up brushes, facial sponges (unless disposable) 	
<p>Non-critical – very low risk of infection</p> <ul style="list-style-type: none"> Facials Eye treatments Waxing, massage treatments Make up 	<ul style="list-style-type: none"> Linen Facial sponges, Make up brushes Treatment trollies, clip boards, magi lamp, treatment couch Reception desk, chairs Floors and walls etc. 	

Note: Intact skin acts as an effective barrier to most micro-organisms; so non-sterile implements in contact with skin do not pose a critical risk. This means there is virtually no documented evidence of transmission of infectious agents to clients through the use of non-critical items.

However, when undertaking any treatment, if the skin is penetrate, blood is drawn, or contact is made with mucous membranes, consider the situation as a critical risk and follow the procedures for critical risk.

Steam sterilising (Autoclave)

When using steam sterilisation (i.e. as in using an autoclave) each item must be exposed to direct steam contact at the required temperature and pressure for the specified time.

Steam steriliser requirements

Steam sterilisers must comply with a recognised national or international standard. Manufacturer's instructions must be followed.

In practice, a domestic pressure cooker providing 15psi can reach a temperature of 121⁰ C. This would be sufficient for the operator to demonstrate that they have a device able to provide such pressures and have procedures that ensure items are placed in such for 30 minutes under full steam.

Bench top steam sterilisers without a drying cycle are only appropriate for the sterilisation of unwrapped items.

Using a steam steriliser

There are four parameters of steam sterilisation: steam, pressure, temperature, and time (Center for Disease Control, 2015). Ideally the autoclave should be fitted with time, temperature and pressure gauges.

During each use the gauges must be set to the correct times and temperatures as follows:

When pressure is set at...	The temperature must be at least...	For at least...
103 KPa (15psi)	121 ⁰ Celsius	15 minutes
138KPa (20psi)	126 ⁰ Celsius	10 minutes
206KPa (30psi)	134 ⁰ Celsius	4 minutes

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

Using indicator strips

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

If the chemical indicator / integrator show any of the cycle parameters were not achieved, the load contents must be reprocessed.

Once instruments have been sterilised, they must be individually packaged and marked sterile, and stored away from non-sterile implements, to avoid non-sterile implements being used in error, and also to avoid cross-contamination.

Indicator strip storage

Indicator strips may not be UV stable so this equipment should be stored away from UV exposure.

Using dry heat

To sterilise implements using dry heat, thoroughly cleanse the implements by washing in warm water and detergent, soak in hospital grade disinfectant, following the manufacturer's recommended hold time, and then:

- Either
Expose the implements to dry heat for at least 60 minutes at not less than 1700 Celsius,
- Or
Totally immerse the implements in a glass bead steriliser operating at 2500 Celsius for a minimum of 5 minutes (following manufacturer's instructions)
- Or
Dry and store the implements in a U.V. sterilising cabinet.

Ultrasonic cleaners

Ultrasonic cleaners clean but do not disinfect instruments and equipment.

Ultrasonic cleaners should be isolated from the work area to reduce exposure to high frequency noise and must be kept separate from the sterile/disinfecting area.

Always operate the ultrasonic cleaner with the lid closed to prevent emission of aerosols. Do not submerged any part of the body in the water tank while the machine is operating, as this is thought to cause long-term arthritic conditions.

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

Waste management

Requirements

Premises must have:

- Bins available for any debris, and bins must be lined
- Sharps containers for the correct disposal of medical sharps and supplies.

Disposal of contaminated material

Waste such as tissues and paper towels, with absorbed products (cleansers, tints, polishes, acetone etc.) must be disposed of in a sealed container or bag at the end of the working day.

Consumables that have had contact with body fluids and/ or blood must be disposed in the biohazard bag/ bin or in a sealed plastic bag until placement in a biohazard container.

Waste management compliance

Any sharps containers and biohazard waste bins must comply with AS/NZS 4031: 1992 and operators must demonstrate that they have made appropriate arrangements to dispose of sharps and biohazard wastes.

Hand and Personal Hygiene

Introduction to hand hygiene

A high standard of hand hygiene significantly reduces the spread of infection. Hand hygiene means washing hands with soap and water and using an alcohol-based hand sanitiser.

Two types of microbes colonising our hands: the resident flora and the transient flora. Resident flora consists of microorganisms residing under the superficial cells of the stratum corneum and in general are less likely to be associated with infections, but may cause infections in sterile body cavities, the eyes, or on non-intact skin (Mathur, 2011). Transient flora colonises the superficial layers of the skin and is more easily removed by routine hand hygiene. They are often acquired through direct contact with clients or nearby contaminated environmental surfaces and are the organisms most often associated with infections.

Personal hygiene standards

Beauty professionals must at all times keep their clothing, hands, and fingernails clean and any infected, damaged or inflamed skin must be covered with an impermeable dressing and disposable gloves.

Fingernails

Ideally nails must be kept short and clean.

Beauty professionals /nail technicians with false nails/nail extensions/gel polish must ensure their nails are maintained to the highest standard. Regular use of a clean nail brush will ensure no debris or bacteria is lodged between the acrylic, polish and the cuticle. A suitable nail length is recommended to ensure there is no risk of injury to the client.

Jewellery

Beauty professionals must avoid wearing bangles or other jewellery whilst providing treatments as bacteria collects on the jewellery which can be passed on to the client.

If a client has open lesions or is known to have a contagious disease, the beauty professional has the right to refuse treatment.

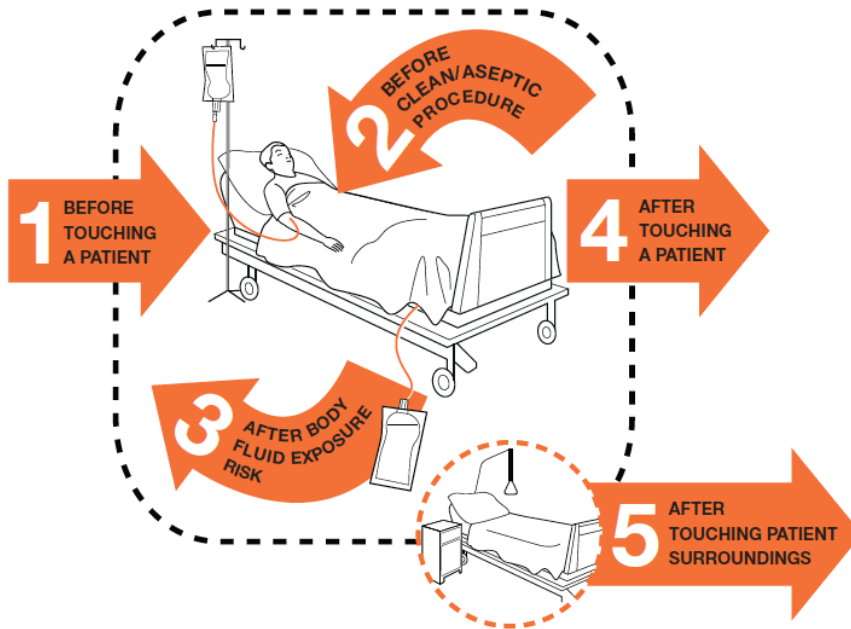
When to cleanse hands

Hands must be thoroughly cleansed (i.e. washed with hot water and soap, and cleansed using an alcohol-based sanitiser):

