



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

Discussion paper on the revision of the Skin Penetration and  
Hairdressing Regulations – November 2013



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**Disclaimer.** The views expressed in this **discussion paper** may not, in any circumstances, be interpreted as stating an official position of the Department of Health.

This draft document is intended to serve as the basis for further discussion with interested stakeholders.

This document attempts to describe how key components of the Body Art and Personal Appearances industries might be administered under the proposed "*Public Health Bill*" and a future "*Health (Body Art and Personal Appearances) Regulations*" adopted under the Bill if and when proclaimed.

In circumstances where the *Public Health Bill* is not presented to WA Parliament, the proposals outlined in this discussion paper that are applicable under the current *Health Act 1911* may be progressed.

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## Executive summary

The Department of Health is proposing a revision of the existing:

- *Health (Skin Penetration Procedures) Regulations 1998*
- *Hairdressing Establishment Regulations 1972*

The proposed changes include:

### Mandatory training

Anyone performing high or medium risk body art or personal appearance procedures will require training in infection prevention and control

### Mobile operator requirements

Registration and approval requirements for mobile operators.

### Risk based approach to premise design

Prescriptive design requirements for premise design will be removed.

### Improving market competitiveness

A variety of disinfectants and cleaning products approved by the Therapeutic Goods Administration will be available for use across industries.

### Annual inspection and surveillance fee

Local governments will be able to recover the cost of surveillance.

The Department of Health is seeking comments from individuals or organisations with expertise or an interest in body art and personal appearances industries to inform the development of any new legislation.

## Introduction

This discussion paper outlines the reasons for the revision of the *Health (Skin Penetration Procedures) Regulations 1998* and *Hairdressing Establishment Regulations 1972*, adopted under the *Health Act 1911*, and the issues to be addressed as part of the proposed drafting of new legislation.

The *Skin Penetration Regulations* (15 years old) and the *Hairdressing Regulations* (over 40 years old), are useful health enforcement tools. However, a revision of the legislation is now overdue to address substantial deficiencies in the legislation that are acknowledged by both industry and local government authorities (LGAs).

An overall aim of this revision is to combine the regulation of the hairdressing and skin penetration industries into one all-encompassing regulation termed the “*Health (Body Art and Personal Appearances) Regulations*”. This approach is now commonly used across Australia and reflects the similar nature of public health risks associated with procedures performed by these industries.

“**Body art**” includes tattooing, body piercing and other forms of body modification such as branding.

“**Personal appearances**” includes hairdressing, beauty therapy, colonic irrigation and other appearance related services.

It is proposed that in parallel with the drafting of new regulations, the Code of Practice for Skin Penetration Procedures which is formally adopted under the *Skin Penetration Regulations* will be replaced with the proposed “*Body Art and Personal Appearances Guideline*”. The revised Guideline is currently open for public comment as part of the regulation review process.

**The Department of Health encourages any person with an interest in helping to enhance the regulation of the body art and personal appearances industries to submit feedback as part of the review process.**

Please note that this discussion paper attempts to describe how key components of the Body Art and Personal Appearances industries might be administered under the proposed “*Public Health Bill*” and a future “*Health (Body Art and Personal Appearances) Regulations*” adopted under the Bill if and when proclaimed. In circumstances where the *Public Health Bill* is not presented to WA Parliament, the proposals outlined in this discussion paper that are applicable under the current *Health Act 1911* may be progressed.

### The public health risk

Tattooing, body piercing and branding, as well as many beauty therapy procedures such as manicures and pedicures are increasingly popular throughout Western Australia (WA), and are widely practiced amongst young people.

Although the rates of transmission of blood-borne viruses (BBV) and other infectious diseases from body art, hairdressing and beauty therapy related procedures is believed to be low, the consequences of transmission are significant. The *Third National Hepatitis C Strategy 2010–2013* (Department of Health and Ageing 2010) notes that people can be at risk of contracting hepatitis C and other BBVs through unsafe piercing and tattooing. BBVs are evident amongst

the WA population (Department of Health 2011), and considering the number of hairdressing, body art and beauty therapy services which are performed each year, appropriate infection prevention and control procedures are required to minimise the risk.

Numerous studies have demonstrated the health risks associated with tattooing, body piercing, hairdressing and beauty therapy type procedures, justifying the need for continual education and regulation of the industry worldwide. Australian and international studies detailing health risks associated with specific industries or procedures are summarised in Appendix 1.

The evidence from these studies clearly demonstrates that regulation is required and that self-regulation is not likely to be effective in the current circumstances.

## Statement of the issue

In recent years, there have been growing community and industry concerns surrounding health practices including:

- a lack of awareness on who can and cannot perform high risk surgical type procedures such as tongue splitting, clitoral hood removal or implants
- inconsistencies in the level of infection prevention and control knowledge, skills and training required amongst persons performing skin penetration procedures
- emergence of nail salons and the lack of awareness of the requirements to comply with current WA legislation
- teeth whitening being performed by inexperienced operators, and
- a lack of compliance and notification by mobile operators.

In addition to the above, both regulations provide unnecessary burdens on some industries and restrict market competitiveness due to:

- highly prescriptive design requirements for premises that restrict innovation in design and service delivery, and
- restrictions on the type of cleaning and disinfectant products available for industry use.

The lack of awareness and uncertainty about the requirements for compliance with the Skin Penetration Regulations has become increasingly evident in some industry sectors. This has provided further justification for this review.

## Objectives of the proposed legislation

The overall objectives from the introduction of this proposed State government legislation are to:

1. Prevent the transmission of blood borne viruses and infections, and to minimise injury associated with body art and personal appearance activities.
2. Inform practitioners and consumers about the public health risks associated with activities undertaken in body art and personal appearance activities.
3. Ensure that any practitioner performing a body art and personal appearance procedure have the appropriate knowledge and skills in infection prevention and control in order to prevent the spread of blood borne viruses and other infections.

