

Advice and Safe Practice for



Micropigmentation

Guidance for Practitioners >

Advice and safe practice for micropigmentation - Health and safety guidance for practitioners

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Introduction (a)

How can this booklet help me?

Micropigmentation, also known as permanent and semi-permanent makeup, has increased in popularity over recent years. Trends such as permanent makeup for fast lifestyles, beauty influences from magazines and TV, and even developments in medically related treatments, mean that the number of people turning to micropigmentation is growing. In fact, medically-related micropigmentation is now developing to an extent that more experienced practitioners are being asked to teach their techniques to both nursing and medical staff.

These developments are good news for a growing industry, but also mean that the planning and preparation that practitioners need to perform are more important than ever. Client health and safety is obviously a priority, but so is your own (practitioner) health and safety.

This guidance provides information that is relevant for both you and your clients.

The following pages cover important topics that require your attention if you are in the business of micropigmentation. The subjects covered here are those that your local Environmental Health Officer will ask about when he or she calls to inspect your premises. By checking and understanding this information you can be sure that you haven't overlooked anything important. And the result? Well, your business has every chance of being a safe and successful one.



Introduction (b)

That's fine, but I've been doing this for years – what can a booklet teach me?

For those already in established businesses, there are constant new developments that can affect your work and the way you conduct it. Some examples include:

- New findings related to pigment safety (especially chemical and microbiological quality); also,
- The emerging methods for chemical and Ruby Laser tattoo removal; and
- Recent changes to the law that affect business registration by your Local Authority.

This booklet covers these and other topics. The information has been designed for use as a reliable guide for the 'now', as well as a useful reference for the future, should you need it.

Talking about it

This booklet is designed to be as up to date and informative as possible, but no booklet can ever replace being able to speak to someone knowledgeable in this area. If you have any concerns about micropigmentation health and safety, do seek help from your local Environmental Health Department, which can act as your main source of advice. Other useful sources of information are provided towards the end of this booklet. Please remember, micropigmentation businesses in Great Britain require registration, which will involve inspection of your premises. Contact with your local Environmental Health Department at an early stage will mean they can advise you on requirements.



What do I need to do to ensure safe treatment at my premises? (a)

Training

Although micropigmentation application techniques are not covered by this document, it is recommended that some basic training information be recorded. This should include hand hygiene, skin disinfection, the use of autoclaves and decontamination of equipment. Relevant staff training records should be kept on site.

What about the basics - my work area and sink?

- All work surfaces, couches, seats, floors etc should be designed so that they are smooth and resistant to liquid spills;
- A smooth, impervious surface can then be cleaned / disinfected by wiping with a suitable disinfectant between clients, reducing the risk of cross infection;

- Records keeping for possible inspection – e.g. client details such as health questionnaires; signed consent forms or other related client records, e.g. photographic;
- Floors should be non-slip and carpets should be avoided in treatment areas;
- A suitable operating bench, couch or adjustable recliner chair with washable surfaces is required;



What do I need to do to ensure safe treatment at my premises? (b)

What about the basics - my work area and sink?

- A paper roller towel system should be used to cover bench, couch or recliner chair between clients;
- Products used for cleaning and disinfection should be chosen with care to be effective but to avoid causing damage to your work surfaces;
- Before purchasing disinfectants check the manufacturer's catalogue, or with the supplier direct, to ensure the products are suitable for your needs;
- Water for washing should be supplied hot and cold via a mixer tap, preferably via a foot, elbow or lever operated tap system, and hands should be washed with soap and dried using good quality disposable paper towels;
- A separate deep sink with hot and cold water should be provided exclusively for washing equipment and instruments and should be located in a separate 'dirty' area, away from the clean operating area;
- Alcoholic hand rub (cleanser) should not be used as a substitute for good hand washing and should only be used on hands that are already physically clean;
- Do ensure the light level where you work is sufficient for your needs. A combination of natural and artificial lighting is ideal;
- Advice on sharps disposal is provided [elsewhere](#) in this document; and,
- Some businesses are employing air-sanitising equipment to allegedly reduce the risk of airborne contamination in the work place. These instruments often use proven air filtration, ozone, or UV technology – and sometimes a combination of these - to reduce the level of airborne microorganisms in workplace air. The need for such air treatments for any micropigmentation premises is, however, unproven, since any infection transmission during these treatments is unlikely to be via the airborne route. Performance for these instruments may also vary between manufacturers and they can be expensive; such purchases therefore require careful consideration of specifications, cost and benefit.



What do I need to do to ensure safe treatment at my premises? (c)

I'm bombarded with information on cleaning detergents, disinfectants and sterilants. What do these terms mean?

The cleaning, disinfection and sterilization of equipment and surfaces are essential for making treatments safe. Without these steps, microorganisms such as bacteria, fungi and viruses can survive and cause infection.

■ **Cleaning** is a process that physically removes contamination, including some microorganisms, but does not necessarily destroy all microorganisms, even if a surface looks cleaner. Cleaning of equipment and work surfaces is best done using **detergent** and warm water. It is important to ensure that the product you use will not damage your equipment and work surfaces, as some cleaning products can cause scratching or corrosion of certain surfaces;

□ **Ultrasonication** is a liquid-based method of cleaning recommended for many types of micropigmentation equipment. It is performed in a lidded tank and can even clean apertures and recesses. The tank of the ultrasonic cleaner should be cleaned twice a day as a minimum requirement, and kept clean and dry overnight. Further details are given in [Appendix 1](#).

■ **Disinfection** reduces the number of live microorganisms but may not necessarily kill all bacteria, fungi, viruses and spores. Disinfection is therefore not the same as sterilization (Opposite). Prior cleaning is required before disinfection can be reliable, as any soiling of a surface may reduce the effectiveness of the disinfectant;



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What do I need to do to ensure safe treatment at my premises? (d)

I'm bombarded with information on cleaning detergents, disinfectants and sterilants. What do these terms mean?

- **Sterilization** kills all microorganisms, including bacterial and fungal spores that may survive disinfection treatments. Steam sterilization is the preferred method of sterilizing equipment as it is rapid, automated, easy to use, reliable, non-toxic and effective when used correctly. UV light boxes and glass bead sterilizers are not regarded as adequate for sterilization and should not be used; and,
- The term '**sterilant**' is sometimes used by chemical manufacturers to describe chemical products that can kill many harmful microorganisms, including spores. Although a sterilant may be capable, under strict conditions, of producing sterility, real life offers a far greater challenge. Chemicals sold as sterilants should therefore be regarded as disinfectants, with the same limits of activity as defined above, under 'Disinfection'.

Which cleaning, disinfection or sterilizing methods should I use?

