



# Responses to the “Proposed drafting of the Health (Body Art and Personal Appearances) Regulations

Public consultation during December 2013-  
March 2014

Environmental Health Directorate, Department of Health WA

May 2014

## Regulation review summary

The Environmental Health Directorate of the Department of Health of Western Australia initiated a review of the *Health (Skin Penetration Procedures) Regulations 1998* and the *Hairdressing Establishment Regulations 1972*.

The review included the development and consultation of the "[Proposed drafting of the Health \(Body art and personal appearances\) Regulations Discussion Paper 2013](#)" and an online questionnaire using survey monkey ([www.surveymonkey.com/s/BodyArtRegulationProposal](http://www.surveymonkey.com/s/BodyArtRegulationProposal)).

The Discussion Paper and questionnaire were circulated to a range of stakeholders, including industry representatives, local government enforcement agencies, non-government organisations and the general public, during December 2013.

The following communication avenues were used to promote and seek feedback on the review:

- Targeted emails and wrote to approximately 30 known industry organisations representing tattooing, body art, beauty therapy, colonic irrigation, acupuncture and cosmetic tattooing (appendix 1) and requested that they help to promote the review to their members.
- Circulated emails promoting the review via the Environmental Health Directorate electronic mailbox (350 subscribers) which mostly targets local government environmental health officers, and requested EHO's to inform their local businesses of the review.
- Emailed the Metropolitan Environmental Health Managers Group (MEHMG) requesting assistance to promote the review to local businesses registered by their councils.
- Located all details of the review on the Public Health Division website [www.public.health.wa.gov.au](http://www.public.health.wa.gov.au) and the Healthy WA website [www.healthywa.wa.gov.au/](http://www.healthywa.wa.gov.au/)
- Participated in radio interviews.
- Circulated an add on Facebook via the Department of Health's new Facebook page.

The review ran until 31<sup>st</sup> March 2014 (approximately 4 month review period), and was extended by a further two weeks due to industry requests.

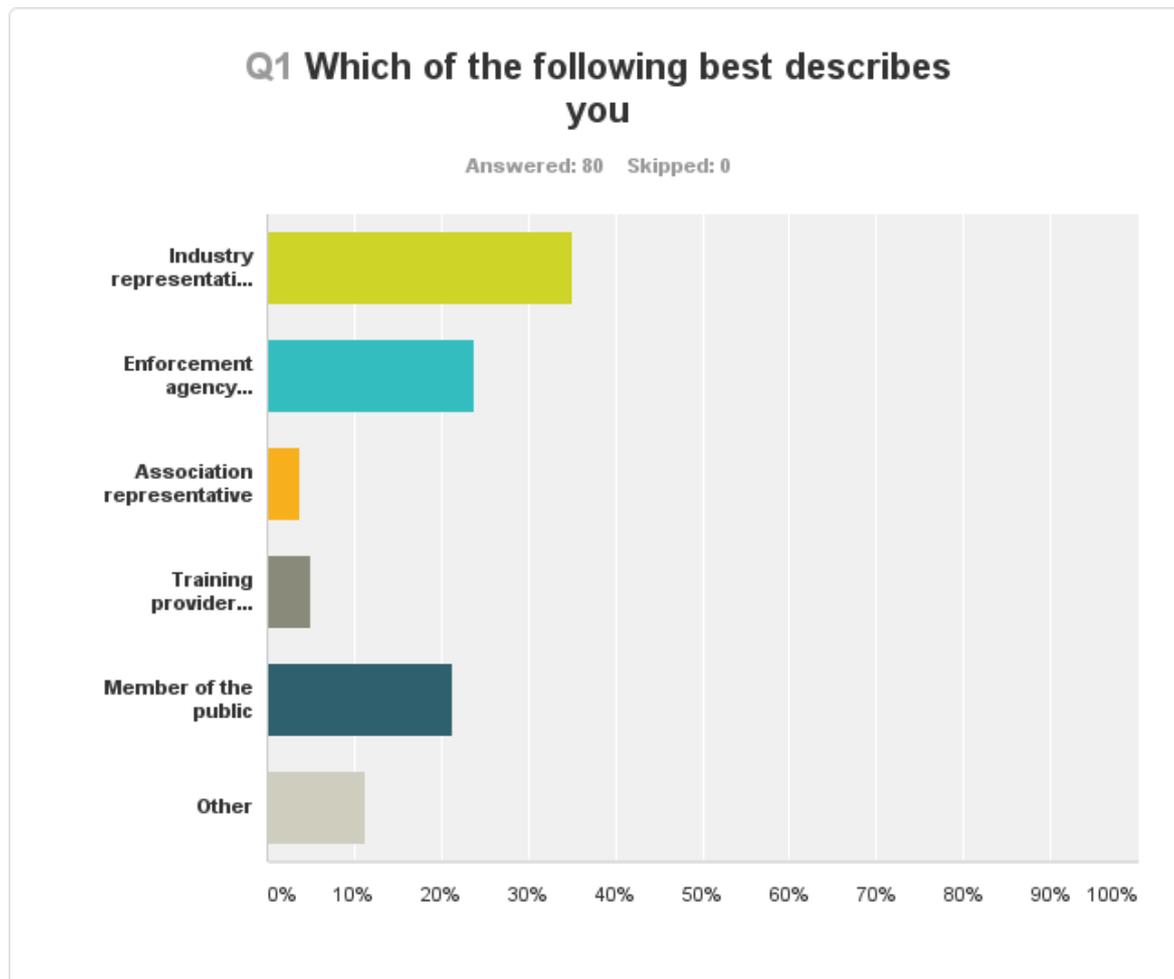
This report provides a summary of the comments received as part of the review. These comments will be considered during the development of drafting instructions.

## Summary or responses

The following provides a summary of responses to the twelve questions asked as part of the Discussion Paper.

In total 80 people responded to the questionnaire and an additional six separate written responses were also received.

### Question 1: Which of the following best describes you?



### Question 2: Organisation name (where applicable)

Organisation name (where applicable)	
Answer Options	Response Count
	48
<i>answered question</i>	48
<i>skipped question</i>	32

More than half of respondents requested that their submissions remain confidential (question 5). Therefore, the names of organisations have been omitted from this report.

### Question 3: Author name

Author name	
Answer Options	Response Count
	80
<i>answered question</i>	80
<i>skipped question</i>	0

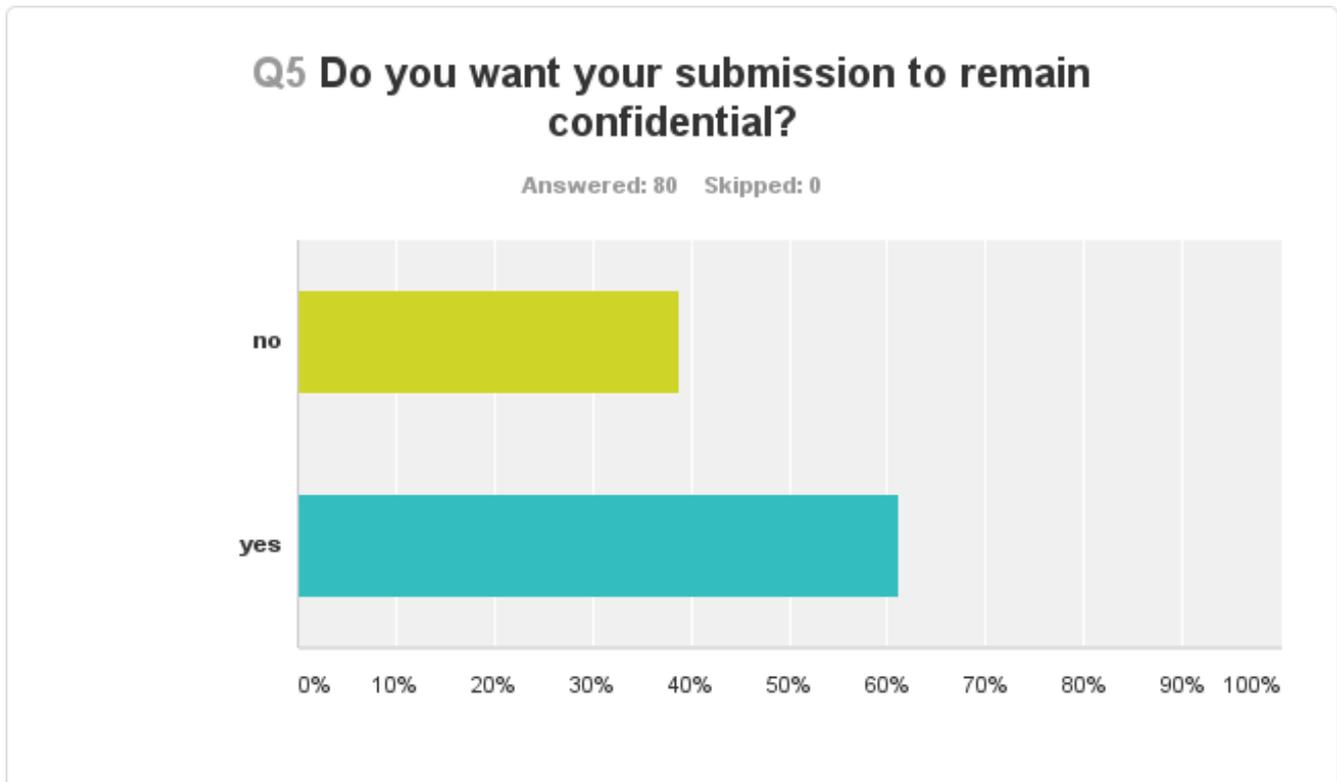
More than half of respondents requested that their submissions remain confidential (question 5). Therefore, author names have been omitted from this report.