## Risk categories

This discussion paper refers to risk categories summarised in Table 1. It is proposed that more stringent provisions may apply to any person who performs moderate to high risk procedures.

Table 1 Risk categories for common body art and personal appearance procedures and appropriate cleaning/disinfection/sterilisation requirements (NB: This is not a absolute list of available Body Art or Personal Services, but may be used as a guide)

Risk category	Procedure	Cleaning/disinfection/sterilisation requirement	Type of procedure / activity
<b>High risk:</b>	Any procedure that involves the penetration of the skin.	The instrument must be cleaned and sterilised, or disposed of after each use.	<ul style="list-style-type: none"> <li>• Tattooing, branding, and scarification</li> <li>• Cosmetic tattooing</li> <li>• Accidental breaks of intact skin, such as shaving</li> <li>• Tongue-splitting</li> <li>• Stretching procedures for flesh tunnels</li> <li>• Colonic irrigation or colon therapy, enemas</li> <li>• Tattoo removal (via saline / acid solution injections)</li> </ul>
<b>Moderate risk:</b>	Any procedure (not being a high risk activity) that has the potential to cause blood or other body fluid to be released accidentally or results in such small quantities of blood or body fluid being released that minimal risk exists	The instrument must be cleaned and dried, and disinfected (as necessary) after each use.	<ul style="list-style-type: none"> <li>• Manicure/pedicure, including applying artificial nails</li> <li>• Acupuncture</li> <li>• Teeth whitening</li> <li>• Threading, waxing and other hair removal procedures, including electrolysis, IPL and tweezing (except shaving, which is higher risk)</li> <li>• Chemical peels</li> <li>• Personal foot spa</li> <li>• Spray tans</li> <li>• Skin whitening or bleaching</li> </ul>
<b>Low risk:</b>	Any procedure that involves contact with a client's intact skin but does not penetrate the skin.	The instrument must be cleaned and dried after each use or as required.	<ul style="list-style-type: none"> <li>• Hair cutting &amp; perming</li> <li>• Facials (without chemical peel)</li> <li>• Tinting or bleaching facial or bodily hair</li> <li>• Applying makeup</li> <li>• Personal foot spa</li> <li>• Dermabrasion or exfoliation</li> <li>• Body wrap, face mask, mud soak, milk bath</li> </ul>
<b>Very low risk:</b>	Any procedure that generates no significant risk of infection or disease	The instrument must be cleaned and dried as required.	<ul style="list-style-type: none"> <li>• Applying nail polish</li> <li>• Hair washing, styling</li> <li>• Massage – all types, including hot stone, Swedish, remedial, reflexology, Hawaiian, aromatherapy, etc.</li> </ul>

## Proposed solutions and impacts

### Proposal 1: Mandatory training

#### Overview:

- While many hairdressers and beauty therapists are taught through colleges and formal apprenticeships, tattooists and body piercers are usually taught under informal apprenticeship schemes, usually on a one-to-one basis.
- There is currently no mandatory provision to ensure a minimal level of training in infection prevention and control by any person performing a skin penetration procedure.
- There is inconsistency across industries on the level of skills and knowledge in infection prevention and control.

**Objective:** Include mandatory training in infection prevention and control for any person who performs a moderate or high risk body art or personal appearance type procedure.

**Proposal:** In order to demonstrate that an employee has formal qualifications in infection prevention and control it is proposed that it will be the responsibility of the business owner to demonstrate that their employees who perform moderate to high risk body art or personal appearance procedures must either:

1. Have formal industry based training qualifications through a registered training provider or
2. Complete training in a nationally recognised course such as “HLTIN402C: Maintain Infection Control Standards in Office Practice Settings (or equivalent)” delivered by an accredited Registered Training Organisation, or
3. Demonstrate Recognised Prior Learning, where an operator will need to provide a registered training provider with evidence of their prior learning if they wish to have their knowledge and skills formally recognised under Recognition of Prior Learning.

Penalties would apply for non-compliance.

#### Potential impacts on industry:

##### *Costs*

- Only untrained operators who have not participated in any formal infection prevention and control type training will be required to undertake further training in accordance with the proposed legislative changes. Any costs associated with training or recognised prior learning may be paid for by the individual and later claimed as a tax concession, or may be paid for by the business owner. It will be at the discretion of the business as to who pays for training.
- Costs of the course are estimated at approximately \$300 – 350 based on existing courses offered by Queensland TAFE and EZE training.

##### *Benefits*

- Increased operator confidence with the improvement of skills, knowledge and quality of services.
- Reduced incidence of infection and injury to workers and clients.

**Potential impacts on training providers:**

*Costs*

- Some training providers may have to up skill in the area of infection control in accordance with HLTIN402C.

*Benefits*

- An online search indicates that there are no training providers offering the HLTIN402C course in Perth, WA. Numerous courses are run through eastern states training providers who travel to Perth for group sessions and also run the course on-line. The introduction of the mandatory course is likely to be recognised as an employment opportunity by, and create a market for, WA based businesses.

**Potential impacts on consumers:**

*Costs*

- No costs are expected for consumers, unless the cost of the course is absorbed into the final cost of services.

*Benefits*

- Increased consumer confidence with the improvement of skills, knowledge and quality of services across the industries.
- Reduced incidence of infection and injury.

**Potential impacts on government:**

*Costs*

- Additional time will be required by local government during inspections to review paperwork associated with this proposed provisions.

*Benefits*

- Confidence that operators performing medium to high risk procedures have the minimal knowledge skills in infection prevention and control.

**Question:**

Do you agree with the proposal for mandatory training in infection prevention and control for any person who performs a moderate or high risk procedure?