The methods you use within your business will depend on the type of equipment you use. Although it is impossible to anticipate every requirement, there are a few principles that should be followed:

- As described above, chemical products used for cleaning and disinfection should be chosen with care, to be effective but to avoid causing chemical damage to your instruments;
- Before purchasing any chemicals of this kind check the manufacturer's catalogue / web site, or with the supplier direct, to ensure the products are suitable for your needs and capable of killing bacteria, spores and blood-borne viruses. A selection of cleaning agents and disinfectants, and their appropriate uses, is given in Table 1, on page 8;

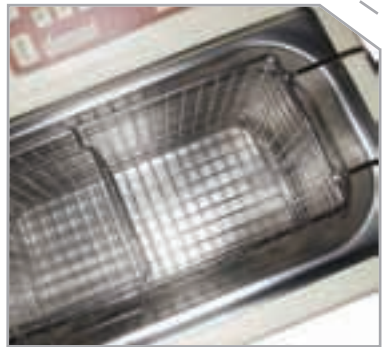


What do I need to do to ensure safe treatment at my premises? (e)

Which cleaning, disinfection or sterilizing methods should I use?

- If you use a steam sterilizer for sterilizing hollow, re-usable metal sections of your machine it must have a vacuum step that will allow penetration of steam in to hollow spaces. If not, there is no guarantee that steam treatment will sterilize those areas at all;

- Although highly effective, vacuum steam sterilizers are expensive to purchase, run and maintain and are relatively complex pieces of equipment. Also, the suitability of a particular sterilizer for a particular load needs to be verified to ensure sterilization. Further guidance is available in MHRA-MDA DB 2002 (06) – see [Appendix 2](#) for details;



- Non-hollow, re-usable items such as metal tweezers, applicators etc. can be safely sterilized (once cleaned) using a basic bench-top steam sterilizer, but should not be packaged before sterilizing; and,
- Needles and needle covers/tips used for micropigmentation are in direct contact with the client's punctured skin, are designed for single use and must be disposed of after each client – more information on this subject is given below.

Specific details on cleaning procedures required for some micropigmentation machines are described in [Appendix 1](#) and are also available within the Local Authority Circular on micropigmentation, at: <http://www.hse.gov.uk/lau/lacs/14-1.htm>.



What do I need to do to ensure safe treatment at my premises? (f)

Table 1. Common cleaning agents / disinfectants – and their appropriate uses

Cleaning agent / disinfectant	Instruments	Skin	Work surfaces
Powder or liquid detergent diluted in hot water as indicated by the manufacturer – this is a cleaning agent and not a disinfectant	Yes – can be used for initial cleaning of instruments prior to disinfection or steam sterilization	No	Effective for cleaning down surfaces at end of sessions/day, prior to surface disinfection
Bleach – hypochlorite - on application bleach products must contain minimum 1000ppm available chlorine, e.g. from: sodium hypochlorite solution or other source of chlorine such as sodium dichloroisocyanurate (NaDCC) soluble tablets	No	No	Yes (hard, man-made work surfaces). Corrosive - not for jewellery.
60-80% alcohol , available as a component of disinfectant spray or 60-70% alcohol wipes	No	Yes	Yes, but effect is greatly reduced by any soiling
Halogenated Tertiary Amines and quaternary ammonium compounds (e.g. Trigene); these products often available as spray, ready to use bulk solution, powder or wipes	Yes – but some products may damage metal surfaces with lengthy exposure	No	Yes
Chlorhexidine based products – often combined with alcohol, e.g. Hibisol. Sachets should be packed individually to prevent contamination	No	Yes	No
Glutaraldehyde -based products such as Omnicide™	This substance cannot be used on skin and is both an irritant and a potent allergen. Exposure to it is strictly controlled under COSHH. Its use cannot be recommended unless appropriate exposure control measures are in place.		
Phenolic -based products such as Hycolin, and related products such as Stericol and Clearsol	These products contain 2,4,6-trichlorophenol and/or xylenol, and these chemicals were not supported under a recent biocides review. As such these products can no longer be supplied or used for any application, and were never appropriate for use on skin **		

**Information source: [http://www.hse.gov.uk/biosafety/notices/biosn012007 .htm](http://www.hse.gov.uk/biosafety/notices/biosn012007.htm)

Additional free information on chemicals and their safe use under COSHH can be found at: <http://www.hse.gov.uk/coshh/>



What do I need to do to ensure safe treatment at my premises? (g)

Do I have to wear disposable gloves or other protective clothing? I have a latex allergy and the gloves irritate my skin

When gloves are worn, a two-way barrier is formed, so a high standard of hygiene and a practitioner skin problems can be achieved by following a few basic steps:

- Hands should always be washed and dried thoroughly before putting on disposable gloves. Instructions on good hand washing techniques are given in Page 11, below;
- A fresh pair of disposable examination-style gloves must be worn during each micropigmentation procedure and must be disposed of between clients to avoid cross-infection. Never wash and re-use disposable gloves;
- Latex allergies are becoming common with prolonged use of latex gloves, and the use of nitrile or vinyl gloves will avoid sensitisation. Transparent polythene gloves are loose-fitting and easily perforated, so are not suitable for this type of work;
- Ensure the gloves you use are CE-marked for use with 'biological agents', and replace them immediately if they ever puncture or tear. This means you are protected against microorganisms if you get used pigment on your gloved hands;
- If latex gloves are worn, those with low protein content should be chosen to help prevent latex allergy.
- Powdered gloves must never be used as they can increase skin irritation and the likelihood of allergy development;
- Always wash your hands after glove removal - gloves are not a replacement for hand washing;
- Moisturising hand cream, applied after hand washing, can help prevent skin drying after frequent washing. Such products should never be relied upon as a physical barrier that can protect the skin from infection;
- Further information on latex allergy can be found on-line at: <http://www.hse.gov.uk/latex/about.htm>; and,

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What do I need to do to ensure safe treatment at my premises? (h)

Do I have to wear disposable gloves or other protective clothing? I have a latex allergy and the gloves irritate my skin

- Detailed information on skin care and dermatitis in the work place can be found at: <http://www.hse.gov.uk/skin/>

Many micropigmentation practitioners prefer to wear a works uniform, which may consist of a tunic top that will tolerate frequent, high temperature washing. This approach is fine so long as the top is changed daily to maintain a high standard of practitioner hygiene. Any other choice of work clothing should be changed daily.

If additional protection is required to prevent contamination of clothing, e.g. from pigment or contact with body fluids/blood, then disposable plastic aprons should be considered, and renewed for each new client. These aprons are convenient, inexpensive and do provide an extra barrier of protection for the practitioner.

