



**Auckland
Council**
Te Kaunihera o Tāmaki Makaurau

**Health and Hygiene
Code of Practice 2013**

**Tikanga ā-Mahi
Whakamaru Hauora 2013**

(as at 5 March 2014)

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Introduction

This Code of Practice seeks to protect public health in regards to the operation of commercial services that pose an associated health risk to any persons using or accessing their services, products or business operation. The Code sets minimum standards of hygienic and safe practices with regard to the way premises are constructed, equipped and maintained, and in regard to the way operators conduct themselves when providing services. It includes recommendations for best practice to encourage standards of care in addition to minimum standards.

Services that involve piercing the skin carry public health risks to do with the transference of blood-borne diseases and viral, bacterial or fungal infections from breaking or abrading the protective epidermal layer. Other services may be unlikely to puncture the skin but involve contact with skin or bodily fluids, or immersion in communal waters, and carry a public health risk of transferring bacterial and viral infections. Services that involve application of light to the body have the potential to burn the skin and carry a health risk of damage to DNA and longer term skin conditions, including skin cancer, as well as risks associated with abrading the protective epidermal layer. It is risks such as these which warrant council intervention to ensure such services are carried out in a hygienic and safe manner.

The minimum standards are made under the Health and Hygiene Bylaw. Failure to meet a minimum standard is a breach of the Health and Hygiene Bylaw or a Health Protection Licence, and is an offence under the Local Government Act 2002 and Health Act 1956. Penalties may include cancellation or suspension of a Health Protection Licence or a Court fine of up to \$20,000.

The recommendations for best practice in this code are included to encourage higher standards of hygienic and safe practices. Adoption of best practice is voluntary.

This Code of Practice has been developed in accordance with the Local Government Act 2002. This has included consultation with:

- Auckland Council Environmental Health
- Auckland Council Building Control
- Auckland Regional Public Health Service (Medical Officers of Health)
- Ministry of Health officials
- Public Health Association
- Manukau Health Trust
- New Zealand Registered Beauty Therapists
- New Zealand College of Appearance Medicine
- New Zealand Register of Acupuncturists
- Massage New Zealand
- Cancer Society
- International Association for Colon Hydrotherapy
- Hair and Beauty Industry Training Organisation
- Industry stakeholders

Interpretation

In this code of practice, unless the context otherwise requires,—

Acupuncture means a practice involving the insertion of filiform (very narrow) needles through the skin and tissues for the intended purpose of alleviating ailments or injuries.

AS 2773.1: 1998 means the Australian standard for ultrasonic cleaners for health care facilities- non-portable.

AS 2773.2: 1999 means the Australian standard for ultrasonic cleaners for health care facilities.

AS/NZS 2635: 2008 means the Australian and New Zealand standard for solarium (sun-bed) for cosmetic purposes.

AS/NZS 3500.1: 2003 means the Australian and New Zealand standard for plumbing and drainage – water services.

AS/NZS 3500.2: 2003 means the Australian and New Zealand standard for plumbing and drainage – sanitary plumbing and drainage.

AS/NZS 3500.4: 2003 means the Australian and New Zealand standard for plumbing and drainage – heated water services.

AS/NZS 4031: 1992 means the 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 means the Australian and New Zealand standard for the safe use of lasers in health care.

AS/NZS 4187: 2003 means the 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.

AS/NZS 4261: 1994 A1 means the Australian and New Zealand standard for reusable containers for the collection of sharp items used in human and animal medical applications: Amendment 1.

Body piercing means a practice of piercing the skin for decorative purposes, inserting jewellery or implants to alter the appearance of the skin.

Cleaning means the physical removal of dirt, blood and other such substances from surfaces by washing in detergent and warm water to reduce the number of micro-organisms.

Colon hydrotherapy means a practice of introducing liquids into the rectum and colon via the anus and is intended to remove faeces and non-specific toxins from the colon and intestinal tract.

Commercial service means a service (whether from permanent premises, temporary premises or mobile premises) provided by one or more persons for another person for monetary payment or any other consideration.

Commercial sexual service means sexual services that involve physical participation by a person in sexual acts with, and for the gratification of, another person; and are

provided for payment or other reward (irrespective of whether the reward is given to the person providing the services or another person).

Communicable disease means any infectious disease, tuberculosis, venereal disease, and any other disease declared by the Governor-General, by Order in Council, to be a communicable disease for the purposes of the Health Act 1956.

Council means the governing body of the Auckland Council or any person delegated to act on its behalf.

Cupping means a form of traditional Chinese medicine that involves placing cups containing reduced air pressure (suction) on the skin, most commonly on the back, intended to release muscle tension through stimulated blood flow.

Customer means a person on whom a service is being, or is to be, carried out.

Disinfection means the killing of disease causing micro-organisms except bacterial spores.

Derma rolling / stamping means a practice of using micro needles to create tiny punctures in the skin intended to stimulate growth factors to enhance collagen production and better alignment of the collagen fibres.

Electrolysis means a practice involving the insertion of a sterilised needle into individual hair follicles to the root. An electric impulse is passed through the needle to the root area to aid in the removal of hair.

Exfoliation means a practice that intends to remove dead skin and can be performed using microdermabrasion, physical peels that have an abrasive action and chemical peels such as glycolic or enzyme.

Extractions means a practice for the removal of comedones (blackheads), pimples and ingrown hairs by manipulating the pores of the skin, either with fingertips or a tool, to remove sebum. Some extractions can involve penetration of the skin using sharp equipment such as a metal tool or lance.

Hair removal means the removal of hair by 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).

Health practitioner means a person who is, or is deemed to be, registered under the Health Practitioners Competence Assurance Act 2003 as a practitioner of a particular health profession.

Instrument means any appliance, implement, needle or tool, of metal or non-metallic construction, which may come into contact with the skin or tissue on which the service is being carried out. It must also include any swab or dressing applied to the broken skin surface.

Laser treatment means a practice involving the use of a laser device, which amplifies light and usually produces an extremely narrow beam of a single wavelength (one colour), intended to remove hair or for skin photo-rejuvenation.

Manicure means beautification or enhancement of the hands and fingernails, including shaping and polishing.

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

Mobile premises means any location other than a permanent premises where any service is undertaken on an ongoing and regular basis by any person.

Moxibustion means a traditional Chinese medicine technique that is used in conjunction with Acupuncture intended to facilitate healing and involves the heating of individual acupuncture points or regions of the body by burning the herb *Artemisia* close to or on the inserted needle.

NZS 4304: 2002 means the New Zealand Standard for the management of healthcare waste.

NZS 4441: 2008 means the New Zealand standard for swimming pool design.

NZS 5826: 2010 means the New Zealand standard for pool water quality.

Operator means a person who carries out a service.

Pedicure means beautification or enhancement of the feet and toenails by shaping and polishing toenails and exfoliation of skin or tissue from the feet.

Permanent premises means any land, dwelling, storehouse, warehouse, shop, cellar, yard, building, or part of the same, or enclosed space separately occupied. All lands, buildings, and places adjoining each other and occupied together are deemed to be the same premises.

Public swimming pool means a water-retaining structure, wholly or partially of artificial construction and generally having a circulation and filtration system, designed for recreational, training or therapeutic use, and includes commercial, school, institutional, club, hospitality, community, and local authority pools. It does not include pools for domestic use only.

Pulsed light means a practice using a powerful flash of broad spectrum, non coherent light intended to remove hair and/or for skin photo-rejuvenation, and may include but is not limited to Intense Pulsed Light and Variable Pulsed Light.

Red vein treatment by needle means a practice of piercing a vein with a needle along the length of a damaged capillary, causing little dams or blockages along the vessel.

Sauna means a small room commonly constructed out of wood that is designed as a place to experience dry or wet heat sessions.

Skin piercing means a practice involving piercing, cutting and puncturing the skin or any other part of the human body and includes such services as acupuncture, body piercing, derma rolling/stamping, electrolysis, extractions, red vein treatment, tattooing, and traditional tools tattooing.

Solarium means a commercial establishment containing one or more sun-beds (tanning units).

Steam room means an enclosed space with large amounts of high temperature steam, creating a high humidity environment.

Sterilised, in relation to an instrument or like article or container, means subjecting an instrument, article or container to a process, as a result of which all organisms and their spores present on the surfaces of the instrument, article or container are killed.

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

Tattooing means a practice of making indelible marks in human skin or tissue by inserting pigments or dyes into punctures made in the skin or tissues. Tattooing includes the process known as pigment implantation and permanent makeup.

Temporary Premises means any premises used for a service or any area set up for not more than 5 days to undertake a service.

Traditional Tools Tattooing means a practice of making indelible marks in the human skin or tissue by inserting pigments or dyes into punctures made in the skin or tissue using tools that are culturally traditional in structure and used in procedures such as ta moko, Tatau, uhi or any other traditional tattooing practice that has recognised cultural significance.

Part 1 Premises

Introduction

How premises used for specified commercial services are constructed, equipped and maintained can reduce risks to public health.

Part 1A Permanent Premises

The minimum standards contained in this part of the code aim to ensure that permanent premises are kept in clean and hygienic conditions to reduce risk to public health.

Minimum Standard 1A: Permanent Premises

Compliance with bylaws and building legislation

- 1(1) The premises must be well constructed in accordance with the bylaws of the council and in accordance with any applicable provisions of the Building Act 2004, the Resource Management Act 1991, the New Zealand Building Code and Building Regulations;

Fit for purpose

- 1(2) The premises must be constructed, designed and arranged so as to be fit and suitable for its intended purposes;

Repairs and cleanliness

- 1(3) The premises and all fittings, fixtures and appliances in the premises must be maintained in a state of good repair and 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;
- 1(4) Any structural alterations, repairs, renovations, plumbing, or drainage work that may be undertaken or required must be carried out without unnecessary delay;

Walls, floors, ceilings, fixtures and fittings

- 1(5) The walls, ceilings, fixtures and fittings in any area connected with the carrying out of any specified service must be capable of being easily cleaned, and must be maintained in good repair. If the walls are liable to be wetted or fouled, they must be constructed of impervious material;

Wet areas

- 1(6) All floors, walls, ceilings and other surfaces in and around 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 and floors must be adequately graded and drained to the requirements of the New Zealand Building Code;

- 1(7) All floors and walls that become wet must be cleaned with a suitable disinfectant at least once in every 24 hours;

Water supply

- 1(8) All premises must be supplied with potable running water;

Ventilation

- 1(9) All parts of the premises must be adequately ventilated to the requirements of the New Zealand Building Code;

Lighting

- 1(10) All parts of the premises must be provided with a lighting system capable of providing adequate illumination to facilitate cleaning and inspection. Lighting of not less than 300 lux, at a distance 900mm above the floor, must be provided at all working surfaces adjacent to every place where customers are attended to and where instruments and tools are cleaned and sterilised;

Toilet and wash-hand basin

- 1(11) Any toilet and wash-hand basin must be easily accessible, hygienic, clean and tidy, and equipped with a piped supply of hot and cold tempered running water, soap and adequate hand drying facilities must be provided near toilets, bidets or urinals to the requirements of standard G1 of the New Zealand Building Code;
- 1(12) All toilets and changing rooms must be regularly checked and cleaned throughout operating times;