### Question 4: Email

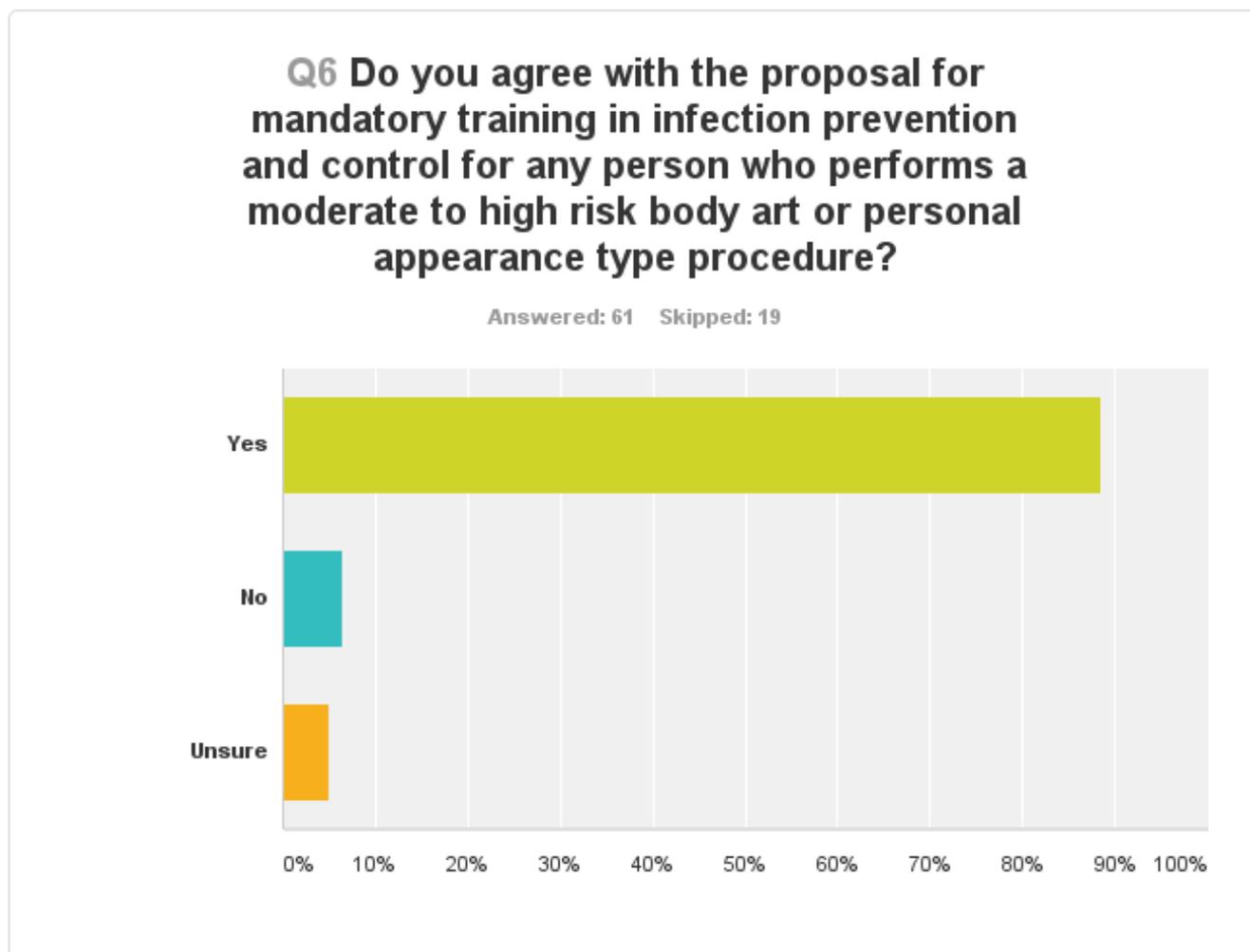
Email	
Answer Options	Response Count
	80
<i>answered question</i>	80
<i>skipped question</i>	0

More than half of respondents requested that their submissions remain confidential (question 5). Therefore, email addresses have been omitted from this report.

### Question 5: Do you want your submission to remain confidential?



**Question 6: Do you agree with the proposal for mandatory training in infection prevention and control for any person who performs a moderate to high risk body art or personal appearance type procedure?**



Comments	Who from
It would be preferable to have formal training for both high & moderate risk procedures "formal industry based training" could be a case of the blind leading the blind. The person responsible for the training should have undergone training themselves There also seems to be conflict between the guidelines & the regulations relating to mandatory training	Enforcement agency representative
I believe that a lot of people do not partake in basic hygiene practises. I would not like it to be "over the top" because it would most likely not be adhered to.	Association representative
I disagree that spray tan is in the high to moderate category, as we do not touch the skin, only spraying solution on to skin	Industry representative
This is essential I have seen so many premisis operating where staff do not follow infection control procedures	Member of the public
I think Mandatory training should be enforced on high to very low risks. It will be	Member of the

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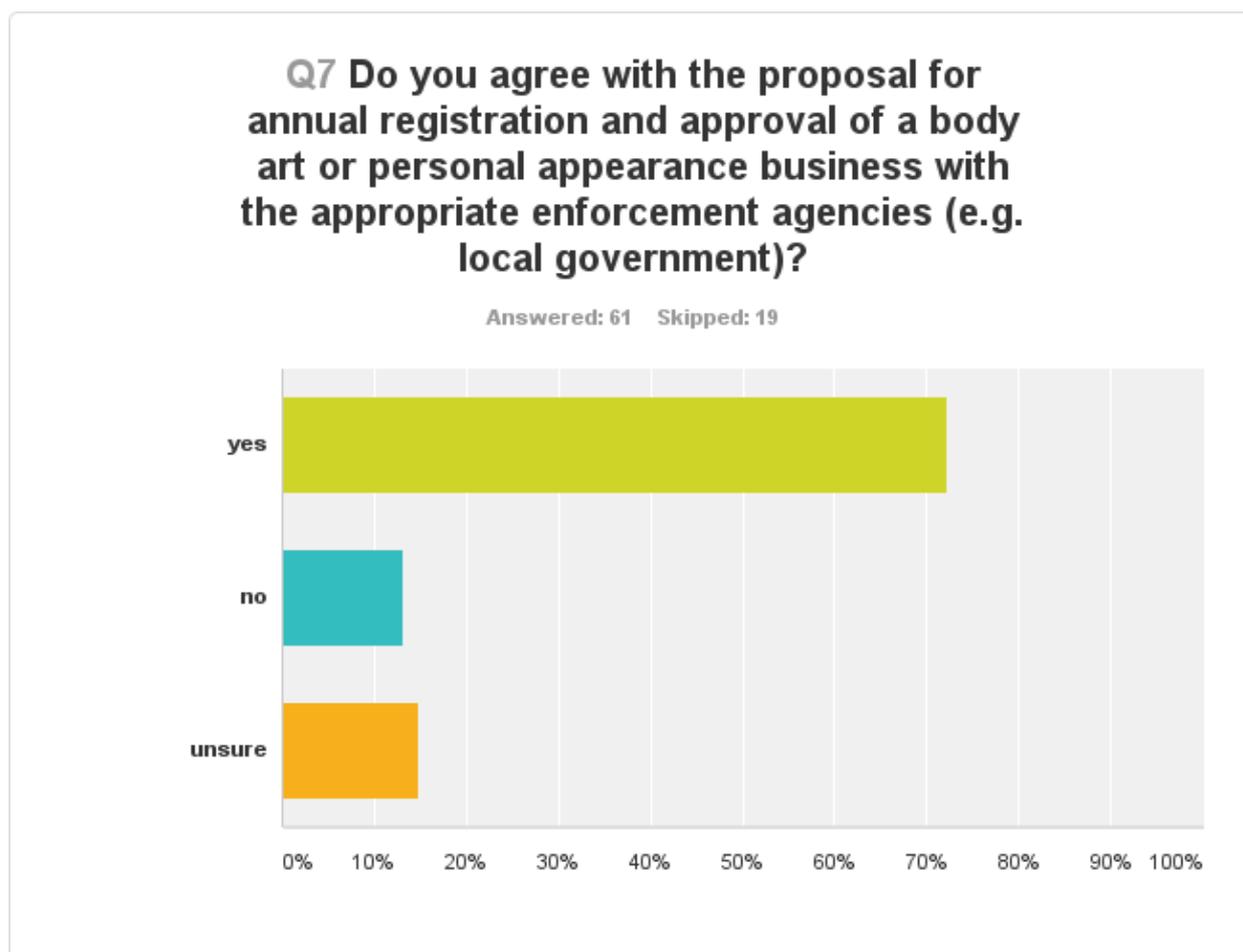
<p>hard to monitor especially if business are now combining , hairdressing into Beauty Therapy Services. You cannot separate Risk categories hairwashing , styling as Very low risk but Hair cutting and perming as low risk. Both done by the same hairdresser industry</p>	<p>public</p>
<p>due to the high risk of infection it should be mandatory and each year they should do a refresher of sorts.</p>	<p>Member of the public</p>
<p>I may be of benefit to include a timeframe for when new staff members or existing employees / operators are required to produce proof of their training / recognition of prior learning.</p>	<p>Enforcement agency representative</p>
<p>This is fairly self-explanatory, isn't it? This law has been in effect in QLD for some time. I don't know the figures in relation to infection rates dropping, but providing a higher standard of service is never a bad thing.</p>	<p>Industry representative</p>
<p>I agree to any body art training in prevention of infection! I cant see how hairdressing will be affected as we wear gloves when coloring. Cutting the skin is prevented by personal band-aids, and the training the hairdresser receives in the academy is highly skilled. all blades are removed by heath authority yellow disposable tubs.</p>	<p>Industry representative</p>
<p>Great idea, not sure if I agree with the risk ratings (spray tanning=moderate risk?!) </p>	<p>Enforcement agency representative</p>
<p>This is a good proposal however the onus must be placed on the business proprietor to ensure that the required staff hold the appropriate qualifications and that the proprietor holds a copy of the staff qualifications so that they can be inspected at the time of a premises inspection. This is an area that could be difficult to check as staff may claim that they are temporary/new and then the LGA will have to chase copies of qualifications from the business proprietor if they don't have copies available. To assist in compliance with this item there will need to be good promotion before it comes in and both a court imposed and modified penalty in the form of an infringement would need to be provided in the Regulations to assist enforcement agencies.</p>	<p>Enforcement agency representative</p>
<p>Mandatory training is great but there should be a requirement for authorised officers to determine if the the staff are demonstrating skills and knowledge. in my experience although staff have been in the industry for a long time they do not know how to sanitise properly or what is required to be cleaned. Why is tanning a non invasive procedure medium risk where as micro dermabrasion where layers of skin is removed considered low? When you mention training providers living in remote areas it may be difficult for staff to acess these providers is there provisions to allow online training ti staff not able to make it to traditional classes.</p>	<p>Enforcement agency representative</p>
<p>During a training session that I conducted for Hepatitis Awareness week specifically for body art professional, the outcome of the evaluations and the anecdotal feedback from the industry suggested that most professional tattoo/body artist were interested in learning advanced and specific infection control techniques around BBV's, particularly hepatitis C. Their feedback reinforced the statement made in the body art and personal appearance review document, in that the body art industry in WA learns the standards of infection control rather informally during the artists apprenticeship. The feedback we received from the industry suggest a strong desire from the participants for</p>	<p>Other</p>