Hand washing - an essential part of all hygienic work activity

As the practitioner, your hands should be washed regularly to maintain a high level of personal hygiene. Hand washing is one of the most important procedures for preventing the spread of infection and the first step in infection control.



What do I need to do to ensure safe treatment at my premises? (i)

Figure 1. Effective hand washing

As the practitioner, your hands should be washed regularly to maintain a high level of personal hygiene. Hand washing is one of the most important procedures for preventing the spread of infection and the first step in infection control.

When to wash hands:

- Before and after direct contact with each client
- After contact with any blood / body fluids
- Before and after using gloves
- After visiting the toilet
- Any point when cross contamination occurs

Instructions on good hand washing techniques are given below:



1

Wet hands, apply soap and lather palm to palm



2

Clean between fingers; right hand over left and left over right



3

Wash palm to palm with fingers interlaced



4

Wash with backs of fingers to opposing palms, fingers interlocked



5

Clean left thumb with rotational movement of right hand and vice-versa



6

Rotational rubbing of palms; right fingers to left palm and vice-versa



7

After washing, rinse hands under running water and dry thoroughly on paper towels

Hand washing technique as described originally by Ayliffe et al., (1978). J. Clin. Path. 31; 923



What do I need to do to ensure safe treatment at my premises? (j)

General housekeeping

- Don't allow smoking - the new smoke free law that came in on 1st July 2007 applies to virtually all enclosed public places and work places. This includes both permanent structures and temporary ones such as tents. Premises are considered to be enclosed if they have a ceiling and roof and are wholly enclosed either on a temporary or permanent basis. If you require further guidance as to whether your premises are or are not enclosed please contact your local council;
- Do keep your premises clutter free. There is no point investing money in correct equipment, work surfaces and disinfection procedures if your work areas become cluttered with unnecessary mess. Untidiness is more likely to lead to contamination and cross-infection;
- This document is not intended to tell you how to perform your treatment techniques, but as a general principle do ensure that your working area or trolley has a 'clean' and 'dirty' area – two zones - to ensure that clean and soiled materials are kept separate during each treatment;
- Do keep your premises clutter free. There is no point investing money in correct equipment, work surfaces and disinfection procedures if your work areas become cluttered with unnecessary mess. Untidiness is more likely to lead to contamination and cross-infection;
- Do display information posters prominently to remind your staff of their responsibility to maintain cleanliness and safe practice at all times – over sinks is a good spot;
- Do display prominently within your premises any certificates relating to approved registration or training you have received;
- For larger businesses, cleaning regimes or rotas are a good way of ensuring that routine jobs are not overlooked, and a useful way for larger businesses to organise this is to have a procedures manual. That way, everyone takes some responsibility and knows what needs to be done, and when; and,
- Practitioners should be trained in first aid and up-dated regularly. The Red Cross and St John Ambulance are examples of organisations which provide training;



Are there any known problem areas with the pigments or the equipment I need to use? (a)

My instrument has some disposable parts. Doesn't that remove all risk of cross-infection?

Contamination of micropigmentation equipment could potentially result from:

- Blood-contaminated pigment tracking back from the client's skin and up the inside of the equipment, where it cannot easily be seen or removed;
- Fine droplet contamination inside or outside the equipment; or
- Contact with the contaminated gloves/hands of the practitioner.

This is why so much emphasis is placed on good cleaning and disinfection of your instrument. Parts of the equipment that come in to direct contact with the client's skin (needles and needle covers) must be one use only. Any other parts that become contaminated should be one use only, but if it has to be re-used must be cleaned and disinfected. Otherwise, there will be a risk of cross-infection between clients.

A word on needles: Needles used for micropigmentation are usually purchased sterile and individually packed for the particular type of instrument being used. This means that needles are usually of a consistent quality and therefore unlikely to cause unnecessary skin damage or infection during treatment. Use of one-use-only needles is therefore now best practice and affordable. Safe disposal of such items is covered [elsewhere](#) in this document (see waste disposal).



Are there any known problem areas with the pigments or the equipment I need to use? (b)

Does all this mean that some micropigmentation systems are safer than others?

Yes. This is because some instruments are designed so that:

- Needles and needle cap are incorporated in to one disposable cartridge; Some of these also have a needle that retracts automatically when the cartridge is removed, and this protects the practitioner from needle-stick injury;
- This cartridge system is securely sealed by a membrane, which protects the motor region from any internal pigment contamination; and
- The instrument's outer surface can be cleaned with an appropriate disinfectant wipe, so such instruments are safer by design.

Other micropigmentation instruments resemble small, traditional tattoo instruments, and have fully detachable and disposable needles, with detachable metal handles that are easy to clean and steam sterilize. Once separated from the handle, the motors can be wiped over between clients with a disinfectant wipe. It is unlikely that the motor region of such instruments will become contaminated by pigment because of the design of the handle attachment and the distance between motor and needle.

What should I do if I'm still unsure about the safety of my micropigmentation instrument?

A list of many of the instruments in use within the UK, and their relative safety, is available from the HSE Web site at: <http://www.hse.gov.uk/lau/lacs/14-1.htm>. If you have any concerns about the use of your own micropigmentation instrument, and cannot find the information you need in any accompanying instructions, do contact your supplier directly, or if different, the manufacturer. If you are not happy with their response contact your local Environmental Health department for advice.



Are there any known problem areas with the pigments or the equipment I need to use? (c)

Can I be sure of the quality of the pigments I am using?

Quality control during the manufacture and packaging of micropigments and inks is important, because the products are intended for injection in to the lower layers of the skin, or dermis. This lower skin layer contains blood vessels and nerves endings; so injected material needs to be sterile at first use to prevent infection. Recent laboratory analysis of a selection of pigments has shown that:

- Some imported pigments claim to be sterile but may contain very high levels of contaminating bacteria and fungi, which cannot be seen;
- Chemical components of some products are sometimes poorly described for individual colours, and testing has found evidence that some product contents are incorrectly described;
- Some colours contain detectable levels of toxic metals, such as copper and nickel. These can cause adverse skin reactions in some individuals, which underlines the importance of asking your client about any known allergies;
- The purity of some henna-based materials may be low. Some recently tested hennas have contained no henna at all but have contained high levels of para-phenylenediamine (PPD); PPD can cause severe allergic responses in some individuals; and
- Claims of 'FDA approval' or similar scientific endorsements should be treated with caution. They may be misleading – e.g. approved for animals, not people – or at worst, blatantly untrue.

