

APPENDIX 1

EXAMPLE OF ADVICE NOTICES FOR TATTOOING AND PIERCING PREMISES

IMPORTANT INFORMATION

PLEASE READ

Tattooing will not be carried out on any individual who is :

- under 18 years of age**
- under the influence of alcohol or drugs**

Customers should discuss their medical history with the Operator and read the aftercare information leaflet before signing a consent form.

Clients should be aware of the risks that may be associated with tattooing and consider these before giving consent for the procedure - if aftercare advice provided by the Operator is not followed, a tattoo is at risk of becoming infected.

IMPORTANT INFORMATION - PLEASE READ

Piercing will **not** be carried out on any individual who is :

- under 16 years of age unless permission is given by an individual with parental rights for that child
- under the influence of alcohol or drugs

Customers should discuss their medical history with the Operator and read the aftercare information leaflet before signing a consent form – if aftercare advice provided by the Operator is not followed, a piercing is at risk of becoming infected.

Clients should be aware of the following risks that may be associated with piercing and consider these before giving consent for the procedure:

- allergic reaction to jewellery
- migration or rejection of jewellery
- localised infection at the piercing site
- localised swelling and trauma

APPENDIX 2

EXAMPLES OF CONSENT FORMS

PURE INK - TATTOOING CLIENT CONSENT FORM

CLIENT DETAILS

Name _____ **Date of Birth** _____
Address _____ **Telephone** _____

PROCEDURE DETAILS

OPERATOR'S NAME _____

Procedure Undertaken* **TATTOO** **PIERCING** **Site on body** _____

**circle or delete as appropriate*

Jewellery Used (if applicable) _____

CLIENT MEDICAL HISTORY

Do you (does the client, if completing for an under-16) currently suffer from, or have you (they) ever suffered from any of the following?

	YES	NO	DETAILS
Heart Condition/Angina			
Blood Pressure Problems			
Epilepsy/Seizures			
Haemophilia/Blood Clotting Disorders			
Skin Complaints, e.g. psoriasis, eczema, dermatitis			
Diabetes			
Allergic Response, e.g. anaesthetics, jewellery			
Are you prone to fainting attacks?			
Do you regularly take any blood-thinning medicines, e.g. aspirin?			
Do you take any regularly prescribed medication?			
Could you be pregnant?			
Any other associated health condition(s)			
Details of any associated problems with treatment			

I declare that the information I have provided on medical history is correct to the best of my knowledge and that I am not currently under the influence of drugs or alcohol. I hereby give consent for the procedure detailed above to be carried out by the named operator. I confirm that I have been provided with written information on (i) the potential complications associated with the procedure and (ii) appropriate aftercare advice for the procedure. I agree that it is my responsibility to read this and follow the aftercare advice given until the treatment area is healed. I give consent to the operator to retain the details provided on this form for a period of 2 years from today.

Signature of Client _____ **Date** ___/___/___

Signature of Operator _____ **Date** ___/___/___ **Time** ___:___ am/pm

Where client is under 16 years old, details and consent of parent or guardian:

Name _____ **Relationship to Client** _____

Address _____

Telephone _____ **Proof of ID Provided?** **Y** **N**

Signature of Parent or Guardian _____ **Date** ___/___/___

Signature of Operator _____ **Date** ___/___/___

PURE INK - ELECTROLYSIS CLIENT CONSENT FORM

CLIENT DETAILS

Name _____ **Date of Birth** _____
Address _____ **Telephone** _____

PROCEDURE DETAILS

OPERATOR'S NAME _____

Type of electrolysis _____ **Site on body** _____

CLIENT MEDICAL HISTORY

Do you (does the client, if completing for an under-16) currently suffer from, or have you (they) ever suffered from any of the following?

	YES	NO	DETAILS
Heart Condition/Angina			
Blood Pressure Problems			
Do you wear a pacemaker or any other electrical equipment?			
Do you wear dentures /have a large amount of metalwork in your teeth?			
Sinus problems/asthma			
Epilepsy/Seizures			
Haemophilia/Blood Clotting Disorders			
Skin Complaints, e.g. psoriasis, eczema, hypersensitive skin			
Lumpy raised scars (keloid scars)			
Diabetes			
Allergic Response, e.g. anaesthetics, jewellery			
Are you prone to fainting attacks?			
Do you regularly take any blood-thinning medicines, e.g. aspirin?			
Do you take any regularly prescribed medication?			
Could you be pregnant?			
Any other associated health condition(s)			
Details of any associated problems with treatment			

I declare that the information I have provided on medical history is correct to the best of my knowledge and that I am not currently under the influence of drugs or alcohol. I hereby give consent for the electrolysis detailed above to be carried out by the named operator. I confirm that I have been provided with written information on (i) the potential complications associated with the procedure and (ii) appropriate aftercare advice for the electrolysis. I agree that it is my responsibility to read this and follow the instructions on it until the treatment area is healed. I give consent to the operator to retain the details provided on this form for a period of 2 years from today.