**Note:** *This proposal is applicable under the current Health Act 1911 and the proposed Public Health Bill.*

## Proposal 2: Annual registration and approval to operate

### Overview:

- Both Regulations currently require the one-off notification by the business owner to the LGA of the intention to commence operating a skin penetration or hairdressing business.
- There is no annual registration process. Therefore if the business is sold, commences a new high risk service (e.g. starts tattoo removal services) or the business closes, there is no process for the LGA to be advised of any changes. This means any database of business details within any local authority may potentially be dated, and underqualified persons may be performing high risk procedures.
- There is no evidence at a premise that the business has been registered and approved to operate or must participate in any formal audit regimes. This creates uncertainty for the consumer about whether the business has the appropriate approvals and is routinely inspected. The Department of Health and LGAs are regularly asked by consumers for information on reputable companies.

**Objective:** Improve the process of registration and approval of body art and personal appearance industries by the enforcement agency.

### Proposal:

#### *Annual registration and approval*

It is proposed that anyone who wishes to operate a low to high risk body art or personal appearance business (including mobile / temporary services or from a residential dwelling) must register annually with and obtain approval from the relevant enforcement agency (the local government authority) in which the premise is located before any procedure is carried out. It will be considered an offence to conduct a body art or personal appearance procedure unless the business is registered and approved by the appropriate enforcement agency.

Mandatory annual registration will allow the enforcement agency to maintain an up-to-date list of businesses operating within its jurisdiction, allowing for a better surveillance service and facilitate compliance with the requirements of the associated legislation.

To apply for registration, the following would be required to be submitted:

- completed application form (form may vary for each local government)
- details of the types of procedures / activities to be conducted by the business
- if required by the enforcement agency, the design and fit-out specifications of the premises where procedures are to be carried out, and
- any other information requested by the enforcement agency that will assist in determining the risk classification of the business.

#### *Exemption from registration*

Businesses that undertake very low risk procedures would not have to register annually with the enforcement agency. However, if the activities of the business change and low to high risk procedures are to be performed (e.g. to include acupuncture), then registration would be required.

### *Review of application by enforcement agency*

After considering the application for registration of the business, the appropriate enforcement agency may:

- grant the application, with or without conditions, and issue a “certificate of registration” specifying registration of the premises is granted; or
- refuse the application in writing setting out the reasons for refusal.

### *Conditions of registration*

It is proposed that the enforcement agency may place conditions on the registration of a business. The conditions may relate only to compliance with the proposed “Body Art and Personal Appearance Guideline” or associated public health legislation and to ensure the safety and health of their clients and the general public.

If the appropriate enforcement agency decides to vary the conditions of registration then it must advise the holder of the certificate of registration, in writing, of the reasons and consider any submissions made by the holder of the certificate of registration.

### *Certificate of registration*

Once the registration letter is received, the enforcement agency would provide a written “certificate of registration” to be displayed in a visible location on the premises.

The certificate provides evidence to the public that the business is legally registered and approved to operate. This is a similar approach used in the management of food industries.

### *Notification of change of activity*

Details of any changes to the activities carried out at the business that are likely to affect its risk classification (e.g. including a new high risk activity) must be notified to the enforcement agency. For example, if a beauty salon wants to commence providing tattoo removal services, or a massage therapist wants to offer acupuncture services, they must notify the enforcement agency and seek written approval before they can commence the service.

### *Selling a business*

If the proprietor of a business intends to sell their premises, they would be required to notify the enforcement agency so that the registration associated with the premises can be cancelled prior to handing over the premises to the new proprietor. This will ensure that the previous owner of the premises does not continue to be responsible for business being operated from premises that have changed hands.

## **Potential impacts on industry:**

### *Costs*

- Industry is already required to notify the LGA of the intention to operate a skin penetration or hairdressing business prior to commencing operation. However, the proposed Regulation will require annual registration which will require yearly administration requirements for the business owner. These costs are expected to be negligible (~\$5 in administration) and would involve completing an annual registration form provided by the LGA (submitting electronically or via post). A fee is proposed for registration which is discussed in proposal 3.

### *Benefits*

- The authorisation process may reduce the number of non-compliant businesses operating, and act to provide confidence to customers on appropriate and regular health approvals required by the business.

### Potential impacts on consumers:

#### Costs

- No costs are expected for consumers.

#### Benefits

- Increased consumer confidence related to more stringent health registration and approvals processes for the industry.
- Increased consumer confidence when being able to view an up-to-date certificate of registration displayed in a prominent position within the premises.

### Potential impacts on government:

#### Costs

- LGA are already required to provide administration and registration/approval type services for these industries. However, some administration costs additional to those already required are expected, including:
  - administering of annual registration forms;
  - proposed issuing of an annual Certificate of Registration;
  - annual updating of business registration database; and
  - increased expectation for enhanced surveillance and inspection services
- The administration costs are expected to be minimal and could be recovered under proposal 3 that discusses the potential for cost recovery. The Department of Health will provide a certificate of registration template for use by LGA.
- No additional costs are expected for State Government agencies.

#### Benefits

- Up-to-date record keeping;
- Greater flexibility about what is acceptable, as well as more effective enforcement options; and
- Up-to-date legislation that is more relevant to both enforcement agencies and industry

## Question:

Do you agree with the proposal for mandatory registration and approvals processes?

**Note:** *This proposal is applicable under the current Health Act 1911 and the proposed Public Health Bill.*

### Proposal 3: Annual inspection and surveillance fees

#### Overview:

- Currently industry is not required to pay an annual registration fee to cover the cost of registration and annual surveillance / inspections by local government officers. This has resulted in some LGA's not providing an effective annual surveillance service to monitor compliance with the legislation because the cost for performing this surveillance can not be recovered.
- The lack of consistent surveillance across some industries has raised concerns that rogue operators are not appropriately complying with the law, bringing disrepute to some industries, as well as potentially putting the public's health at risk.