In view of the potential for pigment contamination, it is good practice to purchase only those materials that come with a detailed product data sheet, confirming their sterility. An inspector would expect you to have this information available, as a requirement under [COSH](#), should you be asked about the inks / pigment you use. Unfortunately, even a data sheet may be no guarantee of quality. If you have any concerns about a product's quality do not use it on yourself or a client, but do seek advice from a local public health lab or from your local Environmental Health Officer. Laboratory testing of a particular product may be worthwhile if you plan to buy it frequently. Contact details for testing laboratories close to you can be obtained from the Health Protection



Are there any known problem areas with the pigments or the equipment I need to use? (d)

What is the best way for me to prepare and use my pigments so as to avoid contaminating them?

There are a number of simple ways you can reduce the likelihood of pigment contamination after they are opened, and so make your work safer for the client:

- Assess your product needs with care to avoid ordering too much and having to store bulk amounts that may sit around for months or even years after opening. Although pigments are often cheaper to buy in bulk, once opened, they are more likely to become contaminated with repeated use. Bacteria and fungi from the air are the most likely
- Only dispense as much pigment as you need on an individual client basis and **never** re-use pigment for another client, no matter how expensive a product it is. Open and dispense it in a clean area;
- Always order your pigments in containers that can be effectively re-sealed after use, either as a screw cap or click-fit lid;
- Never use any product beyond its 'use by' date;

- Use only disposable pallets or pots when dispensing or mixing your pigments. Ideally, these should be sterile packed. If not, they should be at least as clean as any disinfected equipment you are using;
- Do ensure that the pigments you use are appropriate for the treatment undertaken. Technical information should be supplied to you with the product(s) to confirm their suitability for human intra-dermal injection.



Do I need to organise special waste disposal for my business? (a)

Definitions and disposal

Waste that may contain living microorganisms or their toxins, which are known or reliably believed to cause disease in man or other living organisms, are regarded as hazardous wastes. Blood and other body fluids fall into this category, and may be present on items such as used dressings, towels used for mopping and also on contaminated sharps. The way in which this waste is safely disposed of depends on a number of things:

- The nature of the waste (whether sharps or non-sharps [Soft] Waste);
- The likelihood that it will contain infectious microorganisms – based on a risk assessment and procedures that you plan for your business activities; and,
- The quantity in which the waste is generated.

Further advice on waste handling is provided below, but more detailed information is available online from the Department of Health (DH) at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063274.

If you remain in any doubt about the type of waste you are generating, or the way in which to store and dispose of it, do seek advice from your local Environmental Health Officer.



Do I need to organise special waste disposal for my business? (b)

Sharps Waste

Because your business uses needle-based techniques for treatment it will generate waste material that contains sharps (needles and other sharps items). Used sharps may be contaminated with small amounts of blood or blood products from clients, and because blood can carry serious infections such as hepatitis B and C, as well as HIV, these materials must be disposed of responsibly by an approved contractor.

Sharps are typically classed as clinical waste due to this risk of infection, and are given the hazardous property 'H9' in the Recent DH Best Practice Guidance. Details on approved contractors who can safely dispose of such waste are available from your Local Authority. In particular, used needles must be disposed of to containers that prevent any risk of sharps injury. In order to stay 'sharps safe':

- You must dispose of sharps in an approved sharps container, no matter how small your business. This must be done using containers constructed to BS 7320; 1990 / UN 3291, and used containers must be disposed of through a waste management company who will dispose of them safely as waste for incineration only. A contract is required for this service and best practice is for weekly waste collection;
- Don't try to re-sheath any used needles, should they be supplied sheathed;
- Do avoid risk of injury and discard sharps directly into the sharps container immediately after use and at the point of use. Close the aperture to the sharps container when carrying or if left unsupervised, to prevent spillage or tampering;
- Do not place sharps containers on the floor, window sills or above shoulder height – use wall or trolley brackets, they should be stored above knee level and below shoulder level;
- Do carry sharps containers by the handle - do not hold them close to the body;
- Don't leave sharps lying around and don't try to retrieve items from a sharps container;

[Cont >](#)



Do I need to organise special waste disposal for my business? (c)

Sharps Waste

- Don't try to press sharps down in the container to make more room;
- Do lock the container when it is three-quarters full using the closure mechanism;
- Do label sharps containers with premises address prior to disposal;
- Do place any damaged sharps containers inside a larger sharps container - lock and label prior to disposal - do not place this or anything sharp inside a yellow hazardous waste bag as it may cause injury; and,
- Do keep all sharps waste in a designated, locked area until it is collected.

Razors may be necessary for skin preparation prior to treatment; these should be one-use only (disposable) and should be discarded to a sharps bin immediately after use. Razors should never be re-sheathed after use.

Soft Waste

In addition to the above clinical waste management requirements, used gloves, aprons, swabs, dressings and other non-sharps materials that are contaminated with bodily fluids do require segregation if generated in quantity. This is because such materials are defined as offensive/hygiene waste when generated in quantities of more than 7 kg during any collection interval, and must be disposed of in yellow/black receptacles ('Tiger bags'). Only when such waste is generated in small quantities (less than 7kg during any collection interval), should it be disposed of in the black bag stream with other waste. All offensive/hygiene waste must be post code labelled and kept in a designated, locked area until collected.

If your business suffers any kind of infection outbreak, e.g. gastrointestinal disease (diarrhoea and vomiting), then you may need to re-assess the nature of the waste you generate because it may pose a greater risk of infection. A risk assessment and waste disposal procedures should be in place to cope with such an eventuality.



First aid for bleeding

Although excessive bleeding is unlikely during micropigmentation treatments, some bleeding or loss of blood products (oozing) from treated areas may occur and can be safely treated as follows:

- The practitioner must put on gloves (nitrile, latex or vinyl – approved for use with biological agents), if not already wearing them;
- Stop any bleeding by applying firm pressure to the wound with a dry sterile dressing; and
- Once bleeding stops dispose of soiled dressing into yellow hazardous waste bag; and replace with a sterile, non-adherent dressing; and
- Remove and dispose of your soiled gloves, then wash your hands.

Always keep a basic first aid kit on your premises, to include sterile gauze, non-adhesive dressings and hypo-allergenic skin tape.

- Ensure you know the correct procedure, should needle-stick injury occur with a used needle, namely:
 - Immediately following ANY exposure - whether or not the source is known to pose a risk of infection - the wound or non-intact skin should be washed liberally with soap and water, but without scrubbing;
 - Antiseptics and skin washes should not be used - there is no evidence that they help, and their effect on local defences is unknown;
 - Free bleeding of puncture wounds should be encouraged gently, but wounds should not be sucked;
 - Seek medical advice from your local A&E Department whether your client is a known sufferer of blood-borne disease or not;
 - Record all such occurrences in your accident book; and,
 - In the unlikely event that a reverse needle stick injury occurs – e.g. the client is concerned about acquiring blood borne infection from the practitioner - the practitioner may be asked to give a blood sample for testing, to confirm an absence of blood borne disease.