- Before and after commencing each treatment
- When visibly soiled
- After cleaning instruments, sinks, couches, trolleys, lamps and all other fixtures and fittings that have come in contact with the client. This must be done before admitting the next client.
- Immediately after using the bathroom, using a handkerchief or nasal tissue or smoking.

- After blowing the nose, touching the face, hair or face mask, after removing gloves
- After contact with blood or fluids
- Before and after eating.

5 key indicators of the need to perform hand hygiene



1	BEFORE TOUCHING A PATIENT	WHEN? Clean your hands before touching a patient when approaching him/her. WHY? To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN? Clean your hands immediately before performing a clean/aseptic procedure. WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal). WHY? To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN? Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. WHY? To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched. WHY? To protect yourself and the health-care environment from harmful patient germs.

Figure 1 The Five Hand Hygiene indicators (Health Quality and Safety Commission New Zealand)

As shown in the diagram, there are 5 key times that indicate the need for hand hygiene in order to reduce the transmission of microorganisms between the professional, the client, and the environment. These are:

- 1) Before touching a client (e.g. before shaking hands, before touching their skin or belongings)
- 2) Before performing clean/aseptic procedures (e.g.; brow waxing, body waxing, IPL and between each treatment)
- 3) After exposure to or the risk of exposure to body fluid (e.g. body waxing with or without gloves, blood, saliva, tears)
- 4) After touching a client (e.g. after their treatment or services)
- 5) After touching a client's surroundings (e.g. after touching their linen, items used in their service, retail items and after checking them out when using computer, phone)

You must also wear gloves if a client has open lesions or a contagious disease, or if the beauty professional has a cut or wound on your hands or a skin infection or lesion.

How to wash hands



HOW TO HAND WASH

HAND HYGIENE IT'S BLACK & WHITE

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

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

1. Wet hands with water and apply enough soap to cover all hand surfaces.
2. Rub hands palm to palm, up to and including wrists.
3. Right palm over back of left with linked fingers and vice versa.
4. Palm to palm with fingers linked.
5. Backs of fingers to opposing palms with fingers interlocked.
6. Rotational rubbing of left thumb held in right palm and vice versa.
7. Rotational rubbing firmly, with closed fingers of right hand in left palm and vice versa.
8. Rinse hands well with water.
9. Dry hands with a paper towel.

WAIT! HAVE YOU:

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



www.handhygiene.org.nz

Figure 2 How to hand wash (www.handhygiene.org.nz)

The World Health Organisation (2009) recommended this poster or a similar one, be posted above wash basins.

Beauty professionals must thoroughly cleanse their hands by washing up to the wrist, above the wrist and ideally up to the elbow with water and soap or an antibacterial cleansing agent.

They must then dry their hands with either:

- A single service towel from the fingers and hand up to the elbow to reduce any contamination spreading back down to the clean hands, or
- An approved hand-drying machine.

How to use hand sanitiser

- Hand washing, must be followed with an alcohol hand rub
- Alcohol hand rub must be used before and after any client contact and before any procedure.

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds



Figure 3 How to hand rub (World Health Organisation)

Gloves

It is important that disposable gloves must:

- Be changed between attending clients.
- Never be washed or re-used.
- Be discarded and replaced with new gloves if there is evidence of tearing or deterioration.
- Be removed and disposed of when leaving a client for any reason.

When to use gloves

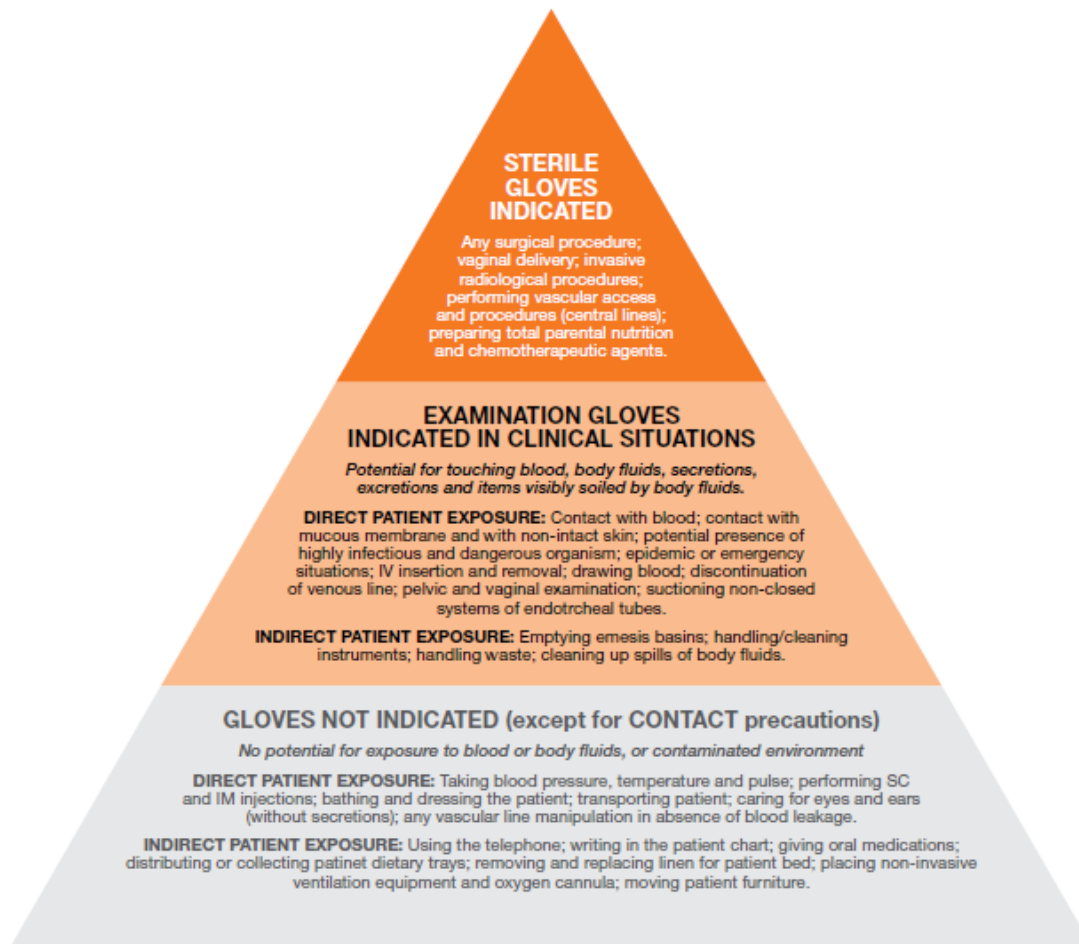


Figure 4 The Glove Pyramid – to aid decision making. (WHO Hand Hygiene 2009)

