



The NZ Board of
**PROFESSIONAL
SKIN THERAPIES.**
INC.®



The Health, Hygiene and Safety Standards for the NZ Aesthetics Industry 2024

WRITTEN AND COMPILED BY JULIE MARTIN
WWW.NZBPST.ORG

©JULIE MARTIN 2024 CHAIRPERSON

DISCLAIMER

While writing this document all reasonable effort has been taken to align this information with national and local government guidelines, international authorities, and expert matter at the time. Users of the HHS are solely responsible for their own procedures, treatments and their interpretation and use of the HHS. Users must also be appropriately trained and qualified to carry out the various relevant procedures and treatments. This document must not be used as a substitute for such qualifications or training. The author, publishers, volunteers, and staff are not responsible for how this information is interpreted and/or used by the User/Reader or for any unforeseen outcomes that may occur from its use.

Copyright © 2022 Julie Martin, founder of the New Zealand Board of Professional Skin Therapies [NZBPST]

All rights reserved. This work, or any part of this work, may not be directly or indirectly copied, adapted, performed, issued to the public, shown in public, reproduced, distributed, broadcast or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods without the prior express written permission of Julie Martin, except in the case of brief quotations embodied in critical reviews and certain other non-commercial uses permitted by copyright law, and with appropriate attribution given to Julie Martin. For permission requests, please write to Julie Martin, addressed "Attention: Permissions Coordinator" at the email address below.

Editions

Health and Hygiene Guidelines

1st Edition 2016

2nd Edition 2017

3rd Edition 2019

4th Edition 2020

5th Edition 2021

Health, Hygiene and Safety Standards for the NZ Aesthetic Industry

1st Edition 2022

2nd Edition 2024

All Editions compiled and written by Julie Martin

Contact details

E: admin@nzbpst.co.nz

M: 02102294638 | W: www.nzbpst.org

LETTER TO INDUSTRY

Dear Industry Professionals,

As Chair of the NZ Board of Professional Skin Therapies, I have always had a strong sense of responsibility to our members, industry, and the public.

With the ever-changing face of the aesthetics industry in terms of treatments and technology it is essential that we keep updating industry standards and requirements.

The purpose of this document is to help inform therapists of their legal, physical, and ethical responsibility in providing services to their clients through recognised international and national standards.

With ongoing education, support and advice, business owners and therapists will understand what minimum standards are required to operate their business in a safe, hygienic, and professional manner and increase their ability to provide a duty and standard of care to their clients as outlined by government agencies.

These hygiene protocols sit alongside our Code of Ethics, our Constitution, Scope of Practice, the Complaints Process, our recognised International Safety and Infection Control Charter and our Pandemic Response Plan.

It is envisaged that by providing these standards, the NZ Board of Professional Skin Therapies is promoting robust standards to maximise the health and wellbeing of clients and minimise health risks and to guide therapists and industry at large to promote and protect the integrity of our profession.

Kind regards

Julie Martin

NZBPST– Founder and Chair

E: admin@nzbpst.co.nz

M: 02102294638

W: www.nzbpst.org

TABLE OF CONTENTS

PURPOSE.....	2
GOVERNMENT LEGISLATION & REGULATION REQUIREMENTS.....	3
QUALIFICATIONS.....	7
PREMISES.....	10
HEALTH & RISK MANAGEMENT INC. GOVERNMENT REQUIREMENTS	16
GENERAL HYGIENE	21
DISINFECTING / STERILISATION FACILITIES.....	24
HANDWASHING AND PPE PROCEDURES.....	35
THE CONSULTATION PROCESS	41
HIGH RISK TREATMENTS AND RISKS TO STAFF AND CLIENTS	47
ELECTROLYSIS/THERMOLYSIS & RED VEIN TREATMENT	51
COLLAGEN INDUCTION THERAPY [CIT] [DERMAROLLING/STAMPING]	56
IPL/LASER.....	61
HAIR REMOVAL UTILISING WAXING OR THREADING METHODS.....	79
NAIL TECHNICIAN PROCEDURES	86
EXFOLIATION	94
COSMETIC SEMI-/PERMANENT & MICROPIGMENTATION TATTOOING.....	97
EYELASH EXTENSIONS.....	102
MASSAGE	105
SUNBEDS/SOLARIUM TANNERS	100
SCOPE OF PRACTICE	101
BIBLIOGRAPHY.....	103

PURPOSE

In this unregulated skin therapy industry, where there is no legislation or consistent Government ruling on permissible treatments, equipment, and scope of practice requirements, it is essential that the NZ Board of Professional Skin Therapies [NZBPST] as a major stakeholder in our industry provide guidelines for our industry to follow.

The author has written this document to provide a consistent standard that can be applied to all sectors of the skin therapy/aesthetics industry based on what Government agencies expect from us as aesthetic professionals.

For this reason, we have sourced information from:

- The World Health Organisation [WHO],
- Centre of Diseases Control [CDC],
- Environmental Protection Authority [EPA],
- US Food and Drug Administration [FDA],
- Local Government,
- WorksafeNZ
- International Industry Experts

Along with many other agencies to ensure that this specific industry document meets the highest possible standards.

GOVERNMENT LEGISLATION & REGULATION REQUIREMENTS

Health and Disability Commission

Even though the aesthetic sector does not fall under the HPCA Act 2003, we do come under HDC as a health care provider and as such we are required to provide a duty of care and a standard of care to our clients.

Duty of Care

This refers to the obligation to take responsible care to avoid injury to a person whom, it can be reasonably foreseen, might be injured by an act or omission. A duty of care exists when someone's actions could reasonably be expected to affect other people. If someone is relying on you to be careful, and that reliance is, in the circumstances, reasonable, then it will generally be the case that you owe them a duty of care. You need to be clear about exactly what the nature of the care or support that you are providing, and on which the person is relying. Failure to exercise care in that situation may lead to foreseeable injury (in other words it could have been avoided with due care taken).

Standard of Care

Standard of care refers to what is expected of any other reasonable person/worker who performs the same duties. This is not about having to be the perfect worker but about being good enough and doing your job as well as any other worker. Judges when making their decisions regarding whether a worker has failed to provide a reasonable standard of care looks at many factors such as:

- training that the worker has received
- laws and regulations
- practicalities relating to the situation
- needs of others in the situation
- current trends in the industry

[VIEW The HDC – Your Rights – Act & Code 1999](#)

GOVERNMENT LEGISLATION & REGULATION REQUIREMENTS CONT ...

Fair Trading Act – FTA

Under the Fair-Trading Act and Consumers Guarantee Act [FTA], when a business supplies consumer services, a consumer can expect that the treatment is carried out with reasonable care and skill. This generally means that any work done must be at least as good as the work of a competent person with average skills and experience for that type of work.

Reasonable skill is about applying technical know-how. Reasonable care is how much care is taken to do the job properly.

The FTA makes it illegal for businesses to mislead or deceive the consumer and requires them to make sure the information they provide is accurate, and that they don't withhold important information.

NOTE: If a therapist fails to provide treatments to the same degree as a competent person with average skills and experience for that type of treatment, it may be interpreted that the treating therapist has failed to provide a Duty of Care and the signed consent and waiver form may become invalid.

Councils

Various councils around New Zealand have implemented Health and Hygiene Bylaws which provides the business owner/therapist with documented requirements for that business to operate under. It is the responsibility of the clinic owner and staff to fulfil their council bylaw requirements to be able to operate their business in that town/city. Should there be a lack of a council bylaw, then the business owner/therapist can refer to this document as a base line and contact us for advice.

GOVERNMENT LEGISLATION & REGULATION REQUIREMENTS CONT ...

WorkSafe NZ

WorkSafe NZ is the workplace health and safety regulator – they implement the Health and Safety at Work Act and are committed to reducing harm in New Zealand workplaces.

Under the Health and Safety at Work Act 2015 (HSWA), every business has a responsibility to ensure, as far as is reasonably practicable, the health and safety of workers and any others who could be put at risk by the work of the business, such as customers, visitors, children and young people, or the public. If you wish to report a health and safety concern, call 0800 030 040.

[VIEW Worksafe Website](#)

[VIEW Worksafe – Managing Risks – Hairdressing](#)

Health and Safety at Work Act 2015

With addition to the Health and Safety at Work Act 2015 the following regulations are read in conjunction with the Act.

Health and Safety at Work [General risk and Workplace

[VIEW Legislation](#)

[VIEW Worksafe – How to manage work risks](#)

[VIEW Worksafe – Notify Worksafe](#)

[VIEW Worksafe – Reporting Concerns or Incidents](#)

- Management] Regulations 2016 [VIEW Legislation](#)
- Health and Safety at Work [Worker Engagement, Participation, and Representation] Regulations 2016 [VIEW Legislation](#)

Ministry of Health

The Ministry of Health [“Guidelines for the Safe Piercing of Skin”](#) outlines procedures to deal with bleeding, sharps injuries and contact with blood or body fluids.

GOVERNMENT LEGISLATION & REGULATION REQUIREMENTS CONT...

The Labour Group of the Ministry of Business, Innovation and Employment [MBIE]

Employers and self-employed therapists need to notify the Labour Group of the Ministry of Business, Innovation and Employment as soon as possible of workplace accidents and occurrences of serious harm (e.g. communicable disease, laceration, derma logical disease) HSE Act 1992 S25, and Schedule 1–

[VIEW Legislation](#)

The Australian and New Zealand Standard Industrial Classification (ANZSIC)

ANZSIC is the standard classification used in Australia and New Zealand for the collection, compilation, and publication of statistics by industry. With beauty therapy being moved to Education, Health, and Social Services, under the Australian/ NZ Standard Industry Classification [ANZSIC], under Health [S 95110], beauty therapists are now identified as skin therapists

QUALIFICATIONS

As a general principle, skin therapists are restricted to the application or prescription of treatments designed to improve the external physical appearance or produce a greater feeling of well-being for their clients' using cosmetics and/or electrical equipment which the therapist is trained and qualified to use. Beauty/Skin professionals may only conduct treatments that they are trained in and hold relevant and recognised qualifications for.

National Qualifications

A New Zealand qualification recognises the achievement of a set of learning outcomes for a particular purpose through formal certification. New Zealand recognised qualifications are:

[New Zealand Certificate in Nail Technology \(Level 4\) \[Ref:3443\]](#)

[New Zealand Certificate in Beauty Therapy \(Level 4\) \[Ref:3444\]](#)

[New Zealand Diploma in Beauty Therapy \(Level 5\) \[Ref:3445\]](#)

[New Zealand Certificate in Spa Therapy \(Level 5\) \[Ref:3457\]](#)

[New Zealand Certificate in Specialised Epilation Therapy \(Level 6\) \[Ref:3458\]](#)

[New Zealand Certificate in Specialised Skin Care Therapy \(Level 6\) \[Ref:3459\]](#)

International Qualifications

International qualifications are qualifications set by a recognised International Education Committee formed by world leading professionals in the fields of beauty and spa therapy. Such examples are CEDESCO, Confederation, ITEC, BABTEC, City of Guilds

Micro Credential

A micro-credential certifies achievement of a coherent set of skills and knowledge; and is specified by a statement of purpose and learning outcomes.

They are smaller than a qualification and focus on skill development opportunities not currently catered for in the regulated tertiary education system.

QUALIFICATIONS CONT...

At a minimum, micro-credentials will be subject to the same requirements as training schemes or assessment standards.

Definitions of Qualifications and Development Training

A certificate or diploma must be in the name of the therapist performing the treatments pertaining to that qualification. The certificate or diploma must contain the words competent and/or successfully completed and state the treatment/treatments awarded for that given qualification, the name of the tutors/examiners and the date that the certificate was awarded.

A Certificate of Attendance

A certificate of attendance is a certificate that demonstrates that a person has attended an introduction day only and this is not a qualification.

Post Professional Training Development Certificate

A post professional training development certificate is not a “stand alone” qualification.

Post professional development training certificates provided by non-educational institutes and who are affiliated with product manufacturers and branded franchises is not a qualification. This could be counted towards on-going professional development and shows that the person is actively seeking continued learning, but this does not mean they are necessarily ‘trained’ or ‘qualified.’

Post professional development qualifications must be accompanied by an appropriate national or international certificate/diploma qualification, from a recognised training establishment.

QUALIFICATIONS CONT...

Registered Nurses

Registered Nurses without beauty or skin therapy qualifications who are performing dermal therapies such as injectables, must have a current practicing nursing certificate and have medical oversight from a medical practitioner.

Display of Qualifications

Qualifications must be displayed in a prominent position so clients can read them. The qualification must be in the name of the therapist and identify the procedure they are qualified in.

Health Protection License

If your local council requires a Council Health Protection license, this must also be displayed in a prominent place.

PREMISES

Compliance with bylaws and building legislation

The requirements contained in this document are in accordance with the bylaws of local council and in accordance with any applicable provisions of the Building Act 2004, the Resource Management Act 1991, the New Zealand Building Code and Building Regulations.

The Building Act 2004 stipulates how buildings are to be designed and constructed, to ensure that people who use buildings for purposes can do so safely and without endangering their health.

The New Zealand Building Code (Schedule 1 of the Building Act 1992) sets out how a building and its components must perform. The Building Code addresses health issues such as external and internal moisture, hazardous agents on site, substances and processes, personal hygiene facilities, laundering facilities, ventilation, internal temperature, adequate lighting, provision of clean and hot water and adequate waste facilities.

Fit for purpose

The premises must be constructed, designed, and arranged to be fit and suitable for its intended purpose.

Repairs and cleanliness

The premises and all fittings, fixtures and appliances in the premises must be maintained in a state of good repair and in a clean and tidy condition, and free from any accumulation of rubbish or other materials that may harbor vermin or insects or that may become offensive or a nuisance.

Any structural alterations, repairs, renovations, plumbing, or drainage work that may be undertaken or required must be carried out without unnecessary delay and by a qualified tradesman.

PREMISES CONT...

Walls, floors, ceilings, fixtures, and fittings

The walls, ceilings, fixtures, and fittings in any area connected with the carrying out of any specified treatment must be capable of being easily cleaned and must be maintained in good repair. If the walls are liable to be wet or fouled, they must be constructed of impervious material.

Water supply

All premises must be supplied with hot and cold running water which must be tempered at no less than 38 degrees Celsius and comply with the building code.

Ventilation

All parts of the premises must be adequately ventilated to the requirements of the New Zealand Building Code. Where strong fumes of bio plume are produced a purpose designed extractor fan must be used.

Lighting

The whole of the premises must contain a lighting system capable of providing adequate illumination to facilitate cleaning and inspection. Lighting of not less than 300 lux, at a distance 900mm above the floor, must be provided at all working surfaces adjacent to every place where clients are attended to. All sterilising/disinfecting stations and areas must have good lighting, ventilation and be capable of being easily cleaned.

Wet areas

All floors, walls, ceilings, and other surfaces in and around spray booths, showers, pools, saunas, and other areas liable to get moist or wet, including any room containing a toilet, bidet or urinal must be smooth, impervious, and capable of being easily cleaned.

- All surfaces that become wet must be cleaned with a suitable hospital grade disinfectant at least once every 24 hours.

PREMISES CONT...

- Floors must be adequately graded and drained to the requirements of the New Zealand Building Code.

Spray Tanning Booths

Spray tanning booths and surrounding areas must be sprayed with hospital strength disinfectant, washed down, and dried before the next client can be admitted.

All spray booths must meet ventilation requirements under the NZ Building Code, including air extraction to remove disinfecting/cleaning vapours and spray tanning mist.

Clients must not be allowed to have their bare feet in contact with the floor of the spray booth or surrounding areas.

A clean towel must be placed on the floor of the spray booth for the client to stand on or the client must wear nonslip footwear.

Where pooling of fluids occurs, there must be graded drainage as the fluids are considered contaminated with spray residue, client's dead skin cells, oil, and secretions.

Collapsible booths must be washed with hospital strength disinfectant and dried before being stored.

It is the owner's responsibility to ensure that the spray booth is always kept in a hygienic state.

Multi-Purpose Staff Room and Storage Facilities

- There must be provided a staffroom or back room for staff members only.
- This area is a rest area for staff, where they can go to take meal breaks, and have time out away from the public.
- This area may contain a kitchenette area for food preparation but must

PREMISES CONT...

be separate from the sterilising and laundry area to avoid cross contamination.

- Members of the staff must be provided with a separate room or suitable facilities e.g., lockers or cupboards for the storage of clothing and personal effects.

Laundry Facility

- A designated laundry area or room equipped with a basin and a constant supply of hot and cold tempered running water must be provided on the premises for the sole purpose of being used in connection with cleaning of the floors, walls, and similar fixed parts of the premises.
- The laundry area must not be used for any other purpose and the contents of the buckets must be emptied in the laundry sink or the toilet.
- A closed cupboard must be provided for the storage of all mops, brooms, cleaning clothes, brushes, and buckets used for cleaning the premises.
- A closed cupboard is also required for all large amounts of cleaning chemicals, and agents, except for smaller amounts of these agents which can be kept in the treatment room for immediate use.
- All cleaning products, disinfectants and substances must be kept in their original containers and clearly labelled.
- A closed laundry basket must be provided for the storage of all soiled laundry.
- All soiled linen and sundries must be stored separately from clean linen and sundries to avoid recontamination.
- At the end of every working day laundry is either washed and dried on the premises [see washing on the premises requirements] or stored in such a way that it cannot contaminate clean linen and other reusables. All items are removed at the end of the day from the premises and laundered off site by the owner or a commercial laundry company.

PREMISES CONT...

Floors

All smooth surfaced floors must be cleaned at the end of every working day with a hospital grade disinfectant. The manufacturer's instructions for dilution must be strictly followed to render the floor appropriately disinfected to the required code standards.

As mop heads are the leading cause of the spread of bacteria on smooth floors they must be washed separately after use in a bucket of fresh disinfectant to render them clean. Mop heads must be changed regularly especially when they become frayed or fail to have consistent surface contact with the floor.

All carpeted areas must be vacuum cleaned at the end of the working day. The carpet must be free of stains, have no frayed edges or worn tufts and commercially cleaned when necessary.

Bathroom and Client Changing Facilities

Toilets

- The bathroom facilities must be easily accessed by disabled and abled clients and staff.
- These facilities must contain hot and cold running water, or mixed at no less than 38 degrees Celsius, antiseptic liquid hand soap, hand blow drying machines or single use paper towels or towelettes.
- These requirements must meet the G1 standard of the New Zealand Building Code.
- In multi shared bathroom and changing room facility a visible cleaning schedule should be kept on the wall with the date and time of the last cleaning cycle to provide evidence of hygiene protocols.

Hand Washing Facilities

- As above wash hand basins must be provided in a readily accessible position for any therapist to have access while carrying out carrying out client treatments or duties where regular hand washing is required.