I'm all set up now (a)

What about the legal issues?

There are a number of important legal requirements that affect pigment-related treatments, and you must adhere to these to operate legally and safely:

- Although micropigmentation treatments differs from permanent tattooing, if your business offers 'semi-permanent skin-colouring' you are now required to register your activities under new Local Government bylaws, enforced by the Local Authority¹. Your local Environmental Health Department will advise you on these requirements;



- The registration process usually involves an initial visit from an environmental health inspector, who will want to check the suitability of your premises, fittings, equipment and will verify the experience of the persons carrying on the business;
- As a condition of registration¹, it is possible for you, as a registered practitioner, to sometimes visit people, at their request, to treat them. Such visits, however, must be made at the person's request, and this would therefore rule out cold calling;
- Any home visits that you make must not make up the majority of your work, and by legal definition can only be undertaken 'sometimes' and not 'often'. A practitioner who's main business takes them out of their registered premises for the main part of their working time would therefore be breaking the terms of their registration;

[Cont >](#)



I'm all set up now (b)

What about the legal issues?

- Legally, the equipment you use for working in peoples' homes, as well as the working conditions, e.g. a couch for the client to lie on, should match those of your permanent premises. This is to ensure that any hygiene risks associated with mobile treatment are minimised;
- Businesses are inspected to ensure that they comply with the bylaws, but the inspector is also there to provide you with advice and to answer any questions you have;
- Under the Health and Safety at Work Act 1974 (HSWA) anyone carrying on a business must ensure that their staff, clients and members of the public should be protected from risks posed to health and safety by their business. This Act and the associated health and safety regulations, contain wide ranging powers that enable health and safety inspectors to check that your business premises are suitable for the work to be undertaken;
- If you employ people on your premises you must demonstrate that some form of training is given, so that they can do their job safely². In addition, any equipment used in the business must be safe and fit for purpose. This could include equipment such as sanitation equipment, or the micropigmentation machine(s) used by the business³;
- If you are a business that also supplies equipment to others, you must ensure that the machinery and safety components that you supply satisfy essential health and safety requirements and that the machinery is accompanied by instructions for safe use and maintenance⁴;
- Where your business uses chemicals, e.g. disinfectants, which may be harmful (hazardous substances), you must ensure that you do not expose yourself, your employees or clients or other members of the public to these substances. This is also true of infectious agents, so for example, people must be protected against exposure to blood or blood products that may contain blood borne viruses⁵. Safe disposal of swabs, dressings and any sharps is therefore essential, and vaccination against hepatitis B is recommended – [see additional advice later in this document](#)

Cont >



I'm all set up now (c)

What about the legal issues?

- Lignocaine-based cream or spray and Ametop gel products are only available from a pharmacy and are for medical application only. Their use is subject to strict licensing conditions and use by a non-medically trained practitioner is likely to be an offence under the Medicines Act 1968.

Under no circumstances should they be administered by injection, as this will breach product licence conditions and will render the products Prescription Only Medicines (POM)⁵. In addition,

- Businesses are inspected to ensure that they comply with the bylaws, but the inspector is also there to provide you with advice and to answer any questions you have;
 - Any creams or gels that can be used legally must be used safely, i.e. in accordance with the manufacturer's instructions or following advice from a pharmacist;
 - They should be applied using sterile gauze, or from one-use-only (mini) packs for each client, to avoid product contamination.
 - Repeated use of some topical local anaesthetics can lead to the development of skin sensitisation.
- Any injected product automatically becomes POM under UK law, and can only be administered by a doctor, dentist, or under certain circumstances, an independent nurse prescriber.

Details of Acts of law and regulations referred to above:

¹The Local Government (Miscellaneous Provisions) Act 1982; As amended by section 120 of the Local Government Act 2003.

²Management of Health and Safety at Work Regulations 1999

³The Workplace (Health, Safety and Welfare) Regulations 1992 and The Provision and Use of Work Equipment Regulations 1998 (PUWER)

⁴The Supply of Machinery (Safety) (Amended) Regulations 1992 [as amended 2005, and by the Supply of Machinery (Safety) (Amendment) Regulations 1994] (SMSR)

⁵Control of Substances Hazardous to Health Regulations 2002 (COSHH)

⁶The Medicines (Sale or Supply) (Miscellaneous Provisions) Regulations 1980



Why so much emphasis on asking a client about their general health before I treat them?

Some of your clients may have known medical conditions that place them at greater risk of complications, should they choose to have micropigmentation treatment performed. Examples of these include:

- Congenital (i.e. those present from birth) and other heart defects that make it much more likely that any kind of blood infection could cause serious heart complications;
- Clients with known, long-standing diabetic conditions may have reduced skin healing ability due to their condition;
- Some individuals are known to be sensitive (allergic) to certain products, including some disinfectants, latex (gloves) as well as trace metals that may be present in coloured pigments, e.g. nickel, copper; and
- Anyone with a bleeding or clotting disorder such as haemophilia, or who is taking medication, may heal poorly after even the slightest skin breakage.

In addition to the above, there are known risks to the practitioner from blood-borne viruses such as HIV and Hepatitis B and C. In view of all these issues a checklist has been provided towards the end of this document ([Appendix 3](#)), which lists examples of what you should ask of a potential clients before treating them.

It is a logical step to link your client health questionnaire with a signature for consent to a specified treatment. That way your business has proof that you have asked all the right questions and, once satisfied, have gained the client's confidence and approval for their treatment to go ahead.

Records containing named clients' health data are confidential and should be stored in a locked cabinet.



Aftercare advice

It is best practice to supply clients with written aftercare advice at the time of treatment, rather than verbal advice alone. Some practitioners prefer to present and discuss this before treatment, others after. The decision should be based on your own experience of when you feel the client is at their most receptive and relaxed. The advice should include:

- Any requirement to keep the treated area covered – this will probably depend on the extent of the treatment and the area affected. A sterile, non-adhesive dressing may be appropriate for larger areas, but in most cases, simply keeping the area clean and dry is likely to be the best approach;
- Being aware of the signs of any developing infection – although some reddening and localised swelling is likely around any treated area, if this persists more than 2 days, or becomes worse within that period, then medical advice should be sought;
- Similarly, if any weeping of the area fails to dry up and scab over within 1 – 2 days, then medical advice should be sought to exclude any chance of infection;
- The treated area should be kept free from grease, chemicals, general dirt or exposure to biohazards, such as uncooked meats, as any of these are likely to result in contamination of even the smallest of puncture wounds; and
- The use of petroleum jelly based creams is permissible following treatment but should be applied from a single use supply or from some other non-communal source. During healing any cream used by clients should be from an appropriate tube/pot at home and hand washing before use is important. A good level of hygiene around the treated area is also essential during healing. Cream can be purchased with advice at a pharmacy or may be available via the tattooist as a specific tattoo wound care product.