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formalized training, as it was suggested that this would help to further expand the divide between the public perception of professional tattoo artists and backyard operators.	
Definitely, I can;t believe that this isn't already mandatory	Member of the public
Yes, systems must be in place to ensure that this can also be achieved in Western Australia, ie the availability of appropriate level of training.	Enforcement agency representative
Copies of training qualifications ie Trade Certificates for hairdressers, qualifications acquired for beauticians etc should be available in the premises for public inspection if requested. There is no doubt that many persons operating home hairdressing and beauty salons and those working the the many "nail bars" are not adequately trained or qualified and that they do not follow the prescribed actions relating to hygiene.	Industry representative
Most definitely yes, many beauty therapy and hairdressing establishments are offering services that staff are inadequately trained to perform safely and cleanly.	Industry representative
Central Institute of Technology offers this unit as an online course for \$200. I have no idea why the Health Department could find this information	Training provider representative
If you are performing any type of skin penetration service then yes I do. Hairdressers and Beauty therapists services such as those provided by our salon do not need any additional regulation in infection training. As none of our procedures involve body piercing in any way and we currently comply with health and safety regulations governing our area of services I see no reason to make changes that would add additional unwarranted regulation on us.	Industry representative
Facial and oral piercing carry a greater risk of infection given the greater blood supply to these areas. Potential infection can lead to serious septicaemia with involvement of the cavernous sinus, a potentially life threatening outcome.	Association representative
I think this training will not only increase safety for the public but also for the practitioner.	Other
The benefits for mandatory training in infection prevention and control out weigh the costs that would be applicable for any operator not currently trained.	Enforcement agency representative
Many industry professionals have been taught correct procedures during their apprenticeship and I find it unnecessary to have them repeat the training particularly as it os often not tailored specifically to tattooing. The current training courses apply to a broad range of professions and much of the information provided in these training courses are not relevant to tattooing. I think if you are going to introduce mandatory training it should be written and taught specifically for tattooists or for the relevant procedure. The other reason I am not in agreement is that there is no follow up to wether of not any of the training learned at these courses is being implemented in the workplace.	Industry representative
Whilst on the face of it this may seem like a good idea the question becomes how do you enforce it and whos responsibility is it to check. Many places employ casual staff so how is the enforcement agency meant to know who is employed and if they have the qualifications. It is also noted that mandatory training is not required in the food industry but rather a requirement to have	Enforcement agency representative

necessary skills and knowledge. A similar approach should be taken with this.	
With the high risk of spread of infection and disease i believe it is essential to have mandatory training in infection control	Industry representative
It is already part of our training although there may be others in the industry that do not follow the correct procedures. I think it should be demonstrated by each individuals qualifications and training.	Industry representative
This has made it necessary in Queensland for all therapist to undertake a specific course in Infection Control which in that State is undertaken through TAFE, this course is purely focused on hand washing!	Association representative
Training will allow people to act more appropriately in certain situation.	Enforcement agency representative

**Question 7: Do you agree with the proposal for annual registration and approval of a body art or personal appearances business with the appropriate enforcement agencies (e.g. local government)?**

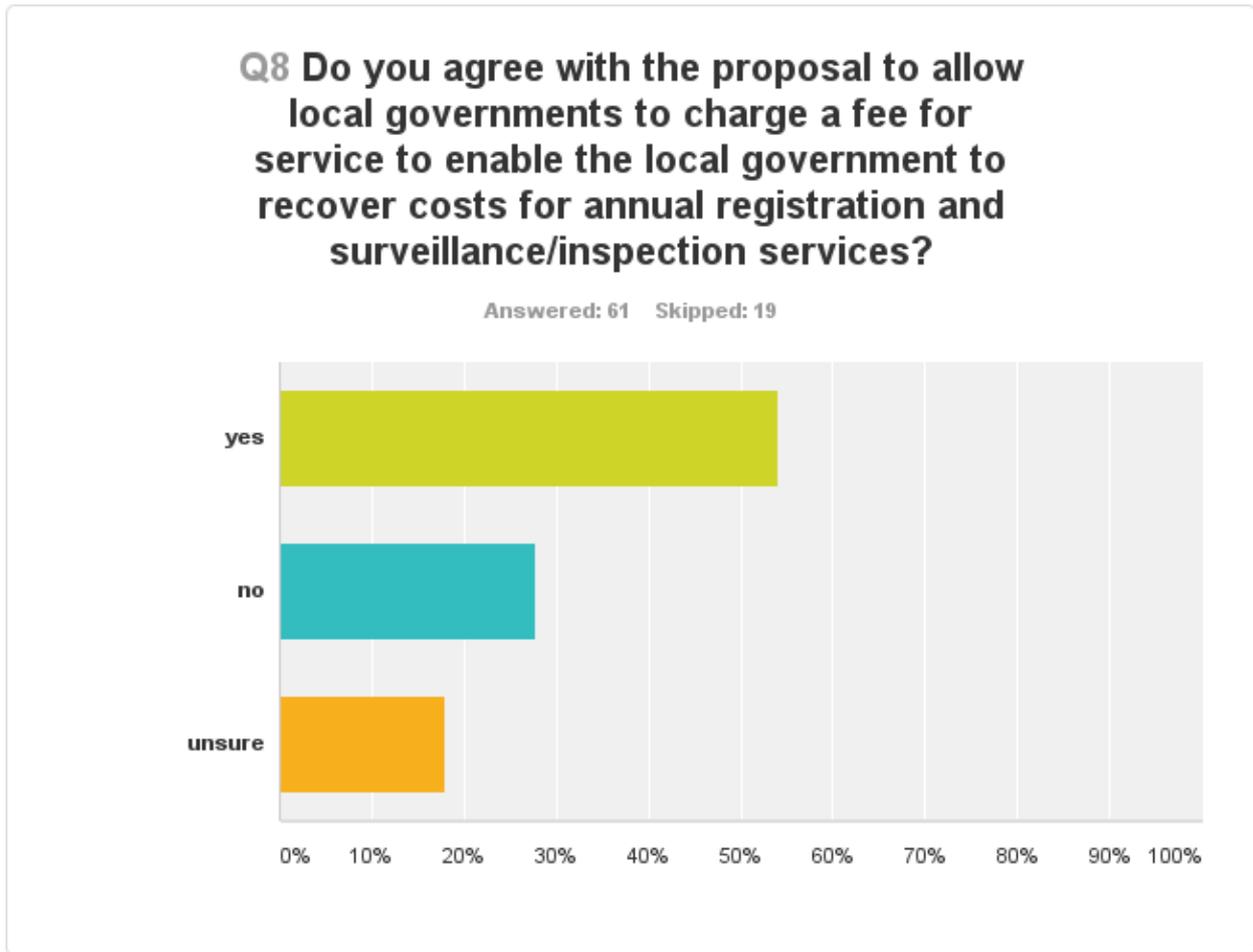


Comments	Who from
<p>- The concept of annual registration is sound, however the cost &amp; burden/workload for LG to undertake this is huge with administrative duties (invoicing, registrations, record keeping). - If we refused a registration for an existing business due to noncompliance are we able to close the business until it is rectified? - need to provide the tools to undertake enforcement eg like the Food Act (infringement notices, improvement notices, prohibition notices etc) - information about the business would be beneficial if we could actually get people to do this. Registration and then annual licensing for food businesses is time consuming &amp; an administrative nightmare!! If registration was to occur it should include all premises including low risk so the LG databases are up-to-date and accurate However there is an increase on the workload/burden to small businesses</p>	<p>Enforcement agency representative</p>
<p>I also believe the Health Department should have a "name and shame" website for offenders</p>	<p>Training provider representative</p>
<p>I can only speak for colonic irrigation, and as it is not a high income profession, I would be concerned if the registration fee and inspections becomes an impost on the business.</p>	<p>Association representative</p>
<p>hairdressers have abolished personal registration, although I do agree with business registraton</p>	<p>Industry representative</p>
<p>Annual registration should be done with business provider completing a set of tasks/checklist from the to say they have done all the right thinks to ensure. Eg/ a certicate that all staff have done infection control</p>	<p>Member of the public</p>
<p>Too many salons are allowing untrained staff to perform such treatments .</p>	<p>Industry representative</p>
<p>At the moment, I have to register with the town council each year and provide a letter stating that nothing has changed in my business. Will the above involve more ?</p>	<p>Industry representative</p>
<p>No further comments on this topic.</p>	<p>Industry representative</p>
<p>registration should be compulsory by all trades.</p>	<p>Industry representative</p>
<p>Once again the risk rating is relevent here. This will involve a considerable amount of education, particularly for smaller/home/mobile businesses.</p>	<p>Enforcement agency representative</p>
<p>Registration of these premises is a good idea and the onus will need to be on the business proprietor to register prior to commencing operation with appropriate penalties for operating an unregistered premises. The Department of Health should provide a template Registration form and is should be mandatory to provide plans and details of the premises along with all other required information with the Registration form. Registration should be like the Food Act i.e. being once off until such time as the business is sold or nature of the business changes etc with the ability to charge an annual fee for inspections and surveillance. Registration shouldn't be able to be transferred and should be cancelled if the premises is sold and the onus placed on the new business</p>	<p>Enforcement agency representative</p>

proprietor to register when they take over the business.	
suggest a premise transfer form to reduce paper work and administration time on the enforcement industries. Also can enforcement agencies make them do any improvements before the new business registers?	Enforcement agency representative
I don't really know why this would be needed	Member of the public
Yes, we do try to undertake inspections at these establishments. Similar system to that of the Food Act ie to notify and or register. Low risk businesses required to notify the LGA of their activity, higher risk levels are required to register appropriately.	Enforcement agency representative
There should be a mandatory requirement that each establishment should show its current registration with the appropriate agency in a prominent position in the premises.	Industry representative
As long as the business is abiding to health and safety standards I don't believe they should be required to gain approval but I do agree with registration	Industry representative
This should apply to medium and low risk businesses as well	Training provider representative
If you are performing any type of skin penetration service then yes I do. We currently comply with our local health inspections.	Industry representative
These services are a minor surgical procedure and should conform with other surgical accreditation requirements. Additionally other issues such as waste disposal and autoclave accreditation must apply. Serologic testing of service providers should be considered.	Association representative
I am unsure how the Exemption from registration would be policed.	Other
Does this need to be an annual registration? Perhaps it could work like the Food Business registration in that an annual fee is required however the registration certificate does not expire. The updating of details and information has been covered under ' Notification of change of activity' and 'Selling a business'. Changes will also be picked up on annual inspections.	Enforcement agency representative
I think registration is a good idea provided there is some involvement and consultation from established, experienced tattoo industry professionals with the appropriate enforcement agency as to what standards must be met in order to gain approval for registration.	Industry representative
This depends on the powers they have and use! I question annual registration, maybe if an artist leaves the industry for a pre determined time? why not give a permit that lasts forever?	Industry representative
Low priority issue for most local authorities and this is unlikely to change given current resources and a lack of Environmental Health Professionals.	Enforcement agency representative
Regulation/registration does not always resolve health control issues but becomes another piece of red tape with no 'teeth' enforce the regulation/Act. If there are provisions in place with heavy penalties to ensure compliance then I	Industry representative

would agree with the proposal	
We pay fees to be part of different associations to which we benefit by receiving annual training etc. for the fee paid. I question what the benefit would be to my business to pay a fee to local government, it will just be another expense to add more pressure to small business.	Industry representative
In some LG's there will be a need to employ additional EHO's	Enforcement agency representative
People take chances if not monitored.	Enforcement agency representative