PREMISES CONT...

- The wash basin must be positioned so that water and waste contaminate cannot contaminate surrounding equipment or sundries.

Government Requirements

The waste management requirements within this code of practice are based on:

- AS/NZS 4031: 1992 - “Australian and New Zealand standard for non-reusable containers for the collection of sharp items used in human and animal medical applications”; and
- NZS 4304: 2002 - “New Zealand Standard for the management of healthcare waste”. The cleaning, disinfection, and sterilising requirements within this code of practice are based on, AS 5369:2023 - “The Australian Standard for cleaning, disinfection, and sterilising requirements and reprocessing of reusable medical devices and other devices in health and non-health related facilities

HEALTH & RISK MANAGEMENT INC.

GOVERNMENT REQUIREMENTS

Health and Safety Management

Clinic health and safety is governed by the Health and Safety at Work Act 2015 and the associated Health and Safety at Work (General Risk and Workplace Management) Regulations 2016 which have the stated aim to secure the health and safety of workers, workplaces, and other persons against harm. It applies to all New Zealand workplaces.

The law specifies the responsibilities of any person conducting a business or undertaking [PCBU] Directors and Managers, Workers, Contractors, self-employed and others who have duties to manage the hazards and risks associated with the business and spells out they must:

- identify hazards.
- maintain effective hazard control measures.
- review the control measures.

There is a requirement to notify WorkSafe NZ of notifiable events (typically an injury that results in hospitalisation). Notifications must be done by phone or in writing and must be given by the fastest means possible in the circumstances.

Ph: 0800 030 040 [24/7] | online forms www.worksafe.govt.nz/forms

The waste management requirements within this code of practice are based on the AS/NZS 4031: 1992 – “Australian and New Zealand standard for non-reusable containers for the collection of sharp items used in human and animal medical applications”.

New Zealand Guidelines for the Control of Legionnaires Disease further aims to ensure public health and safety by setting guidelines to reduce the potential of an outbreak of Legionnaires disease.

HEALTH & RISK MANAGEMENT INC. GOVERNMENT REQUIREMENTS CONT...

First Aid

All staff on the premises must have a current First Aid certificate.

Worksafe provide basic guidance on First aid equipment and facilities, this is the minimum standard that should be followed:

[VISIT WorkSafe Website – First Aid](#)

Worksafe’s basic recommendations for the contents of a First Aid kit are reproduced below. It is recommended that you should have a clinic procedure to check and replenish the contents at least every 6 months.

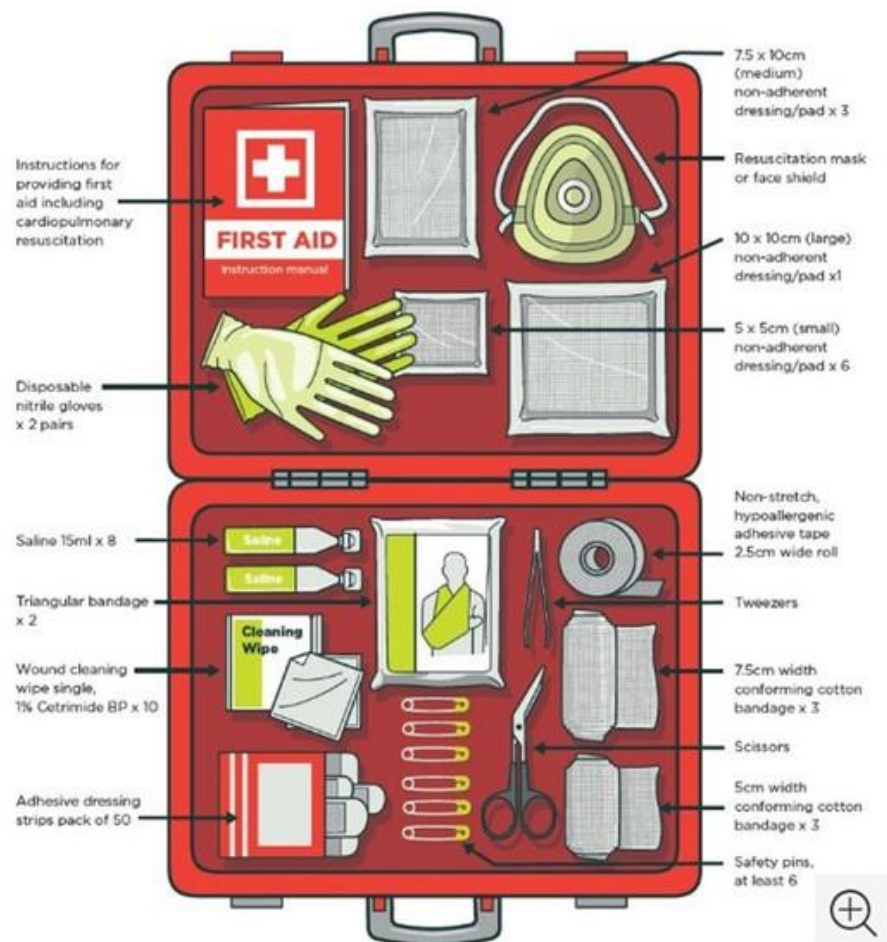


Figure 1: Sample contents of a work first aid kit

HEALTH & RISK MANAGEMENT INC. GOVERNMENT REQUIREMENTS CONT...

Staff Safety and Training

Training Protocols

In the best interests of staff safety, all new employees and staff should receive an induction orientation day followed by regular staff safety training days. This includes how the staff respond in different emergency scenarios, each person's responsibility in that scenario, identifying where to find emergency equipment, how to use it, and evacuation procedures.

PPE Training

To make effective use of PPE, the donning and doffing of masks, gloves and protective clothing and eye ware must be practiced in the right sequence and application. This comes through practice so in the work place this application becomes second nature and the risk of cross contamination and spread infection is minimised.

The application of PPE should be practiced as part of safety training and can be incorporated into regular staff meetings.

It is highly recommended that all staff working in a clinic should be vaccinated against Hepatitis B. All staff that have contact with the public should seriously consider having a regular flu vaccination in winter and stay current with their Covid immunisation.

Mental Health and Staff Wellbeing

With workplace pressures and employment issues, it's every employer's responsibility to monitor staff stress levels. This can be achieved by regular one-on-one informal staff chats to ascertain employee's mental health status and emotional wellbeing. For times when professional services are required, quick advice can be sort from the following services:

- Free call or text 1737 any time for support from a trained counsellor.
- Lifeline – 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP).
- Suicide Crisis Helpline – 0508 828 865 (0508 TAUTOKO).
- Healthline – 0800 611 116

HEALTH & RISK MANAGEMENT INC. GOVERNMENT REQUIREMENTS CONT...

- Depression Helpline – 0800 111 757 or free text 4202 (to talk to a trained counsellor about how you are feeling or to ask any questions).

Government Reporting of Incidents

Any incident on your premises that requires a client, employee, or member of the public that suffers an injury requiring medical attention, admittance to hospital or dies, must notify MBIE and Worksafe NZ immediately [VIEW WorkSafe Website – Notify WorkSafe](#)

<https://www.worksafe.govt.nz/notifications/notify-worksafe/>

<https://www.worksafe.govt.nz/managing-health-and-safety/reporting-concerns-or-incidents/>

Accidents and Incident Logs

Therapists must have procedures for managing accidents and unforeseen events.

In the event of a person requiring medical assistance, hospital or A&E admittance or any other accident or incident emergency, the clinic staff, manager, or owner must record the event in their accident and incident logbook. This must include the date, time, location of the event, name, and address of those involved, including witnesses, response taken and a description of what happened. Procedures must also be in place to record and manage incidents where prolonged or unexpected bleeding occurs.

This logbook must be kept at the place of work for a period of two [2] years. All staff members must know where to locate the logbook and it must be made available to the relevant authorities upon request.

The Ministry of Health [“Guidelines for the Safe Piercing of Skin”](#) outlines procedures to deal with bleeding, sharps injuries and contact with blood or body fluids.

Employers and self-employed therapists need to notify the Labour Group of

HEALTH & RISK MANAGEMENT INC. GOVERNMENT REQUIREMENTS CONT...

the Ministry of Business, Innovation and Employment as soon as possible of workplace accidents and occurrences of serious harm (e.g. communicable disease, laceration, derma logical disease) HSE Act 1992 S25 and Schedule 1:

[VIEW Legislation – Health & Safety in Employment Act 1992](#)

WorksafeNZ

[VIEW Worksafe – Notify Worksafe](#)

[VIEW Worksafe – Reporting Concerns or Incidents](#)

GENERAL HYGIENE

In addition to our industry requirements in this document, we have included government management requirements based on

- AS/NZS 4031: 1992 – “Australian and New Zealand standard for non-reusable containers for the collection of sharp items used in human and animal medical applications”; and
- NZS 4304: 2002 – “New Zealand Standard for the management of healthcare waste”.

The cleaning, disinfection, and sterilising requirements within this document are based on AS 5369:2023 – “The Australian Standard for cleaning, disinfection, and sterilising requirements and reprocessing of reusable medical devices and other devices in health and non-health related facilities.

General Hygiene and use of Linen and Sundries

(See also section on Sterilisation/Disinfecting/Sanitising and General Hygiene)

Instruments, Linen and Sundries

Unused Items

- All sterile/disinfected instruments and unused dressings, single-use disposable products e.g., cotton wool, cotton buds, wooden spatulas etc., including jewellery that touches the skin, must be stored in a clean
- U.V. Sterilising cabinet or an enclosed dustproof storage container until needed for immediate use. Sprays must be dispensed from a purpose-specific pump where possible.
- Creams and lotions must be dispensed from the clearly labelled container with a disposable or disinfected applicator.
- All chemicals must be clearly labelled for identification and bottles must never be reused other than with the original product.
- All clean linen must be stored separately from soiled linen in closed cupboards or storage containers.

Used Linen and Sundries

- Any instrument that touches non-intact skin, mucous membranes,

GENERAL HYGIENE CONT...

blood, or body fluids must be transferred to a central disinfecting station and be prepped for decontaminated followed by disinfecting, sanitising, or sterilisation, then stored in a steri-cabinet or airtight container.

- All sundries such as tissues, cottonwool, cotton buds, gauze and disposables that make skin contact must go straight into a close lidded bin.
- At the end of the working day, all rubbish is removed and disposed of in the correct waste management system. This also includes left over ink, tints, acetone, dyes, polishes, or decanted products.

Linen and Sundries

- Any facial towels or sponges that absorb blood or any bodily fluids off the skin surface during treatments must be disposed of in the bin.
- All towels, robes, slippers, sheets, clothes, pillows, furniture coverings, permanent covers on mattresses, squabs, cushions, and any other protective garments that touches the client's skin must be changed before admitting the next client.
- Therapists must not reuse any towels, sheets, head scarves, sponges, compress clothes, slippers, pillows, or any other protective items that touch a client.
- All linen must be removed from the treatment room and go directly into a closed lidded laundry basket.
- All areas that have had client contact must be disinfected and dressed in clean linen and sundries before the next client is allowed to enter the treatment room.

Washing of linen on the premises

- All soiled laundry must be laundered in an electrical washing machine with the appropriate washing powder.
- Any linen that requires soaking must be soaked in a closed lidded container with the correct laundry powder, away from all clean linen and items.

GENERAL HYGIENE CONT...

- In the instance of cross contamination between clean linen and contaminated used linen, all clean linen must be rewashed before touching the next client's skin or entering the treatment room.
- Facial towels and sponges must be soaked in hospital strength disinfectant for maximum holding time before washing [Follow manufacturer's instructions].
- Any facial towels or sponges used on the face or body to remove blood or body secretions must be used only once on that person and then immediately disposed of.

DISINFECTING / STERILISATION FACILITIES

NOTE: All clinics must be able to demonstrate a clear hygiene pathway for contaminated items from the treatment room to the sterilizing station, sterilizing processes, then delivery to sanitized/sterile storage facilities, ready for reuse in the treatment room.

All businesses that employ two or more therapists and undertake any semi-invasive or invasive treatments that abrade, erode, or penetrate the skin surface and who may connect with blood, fluid or skin secretions must have a suitable separate sterilisation station for the processing of contaminated implements and items used in the above treatments.

This also applies to any item that may not normally be associated with the above but does accidentally connect with blood, secretions, or body fluids. All staff must have a thorough knowledge of and training in how to operate the sterilising station.

All facilities that undertake treatments that abrade, erode, or penetrate the skin must have clear step by step instructions situated in clear view or accessible to staff of the following protocols:

- Preparing the station for decontamination
- The sterilising process to be undertaken
- The packaging process for all sterilised items
- A cleaning and disinfecting regime to prevent re or cross contamination.

NOTE: It is essential that all staff understand the importance of identifying the degree of risk associated with that implementation and treatment and assign the correct cleaning, disinfecting/sterilising procedure.

The following instructions apply to all processes for decontamination:

- Contaminated items are to be held in a nominated contaminant container e.g. [kidney dish] following the treatment and moved to the sterilizing station immediately.

DISINFECTING / STERILISATION FACILITIES CONT ...

- These contaminated instruments are then prepped for disinfecting, sanitising, or sterilising according to the Spalding classification sterilising protocols.
- These items are then stored in a steri-cabinet or airtight container.
- Contaminated items must be kept separate from contaminated items to prevent cross-contamination.
- A one-way cleaning cycle must be evident to prevent re or cross contamination.
- This area must be fit for purpose by having good lighting, ventilation, and good smooth intact surfaces for easy cleaning.
- Ultra-sonic cleansers must be kept separately from sterilisation area.

Government Hygiene Requirements

- The Ministry of Health [“Guidelines for the Safe Piercing of Skin”](#) outlines procedures to deal with bleeding, sharps injuries and contact with blood or body fluids. AS/NZS 4031: 1992 – “Australian and New Zealand standard for non-reusable containers for the collection of sharp items used in human and animal medical applications”; and
- NZS 4304: 2002 – “New Zealand Standard for the management of healthcare waste”.
- The cleaning, disinfection, and sterilising requirements within this document are based on AS 5369:2023 – “The Australian Standard for cleaning, disinfection, and sterilising requirements and reprocessing of reusable medical devices and other devices in health and non-health related facilities.

DISINFECTING / STERILISATION FACILITIES CONT ...

Biohazard Waste Management

In accordance with AS/NZS 4031: 1992, all sharps and biohazard waste must be contacted for removal by a recognised biohazard company.

STERILISATION

The Spaulding classification of sterilisation was developed by microbiologist Earle Spaulding in 1939 and is still used internationally today. In keeping to the highest international hygiene standards and maintaining document integrity, we have adapted the Spaulding classification system in this document to make it applicable to the aesthetic industry's hygiene requirements.

In choosing the right method of sterilisation for your instruments, it is important to understand the degree of risk associated with that contaminated item and the treatment.

In this instance, three basic categories of contact, risk, and the sterilising and/or sanitising methods have been identified. (Centre for Disease Control, 2015).

Critical Items

Implements that enter sterile tissue e.g., dermal rollers, needles, stamping pens, micropigmentation blades, or non-intact skin must be sterile as the risk of pathogens entering the body could transmit disease. Most of the items in this category should be purchased as single use disposable or come in a sterile pack. If it is reusable then these implements must be cleaned, soaked in hospital strength disinfectant, autoclaved with steam and pressure, and stored in a U.V. steri-cabinet before being reused.

Semi-critical Items

Implements that encounter mucus membrane or non-intact skin.

These implements require medium to high levels of disinfecting or sterilising.

DISINFECTING / STERILISATION CONT...

Non-critical Items

Non-critical items are those that encounter intact skin but not mucous membranes. Intact skin acts as an effective barrier to most microorganisms; therefore, the sterility of items that encounter skin is not critical. In contrast to critical and some semi-critical items, most non-critical reusable items may be decontaminated where they are used and do not need to be transported to a central processing area.

Non-critical environmental surfaces include treatment trollies, maggi lamp, treatment couch, reception desk, chairs, floors, and walls.

NB: Definition of a hospital strength disinfectant

A hospital-strength disinfectant is a germicide, pseudomonacide, fungicide and virucide designed to kill bacteria, pathogens, viruses, fungus, HIV-1 [Aids virus], HBV, HCV, Hepatitis B virus HBV], and Hepatitis C [HVC].

A **disinfectant** is a chemical substance or compound used to inactivate or destroy microorganisms on inert surfaces. Disinfection does not necessarily kill all microorganisms, especially resistant bacterial spores; it is less effective than sterilisation.

- **Disinfectants** work by destroying the cell wall of microbes or interfering with their metabolism. It is also a form of decontamination and can be described as the process whereby physical or chemical methods are used to reduce the number of pathogenic microorganisms on a surface.
- **Disinfectants** kill more germs than sanitisers.
- **Sanitisers** are substances that simultaneously clean and disinfect.
- **Hand Sanitisers** are designed to disinfect the skin only and do not work on inert surfaces.
- **Biocides** are different from disinfectants and are designed to destroy all forms of life, not just microorganisms.
- **Sterilisation** is an extreme physical or chemical process that kills all pathogens.

DISINFECTING / STERILISATION CONT...

Classification	Treatment	Implements	Appropriate Processes
Critical Items	Collagen Induction Therapy [CIT] [Derma rolling/Stamping], Micropigmentation/Tattooing procedures Electrolysis, Thermolysis or Diathermy [Red Vein] treatments, Acne/Milia extractions, Waxing, Threading, Manicures/Pedicures ANY TREATMENT – EVEN IF CLASSIFIED BELOW AS SEMI OR NON-CRITICAL WHERE BLOOD INDUCED BLEEDING OCCURS OR CONTACT WITH MUCUS MEMBRANES MAY OR HAS OCCURRED IS CONSIDERED CRITICAL AND MUST BE TREATED AS SUCH	Rollers and Stamps, Electrolysis/ Thermolysis/ Diathermy probes, razor blades, non-metal/metal manicure/pedicure implements, comedone extractors, lancets, sterile single use swabs, gauze, facial sponges, tissues, paper towels, face masks, wax, pedicure foot bath liners, disposable gloves, Threading cotton, sundry items	Single use only. All rollers/stamps, probes, needles, and razor blades disposed of in "sharps" container other consumables in the rubbish bin. Non-sterilisable nail files should be single use then disposed of or give to the client to take home. Sterilising of all reusable instruments must follow the procedures listed below
Semi-Critical Items	Skin treatments Microdermabrasion ANY TREATMENT IN THIS SECTION OR BELOW, WHERE BLOOD INDUCED BLEEDING OR CONTACT WITH MUCUS MEMBRANE HAS OCCURRED IS CONSIDERED AS CRITICAL AND MUST BE TREATED AS SUCH	tweezers	Wash with warm soapy water. Immerse in hospital grade disinfectant for manufacturer's holding time. Autoclave or Dry Heat sterilisation Store in U.V. Steri-cabinet
Non-critical Items	Facials, Eye treatments, waxing, massage treatments, Make up application, Cryolipolysis pads. ANY TREATMENT IN THIS SECTION, WHERE BLOOD INDUCED BLEEDING OR CONTACT WITH MUCUS MEMBRANE HAS OCCURRED IS CONSIDERED AS CRITICAL AND MUST BE TREATED AS SUCH	Linen, facial sponges, Make up brushes/applicators and sundry items	See laundry instructions, Pre-sterilising procedures, Store in a U.V. Steri-cabinet

DISINFECTING / STERILISATION CONT...