**Objective:** Provide LGAs with the ability to recover costs for annual registration and a minimum of one annual surveillance / inspection services.

#### Proposal:

It is proposed that the enforcement agency may charge a fee for annual registration and surveillance. If the enforcement agency is a local government, it is proposed that this fee may be imposed and recovered under the *Local Government Act 1995* Part 6 Division 5 Subdivision 2. This is same procedure used for the registration of a food premises in accordance with the *Food Act 2008*.

It is now common practice in law for regulators to be able to charge a fee for service to recover costs of administration, surveillance and inspections. The collection of fees will not be mandatory and will be at the discretion of the LGA.

Although the specific recovery costs are at the discretion of the LGA it may be assumed that annual costs would be similar to that of the food industry under the *Food Regulations 2009*. These costs vary for each LGA but are generally estimated at \$140 per annum.

In 2011 the Environmental Health Directorate surveyed WA local governments from the Perth metropolitan area requesting data for a number of key performance indicators (KPIs) for environmental health services provided in accordance with the *Health Act 1911* and subsidiary legislation (Department of Health 2013). Estimated numbers for skin penetration / tattoo and hairdressing premises were included in the report as well as number of first inspections for hairdressing premises.

Figures 1 and 2 show the number of skin penetration / tattoo premises and hairdressing establishments for each LGA respectively, and the median number of metropolitan establishments

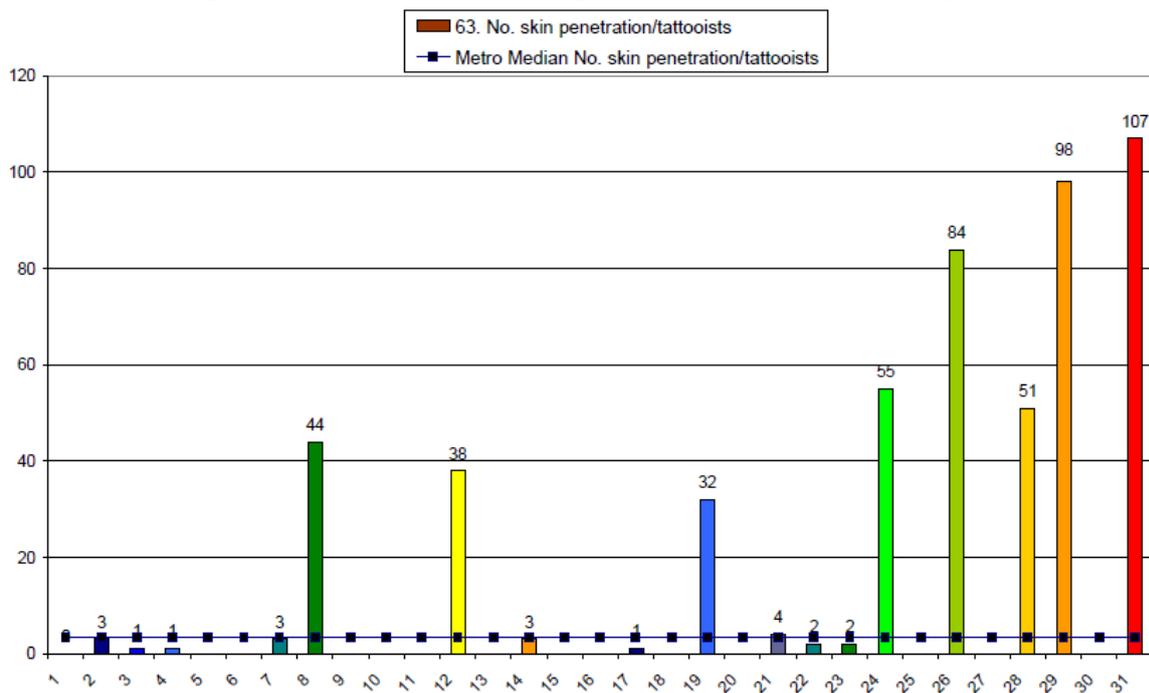
Figure 3 shows the number of inspections (e.g. on-site visits) conducted at hairdressing premises registered by the local government during 201, and Figure 4 shows this as a percentage.

This data suggests that the number of hairdressing and skin penetration establishments across metropolitan Perth varies significantly in different LGAs.

Furthermore, a mean of only 30% of hairdressing establishments were subject to on-site inspections. This suggests that many LGAs find it difficult to undertake more than a limited number of inspections to check for compliance with the legislation.