Wash-hand basin

- 1(13) A wash-hand basin supplied with a constant supply of hot and cold water, or tempered running water at a temperature of not less than 38 degrees Celsius, soap, and single-use disposable paper towels or other approved hand-drying equipment must be provided in a readily accessible position where any operator carries out any specified service;
- 1(14) The place where the wash-hand basin is situated must be such that it cannot become directly contaminated by the splashing of contaminants from the use of any basin provided in accordance with Minimum Standards 1(15) or 1(16) below;

Cleaner's basin

- 1(15) A cleaner's basin equipped with a constant supply of hot and cold tempered running water must be provided on the premises for the sole purpose of being used in connection with cleaning of the floors, walls and similar fixed parts of the premises. The cleaner's basin must not be used except for such purpose;

Skin piercing equipment basin

- 1(16) All premises undertaking specified services that pierce the skin must have suitable basins in addition to the basins in Minimum Standards 1(13) and 1(15)

for the cleaning of skin piercing equipment;

1(17) The requirement for a cleaner's basin or skin piercing equipment basin as specified in Minimum Standards 1(15) and 1(16) may be waived if the council thinks it is unnecessary because of the nature of the service being carried out;

Sterilisation facilities

1(18) All premises undertaking specified services that pierce the skin must provide a separate area or room for the purposes of cleaning and sterilising of equipment. This area must have good lighting, ventilation and be capable of being easily cleaned;

1(19) Ultrasonic cleaners must be kept separately to sterilisation facilities and have a designated contamination area;

Mattresses, squabs and cushion covers

1(20) All mattresses, squabs and cushions used on any chair, bed, table or the like, used in conjunction with the carrying out of a specified service must be provided with permanent impervious covers that are easily cleaned;

Staff facilities

1(21) Members of the staff must be provided with a separate room or suitable facilities for the storage of clothing and personal effects.

Additional Standards

In addition to the minimum standards above, several other legislative acts, guidelines and codes of practice are also relevant:

- The Building Act 2004 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.
- The New Zealand Building Code (Schedule 1 of the Building Act 1992) 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.
- New Zealand Guidelines for the Control of Legionellosis further aims to ensure public health and safety by setting guidelines to reduce the potential of an outbreak of Legionnaires disease.

Part 1B

Mobile or Temporary Premises

The minimum standards contained in this part of the code aim to ensure that mobile and temporary premises are set-up in clean and hygienic conditions to reduce risk to public health.

The separation of mobile and temporary premises from permanent premises recognises that it may not be possible to maintain the same standards as a permanent premises, and that the health risks may be greater due to a lack of control over the conditions.

Minimum Standard 1B: Mobile or Temporary Premises

Fit for purpose

- 1(22) The premises must be constructed, designed and arranged so as to be fit and suitable for its intended purposes;

Repairs and cleanliness

- 1(23) The premises and all fittings, fixtures and appliances in the premises must be maintained in a state of good repair and 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;

Walls, floors, ceilings, fixtures and fittings

- 1(24) The walls, ceilings, fixtures and fittings in any area connected with the carrying out of a specified service must be capable of being easily cleaned, and must be maintained in good repair. If the walls are liable to be wetted or fouled, they must be constructed of impervious material;
- 1(25) The floor of any area connected with the carrying out of a specified service that pierces the skin and risks breaking the skin must be surfaced with a smooth, durable material that is impervious to water and capable of being easily cleaned. The floor and the material with which the floor is surfaced must be maintained in good repair;

Ventilation

- 1(26) All parts of the premises must be adequately ventilated;

Lighting

- 1(27) All parts of the premises must be provided with a lighting system capable of providing adequate illumination to facilitate cleaning and inspection. Lighting of not less than 300 lux, at a distance 900mm above the floor, must be provided at all working surfaces adjacent to every place where customers are attended to and where instruments and tools are cleaned and sterilised;

Mattresses, squabs and cushion covers

- 1(28) All mattresses, squabs and cushions used on any chair, bed, table or the like, used in conjunction with the carrying out of any specified service must be

provided with permanent impervious covers that are easily cleaned;

Storage of linen and other supplies

- 1(29) All operators must provide sufficient facilities to adequately store all clean and used equipment, linen and waste products safely in separate containers before and after use and while in transit;

Cleanliness

- 1(30) All operators must establish and maintain a 'clean' work area at the site and protect all surfaces and equipment from contamination by dust, dirt, members of the public or other such contaminants at all times;

Hand-washing facilities

- 1(31) All operators must have direct access to hand-washing facilities with hot and cold running water provided preferably through a single spout, soap and means to dry with a single service towel or other approved hand-drying equipment. Alternatively, waterless alcohol-based antiseptic hand gels, foams, or liquids can be used by mobile operators only where it is physically impossible to have hand-washing facilities with running water;

Only sterile or single-use disposable instruments to be used for piercing the skin

- 1(32) All operators must provide sufficient sterile equipment for all customers undergoing any specified service that pierce the skin;
- 1(33) If the mobile facility does not have sterilisation facilities then single-use disposable pre-sterilised equipment must be used.

Part 2

Operator Conduct

The minimum standards contained in this part of the code aim to ensure that operators who are undertaking specified commercial services conduct their operations in a safe and hygienic manner so as to reduce risks to public health.

Any procedure that invades someone's body in any way that is performed without permission may be regarded as assault. It is therefore important that a customer receiving such a procedure gives their consent. The essential elements of consent in health care are that it is voluntarily given by the customer, based on full provision of information on risks to the customer, and given by a customer who has the capacity to consent.

Minimum Standard 2: Operator Conduct

Alcohol, drugs

- 2(1) No operator may carry out any service on any person who they suspect is under the influence of alcohol, drugs or mind-altering substances except as prescribed for a medical condition;

Washing of hands

- 2(2) All operators must at all times keep their clothing, hands, and fingernails clean and cover with an impermeable dressing any infected, damaged or inflamed skin;
- 2(3) All operators must thoroughly cleanse their hands by washing up to the wrist with soap or antibacterial cleansing agent, using an effective sterile barrier to operate taps to maintain cleanliness; by brushing their hands and nails when necessary and drying them with a single service towel or other approved hand-drying equipment:
- (a) before and after commencing each specified service;
 - (b) immediately after using a toilet, using any handkerchief or nasal tissue or smoking;
- 2(4) All operators must wear clean well-fitting single-use disposable surgical gloves:
- (a) if the customer is bleeding profusely;
 - (b) if the customer has open lesions or is known to have a contagious disease;
 - (c) if the operator has cuts or wounds on their hands or has a skin infection or lesion;
 - (d) if the operator is handling blood-soiled items, body fluids, excretions, and secretions, as well as surfaces, materials, and objects exposed to them;

Accidents and bleeding

- 2(5) All operators must have procedures for dealing with customers or staff where accidental exposure to another customer's blood or bodily fluids occurs.

Procedures should also be in place to deal with incidents where prolonged or unexpected bleeding occurs. Such procedures must be kept on the premises in a form of a written policy and in view of the operator. All staff must be trained to comply with it;

- 2(6) All operators 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. Records of such accidents involving exposure to another customer's blood or bodily fluids must be kept for a period of 2 years and made available to the council for inspection on request;

Use of linen and other supplies

- 2(7) Any towel, sheet, cloth, pillow, furniture covering, permanent cover of mattresses, squabs, cushions and any other protective garments must be clean and tidy, and disinfected as frequently as is necessary, but as a minimum at least after every customer;

- 2(8) An operator must not use a towel, sheet, cloth, pillow or any other protective garment or cover, on, or immediately under or over, a customer unless:

- (a) it has not been previously used; or
- (b) where it has been previously used, it has been laundered to render it clean and hygienic since last having been used;

- 2(9) Soiled linen may be laundered in a washing machine with laundry detergent or by a regular commercial laundry service;

- 2(10) Creams and lotions must be dispensed from the container with a disposable or disinfected applicator;

- 2(11) Sprays must be dispensed from a purpose-specific pump where possible;

- 2(12) All chemicals must be clearly labelled for identification and bottles must never be reused other than with the original product;

Storage of linen and other supplies

- 2(13) Adequate and separate storage lockers or other facilities must be provided for the storage of clean and soiled laundry, cleaning equipment, and other chemicals, products or materials;

- 2(14) Clean linen, tissue or single-use disposable paper products must be stored in a clean, enclosed and dust proof storage area until needed for immediate use;

- 2(15) Any used towel, sheet, cloth or any other protective garment must be stored in a closed or covered container until laundered or disposed of;

- 2(16) All premises must have a separate location or cupboard for the safe storage of all chemicals held on the premises, away from service areas and items used when performing a specified service;

Sterile storage

- 2(17) Suitable separate dust proof storage spaces must be provided for the storage

of sterile dressings, sterilised instruments, and all sterile articles, including jewellery, used in connection with a specified service that pierces the skin;

Disposal of contaminated material

2(18) Any sharps containers and bio hazard waste bins must comply with AS/NZS 4031: 1992, and operators must demonstrate that they have made appropriate arrangements to dispose of any sharps and bio hazard wastes.

Additional Standards

In addition to the minimum standards above, several other legislative acts, guidelines and codes of practice are also relevant:

- The waste management requirements within this code of practice are based on the 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”.
- The Health and Safety in Employment Act 1992 aims to promote the prevention of harm to all people at work, and others in, or in the vicinity of, places of work. It applies to all New Zealand workplaces, and specifies the responsibilities of employers, the self-employed, employees, principals and others who manage or control hazards. It requires the maintenance of safe working environments, and the implementation of sound practice.
- Employers and self-employed persons must notify the Labour Group of the Ministry of Business, Innovation and Employment as soon as possible of workplace accidents and occurrences of serious harm.

Part 3

Piercing of the Skin

Skin piercing is any process involving piercing, cutting and puncturing the skin or any other part of the human body and includes such processes as acupuncture, body piercing, derma rolling/stamping, electrolysis, extractions, red vein treatment, tattooing, and traditional tools tattooing.

Services that pierce the skin may be considered high risk due to the significant hazards posed by contact with blood and body fluids, such as the risk of transmitting blood-borne viral diseases and the transference of communicable diseases including Hepatitis B, Hepatitis C and HIV.

The minimum standards contained in this part of the code aim to ensure that operators who are undertaking commercial services that deliberately pierce or break the skin conduct their operations in a safe and hygienic manner so as to reduce risks to public health.