Beauty professionals must:

- Wear clean well-fitting single-use disposable gloves when undertaking treatments that may result in coming into contact with blood, mucus membrane, body excretions e.g. collagen induction therapy, extractions, pedicures, waxing.
- Cover their hands with clean well-fitting single-use disposable gloves before touching any object which has not been subject to a process of cleansing and sterilisation which has been used to pierce the skin or used in a high-risk treatment (e.g. pedicures)
- Wash their hands before putting on and after removing clean well-fitting single-use disposable gloves
- If the treatment is interrupted and the beauty professional called away, discard their gloves into the bin, wash their hands and not touch anything in the treatment area. Once returned, the beauty professional must use alcohol hand rub prior to entering the room and, before touching the client, they must rewash their hands in the appropriate way and reapply a new pair of disposable gloves before recommencing the treatment.

Removal of gloves



Figure 5 Removing disposable gloves (image by swsafety.com)

Dispose of the gloves by placing them inside out in the biohazard bin or in a sealed plastic bag until placed in a biohazard container.

After removing the gloves remember to wash hands thoroughly with water and soap, followed by using an alcohol-based hand sanitiser.

Facilities

Laundry

Laundry facilities

The laundry area must be equipped with:

- A closed cupboard the storage of all mops, brooms and chemical agents.
- A closed laundry basket for the storage of all soiled laundry.

Hygiene rules

Soiled linen must be stored separately from clean linen.

Clean linen that comes into contact with soiled linen must be relaundered / rewashed before use.

At the end of each working day, soiled linen must be removed from the premises for commercial cleaning or laundered on the premises.

Washing linen on the premises

It is important that premises seek expert advice (e.g. from a laundry chemical advisor to select the correct products and machine to suit their needs) on a case-by-case basis if they are not experienced in laundry processes for their type of work.

If outsourcing laundry services, ensure the provider is a reputable laundry and ask about their standard/ process for sanitisation and ensure the wash-cycle temperature is above 60°C and using the right chemicals for your requirements.

When doing the laundry ensure:

- All soiled laundry must be laundered in an electric washing machine with the correct laundry detergent at a temperature of at least 60°C.
- Any linen that requires soaking must be soaked in a closed lidded container with required laundry detergent, away from all clean linen.
- Facial sponges must be soaked in hospital grade disinfectant for maximum holding time before washing, following manufacturer's instructions.

Note: Facial sponges that are used in collagen induction therapy (derma rolling/stamping/micro-needling), and/or acne or where blood forms on the skin surface must be single use disposable.

Use of linen and other supplies

- Towels, robes, slippers, sheet, cloth, pillow, furniture covering, permanent cover of mattresses, squabs, cushions and any other protective garments that come in contact with the client's skin must be changed before admitting the next client. They must be kept in good repair, and cleaned / disinfected as frequently as is necessary.
- Beauty professionals must not reuse any towel, sheet, head scarf, sponges, compress cloths, slippers, pillows or any other protective garments used for one client with another client.

Spray Tanning Booths, Tents, and Showers

Client and operator safety

Clients must not be allowed to have their bare feet in contact with the floor of the spray booth or surrounding areas. A clean towel must be placed on the floor of the spray booth for the client to stand on or the client must wear non-slip footwear.

The use of PPE is recommended to ensure health and safety of the client and operator.

Dispensing sprays, creams and lotions

Sprays must be dispensed from a purpose-specific pump where possible. Creams and lotions must be dispensed from the container and applied with a disposable or disinfected applicator.

Health and Safety Management

Health and Safety in the Workplace Overview

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

To make implementing the task of providing safe and healthy workplaces, it helps to think of the main components that help ensure a safe and healthy workplace. These components are:

- 1) Management commitment to health and safety. (i.e. Management takes responsibility for providing what is necessary to keep the workplace safe and healthy.)
- 2) Planning, review and evaluation. (i.e. A business reviews its health and safety performance, notes issues / areas for improvement and seeks to make continual improvement in performance.)
- 3) Identifying hazards, risk assessing them and managing hazards by eliminating them or reducing their ability to cause harm.
- 4) Providing information, training and supervision so staff know how to keep themselves and others safe.
- 5) Ensuring accidents and incidents are reported, recorded and investigated. The results of an investigation need to be recorded. Any new hazards need to be managed (see component 3), and existing hazards controls will need to be reviewed. This component includes the ACC claims and rehabilitation processes for injured employees.
- 6) Providing the opportunity for employees, contractors to participate in managing health and safety. (i.e. giving staff a voice.)
- 7) Having emergency plans in place, and practising emergency responses.
- 8) Making sure employees and other in the workplace stay safe, in particular, when there are contractors, or other visitors on site.
- 9) Making sure health and safety systems are working. This is done by observing and monitoring systems, and keeping records.

Note that business with fewer than 20 staff do not need to have a health and safety committee (HSC). However if 5 or more staff request a HSC the business must consider having one.

This section of the Health and Hygiene Guidelines provides key safe work practices for the beauty industry, covers accident and incident reporting and some first aid measures.

Safe Work Practices

Alcohol and drugs

You must not carry out any service on any person who you suspect is under the influence of alcohol, drugs or mind-altering substances, except as prescribed for a medical condition.

Exposure to body fluids

You must record any incidents where exposure to another customer's blood or bodily fluids occurs, including the name and address of those exposed and the steps undertaken to respond to the incident.

Keep records of accidents, involving exposure to another customer's blood or bodily fluids, for a period of two years and make them available to the council for inspection, on request. .

Immunisation

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

Vaccines against flu, COVID and other communicable diseases are encouraged.