Signature of Client _____ **Date** ___/___/___
Signature of Operator _____ **Date** ___/___/___ **Time** ___:___ am/pm

Where client is under 16 years old, details and consent of parent or guardian:

Name _____ **Relationship to Client** _____
Address _____
Telephone _____ **Proof of ID Provided?** Y N
Signature of Parent or Guardian _____ **Date** ___/___/___
Signature of Operator _____ **Date** ___/___/___

PURE INK - ACUPUNCTURE CLIENT CONSENT FORM

CLIENT DETAILS

Name _____ Date of Birth _____
 Address _____ Telephone _____

PROCEDURE DETAILS **OPERATOR'S NAME** _____
 Type of acupuncture _____ Site(s) on body _____

CLIENT MEDICAL HISTORY

Do you (Does the client, if completing for an under-16) currently suffer from, or have you (they) ever suffered from any of the following?

	YES	NO	DETAILS
Heart Condition/Angina			
Blood Pressure Problems			
Do you wear a pacemaker or any other electrical equipment?			
Do you wear dentures /have a large amount of metalwork in your teeth?			
Sinus problems/asthma			
Epilepsy/Seizures			
Haemophilia/Blood Clotting Disorders			
Skin Complaints, e.g. psoriasis, eczema, hypersensitive skin			
Lumpy raised scars (keloid scars)			
Diabetes			
Allergic Response, e.g. anaesthetics, jewellery			
Are you prone to fainting attacks?			
Do you regularly take any blood-thinning medicines, e.g. aspirin?			
Do you take any regularly prescribed medication?			
Could you be pregnant?			
Any other associated health condition(s)			
Details of any associated problems with treatment			

I declare that the information I have provided on medical history is correct to the best of my knowledge and that I am not currently under the influence of drugs or alcohol. I hereby give consent for the acupuncture detailed above to be carried out by the named operator. I confirm that I have been provided with written information on (i) the potential complications associated with the procedure and (ii) appropriate aftercare advice for the acupuncture. I agree that it is my responsibility to read this and the aftercare advice and follow the instructions on it until the treatment area is healed. I give consent to the operator to retain the details provided on this form for a period of 2 years from today.

Signature of Client _____ Date ____/____/____
 Signature of Operator _____ Date ____/____/____ Time ____:____ am/pm

Where client is under 16 years old, details and consent of parent or guardian:

Name _____ Relationship to Client _____
 Address _____
 Telephone _____ Proof of ID Provided? Y N
 Signature of Parent or Guardian _____ Date ____/____/____
 Signature of Operator _____ Date ____/____/____

APPENDIX 3

EXAMPLES OF AFTERCARE ADVICE

AFTERCARE ADVICE FOR YOUR NEW TATTOO

Your new tattoo has involved breaking the surface of your skin and there is a possibility that, if not cared for properly, your tattoo may become infected. By following the advice provided in this leaflet you will be reducing the chance of anything going wrong with your tattoo.

HOW TO TREAT YOUR TATTOO

Your new tattoo is basically an area of tiny skin breaks which have been caused by the penetration of needles carrying ink into your skin. It is important that you keep wearing the sterile dressing applied by your tattooist for at least an hour after it is applied. This should provide enough time for the tattoo to stop bleeding or weeping.

Once you remove the dressing, you should wash the tattoo gently with warm tap water and pat it dry with a clean tissue - try to avoid using towels, and definitely don't use towels that other people have been using.

After washing and drying your tattoo, apply a moisturising skin cream (your tattooist will recommend a cream but something like E45 is appropriate unless you are allergic to any of the ingredients) to stop the skin drying out and reduce scabbing.

You should aim to wash the area and apply the moisturising cream approximately 2 to 3 times a day for the first few days. Cream should continue to be applied 2 to 3 times a day to keep the skin moisturised until your tattoo is fully healed.

Everyone heals at a different rate and healing times depend on many factors. However, most scabbing should disappear within approximately 2 weeks - the next stage is for the tattoo to be covered in a "silver" skin which will last for about a week - in total, your new tattoo should be completely healed within about 4 to 5 weeks.