Minimum Standard 3: Piercing of the Skin

All operators must comply with the following standards:

- *Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)*
- *Minimum Standard 2 (Operator Conduct)*

First aid

3(1) There must be at least one operator on the premises at all times who holds a current St John's or Red Cross First Aid Workplace Certificate or an approved equivalent;

Age restriction

3(2) All operators may only carry out any specified service that pierces the skin (except tattooing) on any person 16 years and over unless with the written permission of that person's parent or guardian;

3(3) Operators must not carry out tattooing on any person under the age of 18, unless the operator has obtained the written permission of that person's parent or guardian;

Precautions, consent and aftercare

3(4) Prior to the commencement of any specified service that pierces the skin, the operator must:

- (a) advise the customer who wishes to undergo such service of the risks associated with the service and the potential for infection to occur during and after the service; and
- (b) give written advice appropriate to the procedure to be undertaken, concerning precautions and post service procedures that should be taken by the customer who wishes to undergo the service;

3(5) Before commencing any specified service that pierces the skin, a customer

must:

- (a) sign a consent form with medical history; and
- (b) be given the opportunity to inform the operator through a written and signed consent form prior to the commencement of any specified service, to establish if he or she knows or suspects that he or she:
 - (i) is suffering from a communicable disease or skin disease;
 - (ii) has a history of haemophilia (bleeding) or is taking medications such as anticoagulants which thin the blood or interfere with blood clotting;
 - (iii) has a history of allergies or adverse reactions to pigments, dyes or other skin sensitivities; or
 - (iv) has a history of epilepsy or seizures;

3(6) The operator may decline to carry out any specified service based on such information or agree to carry out the service subject to such conditions and safeguards as are considered appropriate in the circumstance;

Record keeping

3(7) All operators must keep records of:

- (a) a customer consent form;
- (b) a record of service including:
 - (i) the date on which the skin piercing service was undertaken;
 - (ii) the type of the skin piercing service; and
 - (iii) the location on the body where the skin piercing service was undertaken;

3(8) Such records must be kept secure and confidential for a minimum of 2 years and made available to the council for inspection on request;

Floors

3(9) The floor of any area connected with the carrying out of a specified service that pierces the skin must be surfaced with a smooth, durable material that is impervious to water and capable of being easily cleaned. The floor and the material with which the floor is surfaced must be maintained in good repair;

Hand washing and gloves

3(10) All operators must thoroughly cleanse their hands by washing up to the wrist with soap or antibacterial cleansing agent, using an effective sterile barrier to operate taps to maintain cleanliness; by brushing their hands and nails when necessary and drying them with a single service towel or other approved hand-drying equipment:

- (a) before and after commencing a specified service that involves piercing of the skin; and

- (b) before putting on and after removing clean well-fitting single-use disposable gloves when performing a specified service that involves piercing of the skin;

3(11) All operators must cover their hands with clean well-fitting single-use disposable surgical gloves:

- (a) before preparing the area in which to undertake a specified service;
- (b) before commencing a specified service on any customer; and
- (c) after touching any object which has not been subject to a process of cleansing and sterilisation unless an effective sterile barrier is used;

Skin preparation

3(12) All operators must evaluate the skin site prior to each service and any skin condition that may lead to skin irritation must be discussed;

3(13) Prior to commencing any service that involves piercing of the skin, all operators must cleanse the customer's skin by swabbing with an antiseptic using a clean, single-use swab and maintain product-specific recommended contact time;

Only sterile or single-use disposable instruments to be used

3(14) All instruments or like articles used for piercing the skin on any customer, must be:

- (a) single-use disposable; or
- (b) cleaned and sterilised in accordance with the provisions of Minimum Standard 3(24) and kept in such a manner to maintain its sterility;

3(15) All devices used on any mucous membrane of any customer, such as a marker pen, must be single-use and disposable;

3(16) Any articles having a hollow lumen must be single-use and disposable;

3(17) An instrument or like article may be used for piercing the skin on any customer if the instrument or article has been taken, in the presence of the customer, from a package that has been sealed by the manufacturer, being a package:

- (a) in an unbroken and undamaged condition;
- (b) to which the manufacturer has affixed a label containing a statement to the effect that the contents of the package have been sterilised;
- (c) the article or instrument, if steam sterilised, has been packaged according to section 3 of AS/NZS 4187: 2003; and
- (d) has not been subjected to any contamination during storage;

After piercing the skin

3(18) All operators must ensure that, after the completion of piercing the skin:

- (a) all single-use needles/razors are immediately disposed of according to

AS/NZS 4261: 1994 A1; or

(b) any reusable instrument or like article used in that process is thoroughly cleansed, disinfected and sterilised in accordance with the provisions of Minimum Standard 3(24) and kept in such a manner to maintain its sterility before use on any other customer or the same customer at a later time;

3(19) All sharps containers and bio hazard waste bins must comply with AS/NZS 4031: 1992, and all operators must demonstrate that they have made appropriate arrangements to dispose of sharps and bio hazard wastes;

Cleaning and disinfecting

3(20) All 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 and the item being disinfected maintaining the product-specific recommended contact time, to the satisfaction of the council;

3(21) Ultrasonic cleaners must comply with AS 2773.1: 1998 and AS 2773.2: 1999 as appropriate;

3(22) At the completion of any cleaning activity, all surfaces must be disinfected before beginning any pre-packaging or sterilisation activities;

Sterilisation

3(23) All operators must display, adjacent to every place in the premises where cleaning and/or sterilising of instruments and like articles is undertaken, written instructions setting out in clear and legible format the processes to be followed to ensure compliance with sterilisation and/or ultrasonic cleaning;

3(24) All instruments used for piercing the skin must be sterilised after each use, by way of:

(a) thoroughly cleansing by washing in warm water and detergent or within an ultrasonic cleaner and exposed to steam in accordance with the following requirements:

(i) exposure to steam must occur within a steriliser (autoclave) under the pressure indicated below:

- 103 KPa (15psi) – For at least 15 minutes at not less than 121 degrees Celsius;
- 138KPa (20psi) – For at least 10 minutes at not less than 126 degrees Celsius; or
- 206KPa (30psi) – For at least 4 minutes at not less than 134 degrees Celsius;

(ii) every steriliser (autoclave) must be fitted with time, temperature and pressure gauges;

(iii) every time the steriliser (autoclave) is used, chemical indicator strips must be inserted to show that the temperatures as set out above have been attained during the autoclaving procedure. If

- the chemical indicator / integrator fails to meet the cycle parameters, all of the load contents must be reprocessed;
- (iv) during each use the gauges must be monitored to ensure that the correct times, temperatures and pressures are reached;
 - (v) time, temperature and pressure readings must be recorded and noted after each usage;
 - (vi) regular spore testing must be undertaken, at no less than 6 monthly intervals, and the results recorded; and
 - (vii) the steriliser (autoclave) must be serviced at no less than 6 monthly intervals, and the results recorded. These records must be maintained for a minimum of 2 years and made available to the council for inspection on request; or
- (b) thoroughly cleansed by washing in warm water and detergent and exposed to dry heat for at least 60 minutes at not less than 170 degrees Celsius; or
 - (c) thoroughly cleansed by washing in cold water and detergent and then totally immersed in a glass bead steriliser operating at 250 degrees Celsius for a minimum of 5 minutes; or
 - (d) thoroughly cleansed by a method appropriate to the nature of the article concerned and then submitted to a process of sterilisation approved by the council;
- 3(25) All instruments or like articles must be individually packaged and marked "sterile" or display an indicator tape (or similar indicator) indicating sterility, be intact and kept in such a manner to maintain sterility.

Additional Standards

In addition to the minimum standards above, several other legislative acts, guidelines and codes of practice are also relevant:

- The New Zealand Association of Registered Beauty Therapists promotes professional beauty care and best practice in the beauty therapy industry in New Zealand. Members of the association adhere to the "Code of Ethics for Members of the New Zealand Association of Registered Beauty Therapists Inc", "Code of Practice for Beauty Therapy Clinics, Spas and Training Establishments", and "Rules of the New Zealand Association of Registered Beauty Therapists Inc".
- The New Zealand Acupuncture Standards Authority (NZASA) promotes professionalism and best practice in Acupuncture and Chinese Medicine in New Zealand. Registered members adhere to NZASA "Standards of Acupuncture Practice", "Code of Ethics", and "Code of Safe Practice for Acupuncturists".
- The New Zealand Register of Acupuncturists (NZRA) promotes professionalism and best practice in Acupuncture and Chinese Medicine. Registered members adhere to the "New Zealand Register of Acupuncturists Code of Professional

Ethics”, “New Zealand Register of Acupuncturists Clinical Guidelines” and “New Zealand Register of Acupuncturists Rules”.

- The waste management requirements within this code of practice are based on the 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”; and
- NZS 4304: 2002 – “New Zealand Standard for the management of healthcare waste”.
- The cleaning, disinfection and sterilising requirements within this code of practice are based on 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”.

Additional Recommended Best Practice

Operators

- It is highly recommended that all operators undertaking tattooing or piercing should be immunised against Hepatitis B.
- It is highly recommended that all operators wear a protective garment or cover for every service of a suitable nature to prevent the operator’s clothing from becoming contaminated during any service that pierces the skin.
- It is highly recommended that eye protection / face shields should be worn when performing close-up procedures that may cause aerosols of blood or body substances.
- It is important that hand gloves are:
 - changed between attending customers;
 - never washed or re-used;
 - discarded and replaced with new gloves if there is evidence of tearing or deterioration; and
 - removed and disposed of before leaving a customer for any reason.

Accidents

- The Ministry of Health “Guidelines for the Safe Piercing of Skin” outlines procedures to deal with bleeding, sharps injuries and contact with blood or body fluids.
- Employers and self-employed operators need to notify the Labour Group of the Ministry of Business, Innovation and Employment as soon as possible of workplace accidents and occurrences of serious harm.

Cleaning

- The aim of cleaning is to remove microbial, organic and inorganic soil. Cleaning agents for manual cleaning should be biodegradable, non-corrosive, non-toxic, non-abrasive, low foaming, free rinsing and preferably liquid of mild alkali formulation. Alkaline detergents are much more effective at removing blood and fat than plain surfactant based detergents. Detergents should preferably be approved by Ministry of Primary Industries (MPI).
- Note that chlorine solutions may corrode metals. Glutaraldehyde and phenol are not recommended as disinfectants because of the health risks involved in their usage.
- 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. Fresh disinfectant should be prepared each time items are to be disinfected. The disinfectant should be discarded after use.
- To reduce the risk of cross contamination, cleaning and decontamination activities should not take place simultaneously with packaging and/or sterilisation activities.
- Ultrasonic cleaners clean but do not disinfect instruments and equipment. An ultrasonic cleaner should be operated with the lid closed to prevent emission of aerosols and should be isolated from the work area to reduce exposure to high frequency noise. No part of the body should be submerged into the water tank during operation as this is thought to cause long-term arthritic conditions. Indicator tape or other such products that indicate when a product has been properly sterilised should be used to identify reusable equipment that has been sterilised, to prevent non sterile equipment being used by mistake. Please note, indicator tape may not be UV stable so equipment should be stored to protect from such exposure.

Sterilisation

- The times quoted above are holding times and do not include the time taken for the autoclave contents to reach the required temperature. Bench top steam sterilisers without a drying cycle are only appropriate for the sterilisation of unwrapped items. Steam sterilisers should comply with a recognised national or international standard.

Part 3A

Body Piercing

Body piercing is a practice of piercing the skin for decorative purposes, inserting jewellery or implants to alter the appearance of the skin.

All commercial services that pierce the skin are required to comply with the general standards for piercing the skin (Minimum Standard 3). The minimum standards contained in this part of the code are in addition to Part 3 and aim to ensure that operators who are undertaking body piercing conduct their operations in a safe and hygienic manner so as to reduce risks to public health.

Minimum Standard 3A: Body Piercing

All operators must comply with the following standards:

- *Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)*
- *Minimum Standard 2 (Operator Conduct)*
- *Minimum Standard 3 (Piercing the Skin)*

Jewellery

3(26) No operator may use any instrument or like article, including any ear or body studs or rings, ear keepers or similar jewellery for or in connection with carrying out a service, unless immediately before the instrument or article is used or since the instrument or article was last used, the instrument or article has been cleaned and sterilised in accordance with the provisions of Minimum Standard 3(24) and kept in such a manner to maintain its sterility;

3(27) All body piercing jewellery for primary piercing must be made of high quality 14 carat or 18 carat yellow or white gold, surgical grade stainless steel (316L or LVM), titanium, niobium, platinum or inert plastics;

3(28) Jewellery that is damaged or scratched must not be used;

3(29) All operators must ensure that no jewellery thinner than 14 gauge is used below the neck.