Prepping of Instruments before Disinfecting, Sanitising or Sterilisation

NOTE: In premises that employ more than one employee there must be clear, well formatted instructions explaining step by step protocols on how to clean, sterilise, disinfect, and process all implements and like articles that connect with client's skin and staff. These instructions must be visible on the wall at the sterilising station or cleaning area.

The aim of prepping contaminated instruments before sanitising or sterilising is to remove microbial, organic, and inorganic debris that could stay attached to the instrument and survive the sanitation/sterilising process.

Cleaning agents for manual cleaning should be biodegradable, non-corrosive, non-toxic, non-abrasive, low foaming, free rinsing and preferably liquid of mild alkali formulation. Alkaline detergents are much more effective at removing blood and fat than plain surfactant-based detergents.

- Before any prepping begins, the person responsible should wash their hands and apply clean disposable gloves.
- Disinfect all bench surfaces that will have contact with the contaminated items as well as cleaning the hygienic processing area.
- Place disposable paper towels on both the contaminated area and on the clean processing area.
- Commence washing contaminated items to remove any debris with designated disinfecting brush nominated for that job only.
- Proceed by following the steps and use the disinfectants according to manufacturer's instructions for that specific item only.
- Chemical disinfectants can have limited contact times and may become ineffective if left for long periods. The more items immersed in the disinfectant the less effective it will be. So fresh disinfectant must be prepared each time items are to be disinfected. The disinfectant must be discarded after use.

DISINFECTING / STERILISATION CONT...

- To reduce the risk of cross contamination, cleaning and decontamination activities should not take place simultaneously with packaging and/or sterilisation activities.
- Before packing and storing items, wash your hands and apply clean disposable gloves.
- All instruments that do not need to be sterile must be cleaned and then disinfected by a thermal e.g., autoclaving, dry heat methods etc or chemical disinfection procedures appropriate to the level of disinfection required for that item and treatment. Therefore, the disinfectants required for that item must be disinfected by following manufacturer's guidelines.
- At the completion of any cleaning activity, all surfaces must be disinfected before any pre-packaging of implements takes place in the processing area.
- Disposable gloves should be discarded, and clean ones applied for the packaging and storing of items.

Note:

- Chlorine solutions may corrode metals.
- Glutaraldehyde and phenol are not recommended as disinfectants because of the health risks involved in their usage.

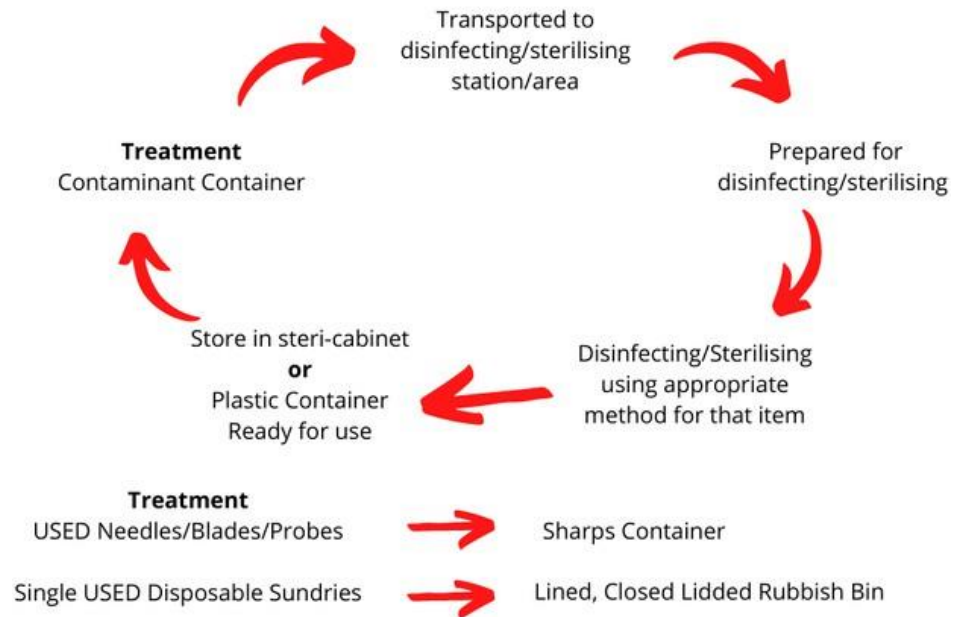
or

Placing it within an ultrasonic cleaner and exposed to the appropriate method of sterilising/disinfecting in accordance with the hygiene standard required for that instrument.

See following page for One-Way Disinfecting Sterilising Cycle.

DISINFECTING / STERILISATION CONT...

ONE-WAY DISINFECTING STERILISING CYCLE



DISINFECTING AND STERILISING METHODS

Autoclaving

The basic principle of steam sterilisation, as accomplished in an autoclave, is to expose each item to direct steam contact at the required temperature and pressure for the specified time. Thus, there are four parameters of steam sterilisation: steam, pressure, temperature, and time (Center for Disease Control, 2015). Ideally the autoclave should be fitted with time, temperature, and pressure gauges.

Exposure to steam must occur within the autoclave under the pressure indicated below:

During each use the gauges must be set to the correct times and temperatures.

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

DISINFECTING / STERILISATION CONT...

The times quoted above are holding times and do not include the time taken for the autoclave, dry heat, or boiling water steriliser contents to reach the required temperature.

Autoclave temperature activating strips

Autoclave temperature activator strips must accompany every load of implements to be autoclaved.

These strips change colour to indicate that the load has reached the correct temperature to complete the sterilisation process.

Should the strip fail to change colour then this means that the sterilisation process has not been achieved and the load is still contaminated.

All implements that fail are still contaminated and must be re-sterilised. These implements must be kept separate from sterile implements to prevent cross contamination.

Note: indicator strips may not be UV stable so equipment should be stored to protect from such exposure.

All instruments or like articles must be individually packaged and marked “sterile” or display an indicator strip (or similar indicator) indicating sterility, be intact and kept in such a manner to maintain sterility.

Bench top steam sterilisers without a drying cycle are only appropriate for the sterilisation of unwrapped items. Steam sterilisers should comply with a recognised national or international standard. The manufacturer’s instructions must be followed.

Dry Heat

- Thoroughly cleanse by washing in warm water and detergent, soak in hospital grade disinfectant following manufacturer’s recommended hold time. Then exposed to dry heat for at least 60 minutes at not less than 170 degrees Celsius. **OR**

DISINFECTING / STERILISATION CONT...

- Thoroughly cleanse by washing in warm water and detergent, soak in hospital grade disinfectant, totally immersed in a glass bead steriliser operating at 250 degrees Celsius for a minimum of 5 minutes. **OR**

Note: Glass bead sterilisers are no longer considered to be a safe method of sterilising as there is no way to know when the correct temperature has been reached or whether it is maintained for the correct amount of time. A 5-minute timer is insufficient to reach a satisfactory sterilising standard.

- Thoroughly cleanse by washing in warm water and detergent, soak in a hospital strength disinfectant for manufacturer's recommended hold time. Dry and store in a U.V. sterilising cabinet.

UV Sterilising Cabinets

U.V sterilising cabinets are not a form of sterilisation.

These cabinets are a clean safe environment in which to store instruments or reusable items once they have completed the disinfecting/sterilisation process appropriate for that item.

Items stored in the steri-cabinets must be placed with spaces between so emissions from the U.V bulb can circulate around the stored items.

The steri-cabinet must be regularly cleaned, by placing stored items on a hygienically prepared surface.

The cabinet should be wiped out with a hospital strength disinfectant, wiped dry and items from the hygienic surface placed and spaced back in the steri-cabinet.

DISINFECTING / STERILISATION CONT...

Ultrasonic Cleaners

Ultrasonic cleaners must comply with AS 2773.1: 1998 and AS 2773.2: 1999 as appropriate.

Ultrasonic cleaners clean but do not disinfect instruments and equipment. An ultrasonic cleaner should be operated with the lid closed to prevent emission of aerosols and should be isolated from the work area to reduce exposure to high frequency noise. No part of the body should be submerged into the water tank during operation as this is thought to cause long-term arthritic conditions.

Any treatment that intentionally or accidentally penetrates the skin must comply with the health, hygiene and safety standards outline in this document, with particular attention to:

- Premises
- General Hygiene
- Disinfection/Sterilisation
- Risk and Health Management
- High-Risk Treatments and Risks to Clients and Staff

HANDWASHING AND PPE PROCEDURES

Hand Washing

- Therapists must keep their clothing, hands, fingernails, and general appearance clean, well-kept, and professional.
- Therapists must thoroughly wash their hands up to the wrist with hot soapy water and/ or an antibacterial cleansing agent, while following the hand washing routine demonstrated in the hand washing poster. This hand washing procedure should take approximately 20 seconds. Then dry with a single use towel or other approved hand-drying equipment.
- Hands must be washed before and after commencing each treatment.
- Even if disposable gloves are used in cleaning instruments, sinks, couches, trolleys, lamps and all other fixtures and fittings that have connected with the client, hands must be thoroughly washed again before admitting the next client.
- Hands must be washed immediately after using the bathroom, a handkerchief, tissue or smoking or any action that could convey contaminants to another person.
- Should a therapist have any infected, damaged, or inflamed skin, this must be covered with an impermeable dressing and disposable gloves worn.
- Should a therapist encounter blood or fluids, they must wash their hands and hand sanitise immediately.
- If the client has open lesions or is known to have a contagious disease, the therapist has the right to refuse treatment.
- No therapist shall treat clients whilst wearing false nails, nail extensions or nail polish as bacteria becomes lodged between the acrylic, polish, and the cuticle.
- Nails must be kept short and clean.
- No therapists shall wear bangles or jewellery whilst providing treatments as bacteria collects on the jewellery and is passed from client to client.

HANDWASHING AND PPE PROCEDURES CONT...

- Therapists must wear clean well-fitting single-use disposable gloves when undertaking treatments that may result in encountering blood, mucus membrane, body excretions e.g., Collagen induction therapy, extractions, pedicures.
- Therapists must cover their hands with clean well-fitting single-use disposable gloves before touching any object which has not been subject to a process of cleansing and sterilisation which has been used to pierce the skin or used in a high-risk treatment e.g., pedicures.
- If the therapist has handled blood-soiled items, body fluids, excretions, and secretions hands are to be washed and hand sanitiser used after gloves are removed.
- Hands must be washed before putting on and after removing clean well-fitting single-use disposable gloves when performing a specified treatment that involves piercing of the skin or high-risk treatments e.g., pedicures.
- Where a constant supply of tempered water [38 degrees Celsius] is unavailable all therapists including mobile business, must use an antiseptic alcohol-based hand sanitiser and disposable gloves before and after treating their clients and handling contaminated equipment.
- If the treatment is interrupted and the therapist called away from the treatment, the therapist must discard the gloves in the bin. Wash their hands in water and hand sanitise and do not touch anything in the treatment area. Once returned, the therapist must rewash their hands in the appropriate way and reapply a new pair of disposable gloves before recommencing the treatment.

See following page for handwashing diagram.

HANDWASHING AND PPE PROCEDURES CONT...

How to Hand Wash Diagram:

HOW TO HAND WASH

HAND HYGIENE IT'S BLACK & WHITE

WASH HANDS WHEN VISIBLY SOILED, AFTER CONTACT WITH PATIENTS WHO HAVE DIARRHOEA OR VOMITING, OR WHEN ADVISED TO DO SO. ALCOHOL BASED HAND RUB CAN BE USED AT ALL OTHER TIMES.

Duration of the entire procedure: about 40-60 sec.

1. Wet hands with water and apply enough soap to cover all hand surfaces.
2. Rub hands palm to palm, up to and including wrists.
3. Right palm over back of left with linked fingers and vice versa.
4. Palm to palm with fingers linked.
5. Backs of fingers to opposing palms with fingers interlocked.
6. Rotational rubbing of left thumb held in right palm and vice versa.
7. Rotational rubbing firmly, with closed fingers of right hand in left palm and vice versa.
8. Rinse hands well with water.
9. Dry hands with a paper towel.

WAIT! HAVE YOU:

- Removed all wrist and hand jewellery other than a wedding band?
- Been using a hand lotion regularly to prevent dry, cracked hands. I.e. before and after work and before breaks?
- Covered minor cuts and abrasions on hands and arms with a waterproof dressing before starting work?
- Contacted occupational health and safety if you have any dermatitis, skin allergies or infected lesions on your arms or hands?

hand hygiene NZ
AUCKLAND
SMITHS HEALTH BOARD
Te Take Tūmā

www.handhygiene.org.nz

It is strongly recommended that the above poster (or similar from www.handhygiene.org.nz) is posted above wash basins (World Health Organisation, 2009)

HANDWASHING AND PPE PROCEDURES CONT...

PPE Procedures

Personal protective equipment (PPE) is the extra personal protection used in health and beauty facilities where there is a need to protect the therapist and their clothes from being contaminated with pathogens that may spread infection or cause illness.

PPE acts as a barrier to prevent contamination via the mouth, eyes, nose, skin, or clothes. Some PPE used in our industry includes but isn't limited to masks, disposable gloves, eye wear aprons or disposable gowns.

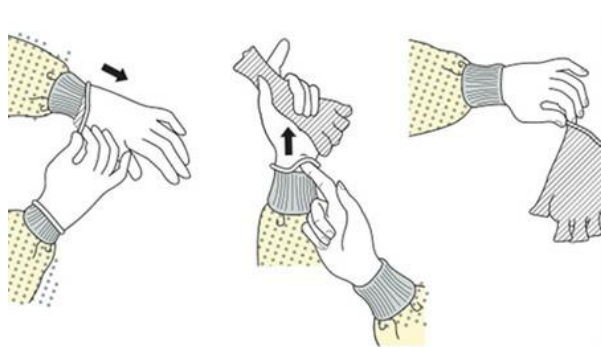
By using PPE effectively, you are not only preventing self-contamination but protecting your client and reducing the risk of cross contamination occurring.

PPE Disposable Gloves

Disposable gloves use and maintenance

- Gloves must be changed between each client, hands washed when leaving the room during treatments. Apply fresh new gloves when re- entering the room to recommence the treatment.
- Never washed or re-used disposable gloves.
- Should gloves be damaged, torn or leak in any way they must be removed, hands washed and immediately replaced with a new pair.

Removing Disposable Gloves

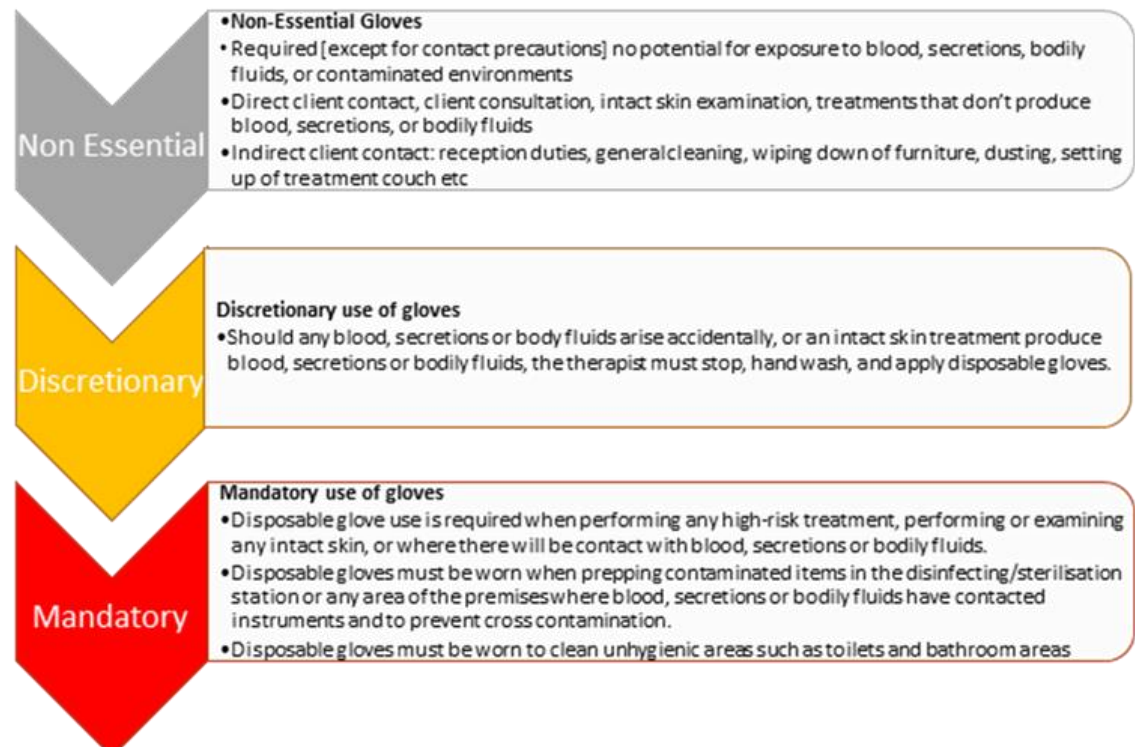


- Gloves must be changed between each client, hands washed when leaving the room during treatments. Apply fresh new gloves when re- entering the room to recommence the treatment.
- Never washed or re-used disposable gloves.

HANDWASHING AND PPE PROCEDURES CONT...

- Should gloves be damaged, torn or leak in any way they must be removed, hands washed and immediately replaced with a new pair.

Glove Decision Making



(Adapted from The Glove Pyramid – to aid decision making. (WHO Hand Hygiene 2009)

PPE Disposable Masks

- Masks are a single use disposable item.
- Masks must be removed once the mask becomes moist as it is then no longer a health protection barrier.
- Masks must be removed after each treatment and a new one applied for the next client's treatment.
- If a mask is removed for any reason during a treatment, then hand washing must ensure, and a new mask applied.