Personal Protective Equipment

It is highly recommended that beauty professionals protect:

- Their clothing by wearing a protective garment or cover for all treatments that involves the risk of producing blood or body fluids
- Their eyes by wearing face shields when performing close-up procedures that may cause aerosols of blood or body substances
- Themselves and their clients against airborne viruses by wearing a suitable face mask or a face shield, and disposable gloves when treating clients.

Accident and Incident Reporting

ALL staff must report any accident, incident or near miss to their supervisor. All accidents, incidents and near misses should be investigated and issues resolved. This may require making changes to hazard controls and updating documented processes or procedures.

The person in charge must notify WorkSafe NZ of a notifiable event (i.e. a death, a serious injury or illness, a serious incident, (where no-one is injured, but if they had been, the injury would have been serious)) as soon as possible after the event.

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

After being notified of a notifiable event, depending on the severity of the event, ACC may request further information, such as an accident investigation, evidence of staff training, the organisation's hazard controls.

First Aid

All beauty professionals on the premises are advised to have a current First Aid certificate. There must be at least one person in the clinic/premises at all times with a First Aid Certificate.

All beauty clinics/premises must have a first aid kit containing pressure bandages, a single use disposable resuscitation mask and triangular bandage. (St. John or Red Cross first aid kits are preferred).

Bleeding and exposure to bodily fluids

Beauty professionals must:

- Have procedures for managing accidents and unforeseen events, including procedures which involve exposure to blood or bodily fluids and prolonged or unexpected bleeding
- Keep an accident / incident register which records all accidents, incident and near misses, including exposure to blood or bodily fluids, and unexpected or prolonged bleeding. The name and address of persons involved and the steps undertaken to respond to the incident must also be recorded.

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

Beauty professionals should use single use disposable sponges/facial towels if blood or any bodily fluids are drawn to the skin surface during treatments.

Treatments Requirements

Consultation

Initial meeting

Every new client should be given a full consultation This includes recording client information including:

- Client's full name, postal address, all contact details, date of birth, occupation
- Client's medical history
- Client's skin type, skin care history and other relevant information
- Record of treatment, what type, where on the body, machines used, settings, outcomes etc – if known.

During the consultation, the client must be informed of the following:

- Treatment type and machine settings if any machine is used.
- What treatment will be given and how the treatment works, the expectations, the risks involved and after care advice.

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

Prior to treatment

Prior to any treatment, the beauty professional must:

- Advise the client, who wishes to undergo a treatment, of the risks associated with the treatment and the potential for infection to occur during and after the treatment.
- Provide written advice concerning precautions and post care instructions for the treatment that the client may need to understand and/or undertake.
- Give the client the opportunity to inform the beauty professional in writing, if he or she knows or suspects they are suffering from a communicable disease or skin disease or has a:
 - History of haemophilia (bleeding) or is taking medications such as anticoagulants which thin the blood or interfere with blood clotting.
 - History of allergies or adverse reactions to pigments, dyes or other skin sensitivities.
 - History of epilepsy or seizures.
 - History of bloodborne pathogen
 - Heart condition, pacemaker or metal pins or plates inserted.

In the event of a client suffering from a medical condition that affects the treatment to be performed, the beauty professional may decline to carry out any specified treatment based on

such information or agree to carry out the treatment subject to written medical permission from their G.P.

It is recognised that undiagnosed conditions may not be identified during the initial consultation and may only come to light during or after the treatment is completed. However, all care must be taken by the beauty professional to collect and document all relevant information.

All information shared between client and beauty professional is to be regarded as confidential and must be stored on site in an appropriately secure place for a minimum of 2 years. (Privacy Act 1992)

Conditions to observe

Beauty professionals must not perform treatment on a client suspected of:

- Being under the influence of drugs, alcohol or mind-altering substances
- Or known to be suffering from or being a carrier of a skin infection or communicable disease, or associated conditions, unless they take adequate precautions to prevent the transmission of such infections, disease or other. (Note that the beauty professional is entitled to decline treatment).

In addition, please note that:

- No pets except registered assistance dogs are allowed in the treatment room.
- Smoking is prohibited on the premises.
- Consumption of alcohol or drugs is prohibited on the premises.

Informed Consent

- The client must give voluntary informed consent to any treatment being provided.
- The client must have the capacity to give consent (Privacy Act, HDC Act 1994]
- No beauty professional may carry out a treatment (including permanent or semi-permanent pigmentation treatment) on any person under the age of 16 years without the written permission of a parent or guardian who must be present at the initial consultation.

Note: Any procedure carried out without consent by the client may be regarded as assault [Crimes Act 1961]

Post service

A detailed record of the treatment must be completed stating:

- Type of treatment performed
- Area treated
- Machine settings, if used
- Outcomes
- Products used
- Products recommended

- Homecare, aftercare advice/leaflet given
- Sales
- Rebooking.

Client record keeping

Beauty professionals must keep records of the client's consent form for procedures to be undertaken.

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

Periodic review

The client's contact details, and medical information must be reviewed at regular intervals and updated.

High Risk Treatments

Requirements

Beauty professionals must follow the recommended procedures when performing high risk treatments. This includes having the correct qualifications for the treatment to be undertaken, adhering to consultation requirements (e.g. client consent, advising client of risks, checking client medical conditions), maintaining high standards of hygiene and performing treatments correctly and following product's manufacturer's instructions.

Minimum standards

The minimum standards for all treatment guidelines are to ensure that beauty professionals who are undertaking treatments do so in a safe and hygienic manner so as to reduce risks to public health and comply with relevant health and hygiene guidelines.

Risk management

To avoid inhaling any dust, debris or droplets (e.g. body fluids), it is recommended that beauty professionals performing close contact facial treatments or Manicures/pedicures wear a single use surgical masks (with or without a visor) which must be changed between clients.

Skin preparation hygiene

Beauty professional must evaluate the skin site prior to each treatment. Any skin condition and any treatment that may lead to skin irritation must be discussed with the client.

Beauty professional must cleanse the client's skin by swabbing with an antiseptic using a clean single-use swab, prior to commencing treatment that involves piercing the skin.

Patch testing

Patch testing safeguards client safety. Services that require a patch test include application of chemical dyes, glues, known irritants, IPL/laser; or any product for a client who is sensitive or reactive.

Patch testing must be performed 24-48 hours prior to the service or according to product's manufacturer's instructions.

The beauty professional must ensure the patch testing form is completed. The form must include:

- Client details
- List of the product(s) being tested
- Possible side effects and care if there is a positive reaction
- Area of skin to be tested

The form must be signed and dated by client and beauty professional conducting test.

Once the patch testing is concluded, the result and client comments must be recorded to indicate whether to proceed or not proceed with the proposed treatment.