Additional Standards

In addition to the minimum standards above, several other legislative acts, guidelines and codes of practice are also relevant:

- The Ministry of Health has published “Guidelines for the Safe Piercing of Skin” to help those in the skin piercing industry better understand how to protect themselves and their customers from the risk of infection. In addition, it aims to encourage operators to reduce harm from skin piercing and promote healthy skin piercing practices.

Part 3B Tattooing

Tattooing is a process by which indelible marks are made in human skin or tissue by inserting pigments or dyes into punctures. Tattooing also includes the process known as pigment implantation or permanent makeup.

All commercial services that pierce the skin are required to comply with the general standards for piercing the skin (Minimum Standard 3). The minimum standards contained in this part of the code are in addition to Part 3 and aim to ensure that operators who are undertaking tattooing conduct their operations in a safe and hygienic manner so as to reduce risks to public health.

Minimum Standard 3B: Tattooing

All operators must comply with the following standards:

- *Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)*
- *Minimum Standard 2 (Operator Conduct)*
- *Minimum Standard 3 (Piercing the Skin)*

Sterilisation

3(30) All instruments must be sterilised in accordance with Minimum Standard 3(24) above;

3(31) The sterilisation of equipment used in tattooing must include, but not be limited to, the sterilisation of needles, needle bars, tubes and tube tips. A new sterilised needle set must be used for each new customer;

3(32) Single-use disposable items must not be reused for any reason. Tattoo needles are not reusable under any circumstances. After use, all needles, razors and other sharps must be immediately disposed of in sharps containers;

Skin preparation

3(33) The body area surrounding the skin to be tattooed must be draped with a single-use disposable paper product or clean linen;

3(34) Ointments, lotions, lubricating gel and other products used to moisten the skin prior to the application of the stencil must be dispensed and applied to the area to be tattooed in a manner to prevent contamination of the bulk product;

Use of dyes, pigments and solutions

3(35) All operators must, in carrying out tattooing on a customer:

- (a) use only dye, pigment or solution, that has been decanted into a clean sterilised container holding sufficient of the liquid for carrying out that tattoo on that customer only;
- (b) use only that decanted dye, pigment or solution whilst the tattoo is being carried out; and

(c) use only pre-purchased ink specifically manufactured for tattooing purposes;

Disposal of used dyes, pigments and solutions

3(36) All operators must ensure that on completion of the tattoo any decanted dye, pigment or solution residue is disposed of, and the container is either sterilised or discarded by an approved bio-hazard waste collection service. Any dye, pigment or solution residue remaining on the completion of a tattoo must not be used in connection with the tattooing of any other customer;

Disposal of other materials

3(37) Any mattress, squab, cushion, or linen supply that comes into contact with blood or body fluids must be disposed of according to NZS 4304: 2002, and not reused.

Additional Standards

In addition to the minimum standards below, several other legislative acts, guidelines and codes of practice are also relevant:

- The Ministry of Health has published “Guidelines for the Safe Piercing of Skin” to help those in the skin piercing industry (which includes tattooing) better understand how to protect themselves and their customers from the risk of infection. In addition, it aims to encourage operators to reduce harm from skin piercing and promote healthy skin piercing practices.

Additional Recommended Best Practice

Single-Use Disposable Barriers

- It is highly recommended to cover instruments such as tattoo machines and associated clip cords with an effective sterile barrier, such as a single-use disposable plastic bag that is discarded after each use. This cover provides an extra level of hygiene and acts as a barrier, limiting the amount of contaminants that may settle on the machine.

Use of dyes, pigments and solutions

- The Environmental Protection Agency (EPA) recently developed a standard, the “Tattoo and Permanent Makeup Substances Group Standard”, to manage the chemical risks associated with tattoo and permanent makeup substances. The EPA has guidelines which include a list of substances that tattoo inks should not contain.
- It is recommended that tattoo artists confirm with suppliers that any products purchased fit within the standard. Any inks that contain hazardous properties, and therefore not within the standard, are not approved under the “Tattoo and Permanent Makeup Group Substances Standard”.
- No dye or pigment should be used that has passed its expiry date.

Part 3C Traditional Tools Tattooing

Traditional Tools Tattooing is the practice of making indelible marks in the human skin or tissue by inserting pigments or dyes into punctures made in the skin or tissue using tools that are culturally traditional in structure and used in procedures such as ta moko, Tatau, uhi or any other traditional tattooing practice that has recognised cultural significance.

New Zealand is home to a number of cultures where traditional skin piercing practices are common, particularly among Maori and Pacific peoples. The nature of cultural tattooing, typically occurring in places other than a professional studio, means that health risks may be greater for individuals if premises, equipment and tools are not cleaned and/or sterilised to New Zealand standards. Tools used for tattooing historically have been made from bone or tusk, and large areas of the body are traditionally tattooed in a relatively short period of time, as such, there are specific risks associated with this practice.

All commercial services that pierce the skin are required to comply with the general standards for piercing the skin (Minimum Standard 3). The minimum standards contained in this part of the code are in addition to Part 3 and aim to ensure that operators who are undertaking traditional tools tattooing conduct their operations in a safe and hygienic manner so as to reduce risks to public health.

Minimum Standard 3C: Traditional Tools Tattooing

All operators must comply with the following standards:

- *Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)*
- *Minimum Standard 2 (Operator Conduct)*
- *Minimum Standard 3 (Piercing the Skin)*

Hand washing and gloves

3(38) All operators must thoroughly cleanse their hands by washing with soap or antibacterial cleansing agent and by brushing their hands and nails when necessary and then drying them with a single service towel or other approved hand-drying equipment:

- (a) before and after commencing a specified service that involves piercing of the skin; and
- (b) before putting on and after removing clean well-fitting single-use disposable gloves when performing a specified service that involves piercing the skin;

3(39) All operators must cover their hands with clean well-fitting single-use disposable surgical gloves:

- (a) before commencing a specified service on any customer; and
- (b) after touching any object which has not been subject to a process of cleansing and sterilisation unless an effective sterile barrier is used;

Only sterile or single-use disposable instruments are to be used

3(40) All operators must:

- (a) only work on one customer at a time; and
- (b) use clean, disinfected and sterilised, or single-use disposable tools;

Cleaning, disinfecting, and sterilising

3(41) The traditional tools tattoo artist must clean, disinfect and sterilise traditional tools both before and immediately after any tattooing process is undertaken in accordance with Minimum Standard 3(24) of this code or by:

- (a) scrubbing tools underwater with a brush and cleaning agent;
- (b) if possible, cleaning tools and scrubbing implements in an ultra-sonic cleaner in accordance with the manufacturer's instructions;
- (c) soaking tools and scrubbing implements in *Perasafe* solution (or equivalent) mixed in accordance with the manufacturer's instructions, and soaked for at least 20 minutes;
- (d) cleansing with clean water;
- (e) allowing the tools to air dry for at least 45 minutes before reuse, but protecting them from contaminants; and
- (f) keeping tools in such a manner to maintain sterility.

Additional Standards

In addition to the minimum standards below, several other legislative acts, guidelines and codes of practice are also relevant:

- The Ministry of Health provides "Guidelines for Cultural Tattooing", primarily for Samoan Tattoo (Tatau), both in English and in Samoan. These guidelines address measures to improve the safety of customary tattooing and are of relevance to tattooists, public health units and Medical Officers of Health.
- The Auckland Regional Public Health Service also provides an information pamphlet in both English and Samoan including details about potential risks, what to expect when getting a traditional tools tattoo, and aftercare instructions.

Additional Recommended Best Practice

Cleaning, disinfecting and sterilising

- Use-by dates on disinfectants must be observed. In some people, povidone-iodine may cause a skin reaction if left on the skin.
- Disinfectants can be applied to the skin using a pump pack and wiping with a clean single-use disposable cloth. Alternatively, skin disinfectants may be decanted from their original container into a single-use disposable container. At the end of the

tattooing procedure, any remaining fluid and single-use disposable cloths must be discarded into a hazardous and infectious waste container.

- *PeraSafe* is a product developed to sterilise items made of plastic and rubber and other materials that cannot be cleaned in an autoclave (a cleaning machine that sterilises equipment by heating substances above their boiling point and which is the only totally effective sterilisation method), and is therefore the best option for sterilising the porous materials used in traditional tattooing tools, such as bone. It is important that the *PeraSafe* solution is mixed correctly. If not enough powder is used, it may not be totally effective, and if too much powder is used, the solution may damage the tools.

Principles for healthy and hygienic tattooing

- Traditional tools tattooists should provide their customers with professionally experienced, safe and hygienic services, in clean premises. It is essential for traditional tools tattooists to be fully aware of the potential dangers of their procedures and understand the safety measures that need to be taken to make the likelihood of infection, or spread of pathogens, as small as possible.
- The following basic principles must be observed by traditional tools tattooists:
 - The premises must be kept clean and hygienic.
 - Any article used for piercing the skin must be sterile.
 - Any instrument that has pierced the skin or is contaminated with blood must be either disposed of immediately, as infectious or biological waste, or be cleaned and sterilised before being used on another customer.
 - Tattooists must keep themselves and their clothing clean; any cuts, abrasions or wounds they have should be covered and they must not smoke during the tattooing process.
 - Employers in the traditional tools tattooing industry should provide adequate training for staff in all areas of hygiene, infection control and first aid.
 - All traditional tools tattooists should be vaccinated against hepatitis B.
- It is the traditional tools tattooist's responsibility to ensure that the whole service is provided to a sufficient standard of hygiene to ensure customer and operator safety.

Use of dyes, pigments and solutions

- The Environmental Protection Agency (EPA) recently developed a standard, the "Tattoo and Permanent Makeup Substances Group Standard", to manage the chemical risks associated with tattoo and permanent makeup substances. The EPA has guidelines which include a list of substances that tattoo inks should not contain. Inks made from traditional materials should also not contain any of these substances.

Part 3D Acupuncture

Acupuncture is the practice involving the insertion of filiform (very narrow) needles through the skin and tissues for the intended purpose of alleviating ailments or injuries. Acupuncture may be considered to carry an associated risk of transferring blood-borne infections.

All commercial services that pierce the skin are required to comply with the general standards for piercing the skin (Minimum Standard 3). The minimum standards contained in this part of the code are in addition to Part 3 and aim to ensure that operators who are undertaking acupuncture conduct their operations in a safe and hygienic manner so as to reduce risks to public health.

Minimum Standard 3D: Acupuncture

All operators must comply with the following standards:

- *Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)*
- *Minimum Standard 2 (Operator Conduct)*
- *Minimum Standard 3 (Piercing the Skin)*

Single-use disposable needles only to be used

3(42) All needles must be sterile and single-use disposable needles;

3(43) All needles must be removed from the packaging by the handle of the needle.

Additional Recommended Best Practice

Acupuncture

- It is also advisable that needles should be inserted swiftly using the correct needle technique. Needle points should not be re-palpated with bare fingers unless hands have been washed appropriately and alcohol gel has been used. Needles should not be entered into open wounds.