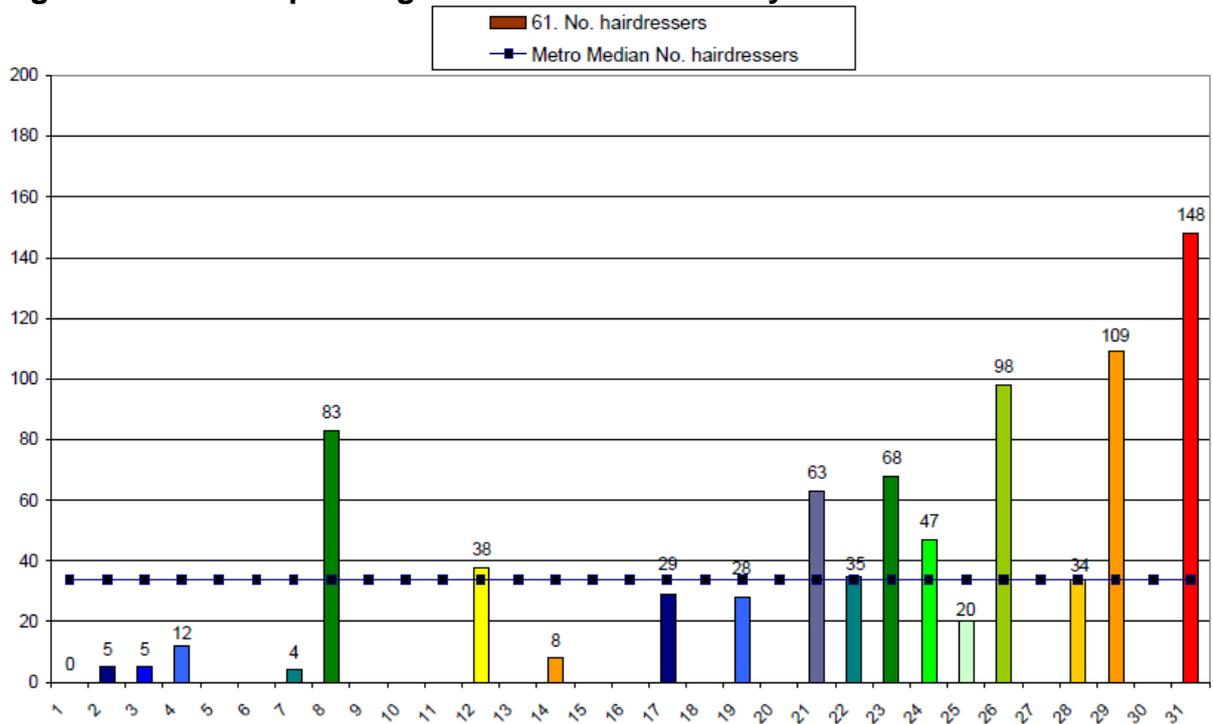
Anecdotal information provided to the Environmental Health Directorate by various LGAs indicates that cost recovery will be necessary in order to provide a more robust inspection and surveillance service.

**Figure 1: Number of known skin penetration / tattoo premises registered in Perth metropolitan local governments responding to the 2011 DOH survey**



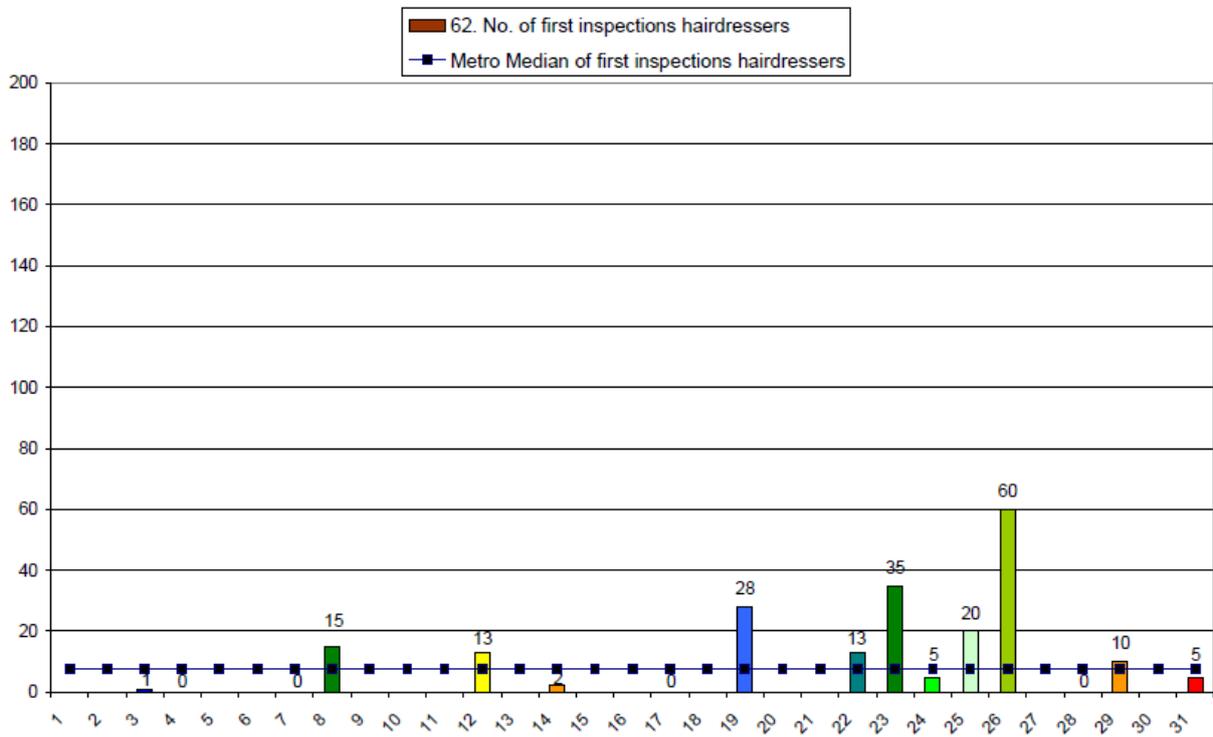
(Table extracted from page 53, Department of Health 2013)

**Figure 2: Number of known hairdressing premises registered in each Perth metropolitan local governments responding to the 2011 DOH survey**