It is recommended that a beauty professionals repeat a patch test if there are changes in client's medical history, hormonal changes (e.g. pregnancy, menopause), changes in the product or product formulation, and if longer than 6-12 months has elapsed since the last treatment.

Note that clients can build up a sensitivity to tints and dyes. Note too that a disclaimer is not sufficient to demonstrate due diligence.

Skin piercing

Skin piercing processes

Skin piercing is any process where the skin or any other part of the human body may be pierced or punctured. This includes dermal collagen induction (derma rolling/stamping/micro-needling), extractions, red vein treatment, and permanent/semi-permanent pigmentation. It includes pedicures partly because blood can be accidentally drawn, but also because of the increased risk of exposure to micro-organisms such as fungi ABD bacteria and the high risk of infection.

Risks

Skin piercing treatments pose a significant risk as contact with blood and body fluids could transmit blood-borne viral diseases and the transference of communicable diseases including Hepatitis B, Hepatitis C and HIV.

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

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

Consultation and consent

Before any treatment that risks breaking the skin is conducted, a complete and thorough consultation must be completed with a signed client consent form.

You must not carry out any commercial skin piercing service on any person under 16 years of age unless the parent or guardian gives written permission. This does not apply to tattooing. Consult the Cosmetic Tattoo section for specific rules, page 35.

Prior to the commencement treatment that risks breaking the skin, the beauty professional must:

- Advise the client of the risks associated with the treatment and the potential for infection to occur during and after the treatment, and
- Give advice appropriate to the procedure to be undertaken, concerning precautions and provide written post treatment procedures that should be taken by the client.

Beauty professional must not perform a treatment that risks breaking the skin should a contra-indication exist. Contra-indications include when the client has or you suspect may have:

- A communicable skin disease
- Haemophilia, or are taking medication that thins the blood
- Allergies or adverse reactions to dyes and pigments
- Epilepsy or seizures.

You may decline the desired service or agree to carry out the service with appropriate conditions and safeguards (e.g. medical prescription / agreement).

Aftercare advice

Aftercare instructions should include:

- Wound cleaning
- Drying and dressing
- Avoidance of dirt
- Chemicals, irritants and sunlight
- Recognising signs of infection (pain redness, swelling and heat)
- What to do
- Specific instructions for mouth and genital piercings.

A medical practitioner should be consulted in if there are complications.

Instruments

Ensuring instruments are sterile prior to use

- An instrument used for piercing the skin must be opened in the presence of the client, from a package that has been sealed by the manufacturer and is in an unbroken and undamaged condition. The instruments must have a manufacturer's fixed label stating that the contents of the package are sterile.
- The article or instrument, if steam sterilised, has been packaged according to section 3 of AS/NZS 4187: 2003.
- The instrument has not been subjected to any contamination during storage.

Post use

See Cleaning, Disinfecting and Sterilising, page 8, Instruments and equipment, page 8, and Instruments and equipment, page 8.

Electrolysis/Thermolysis and Red Vein Treatment

Introduction

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

See also the information for Skin piercing, page 29 and note that no electrologist may conduct a treatment that risks breaking the skin should a contra-indication exist.

Definitions

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

Term	Definition
Diathermy	is a practice involving the insertion of a sterilised probe into an individual hair follicle to the bulb. An electrical current is passed through the probe to produce high levels of heat which desiccates the bulb.
Thermolysis (the blend method)	is the practice involving the insertion of a sterilised probe into an individual hair follicle to the bulb. A D/C current is applied to produce sodium hydroxide or lye and then a H/F current producing heat is mixed with the D/C current.
Red vein treatment	is a process by which a probe pierces the capillary and heat is applied to cause capillary shrinkage. The capillary can be pierced with a probe along the length of the damaged capillary, causing little dams or blockages along the vessel membrane.

Written consent required

Written medical consent is required for:

- The removal of hairs from moles
- Any health condition that may affect the healing ability of the skin or irritate an existing condition.

Warning

All electrologists are prohibited from removing skin tags, moles, pigmented or unpigmented abnormalities or lesions from their clients without written permission from a medical practitioner

Aftercare

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

Collagen Induction Therapy

Definition

Collagen Induction Therapy (CIT) is a practice of using sterile single use micro needles to create tiny punctures in the skin to create a minor trauma intended to stimulate the fibroblasts and growth factors which enhance the collagen production.

Risk

Any treatment that breaks the skin has the potential to become infected and cause cross contamination. See Skin piercing, page 29.

Preparation

- The skin must be analysed prior to each treatment and any skin and/or hair condition that may lead to skin irritation must be discussed (see Consultation, page 25).
- Before commencing CIT the room must have been cleaned and free of all dust, debris and washed with a hospital grade disinfectant.
- Any equipment that comes in contact with the beauty professional and client must have been sterilised, or if not suitable for sterilisation, disinfected with hospital grade disinfectant following manufacturer's instructions.



- Treatment trolleys are to be stripped down, disinfected and draped with a sterile towel or disposable paper towels.
- Every container that is not to be disposed after the treatment, is to be stripped down, disinfected and wrapped with plastic cling wrap, before and after each treatment. The wrapping is to be disposed after every client.
- All items required for the treatments are to be laid out in order of use e.g. disposable gloves, mask, sterile swabs/gauze, cleanser/toner, disposable facial sponges, numbing gel, antiseptic wash e.g. Chlorhexidine, hydrogen peroxide or saline, roller/stamp/ needle cartridge, serums/creams etc.
- Single use disposable use roller/stamp/needle cartridge must not be removed from their sterile containers until they are to be used.
- After use the single use disposable roller/stamp/needle cartridge is to be placed in the waste hazard contaminant container.

Warning

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

If the client wishes to take their used at home derma roller home, it must have boiled hot water poured over it to remove some of the debris. It must then be sprayed with alcohol and stored in its appropriate container that will protect the needles. The client must be made aware of the potential for infection and skin damage due to the needles becoming blunt after one use and must be advised on how to clean the derma roller and how to correctly use it at home.

Hair Removal

Definition

Hair removal is the removal of hair by any means. This includes, but is not limited to:

- Waxing (pulling the hair from the skin using soft wax, hot wax or glucose)
- Threading (lifting the hair out from the follicle by entwined thread), or
- Tweezing (grasping hairs and pulling them out of the skin, including epilation - a mechanical means of tweezing).

Risk

All commercial treatments that risk breaking the skin are required to comply with the general standards for risk of breaking the skin. (See Skin piercing, page 29, and Hand and Personal Hygiene, page 14)

Skin Preparation

The skin site must be analysed prior to each treatment and any skin and/or hair condition that may lead to skin irritation must be discussed (See Consultation, page 25).