Moxibustion

- It is advisable for all operators to obtain written customer consent prior to moxibustion. Before commencing moxibustion directly on the skin, all operators should moisten the skin with a swab or cotton wool bud and clean water.
- A customer should never be left unattended at any stage during the procedure and care should be taken when performing moxibustion directly on the face or any sensitive area.
- Any premises providing moxibustion should have a window that can be opened, or an extraction fan or air conditioner available to clear any smoke.

Cupping

- It is advisable for the operator to obtain written customer consent prior to cupping and the operator should advise the customer of the possibility of bruising.
- The procedure of cupping should be explained to a customer before commencement and the operator should ask to be informed if the procedure becomes too uncomfortable for the customer.
- Care should be taken not to overheat the cups before placement on the body.
- All cups should be sterilised after use.

Part 3E

Electrolysis, Red Vein Treatment and Derma Rolling/ Stamping

Electrolysis is a practice involving the insertion of a sterilised needle into individual hair follicles to the root. An electric impulse is passed through the needle to the root area to aid in the removal of hair. Derma rolling / stamping is a practice of using micro needles to create tiny punctures in the skin intended to stimulate growth factors to enhance collagen production and better alignment of the collagen fibres. Red vein treatment by needle is a procedure involving the injection or piercing of a vein intended to shrink red veins. The vein can be pierced with a needle along the length of the damaged capillary, causing little dams or blockages along the vessel.

All commercial services that pierce the skin are required to comply with the general standards for piercing the skin (Minimum Standard 3). The minimum standards contained in this part of the code are in addition to Part 3 and aim to ensure that operators who are undertaking electrolysis, red vein treatment or derma rolling / stamping conduct their operations in a safe and hygienic manner so as to reduce risks to public health.

Minimum Standard 3E: Electrolysis, Red Vein Treatment and Derma Rolling / Stamping

All operators must comply with the following standards:

- *Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)*
- *Minimum Standard 2 (Operator Conduct)*
- *Minimum Standard 3 (Piercing the Skin)*

Training

3(44) All operators must have the knowledge and skills necessary to provide electrolysis, red vein treatment and derma rolling / stamping, which can be achieved through the following:

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

Sterile and single-use disposable instruments only to be used

3(45) All needles and blades, including clinical grade derma rollers above 0.5mm, must be sterile and single-use disposable;

Re-usable derma rollers / stamps to be stored safely and securely

3(46) Derma rollers / stamps of 0.5mm and below may be re-used on the same customer if stored in a manner as to prevent contamination from any other item;

3(47) All operators must ensure customers of re-usable derma rollers / stamps sign a disclaimer that the derma roller / stamp is only to be used on the same customer;

3(48) All re-used derma rollers / stamps must be disposed of within six months of opening;

Protective face / eyewear when undertaking derma rolling / stamping

3(49) All operators must wear protective eyewear and a mask when undertaking derma rolling / stamping;

Use of creams and lotions

3(50) All operators must ensure that creams and lotions are applied with single-use disposable applicators before and after derma rolling / stamping;

Record keeping

3(51) All operators must keep records of maintenance and calibration of electrolysis equipment for 2 years and the records must be available to the council for inspection on request;

Medical consent required

3(52) All operators must obtain written medical consent to undertake electrolysis or red vein treatment:

- (a) for the removal of hair from moles or the inside of ears or nostrils; and
- (b) on any customer who uses a hearing aid, or who has metal plates or pacemakers inserted in their body.

Additional Recommended Best Practice

Electrolysis

- It is also advisable that after electrolysis the treated area should not be touched. After care product should be applied for three to five days after the service to accelerate the healing of the underlying tissue.

Derma rolling / stamping

- The New Zealand Association of Registered Beauty Therapists recommends that single-use disposable paper towels should be suitably placed to catch any drops of blood serum from derma rolling/ stamping.

Part 4

Risk of Breaking the Skin

Services that risk breaking the skin carry the risk of drawing blood and body fluids. These services may be considered to carry a moderate risk of transmitting blood-borne viral diseases and the risk of transferring fungal and bacterial infection. Such services include, but are not limited to, hair removal by waxing, threading and plucking, manicure and pedicure, and exfoliation.

The minimum standards contained in this part of the code aim to ensure that operators who are undertaking commercial services that risk breaking the skin conduct their operations in a safe and hygienic manner so as to reduce risks to public health.

Minimum Standard 4: Risk of Breaking the Skin

All operators must comply with the following standards:

- *Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)*
- *Minimum Standard 2 (Operator Conduct)*

Precautions and aftercare

4(1) Prior to the commencement of any specified service that risks breaking the skin, the operator must:

- (a) advise the customer who wishes to undergo such service of the risks associated with the service and the potential for infection to occur during and after the service; and
- (b) give advice appropriate to the procedure to be undertaken, concerning precautions and post service procedures that should be taken by the customer who wishes to undergo the service;

Floors

4(2) The floor of any area connected with the carrying out of a specified service that risks breaking the skin must be surfaced with a smooth, durable material that is impervious to water and capable of being easily cleaned. The floor and the material with which the floor is surfaced must be maintained in good repair;

Only sterile or single-use disposable or disinfected instruments are to be used

4(3) All instruments or like articles used on any customer for any specified service that risks breaking the skin must be:

- (a) single-use disposable and immediately disposed of after use; or
- (b) cleaned and sterilised in accordance with the provisions of Minimum Standard 3(24) and kept in such a manner to maintain its sterility; or
- (c) cleaned and then disinfected by a thermal or chemical disinfection procedure appropriate to the level of disinfection required and the item being disinfected maintaining the product-specific recommended contact time, to the satisfaction of the council.

Additional Standards

In addition to the minimum standards above, several other legislative acts, guidelines and codes of practice are also relevant:

- The New Zealand Association of Registered Beauty Therapists promote professional beauty care and best practice in the beauty therapy industry in New Zealand. Members of the association adhere to the “Code of Ethics for Members of the New Zealand Association of Registered Beauty Therapists”, “Code of Practice for Beauty Therapy Clinics, Spas and Training Establishments” and “Rules of the New Zealand Association of Registered Beauty Therapists”.

Part 4A

Hair Removal by Waxing, Tweezing or Threading

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 epililation - a mechanical means of tweezing).

All commercial services that risk breaking the skin are required to comply with the general standards for risk of breaking the skin (Minimum Standard 4). The minimum standards contained in this part of the code aim to ensure that operators who are undertaking hair removal conduct their operations in a safe and hygienic manner so as to reduce risks to public health.

Minimum Standard 4A: Hair Removal

All operators must comply with the following standards:

- *Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)*
- *Minimum Standard 2 (Operator Conduct)*
- *Minimum Standard 4 (Risk of Breaking the Skin)*

Gloves

4(4) All operators must cover their hands with clean well-fitting single-use disposable surgical gloves:

- (a) before commencing hair removal on any customer; and
- (b) after touching any object which has not been subject to a process of cleansing and sterilisation unless an effective sterile barrier is used;

Skin preparation

4(5) The skin site must be evaluated prior to each service and any skin condition that may lead to skin irritation must be discussed;

4(6) Prior to commencing hair removal, all operators must cleanse the customer's skin by swabbing with an antiseptic using a clean, single-use swab and maintaining product-specific recommended contact time;

Use of wax

4(7) All operators must ensure that wax is not applied to broken skin or over an area where blood has been drawn;

4(8) All operators must use either of the two following methods to prevent cross contamination between customers:

- (a) pre-dispense the required amount of wax for each customer into single-use disposable pots and discard any unused product; or
- (b) use single-use disposable wooden spatulas for wax application and not re-dip the spatula into the wax pot;

4(9) All operators must ensure wax that has been applied to a customer's body for

hair removal is not re-used;

4(10) All operators must ensure pots of wax are kept covered between services;

Use of thread

4(11) New single-use cotton thread is to be used only.

Additional Recommended Best Practice

Waxing

Operators should ensure that their processes for waxing customers and management of equipment minimise the potential for cross contamination. The following is also advisable:

- Single-use disposable underwear should be offered to the customer for waxing involving the full leg, bikini and/or Brazilian waxing;
- Wax should be initially applied to the inside of the operator's wrist to test the temperature of the wax, then tested on the customer in the area to be treated;
- Hot wax should be applied with a spatula in thick strips and removed by hand. Warm wax should be applied with a spatula in a thin film and removed with a paper or muslin strip;
- A soothing product should be applied after the wax has been removed;
- Metal instruments 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 pulled off and the hair removed.

Part 4B Manicure / Pedicure

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

All commercial services that risk breaking the skin are required to comply with the general standards for risk of breaking the skin (Minimum Standard 4). The minimum standards contained in this part of the code aim to ensure that operators who are undertaking manicure or pedicure conduct their operations in a safe and hygienic manner so as to reduce risks to public health.

Minimum Standard 4B: Manicure / Pedicure

All operators must comply with the following standards:

- *Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)*
- *Minimum Standard 2 (Operator Conduct)*
- *Minimum Standard 4 (Risk of Breaking the Skin)*

Training

- 4(12) All operators must have the knowledge and skills necessary to provide manicure / pedicure services, which can be achieved through the following:
- (a) National Certificate (or international equivalent) in Beautician or Nail Technology; or
 - (b) commercial industry experience of five consecutive years or more, and evidence of professional development in the commercial service; or
 - (c) evidence of training with a nail services training provider;

Ventilation

- 4(13) In addition to Minimum Standard 1(9), all operators must ensure there is adequate ventilation for the products used;

Broken skin not to be treated

- 4(14) No operator may undertake a manicure or pedicure on any customer if there are any exposed cuts or abrasions on the customer's hands and feet;
- 4(15) No operator may expose any skin that is broken during a manicure or pedicure to any further service;

Skin preparation

- 4(16) All operators must evaluate the skin site prior to each service and any skin condition that may lead to skin irritation must be discussed;
- 4(17) Prior to commencing a manicure or pedicure, all operators must cleanse the customer's skin by swabbing with an antiseptic using a clean, single-use

swab and maintain product-specific recommended contact time;

Use of instruments

4(18) All operators must be constantly aware of the heat created when using an electric nail file on a natural nail plate, as opposed to acrylic or shellac nails;

4(19) All operators must ensure pedicure chair basins and pipes are disinfected in between customers;

Use of supplies

4(20) All operators must ensure that chemicals and products are stored in containers with air tight lids;

Disposal of waste

4(21) All operators must ensure that waste with absorbed products, such as tissue and paper towels, is disposed of in a sealed container.

Additional Recommended Best Practice

First aid

- All operators should hold a current St John's or Red Cross First Aid Workplace Certificate or an approved equivalent.

Ventilation

- It is advisable that a ventilation system is installed near worktables when performing shellac, gel or acrylic nails, in addition to a ventilation system for the premises if applicable.
- Natural ventilation may be used with open doors and windows. If there is insufficient natural ventilation, artificial ventilation should be placed low down to be effective.

Operators

- All operators are advised to cover their hands with clean well-fitting single-use disposable surgical gloves:
 - a) before carrying out a pedicure on any customer and before carrying out a pedicure on any other customer; and
 - b) before touching any object including surfaces and instruments which may have become contaminated with blood or serum of any customer, or touching any object which has not been subject to a process of cleansing and sterilisation.
- All operators should take all practicable steps to prevent cuts and abrasions from filing and buffing.
- All operators are advised to wear dust masks when using an electric nail file or hand file as the dust from filing should not be inhaled. However dust masks will not prevent against vapour inhalation.