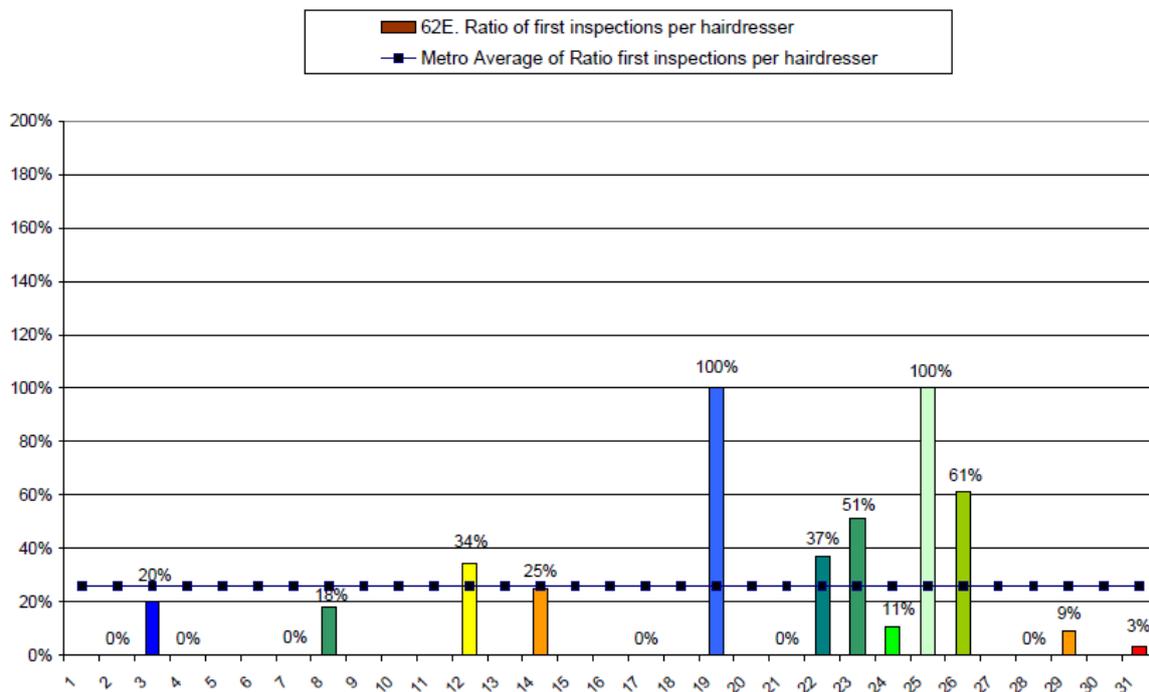
(Table extracted from page 51, Department of Health 2013)

**Figure 3: Number of first inspections conducted of hairdressing premises registered with local governments responding to the 2011 DOH survey**



(Table extracted from page 51, Department of Health 2013)

**Figure 4: Percentage of hairdressing establishments inspected**



(Table extracted from page 52, Department of Health 2013)

**Potential impacts on industry:**

*Costs*

- Industry does not currently pay any fees for registration or surveillance services that enable the LGA to perform their prescribed functions under the legislation. Therefore introduction of the ability to prescribe cost recovery fees will financially impact industry.
- Although it is not known what the fee for service may be it can be expected that annual costs would be similar to those of the food industry, as prescribed under the *Food Regulations 2009*. The Department of Health prescribes an annual fee of approximately \$140 per food establishment, per year. This cost is considered a minimal fee which enables the Department to perform an auditing role.

*Benefits*

- Improvement in auditing frequency and services by some LGAs who do not currently participate in surveillance programs due to the inability to recover the costs of such services.
- Improved surveillance may help identify and reduce the number of non-compliant businesses who bring disrepute to the industry, and act to provide confidence to customers that appropriate health audits are being conducted.

**Potential impacts on consumers:**

*Costs*

- Minimal impact to consumers is expected due to the low annual fee that is anticipated.

*Benefits*

- The improved surveillance may help to identify and reduce the number of non-compliant businesses who bring disrepute to the industry, and act to provide confidence to customers that appropriate health audits are being conducted.

### Potential impacts on government:

#### *Costs*

- LGAs are required to perform surveillance and inspections under the current legislation and can not recover costs of services. This has led to inconsistent surveillance and auditing programs across LGAs.
- An analysis of a large Perth LGA in Figures 1 and 2 indicates that they have:
  - 107 skin penetration / hairdressing establishments
  - 148 hairdressing establishments

Therefore, based on an estimated total of 255 businesses located in one LGA, the potential revenue of \$35,700 (based on an annual \$140 registration fee) could be generated through annual registration.

The processing of registrations would likely be provided by an Environmental Health Officer (EHO) or equivalent administration services within the LGA. Administration requirements by an EHO would vary across LGAs based on the number of establishments within their jurisdiction.

#### *Benefits*

- Being able to recover the cost of the administration of registration and surveillance will ensure LGAs can provide a more robust surveillance service to monitor compliance with the legislation.

### Question:

Do you agree with the proposal to allow local governments to charge a fee for service?

**Note:** *This proposal is only applicable under the proposed Public Health Bill.*

## Proposal 4: Mobile operators and temporary/special events

### Overview:

- Mobile businesses to be permitted to operate, but with restrictions based on the risk associated with the procedures undertaken.

**Objective:** Clarify the registration and approval requirements for mobile operators and temporary / special events to ensure public health standards are not compromised.

### Proposal:

#### *Mobile operators / temporary operators*

Where the business is mobile or temporary (e.g. special one off event such as a convention), the business owner or operator is required to register the business with only one enforcement agency. Registration would be submitted to the enforcement agency where the business is primarily located (e.g. the registered business address).

The business would be required to disclose their intention to operate at mobile / temporary locations during the registration process.

*High risk activities would not be permitted in a mobile business.* However, they would be able to seek approval to operate for a temporary period of time (e.g. for conventions, training or demonstrations).

#### *Notifying other enforcement agencies*

Once the mobile business has registered with the main enforcement agency, they would be required to provide written notification to each appropriate enforcement agency of their intention to operate within their jurisdiction.

Evidence of current registration of the business within Western Australia would be required to satisfy other enforcement agencies of compliance; as long as that registration covers the activities of the business (e.g. no new activities have been introduced).

Notification for mobile operators is important because enforcement agencies need to be aware who is operating within their jurisdiction, and may request to inspect the business to ensure compliance with the required legislation.

### Potential impacts on industry:

#### *Costs*

- No additional costs are expected for industry in addition to those already outlined in proposal 3.

#### *Benefits*

- Clarity on registration processes for mobile operators.
- Potential reduction in the number of non-compliant businesses who bring disrepute to the industry, and increased confidence to customers.