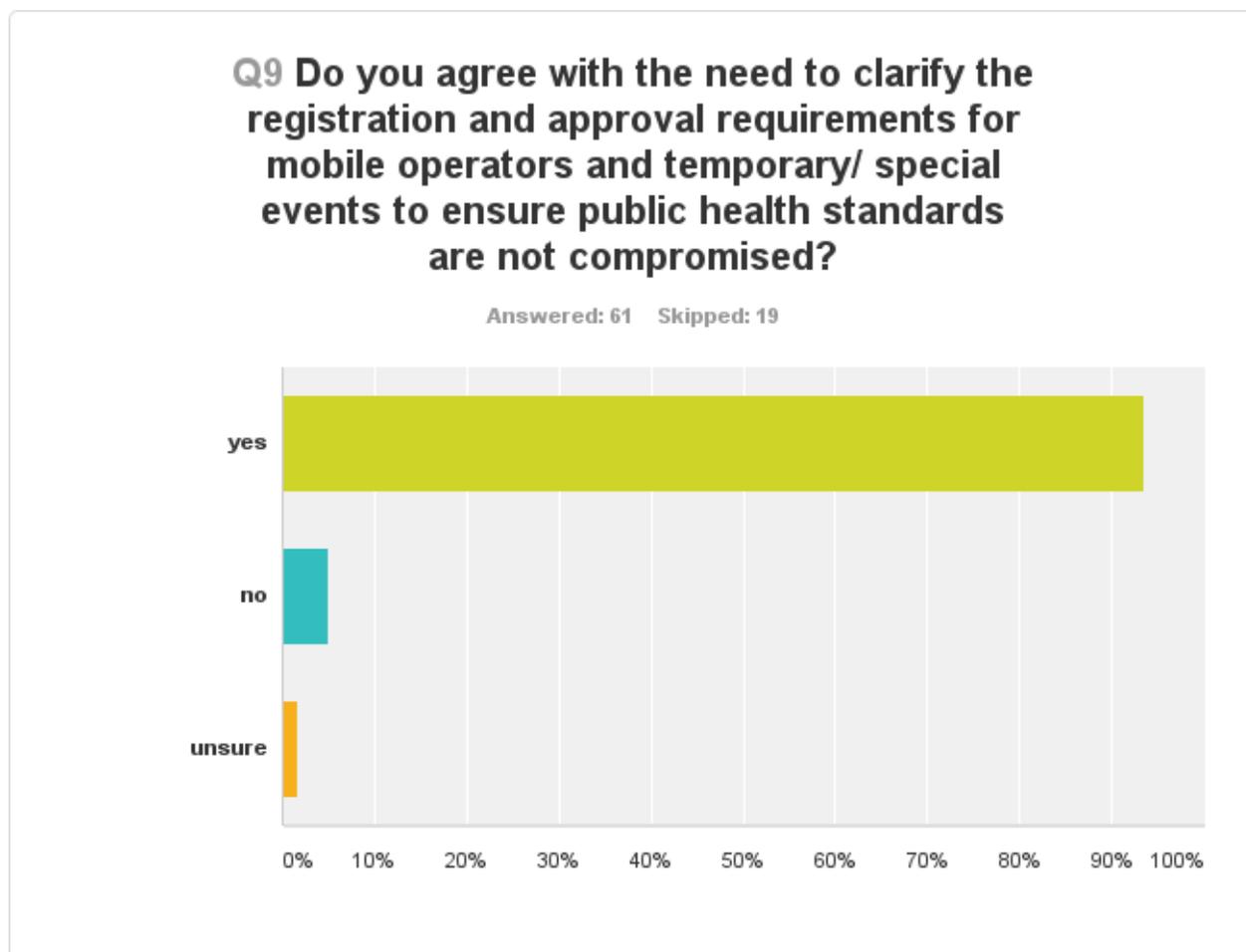
**Question 8: Do you agree with the proposal to allow local governments to charge a fee for service to enable the local government to recover costs for annual registration and surveillance/inspection services?**



Comments	Who from
<p>The administrative task will be massive and time consuming. Operators do not want to see us at the best of times let alone paying for the privilege. there needs to be a consequence of not paying fees to ensure compliance e.g. de-registration This proposal to charge fees will only be applicable if the Public Health bill , whereas the registration requirements are applicable under both the proposed Public Health bill and the Health Act – could a situation arise where we become obligated to deal with registration without having the ability to charge fees?</p>	<p>Enforcement agency representative</p>
<p>refer to previous question. Also in N.S.W. and Vic ,,where inspections have been carried out at some of our members premises the person/s doing the inspection had no knowledge of colonic irrigation, they were unaware that it is entirely different to body piercing. There are two systems of colonic irrigation,the open system,were the waste leaving the client's body is exposed to the atmosphere before entering the sewer. The closed system,where the waste leaving the clients body is fully enclosed as it travels to the sewer.It is not exposed to the atmosphere. All Australian Colon Health Association members only use the closed system of colonic irrigation.Those using the open system are not accepted. Please do not confuse the "australian colon health association" with the "australian colonic hydrotherapy association"</p>	<p>Association representative</p>
<p>I have been working at the same establishment for 2 years and is hasn't been inspected in that time. I have worked in a few salons in Geraldton and none of them have complied fully with the standards. If paying an annual fee means that inspections will be carried out more frequently, I am all for it.</p>	<p>Industry representative</p>
<p>The surveilliance is very important. Not only to moniter the business but just as important to be seen to be done. The public must have confidence in these businesses and must be aware of the method of reporting issues this is not obvious at the moment. I would also suggest that if a complaint is made that this is followed up by the appropriate agency this will strenthen the adherence to the regulations and ultimatly make this buisness safer for all.</p>	<p>Member of the public</p>
<p>As long as it is minimal , businesses cannot afford extra expenses</p>	<p>Industry representative</p>
<p>I already pay enough when I register each year</p>	<p>Industry representative</p>
<p>I find it unfair that the store operator is required to pay if the visits are compulsory. It's the government's duty, the cost should be their responsibility as well.</p>	<p>Industry representative</p>
<p>Yes, assuming we have a new Bill :)...if we approach it like food.....with a notification only/fee free category for very low risk premises, this will be feasible and likely to be accepted by premises.</p>	<p>Enforcement agency representative</p>
<p>There will be a lot of disgruntled customers if it comes down to the local government to create their own charges.</p>	<p>Enforcement agency representative</p>
<p>I think this should be part of the normal duties undertaken by the local government agencies to protect the public. Perhaps a one off fee for the first inspection and registration which would presumably be more time consuming</p>	<p>Industry representative</p>

than in following years	
There should also be a "name and shame" website for offenders just like there is for food industry.	Training provider representative
Ideally the industry supervision and accreditation should be self funded similar to other at risk service providers.	Association representative
I do think that this fee does need to be monitored so it does not become a revenue raising exercise for LGA's.	Other
If there is a requirement to inspect annually then a fee for service should be charged, this will assist local governments in trying to have enough staff to complete inspections.	Enforcement agency representative
Who exactly will be carrying out this surveillance and how often? Will they be from the health Dept. and if so, will they be trained in the specifics of tattoo shop operation and procedure or just the generic information that is available now. I ask because I am not impressed with the level of knowledge the current representatives from the Heath Dept. have shown in previous experiences. I have witnessed first hand situations where basic cross contamination guidelines have been ignored, putting tattooers at risk. I have had to personally ask these representatives to remove gloves after they had been handling instruments in a clearly labelled biohazard area before proceeding through to a clean area. If we are to be charged to register and then uphold the regulations in our studios, I would expect those inspecting the premises to at least have the same level of knowledge training enforced upon us. This is yet another area where I would like to see the funding we would be providing go toward tattoo industry specific representatives as apposed to standard health department representatives who have such a broad spectrum of industries to apply their generalised knowledge to.	Industry representative
recover from who?	Industry representative
Yes provided that the fee is up to the individual Local Government as is the option not to undertake inspections if that tis the decision of the enforcement agency.	Enforcement agency representative
The inspections we perform take up time, and out time is not free. There is no difference to food premises, or public building inspections where we charge.	Enforcement agency representative