- If recommended by the manufacturer, operators should apply an oil or solution to the artificial nail before filing, which will make the dust heavier, improving the atmosphere and aiding salon cleanliness.

Part 4C Exfoliation

Exfoliation is a practice intended to remove dead skin and can be performed using microdermabrasion, physical peels that have an abrasive action or chemical peels such as glycolic or enzyme. Exfoliation procedures are generally safe because they usually involve the intact layer of the epidermis. However, there is a minimal risk of breaking the skin and infection when exfoliation is performed using microdermabrasion. Microdermabrasion is mechanical exfoliation that removes the uppermost layer of dead skin cells from the face, chest and hands and is associated with a risk of infection if equipment is not sterile or if the operator is not trained in the use of equipment.

All commercial services that risk breaking the skin are required to comply with the general standards for risk of breaking the skin (Minimum Standard 4). The minimum standards contained in this part of the code aim to ensure that operators who are undertaking exfoliation conduct their operations in a safe and hygienic manner so as to reduce risks to public health.

Minimum Standard 4C: Exfoliation

All operators must comply with the following standards:

- *Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)*
- *Minimum Standard 2 (Operator Conduct)*
- *Minimum Standard 4 (Risk of Breaking the Skin)*

Training

4(22) All operators of microdermabrasion equipment must have the knowledge and skills necessary to provide microdermabrasion, which can be achieved through the following:

- (a) National Certificate (or international equivalent) in Beautician and commercial industry experience of 12 months or more; or
- (b) commercial industry experience of five consecutive years or more, and evidence of professional development in microdermabrasion; or evidence of training with a microdermabrasion training provider, and commercial industry experience of 12 months or more.

Additional Recommended Best Practice

- All operators should use new single-use sponges where facial towelling is necessary for exfoliation.
- The New Zealand Association of Registered Beauty Therapists recommends that only safety certified microdermabrasion equipment should be used.

Part 5

Massage

Massage is a practice of applying lotion, soft wax, stones or pressure to another person's face or body. Services which are unlikely to break the skin, but do involve contact with the skin, may be considered to carry public health risks, such as the transfer of bacterial and viral infections due to direct skin contact between customer and operator.

The minimum standards contained in this part of the code aim to ensure that operators who are undertaking massage conduct their operations in a safe and hygienic manner so as to reduce risks to public health.

Minimum Standard 5: Massage

All operators are advised to comply with the following standards:

- *Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)*
- *Minimum Standard 2 (Operator Conduct)*

Precautions, consent and aftercare

- 5(1) Prior to the commencement of any massage service, the operator must:
- (a) consult the customer who wishes to undergo such service including medical history to make sure the service is suitable for that customer; and
 - (b) advise the customer who wishes to undergo such service of the risks associated with the service; and
 - (c) give advice appropriate to the procedure to be undertaken, concerning precautions and post service procedures that should be taken by the customer who wishes to undergo the service;

Record keeping

- 5(2) All operators must keep records of a customer consent form for the procedure to be undertaken;
- 5(3) Such records must be kept secure and confidential for a minimum of 2 years and made available to the council for inspection on request;

Skin preparation

- 5(4) All operators must evaluate the skin site prior to each service and any skin condition that may lead to skin irritation must be discussed;
- 5(5) Before commencing any skin to skin contact, all operators must ensure that any cuts or abrasions on both the operator and the customer where there will be skin contact are covered. Any gloves used must be disposed of after each use;

Only sterile or single-use disposable or disinfected instruments are to be used

- 5(6) Single-use disposable gloves are to be disposed of according to AS/NZS 4034: 2002

5(7) Unless it is a single-use disposable instrument, all instruments or like articles must not be used on the skin of any customer, unless immediately before the instrument or article is used, or since the instrument or article was last used, the instrument has been cleaned, disinfected, and/or sterilised in between customers.

Additional Standards

In addition to the minimum standards below, several other legislative acts, guidelines and codes of practice are also relevant:

- 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”.

Additional Recommended Best Practice

- The physical, mental or emotional health, well-being or safety of a customer should not be endangered.
- The operator should communicate clearly with the customer so that they can respond to feedback during the service.
- The operator should be adequately trained, such as a minimum of Certificate of Relaxation Massage (or equivalent), to ensure the safety, professionalism and efficacy of the service.

Part 6

Sun-beds

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

Services involving the use of sun-beds, or solarium, have the potential to burn the skin and lead to longer term skin conditions, including skin cancer. The World Health Organization has categorised ultra-violet radiation in sun-beds as “carcinogenic to humans”. Minimum standards on the use of sun-beds are based on AS/ NZS 2635: 2008.

The minimum standards contained in this part of the code aim to ensure that operators who are providing sun-beds conduct their operations in a hygienic manner so as to reduce risks to public health.

Minimum Standard 6: Sun-beds

All operators must comply with the following standards:

- *Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)*
- *Minimum Standard 2 (Operator Conduct)*

Sun-bed operator training

6(1) Any person who is supervising the operation of a commercial sun-bed must be properly trained in the following:

- (a) requirements of AS/NZS 2635: 2008 and practical implementation, including identification of medication that causes photosensitivity;
- (b) proper determination of skin types and exposure times;
- (c) proper screening for potentially exposure-limiting conditions;
- (d) emergency procedures in case of overexposure to ultra-violet radiation;
- (e) types and wavelength of ultra-violet radiation; and
- (f) proper procedures for cleaning and disinfecting protective eyewear and tanning equipment;

Age restriction

6(2) All operators must ensure no person under the age of 18 years is permitted to use a sun-bed;

Precautions and aftercare

6(3) Prior to the commencement of a sun-bed service, the operator must:

- (a) advise the customer who wishes to undergo such service of the risks associated with the service; and
- (b) give written advice appropriate to the sun-bed service concerning precautions and post service procedures that should be taken by the customer who wishes to undergo the service;

Customer consent and skin type assessment

6(4) Prior to the commencement of tanning sessions, all operators must determine the customer's skin type based on the skin type assessment completed by the customer. All operators must ensure that a consent form as set out in Appendix A of AS/NZS 2635:2008 is given to the customer. Customers on photosensitive medication should not use a sun-bed;

6(5) Before commencing any sun-bed service all sun-bed operators must ensure that:

- (a) the customer completes a skin type assessment;
- (b) the customer returns the signed and dated consent form prior to commencement of the first tanning session in the establishment;
- (c) a copy of the signed and dated consent form is offered to the customer;
- (d) the original signed and dated consent form is filed in the records of the establishment for a period of not less than 2 years;

Record keeping

6(6) Such records must be kept secure and confidential for a minimum of 2 years and made available to council for inspection on request;

Maximum repeated exposure

6(7) All operators must ask the customer if they have used a sun-bed at any other premises in the past 48 hours, and ensure that repeated exposure is not administered before 48 hours after the previous exposure, and does not exceed three times a week;

Skin type exclusion

6(8) All operators must ensure:

- (a) individuals with Skin Phototype 1 (Fitzpatrick Skin Type) are not permitted to use a sun-bed;
- (b) individuals with a history of melanoma are not permitted to use a sun-bed;

Warning notices

6(9) All operators must ensure one or more warning notices are placed in the immediate view of every customer entering each of the establishment's sun tanning unit areas, and that these notices are a minimum A4 size as in standard 3.6.1 of AS/NZS 2635: 2008. The following information must be presented:

- (a) Tanning units emit ultra-violet radiation;
- (b) Exposure to ultra-violet radiation from sun-beds can cause melanoma, skin cancer, skin ageing and eye damage;
- (c) Repeated exposure to ultra-violet radiation from sun-beds further increases risk;
- (d) People with fair skin who burn easily and people with any other risk factors

for melanoma will not be permitted to use a tanning unit;

- (e) Further intentional exposure to sunlight or a tanning unit must be avoided for the next 48 hours;
- (f) Protective eyewear must be worn at all times while undergoing tanning unit exposure;
- (g) No person under the age of 18 years is permitted to use a tanning unit;
- (h) People who are unsure of their own personal risk of melanoma and skin cancer should consult their GP before using a tanning unit;

Control of exposure time

6(10) All operators must determine, set and control the exposure time for a session according to the skin type and the number of prior sessions. An exposure chart should be available for each tanning unit to enable the operator to determine the time settings to achieve a particular dose for each customer;

Automatic timing device

6(11) All operators must ensure a timing device is operable to automatically terminate the session in a sun-bed at the expiry period equal to the maximum initial or repeated exposure time for the specific skin type;

Lamp replacement

6(12) All operators must ensure each full set of sun-bed lamps are routinely checked for ultra-violet radiation output and changed within the lamp manufacturer's specified useful life. Records of lamp operating hours must be kept on the premises for 2 years and the records must be available to the council for inspection on request;

Promotion

6(13) All operators must ensure claims of non-cosmetic health benefits are not made in the promotion of sun-bed use. There must be no claim that sun-bed use is safe from risk;

Hygiene

6(14) All operators must ensure any part or surface of a sun-bed that is subject to body contact with a sun-bed user is either disinfected or, if disposable, completely replaced after the sun-bed has been used;

Supervision

6(15) All sun-beds used by any customer on the premises must be subject to supervision by a trained operator at all times;

Protective eyewear

6(16) A sun-bed operator must ensure protective eyewear:

- (a) is worn by every sun-bed user during any period for which the sun-bed is operative;
- (b) is either disinfected or, if disposable, completely replaced after the sun-bed

has been used; and
(c) complies with the standards of AS/NZS 2635: 2008.

Additional Standards

In addition to the minimum standards above, several other legislative acts, guidelines and codes of practice are also relevant:

- World Health Organisation “Artificial tanning sun-beds risks and guidance 2003”.
- Ministry of Health “Guidelines for Operators of Ultraviolet (UV) Tanning Lamps 2009”.
- AS/NZS 2635: 2008 “Solaria for Cosmetic Purposes”.

Additional Recommended Best Practice

- Due to an increased risk for sun-bed users of unsupervised, self-service sun-beds, such sun-beds should not be available to the public for use.
- The Indoor Tanning Association of New Zealand recommends that sun-beds must be maintained and serviced to an approved standard, as detailed by the equipment supplier and in compliance with New Zealand appliance requirements.

Part 7

Pulsed Light and Laser Treatment

Pulsed light is a practice using a powerful flash of broad spectrum, non coherent light intended to remove hair and/or for skin photo-rejuvenation, and may include, but is not limited to, Intense Pulsed Light and Variable Pulsed Light. Laser treatment is a practice involving the use of a laser device, which amplifies light and usually produces an extremely narrow beam of a single wavelength (one colour), intended to remove hair and for skin photo-rejuvenation.

Services involving the use of pulsed light and laser treatment have the potential to burn the skin and lead to longer term skin conditions. Pulsed light may be considered to carry a risk of delayed recognition of skin cancers and mis-diagnosing malignant skin lesions, including melanoma. Lasers capable of breaking the skin, such as those used for laser tattoo removal, carry the risk of drawing blood. The use of lasers capable of breaking the skin may be considered to carry a risk of transmitting blood-borne diseases.