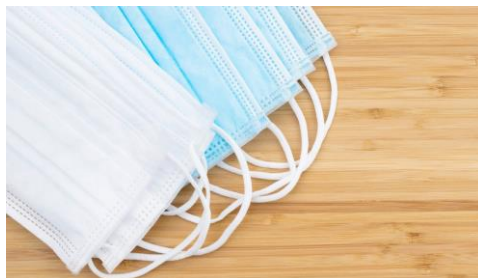
HANDWASHING AND PPE PROCEDURES CONT...



When Removing a Face Mask

- Wash hands thoroughly and hand sanitise.
- Avoid touching the front of the mask.
- Using your little fingers unhook the elastic loops from your ears. Allow the mask to fall off your little fingers into an appropriate bin without touching the front or rest of the mask.
- Do not pull the mask up over the top of your head to the back discard the mask in appropriate bin, do not re-use.
- After removing your mask, wash hands with soap and water, dry hands thoroughly, use hand sanitiser.

NOTE: Everyone please remember that this procedure is not just followed to help contain covid-19, but also to help prevent the spread of all other bacteria, viruses, and fungi pathogens that we encounter on a day-to-day basis in our clinics.



Correct mask and glove application should be an automatic reflex when applying or discarding your PPE.

THE CONSULTATION PROCESS

For the Therapist

NOTE: Under the Fair-Trading Act and Consumers Guarantee Act, when a business supplies consumer services, a consumer can expect that the treatment is carried out with reasonable care and skill. This generally means that any work done must be at least as good as the work of a competent person with average skills and experience for that type of work.

Reasonable skill is about applying technical know-how. Reasonable care is how much care is taken to do the job properly.

Should your treatment result in an injury that should not have occurred, you could be accused of not providing a duty of care to the client and their consent and waiver form could become null and void.

The FTA makes it illegal for businesses to mislead or deceive the consumer and requires therapist to make sure the information they provide is accurate, and that they don't withhold important information.

The Consultation

The consultation process is the most important part of the admission of any client into your clinic who wishes to engage in any treatments you provide.

The consultation process is the beginning of every treatment.

As a Beauty/Skin Professional, it is your responsibility to make sure you have collected all relevant information concerning your client's health and ability to receive treatments and that you have explained all aspects of the treatments being provided.

Consultation Requirements

The following information is the minimum requirement in a consultation:

- All the client's contact details street and postal addresses, phone numbers and email addresses.

THE CONSULTATION PROCESS CONT...

- Date of birth
- Occupation
- Client's medical history including,
- Allergies
- Medication
- Heart conditions such as Arrhythmias / Blood Pressure
- Pacemaker inserted
- Metal pins/plates
- Asthma, Epilepsy, Seizures, Diabetes, Kidney disorders, other
- Operations
- Pregnancy
- Regular menstrual cycle
- Hormone status, perimenopause, menopause
- Communicable diseases
- Other conditions
- Relevant vaccinations e.g., Covid, dates
- Doctor's name
- Other relevant information, skin care used, lifestyle, recreations etc
- Client's skin type, client's skin care history and any relevant information
- Treatment type and machine settings if any machine is used
- Any improvements, changes, observations, reactions, or ill effects that resulted during or after the treatment must be written down including action taken if need be
- The client must be informed of the treatment given, how the treatment works, expectations, risks involved and after care advice
- A consent and waiver form must be signed by every client after the consultation and before any treatment can be provided

THE CONSULTATION PROCESS CONT...

Consultation Process

The purpose of the consultation process is twofold:

For the Therapist:

- The consultation process enables the therapist to ascertain the suitability of the client to receive the treatments they are requesting.
- By screening the client for potential issues that could reduce or hinder the full benefits of the treatment to be achieved which reduces disappointments.
- Identify any contraindications that prevent the client from receiving the treatment e.g., Pacemaker inserted.
- Identify any conditions that may be a contraindication but are not severe enough in nature to prevent the client receiving the treatment. e.g., asthma, diabetes etc.
- Identify medical/health issues that the client is unaware of that may need further investigation e.g., moles, lesions, hormonal issues etc.
- By completing a thorough consultation, the therapist is protecting herself and identifying any potential problems that could manifest into an unforeseen event and/or a complaint from the client.
- The therapist is demonstrating her duty of care and professional standards.
- The therapist can establish the degree of risk and whether it is safe for her to perform the treatments.

For the Client

- The consultation process is the beginning of the report building process.
- You are demonstrating and providing a duty of care that will resonate with the client and help develop trust and confidence in you and long-term loyalty.
- You are giving the client the opportunity to discuss her health status and situation so they can give informed consent.

THE CONSULTATION PROCESS CONT...

Consultation Review

- The client's contact details, and medical information must be reviewed at regular intervals and updated.
- Therapists must keep the client's signed consent form for the procedure undertaken.
- All information shared between client and therapist is to be regarded as confidential and must be stored on site in an appropriately secure place for a minimum of 2 years and only shared with other authorised agencies [Privacy Act 1992].

NOTE: Although a thorough consultation is given, it is appreciated that not every possible undiagnosed condition or allergy can be identified at this time and may only come to light during or after the treatment is completed. However, all care must be taken by the therapist to collect and document all relevant information.

Should any changes occur, or conditions identified, the therapist must document these changes and record changes to treatment plans and inform their client of these changes. Medical referral may be required.

The following conditions must be observed:

- After a thorough consultation has been conducted, the client must sign a consent form and waiver giving permission to receive treatments. NB- Any procedure carried out without consent by the client may be regarded as assault [Crimes Act 1961]
- The consent given must be voluntary and the client must have the capacity to give consent [Privacy Act 2020, HDC Act 1994]
- No therapist may carry out any treatment on a client, who is suspected to be under the influence of drugs, alcohol, or mind-altering substances.
- No therapist may carry out a treatment on any person under the age of 16 years without the written permission of a parent or guardian who must be present at the initial consultation.
- No therapist shall carry out a permanent or semi-permanent

THE CONSULTATION PROCESS CONT...

pigmentation treatment on a person under the age of 18 years without the written permission of a parent or guardian who must be present at the consultation.

- Parents or Guardians must sign a consent form on behalf of the child with appropriate ID proving they are the child's parent or guardian.
- A notice asking clients to notify the therapist of any communicable or infectious diseases must be visible in a prominent place.
- No therapist who knows or suspects a client suffers from or is a carrier of a skin infection or communicable disease, or associated conditions, shall carry out the treatment without taking adequate precautions to prevent the transmission of such infections, disease or other. [Therapist may decline treatment]
- No pets except registered assistance dogs are allowed in the treatment room.
- No smoking on the premises.
- Consumption of alcohol or drugs is prohibited on the premises.

NOTE: The therapist may decline to carry out any specified treatment based on such information or agree to carry out the treatment subject to written medical permission from her G.P or medical specialist.

Pre-Treatment Consultation Content

For the client to give informed consent before the commencement of any treatments, the therapist must:

- Explain the nature of the treatment and a step-by-step description of how the treatment will be conducted.
- Advise of how the skin will respond, noticeable changes if any, how long these changes will last, treatment duration.
- Accurate achievable results must be given and described in accordance with the clients' expectations and her current skin conditions.

THE CONSULTATION PROCESS CONT...

- Describe the risks associated with that treatment, including temporary or permanent damage and risk of infections.
- Verbal and written home care instructions must be given for any treatments that risk eroding, abrading, or penetrating the skin.
- The client must be given the opportunity to ask any questions regarding any aspects of the treatment, or any questions regarding the therapist's ability to perform the treatments and her qualifications.
- Once the client has received all the information, they require to make an informed decision, the client must sign a consent form and waiver before any test patches or treatment commences.
- Give written advice appropriate to the procedure to be undertaken, concerning precautions and post/home care instructions before undergoing any treatment.
- The therapist must demonstrate that she has provided a duty of care in asking the client if they have suffered from any of the following conditions that would prevent her from receiving any treatments.
- The client must sign a consent form stating that the client has disclosed their medical status and life history honestly and accurately.

Note: The above questions are the minimum required in the consultation process, but not exclusive as situations vary from client to client and treatment to treatment, more information may be required to complete a full and thorough consultation process.

The therapist may decline to carry out any specified treatment based on such information or agree not to carry out the treatment until written medical permission from her G.P. or specialist has been received.

HIGH RISK TREATMENTS AND RISKS TO STAFF AND CLIENTS

The information contained in this document is to impress upon you the importance of following these minimum standards, to ensure that your business is operating to a high standard of hygiene and efficiency, and that you and your staff are aware and knowledgeable in providing procedures and protocols that meet government and local agency requirements, both technically and ethically. These standards are in place to reduce the risk of harm, keep you, your clients, and staff safe.

In any treatment where the protective epidermis is eroded, abraded, or punctured and blood, fluid or secretions escape either on purpose as part of the treatment or accidentally, there is an instance increase risk of blood-borne viruses, bacterial infection [Staphylococcus], viral infections Hepatitis A, B, C, HIV, fungal infections, and communicable disease exchange.

These treatments include, but not limited to:

acne treatments, collagen induction therapy [CIT], dermal stamping/needling, any type of micro pigmentation treatment, microdermabrasion, red vein treatments, plasma jet, IPL/laser.

In treatments where the skin is not eroded, abraded, or penetrated but blood, secretions or bodily fluids could be accidentally drawn are, manicures/pedicures, exfoliation, dermaplaning, cryolipolysis, electrolysis, waxing, threading, or any treatment where the epidermis is thin, weakened or compromised and has the potential to become a high risk.

Manicures/Pedicures

Although blood shouldn't be produced, these treatments carry with it the potential spread of highly contagious fungi infections and are considered a high-risk treatment.

HIGH RISK TREATMENTS AND RISKS TO STAFF AND CLIENTS CONT...

Bio plume producing treatments

Any treatment that produces bio plume [particles of keratinised tissue or by products circulating in the air] is a high-risk treatment for the therapist and client. Therefore, extractor fans and PPE [including protective eyewear] must be employed.

If bleeding or fluid is produced during a treatment, it then becomes a high-risk treatment and must be treated as such.

In the instance that these treatments become a high-risk treatment, immediate action must be taken to prevent infection, spread, contamination and cross contamination.

High Risk Treatment Requirements

Before any treatment that requires the skin to be eroded, abraded, or penetrated, the therapist must comply with the following conditions.

- The therapist must be qualified and experienced to conduct the treatment with confidence to produce the expected results.
- Therapists must have on hand all sterilising equipment, PPE, and procedures in place to maintain hygiene and prevent spread, contamination, and cross contamination.
- The premises and treatment room must be fit for purpose.
- All equipment used must be compliant to produce the expected outcomes.
- **BEFORE ANY TREATMENT THAT RISKS BREAKING THE SKIN IS CONDUCTED, A COMPLETE AND THOROUGH CONSULTATION MUST BE COMPLETED WITH A SIGNED CLIENT CONSENT FORM.**
- **NO THERAPIST MAY CONDUCT A TREATMENT THAT RISKS BREAKING THE SKIN SHOULD A CONTRAINDICATION EXIST.**
- **IF A CONDITION EXISTS THAT MAY COMPROMISE THE CLIENT'S HEALTH OR EFFECT THE OUTCOME OF THE TREATMENT MEDICAL ADVICE AND APPROVAL MUST BE SOUGHT FIRST.**

HIGH RISK TREATMENTS AND RISKS TO STAFF AND CLIENTS CONT...

Any treatment that intentionally or accidentally penetrates the skin must comply with the health, hygiene and safety standards outline in this document, with particular attention to,

- Premises
- General Hygiene
- Disinfection/Sterilisation • Consultation Process
- Risk and Health Management
- High-Risk Treatments and Risks to Clients and Staff

Treatment Procedures

- The treatment room must be set up and disinfected for the high-risk treatment to commence.
- All consultation paperwork must be rechecked, and a consent form signed.
- Any down time, skin recovery and realistic expectations must be discussed and explained to the client before the treatment begins.
- All home care advice must be reviewed with the client before the commencement of the treatment and written home care instructions given to the client prior to their departure from the premises.
- A full skin evaluation must be undertaken as part of the consultation process relating to the treatment requested.
- Any pre-existing skin damage, skin irregularities, pigmentation, skin type, skin thickness, sensitivities, hydration, lesions, and general skin conditions identified and recorded.
- Prior to commencing any treatment that involves piercing of the skin, therapists must cleanse the client's skin with a clean single use antiseptic swab.
- Only sterile or single-use disposable instruments are to be used.
- All instruments and sundries used for piercing the skin, or where contact with blood, body fluids or secretions occur, must be single use disposable instruments and sundries including hollow lumen, blades, probes, needles etc.

HIGH RISK TREATMENTS AND RISKS TO STAFF AND CLIENTS CONT...

- All instruments must be cleaned and sanitised/sterilised in accordance with the provisions of Minimum Standard and kept in such a manner to maintain their sterility status.
- All implements and sundries used for any high-risk treatments must be placed on a hygienic surface and covered ready for use in the treatment.
- All sterile packaged equipment must remain unopened until ready for use and be opened in front of the client.
- The instruments must have a manufacturer's fixed label stating that the contents of the package are sterile.
- Following the use of single use disposable items and at the end of the treatment, they are discarded in the sharps containers or disposed of according to section 3 of AS/NZS 4187: 2014 and AS/NZS 4031: 1992, standard requirements.
- While unused instruments and sundries may not have been used during the treatment, there is a risk of cross contamination. Therefore, all remaining unused instruments and sundries must be discarded or re-disinfected and sterilised in accordance with the disinfecting/sterilising facility and Disinfection/Sterilising sections in these standards and stored accordingly.

ELECTROLYSIS/THERMOLYSIS & RED VEIN TREATMENT

Under this umbrella of electrical epilation sits three modalities, Electrolysis, Thermolysis and Diathermy. All methods involve a sterile probe being placed into the hair follicle until it reaches the bulb at the bottom.

Electrolysis occurs when an electric current [D/C] is passed down a sterile probe to the bulb to produce a chemical solution called sodium hydroxide or lye which is caustic and destroys the hair bulb.

Diathermy occurs when a sterile probe is passed down a hair follicle to the bulb. An electrical current [H/F] is passed through the probe to produce high levels of heat which desiccates the bulb, and the blood supply is cauterised.

Thermolysis [The blend method] occurs when a sterile probe is passed down a hair follicle to the bulb. A D/C current is applied to produce sodium hydroxide or lye and then a H/F current producing heat is mixed with the D/C current to combine the actions of both electrolysis and diathermy.

Red vein treatment is a process by which a probe pierces the skin to the capillary and heat is applied to cause capillary shrinkage or cauterisation. The capillary can be pierced with a probe along the length of the damaged capillary, causing little dams or blockages along the vessel membrane.

Any treatment that intentionally or accidentally penetrates the skin must comply with the health, hygiene and safety standards outline in this document, with particular attention to,

- Premises
- General Hygiene
- Disinfection/Sterilisation
- Consultation Process
- Risk and Health Management
- High-Risk Treatments and Risks to Clients and Staff

NOTE: BEFORE ANY TREATMENT THAT RISKS THE PENETRATION OR ACCIDENTAL PENETRATION OF THE SKIN IS CONDUCTED, A COMPLETE AND THOROUGH CONSULTATION MUST BE COMPLETED FOLLOWED BY A SIGNED CLIENT CONSENT FORM.

ELECTROLYSIS/THERMOLYSIS & RED VEIN TREATMENT CONT...

NOTE: IF A CONDITION EXISTS THAT MAY COMPROMISE THE CLIENT'S HEALTH OR EFFECT THE OUTCOME OF THE TREATMENT, MEDICAL ADVICE AND APPROVAL MUST BE SOUGHT FIRST. E.g., hairs growing from moles or undiagnosed lesions, unmanaged medical conditions—diabetes, asthma, large metal pins or plates etc.

Qualifications

Therapists must have the knowledge, skills, and qualifications necessary to provide electrolysis/thermolysis, red vein treatments, by achieving the following:

- A NZ National Certificate in special Epilation Therapy level 6
- An international qualification, equivalent in electrolysis, thermolysis or red vein treatments

NOTE: the qualification must state which method has been taught and qualified in.

WARNING – All beauty therapists and IPL/laser therapists are prohibited from removing skin tags, moles, pigmented or unpigmented abnormalities or lesions from their clients without written permission/direction from a medical practitioner.

Pre-Treatment Preparation

- Given the potential of over treatment and trauma to the skin which increases the risk of infection that this treatment brings, the room must be prepared for the treatment procedure by using the following recommended hygiene steps.
- The room should be at a comfortable temperature for the treatment.
- The treatment couch and trolley must be prepared and covered to maintain a protective, hygienic surface.
- Only the equipment and products necessary for the treatment should be on the trolley.

ELECTROLYSIS/THERMOLYSIS & RED VEIN TREATMENT CONT...

- A contamination box present for products needing to be disinfected/sterilized following the treatment and a biohazard sharps container for probes.
- A lined closed lidded rubbish bin should be accessible to receive single use contaminated sundries.
- Any necessary PPE should be accessed easily.

Treatment Procedure

- A thorough consultation must be conducted before the commencement of any electrical probing, even if the client is a regular client of your business.
- Once the consultation and consent forms signed,
- The area to be treated must be inspected for any irregularities, skin conditions, or potential reactions.
- If the area to be treated contains any broken skin, abrasions, infections or inflammation present, the treatment must be halted and rescheduled when the skin is intact.
- If the inspection reveals no issues the treatment can proceed.
- Complete hand hygiene.

NOTE: If the gloves aren't film fitting over the hands and fingertips, these gloves could become a safety hazard by slipping during probing or dulling the fingertips to detect the bottom of the follicle and cause mis probing and/or over probing and cause tissue damage and/or skin trauma.

- Prior to commencing the treatment, the therapist must cleanse the client's skin by removing all makeup and swabbing with an antiseptic lotion, using a clean, single-use swab and maintain product-specific recommended contact time.
- Only the equipment necessary for the treatment should be on the trolley with a contamination box present for products needing to be

ELECTROLYSIS/THERMOLYSIS & RED VEIN TREATMENT CONT...

disinfected/sterilized and a sharps container for all probes, and a closed lidded bin for contaminated products.

- All sterile packages containing probes must only be opened at the commencement of the treatment.

NOTE: Only single use sterile disposable probes are to be used.

- These probes cannot be reused on another client.
- Following the treatment any home care instructions must be re-reviewed with the client and written instructions given to take home.
- Write up the client's treatment file following the consultation section requirements.

NOTE: It is also advised that after electrolysis/thermolysis the area should not be touched. Written home care instructions are given, and where necessary an antiseptic product may be applied for three to five days after the treatment to accelerate the healing process.

Post-Treatment Procedure

- Upon completion of the treatment used and contaminated single use implements must be disposed of in the sharp's container.
- All contaminated single use sundries placed in the closed lidded bin which must be disposed of at the end of the working day.
- The contaminant container was cleaned and sterilised by referring to the disinfecting/Sterilising section recommended in these standards.
- Any permissible reusable implements must be taken to the disinfection/sterilisation station and processed according to the sterilisation chart.
- Contact surfaces disinfected and room cleaned and prepared for the next client.