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

Use of Wax

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

Beauty professionals must use either of the following methods to prevent cross contamination between clients:

- Pre-dispense wax, where the required amount of wax for each client is put into single-use disposable pots. Any remaining unused wax is discarded; or
- Use single-use disposable wooden spatulas for wax application and do not re-dip the spatula into the wax pot, or
- When using a roller cartridge system, dispense required amount of wax for each client into clean cartridge with new roller. Discard any remaining unused wax.

Beauty professionals must ensure:

- Wax that has been applied to a client's body for hair removal is not reused
- Pots of wax are kept covered between each clients use.

It is also recommended that:

- Single-use disposable underwear should be offered to the client for waxing involving bikini and/or Brazilian waxing;
- Wax should be initially applied to the inside of the beauty professional's wrist to test the temperature of the wax. A new spatula is used to test on the client in the area to be treated
- A soothing product should be applied after the wax has been removed
- Metal instruments e.g. tweezers should be initially cleaned using a wax solvent to remove all traces of wax before sterilisation.

Threading

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

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

Tweezing

Sterile tweezers and scissors must be sterilised after each client. Obligatory use of Gloves must be worn, as tweezing has the potential to draw blood from the capillaries associated with the hair follicles.

Manicure and Pedicure

Definition

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

All commercial treatments that risk breaking the skin are required to comply with the general standards for risk of breaking the skin. (See Skin piercing, page 29)

Broken Skin not to be Treated

No beauty professional:

- May undertake a manicure or pedicure on any client if there are any exposed cuts, abrasions or evidence of fungal/bacterial infections to the client's hands and / or feet.
- May expose any skin that is broken during a manicure or pedicure to any further treatments until skin has completely recovered and is intact.

Skin Preparation

Beauty professionals must evaluate the skin site prior to each treatment and any skin condition that may lead to skin irritation must be discussed (See Consultation, page 25.)

Prior to commencing a manicure or pedicure, beauty professionals must cleanse the client's skin by using an alcohol based hand sanitiser or an antibacterial foot soak.

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

Use of Instruments

Electric files must not be used without sufficient training that demonstrates an understanding of different drill bits and the safe and proper use on the natural nail and nail enhancements.

Pedicure basins

It is recommended that disposable plastic liner are used to line pedicure basins where this is not possible the Beauty professional must thoroughly disinfect and sanitise the pedicure basins.

Warning

Callus shavers are only permitted to be used by registered podiatrists and not by beauty professionals.

Risk management

Beauty professionals are advised to:

- Wear masks when using strong solvents and electric files, and
- If recommended by the manufacturer, apply an oil or solution to the artificial nail before filing, which will make the dust heavier.
- See High Risk Treatments, page 27
- Wear clean well-fitting single-use disposable gloves (See Hand and Personal Hygiene, page 14.
- Take all practicable steps to prevent cuts and abrasions from filing, buffing and removal of any non-living tissue.
- Avoid inhaling filings, fumes, etc. There should be adequate ventilation in the treatment area (See Ventilation under Structure, page 4).

Exfoliation

Definition

Exfoliation is the removal of dead skin from the skin's layer of dead cells by using micro-dermabrasion, mechanical peels that have an abrasive action or chemical exfoliation/ peels such as glycolic or enzymes.

Safety risk

Exfoliation procedures are generally safe because they usually involve the intact layer of the epidermis.

Micro-dermabrasion is a mechanical exfoliation that removes the uppermost layer of dead skin cells from the face, chest and hands poses the risk of infection if equipment is not sterile or if the beauty professional is not trained in the use of this equipment.

Equipment

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

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

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

Cosmetic tattooing

Definition

Cosmetic Tattoo, Permanent Makeup, Semi-Permanent Makeup, Microblading all refer to the application of specific-to-this-end pigments into the skin.

Cosmetic Tattooing can be used to rebuild and/ or correct uneven or faded eyebrows, as well as enhance the natural eyebrows. It can also be used to emphasize facial areas such as the eyes and lips. Another use of Cosmetic Tattoo is to help restore the skin's natural appearance in areas such as areolas.

Use of Dyes, Pigments and Solutions

All beauty professionals must comply with the following:

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

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

Warning

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

Age restriction

You must not carry out any commercial skin piercing service on any person under 18 years of age unless the parent or guardian gives written permission.

Skin Preparation

Beauty professionals must evaluate the skin site prior to each treatment and any skin condition that may lead to skin irritation must be discussed (See Consultation, page 25).

Please refer to Collagen Induction Therapy (Preparation), page 31 for set up procedures.

Safety and hygiene

See:

- Hand and Personal Hygiene, page 14, Gloves
- Cleaning, Disinfecting and Sterilising, page 8.

Dermaplaning

Definition

Dermaplaning is the practice of removing facial hair and dead skin cells from the surface using a sterile single use disposable scalpel or a reusable blade handle and sterile and disposable blade.

Safety and risk management

See:

- Skin piercing, page 29.
- Hand and Personal Hygiene, page 14, Gloves.
- Cleaning, Disinfecting and Sterilising, page 8.
- Consultation, page 25.

Laser, IPL and LED Treatments

Definition

Lasers and Intense Pulsed Light (IPL) and Light Emitting Diodes (LED) are all light-based devices that offer a range of non-surgical cosmetic treatments for:

- Removing hair, tattoos, various pigmented skin lesions, acne, and acne scarring.
- Reducing the visibility of blood vessels, redness and skin pigmentations
- Rejuvenating the skin.
- Reducing the appearance of fat and cellulite.

Warning

Lasers, IPLs, and LED phototherapy used in cosmetic treatments emit either visible or infrared light. These wavelengths are known as non-ionizing radiation. Ionizing radiation such as UV wavelengths through to Gamma Rays of the electromagnetic spectrum, have been seen to change DNA therefore can lead to skin and other cancers. Due to the selective photo-thermolysis properties of Lasers and IPL, the short pulse widths with high temperatures per surface area, unexpected thermal damage can occur on the skin, leading to burns, blisters, pigmentation change and scarring. Clothing may also be damaged through exposure to laser light.

Lasers/ laser settings are specific to particular treatments (for example, you cannot remove tattoos with lasers settings designed for hair removal - see manufacturer recommendations for its use).

Laser classification

Lasers are classified according to the Australian/New Zealand Standard AS/NZS IEC 60825.1:2011 Safety of laser products Part 1: Equipment classification and requirements.

Lasers used for cosmetic purposes are typically Class 3B (IPL) and Class 4 (Laser). They pose considerable risk to client and operator's eyes and skin and therefore measures must be taken to control the hazard and ensure they are used safely.