The minimum standards contained in this part of the code aim to ensure that operators who are undertaking pulsed light and laser treatment conduct their operations in a safe and hygienic manner so as to reduce risks to public health.

Minimum Standard 7: Pulsed Light and Laser Treatment

All operators must comply with the following standards:

- *Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)*
- *Minimum Standard 2 (Operator Conduct)*

Training in the provision of pulsed light

- 7(1) All operators of pulsed light equipment must have the knowledge and skills necessary to provide pulsed light services, including skin type identification and the safe use of equipment, which can be achieved through the following:
- (a) National Certificate (or international equivalent) in Electrology, evidence of professional development in pulsed light services, and commercial industry experience of 12 months or more ; or
 - (b) commercial industry experience of five consecutive years or more using pulsed light equipment, and evidence of professional development in pulsed light services; or
 - (c) evidence of training with a pulsed light training provider, and industry experience of 12 months or more;

Training in the provision of laser treatment

- 7(2) All operators of lasers that risk breaking the skin must comply with Minimum Standard 4: Risk of Breaking the Skin;
- 7(3) All operators of lasers that risk breaking the skin, including those used for laser tattoo removal, must have the knowledge and skills necessary to provide laser services including:

- (a) skin type identification; and
- (b) safe use of lasers based on AS/NZS 4173: 2004 and any updates, additions or amendments to that standard; and
- (c) commercial industry experience of 12 months or more;

7(4) All operators of lasers that are designed to remove the skin must be a health practitioner and must be trained in the safe use of lasers based on AS/NZS 4173: 2004 and any updates, additions or amendments to that standard;

Display of qualifications

7(5) Qualifications must be displayed in a prominent position so customers can read them, and must be in the name of the operator performing the procedure;

Precautions, consent and aftercare

7(6) Prior to the commencement of any pulsed light or laser treatment, the operator must:

- (a) advise the customer who wishes to undergo such service of the risks associated with the service; and
- (b) give written advice appropriate to the procedure to be undertaken, concerning precautions and post service procedures that should be taken by the customer who wishes to undergo the service;

7(7) Before commencing any pulsed light or laser treatment, a customer must sign a consent form including medical history and skin type;

7(8) Before commencing any pulsed light or laser treatment, all operators must identify if the customer is suitable for the service. Any customers with a family history of melanoma must be exempt from all pulsed light and laser treatment;

7(9) All operators must ensure that a patch test, or a trial exposure of a small area of representative skin and hair, is carried out to determine the parameters and to judge how the skin might react to full service. Test patch protocol should include which areas to test, the pulsed light or laser settings, how long to wait to judge skin response, and how to spot adverse reactions;

Record keeping

7(10) All operators must keep records of:

- (a) a customer consent form with medical history and skin type;
- (b) a record of service including:
 - (i) the date on which the pulsed light or laser treatment was undertaken;
 - (ii) the type of the service;
 - (iii) the location on the body where the pulsed light or laser was undertaken; and
 - (iv) equipment calibration and maintenance;

7(11) Such records must be kept secure and confidential for a minimum of 2 years and made available to the council for inspection on request;

Health practitioners to treat skin lesions / moles only

7(12) Skin lesions and/ or moles on any customer may be managed and removed by a health practitioner only;

Medical consent required

7(13) All operators must obtain written medical consent to undertake pulsed light or laser treatment on any customer for the removal of hair from moles;

Controlled area

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 passerby;
- (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;

Protective eyewear

7(15) All operators must ensure suitable protective eyewear is worn by the customer and operator appropriate for the wavelength of light to be used. If the face is being treated the customer must wear opaque metal eyewear;

7(16) All operators must ensure protective eyewear is either disinfected or, if disposable, completely replaced after use;

Use of pulsed light equipment

7(17) All operators must ensure the pulsed light equipment is calibrated to make sure that it is working properly and accurately. The wavelength and service parameters of the equipment must be set according to skin type, hair type, test patch results, and previous service settings;

Cleaning and disinfecting

7(18) All equipment that does 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 and the item being disinfected maintaining the product-specific recommended contact time, to the satisfaction of the council.

Additional Standards

In addition to the minimum standards above, several other legislative acts, guidelines and codes of practice are also relevant:

- 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 Therapists does not recommend the use of Pulsed Light equipment that has not been inspected and tested annually.
- AS/ NZS 4173: 2004 “Guide to the safe use of lasers in health care”.
- Electricity (Safety) Regulations 2010
- Hairdressing and Beauty Industry Authority UK “Safe Use of Lasers and Intense Pulsed Light Equipment 2003”.

Additional Recommended Best Practice

Operators should:

- seek formal instruction in the recognition of skin cancers;
- understand the importance of not treating pigmented lesions about which they have concerns;
- advise customers with such lesions to seek the advice of a registered health practitioner.

Skin preparation for pulsed light

The area to be treated should be:

- Cleansed and all make-up removed;
- Clean skin close-up photographed;
- Hair shaved or trimmed for hair removal;
- Adequately chilled.

Use of pulsed light equipment

- The light applicator should be placed onto the skin and a short pulse of light released.
- The applicator should be moved to the neighbouring area and the process repeated until the whole area is treated.

After pulsed light

- The chilled gel should be removed, the treated area cleansed and soothing cream applied.
- The treated area should be close-up photographed.

Part 8

Colon Hydrotherapy

Colon hydrotherapy is the practice of introducing liquids into the rectum and colon via the anus and is intended to remove faeces and non-specific toxins from the colon and intestinal tract. Colon hydrotherapy may carry considerable risk to the customer if the procedure is not undertaken by a trained operator or equipment is not properly disinfected and cleansed. Colon hydrotherapy involves body fluids able to transmit infection, including Hepatitis A, Hepatitis B, Hepatitis C and HIV.

The minimum standards contained in this part of the code aim to ensure that operators who are undertaking colon hydrotherapy conduct their operations in a safe and hygienic manner so as to reduce risks to public health.

Minimum Standard 8: Colon Hydrotherapy

All operators must comply with the following standards:

- *Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)*
- *Minimum Standard 2 (Operator Conduct)*

Training

8(1) Unless the operator is a health practitioner, all operators must be adequately trained in colon hydrotherapy;

Age restriction

8(2) No operator may carry out colon hydrotherapy on any person under the age of 16 years unless with the written permission of that person's parent or guardian;

Precautions, consent and aftercare

8(3) Prior to the commencement of any colon hydrotherapy service, the operator must:

- (a) advise the customer who wishes to undergo such service of the risks associated with the service and the potential for infection to occur during and after the service; and
- (b) give written advice appropriate to the procedure to be undertaken, concerning precautions and post service procedures that should be taken by the customer who wishes to undergo the service;

8(4) Before commencing any colon hydrotherapy service, operators must ensure the customer signs a consent form informing the operator of medical history;

Record keeping

8(5) All operators must keep records of:

- (a) a customer consent form for the service to be undertaken, listing any medical conditions and signed consent;
- (b) the name and address of any customer who undergoes any colon

hydrotherapy service; and

(c) the date on which the colon hydrotherapy service was undertaken;

8(6) Such records must be kept secure and confidential for a minimum of 2 years and made available to the council for inspection on request;

Toilet, wash-hand basin and shower

8(7) All premises must have a toilet, wash-hand basin and shower for the exclusive use of the customer and be located in the procedure room or as an ensuite;

8(8) The supply of hot and cold water to the wash-hand basin must be by way of elbow-operated taps, however other taps of the hands-off type, including foot operated, electronically controlled or knee operated taps may also be used;

Floors

8(9) The floor of any area connected with the carrying out of a colon hydrotherapy service must be surfaced with a smooth, durable material that is impervious to water and capable of being easily cleaned. The floor and the material with which the floor is surfaced must be maintained in good repair;

Colon hydrotherapy systems

8(10) All operators must ensure the colon hydrotherapy system is registered with the United States Food and Drug Administration or New Zealand Medicines and Medical Devices Safety Authority;

8(11) All operators must ensure the colon hydrotherapy system is properly installed and complies with AS/NZS 3500.1: 2003, AS/NZS 3500.2: 2003 and AS/NZS 3500.4: 2003;

8(12) All operators must ensure water filters are properly fitted to the colon hydrotherapy system and that filters are replaced at the manufacturer's recommended intervals and as necessary;

8(13) All operators must ensure that there are no pumps, other pressure-enhancing devices or suction facilities on the customer side of the water tank. Mechanisms for regulating water temperature must be installed at the mains and the tank;

Only sterile or single-use disposable instruments are to be used

8(14) All instruments or like articles used for colon hydrotherapy must be:

(a) single-use disposable; or

(b) cleaned and sterilised in accordance with the provisions of Minimum Standard 3(24) and kept in such a manner to maintain their sterility;

8(15) All rectal tubes must be sterile and single-use disposable;

Cleaning and disinfecting

8(16) All re-usable equipment that does 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 and the item being disinfected maintaining the

product-specific recommended contact time, to the satisfaction of the council;

8(17) Single-use disposable paper towels must be placed on the customer couch and made available for each customer after the procedure;

Disposal of contaminated material

8(18) All operators must ensure premises have one waste receptacle for clinical and related waste (for any item contaminated with blood) and another waste receptacle for other single-use items;

8(19) All operators must ensure clinical / biohazard waste is disposed of by an approved waste contractor.

Additional Standards

In addition to the minimum standards above, several other legislative acts, guidelines and codes of practice are also relevant:

- The International Association for Colon Hydrotherapy aims to implement best practice and heighten awareness of the colon hydrotherapy profession, and ensure continuing and progressive education in the field of colon hydrotherapy. The association recommends the use of registered equipment with the Food and Drug Administration or New Zealand Medicines and Medical Devices Safety Authority.

Additional Recommended Best Practice

It is also advisable for operators to keep records of the following:

- A checklist of equipment operation procedures, including a record of settings used on each customer;
- An equipment maintenance record including any related repair orders;
- An emergency procedure checklist in the event of any unforeseen circumstances; and
- The manufacturer's operation manual in close proximity to the colon hydrotherapy equipment.

Part 9

Public Swimming Pools

Public swimming pools are pools other than for domestic use, and include commercial, school, institutional, club, hospitality industry, community and local authority pools.

Public swimming pools carry the risk of transferring waterborne illnesses, such as gastrointestinal infections from faecal contamination of the water or vomiting, and swimmers swallowing, breathing, or having contact with the infected water. Infection can also be spread through direct animal contamination in the case of outdoor public swimming pools (e.g. from birds and rodents). There is also the risk of chemical poisoning from pool chemicals.

The minimum standards contained in this part of the code aim to ensure that operators who are providing swimming pools conduct their operations in a safe and hygienic manner so as to reduce risks to public health.