What about newer treatments coming on to the market? (a)

Ruby laser tattoo / pigment removal

Tattoo / other pigment removal is something increasingly asked about by clients who are either seeking to change the look of their treatment, or else remove it altogether. A number of approaches are available, and some are more proven than others:

- Laser therapy is well established for tattoo and related pigment removal and the process has been medically evaluated and proven effective over many years;
- The pigments are partially broken down by the laser treatment and eventually removed by the body's immune system;
- Laser removal is generally considered to be a safe procedure, but is still usually performed as a hospital outpatient procedure under a local anaesthetic (which numbs the area immediately around the tattoo), so the client should not feel pain;
- With Ruby-Laser systems, different wavelengths of light are used for different coloured pigments in order to achieve an improved outcome, and a series of treatments is usually needed;
- Although equipment and commercial courses are now available in Ruby-Laser pigment removal, it is worth noting that scarring and incomplete removal can occur following this kind of treatment;
- Laser safety: lasers electronics may run at up to 7000v and have been known to cause fires due to malfunctions. A dry powder fire extinguisher should therefore be kept in any room where a laser is being used;
- The operator of a laser and the client must wear suitable eye protection, and this needs to be correct for the wavelength of the laser being used; and
- To protect others the room where the laser is used should have a secure door to prevent accidental exposure by persons coming in. A notice or warning light on the outside of a treatment room door must be used to warn people when they approach, and if possible an interlock should be used; this automatically locks the door when the laser is in use.



What about newer treatments coming on to the market? (b)

Chemical tattoo / pigment removal

Alternative, chemical tattoo / other pigment removal treatments have gained in popularity over recent years, with commercial treatments now marketed in the UK. Some micropigmentation practitioners are now being asked about such treatments, as are traditional tattooists, but these products have certain characteristics that lend themselves to careful consideration before use.

- Because a tattooing / micropigmentation instrument is used to insert chemical removal product in to the dermal layer of the skin, the whole process requires the same infection control precautions as applied for pigment insertion;



- The mechanism of action for chemical removal treatments is uncertain, even if successful, and technical information regarding some products is limited. As such, these chemicals should be used with caution and only if their contents are proven as safe and effective;
- Remember, a manufacturer's description of a product being 'natural' or 'pure' is no guarantee that it is effective or safe. At least one known product contains lactic acid, which can damage skin and tissue at anything above 10% in solution; and
- Registration and enforcement of chemical tattoo removal activities remains an area of uncertainty, and does not fall under current registration conditions. However, under the HSWA and COSHH these products must still be used with care and only when any associated risks have been considered.



Is there some kind of checklist that I can use? (a)

There seems to be a lot to remember

The following list is not exhaustive, but should serve as a useful reminder of the many areas that need to be considered prior to starting treatment:

- Need for contact with Local Authority - for registration purposes;
- Requirement to display registration certificate in premises;
- Records keeping for possible inspection – e.g. client details such as health questionnaires; signed consent forms or other related client records, e.g. photographic;
- COSHH Assessments – For staff levels of more than 4 people, these must be written and should detail any risk-related activity, who was involved, and what was done to control or eliminate the risk, e.g. handling, storage and disposal of strong chemicals or soiled swab materials;
- Written aftercare advice for clients;
- Training records for yourself and other practitioners in the business;
- First aid training; posters, booklets, first aid kit availability, spill kit for cleaning up vomit or blood;
- Practitioner hepatitis B immunisation – advisable for anyone using needles or in contact with blood products**;
- All individuals handling sharps are advised to ensure they are up-to-date with tetanus vaccination. Your GP will be able tell you whether or not you are fully protected against tetanus;

Cont >



Is there some kind of checklist that I can use? (b)

There seems to be a lot to remember

- Hygiene measures required, including:
 - Designated wash hand basin for operators only
 - Liquid dispensed soap
 - Hot and cold running water
 - Disposable paper towels and foot operated towel discard bin
 - Procedures for cleaning work surfaces
 - Procedures for cleansing client's skin
 - Disposable vinyl/nitrile/low protein latex gloves with Microbiological Hazard Group 2 CE marking (latex gloves should be avoided as they are associated with latex allergy)
 - Disposable plastic apron or washable tunic, as appropriate
 - Disposable paper sheets for treatment couch
 - No smoking sign
 - Needles: Pre-sterilized, one use only needles / needle covers / needle bars
- Types of topical anaesthetics – ensure they are licensed for your use and preferably available in one-use-only packs;
- Sharps box use – different sizes are available;
- Sharps box disposal by licensed contractor;
- Ensure you know the correct procedure, should needle-stick injury occur with a used needle;
- Hazardous waste disposal by licensed contractor;
- Micropigmentation equipment choice - consider ease of safe re-use;

Cont >



Is there some kind of checklist that I can use? (c)

There seems to be a lot to remember

- Work surface – type / ability to clean;
- Ultrasonic tank – different tank sizes are available for 5-step cleaning;
- Frequency of ultrasonic bath solution changes – type / suitability;
- Disinfectants used – type / appropriate biocidal activity;
- Autoclave sterilization procedures / records sheet / maintenance records;
- Autoclave performance test certificate and compliance with Pressure Systems Safety Regulations 2000. The owner of the autoclave is responsible for ensuring that:
 - The machine is certified as suitable by a competent person
 - The machine is properly maintained and in a good state of repair
 - Installation and validation of the autoclave is done via an authorised person
 - Training of the operator occurs and is documented
 - A written scheme of examination is available for the autoclave – this record may be examined by any visiting Environmental Health Officer and must include: evidence of daily, weekly, quarterly and yearly testing, completed and documented in a logbook and with each cycle recorded
 - A pressure testing certificate is available (the door can blow off with fatal consequences);

Further detailed information is available from the MHRA on-line guidance link in [Appendix 2](#); and,

- Public liability insurance - not a legal requirement, but makes sense for anyone who has a business or who might otherwise incur liability to obtain Public Liability Insurance cover to simplify matters in the event of an aggrieved client making a claim. NB. using any equipment inappropriately may invalidate cover, for example, using an ear-piercing gun to pierce other body parts.

**A safe and effective vaccine for the prevention of hepatitis B is available. Vaccination is strongly advised for all practitioners and for staff who may be involved in cleaning equipment. There are currently no vaccines available against hepatitis C or HIV. However, there are measures that can be taken post-exposure to blood or body fluids that may prevent infection.