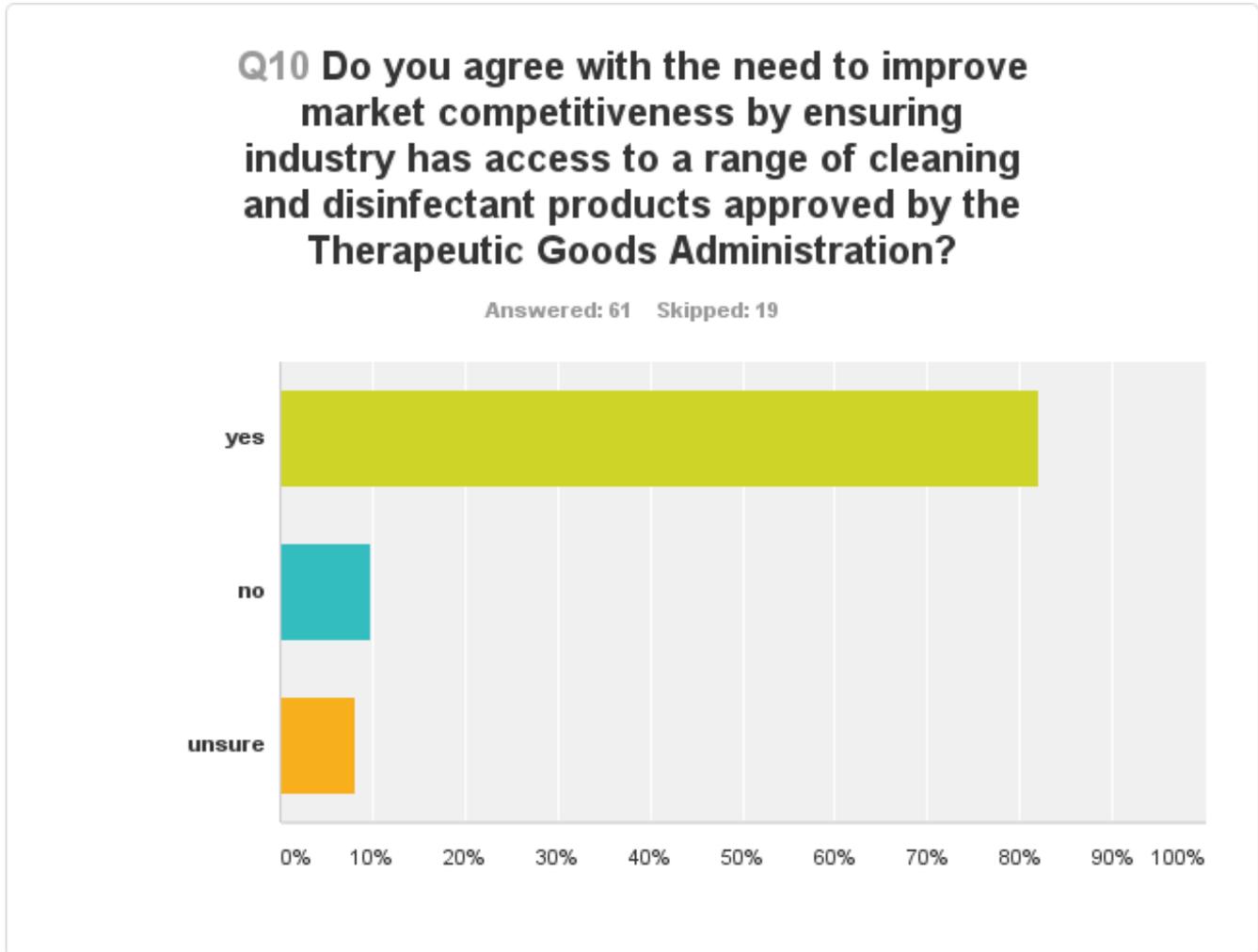
**Question 9: Do you agree with the need to clarify the registration and approval requirements for mobile operators and temporary/special events to ensure public health standards are not compromised?**



Comments	Who from
mobile operators should not be included as it is too hard to enforce	Enforcement agency representative
Notifying other enforcement agencies. - The proposal is a bit unclear whether or not the mobile operators need to notify the other LGs every time they wish to operate there or only once. I would suggest they need to notify the other LGs every time they operate there to allow the LG inspection capabilities.	Enforcement agency representative
As long as a clear deliniation exists between mobile and temporary sites, I agree. Tougher penalties for those performing High Risk procedures in mobile positions would also not be a bad idea. For the sake of conventions, it might be difficult to make it a requirement that temporary sites will only be allowd to those already registered with the government. What of those coming interstate, or internationally? Having the event organiser register the event with a list of those practicing at the event and their points of origin may make things slightly more streamlined.	Industry representative
Like food registration of temporary/mobile operators, this can get quite tricky. Temporary food premises usually operate for a specific event, a mobile skin	Enforcement agency representative

penetration operation may be a more 'permanent' establishment, i.e. caravan park? which is not limited by the duration of an 'event'. I'm just thinking of hairdressers that move up north for the winter and cut the hair of everyone in the camp site for 3 months of the year.	
It should be noted that a mobile operator trading at an event in another LGA may still be required to obtain a traders permit/stall holders permit or similar and pay the required fees for such.	Enforcement agency representative
definitely!!!!	Other
Yes though as a tattoo artist who regularly attends conventions it would be a hassle to have to do more paperwork, it would be convenient for the organizers of the convention to have included in their paperwork to attend the convention a form for the need to provide the registration certificate of the business from their area	Industry representative
Yes for consistency in the provision of these services and the manner in which they are regulated.	Enforcement agency representative
Obviously any mobile operations need to be closely monitored as it is much less easy to conform to the regulations than in static premises	Industry representative
Mobile operators need a stronger approach from authorities as they seem to "fly under the radar" at the moment.	Industry representative
The risk remains the same if not increased for temporary booth style services.	Association representative
Not sure how this would work for people who are coming from over east or overseas who may not be aware of the regulations or requirements.	Other
yes as long as its not just for revenue	Industry representative
If someone wants a particular person to come to their house then who they choose is up to them.	Enforcement agency representative

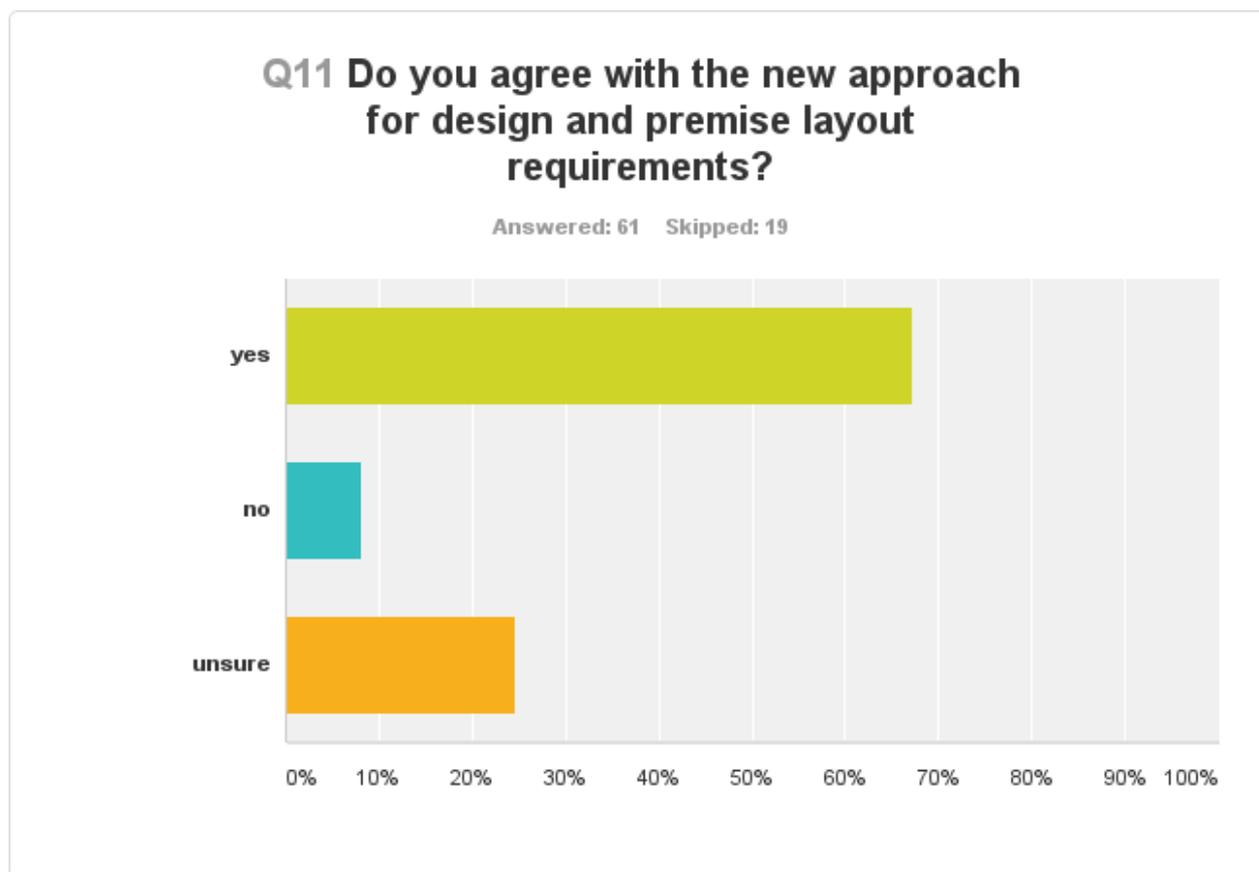
**Question 10: Do you agree with the need to improve market competitiveness by ensuring industry has access to a range of cleaning and disinfectant products approved by the Therapeutic Goods Administration?**



Comment	Who from
Relaxation of the permitted (safer) disinfecting agents is a move forward. Gluteraldehyde is outdated	Enforcement agency representative
I don't fully understand this section, and what the intended changes will actually do. I definitely feel it is important to be very specific about what key ingredients are required in different products for their different applications so there is no confusion. The current guidelines for example don't specify what kind of hand soap or detergent are recommended which leaves a lot open to interpretation, so it is good to see these things listed more specifically in the draft guideline.	Industry representative
Chemists and Surgical House are selling all the needed disinfectant products that are needed.	Industry representative
Forget competitiveness, once the industries in question have access to a more complete range of cleaning products they will be able to provide a higher duty	Industry

of care to their clients. This should really be the top consideration in regards to this area of questioning.	representative
Not sure why improving market competitiveness needs to be considered here	Enforcement agency representative
TGA has specialist knowledge in these areas, the use of certain products should meet their standards and be available for use.	Enforcement agency representative
It is quite ridiculous that products approved by TGA cannot be used	Industry representative
I am concerned more about overuse or improper use of chemicals used currently and believe more training in the correct use would be better.	Industry representative
Forms part of any sensible infection control protocol - along with adequate training in their use.	Association representative
I think this is essential that business have access to a range of cleaning and disinfectant products that have been TGA approved.	Other
We already do. There are several medical companies as well as legitimate tattoo supply companies who provide the appropriate products.	Industry representative
Improved competition.	Enforcement agency representative