Warning: Moles pigmented, or unpigmented producing hair or unidentifiable lesions cannot be treated without the written permission or directions of a medical practitioner or dermatologist.

ELECTROLYSIS/THERMOLYSIS & RED VEIN TREATMENT CONT...

Government Hygiene and Reporting Requirements

See segment on using and maintaining an Incident Logbook

Employers and self-employed therapists need to notify the MBIE [Labour Group of the Ministry of Business, Innovation and Employment] as soon as possible of workplace accidents and occurrences of serious harm [e.g., communicable diseases, lacerations, derma logical disease] HSE Act 1992 S25, and Schedule 1

WorksafeNZ

<https://www.worksafe.govt.nz/notifications/notify-worksafe/>

<https://www.worksafe.govt.nz/managing-health-and-safety/reporting-concerns-or-incidents/>

Biohazard Waste Management

In accordance with AS/NZS 4031: 1992, all sharps and biohazard waste must be contacted for removal by a recognised biohazard company.

The Ministry of Health [“Guidelines for the Safe Piercing of the Skin”](#)

outlines procedures to deal with bleeding, sharps injuries and contact with blood or body fluids.

COLLAGEN INDUCTION THERAPY [CIT] [DERMAROLLING/STAMPING]

Collagen induction therapy [CIT] is the application of fine needles that puncture the skin causing a trauma that results in the stimulation of fibroblasts and growth factors which enhances the production of collagen. The treatment is carried out using dermal rollers, needle stamps or needling pens.

Any treatment that breaks the skin has the potential to become infected and cause cross contamination. Therefore, before commencing this treatment strict hygiene measures must take place first.

The information contained in this document is to impart on you the importance of following these minimum standards to ensure that your business is operating to a high standard of hygiene and efficiency and that you and your staff are aware and knowledgeable in providing procedures and protocols that meet government and local agency standards both technically and ethically in order to keep your clients and staff safe and reduce any risk of harm to yourself, staff and the public. Any treatment that intentionally or accidentally penetrates the skin must comply with the health, hygiene and safety standards outline in this document, with particular attention to,

- Premises
- General Hygiene
- Disinfection/Sterilisation
- Consultation Process
- Risk and Health Management
- High-Risk Treatments and Risks to Clients and Staff

Note: BEFORE ANY TREATMENT THAT RISKS THE PENETRATION OR ACCIDENTAL PENETRATION OF THE SKIN IS CONDUCTED, A COMPLETE AND THOROUGH CONSULTATION MUST BE COMPLETED FOLLOWED BY A SIGNED CLIENT CONSENT FORM.

COLLAGEN INDUCTION THERAPY [CIT] [DERMAROLLING/STAMPING] CONT...

Note: NO THERAPIST MAY CONDUCT A TREATMENT THAT PENETRATES THE SKIN SHOULD A CONTRAINDICATION EXIST. e.g., Severe to mild active acne, compromised skin integrity, skin diseases or disorders, transplant recipient, epilepsy etc.

IF A CONDITION EXISTS THAT MAY COMPROMISE THE CLIENT'S HEALTH OR EFFECT THE OUTCOME OF THE TREATMENT, MEDICAL ADVICE/DIRECTION AND APPROVAL MUST BE SOUGHT FIRST. E.g., moles or undiagnosed lesions, unmanaged medical conditions– diabetes, asthma, etc.

Qualifications

Therapists must have the knowledge, skills, and qualifications necessary to provide collagen induction therapy by achieving as a prerequisite the following,

- A NZ National Certificate in Beauty Therapy level 4 and/or Beauty Therapy Diploma level 5,
- An international qualification equivalent in beauty therapy or advanced skin therapy

Pre-Treatment Preparation

- Given the potential of high risk to infection that this treatment carries, the room must be prepared for the treatment procedure by using the above recommended hygiene recommendations.
- The room should be at a comfortable temperature for the treatment.
- The treatment couch and trolley must be prepared and covered to maintain a protective, hygienic surface.
- Only the equipment and products necessary for the treatment should be on the trolley, which should be draped.
- A contamination box present for products needing to be disinfected/sterilized following the treatment and a biohazard

COLLAGEN INDUCTION THERAPY [CIT] [DERMAROLLING/STAMPING] CONT...

sharps container for all needles devices etc.

- A lined closed rubbish bin ready to receive single use disposable sundries.
- Any necessary PPE should be within easy access.

Treatment Procedure

- A thorough consultation must be conducted before the commencement of any dermal needling treatment, even if the client is a regular client of your business.
- Once the consultation and consent forms signed,
- The area to be treated must be inspected for any irregularities, skin conditions, or potential reactions.
- If broken skin, abrasions exist, or inflammation is present, the treatment must be halted and rescheduled when the skin is intact.
- If the inspection reveals no issues the treatment can proceed.
- Complete hand hygiene.

NOTE: Because of the high risk of infection and potential risk of causing bleeding, and cross contamination, PPE must be worn. Disposable gloves, masks, protective eye wear.

- Prior to commencing the treatment, the therapist must cleanse the client's skin by removing all makeup and swabbing with an antiseptic lotion, using a clean, single-use swab and maintain product-specific recommended contact time.
- Only the equipment necessary for the treatment should be on the trolley with a contamination box present for products needing to be disinfected/sterilized and a sharps container for all needle devices, and a closed lidded bin for contaminated products.
- All sterile packages containing devices and products must only be opened at the commencement of the treatment.

COLLAGEN INDUCTION THERAPY [CIT] [DERMAROLLING/STAMPING] CONT...

- Following the treatment any home care instructions must be reviewed with the client and written instructions given to take home.
- Write up the client's treatment file following the consultation section requirements.

NOTE: It is also advised that after the treatment the area should not be touched. After care instructions given and where necessary products may be recommended to accelerate the healing process.

Post-Treatment Procedure

- Upon completion of the treatment, used and contaminated single use implements must be disposed of in the sharp's container.
- All contaminated single use sundries placed in the closed lidded bin must be disposed of at the end of the working day.
- The contaminant container was cleaned and sterilised by referring to the disinfecting/sterilisation sections recommended in these standards.
- Any permissible reusable implements must be taken to the disinfection/sterilisation station and processed according to the sterilisation chart.
- Contact surfaces disinfected and room cleaned and prepared for the next client.

NOTE: No needling can be conducted on pigmented, unpigmented moles, or any unidentifiable lesions. These clients must be referred to a medical practitioner or dermatologist for an examination and written permission/direction must be sort before any treatments can take place.

- Disposable single use roller/stamp must not be removed from their sterile containers until they are to be used.

COLLAGEN INDUCTION THERAPY [CIT] [DERMAROLLING/STAMPING] CONT...

- After use, the single use disposable roller/stamping device is to be placed in the biowaste hazard container.

Warning: UNDER NO CIRCUMSTANCES ARE ROLLERS/STAMPS AND PENS TO BE DISINFECTED, STORED AND REUSED ON THE SAME OR ANOTHER CLIENT. THEY MUST BE SINGLE USE DESPOSABLE.

This is because it is impossible to remove debris from between the needles when trying to clean it. This debris is decaying and could infect the client if reused.

Trying to clean the roller/stamp may cause damage to the needles that could result in tissue damage if used again. Cases of tissue damage have been reported.

IPL/LASER

Courtesy of NZ Laser Training Institute Ltd providing us with the Health and Hygiene IPL/Laser Guidelines.

Use of, or reference to this industry COP document with reference to local government policy is also encouraged and is available to be included; however please reference NZ Laser Training Institute Ltd as the source, or other source as referenced within this document. This Code of Practice (COP) recommends appropriate levels of expertise and training for IPL and laser operators, provides safety guidelines for clinics operating laser and IPL devices, and provides a summary of the current relevant rules and regulations in New Zealand.

Laser overview

- The acronym 'L.A.S.E.R' stands for: light amplification by the stimulated emission of radiation. Lasers emit a single (Monochromatic) light source. Lasers commonly used in beauty and aesthetics include but are not limited to: Frequency doubled: Nd:Yag 532nm, Pulsed dye 585nm, Ruby 694nm, Alexandrite 755nm, Diode series 800nm – 812nm, Nd:Yag 1064nm, Erbium (range in 2000– 3000nm), CO 2 10,600nm, and laser types including: Q-switched (nano-second), continuous wave, continuous wave pulsed, and Pico second, and include a wide range of ablative (removes the skin) and fractional (does not remove skin surface but does leave thermal channels in the skin), laser types.
- Q-Switched and Pico second tattoo removal lasers, also used for some skin rejuvenation treatments, do have the potential to break the surface of the skin when used in certain pulse modes and energy settings.
- Hair removal lasers (Alexandrite, Diode and Nd:Yag) are not designed to break the surface of the skin, however can cause a skin injury. All lasers mentioned in this document are classified by international standards as Class IV; and are serious devices capable of causing ocular and skin hazards along with other non-beam related hazards too.

IPL/LASER CONT...

Intense light sources overview

Intense light sources; referred to as: pulsed light, broadband light, square pulsed or super pulsed light, variable pulsed/varied pulsed (VPL) or efficient pulsed light (EPL). These light sources are not lasers and should not be described as such. Intense light source devices use filters to block unwanted wavelengths and emit a range of broadband wavelengths generally from 400nm to 1200nm. All intense light source devices mentioned in this document are categorised as class 3R or 3B, which more recently (as per AS/NZS 4173: 2018) are now re-labelled as risk group 3. However, when the pulsed light device is situated on a multi-platform with a laser, it will be classed differently. E.g.: a class IV laser with a risk group 3 IPL handpiece.

Regulations in New Zealand

Classification of Laser/IPL devices:

At this time in New Zealand laser and IPL devices are NOT classed as medical devices by MedSafe NZ, this is despite them fitting into the definition of devices that are approved for a 'therapeutic purpose'.

Classification of non-laser devices:

Non-laser devices such as: HIFU (high intensity focused ultrasound) which utilises ultrasound waves to distribute thermal energy into the skin, and Plasma (the 4th energy state) – used to cause superficial thermal coagulation and therefore, a micro wound response; are also not restricted. No government restrictions exist on the sale of them to industry, or to members of the public. This also means anyone (members of the public/non-industry related background/ inexperienced) can become a laser or IPL supplier. Some local councils have guidelines for use of these devices which may impose restrictions based on the qualifications, training and experience of the operator.

Auckland Council 'Health and Hygiene Bylaw 2013'

IPL/LASER CONT...

Code of Practice: Relating to IPL operators (actual exert)

"Auckland Council's Health & Hygiene Bylaw 2013 and associated Code of Practice also sets out training requirements for operators of pulsed light equipment:

7(1) All operators of pulsed light equipment must have the knowledge and skills necessary to provide pulsed light services, including skin type identification and the safe use of equipment, which can be achieved through the following:

- 1. National Certificate (or international equivalent) in Electrology, evidence of professional development in pulsed light services, and commercial industry experience of 12 months or more; or*
- 2. commercial industry experience of five consecutive years or more using pulsed light equipment, and evidence of professional development in pulsed light services; or*
- 3. evidence of training with a pulsed light training provider, and industry experience of 12 months or more; "*

Code of Practice: Relating to Laser operators – Including tattoo removal lasers (actual exert)

"Training in the provision of laser treatment"

7(2) All operators of lasers that risk breaking skin must comply with Minimum Standard 4: Risk of Breaking the Skin:

7(3) All operators' lasers that risk breaking the skin, including those used for laser tattoo removal, must have the knowledge and skills necessary to provide laser services including:

- 1. skin type identification; and*
- 2. safe use of lasers based on AS/NZS 4173:2004 and any updates, additions or amendments to that standard; and*
- 3. commercial industry experience of 12 months or more;*

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

IPL/LASER CONT...

Medical Grade Lasers

High powered lasers, sometimes referred to as medical grade lasers; including those used for internal body treatments such as fractional and continuous Erbium (Er:yag), Carbon dioxide (CO2), Plasma, Yttrium scandium gallium garnet (YSGG) lasers; should be operated by medically qualified practitioners, or under the direct supervision and mentoring of medical practitioners.

These laser devices may cause significant damage and potential scarring to the skin if used inappropriately or in untrained hands, and are deemed to be lasers that break, or risk breaking* the surface of the skin. (*see page 7 for definitions)

The use of intra-vaginal lasers (*as used in laser vaginal rejuvenation*) also pose a risk to the patient, particularly those with undiagnosed prolapse, vaginal cancers, or endocrine disorders. There is also risk of contamination; and transfer of faecal matter and sexually transmitted disease (*currently not classed as medical devices*).

There are currently no regulations at national government level to enforce these guidelines. However, **Auckland Council** does restrict the use of lasers that 'risk breaking the skin' with the code of practice under the **Health & Hygiene Bylaw 2013** – which states:

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

Note: Intra-Vaginal lasers are out of scope of practice and are not endorsed by New Zealand Board of Professional Skin Therapies.

IPL/LASER CONT...

Operator Competence

Although international guidelines state that certificates should be for attendance or completion only and not state a person is 'competent' – these below guides are what would be expected of a well-trained and confident operator.

Operators of light-based devices should be able to:

- Recognise the fundamental concepts of laser science for aesthetic devices
- Have knowledge of biophysics and the tissue effects of lasers
- Understand safe clinical applications of laser technologies they use
- Identify hazards associated with aesthetic devices (lasers and IPL) and the appropriate control measures required
- Be able to implement and manage laser safety programs for their beauty clinic or medi-spa; based on regulatory and advisory guidelines
- Be able to identify common skin conditions, and possess knowledge of melanoma awareness, knowing when to refer clients to a specialist, and which treatments / clients are outside of their scope of expertise and practice
- Pass an assessment based on safe application of Intense pulsed light and/or lasers for various skin types, skin conditions, hair types and hair colours, in specific cosmetic applications such as hair reduction and photo-rejuvenation
- Possess knowledge and skills to conduct a thorough consultation for light-based treatments, including using the appropriate paperwork/client records
- Demonstrate confidence and competence in handling the device including how to safely turn it on, adjust settings based on skin type and skin condition, and how to control beam hazards and engineering controls
- Demonstrate correct placement and technique including cooling techniques and how to manage adverse reactions and responses

IPL/LASER CONT...

should they occur

- Operators of all IPL and laser devices should demonstrate knowledge of the potential risks and hazards related to their devices
- Operators of these devices should also be well versed in NZ consumer law – which addresses clients rights and protects both the client and the operator
- Owners of laser, IPL, HIFU, and plasma devices (and all other related aesthetic devices) should understand the identifying and approval marks related to their equipment, this would include but not be limited to: FDA approval, CE marks, ISO approval etc.
- ‘Medical’ lasers: additional to the above competency guidelines, who operate fractional, ablative and intra–body lasers, radio frequency (RF) ablative handpieces for body cavity enhancement, (such as those used in the vagina), complete a hygiene and infection control course, and skin cancers & melanoma educational course, and in our opinion should be medical qualified (Medical doctor, or nurse). Or have a medical advisor be part of their clinical team who can provide medical guidance of suitability of candidates and oversee clinical protocols to reduce risk to consumers and infection and or contamination of faecal matter and or sexually transmitted disease, such as HPV (human papilloma virus). Candidates selected for these treatments should not have any underlying anatomical disorders, dysfunction or be suffering from any inflammatory pelvic or organ disease, disorder or prolapse. It is the opinion of medical pelvic specialists that invasive cosmetic procedures such as vaginal laser rejuvenation does not have sufficient medical evidence to support many claims marketed by the suppliers of these types of devices.

Note: therapists, or laser technicians working outside of their recognised scope of practice may not be fully covered by their insurance agents due to the level of risk involved.

IPL/LASER CONT...

LASER SAFETY REQUIREMENTS AS INTERPRETED IN AS/NZS 4173:2018

Laser safety requirements as interpreted in AS/NZS 4173:2018 and according to best practice set out by NZ Laser Training Ltd.

Clinics operating a Class IV laser device should have a nominated Laser Safety Officer (LSO/LHSO Laser Health & Safety Officer) whose role includes the following responsibilities:

- Developing policies and procedures, including identification of, and control of hazards
- Establishing staff credentials and certification criteria
- Establishing a valid laser maintenance and equipment auditing/control standard
- Identifying risk management issues and reporting methods for any incidents that occur to the laser safety committee (LSC)
- Ensuring compliance with the clinics standards, policies and procedures (SOP's)
- Develop and maintain consistent methods for documentation record keeping such as a log sheet of treatments conducted
- Updating infection control best practice and Worksafe guidelines as updated by authorities
- Implementing and conducting compliance audits in accordance to the clinics (SOP's)
- Establish a continuing education and training program schedule to ensure staff are kept up to date
- Ensure compliance to any local council bylaws, government issued regulations and/or best practice set out by industry authorities

Quick reference guide:

Non-ablative	Non-ablative but capable of breaking the skin	Ablative – breaks the skins surface	Sub-ablative – works under the skin
Non-ablative lasers & IPL do not aim to break the surface of the epidermis; however, all IPL and laser devices have the potential to cause a skin injury or a burn, severe burns such as those seen on darker skin types when treated with short wavelengths can cause epidermal separations.	Nd:yag laser, Q-switched and Pico-second lasers, non-ablative fractional skin rejuvenation devices can cause pinpoint bleeding, or at least moderate to severe erythema (redness). The potential for skin injury using these devices is increased with lack of thorough training.	CO2 (carbon dioxide) and Erbium, or Er:Yag (erbium:yttrium aluminium garnet) – available as continuous or fractional devices. The potential for skin injury using these devices is increased with lack of thorough training.	Can cause thermal damage under the skin and to underlying anatomic structures (organs, thyroid, arteries). Includes: thermal ablation of subcutaneous adipose (fat) tissue. Examples: certain radio frequency (RF) devices/HIFU.
Operators should be educated, certified and possess a Laser Safety Certification. Those using Class IV devices should also have a Laser Safety Officer or Laser Health & Safety Officer (LHSO).	Operators should be educated, certified and possess a Laser Safety Certification. As these are Class IV devices a Laser Safety Officer or Laser Health & Safety Officer (LHSO) should be appointed.	Operators should be medically qualified, educated, certified and possess a Laser Safety Certification. As these are Class IV devices a Laser Safety Officer or Laser Health & Safety Officer (LHSO) should be appointed.	Operators should be trained in the thermodynamics of tissue interactions which differs greatly from laser & IPL training. No guidelines exist for requirement of operator experience or qualification.

The above chart is NZ Laser Training Institute Ltd Interpretation of these definitions, these may differ, and may not be the only explanation available. Please seek further information or contact us.