Hazard and hazard controls

Lasers

To maintain consistent safety controls all procedures and protocols must be adhered to.

Classification:

Classification	Hazard	Control
Class 3B Includes IPL	<ul style="list-style-type: none"> • Hazardous when direct intra-beam exposure occurs (i.e. within Nominal Ocular Hazard Distance (NOHD)). • Hazardous to eyes and skin • Viewing of the diffuse reflection is safe 	<ul style="list-style-type: none"> • Laser safety glasses (Class 3 B lasers) are required • For a continuous wave laser the maximum output into the eye must not exceed 500mW
Class 4	<ul style="list-style-type: none"> • Capable of producing hazardous diffuse reflections • Could cause skin injuries • Could also constitute a fire hazard. 	<ul style="list-style-type: none"> • Laser safety glasses (Class 4 lasers) are required • Use with extreme caution

Only perform the treatments you have been formally trained to provide.

Laser Safety Eyewear

Warning: The beam of light of both laser types and IPL can cause irreversible damage to the fovea or retina of the eye.

Ensure you have the best laser and IPL safety eyewear you can from a reputable supplier. Everyone in the treatment room, including the operator must wear safety eyewear. When treating the face especially close around the eyes, full block out eyewear is a better option. There are also safety glasses available that fit over vision glasses that fit comfortably and provide full protection.

Safety glasses MUST BE WORN FOR THE WAVELENGTH IN USE. IPL glasses do not protect your eyes from a LASER beam, and vice-versa. Please get urgent advice if you are unsure which safety glasses you should be using in your clinic.

Other procedural risks and controls

Laser and IPL treatments are included in the term skin piercing / penetration. This is because the treatment area must be shaved prior to the treatment. If the client has not shaved, the operator must do this prior to applying the IPL or Laser. Shaving can cut the skin which will lead to bleeding and as such the clinic must follow the guidelines for Skin piercing, page 29 and High Risk Treatments, page 27. See also Instruments and equipment, page 8.

In addition to the Cleaning, Disinfection and Sterilising section, note that:

- Razors used for this purpose must never be saved, disinfected or reused on the same or another client.
- Laser tattoo removal treatments pose a risk of breaking the skin causing pinpoint bleeding. All utensils used in this treatment where blood is present, are to be dealt with according to the guidelines for Piercing of the Skin and High-Risk Treatments.

- The laser applicators and wave guides must be sanitised using medical hospital grade disinfecting wipes after each treatment according to manufacturer's specifications.

Laser and IPL equipment

Clinics must ensure:

- Pulsed light equipment is calibrated annually to make sure that it is working properly and accurately.
- See also Cleaning, Disinfecting and Sterilising: Instruments and equipment, page 8.

Treatment room (controlled area)

Laser and IPL beams of light reflect highly off any shiny and metallic surfaces. Your treatment room must be of a standard that the risks of reflection of the laser or IPL beam are reduced. (See Laser and IPL treatment rooms in the Structure section, page 4)

You must adhere to the following instructions:

- Never point a laser or IPL beam at a mirror.
- All mirrors should be removed or covered during the treatment.
- Do not allow anyone to enter the room during treatment time.

Consultation for laser and IPL treatments

Follow the procedures set out in the Consultation section on page 25. Additional requirements for consultations involving laser, IPL and LED treatments include:

- Completing a thorough consultation which includes noting medical history and skin type.
- Obtaining a signed client consent form.
- Obtaining a signed, separate client consent area on the form if photos are to be taken.
- Providing the client with an after-care sheet.

Information on the treatment must contain:

- Description of the treatment
- Nature and purpose of the treatment
- Side effects
- Alternatives
- Client and operator's signatures
- Client must consent at their own will

Clients with a family history of melanoma must not be exposed to pulsed light or laser treatments.

Medical consent

Written medical consent must be obtained before undertaking pulsed light or laser treatment on any client for the removal of hair from moles.

Patch testing for laser and IPL treatments

The patch test must ensure:

- A small area of representative skin and hair is selected to determine the parameters and to judge how the skin might react
- Test patch protocols should include:
 - Which area to test
 - The required pulse light or laser settings
 - The wait time to judge the skin response
 - How to spot adverse reactions.

Treatment settings

The wavelength and service parameters of the equipment must be set according to skin type, hair type, test patch results, and previous service settings.

Pulsed light preparation and aftercare

Prepare the area to be treated carefully:

- Clean it and remove all make-up
- Photograph clean skin close-up
- Shave or trim hair for hair removal
- Chill the area adequately.

After pulsed light treatment:

- Remove the chilled gel
- Clean the treated area
- Apply soothing cream
- Photograph the treated close-up.

Use of pulsed light equipment

- Place the light applicator onto the skin and release a short pulse of light.
- Move the applicator to the neighbouring area and repeat the process until the whole area is treated.

Record keeping

All operators must keep records (for at least two years) of:

- Customer consent form with medical history and skin type
- Record of service including:
 - Date on which the pulsed light or laser treatment was undertaken
 - Type of the service
 - Location on the body where the pulsed light or laser was undertaken and
 - Equipment calibration and maintenance.
 - Settings used in each session.

Education and training

See Qualifications for specific treatments on page 1 and Codes of Practice, Rules and Guidelines, page 44.

Recommended additional knowledge

It is recommended that operators:

- Seek formal instruction in the recognition of skin cancers.
- Understand the importance of not treating pigmented lesions about which they have concerns.
- Advise clients with such lesions to seek the advice of a registered health practitioner.

Only health practitioners may treat, manage or remove skin lesions / moles.

Massage

Definition

Massage is a practice of applying lotion, soft wax, stones or pressure to a person's face or body.

Risk

Treatments which are unlikely to break the skin, but do involve contact with the skin, may risk the transfer of bacterial and viral infections between client and beauty professional.

Consultation

Prior to the commencement of any massage treatment, the beauty professional must consult with the client who wishes to undergo the treatment and:

- Review their medical history to make sure the treatment is suitable for that client.
- Advise the client of the risks associated with the treatment.
- Give advice appropriate to the procedure to be undertaken, concerning precautions and post treatment procedures they should undertake.

Safety and wellbeing

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

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

Sunbeds

Definition

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

Sun-bed treatments are not endorsed

Treatments involving the use of sun-beds or a solarium, have the potential to burn the skin which can lead to problematic skin conditions, including skin cancer.

The World Health Organization has stated that *“Exposure to ultraviolet (UV) radiation contributes to the skin ageing process and may cause skin cancer.”* (Sinclair, 2009).