Minimum Standard 9: Swimming Pools

All operators must comply with the following standards:

- *Minimum Standard 1A (Permanent Premises)*
- *Minimum Standard 2 (Operator Conduct)*

New Zealand standard for pool water quality

- 9(1) All public pool operators must comply with NZS 5826: 2010 and any updates, additions or amendments to that standard;
- 9(2) All public pool operators must ensure that there are written procedures available for faecal and vomiting accidents in pools and that these are to the satisfaction of the council;
- 9(3) All public pool operators must ensure pool water is chemically balanced. If the public pool operator continually fails to maintain chemical balancing then the water treatment pool risk management plan must reflect how the operator is going to ensure safe water quality;
- 9(4) All public pool operators must ensure pool water treatment is the responsibility of a person or persons who have undertaken training in relevant NZQA Unit Standards;

Public swimming pool not to be used

- 9(5) A public swimming pool must not be used in the following circumstances:
- (a) when the pool does not meet all of the water quality standards in Minimum Standard 9(1) as applicable; or
 - (b) when the council requires specific water quality testing and the pool is shown to be unsafe; or
 - (c) when the filtration system is not operating; or
 - (d) when back washing of the filtration system needs to be undertaken during operating hours for longer than 45 minutes, provided FAC and pH levels

remain within the standards of NZS 5826: 2010;

Testing frequency

- 9(6) The council may specify the frequency of tests for total available chlorine, free available chlorine or total bromine if the pool is likely to be subject to high usage; provided that the frequency is at least as great as specified in NZS 5826: 2010;
- 9(7) The council may specify the frequency of tests for total dissolved solids and calcium hardness and the frequency at which water in any public pool less than 5000 litres must be changed, if there is evidence that the chemical standards of this code of practice are not being maintained, or there is significant public health risk from faecal accidents;

Record keeping

- 9(8) All operators must maintain records of all tests for free available chlorine levels, total chlorine or bromine levels, pH levels, chemical additions and water changes to the pool. In any case, where alternative water treatment processes or chemicals have been approved in accordance with Minimum Standard 9(1), records of the testing of these chemical levels/ water treatment processes must be kept to the satisfaction of the council;
- 9(9) Such records must be kept for a minimum of 2 years and made available to the council for inspection on request;

Warning signs

- 9(10) A permanent legible sign must be displayed at or near:
- (a) any pool recommending customers to shower before using the pool;
 - (b) the entrance to every pool requesting that customers:
 - (i) do not wear street clothing into the pool;
 - (ii) who are suffering skin, throat, eye or ear infections do not enter into the pool; and
 - (iii) who currently have diarrhoea, or have suffered diarrhoea in the last two weeks do not enter the pool.
 - (c) any pool requesting customers to wash their hands after going to the toilet and changing nappies;
 - (d) any pool requiring children under 4 years of age who enter the pool to wear a tight-fitting bathing costume with elasticated legs capable of retaining faeces or a swimmer nappy;

Geothermal pools

- 9(11) All public geothermal pool premises must comply with specific requirements for geothermal pools in NZS 5826: 2010;
- 9(12) All public geothermal pool premises must display a permanent legible sign at or near the pool advising swimmers to keep their head above the water to prevent Amoebic Meningitis.

Additional Standards

In addition to the minimum standards above, several other legislative acts, guidelines and codes of practice are also relevant:

- The New Zealand Standard for Swimming Pool Design provides guidance on the suitable minimum requirements to set when contracting for design and construction of swimming pools, and requirements that should be met to achieve safety and good operational management.

Additional Recommended Best Practice

Saunas and steam rooms

- All operators should ensure any seating in a sauna or steam room is constructed so that the floor beneath the seating can be easily cleaned and water drained;

Cleaning of saunas

- Saunas are commonly made of wood and skin particles can adhere to the wood. It is recommended that wooden saunas are scrub washed every day with large quantities of water.

Part 10

Commercial Sexual Services

Commercial sexual service is the physical participation by a person in sexual acts with, and for the gratification of, another person; and provided for payment or other reward (irrespective of whether the reward is given to the person providing the services or another person).

Commercial sexual services carry a risk of transferring communicable diseases, as well as transmitting bacterial and viral infections. Health risks include the practices involved in the industry, as well as concerns about the hygiene standards of the premises in which the sex industry operates.

To reduce health risks associated with commercial sexual services, the industry is required to comply with the standards set by the Prostitution Reform Act 2003 and the Health and Safety in Employment Act 1992.

Minimum Standard 10: Commercial Sexual Services

All operators are advised to comply with the following standards:

- Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)
- Minimum Standard 2(6) to 2(17) inclusive

Additional Standards

In addition to the recommended minimum standards above, several other legislative acts, guidelines and codes of practice are relevant:

- The Prostitution Reform Act 2003 (PRA).
- The Health and Safety in Employment Act 1992 (HSE Act). The HSE Act is administered by the Labour Group of the Ministry of Business, Innovation and Employment (MBIE).

The Prostitution Reform Act 2003

Operators

- Operators must comply with section 8 of the PRA:

Operators of businesses of prostitution must adopt and promote safer sex practices

(1) Every operator of a business of prostitution must:

(a) take all reasonable steps to ensure that no commercial sexual services are provided by a sex worker unless a prophylactic sheath or other appropriate barrier is used if those services involve vaginal, anal, or oral penetration or another activity with a similar or greater risk of acquiring or transmitting sexually transmissible infections; and

(b) take all reasonable steps to give health information (whether oral or written) to sex workers and clients; and

(c) if the person operates a brothel, display health information prominently in that brothel; and

(d) not state or imply that a medical examination of a sex worker means the sex worker is not infected, or likely to be infected, with a sexually transmissible infection; and

(e) take all other reasonable steps to minimise the risk of sex workers or clients acquiring or transmitting sexually transmissible infections.

Sex workers and clients

- Sex workers and clients must comply with section 9 of the PRA:

Sex workers and clients must adopt safer sex practices

(1) A person must not provide or receive commercial sexual services unless he or she has taken all reasonable steps to ensure a prophylactic sheath or other appropriate barrier is used if those services involve vaginal, anal, or oral penetration or another activity with a similar or greater risk of acquiring or transmitting sexually transmissible infections.

(2) A person must not, for the purpose of providing or receiving commercial sexual services, state or imply that a medical examination of that person means that he or she is not infected, or likely to be infected, with a sexually transmissible infection.

(3) A person who provides or receives commercial sexual services must take all other reasonable steps to minimise the risk of acquiring or transmitting sexually transmissible infections.

Health and Safety in Employment Act 1992

- Sex workers, clients and operators must comply with section 10 of the PRA:

Application of Health and Safety in Employment Act 1992

(1) A sex worker is at work for the purposes of the Act while providing commercial sexual services.

(2) However, nothing in this Act (including subsection (1)) limits that Act or any regulations or approved codes of practice under that Act.

The Health and Safety in Employment Act 1992

Operators

- The operator of any business providing commercial sexual services has a duty under the HSE Act to make sure that any premises or equipment they operate are safe. This means ensuring that hazards do not harm any people who are:
 - (a) lawfully at work in the place;
 - (b) there as customers or to undertake an activity; or
 - (c) in the vicinity.
- In some circumstances, there may also be a duty to warn authorised visitors of any significant hazards in a place of work. These duties are set out in section 16 of the HSE Act.
- Employers have the most duties under the HSE Act. Most are directed towards keeping employees safe and healthy. In the case of the sex industry, an employer may be a brothel owner or operator, an outcall service proprietor or manager, or a massage parlour owner or manager (a customer for commercial

sexual services is not an “employer” of the sex worker providing the services).

- An employer is defined by the HSE Act as a person (including a company) who employs any other person to do any work for hire or reward. The person must be employed under a contract of service (employment agreement). For the purposes of the HSE Act, the contract or agreement may be expressed or implied, written or verbal.
- Employers are required to take “all practicable steps” to protect the health, safety and welfare of their employees at work. This includes providing a workplace that is safe for employees and free from health risks.
- For employers to meet their responsibilities they must:
 - (a) Maintain places of work under their control in a safe condition and provide and maintain systems of work that are safe and without risk to health, including safe access to and from the workplace (section 6).
 - (b) Provide and maintain work-related equipment (including personal protective clothing and equipment), at no cost to the employee (section 10).
 - (c) Identify and manage any hazards in the place of work (sections 7-10).
 - (d) Make arrangements for the safe use, handling, storage and transportation of equipment and substances, and provide employees with adequate information (sections 6 and 12).
 - (e) Develop emergency procedures and provide employees with the information they need about them (section 6 and 12).
 - (f) Provide the information, instruction, training and supervision needed to ensure the health and safety of all employees (sections 12 and 13).
 - (g) Where employees are exposed to hazards, monitor their exposure and, where necessary, their health in relation to the hazard, and inform employees of the results of monitoring (sections 10 and 11).
 - (h) Provide reasonable opportunities for employees to participate effectively in the improvement of health and safety (section 19B).
 - (i) Record, notify and report as appropriate any accidents or occurrences of serious harm to employees or others in the place of work (section 25).
- An employer’s duties under the HSE Act are in addition to those of the PRA.

Additional Recommended Best Practice

“Sex Industry: A Guide to Occupational Health and Safety in New Zealand”

- The issue of health for the commercial sex industry is articulated in the Ministry of Business, Innovation and Employment – Labour Group health and safety guidelines for the industry, “Sex Industry; A Guide to Occupational Health and Safety in New Zealand” (the guide).

- The guide sets out the relevant health and safety duties that are necessary for owners, operators, employees, and other participants in the commercial sex industry to prevent harm to a worker's health and wellbeing.
- The guide covers the following health issues: sex worker health (including sexual health education, immunisation, personal protective equipment, reproductive health and overuse disorders); work place amenities (including wet areas, linen, laundry facilities, cleaning of body fluid spills and lighting); and psychosocial factors (including security and safety from violence, alcohol, drugs and smoking).
- Sections 4–13 of the guide provide more detail on accepted means of employers meeting these duties. Appendix 2 provides more detail on accident and illness recording, notification and reporting requirements.
- Section 3 of the guide sets out the roles and responsibilities under a number of laws administered by a number of different agencies within New Zealand. The table below is based on page 29 of the guide:

| Legislation | Area it covers in relation to the sex industry | Agency responsible |
|---|--|---|
| Prostitution Reform Act 2003 | Decriminalised prostitution and covers such matters as: <ul style="list-style-type: none"> • safeguarding the human rights of sex workers and protecting them from exploitation; and safety requirements • setting health and safety requirements in regard to safe sex. | Medical Officers of Health (or their appointed inspectors) as appointed by Director General of Health under section 25. |
| Health Act 1956 | Specified infectious diseases are notifiable to the Medical Officers of Health. Medical Officers of Health may undertake prevention and control measures in relation to these diseases. | Medical Officers of Health as appointed by Director General of Health. |
| Health and Safety in Employment Act 1992 | Covers health and safety in all in workplaces. | The Occupational Safety and Health Service of the Ministry of Business, Innovation and Employment – Labour Group. |
| Employment Relations Act 2000 | Covers employment relationships in the work place. | The Employment Relations Service of the Ministry of Business, Innovation and Employment – Labour Group |
| Injury Prevention, Rehabilitation and Compensation Act 2001 | Governs the accident compensation scheme, which provides accident insurance for all New Zealand citizens, residents and temporary visitors to New Zealand. | Accident Compensation Corporation (ACC) |

New Zealand Prostitutes Collective (NZPC)

- NZPC advocates for the human rights, health and well-being of all sex workers. NZPC is committed to working for the empowerment of sex workers, so that sex workers may have control over all aspects of their work and lives.
- NZPC works to support sex workers by ensuring they have appropriate information to help them make informed decisions that will enhance their occupational safety and health, enable them to work safely and in supportive, safe environments, and to overcome situations that are detrimental to their occupational safety and health.
- NZPC also works as a liaison with government and non-government agencies that engage with sex workers and sex industry workers, and assists these agencies to do so in an effective, culturally appropriate way.