Training Recommendations

Understanding training and qualification related terms

‘Medical practitioner’ refers to a doctor who is currently registered with the Medical Council of New Zealand, or a registered nurse who holds a current practising certificate. Both are traceable through the Medical council & Nurses council.

IPL/LASER CONT...

‘Training’ means undertaking comprehensive learning related to all aspects of operating lasers or IPL devices, including:

- Operating the device in a practical setting
- Using laser or IPL safely, including understanding the client’s skin type and selecting the appropriate device and/or wavelength for that client
- Understanding clinical treatment parameters
- Understanding risks for the client associated with treatment such as burns, Indicative number of hours required to achieve appropriate competency and experience:
 - Blisters, loss of pigmentation or other unwanted side effects

How Can I Become a Competent Operator?

NZBPST and NZ Laser Training Institute Ltd recommends that operators of any laser or IPL device undertake a minimum of three days’ training, including but not limited to the following:

- Client consultations and consent forms for light-based treatments • Generic laser science and basic laser physics principles
- Skin identification for light-based treatments • Melanoma and skin cancer awareness
- Treatment parameters • Light tissue interactions
- Scope of practice guidelines
- Laser safety including: engineering controls, hazard controls, skin hazards, eye hazards, knowledge of laser systems and nominal hazard zones (NHZ)
- Understanding the optical density (OD) of protective eyewear required for your device

Note: Trainees should also receive hands on practical clinical training related to the safe operation of lasers or IPL devices in a clinic setting. 1 – day minimum training would be required, however more training can and should be sought to adequately cover trouble shooting scenarios, other clinical applications or handpieces, and more advanced client situations.

IPL/LASER CONT...

The need for thorough training is supported by the majority of suppliers of equipment – many of whom simply provide functionality training. This level of training illustrates safe use of the individual device, however, may not extend to laser safety, the role of the laser safety officer, or best practice, or advanced clinical situations such as preventing and managing side effects. **Training above and beyond that provided by the device supplier should be sought and would be considered best practice.**

Laser Safety Guidelines

How to protect against lasers 3 step process.

Follow this three-step process (sequentially)

Step 1: Administrative Controls

Safety provided by warning signs, notices and training personnel working with lasers.

Step 2: Engineering Controls Safety provided by engineering the hazard out, for example, interlocking switches that shut off the laser if anyone enters an area of laser risk.

Step 3: Personal Protective Equipment (PPE)

Safety provided by PPE such as gloves, respirators, masks, clothing and laser eyewear that protects against accidental exposure to laser. The eyewear should be selected based on the laser wavelength and power density or energy density of the laser.

Ideal Clinic set up for LASER

- Ensure there are either no windows in your treatment room, or that any windows or gaps in doorways etc are covered with roll down blinds (preferably in flame retardant fabric).
- A nominal hazard zone (NHZ) should be set up, meaning that the entire room where the laser is to be used becomes authorised entry only. Your set up should comply with AS/NZS 4173:2018 Laser Safety Officer (LSO) requirements. Never leave your energised laser or IPL unattended, as they can overheat and pose a fire risk.

IPL/LASER CONT...

- Keys should never be left in the machine, when the device is not in active use
- Ensure all surfaces are wipeable and able to be adequately sanitized.
- Use light coloured towels or white towels – these should be freshly laundered for each client, and/or use a disposable bed roll cover.
- Keep a copy of the manufacturer's settings and guidelines laminated and bound in a safe place for access when required.
- Ensure all clients are appropriately and thoroughly consulted and have signed their consent form, provided written medical consent and any other required documentation.
- Cover or remove any reflective or shiny surfaces before the laser is turned on (i.e. mirrors, shiny handles, metal instruments).
- Remove potentially flammable, combustible supplies from the treatment room (i.e. oxygen cylinders, alcohol in liquid form).
- Ensure the room has easy access to a CO² fire extinguisher.
- Ensure safety glass meets AS/NZS safety standards and is of appropriate optical density (OD) and wavelength.
- Ensure the laser operator and client undertaking the treatment are not wearing any large shiny jewellery or cover it with gloves or paper tape.
- Disposable gloves should be worn at the discretion of the laser technician and are recommended for hair reduction work on genital regions.
- Wear disposable face masks that provide adequate plume protection to protect against exposure to laser plume*, at the discretion of the laser technician.
- Ensure the laser remains in standby mode until placed on the skin ready to fire.
- Place a 'laser in use' sign at the doorway when treatment is to be undertaken. "Do Not Enter" – Laser / IPL in use – stating the wavelength range and warning about wearing eye protection.

IPL/LASER CONT...

Ideal Clinic set up for Intense Light Source i.e: IPL

The characteristics and propagation of intense pulsed light are not deemed as hazardous as laser light; however, it is best practice to follow the same room set up as for a 'laser' treatment room. **True Laser plume is not generally seen with IPL devices.*

Treatment Preparation

Cleaning the skin prior to laser or IPL treatment should include:

- Removing all make-up residue (a double cleanse may be required for a person wearing moderate to heavy make-up, and removal of reflective cosmetic minerals and sunscreen)
- Close shaving any hair that is being treated prior to the application of the laser or IPL hand-piece to the skin
- Wiping areas of skin to be treated with an anti-septic or anti-viral cleaning wipe such as chlorhexidine prior to treatment.

Leading Contradictions for Laser or IPL

Leading contraindications for IPL or laser

Do not treat a person:

- With any stage of active cold sore present. This includes when the first sign of 'tingling' is present, if there are any blisters or lesions, or crusted scabs or a partially healed cold sore exists
- With infection, or localised irritation (such as eczema, or psoriasis) at the treatment site (infected follicles, skin infection, fungal infection, or infected acne)
- Who suffers from light triggered epilepsy (a less common form of epilepsy) with an intense light source device (IPL); and with non-light triggered epilepsy when intending to use a laser; obtain written medical clearance – the client should sign a disclaimer form (There is still a risk of triggering a seizure).

IPL/LASER CONT...

- Who is pregnant or breastfeeding and seeking reduction of pigmentation or vascular skin rejuvenation treatment. Hair reduction is permitted as per page 6 of the AS/ NZS 4173:2018 safety standard.
- Who has either had melanoma (a form of malignant skin cancer), or are currently undertaking diagnosis of suspected melanoma or treatment for melanoma. Direct family members who have undertaken full medical skin checks and obtained written medical clearance may request treatment. However, treatment is not recommended, and is not permitted according to Auckland Council Health & Hygiene Bylaw 2013
- Who has Type I diabetes – due to uncontrolled and unpredictable healing and ulceration risk
- Who has keloid scarring, or suspects they might form keloid scarring – persons who have experienced formation of keloid scarring or are suspected of unpredictable healing or accelerated proliferation of keratinocytes
- Who is taking Isotretinoin – persons on this prescribed medication must not undertake IPL or laser until a stand down period has been observed. This would vary from person to person depending on the prescribed dose and duration of treatment, or
- Who suffers from polymorphous light eruption – light sensitivity disorder
- Has a past history of developing pigmentation as seen in cases of post inflammatory hyper-pigmentation (PIH) or suffers from pigmentary diseases or disorders.

Note: Other contraindications may exist; this list is not exhaustive, and operators of IPL or lasers should seek formal training in full contraindications and use good judgement.

Complications and Side Effects Associated with the use of IPL or Laser

The complications and side effects associated with use of lasers and IPL in the treatment of skin conditions, including hair reduction, are:

- Damage to the eye and vision such as corneal abrasions, retinal burns,

IPL/LASER CONT...

damage to blood vessels in the eye, macular damage (caused by light exposure), presence of 'floaters'(see as black spots that float across the line of vision), opaque spots on the cornea which can result in blurred vision or total blindness.

- Injury to the skin such as scarring, hyperpigmentation (darkening of pigmentation), hypo and depigmentation (loss of pigment resulting in pale or white areas), burns and blisters, infection, bruising (Purpura), prolonged redness and milia (tiny cysts), open skin injury (a wound), and in severe cases; epidermal separation (a severe type of burn that causes epidermal and dermal tissues to slide apart)
- Skin eruptions, lesions from tissue trauma, occurrence of spontaneous welts (hive like reaction), and follicle-based infection or reactions (some of which are expected and normal), and demarcation lines.
- Worsening of pre-existing skin conditions such as acne, rosacea, and melasma
- Unexplained or stimulated hair growth due to IPL or Laser (paradoxical)
- Light induced hypertrichosis (due to subtherapeutic doses of energy)

Regulations and Guidelines in New Zealand

Relevant Australian / New Zealand Standards (AS/NZS)

- AS/NZS 4173:2018 – Safe use of lasers and intense light sources in healthcare
- AS/NZS 1337.4:2011 – Eye and face protection – Part 4: Filters and eye protectors against laser radiation (laser eye-protectors)
- AS/NZS 2211.9:2002 (Reconfirmed 2014) – Laser safety – Compilation of maximum permissible exposure to incoherent optical radiation
- AS/NZS 2211.1:2004 Safety of laser products – Equipment classification, requirements, and user's guide (IEC 60825-1:2001, MOD)

The Ministry of Health (MOH)

The Ministry of Health provides advice to Government and the public on the health effects of non-ionising radiation; currently this does not extend to

IPL/LASER CONT...

lasers or IPL devices used in beauty or aesthetic clinics. The MOH also oversees and is the overarching governing body to the HDC.

Regulations and Guidelines in New Zealand Cont... Health & Disability Commissioner (HDC)

The Code of Rights establishes the rights of consumers, and the obligations and duties of providers to comply with the Code. It is a regulation under the Health and Disability Commissioner Act.

More information is available at: <https://www.hdc.org.nz/>

Fair Trading Act 1986 & Consumer Guarantees Act 1993

Providers of IPL and laser treatments in beauty or aesthetic clinics should be aware of their legal obligations under the above-mentioned acts as set out by the NZ Government. Consumers seeking light based treatments have rights under both acts.

More information is available at: <https://www.consumer.org.nz/>

NZSCM – New Zealand Society of Cosmetic Medicine

For doctors and nurses seeking training and professional accreditation in cosmetic medicine services. (Botox, fillers, sclerotherapy, etc.).

More information is available at: <https://nzscm.co.nz/>

GUIDELINES FOR LASER AND IPL TREATMENT IN PREGNANCY

Pregnancy statement: quoted from AS/ NZS 4173:2018

“Some manufacturers do not recommend the use of IPL on pregnant and nursing women. However, it seems that there is currently no scientific evidence for pregnancy or nursing to a contraindication”.

Additional comments:

NZBPST and NZ Laser Training Institute Ltd would contraindicate pregnant or breastfeeding women from laser tattoo removal treatments and radio frequency (RF) treatments, for safe practice.

It should also be noted that as hair and pigment is stimulated by hormones,

IPL/LASER CONT...

the desired clinical result may not be achieved by those seeking hair reduction, and or skin rejuvenation whilst breastfeeding or pregnant. It would not be advisable to conduct treatments of any kind on a woman in her first trimester for insurance and personal claim case situations.

OPERATING OF IPL OR LASER DEVICES WHILST PREGNANT

Due to the nature of IPL and lasers being non-ionising radiation and therefore considered safe to humans; operating these devices whilst pregnant can also be deemed safe. There will be other considerations however such as standing for long periods, being able to reach, bend or move adequately; and it should be noted that devices emitting radio frequency or ultrasonic / ultrasound energies should be cleared by the specific manufacturer of that device. It should be up to the individual operator to make the final decision on whether they chose to use these devices whilst pregnant; and a risk assessment should be carried out periodically throughout their pregnancy term to ensure any risks or potential hazards are identified and managed. This would be conducted by the Laser Safety Officer or LHSO.

ADDITIONAL RECOMMENDATIONS:

- Operators of IPL or laser devices who have undertaken Level 1 or introductory training should only conduct hair reduction (and not skin rejuvenation) treatments. NZ Laser Training Institute Ltd recommends 12 months of hair reduction experience prior to commencing services in skin rejuvenation due to the complex training required to offer this service.
- IPL and lasers should only ever be operated by appropriately trained personnel.
- Any client presenting for treatment who has actinic bronzing (chronic sun tanning history) and or a mixture of skin lesions (normal or not), should first be cleared by a medical specialist (i.e. gain written permission to proceed with IPL or laser treatment). Operators of IPL and lasers should be familiar with the risk of accidental

treatment of Melanoma (a malignant skin cancer) and

IPL/LASER CONT...

common skin cancers such as basal cell carcinomas (Bcc's) and squamous cell carcinomas (Scc's) in order to know when to refer clients for a skin check and when to avoid treating an area where suspicious lesions are present.

- The term 'skin lesion' is very broad and might include but not be limited to: Vascular abnormalities, Birthmarks, Pigmented spots, Moles, or other pigmented dyschromia.

CLEANING AND SANITATION FOR IPL OR LASER DEVICES

Client's skin may contain bacterial, viral, sporicidal particles, and dirt, oil and debris which potentially causes build up on your IPL or Laser head, these can be transferred to subsequent clients and may cause cross contamination.

Skin preparation

- Used topically on the client's skin before application of IPL or Laser handpiece
- Use 70% isopropanol, Chlorhexidine skin wipes or liquid sprayed onto tissues, or alternative for those affected by sensitive skin, chlorhexidine or alcohol sensitivities

Cleaning the treatment bed, wipeable surfaces or equipment casing

- Use Medi-wipes containing Chlorhexidine and Alcohol

Cleaning your IPL hand piece: (glass, Pyrex, or sapphire crystal treatment window)

- Bio- film removing agents, and or a clean tissue to remove excessive gel, or ejected hairs, then clean the surface using Chlorhexidine or Medi-wipe containing chlorhexidine and alcohol

Cleaning your IPL glass filters: (Plug in filters responsible for changing the wavelength starting point)

- Use a clean microfiber cloth to polish

IPL/LASER CONT...

Cleaning your laser treatment head or aperture: (Typically Metal or glass)

- Use Medi-wipes containing Chlorhexidine and Alcohol

Cleaning your stand-off bars or attachments on the laser: (Plastic spot size wave guides or tips designed to be reusable)

- Use Medi-wipes containing Chlorhexidine and Alcohol or as instructed by the laser supplier

Cleaning your safety glasses: IPL or Laser safety goggles or glasses

- Wash lens with warm soapy water, polish with a clean microfiber cloth
- Wipe plastic frames or parts of the glasses or goggles that come in direct contact with skin with Medi-wipes or Chlorhexidine
- Do not reuse disposable adhesive eye shields

IPL/LASER CONT...

Spaulding Classification Chart

Status	Process to be followed	Examples	Process to be followed
<p>Critical Entry or penetration into sterile tissue, cavity or blood stream</p>	<p>Clean thoroughly as soon as possible after using</p> <p>Sterilize after cleaning by moist heat</p> <p>If RMD is heat or moisture sensitive, sterilize using an alternative process, e.g. automated low temperature chemical sterilizing process, liquid chemical sterilizing process, or ethylene oxide sterilizing process</p>	<p>(Single use – dispose after use)</p> <p>Dermal Needling Rollers or stampers</p> <p>Needle heads designed for single use</p>	<p>Sterility must be maintained</p> <p>Packaged RMDs that are moist heat sterilized to be subjected to a drying cycle and then be checked to ensure drying has taken place before use or storage</p> <p>The integrity of the SBS must be maintained</p> <p>Wraps to act as an effective bio-barrier during storage</p> <p>Unpackaged sterile RMDs to be used immediately (without contamination during transfer from sterilizer to site of use) or to be deesterilised</p>
<p>Semi-critical Contact with intact mucous membranes or non-intact skin</p>	<p>Clean thoroughly as soon as possible after using</p> <p>Moist heat sterilization is preferred</p> <p>If the RMD will not tolerate moist heat sterilization use thermal disinfection or disinfection using a high-level instrument grade chemical disinfectant</p>	<p>IPL or Laser treatment head if used on genital areas</p>	<p>Store to prevent environmental contamination</p>
<p>Non-critical Contact with intact skin</p>	<p>Clean as necessary with detergent solution</p> <p>If decontamination is necessary, disinfect with compatible low level or intermediate level instrument grade disinfectant after cleaning</p>	<p>IPL or Laser Treatment head if used on non-genital areas such as stand-off bars, laser guides or plug in wavelength filters.</p> <p>Microdermabrasion tips</p>	<p>If detachable store in a clean dry place to minimize environmental contamination</p>

HAIR REMOVAL UTILISING WAXING OR THREADING METHODS

Hair Removal in this section of our standard refers to the removal of hair using a variety of hot, warm, strip and sugar waxes or threading.

In **waxing** a hot, warm or strip wax is applied to the prepared skin surface to entrap the hair. It is then removed swiftly, either by pulling the set wax or applying a wax sheet to the hot strip wax, which pulls the hair from the follicle in one easy action.

Sugar waxing is an old eastern custom where a sugary paste of rolled into a ball. This ball is worked over the hair to entrap it and pull it from the follicle.

Threading, also an old eastern custom involves doubling a thread and entrapping a hair in between. By twisting the cotton thread between your fingers, the hair is twisted out of the follicle.

These treatments could potentially break the skin or cause follicles to bleed, thus increasing the risk of creating an infection and causing cross contamination.

Any treatment that intentionally or accidentally penetrates or breaks the skin must comply with the health, hygiene and safety standards outlined in this document, with particular attention to,

- Premises
- General Hygiene
- Disinfection/Sterilisation
- Consultation Process
- Risk and Health Management
- High-Risk Treatments and Risks to Clients and Staff

HAIR REMOVAL UTILISING WAXING OR THREADING METHODS CONT...

Note: BEFORE ANY TREATMENT WHERE THE SKIN COULD RIP, TEAR OR BLEED OR THE SKIN BARRIER BE COMPROMISED, A COMPLETE AND THOROUGH CONSULTATION MUST BE COMPLETED FOLLOWED BY A SIGNED CLIENT CONSENT FORM.

NO THERAPIST MAY CONDUCT A TREATMENT WHERE THE SKIN COULD RIP, TEAR OR BLEED OR THE SKIN BARRIER BE COMPROMISED, SHOULD A CONTRAINDICATION EXIST. e.g., open wounds, slow healing tissue, fresh scars, sunburn, compromised skin integrity–Psoriasis, eczema, cellulitis, thin aged skin, varicose veins etc.

IF A CONDITION EXISTS THAT MAY COMPROMISE THE CLIENT'S HEALTH OR EFFECT THE OUTCOME OF THE TREATMENT, MEDICAL ADVICE AND APPROVAL MUST BE SOUGHT FIRST. e.g., moles or undiagnosed lesions, unmanaged medical conditions– diabetes, edema etc.

Qualifications

Therapists must have the knowledge, skills, and qualifications necessary to provide waxing and threading treatments by achieving the following as a prerequisite by achieving.