### Question 11: Do you agree with the new approach for design and premise layout requirements?

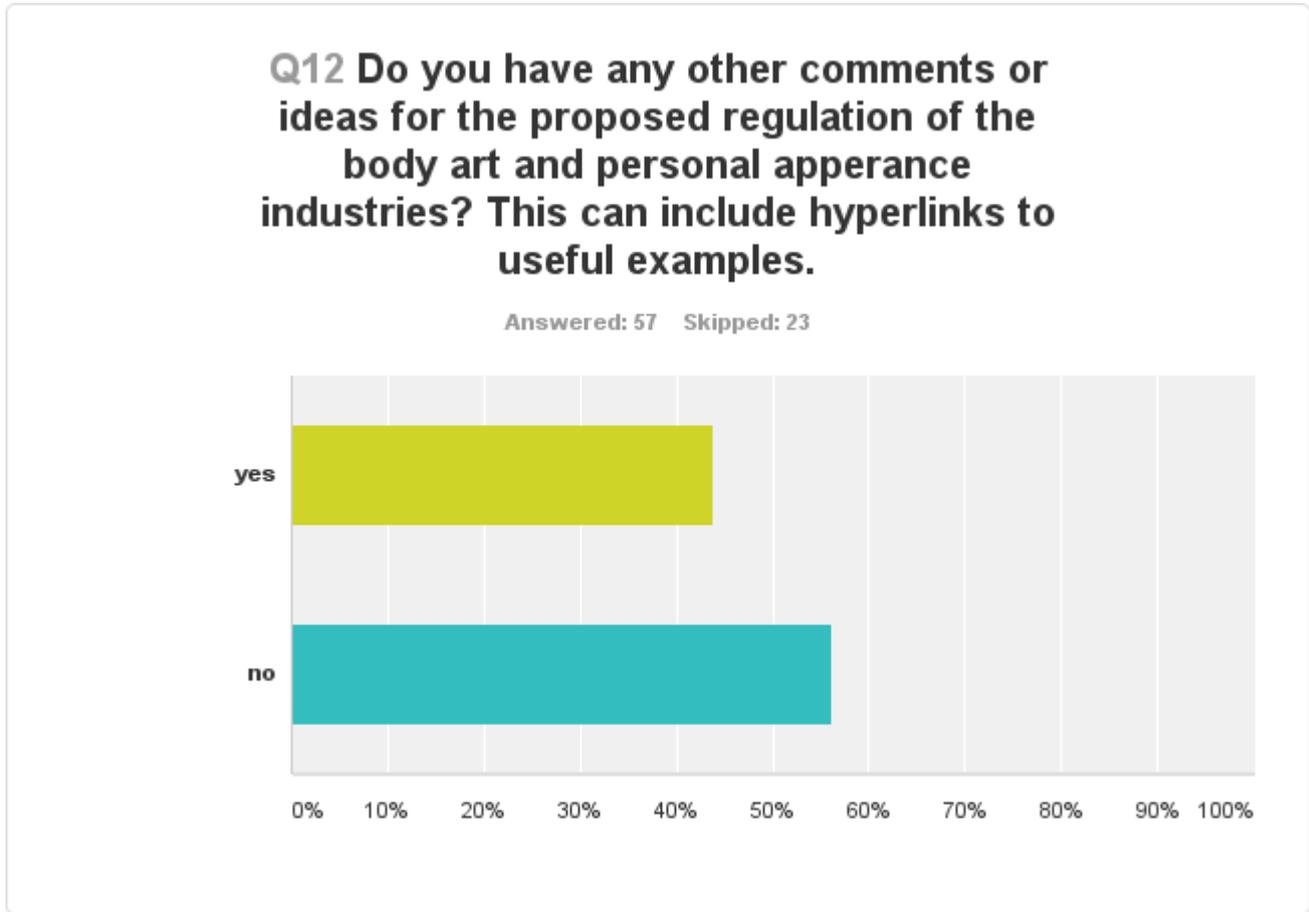


Comment	Who from
Generally a good idea however there should be some guidelines or fact sheets to ensure consistency throughout the state.	Enforcement agency representative
This is a must.	Training provider representative
yes especially for hairdressers as they have been decades and and haven't moved forward with the times	Industry representative
Im going to sway towards 'no'... I feel that the new approach does leave a lot to interpretation, which could lead to confusion if setting up a new establishment. I think stating specific requirements is better.	Industry representative
A Risk Assessment must be done as a prerequisite for approval for registration.	Member of the public
No most requirements are totally unnecessary and unworkable for salons.	Industry representative

	Industry representative
Relaxing requirements for hairdressing basins is a step in the right direction. There is a lack of more stringent for design layout for high-reisk services. Requirements, such as those outlined in AS/NZS4815:2006, the SA Skin Penetration Act, and/or the Association of Professional Piercers Procedure Manual ( <a href="http://safepiercing.org/">http://safepiercing.org/</a> ) all outline ways to increase the standard or hygiene in tattoo/piercing studios. A jump to the highest standard would obviously be met with much resistance, but gradual steps in those directions would help raise the quality over several years.	Industry representative
Great move forward. Much needed amendment.	Enforcement agency representative
This would need to be approached very cautiously. If this were to occur there would still need to be minimum requirements in place and clear guidelines provided above the minimum requirements. The example given in the discussion paper lacked definition and would be difficult to work with. Providing to open a framework can in fact hinder the approval process as lengthy debate can take place between the applicant and LGA who may have very different views and applicants often provide minimal justification resulting in the LGA having to chase up additional information causing delays. Food legislation at least has minimum requirements and further guidance and interpretive assistance in the document "A Guide to the Food Safety Standards". While it is nice in theory to allow more flexibility in design as can be seen from the implementation of the food legislation businesses look to use cheaper materials that are not as durable over the long term. This is difficult to argue at the initial fit out stage and perceived as the LGA creating barriers and then a few years down the track the LGA is left with the task of issuing notices an pursuing business proprietors to maintain and upgrade premises where if more durable materials were used the premises would withstand a lot more wear and tear.	Enforcement agency representative
I think it will reduce unnecessary costs on businesses. however the terminologu 'sufficient' is very vague when referring to the business must provide sufficient space. I think the idea of minimum standards is effective it gives businesses a base line to meet. There needs to be alist of what surfaces are sufficient for example is a curtain exceptable and what level of ventilation is required for places like nail salons where the fumes can be quite strong	Enforcement agency representative
The old one seems archaic, this is 2014.	Member of the public
Outcome based approach to achieve the same results.	Enforcement agency representative
Designs and layouts dont need to be strictly controlled and should only be dictated in order to keep the premises in line with mandatory health and hygiene requirements	Industry representative
The distinction between clean and dirty areas is a fundamental principle in infection control design.	Association representative
Monitoring and ensuring compliance of premises can be particularly difficult	Enforcement

<p>when using less prescriptive regulations, for example 'have sufficient lighting and ventilation', what is sufficient, how do you enforce or monitor sufficient. The onus then falls back on the Local Government to prove that it is insufficient. Perhaps the Regulations could be a mix of prescriptive and risk based, I agree with removing the number of hair basins based on number of stations, however a prescriptive regulation in terms of ventilation, particularly for nail salons, would be incredibly helpful.</p>	<p>agency representative</p>
<p>After reading this section of the proposed guidelines I am unclear as to if there is implication for guidelines tailoring to the practice of tattooing from a residential premises or if this section (residential guidelines) only applies to hairdressing or other beauty therapies. I am completely opposed to there being a guideline for tattooing from a residential house as I think it promotes the practice and I do not think it should be encouraged to have people tattoo professionally from home.</p>	<p>Industry representative</p>
<p>Yes provided there is not mandatory approval process but it is discretionary with the enforcement agency simmilar to food premises.</p>	<p>Enforcement agency representative</p>
<p>provided that the need for various sinks foe hand washing and cleaning is clear</p>	<p>Enforcement agency representative</p>
<p>With a basic standard (already adopted), all impervious surfaces etc.</p>	<p>Enforcement agency representative</p>

**Question 12: Do you have any other comments or ideas for the proposed regulation of the body art and personal appearances industries?**



Comments	Who from
Include 'dry needling' with acupuncture as not considered the same thing and both use needles	Enforcement agency representative
Industry will not be able to understand the regulations/guidelines so it should be easier to read and only contain the information they need to comply with or what is actually permitted.	Enforcement agency representative
I believe minimum qualifications should be a requirement for all employees/operators in these industries. IE Certificate II in Nail Technology for all employees/operators in Nail Bars, Cert III in waxing bars, Cert IV for Salons/ Diploma for Spas a Grad Cert for anyone operating IPL/Laser and that if you perform Microdermabrasion, you must have that unit of competency, if you do cosmetic tattooing you must have that unit of competency.	Training provider representative
You are focusing ONLY on PHYSICAL HEALTH! What about the PSYCHOLOGICAL health of clients who are rushed in and given PERMANENT tattoos WITHOUT sufficient time to consider the design (there's no 'COOLING' off period possible here!!!!) and WITHOUT being shown the TOTAL design before the tattoo is given and the money taken and the client shuffled off! I know of several people who have been shown OUTLINES but who are devastated when the COLOURING in started and (oops - sorry can't take it off now!) ends up TOTALLY	Member of the public

<p>ruining the expected tattoo! YES - people should think these things through - BUT - the simple existence of COOLING OFF PERIOD legislation shows that the authorities are aware that SALES techniques can be VERY effective with clients who are not very assertive - thereby allowing them to re-consider and to CHANGE THEIR MIND! In an industry where CHANGING YOUR MIND is IMPOSSIBLE - THERE NEEDS TO BE REGULATIONS REGARDING WHT IS SHOWN TO THE CLIENT BEFORE THE ATTOO IS GIVEN! Legislation should require that: FULL design - AND colour need to be presented to the client in a hard copy for THEIR records ONE MONTH BEFORE the tattoo begins - and a WRITTEN CONTRACT be entered into regarding such - with NO ON THE SPOT amendments - all amendments to be constituted in a NEW CONTRACT with FULL design and COLOUR images to be produced and given to the client ONE MONTH BEFORE the tattoo begins! The psychological scars of a rushed - or an 'on the spot tattooist only' amended tattoo are incalculable!</p>	
<p>In the case of a body piercer, anatomical training is required so that inappropriate areas are not "pierced" just because the "shopper" requests it. This would also rule out the "hit and hope-to-miss a major blood vesel" attitude of many "hairdresser" based piercers. persons under the age of 13 should not be allowed to obtain tattoos or piercings, with the exception of earrings for persons above the age of 10. legislation should include penalties for parents/guardians/caregivers and piercers who allow piercings on children under 10, with especially severe penalties for those under the age of 5.</p>	<p>Member of the public</p>
<p>Part of teh risk assessment shoudl also include the responsibility of the business owner to ensure safety of the employees (whether they have hepatitis shots etc) and that the continuous exposure to chemicals- eg nail polish is managed properly</p>	<p>Member of the public</p>
<p>As a home based business, I had to follow very strict regulations and had to install extra basins. When working in a salon in Subiaco, they never had a separate sink for washing hands. I reported this to the man who inspected me but he really wasn't interested as he was based in Joondalup and said Subiaco had different rules. I thought this very unfair as the other salon got away with washing glasses etc in the same trough as the pedicure water and containers were washed in. The therapists had only the basin in the toilet to wash hands</p>	<p>Industry representative</p>
<p>Lower the age of consent for non-genital piercing to 16! I know that this is something dictated buy another department, but it is something that must be done! "Ear piercing" is a horribly underdefined term, and it seems crazy that a person has to be 18 to net a nose piercing, but at 16 can have ANY TYPE of ear percing service performed, including stretching and large-size punching. A required increase of the quality of jewellery required to a certain medical grade or biocompatibility would also be a step in the right direction. More information on this can also be found on the APP website</p>	<p>Industry representative</p>
<p>Thanks for including the case studies and references :)</p>	<p>Enforcement agency representative</p>
<p>Would perhaps it be worthwhile to include laser tattoo removal in the hierarchy? I realize it is included in the high risk category but it specifies in reference to saline/acid solution injections, not specifically laser burning.</p>	<p>Other</p>
<p>I think the body art industry needs National regulation within the health component with infection Control, As they are to many operators putting customers at risk with</p>	<p>Training provider</p>