### Potential impacts on consumers:

#### *Costs*

- No costs are anticipated for consumers.

#### *Benefits*

- Increased consumer confidence related to more stringent health registration and approvals processes for mobile operators and restrictions for high risk mobile operators.

**Potential impacts on government:**

*Costs*

- Because only one enforcement agency will benefit from the registration fee, not all enforcement agencies will be able to recover costs for fee for service if they decide to inspect the operator. This is a similar approach used in the *Food Regulations 2009*, and should not cause any significant impacts to an enforcement agency. The administration costs of registration will be the responsibility of the enforcement agency that has the authority to request the fee for service.
- No additional costs are expected for government in addition to those already outlined in proposal 3.
- No impacts are expected for state government.

*Benefits*

- Improved clarity and coordination on the registration and approvals process.

**Question:**

Do you agree with the proposed mandatory registration and approval requirements for mobile operators and temporary/ special events? Or can you suggest a better way of ensuring mobile / temporary operators are registered with the local enforcement agency?

**Note:** *This proposal is applicable under the current Health Act 1911 and the proposed Public Health Bill.*

## Proposal 5: Improve market competitiveness

### Overview:

- Current Regulations restrict cleaning and disinfectant products that industry can use
- Numerous concerns have been raised by industries who supply cleaning and disinfectant products because suitable products approved by the Therapeutic Goods Administration (TGA) are currently not allowed to be used. This has significantly impacted on market competitiveness.

**Objective:** Improve market competitiveness by enabling better access by industry to Therapeutic Goods Administration approved products for cleaning and disinfection.

### Proposal:

Ensure reference is made to cleaning and disinfection products that have TGA approval. This will ensure industry can access a range of products available on the market, rather than being restricted to a limited number of products.

### Potential impacts on industry:

#### Costs

- Some markets that may currently have a monopoly on the industry due to the limitations prescribed on what cleaning and disinfection products that may be used, may experience a reduction in sales.

#### Benefits

- A greater range of TGA-approved products will be available for industry use, including products that are less likely to have impacts on human health and the environment.
- Improved market competitiveness by allowing additional products to be made available to the body art and personal appearance industries.
- Removal of hazardous substances from the workplace which are currently permitted under the *Health (Skin Penetration Procedures) Regulations 1998*.

### Potential impacts on consumers:

#### Costs

- No costs on consumers are anticipated, or the cost of services to consumers may reduce due to more cost effective products available on the market place.

#### Benefits

- Consumers can be confident that a variety of products are available on the market for use by industry.
- Removal of hazardous substances from being used in the workplace that are currently permitted under the *Health (Skin Penetration Procedures) Regulations 1998*.

### Potential impacts on government:

#### Costs

- No costs on government are anticipated.

#### Benefits

- No major benefits on government are anticipated.

## Question:

Do you agree with the removal of the restrictions on cleaning products and disinfectants?

**Note:** This proposal is applicable under the current Health Act 1911 and the proposed Public Health Bill.

## Proposal 6: Adopt a risk based approach to premises design and layout

### Overview:

- Currently the regulations and the Code of Practice are highly prescriptive in the requirements for the design of the premises. For example, the Hairdressing Regulations require a specific number of hair basins for washing hair per number of work stations. This is a restrictive and unnecessary financial burden.
- The prescriptive and dated design requirements have caused extensive debate and concern amongst industry and LGAs. The mandatory designs are considered costly and unnecessary in many situations.

**Objective:** Provide risk management based criteria for the design of a body art or personal appearance type premises.

### Proposal:

Rather than prescribe exactly what a business must have, it will be the responsibility of the business owner to provide evidence that they can adhere to a set of risk based criteria. This is a similar approach to that used in the food industry.

For example:

The business premises must:

- have enough space for the equipment and the work that they do
- be protected from pests and other contaminants such as dirt and fumes
- be easy to clean and keep clean
- have enough clean water available at the right temperature for the work to be done
- have a disposal system for rubbish, sewage and waste water
- have sufficient lighting and ventilation
- have sufficient bench space for any preparation work required
- ensure client treatment areas are not used for food preparation
- have adequate equipment to undertake the procedures carried out by the business
- have specific client treatment areas that are separate from areas used for cleaning / sterilising equipment.

Business fixtures, fittings and equipment must be:

- appropriate for the work of the business
- suitable for the jobs they are used for
- easy to clean and, if necessary, disinfect
- be made of material that does not infect a client.

The business must make sure that they have:

- hand basins supplied through a single outlet in or adjacent to work areas so staff can wash their hands in warm running water if their hands are likely to be contaminated or prior to undertaking a procedure
- hand basins near the toilets
- access to toilets
- separate sinks for washing instruments / equipment and

- storage areas for personal belongings and clothing, and for storing office equipment and papers and any chemicals used by the business.

Business layout must:

- be designed to ensure movement of instruments/equipment in a one-way direction from dirty to clean to sterile areas

**Potential impacts on industry:**

*Costs*

- Industry may see a reduction in start-up costs of starting a business. For example the *Hairdressing Establishment Regulations 1972* state that one hair washing basin must be provided for every three work stations. This prescribed number will be removed and the proprietor can include as many basins as required.

*Benefits*

- Industry will benefit from adopting a more risk based approach.

**Potential impacts on consumers:**

*Costs*

- No costs to consumers are anticipated.

*Benefits*

- No impacts to consumers are anticipated.

**Potential impacts on government:**

*Costs*

- No costs to government are anticipated.

*Benefits*

- No impacts on government are anticipated.

**Question:**

Do you agree with the new approach for design and premise layout requirements?

**Note:** *This proposal is only applicable under the proposed Public Health Bill.*

## Next steps – have your say

The Department of Health is interested in your views related to the above six proposals in order to develop robust regulations for managing infection control risks of the body art and personal appearances industries.