Appendix 1

The 5-step cleaning method recommended for some micropigmentation instruments

Micropigmentation instruments should be placed in the basket supplied with the ultrasonic tank; this should be an appropriate size for the device being cleaned. The choice of detergent and control of detergent concentration do affect cleaning performance, so advice should be sought from both the instrument and detergent manufacturers if you are uncertain what to use in your tank.

The following 5-stage disinfection method was developed for use on re-usable parts of the instrument, i.e. the sealed face of the motor housing. Used needles, needle covers, needle bars and any other disposable parts should be single use only and disposed of safely after each client.

- 1** Any non-replacement part of the equipment that has or may have become contaminated must be partially submerged, i.e. to cover all contaminated regions, in an ultrasonic bath containing an appropriate ultrasonic cleaning solution.
- 2** The cleaning solution should be made up and used in accordance with the manufacturers instructions.
- 3** The equipment must be rinsed in clean water following ultrasonication.
- 4** The equipment must then be immersed in a disinfectant*. It is important that the following are considered when carrying out disinfection procedures:
 - Parts should be immersed for the correct contact time; the manufacturer of the disinfectant will recommend this time;
 - Affected parts should be fully covered in the disinfectant; and
 - The disinfectant must be fresh and used at the correct concentration.
- 5** Finally, the equipment must again be adequately rinsed in clean water to remove all chemical residues and then dried using a clean, single use paper towel

The tank of the ultrasonic cleaner should be cleaned at the end of each day as a minimum requirement, and kept clean and dry overnight.

*NB. The disinfectant must be capable of killing bacteria and blood borne viruses including, hepatitis B, hepatitis C, and HIV. Further independent advice is available from the Health Protection Agency at: www.hpa.org.uk.



Appendix 2

Other useful sources of information

- American Academy of Micropigmentation, at: <http://www.micropigmentation.org/>
- Bench-top steam sterilizers - guidance on purchase, operation and maintenance: Medical Devices Agency, Device Bulletin 2002(06) October 2002. At: <http://www.mhra.gov.uk/home/groups/dts-bi/documents/publication/con007327.pdf>
- Body art, cosmetic therapies and other special treatments: Barbour Index: CIEH: ISBN 1-902423-80-1 (Price, £20 at the time of this publication)
- HSE Local Authority Circular (LAC); detailed guidance on micropigmentation (LAC 14-1). Available at <http://www.hse.gov.uk/lau/lacs/14-1.htm>
- HSE online guidance on alternatives to latex gloves due to the high incidence of allergy reported by wearers. <http://www.hse.gov.uk/latex/about.htm>
- Local Government Act 2003: Regulation of cosmetic piercing and skin-colouring businesses – guidance on Section 120 and Schedule 6 (Department of Health) - http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsLegislation/PublicationsLegislationArticle/fs/en?CONTENT_ID=4076283&chk=nEIXNU
- Norman Noah: Guidance on Micropigmentation. Unpublished document but available on request from the author at Norman.noah@lshtm.ac.uk
- Single-use Medical Devices: Implications and consequence of Re-use. MHRA-MDA document DB2000(04). - <http://www.mhra.gov.uk/home/groups/dts-bi/documents/publication/con007349.pdf>

N.B. Trade journals, industry seminars, trade conventions and Internet web sites can all be a valuable source of information for your business, but standards of publication and presentation may vary. If you read or hear about anything from such sources that you are uncertain of, please consult your local Environmental Health Officer for advice.



Appendix 3.

Health questionnaire checklist (a)

Prompt for practitioner – aspects of a client's medical history that you must check

The medical prompts and client information sheet below are designed to obtain medical information fairly, non-invasively and to only collect relevant and accurate information needed to safeguard against any adverse effect from the proposed treatment. Once you have provided your prospective client with combined health information / questionnaire (shown below), and they have read it carefully, you need to check whether they have a medical history of any of the following conditions before they sign a declaration form. The questionnaire is intended to allow discussion if any condition is revealed that may be affected by the tattooing:

Skin Conditions

- **Eczema** - as this may make a person more prone to skin infections / irritation
- **Psoriasis** and other chronic skin conditions at the proposed site of the treatment - e.g. lesions from Koebner phenomenon - but excluding acne and disorders of pigmentation – same complications as eczema

Circulation disorders

- **Heart disorders** – individuals are more prone to serious heart complications from any blood infections
- **High/low blood pressure** – can cause light headedness and may be linked to other heart-circulation disorders
- **Haemophilia** and other bleeding disorders – due to poor clotting / healing

Pregnancy

- **Nursing mothers** – ensure that treatment area does not interfere with the feeding process; also, any risk of infection for them is also a potential risk to their baby
- **Pregnancy** – the immune response may be affected by pregnancy; any infection may affect the unborn child

[Cont >](#)



Appendix 3.

Health questionnaire checklist (b)

Prompt for practitioner – aspects of a client’s medical history that you must check

Other medical conditions

- **Epilepsy** – medication may cause side effects and poor control of the condition may result in fitting during treatment
- **Diabetes** – long term sufferers may have circulation problems that can reduce healing properties of the skin; this can result in severe infection
- **Autoimmune disease** or other conditions or treatments causing immuno- deficiency (e.g. cancer treatments) – more prone to serious infection; HIV a risk factor for practitioner
- **Medication** – side effects may affect healing and recovery from treatment

Allergic responses

- **Allergies*** - especially nickel allergy; may result in serious skin reaction from small amounts of metals if present in applied products (micropigments etc.)

Other considerations before you treat a client

- **General observation** – treatment should never be undertaken if the client appears to be under the influence of drugs or alcohol
- **Any other conditions**; always ask as the above list is not exhaustive



Cont >



Appendix 3.

Health questionnaire checklist

Prompt for practitioner – aspects of a client’s medical history that you must check

Note: Micropigmentation of clients with any of the listed conditions is not necessarily impossible. Before any treatment is given, however, affected individuals should be encouraged to consult their doctor for advice as to whether or not there are any contra-indications to having micropigmentation treatment.

* Patch testing of skin products may be needed if sensitivities are indicated.

- Associated hazards and risks, e.g. is the client suffering from any infections that may pose a risk to themselves or the practitioner as a result of the treatment?
- Please remember, information provided by the prospective client may be unreliable and standard precautions should always be in place to protect both parties, regardless of the response. If a client is suffering from a serious and incurable infection, such as a blood borne-virus infection, it may be inappropriate for them to have treatment undertaken.