Consequently, the NZ Association or Registered Beauty Professionals Inc does not endorse the use of such devices in professional beauty practice.

Appendices

Additional Standards

Acts and regulations

For further guidance please refer to the following acts and regulations:

- The Building Act 2004, which stipulates how buildings are to be designed and constructed, to ensure that people who use buildings can do so safely and without endangering their health.
- **Health and Safety at Work Act 2015**
<http://www.legislation.govt.nz/act/public/2015/0070/latest/DLM5976660.html>
- **Health and safety at Work (General risk and Workplace Management) Regulations 2016**
<http://www.legislation.govt.nz/regulation/public/2016/0013/latest/DLM6727530.html>
- **Health and Safety at Work (Worker Engagement, Participation, and Representation) Regulations 2016**
<http://www.legislation.govt.nz/regulation/public/2016/0016/latest/DLM6314002.html>
- <http://www.legislation.govt.nz/act/public/1992/0096/latest/DLM279288.html>
www.dol.govt.nz/businessessentials/safety/incidents
- Electricity (Safety) Regulations 2010.

Standards

For further guidance please refer to the following standards:

- AS/NZS 2211.1:2004 Laser Classification System.
- AS/ NZS 3130: 1995 “Australian and New Zealand Standard for approval and test specification – beauty therapy equipment”.
- AS/ NZS 3200.2.22: 1997 “Australian and New Zealand Standard for diagnostic and therapeutic laser equipment”.
- AS/ NZS 3760: 2003 “Australian and New Zealand Standard for in-service safety inspection and testing of electrical equipment”. The New Zealand Association of Registered Beauty Professionals does not recommend the use of Pulsed Light equipment that has not been inspected and tested annually.
- AS/NZS 4031: 1992 – Australian and New Zealand standard for non-reusable containers for the collection of sharp items used in human and animal medical applications
- AS/ NZS 4173: 2004 “Guide to the safe use of lasers in health care
- AS/NZS 4173;218 Safe Use of Lasers and Intense Pulsed Light Sources in Health Care.

- AS/NZS 4187: 2003 – Australian and New Zealand standard for cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities.
- NZS 4304: 2002 – New Zealand Standard for the management of healthcare waste.
- Auckland City Council (or local council) guidelines on pulsed light and laser treatments.

Codes of Practice, Rules and Guidelines

For further guidance please refer to the following Codes of Practice:

- Auckland City Council (or local council) guidelines on pulsed light and laser treatments.
- Code of Ethics for Members of the New Zealand Association of Registered Beauty Professionals Inc.
- Environment Protection Authority-Guidelines [EPA] for Tattoo and Permanent Makeup Substances.
- Health and Hygiene Code of Practice 2013 Auckland Council
<http://www.health.govt.nz/publication/guidelines-safe-piercing-skin> outlines procedures to deal with bleeding and contact with blood or body fluids.
- Massage New Zealand is an association that promotes best practice in massage. Members of the association adhere to the “Rules of Massage New Zealand (NZ) Incorporated”, “Constitution of Massage New Zealand (NZ) Incorporated” and “Code of Ethics”.
- New Zealand Guidelines for the Control of Legionnaires further aims to ensure public health and safety by setting guidelines to reduce the potential of an outbreak of Legionnaires disease.
- The Ministry of Health “Guidelines for the Safe Piercing of the Skin”.
- The Ministry of Health “Guidelines for the Safe Piercing of the Skin” Tattoo Removal Lasers
- Rules of the New Zealand Association of Registered Beauty Professionals Inc.
- The Ministry of Health “Guidelines for the Safe Piercing of Skin”
<http://www.health.govt.nz/publication/guidelines-safe-piercing-skin> outlines procedures to deal with bleeding, sharps injuries and contact with blood or body fluids.
- The New Zealand Building Code (Schedule 1 of the Building Act 1992) which sets out how a building and its components must perform. The Building Code addresses health issues such as external and internal moisture, hazardous agents on site, substances and processes, personal hygiene facilities, laundering facilities, ventilation, internal temperature, adequate lighting, provision of clean and hot water and adequate waste facilities.
- www.dolgovt.nz/businessessentials/safety/incidents

Bibliography

- Auckland Council. (2013). Health and Hygiene Code of Practice 2013.
- Auckland District Health Board. (2009). *Guidelines on Hand Hygiene*. Auckland, NZ.
- Center for Disease Control. (2015, 05 15). *Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008*. Retrieved from Healthcare Infection Control Practices Advisory Committee (HICPAC): http://www.cdc.gov/hicpac/Disinfection_Sterilization/13_0Sterilization.html
- Hand Hygiene Australia*. (2009). Retrieved from 5 Moments for Hand Hygiene : <https://www.hha.org.au/hand-hygiene/5-moments-for-hand-hygiene>
- Hand Hygiene Task Force CDC. (2002). *Guideline for Hand Hygiene in Health-Care Settings*. Atlanta: Center for Disease Control.
- Health and Safety Executive. (2005). *Biological agents: Managing the risks in Laboratories and Healthcare Premises*. London, England.
- Mathur, P. (2011, Nov). Hand Hygiene. Back to the basics of infection control. *Indian Journal of Medical Research*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3249958/>
- New Plymouth District Council. (2015). *Hygiene and Cleaning Guidelines*. New Plymouth, NZ.
- Organization, W. H. (2009). *WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge Clean Care Is Safer Care*. Retrieved from [https://www.ncbi.nlm.nih.gov/books/NBK144001/#:~:text=In%20general%2C%20resident%20flora%20is,or%20on%20non%2Dintact%20skin.&text=Transient%20flora%20\(transient%20microbiota\)%2C,removal%20by%20routine%20hand%20hygiene](https://www.ncbi.nlm.nih.gov/books/NBK144001/#:~:text=In%20general%2C%20resident%20flora%20is,or%20on%20non%2Dintact%20skin.&text=Transient%20flora%20(transient%20microbiota)%2C,removal%20by%20routine%20hand%20hygiene).
- Rutalia W, W. D. (2008). *Guideline for Disinfection and Sterilization in Healthcare Facilities*. Atlanta: Center for Disease Control.
- Sinclair, C. (2009). *Artificial tanning sunbeds, risks and guidance* -. World Health Organisation.
- US Food & Drug Administration. (2010). Removing Hair Safely. Retrieved June 2015, from <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm048995.htm>
- World Health Organisation. (2009). *Hand Hygiene: Why, How & When?* World Health Organization.
- World Health Organization*. (2022). Retrieved from SAVE LIVES - Clean Your Hands: <https://www.who.int/campaigns/world-hand-hygiene-day>