The Department encourages any person with an interest in wanting to help enhance future regulation of the body art and personal appearances industries to submit feedback as part of the review process.

This includes people working in the hairdressing, tattooing, body piercing, beauty therapy and acupuncture industries, association groups, training providers, enforcement agencies and the general public.

To submit feedback the following steps should be taken:

- Step 1:** Complete the “Body art and personal appearances regulation proposal **survey**” at: [www.surveymonkey.com/s/BodyArtRegulationProposal](http://www.surveymonkey.com/s/BodyArtRegulationProposal)
- Step 2:** Read the revised “Body art and personal appearances guideline 2013”
- Step 3:** Complete the guideline **survey** at: [www.surveymonkey.com/s/BodyArtGuidelineReview](http://www.surveymonkey.com/s/BodyArtGuidelineReview)

Any queries should be directed to the Project Coordinators [Jaala.Downes@health.wa.gov.au](mailto:Jaala.Downes@health.wa.gov.au).

## Appendix 1 – Australian and international case studies

Some Australian and international studies related to health risks associated with specific industries or procedures are summarised below.

- **Tattooing:** Trott (1993) reviewed the infection control practices of tattooists operating within the municipality of Brisbane City Council to determine their compliance with the relevant legislation of the time, the Skin Penetration Regulations 1987. Some of the key findings of his study included the operators' lack of understanding of specific infection control measures, the applicability of the legislation to the tattooing industry, poor personal hygiene of operators, insufficient training of operators in infection control procedures and inadequate sterilisation of equipment. Current legislative requirements applicable to licensed tattoo operators require that they hold qualifications in infection control this is a substantial advancement. However there are still areas of concern including the method of providing training to these operators; guidance to the operators on sterilisation of equipment; tattoo operators' reluctance to provide information about the process of tattooing and their wariness of local authorities; and the lack of specialised training provided to local authority officers in the processes of tattooing.

Ying-Chin et al (1992) studied the association of the hepatitis C virus (HCV) and tattooing amongst 87 tattooed and 126 tattoo-free healthy young men who did not engage in intravenous drug use or multiple sexual activities in Taiwan. The study concluded that tattooing, probably with improperly sterilized needles, can clearly pose an increased risk for HCV infection in Taiwan, indicating the need for legal standards for hygienic tattooing.

- **Body piercing:** Hayes and Harkness (2001) looked at the relationship of viral hepatitis and body piercing investigated in 12 research studies published between 1974 and 1997. Due to the often large number of unknowns regarding the cause of viral hepatitis, most of the studies were conducted to identify multiple risk factors for hepatitis. Six studies found that hepatitis seropositivity was significantly associated with ear piercing. Conclusions indicate that evidence is sufficient to institute public health education along with regulation of the body-piercing industry.
- **Hairdressing:** Amodio et al (2010) surveyed the knowledge, attitudes and behaviours of randomly selected hairdressers in Palermo, Italy, towards occupational risk of HIV, HBV and HCV infections. Although the study found that level of awareness among hairdressers about HIV, hepatitis and risk of transmission was good, there were some unsafe practices that may lead to infections due to blood-borne viruses. The article highlights the need to improve specific health messages in media campaigns carried out to general population, diffusing more appropriate educational materials for salons and organising obligatory refresher courses for the hairdressing sector
- **Foot spas – pedicures and shaving:** Winthrop et al 2002 detailed an outbreak of *Mycobacterium fortuitum* infection involving more than 100 patrons of a single nail salon in California, USA, linking disease transmission to the use of whirlpool footbaths. Shaving the legs with a razor before pedicure was a risk factor for infection. Cultures from all 10 footbaths at the salon yielded *M. fortuitum*.
- **Beauty treatments –viral hepatitis:** Mariano (2004) undertook a study to evaluate the role of beauty treatments in the spread of acute viral hepatitis B (HBV) and acute viral

hepatitis C (HCV) in Italy. It was concluded that certain beauty treatments play an important role in the spread of HBV and HCV infections in Italy.

- **Waxing – MRSA:** Huijsdens et al 2008 reported that a beauty therapist in the Netherlands infected at least two customers with Methicillin-Resistant *Staphylococcus aureus* (MRSA) during waxing treatments during 2005-2006. These three patients further infected seven others with whom they had direct or indirect contact.
- **Hepatitis risk in beauty therapy workplace:** Murtagh (2007) conducted a questionnaire completed by employers and employees in 99 beauty therapy practices in metropolitan Adelaide, South Australia. Beauty therapists reported carrying out many practices that had exposed them to blood. 39.5% of respondents had not received information about occupational health and safety (OH&S) practices related to blood spills and 77.5% of respondents had received no OH&S information about hepatitis C. Knowledge of hepatitis C and its transmission was poor, with 62% of respondents incorrectly identifying its prevalence and respondents incorrectly identifying sneezing (28%), kissing (46%) and sharing coffee cups (42%) as a modes of transmission. 80% of beauty therapy practices had no OH&S representative.

The study concluded that beauty therapy practices can expose both operator and client to blood and are therefore potential sites for the transmission of blood-borne diseases including hepatitis C. OH&S information is inadequate in this industry and knowledge of hepatitis C is poor.

- **Manicures and pedicures:** Johnson et al (2001) interviewed technicians in 72 beauty therapy establishments in New York City. Twenty-nine (40%) of these technicians indicated that they had been immunised against hepatitis B. Technicians re-used almost all instruments even if this was not the intent of the manufacturer. Isopropyl alcohol was the most commonly used disinfectant. Many technicians did not wear gloves while performing procedures. Most did not follow universal precautions when asked how they would react to incidental cuts on either the client or themselves. The study confirmed the need for the development of infection control protocols for manicure and pedicure establishments since the potential for transmission of infectious diseases does exist.

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