SOME GENERAL TIPS FOR AFTERCARE OF YOUR TATTOO

If possible, shower rather than bathe during the healing period – this prevents unnecessary water exposure – always pat your tattoo dry with a separate towel or tissue until it is fully healed.

Do not pick your tattoo as this will increase the healing time and will also lessen the quality of your healed tattoo.

Avoid swimming, sun bathing and sunbeds until your tattoo has fully healed – sunlight and chlorine can interact with the dyes in your tattoo causing irritation or inflammation of your skin.

Where possible, minimise the amount of "rubbing" from clothing by wearing loose fitting clothes around the area of the tattoo – this will minimise irritation of the skin around your new tattoo.

Keep your new tattoo covered if working in a dirty or dusty environment.

If you have any problems or questions at any time then you should contact your tattooist – contact details are provided below - to ask their advice in the first instance. It may be the case that they may refer you to your GP, or reassure you that what you are seeing is part of the natural healing process. In an emergency, you should always seek medical attention either at your GP surgery or at a hospital Accident and Emergency (A&E) Department.

TATTOOIST DETAILS

Operator Name _____ Telephone Number _____

Studio Name _____

Address _____

AFTERCARE ADVICE FOR YOUR NEW PIERCING

Your new piercing has involved breaking the surface of your skin and there is a possibility that, if not cared for properly, your piercing may become infected. By following the advice provided in this leaflet you will be reducing the chance of anything going wrong with your piercing.

WHAT TO EXPECT FROM YOUR PIERCING

It is normal for most piercings to bleed slightly at first, but this should last no more than a few minutes - this may happen a few times over the first few days but should not be continuous and should not be heavy – if this happens you should seek medical advice immediately.

Everyone heals at different rates and some piercings take longer than others to heal. The following list gives an idea of the *estimated* healing times for different piercings but yours may take more or less time to heal completely.

Ear lobe, eyebrow, nasal septum 6 to 8 weeks

Ear cartilage, nostril 2 months to 1 year

Tongue 4 to 8 weeks

Lip, cheek 6 to 12 weeks

Genital 4 to 12 weeks

Nipple, scrotum, outer labia 2 to 6 months

Navel 4 months to 1 year

Your new piercing may be itchy, tender and slightly red for some time – in some cases a clear, odourless fluid may come from the site and form a crust. This is part of the natural healing process.

SOME GENERAL RULES ABOUT YOUR PIERCING

Minimise the chance of germs getting into your piercing:

- don't touch your piercing for at least a couple of days
- don't pick at, or play with, your piercing
- don't allow anyone else to touch your piercing
- when you have to handle either the site or jewellery, wash and dry your hands thoroughly first
- don't use your fingernails to move the jewellery

Try not to aggravate your piercing:

- avoid wearing tight clothing around your piercing
- keep waistbands away from navel piercings
- try to avoid rigorous exercise until your piercing heals

For tongue piercings:

- try to eat soft foods for the first few days
- gradually work your way up to tougher foods
- try to avoid hot spicy foods for the first few days
- sucking on ice, or drinking iced water, might help reduce swelling of tongue piercings
- use a new toothbrush to ensure that any bacteria that may be in your old one don't get into your piercing and infect it.

KEEPING YOUR PIERCING CLEAN

Where possible, you should aim to **clean** your piercing twice a day. Most piercings can be cleaned with warm pre-boiled tap water or sterile saline solution – this can be bought from most pharmacies in individual packs – use a fresh pack and a clean fresh cotton bud every time you clean the site. Always make sure your hands are clean.

Turn your piercing once or twice a day when you are cleaning it – soak off any crust that may have formed before you start to turn the jewellery – if possible, use a tissue to handle the jewellery rather than your hands – always make sure your hands are clean. Other than when you are cleaning the site, don't pick off any crust that forms as this acts as a barrier to stop your site becoming infected.

After cleaning, pat the piercing **dry** with a clean tissue - always keep your piercing as **dry** as possible – try to avoid using towels, and definitely don't use towels that other people have been using.

For **tongue** piercings, half strength mouthwash (diluted with water) should be used after everything that you eat, drink or smoke until your piercing is fully healed.

WHAT TO LOOK OUT FOR WITH YOUR NEW PIERCING

As your piercer will already have advised you, there are a number of things that could go wrong with your new piercing if it is not cared for properly.