lack or no training	representative
Just do it	Member of the public
I think the legislation regarding home and mobile operators should be tightened up that they be carefully and regularly monitored. It is well known in the industry that many home operators have no insurance, do not follow health and hygiene procedures as required in public premises, and often just use a bedroom or other room in the house which is used for family use.	Industry representative
APP (association of professional piercers) is a good example of guidelines that piercing studios and to an extent other industries under the umbrella should strive to operate under. Western Australia in my opinion with the exception of 2 professional, up to standard body piercing establishments in the city is an industry very poor in standards. Many establishments such as hairdressers (Hairhouse Warehouse) and beauty therapists (Essential Beauty) to name a couple have incredibly low health and safety standards with many staff members not being adequately trained what so ever to be piercing and have no understanding of infection control and proper aseptic techniques putting their unsuspecting clients at risk. Many clients have no understand and are what I would consider innocently ignorant so I believe it's the duty of the business to provide the highest health and safety standards to ensure their clients are receiving the most hygienic and safe experience possible. If laws need to be reviewed in order to raise standards I agree completely.	Industry representative
Seeing as Service Skills Australia are going to so much trouble to ensure qualifications meet industry standards and that there are full qualification or units of competency available in each of these industries, I think the minimum standard of education should be the UOC and Infection Control across the board.	Training provider representative
Hairdressing and beauty therapy (waxing, massage, spa, and facials (non-mechanical)) should not be bundled together with any form of skin penetration service provider. If a business elects to use equipment that falls into the skin penetration arena then they must comply with regulations that cover that area of business.	Industry representative
Services which transgress existing legislation should be excluded from this review. An example is tooth whitening and the provision of tooth jewellery which have been declared an act of dentistry and therefore come under the scrutiny of the Dental Board of Australia and AHPRA.	Association representative
I believe that there needs to be discussion on regulation of tattoo kits being sold to the public. Currently there are no regulations at all and after some research it would appear that the people who are selling these kits have no idea of procedures to advise customers with regards to cleaning, BBV's etc. Whilst I appreciate that it is hard to regulate what sales occur over the internet I would think that there would be some mechanisms for regulating the sale from business.	Other
I feel there is a need for there to be tattoo industry specific training for any inspectors or agents of the Health Department if there is to be a cohesive and effective relationship between the department and the industry. If we are to be putting our safety and professional reputation under surveillance and scrutiny and contributing financially via registration fees to have these regulations upheld we expect that if we comply with them, that there will be some benefit to our industry.	Industry representative

<p>Introducing these guidelines is all well and good but how are those tattooing outside the industry to be policed? Home tattooing is detrimental to our industry but if these guidelines force unrealistic expectations of practice within it, I am concerned that this will become a more viable and preferred option for some professionals who would otherwise be operating under their current code of practice, based on experience. This is the main reason I think it is imperative to involve experienced tattooers in the drafting of guidelines relating specifically to tattooing and the training of those given the task of inspecting and making sure they are upheld.</p>	
<p>Very thorough, from a regulatory point of view, could see local authorities adopting the self audit checklist as an inspection checklist. Also like the industry specific requirements that give guidance to local authorities about what constitutes high/ moderate/ low risk.</p>	<p>Enforcement agency representative</p>
<p>Don't treat us like criminals, be fare the artists put up with enough crap in this industry!</p>	<p>Industry representative</p>
<p>In view of current workloads and the health significance of other key objectives this is a very low health priority for most local governments. Requiring routine inspections is a waste of resources which could be directed into other key areas. However as the State is yet to formulate its Public Health Plan these other objectives have not yet been recognised as having a higher priority within the community. Recommend terminology be kept generic to allow for changes in technology.</p>	<p>Enforcement agency representative</p>
<p>I would like to see very strong legislation around the use of laser and IPL. There is so much permanent damage done to people by misuse of equipment and lack of skill and knowledge that it has become a very dangerous and permanemtlly disfiguring practice.</p>	<p>Industry representative</p>
<p>Could, if the need arises, the sex industry be slotted into the guidelines to allow eho's to inspect</p>	<p>Enforcement agency representative</p>

## Additional responses (email, post)

Our ref: DentalBoard2014-052



10 April 2014

Jim Dodds  
Director  
Environmental Health Directorate  
Department of Health  
Government of Western Australia

via email: [Jaala.Downes@health.wa.gov.au](mailto:Jaala.Downes@health.wa.gov.au) and [Bree.Abbott@health.wa.gov.au](mailto:Bree.Abbott@health.wa.gov.au)

Dear Mr Dodds

### **Draft Body art and personal appearances guideline November 2013**

At its March 2014 meeting, the Dental Board of Australia (the Dental Board) considered a copy of the consultation on the draft Body art and personal appearances guideline – November 2013.

The Dental Board regulates dental practitioners registered under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

The Dental Board was particularly interested in the section on teeth whitening and the reference to the Board's policy position in this section. The Dental Board has published an interim policy on teeth whitening/bleaching. This policy is currently under review to more clearly link to the position of the Australian Competition and Consumer Commission (ACCC) in relation to teeth whitening products.

The Dental Board recommends the ACCC's position to you as the more appropriate reference for the draft guidelines. The ACCC position can be found at <http://www.productsafety.gov.au/content/index.phtml/itemId/995441>. We have drawn the consultation document to the ACCC's attention.

I would also draw to your attention the error in the heading to table 6 of the draft.

If you have any queries in relation to the above please contact Michelle Thomas, Executive Officer of the Dental Board via e-mail at [michelle.thomas@ahpra.gov.au](mailto:michelle.thomas@ahpra.gov.au).

Yours Sincerely

A handwritten signature in black ink, appearing to read "John Lockwood", written over a light blue horizontal line.

**Dr John Lockwood AM**  
Chair  
Dental Board of Australia

Australian Health Practitioner Regulation Agency

G.P.O. Box 9958 | Melbourne VIC 3001 | [www.dentalboard.gov.au](http://www.dentalboard.gov.au)

31 March 2014

Environmental Health Directorate  
Government of Western Australia  
PO Box 8172  
Perth Business Centre  
WA 6849

Dear Sir/Madam,

### **Proposed Body Art and Personal Appearances Guideline**

The Chinese Medicine Board of Australia (CMBA) thanks the Environmental Health Directorate (Government of Western Australia) for the opportunity to provide comment on the proposed Body Art and Personal Appearances Guideline (**the proposed Guideline**) which will replace the Code of Practice for Skin Penetration Procedures, which is formally adopted under the current *Health (Skin Penetration Procedures) Regulations 1998*.

At its meeting held on 25 March 2014, the CMBA considered your request for feedback. The CMBA respectfully makes a submission regarding the proposed Guideline and hopes that the recommendations and comments made in this document will assist the Directorate.

If you have any questions or comments regarding this submission, please contact the Acting Executive Officer, Chinese Medicine, Mr Jason Fernandis on 03 8708 9303 or at [Jason.Fernandis@ahpra.gov.au](mailto:Jason.Fernandis@ahpra.gov.au).

### **Introductory comments**

The proposed Guideline seeks to address a very broad range of practices and risk categories. This may hinder its implementation and/or acceptance by practitioners.

The breadth of risk categories and practices make it a significant challenge to develop guidelines such as these so that they:

- can be understood and followed
- are accurate and defensible with regard to the range of procedures
- can be kept up to date

The title “Body Art and Personal Appearances” does not adequately capture the inclusion of therapeutic healthcare practices such as needling, colonic irrigation, massage therapies, etc. This is reflected in the fact that the proposed guideline mainly uses terms such as “providing a service” but occasionally reverts to the terms “treating” or “treatment”. The sample client procedures record in Appendix 3 would not be considered an adequate record for a health professional providing therapeutic treatment/s.

Infection prevention and control in human services is a complex and rapidly changing area. A majority of the National Boards regulating registered health professions in Australia have adopted *Australian guidelines for the prevention and control of infection in healthcare* (NHMRC 2010) (**NHMRC Guidelines**) to inform registered health practitioners about infection prevention and control (see [www.ahpra.gov.au](http://www.ahpra.gov.au)). The NHMRC Guidelines are not prescriptive but take a risk management approach; practitioners are encouraged to identify infection risks related to their practice and to take precautions that are proportionate to the relevant risks.

### **Title Protections under the Health Practitioner Regulation National Law**

The Health Practitioner Regulation National Law, as in force in each state and territory (the **National Law**) limits the use of certain titles. The National Law limits the use of the title *acupuncturist* (under section 113 of the National Law which is available at [www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.aspx](http://www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.aspx)).

The protected titles for Chinese medicine are *Chinese medicine practitioner*, *Chinese herbal dispenser*, *Chinese herbal medicine practitioner*, *Oriental medicine practitioner* and **acupuncturist**.

Under section 116 of the National Law, unregistered persons are prohibited from knowingly or recklessly taking or using a **title, name, symbol, word or description that, having regard to the circumstances in which it is taken or used, indicates or could be reasonably understood to indicate - the person is an acupuncturist**, or the person is authorised or qualified to practise in Chinese medicine.