UNDER THE DATA PROTECTION ACT (1998) ANY INFORMATION OF A SENSITIVE OR PERSONAL NATURE THAT YOU REQUEST FROM YOUR CLIENT MUST BE STORED SECURELY AFTERWARDS, UNDER LOCK AND KEY. THE INFORMATION MUST NOT BE USED FOR ANY PURPOSE OTHER THAN THAT FIRST INDICATED TO THE CLIENT (I.E. ONLY FOR PURPOSES OF ENSURING THAT MICROPIGMENTATION IS A SAFE OPTION FOR THEM, AND THAT ANY RISK TO THEM IS MINIMISED BY ASSESSING THEIR MEDICAL HISTORY).

YOU MUST MAKE SURE THAT YOUR CLIENT KNOWS WHO IS OBTAINING THE DATA, FOR WHAT PURPOSE AND FOR HOW LONG THE INFORMATION WILL BE KEPT. IT IS SUGGESTED THAT ANY COLLECTED MEDICAL INFORMATION BE STORED FOR AT LEAST ONE YEAR FROM THE DATE OF TREATMENT, BUT PLEASE CHECK THIS WITH YOUR LOCAL ENVIRONMENTAL HEALTH OFFICER, AS REQUIREMENTS MAY VARY IN DIFFERENT AREAS.

Client health information and declaration of understanding

Sample page

You have requested a micropigmentation treatment that involves minor breakage of the skin surface with a needle, and this process may complicate some medical conditions. Please read the following information carefully, and if any of these conditions apply to you, you **MUST declare them to the practitioner on the premises** and discuss these matter with him / her.

Skin conditions

Eczema this may make a person more prone to skin infections / irritation

Psoriasis or other chronic skin conditions, excluding acne and disorders of pigmentation – same complications as eczema

Circulatory disorders

Heart disorders some heart defects render individuals more prone to serious heart complications from any blood infections

High/low blood pressure can cause light headedness and may be linked to other heart-circulation disorders

Haemophilia and other bleeding disorders – as may result in poor clotting / healing

Pregnancy

Nursing mothers treatment must not interfere with the feeding process; also, any risk of infection for them is also a potential risk to their baby

Pregnancy the immune response may be affected by pregnancy; any infection may affect the unborn child

Other medical conditions

Epilepsy medication may cause side effects and poor control of the condition may result in fitting during treatment

Diabetes long term sufferers may have circulation problems that can reduce healing properties of the skin; this can result in severe infection

Autoimmune disease or other conditions or treatments causing immuno- deficiency (e.g. cancer treatments) – more prone to serious infection; HIV a risk factor for practitioner

Medication side effects may affect healing and recovery from treatment

Allergic responses

Allergies especially nickel allergy; may result in serious skin reaction from small amounts of metals sometimes present in applied products (inks etc.)

Other considerations before you undergo treatment

General treatment cannot be undertaken if you are under the influence of drugs or alcohol

Any other conditions the above list is not exhaustive. If you are suffering from any other medical condition not listed, please inform your operator

I confirm that have read the above information and discussed it with my operator.

Print client's name _____

Signature of Client: _____ Date: _____

Signature of Operator: _____

Was treatment refused by the operator? **Yes / No** (Circle as appropriate)

Reasons? _____



Client consent form

Sample page

Name of Premises:		
Address & Tel. No. of Premises:		
Name of Practitioner (print):		
Name of Client (print):		
Address & Tel. No. of client (print):		
Age of client and DOB:		
Proof of age of client and type of ID used (attach copy if possible)		
Type of procedure:		Please give a short description
Site of Procedure (& design if applicable)		
FOR CLIENT'S INFORMATION Known (potential) risks associated with micropigmentation		<input type="checkbox"/> Scarring <input type="checkbox"/> Blood poisoning (Septicaemia) <input type="checkbox"/> Localised infection <input type="checkbox"/> Allergic reactions to pigment <input type="checkbox"/> Localised swelling around the site
INDIVIDUAL CONSENT 'I declare that I give my full consent to the treatment being carried out by the aforementioned practitioner. I confirm that potential complications, e.g. infection and swelling, for the procedure undertaken, and aftercare instructions have been explained to me. A written aftercare advice sheet containing more detailed information has been given to me and I agree that it is my responsibility to read this and follow the instructions on it, until the site has healed. I confirm that the above information provided by me for this consent form is correct to the best of my knowledge, that I am over the age of consent for this procedure (i.e. 18 years old) and that I am not currently under the influence of alcohol or drugs.'		
Signature of Client:		Date:
Signature of Practitioner:		Date:
Appropriate aftercare advice sheet given?	YES*	NO* Please circle as appropriate
GP name and address details (PRINT):		

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Micropigmentation treatment aftercare advice sheet

Sample page

Premises Name:	
Premises Address:	
Telephone No:	
Practitioner (print name):	
Date of treatment & site:	

This advice sheet is given as your written reminder of the advised aftercare for your micropigmentation treatment. The treatment you have chosen involves breaking the skin surface so there is always a potential risk for infection to occur afterwards. An extensively treated area may become inflamed and should be treated as a wound initially, so it is important that this advice is followed so that the infection risk can be minimised.

Minimising infection risk guidance tips:

- Avoid unnecessary touching, scratching or picking of the treated site to reduce the risk of introducing infection;
- Always wash and dry your hands before and after handling a newly treated site;
- The treated area will consist of an area of tiny skin breaks, caused by the machine needles. If the treated region is extensive your practitioner may decide to cover the area using the sterile, non-adherent dressing. This dressing is usually only intended to get you home without the treated area catching on clothing, or being exposed to the air. The dressing will also help to stop any bleeding / fluid oozing, but should be removed before it dries on to the treated area;
- After removal of that dressing, gently wash the treated site with warm tap water and pat dry with a clean hand towel or tissue. Do not rub or skin will become irritated;
- If possible, shower rather than bathe whilst the treated area is healing, so that unnecessary water exposure is prevented;
- Do not use skin products on the treated area that have not been recommended by your practitioner or are not intended for open wound healing. You may apply moisturising cream 2-3 times a day to assist healing and prevent skin cracking, but avoid petroleum based creams as they may affect the colour of the treated area. There is generally no need to use any other skin creams/ antiseptic products and you should not share skin products with others;
- After approximately two weeks, any scabbing should have gone and been replaced with new, intact skin. The area should be completely healed in a further 10-14 days;
- Avoid swimming, sun beds and sun bathing until the newly treated area is fully healed, as direct sunlight / chlorine can interact with pigments causing skin irritation and inflammation;
- On treated areas other than the face, try to wear loose, cotton clothing to minimise rubbing and irritation to a newly treated site;
- If you have any problems/ queries, please contact your practitioner initially. He/she will refer you onto your GP if there are signs of adverse reaction / infection.

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