- A NZ National Certificate in Beauty Therapy level 4, and/or Beauty Therapy Diploma level 5
- An international qualification equivalent in beauty therapy or advanced skin therapy

Pre-Treatment Preparation

- The room should be at a comfortable temperature for the treatment.
- The treatment couch must be prepared and covered with waxing paper or other for protection.
- Disposable underwear, and/or towels be placed on the couch for the client to wear/drape herself to preserve her/his dignity.

HAIR REMOVAL UTILISING WAXING OR THREADING METHODS CONT

- The wax to be used should be preheated at correct skin temperature ready for use.
- Rubbish bin lined ready to receive used wax strips and single use sundries

Treatment Procedures

- Once the consultation and consent forms are signed, the area to be waxed must be inspected for any irregularities, skin conditions or potential reactions.
- Proceed with hand hygiene.
- In the likelihood of the area to be waxed could produce body fluids, blood or any secretions disposable gloves are to be worn.
- Depending on the area to be waxed, it should be swabbed with an antiseptic disposable swab or area specific pre-wax cleanser and depending on the type of wax used, a wax specific product applied.
- Therapists must test the temperature of the wax on the inside of their wrists for correct heat before applying it to the client's skin. Also check with the client while applying wax to heat tolerance.
- Following the completion of the waxing and depending on the treated area and method used, a hot towel may be applied to the treated area e.g., legs, arms etc, followed by a waxing specific soothing cream or oil [follow product directions of use].
- Following the treatment any home care instructions must be reviewed and written instructions given for the client to take home.
- Write up the client's treatment file following the consultation section requirements.

Waxing Method

Wax Cartridges

- If wax cartridges are used all heads must be disinfected to prevent cross contamination to another client

HAIR REMOVAL UTILISING WAXING OR THREADING METHODS CONT

Hot/warm wax

- Wax can be heated in small temperature-controlled waxing units with wax for that treatment only.
- All remaining wax from that pot must be discarded to prevent cross contamination **OR**
- For larger waxing units' disposable wooden spatulas are to be used. Each dip into the wax must be made using an unused end of the spatula or a new spatula. This is to prevent contamination of the wax and cross contamination between clients.
- Wooden spatulas must also be discarded after dipping.

Sugar Waxing

- Following the treatment any remaining sugar wax must be disposed of.

Post Waxing Treatment, Used Wax, Spatulas and Sundries

- NO USED WAX, SPATULAS and SUNDRIES used in any waxing treatments can be reused on another client.
- Therapists must ensure that any wax that has been applied to a client's body for hair removal is not reused and goes directly into the rubbish bin.
- All wooden spatulas and used sundries must be disposed of in a closed lidded bin directly after use.
- All metal implements used e.g., tweezers, metal spatulas are cleaned with a waxing solvent prescribed for that used, disinfected, or sterilised and stored in a steri-cabinet or closed sealed container ready for use.
- Contact surfaces disinfected and room cleaned and prepared for the next client.
- Wax pots must be kept covered between each clients' use.

Threading Method

Threading is a traditional method of hair removal originating in eastern cultures in India and Iran. As well as an age-old rite of passage, this simple

HAIR REMOVAL UTILISING WAXING OR THREADING METHODS CONT

removal of unwanted hairs to create immaculate and beautiful eyebrow shapes has been used for centuries. Now it has become a hair removal method in the western world.

Traditionally this method involves doubling a thread and entrapping a hair in between both strands. By twisting the cotton thread between your fingers or sometime holding the thread between your teeth [not allowed in clinics] and fingers then twisting it, the hair is pulled out of the follicle.

Any treatment that intentionally or accidentally penetrates or breaks the skin must comply with the health, hygiene and safety standards outlined in this document, with particular attention to,

- Premises
- General Hygiene
- Disinfection/Sterilisation
- Consultation Process
- Risk and Health Management
- High-Risk Treatments and Risks to Clients and Staff

Note: BEFORE ANY TREATMENT WHERE THE SKIN COULD RIP, TEAR OR BLEED OR THE SKIN BARRIER BE COMPROMISED, A COMPLETE AND THOROUGH CONSULTATION MUST BE COMPLETED FOLLOWED BY A SIGNED CLIENT CONSENT FORM.

NO THERAPIST MAY CONDUCT A TREATMENT WHERE THE SKIN COULD RIP, TEAR OR BLEED OR THE SKIN BARRIER BE COMPROMISED, SHOULD A CONTRAINDICATION EXIST. e.g., open wounds, slow healing tissue, fresh scars, sunburn, compromised skin integrity-Psoriasis, eczema, cellulitis, thin aged skin, varicose veins etc.

IF A CONDITION EXISTS THAT MAY COMPROMISE THE CLIENT'S HEALTH OR EFFECT THE OUTCOME OF THE TREATMENT, MEDICAL ADVICE AND APPROVAL MUST BE SOUGHT FIRST. e.g., hairs in moles or undiagnosed

lesions, unmanaged medical conditions- diabetes, edema etc.

HAIR REMOVAL UTILISING WAXING OR THREADING METHODS CONT

Pre-Treatment Procedures

- The room should be at a comfortable temperature for the treatment.
- For body threading treatments, the treatment couch must be prepared and covered with waxing paper or other for protection and prevent cross contamination.
- If necessary, towels be placed on the couch for the client to wear/drape to preserve her/his dignity.
- Rubbish bin lined ready to receive used threading string and single use sundries.

Treatment Procedure

- Once the consultation and consent forms are signed, the area to be threaded must be inspected for any irregularities, skin conditions or potential reactions. Once assured,
- Complete hand hygiene.
- In the likelihood of the area to be threaded could produce body fluids, blood or any secretions disposable gloves are to be worn.
- Depending on the area to be threaded, it should be swabbed with an antiseptic disposable swab or area specific pre-treatment.
- Following the completion of the threading and depending on the treated area, a hot towel may be applied to calm and sooth the skin. Followed by a soothing specific cream or oil [follow product directions of use].
- Repeat home care instructions then give written instructions to take home.
- Write up the client's treatment file following the consultation section requirements.

Post Treatments

- NO USED THREADING COTTON or SUNDRIES used in any treatments can be reused on another client.
- Threading techniques with teeth are prohibited in clinics.

HAIR REMOVAL UTILISING WAXING OR THREADING METHODS CONT

- Therapists must ensure that any threading cotton that has been applied to a client's body for hair removal is not reused and goes directly into a closed rubbish bin.
- All sundries used must be disposed of in a closed lidded bin directly after use.
- All metal implements used e.g., tweezers, are disinfected, or sterilised and stored in a steri-cabinet or closed sealed container ready for use.
- Contact surfaces disinfected and room cleaned and prepared for the next client.
- Reels of new unused thread must be stored in closed sealed container.

NAIL TECHNICIAN PROCEDURES

The role of nail technicians and beauty/skin therapists who are trained to conduct manicures and pedicures are twofold.

Our first obligation to our clients is to provide a duty of care by examining the nails on their clients' hands and feet and inspect, identify, and inform their client of any abnormalities, infections or other conditions that may create short or long-term discomfort or risk infection to the client.

By referring to medical practitioners and/or podiatrists, you are preventing the spread of infection through contact and/or cross contamination.

In providing a duty of care to your clients, you are also responsible for designing a treatment plan to enhance the health of the nails and surrounding tissue of the hands and feet [this excludes the removal of ingrown toenails and blood blisters] This plan may incur working with the recommendations of a medical practitioner and/or Podiatrist.

The second part of your training is to beautify and enhance your client's nails through the application of different nail products incorporated with your own artist abilities and flair.

Any treatment that intentionally or accidentally penetrates or breaks the skin or contains a heightened risk of infection or cross contamination must comply with the health, hygiene and safety standards outlined in this document, with particular attention to,

- Premises
- General Hygiene
- Disinfection/Sterilisation
- Consultation Process
- Risk and Health Management
- High-Risk Treatments and Risks to Clients and Staff

Note: BEFORE ANY TREATMENT WHERE THE SKIN COULD RIP, TEAR OR BLEED OR THE SKIN BARRIER BE COMPROMISED OR WHERE A HIGHER-

NAIL TECHNICIAN PROCEDURES CONT...

THAN– NORMAL RISK OF INFECTION COULD OCCUR, A COMPLETE AND THOROUGH CONSULTATION MUST BE COMPLETED FOLLOWED BY A SIGNED CLIENT CONSENT FORM.

NO THERAPIST MAY CONDUCT A TREATMENT WHERE THE SKIN COULD RIP, TEAR OR BLEED OR THE SKIN BARRIER BE COMPROMISED, SHOULD A CONTRAINDICATION EXIST. e.g., open wounds, slow healing tissue, fresh scars, compromised skin integrity–Psoriasis, eczema, thin aged skin, fungal and bacterial infections etc.

IF A CONDITION EXISTS THAT MAY COMPROMISE THE CLIENT’S HEALTH OR EFFECT THE OUTCOME OF THE TREATMENT, MEDICAL ADVICE AND APPROVAL MUST BE SOUGHT FIRST. e.g., fungal/bacterial infections, undiagnosed lesions, unmanaged medical conditions–diabetes, osteoarthritis, water damaged nails etc.

Qualifications

Nail technicians and therapists must have the knowledge, skills, and qualifications necessary to provide manicure / pedicure treatments, which can be achieved through the following:

- A NZ Certificate or international qualification equivalent in manicures/pedicures or Nail Technician certificate
- Evidence of training with a nail treatment training provider with the above qualifications in that specific area of expertise.

Pre–Treatment Procedure

A room or designated area should be established for the sole purpose of manicures and pedicures.

Nail stations should be clean and clear of anything which may collect dust.

Only the implements, products, contamination container and sundries required for that treatment should be set out on the treatment trolley or nail station.

NAIL TECHNICIAN PROCEDURES CONT...

- Foot spas should be lined with disposable liner and ready for use.
- Rubbish bin lined ready to receive used single disposable items and use sundries.

Treatment Procedure

- A thorough consultation must be conducted before the commencement of any manicure or pedicure, even if the client is a regular visitor to your business.
- Once the consultation and consent forms are signed, the area to be treated must be inspected for any irregularities, skin conditions, bacterial/fungal infections, or potential reactions.
- If broken skin, abrasions exist, or infections are present, the treatment must be halted and rescheduled when the skin is healthy and intact.

NOTE: If a bacterial/fungal infection is identified the treatment must be halted and the client referred to a medical practitioner and/or podiatrist. If the inspection reveals no issues the treatment can proceed.

- Complete hand hygiene.

NOTE: Because of the high risk of infection and potential risk of causing bleeding, disposable gloves must be worn.

- Prior to commencing a manicure or pedicure, Therapists must cleanse the client's skin and nail surfaces by swabbing with an antiseptic, using a clean, single-use swab and maintain product-specific recommended contact time.
- Only the nail Instruments and equipment necessary for the current treatment should be on the trolley or nail table with a contamination box present for products needing to be disinfected/sterilised.

Treatment of Broken Skin

- • No nail technician or therapist must undertake any work on a client's hands or feet should there be any exposed cuts or abrasions.
- • No nail technician or therapist should utilise cuticle cutters to cut any skin or cuticle from the nails – these tools should only be utilised

NAIL TECHNICIAN PROCEDURES CONT...

for the small amounts of dead cuticles sitting atop the nail bed after correctly removing the cuticles with a rubber hoof stick and/or cuticle remover products.

- At no point should a nail technician or therapist attempt to cut the client's skin on their hands or feet.
- No therapist may expose any skin that is broken during a manicure or pedicure to any further treatments until the skin has completely recovered and is intact.

NOTE: Masks must be worn when filing and applying strong smelling products as airborne chemicals and dust can be inhaled in significant quantities, accumulate, and affect your health.

- No therapist or nail technician should use an electric file on any part of the skin or natural nail bed. This is prohibited due to the possible overheating, trauma and burning on the natural nail plate.

NOTE: It is recommended that protective eye wear be worn by the therapist when producing bio plume, to ensure eye safety.

- Electric files can only be used on artificial nails.
- If recommended by the manufacturer, therapists should apply an oil or solution to the artificial nail before filing, which will make the dust heavier. This will help prevent inhalation of dust particles, improve the atmosphere and aid salon cleanliness.
- EMA (Ethyl Methacrylate) is the preferred acrylic nail product ingredient.
- Cuticle cutters cannot be utilised to cut out ingrown toenails.
- No therapist or nail technician should attempt to remove blood blisters from a client's hand/fingernails, feet/toenails. This may only be performed by a medical practitioner/podiatrist.
- Following the treatment any home care instructions must be reviewed and written instructions given for the client to take home.
- Write up the client's treatment file following the consultation section requirements.

NAIL TECHNICIAN PROCEDURES CONT...

Warning

- Callus shavers are only permitted to be used by registered Podiatrists and are banned by The NZ Board of Professional Skin therapies.
- Under no circumstances must any products containing MMA be used in nail, hand, or foot treatments.
- Ingrown toenails are a disorder that clients will need to discuss with their podiatrist and may involve corrective surgery. It is prohibited for Nail Technicians or Therapists to remove ingrown toenails.

Post Treatment Procedures

- Nail stations should be cleared and clean of anything which may collect dust.
- Instruments used in any treatments must not be openly stored in containers on the trolley or nail station which increases the risk of contamination and cross contamination.
- Nail Instruments and equipment used must be taken to the sterilizing/ disinfecting facility and disinfected/sterilised with the correct disinfecting and sterilisation protocols between each client. Please refer to Disinfecting/sterilisation and high-risk sections.
- Nail stations, pedicure chairs and foot basins must be disinfected in between each client and all used disposables must be disposed of in a closed lidded rubbish bin.
- Therapists must ensure that pedicure basins are lined with a single use disposable plastic basin liner for each client and pipes are disinfected regularly.
- Nail chairs, lights, screens, hand rests etc must be disinfected between each client.
- Nail Instruments and equipment used must be sanitised/sterilised with the correct sanitation and sterilisation protocols between each client and stored in a steri-cabinet or plastic sealed container.

NAIL TECHNICIAN PROCEDURES CONT...

Fungal and Bacterial Infections

NOTE: Any form of fungal or bacterial infections must not be treated.

Fungal and bacterial infections of the nails, hands or feet must be referred to their doctor for diagnosis and treatment for their condition before any manicures or pedicures are undertaken.

Any work on fungal or bacterial infections risks spreading the condition to other unaffected nails and cross contamination to other clients.

Treating clients with known infections would be considered an act of negligence if a complaint were laid against you.

Ventilation

- Business owners must provide a good standard of ventilation throughout the premises, which can be a combination of good air flow and an air extractor unit.
- Provide Odour Control; this is achieved by providing an extractor hood or downdraught extractor fan (can be inbuilt into custom made nail table).
- To ensure proper extraction is performed the optimal extractor ventilation should be:
 - downdraught around 1 meter per second into the table.
 - inlet air speed around 0.5 meters per second into an extractor hood.
 - Clients' hands must be over the extractor (or as close as practicable to the hood) during nail treatments.
- Utilize disposable or washable filters in extractors and extractor hoods. Clean these correctly and appropriately in accordance with the manufacturer's instructions to ensure these continue to work efficiently.
- ♦ If recommended by the manufacturer, therapists should apply an oil or solution to the artificial nail before filing, which will make the dust heavier. This will help prevent inhalation of dust particles, improve the atmosphere and aid salon cleanliness.

NAIL TECHNICIAN PROCEDURES CONT...

Health Hazard–Bio plume Inhalation

Should ventilation in a salon premises not be sufficient, air borne chemicals and dust can accumulate and can be inhaled in significant quantities to affect your health later in life.

Mask Use

With increased evidence of respiratory diseases and disorders associated with the inhalation of nanoparticles from filing natural and synthetic nails and fumes, a mask must be worn.

Use and Storage of Chemicals

- Ensure to have a safety statement and chemical risk assessment for all products.
- Ensure all products stored are in their original packaging should you need to clarify the product's origins.
- Observe any warning labels for safe use and ensure that you obtain safety data sheets from the manufacturers.
- Caps should always be put straight back on containers after use.
- Store products in a cool, dry, dark place in small quantities as much as possible.
- Ensure that you are aware of your hazardous and flammable products and ensure they are not in line of any flames.

Hazardous Products

MMA (methyl methacrylate) is prohibited due to the contraindications caused by the product such as skin burns, headaches, blood poisoning and chemical burns.

Formaldehyde is a prohibited nail strengthening ingredient which is proven to cause cancer and other genetic defects.

Toluene and DBP (Dibutyl Phthalate) found in certain nail polishes is prohibited as it is dangerous to pregnant women and can cause infertility

NAIL TECHNICIAN PROCEDURES CONT...

deformities and damages.

Products advertised as '3 free products' should not contain Formaldehyde, DBP and Toluene. Products advertised as '5 free products' should not contain Formaldehyde, DBP, Toluene, Camphor, or Formaldehyde Resin.

Waste Management

Therapists must ensure that absorbed products, such as tissues, cotton buds and paper towels and other associated waste products are placed in a lid covered bin and removed from the manicure and pedicure stations and disposed of at the end of each day.

Government and Government Reporting Requirements

For incident and logbook management refer to Government Reporting segment of this document ~ The Ministry of Health "[Guidelines for the Safe Piercing of the Skin](#)" outlines procedures to deal with bleeding, sharps injuries and contact with blood or body fluids.

Employers and self-employed therapists need to notify the Labour Group of the Ministry of Business, Innovation and Employment as soon as possible of workplace accidents and occurrences of serious harm [e.g., communicable diseases, lacerations, derma logical disease] HSE Act 1992 S25, and Schedule 1 - [VIEW LEGISLATION](#)

WorksafeNZ

<https://www.worksafe.govt.nz/notifications/notify-worksafe/>

<https://www.worksafe.govt.nz/managing-health-and-safety/reporting-concerns-or-incidents/>

EXFOLIATION

Exfoliation is the removal of dead epithelial skin cells from the surface of the epidermis.

This procedure can be achieved by applying various types and strengths of topical enzymes, natural or inorganic acids, in an application of gritty pastes. Mechanical exfoliation, microdermabrasion, and aqua microdermabrasion [an electrical treatment where fine powder or water is blasted over the skin surface to remove various layers of skin cells].

Depending on the strength of the treatment, results can vary from micro-exfoliation to a deep peeling action.

Although this treatment is relatively safe, if performed by inexperienced or untrained and qualified operators using poor quality equipment, there becomes a risk that the skin could be abraded, eroded, or penetrated causing blood and/or fluid loss and weaken the skin barrier to allow infection to occur or a spread of harmful pathogens.