There are prescribed penalties for using protected titles or holding yourself out to be a registered practitioner. A person may be investigated for holding themselves out as a registered practitioner, or for other offences under the National Law, and prosecuted. The CMBA is concerned about the prospect of unregistered persons offering services covered by the proposed Guideline being unaware of the title-use and holding out provisions of the National Law.

### Essential business requirements

We refer to section 5 of the proposed Guidelines (Essential business requirements) and note the statement that *“This guideline does not apply to ...acupuncturists or chiropractors registered with the Australian Practitioner Regulation National Agency under the Health Practitioner Regulation National Law (WA) Act 2010.*

Although the proposed Guideline does not intend to apply to acupuncturists, the use of the word ‘acupuncture’ appears throughout the proposed Guideline, and may cause confusion:

- Section 5.8- An example is provided, that a massage therapist who decides to offer acupuncture services needs to notify of a change of activity;
- Section 24 - Acupuncture

### Section 24 Acupuncture

From 1 July 2012 Chinese medicine practitioners must be registered under the national registration and accreditation scheme with the Chinese Medicine Board of Australia and meet the Board’s Registration Standards, in order to practise in Australia. Acupuncture is a division of Chinese Medicine which requires registration with the CMBA.

If the target audience for the proposed Guideline is unregistered practitioners practising skin penetration procedures such as, (but not limited to) ‘dry needling’, ‘trigger point needling’, ‘myofascial needling’, ‘Japanese needling’, ‘biomesotherapy’, or ‘meridian therapy’, it is the CMBA’s view that the title ‘Acupuncture’ should be removed and replaced with a more appropriate title such as ‘Skin penetration procedures’.

Additionally, the CMBA is unsure of the following statements in section 24:

- The statement that “acupuncture is relatively safe” is unclear in this context as it is unknown what it is being compared to.
- The meaning of the term “Certified acupuncture practitioner”. The language adopted under the National Law is ‘Regulated Health Practitioner’ or ‘Registered Chinese Medicine Practitioner’.
- The statement, “there is virtually no preparation required...” is problematic and contradicts section 10.1.
- The statement, “There is little aftercare required, and cleaning is minimal”. This disregards the therapeutic effects and possible complications associated with skin penetration procedures.

If you choose to include a section, under a revised heading of ‘Skin penetration procedures’ it is recommended that expert advice be obtained. You may also consider referring to the NHMRC Guidelines or the CMBA guidelines (see further on in this submission).

The CMBA’s preference would be that:

- the word ‘Acupuncture’ not be used as an example of a health practice relevant to the proposed Guideline;
- the proposed Guideline include a section explaining that Chinese Medicine (which includes Acupuncture) is a registered health profession and regulated by the National Law.
- the section 24 be either removed all together or re-titled.

### **CMBA Approach to Infection Prevention and Control for Acupuncturists**

The CMBA has adopted the NHMRC Guidelines (*Chinese Medicine Board Guidelines - Infection prevention and control guidelines for acupuncture practice (the CMBA Guidelines)*) which have as an underlying principle that the procedures for prevention and control of infection in healthcare should be the same irrespective of which health worker is practising, and should be informed by evidence. The CMBA Guidelines have provided additional guidance, to clarify areas that are either not specifically addressed by NHMRC Guidelines, or where the Board believes additional measures should be taken to prevent and control the risk of infection in the context of acupuncture practice. The three sections of the document are as follows:

#### **Part 1: How to use the NHMRC’s Australian guidelines for the prevention and control of infection in healthcare (NHMRC Guidelines)**

#### **Part 2: Additional National Board requirements for the prevention and control of infection in acupuncture practice**

- a) Reprocessing of reusable instruments and equipment
- b) Hand hygiene and special precautions when using alcohol-based hand rub
- c) Requirements for appropriate use of gloves
- d) Requirements for routine skin preparation and post-treatment procedures
- e) Requirements for non-sharp waste disposal
- f) Prevention and management of sharps injuries

#### **Part 3: State and territory guidelines and regulations relevant to acupuncture practice**

This document is potentially a useful resource for anyone performing needling on humans. The CMBA guidelines are available at [www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx](http://www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx)

It should be noted that that NHMRC guidelines and CMBA Guidelines assume that a qualified practitioner is performing the service and is capable of performing a risk assessment.

### **General Feed-back**

Sections in this guideline such as 10.4 on preparation of the client’s skin are very broad, and depending on the actual procedure being undertaken may not be consistent with the guidance provided by the:

- World Health Organization *WHO best practices for injections and related procedures toolkit* available at [http://www.who.int/injection\\_safety/toolbox/9789241599252/en/](http://www.who.int/injection_safety/toolbox/9789241599252/en/); or
- CMBA guidelines.

The first table in section 12.1 states that “any procedure which involves the penetration of the skin” is “high risk. This is inconsistent with the second table which lists acupuncture as moderate risk.

In the context of section 12.5, you might give consideration to the CMBA position (page 2 of the CMBA Guidelines) that:

Acupuncture needles and dermal hammers must be single-use, pre-sterilised and be disposed of immediately after use in a rigid-walled sharps container which complies with AS4031 or AS/NZ 4261.

The discussion paper states (on page 7), “It is proposed that more stringent provisions may apply to any person who performs moderate to high risk procedures”. The distinction between and application of more or less stringent provisions is not all that clear from the draft guideline.

**Section 5.3** states that anyone operating a “low to high risk..... Business” must register annually. This implies that those operating “very low risk” business do not, however, the document goes on to state that “It is an offence to conduct a body art or personal appearance procedure unless the business is registered annually with the appropriate enforcement agency”. The document has a further section stating that only “very low risk” procedures do not have to register annually but it is not clear whether it is necessary to actually apply for an exemption.

**Section 5.4** combines mobile and temporary operations. It is recommended that these be separated as they are different issues.

**Section 5.1** of the proposed Guideline states that the Guideline does not apply to certain registered health professions. We recommend the use of terminology which is consistent with the National Law – this would not include “medical operators”. The protected title for the medical profession is “medical practitioners”.

### **Terminology**

It is recommended that you provide greater specificity and further guidance about the meaning (likely application and interpretation) of terms and phrases such as:

- Recommended, encouraged;
- Must, should, shall;
- Important to make sure, ideally, good; and
- Prohibited, should be discouraged, not permitted, do not, should not be allowed.

A number of words/terms would benefit from being included in the glossary (or defined under a section definitions) – e.g. “infectious agents” (section 7.3), “high risk procedural hand-washing” (section 16).

The addition of a section on abbreviations would be useful (e.g. BBV in section 24).

### **Other issues for consideration**

An issue which may be raised and which you may wish to give consideration to is staff/operators/therapists with blood-borne viruses.

You may consider a list of references, which would be highly relevant when you refer to “clinical studies have demonstrated....” (section 7.2), and perhaps also a useful reading list.

The sections titled “Client records” and “Client preparation (sections 9.1 and 9.2) cover the issue of informed consent without using this term. If you include content this it could be made clearer and it might be advisable to obtain legal advice.

Section 18 has some content which would benefit from clarification – for example that:

- “fit and proper person” requires a tertiary qualification
- injectable training for beauty therapists is not and will not be accepted by law, insurance companies or the medical profession.

To the Director of Environmental Health,

Dear sir or madam, I write to you regarding the proposed upcoming changes to the skin penetration regulations.

My name is Gary Welch ,I am the Vice President of the Professional Tattooing Association of Australia Inc.

I have read the draft for comment and find the proposed changes a good thing, and agree with all the points that have been made.

I believe that we should also establish a minimum competency standard for operators, who should operate from a licensed premises. This would create a solid gap between the amateur and the professional and make it easier for the public to discern .

I also believe that there should be no parental consent clause to the tattooing of minors regulation , I believe that it should be an offence to tattoo a minor full stop, and operators should be over the age of eighteen.

Yours sincerely Gary Welch Vice President PTAA inc.



**Email response:**

received - 31<sup>st</sup> March 2014

I note that the suggestions for colonic irrigation appear to only apply to the open system, and I wonder if any colon therapist, or an association representing colon therapists who use the closed system of colonic irrigation, have ever been consulted. The Australian Colon Health Association would be willing to put forward a member if requested, either in person or by correspondence.

I feel that the procedure needs to be explained before it is decided on which category it belongs: high risk or moderate risk.

Thanking you in anticipation of a favourable response,

President, Australian Colon Health Association.

**Email response:**

Mon 31/03/2014 3:47 PM

In terms of the legislation our main comments would relate only to Exhibitions and would be as follows:

- 1) Ensure there is an exemption or a quick delivery approach for interstate and international artist to get up to date with WA Health regs for events.
- 2) Ensure as organisers that the amount of red tape required, ie remembering we have 300 Artists at each event is not to over the top, ie requiring individual artists names etc. on the applications.
- 3) Noting our business is registered in NSW, ensure that Australian Companies, rather than just WA Registered (as referred to in the mobile licence section), are able to apply for the licence.

Besides that I am more than happy to provide further commentary or assistance as required.

## Appendix One

The below list includes organisations targeted to take part in the review.

### Name

Department of Commerce – Work Safe  
Department of Child Protection  
Local governments – Environmental Health services  
Western Australian Local Government Association (WALGA)  
WA Beauty therapy training colleges  
[Professional Tattooing Association of Australia](#)  
Australian Federation of Beauty Therapists  
[Advanced Association of Beauty Therapists](#)  
[Association of Professional Aestheticians of Australia](#)  
Australian Professional Fingernail Association  
[Australian Acupuncture and Chinese Medicine Association \(AACMA\)](#)  
[Retail and Personal Services Training Council](#)  
[Hepatitis WA](#)  
[WA AIDS Council](#)  
[Environmental Health Australia](#)  
Industry representatives  
Dental Associations  
RTOs (Infection Control)  
[Australian Cosmetic Teeth Whitening Association](#)  
Australian Dental Industry Association  
[Australian Dental Association \(WA\)](#)  
[Chinese Medicine Board](#)  
[Australian Colonic Hydrotherapy Association Inc](#)  
[Australian Colon Health Association](#)  
Industry warehouses  
AMA  
Radiological Council  
[Association of Cosmetic Tattoo Inc](#)  
[Cosmetic Tattoo Australia](#)  
[International Institute for Complementary Therapists](#)  
[Hair & Beauty Australia Industry Association](#)  
[International Association for Colon Hydrotherapy](#)

This document can be made available in alternative formats on request for a person with a disability.

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