Localised Infection

If aftercare advice is not followed correctly, infection may occur at the site of your piercing. If you suffer from any of the following after having your piercing you should speak to your piercer, or seek medical assistance in an emergency:

- Swelling and redness that increases or lasts more than a week or so after the piercing -
- A burning or throbbing sensation at the site -
- Increased tenderness, painful to touch -
- An unusual discharge (yellow or green) with an offensive smell -

Migration of Jewellery

If jewellery is too thin, or the jewellery is agitated before it heals completely, it is possible that the jewellery may move outwards through your skin. This problem is more common in navel and eyebrow piercings but could happen with a piercing at any site. If you think this may be happening to your piercing then return to your piercer and seek their advice.

Embedding of Jewellery

Sometimes, if an infection occurs at a piercing site, or if an inappropriate piece of jewellery has been used for a piercing, the jewellery may try to make its way completely under the surface of the skin. This is known as embedding. If you think this may be happening to your piercing then return to your piercer and seek their advice.

Allergic Reaction

Your piercer will already have asked you about any allergies that you may have. However, if you should notice an allergic response to your jewellery (or any other product used during the piercing) at any time then seek medical advice.

If you have any problems or questions at any time then you should contact your piercer– contact details are provided below - to ask their advice in the first instance. It may be the case that they may refer you to your GP, or reassure you that what you are seeing is part of the natural healing process. In an emergency, you should always seek medical attention either at your GP surgery or at a hospital Accident and Emergency (A&E) Department.

PIERCER DETAILS

Operator Name _____ Telephone Number _____

Studio Name _____

Address _____

AFTERCARE ADVICE FOLLOWING AN ELECTROLYSIS TREATMENT

SOME GENERAL TIPS FOLLOWING ELECTROLYSIS

The area treated should be kept dry

Following your treatment do not touch or scratch the area treated

If small scabs appear do not scratch them away as this can cause scarring. Allow them to fall off naturally

Avoid smoking, strenuous exercise and swimming for the rest of the day

Avoid other treatments or makeup on the treated area for at least 48 hours after treatment

If possible, shower rather than bathe during the healing period – this prevents unnecessary water exposure – always dab rather than rub the treated area dry.

Avoid swimming, sun bathing/sun beds, saunas and other heat treatments for at least 48 hours after treatment

Do not tweeze between treatments

If you have any problems or questions at any time then you should contact your electrolysisist – contact details are provided below - to ask their advice in the first instance. It may be the case that they may refer you to your GP, or reassure you that what you are seeing is part of the natural healing process. In an emergency, you should always seek medical attention either at your GP surgery or at a hospital Accident and Emergency (A&E) Department.

ELECTROLYSIST DETAILS

Operator Name _____ Telephone Number _____

Studio Name _____

Address _____

AFTERCARE ADVICE FOLLOWING ACUPUNCTURE

SOME GENERAL INFORMATION FOLLOWING ACUPUNCTURE

Some clients may experience drowsiness following acupuncture. If affected you are advised not to drive.

Minor bleeding or bruising may occur after acupuncture

If you have any problems or questions at any time then you should contact your acupuncturist – contact details are provided below - to ask their advice in the first instance. It may be the case that they may refer you to your GP, or reassure you that what you are seeing is part of the natural healing process. In an emergency, you should always seek medical attention either at your GP surgery or at a hospital Accident and Emergency (A&E) Department.

ACUPUNCTURIST DETAILS

Operator Name _____ **Telephone Number** _____

Studio Name _____

Address _____

APPENDIX 4

STANDARD PROTOCOL FOR OPERATION OF ULTRASONIC BATHS

STANDARD PROTOCOL FOR ULTRASONIC BATHS

- Refer to device manufacturer's instructions for compatibility with ultrasonic process.
- Ensure that the ultrasonic washer is clean and dry prior to use.
- Wearing protective clothing, fill the fluid reservoir with sufficient water/detergent to ensure complete immersion of the item.
- Replace lid.
- Switch on and leave for required time to de-gas the water where necessary following manufacturer's instructions.
- Switch off.
- Remove lid and carefully immerse the item in the fluid ensuring that any air contained within the item is displaced.
- Irrigate lumened/cannulated devices or connect to accessory port.
- Replace the lid, switch on and leave for the recommended time.
- Switch off, lift lid, remove the item and drain before transferring to a clean-rinse receptacle.
- Rinse thoroughly with clean water, ensuring irrigation of lumened/cannulated devices, and drain.
- Carefully hand-dry using absorbent, non-shedding cloth, industrial hot air dryer or place into drying cabinet.
- Complete the documentation.
- Dry the equipment before storing until required for reuse (or until being disinfected and subsequently sterilized in a steam autoclave).

Modified from "*Sterilization, Disinfection and Cleaning of Medical Equipment: Guidance on Decontamination from the Microbiology Advisory Committee to the Department of Health*", 2006.