Any treatment that intentionally or accidentally penetrates or breaks the skin or contains a heightened risk of infection or cross contamination must comply with the health, hygiene and safety standards outlined in this document, with particular attention to:

- Premises
- General Hygiene
- Disinfection/Sterilisation
- Consultation Process
- Risk and Health Management
- High-Risk Treatments and Risks to Clients and Staff

BEFORE ANY TREATMENT WHERE THE SKIN COULD BE ABRADED, ERODED OR PENETRATED OR THE SKIN BARRIER BE COMPROMISED OR WHERE A HIGHER- THAN-NORMAL RISK OF INFECTION COULD OCCUR, A

EXFOLIATION CONT...

COMPLETE AND THOROUGH CONSULTATION MUST BE COMPLETED FOLLOWED BY A SIGNED CLIENT CONSENT FORM.

NO THERAPIST MAY CONDUCT A TREATMENT WHERE THE SKIN COULD BE ABRADED, ERODED, OR CAUSED TO BLEED OR THE SKIN BARRIER BE COMPROMISED, SHOULD A CONTRAINDICATION EXIST. e.g., open wounds, slow healing tissue, fresh scars, active acne, compromised skin integrity–Psoriasis, eczema, rosacea, thin aged skin, sunburn, fungal and bacterial infections etc.

IF A CONDITION EXISTS THAT MAY COMPROMISE THE CLIENT'S HEALTH OR EFFECT THE OUTCOME OF THE TREATMENT, MEDICAL ADVICE AND APPROVAL MUST BE SOUGHT FIRST. e.g., fungal/bacterial infections, undiagnosed lesions, unmanaged medical conditions-diabetes, etc.

Qualifications

Therapists must have the knowledge, skills, and qualifications necessary to provide a skin facial or body treatment. And the understanding to insert the correct exfoliation treatment procedure into a treatment regime. This can be achieved by obtaining:

- A NZ National Certificate in Beauty Therapy level 4, and/or Beauty Therapy Diploma level 5, or
- An international qualification equivalent in beauty therapy or advanced skin therapy
- Continuous commercial industry experience of 12 months or more in performing facials and skin treatments and evidence of professional development in exfoliation, micro-dermabrasion; or evidence of training with a micro-dermabrasion accredited and qualified training provider.

NOTE: Any facial sponges or facial towels that contain blood or body fluids must be disposed of immediately after use and must never be reused on another client.

EXFOLIATION CONT...

Government Requirements

NZ Electrical Safety Standards

Although an medical electrical safety certified classification does not exist for these machines, the NZ Board of Professional Skin Therapies recommends that only machines that meet the official NZ electrical safety standards certification should be purchased.

COSMETIC SEMI-/PERMANENT & MICROPIGMENTATION TATTOOING

Cosmetic permanent, semi-permanent and micropigmentation tattooing is the application of chemical free based dyes that are etched into the skin. Tattooing or various forms of it can be used to rebuild uneven or faded eyebrows, emphasis facial areas such as the eyes and lips breasts and navels to help restore the skin's natural appearance or camouflage areas to resemble its former self after an accident, trauma, or surgery.

Any treatment that intentionally or accidentally penetrates the skin must comply with the health, hygiene and safety standards outline in this document, with particular attention to:

- Premises
- General Hygiene
- Disinfection/Sterilisation
- Consultation Process
- Risk and Health Management
- High-Risk Treatments and Risks to Clients and Staff

NOTE: It is also advised that after the treatment the area should not be touched. After care instructions given and where necessary an antiseptic product may be recommended after the treatment to prevent infection and accelerate the healing process.

BEFORE ANY TREATMENT THAT RISKS THE PENETRATION OR ACCIDENTAL PENETRATION OF THE SKIN IS CONDUCTED, A COMPLETE AND THOROUGH CONSULTATION MUST BE COMPLETED FOLLOWED BY A SIGNED CLIENT CONSENT FORM.

NO THERAPIST MAY CONDUCT A TREATMENT THAT ABRADED OR PENETRATES THE SKIN SHOULD A CONTRAINDICATION EXIST. e.g., Severe to mild active acne, compromised skin integrity, eye conditions, cold sores, transplant recipient, epilepsy etc.

COSMETIC SEMI-/PERMANENT & MICROPIGMENTATION TATTOOING CONT...

IF A CONDITION EXISTS THAT MAY COMPROMISE THE CLIENT'S HEALTH OR EFFECT THE OUTCOME OF THE TREATMENT, MEDICAL ADVICE AND APPROVAL MUST BE SOUGHT FIRST. E.g., moles or undiagnosed lesions, unmanaged medical conditions– diabetes, asthma, etc.

Qualifications

Therapists must have the knowledge, skills, and qualifications necessary to provide cosmetic tattooing, semi-permanent micropigmentation tattooing treatments, by achieving the following as a prerequisite to cosmetic permanent, semi-permanent and micropigmentation tattooing training:

- A NZ National Certificate in; NZ Beauty Certificate level 4 and/or a NZ beauty therapy diploma level 5 or
- An international qualification equivalent or
- A micro credential qualification along with a NZ Beauty Certificate level 4 or a NZ beauty therapy diploma level 5

Pre-Treatment Procedure

- Given the high risk of infection that this treatment carries, the treatment room must be prepared for this treatment procedure.
- The room should be at a comfortable temperature for the treatment.
- The treatment couch and trolley must be prepared and covered to maintain a protective and hygienic surface.
- Only the equipment and products necessary for the treatment should be on the trolley, which should be draped.
- All sterile wrapped implements and products must remain in their sterile packaging until the commencement of the treatment.
- A contamination box present for products needing to be disinfected/sterilized following the treatment and a biohazard sharps container for all blades, etc.
- A lined close lidded rubbish bin for all contaminated disposable products
- All tattooing hand pieces must be covered in a single use plastic

COSMETIC SEMI-/PERMANENT & MICROPIGMENTATION TATTOOING CONT...

disposable sleeve to prevent cross contamination between clients.

- PPE in position to wear.

Treatment Procedure

Only specific ink designed for the above-mentioned tattooing purposes can be used and must only contain the recommended ingredients as set out by the Environmental Protection Authority – Guideline.

- A thorough consultation must be conducted before the commencement of any micropigmentation treatment, even if the client is a regular client of your business.
- Once the consultation and consent forms signed,
- The area to be treated must be inspected for any irregularities, skin conditions, or potential reactions.
- If broken skin or abrasions exist, the treatment must be halted and rescheduled when the skin is intact.
- If the inspection reveals no issues the treatment can proceed.
- Complete hand hygiene.

NOTE: Because of the high risk of infection and potential risk of causing bleeding, and the heightened risk of infection and cross contamination, PPE must be worn. Disposable gloves, masks, protective eye wear, plastic apron, or uniform cover.

- Prior to commencing the treatment, the therapist must cleanse the client's skin by removing all makeup and swabbing with an antiseptic lotion, using a clean, single-use swab and maintain product-specific recommended contact time.
- Only the equipment necessary for the treatment should be on the trolley with a contamination box present for products needing to be disinfected/sterilized and a sharps container for all blades etc.
- A closed lidded lined bin for contaminated products
- Decant the amount of dye required into an ink ring cup worn on the

COSMETIC SEMI-/PERMANENT & MICROPIGMENTATION TATTOOING CONT...

middle finger. Ink ring cups avoid spillage and ensure hygienic practice. All contents must be discarded at the end of the treatment.

- Following the treatment any home care instructions must be re-reviewed with the client and written instructions given for the client to take home.
- Write up the client's treatment file following the consultation section requirements.

Post-Treatment Procedure

- Upon completion of the treatment any residual dyes, pigment or solutions are disposed of in an appropriate manner and the container cleaned and sterilised by referring to the above sections recommended in these standards.
- Any permissible reusable implements must be taken to the disinfection/sterilisation station and processed according to the sterilisation chart.
- All contaminated single use sundries placed in the closed lidded bin must be disposed of at the end of the working day.
- Contact surfaces disinfected and room cleaned and prepared for the next client.

NOTE: No tattoo therapist may tattoo over pigmented, unpigmented moles, or any unidentifiable lesions. These clients must be referred to a dermatologist for an examination and written permission must be sort before any semi-permanent treatments can take place.

NOTE: Only tattooing hand pieces that contain a non-back flow valve or membrane can be used in any tattooing treatment to prevent recontamination when the hand piece is used on the next client.

Clinic Owners and Therapists Responsibilities for the Use of Dyes, Pigments, and Solutions

COSMETIC SEMI-/PERMANENT & MICROPIGMENTATION TATTOOING CONT...

- Therapists must confirm with their supplier that all dyes, pigments, and solutions purchased conform with the requirements outlined in the **Environmental Protection Authority (EPA)** document.
 - Only buy products that fit within the EPA standard.
 - All therapists must have a product data safety sheet which outlines contents, storage information, first aid etc.
 - All staff using these products must be able to find the data sheets easily and understand the contents and information supplied.
 - All tattooed ink must be stored in its' original container. The container label must list; product name, colour, batch # and ingredients. Contact information of the NZ importer, supplier/manufacturer and any other references including warning statements may be retained on a separate leaflet.
 - No dye, pigment or solutions are to be used after their expiry date.

Government and Government Reporting Requirements

For incident and logbook management refer to the Government Reporting segment of this document. Everyone must adhere to the Environment Protection Authority–Guidelines [EPA] for tattoos and Permanent Makeup Substances. Distributors and Importers must adhere to:

[VIEW EPA – Tattoo & permanent makeup substances guide](#)

The Ministry of Health "[Guidelines for the Safe Piercing of the Skin](#)" outlines procedures to deal with bleeding, sharps injuries and contact with blood or body fluids. Employers and self-employed therapists need to notify the Labour Group of the Ministry of Business, Innovation and Employment as soon as possible of workplace accidents and occurrences of serious harm [e.g., communicable diseases, lacerations, derma logical disease] HSE Act 1992 S25, and Schedule 1–

[VIEW LEGISLATION – Health & Safety in Employment Act 1992](#)

[VIEW Worksafe – Notify Worksafe](#)

[VIEW Worksafe – Reporting Concerns or Incidents](#)

EYELASH EXTENSIONS

Eyelash extensions are the application of artificial or natural hairs that are glued to existing eye lashes to give the appearance of longer fuller natural eye lashes for the wearer.

This can be further enhanced by the perming and or tinting of eye lashes. Any treatment that intentionally or accidentally penetrates the skin or mucus membrane or eye fluid must comply with the health, hygiene and safety standards outline in this document, with particular attention to:

- Premises
- General Hygiene
- Disinfection/Sterilisation
- Consultation Process
- Risk and Health Management
- High-Risk Treatments and Risks to Clients and Staff

NOTE: It is also advised that after the treatment the area should not be touched. After-care instructions must be given.

BEFORE ANY TREATMENT THAT RISKS THE PENETRATION OR ACCIDENTAL PENETRATION OF THE SKIN IS CONDUCTED, A COMPLETE AND THOROUGH CONSULTATION MUST BE COMPLETED FOLLOWED BY A SIGNED CLIENT CONSENT FORM.

NO THERAPIST MAY CONDUCT A TREATMENT SHOULD A CONTRAINDICATION EXIST. e.g., eye conditions/infections, allergies etc.

IF A CONDITION EXISTS THAT MAY COMPROMISE THE CLIENT'S HEALTH OR EFFECT THE OUTCOME OF THE TREATMENT, MEDICAL ADVICE AND APPROVAL MUST BE SOUGHT FIRST.

EYELASH EXTENSIONS CONT...

Qualifications

Therapists must have the knowledge, skills, and qualifications necessary to provide eyelash extensions and eye treatments, by achieving the following as a pre-requisite to eyelash extensions and eye treatments by holding a:

- A NZ National Certificate or international qualification equivalent in; NZ Beauty Certificate level 4 or a NZ beauty therapy diploma level 5
- A micro credential qualification in eyelash extensions with a NZ Beauty Certificate level 4 or a NZ beauty therapy diploma level 5
- Evidence of training with a qualified training provider with the above qualifications and qualified to teach eyelash extensions.

Pre-Treatment Procedure

- The room should be at a comfortable temperature for the treatment.
- The treatment room must be prepared for the treatment procedure.
- The treatment couch and trolley must be disinfected.
- Only the equipment and products necessary for the treatment should be on the trolley.
- A contamination box present for products needing to be disinfected / sterilized following the treatment.
- A closed lidded lined bin for single use disposable sundries

Treatment Procedure

- Once the consultation and consent forms signed, the eye area to be treated must be inspected for any irregularities, pre-existing eye conditions, skin conditions or potential reactions.
- Make sure the client's eyes are suitable to receive the extensions.
- Complete hand hygiene.
- In the likelihood the eye area could produce tears, disposable gloves are to be worn.

NOTE: If the gloves aren't film fitting over the fingers these gloves could become a safety hazard and could cause an eye injury

- The eye area should be cleaned with a specific pre-treatment product.
- Only open the under-eye gel pads at the start of the treatment.

EYELASH EXTENSIONS CONT...

- Use glue rings to dispense the glue to maintain hygiene.
- When dispensing glue into the glue ring, make sure the nozzle of the bulk glue container doesn't touch the bottom of the glue ring.
- Only decant the number of lashes needed for the treatment. You can always go back for more.
- Ash wands, micro-brushes, must be kept in their original packets until needed and tweezers in a hygienic container or steri-cabinet.
- All used sundries must be disposed of in a closed lidded lined bin after each treatment.
- Metal tweezers and scissors must be kept in a steri-cabinet or closed sealed container until required.
- Metal tweezers and scissors must be disinfected/sterilised in accordance with the disinfecting/sterilisation sections of this document.
- Following the attachment of the lashes, the therapist must make sure that the client can open and close her eyes comfortably and no irritation and /or reaction has occurred.
- Repeat home care instructions then give written instructions to take home.
- Write up the client's treatment file following the consultation section requirements.

Post Treatment Procedure

- Upon completion of the treatment the therapist must ensure that contaminated absorbent products, such as tissues, cotton buds, clothes and paper towels and other associate waste products and left- over lashes that were exposed to the treatment area are placed in a closed covered rubbish bin and disposed of at the end of each working day.
- Any permissible reusable implements must be taken to the disinfection/sterilisation station and processed according to the sterilisation chart.
- Contact surfaces disinfected and room cleaned and prepared for the next client.

MASSAGE

Massage is the practice of gently manipulating the skin or underlying muscle mass using an oil or talc medium to give slippage as relief is given to tired, achy muscles and relaxation is induced. Many different massage techniques make up a massage which may include but is not limited to the use of, effleurage, petrissage, tapotement, friction, vibration, and cupping to name a few. Other types of massage include, Swedish, deep tissue, shiatsu- pressure point, lymph-drainage and stone massage are employed by therapists.

Although the potential to erode, abrade or break the skin in a massage is low, the following precautions must be taken by complying with the health, hygiene and safety standards outline in this document, with particular attention to,

- Premises
- General Hygiene
- Disinfection/Sterilisation
- Consultation Process
- Risk and Health Management
- High-Risk Treatments and Risks to Clients and Staff

NOTE: While the risk of breaking the skin is low, the risk of overtreating or causing an injury is possible. Therefore, therapists must be well trained and qualified in the art of massage.

BEFORE ANY TREATMENT THAT RISKS THE PENETRATION OR ACCIDENTAL PENETRATION OF THE SKIN IS CONDUCTED, A COMPLETE AND THOROUGH CONSULTATION MUST BE COMPLETED FOLLOWED BY A SIGNED CLIENT CONSENT FORM.

NO THERAPIST MAY CONDUCT A TREATMENT THAT RISKS CAUSING MUSCLE DAMAGE OR JOINT INJURY SHOULD A CONTRAINDICATION EXIST. e.g., Osteoarthritis, spinal/ joint defects, cancer, skin diseases, disorders or infections, varicose veins, bruising issues, sunburn, allergies etc.

MASSAGE CONT...

IF A CONDITION EXISTS THAT MAY COMPROMISE THE CLIENT'S MENTAL OR PHYSICAL HEALTH OR EFFECT THE OUTCOME OF THE TREATMENT, MEDICAL ADVICE AND APPROVAL MUST BE SOUGHT FIRST.

IF A CONDITION EXISTS THAT MAY COMPROMISE THE CLIENT'S MENTAL OR PHYSICAL HEALTH OR EFFECT THE OUTCOME OF THE TREATMENT, MEDICAL ADVICE AND APPROVAL MUST BE SOUGHT FIRST.

NOTE: Clients who are diagnosed with Cancer are prohibited from receiving massage treatments without the written permission from their doctor or oncologist, as massage could spread the disease to other parts of the body via the blood stream and lymphatic system.

NOTE: If the client has broken or non-intact skin the massage cannot be performed until the tissue is fully healed.

Qualifications

Therapists must have the knowledge, skills, and qualifications necessary to provide a face or body massage using their hands, electrical equipment, or hot stones. which can be achieved through the following:

- A NZ National Certificate or international equivalent in; NZ Beauty Certificate level 4 or a NZ beauty therapy diploma level 5 or
- A NZ Diploma in Wellness and Relaxation Massage level 5
- A NZ Diploma in Therapeutic Massage level 6

Pre-Treatment Procedure

- The room should be at a comfortable temperature for the treatment.
- The treatment room must be prepared for the treatment procedure.
- Fresh linen must be supplied for every new client.
- If necessary, towels and/or disposable underwear be placed on the couch for the client to wear/drape with to preserve her/his dignity.
- A closed lidded lined bin for single use disposable sundries

MASSAGE CONT...

- A closed lidded laundry basket for used linen or linen to be removed following the treatment.

Treatment Procedure

• Once the consultation and consent forms are signed, the skin must be inspected for any irregularities, pre-existing skin conditions, open wounds, infections or skin diseases or disorders, bone, or joint conditions etc. Make sure the client is a suitable candidate to receive the treatment.

NOTE: Clients who are diagnosed with Cancer are prohibited from receiving massage treatments without the written permission from their doctor or oncologist, as massage could spread the disease to other parts of the body via the blood stream.

- Complete hand hygiene.
- Test the temperature of the oil medium on the inside of the therapist's wrist and then test on the client's skin for temperature comfort before proceeding with the full treatment.
- The client must be asked about the pressure of the massage and the client encouraged to comment. During the massage the client must be informed that they can ask the therapist to stop should the treatment become uncomfortable.
- Repeat home care instructions then give written instructions to take home if necessary.
- Write up the client's treatment file following the consultation section requirements.

Post Treatment Procedure

- Therapists must ensure that absorbent products, such as tissues, clothes and paper towels and other associated waste products are placed in a closed covered rubbish bin and laundered at the end of each working day.
- All equipment including hot stones are disinfected/sterilised in accordance with the general hygiene, disinfecting/sterilisation sections of this document.

MESSAGE CONT...

- All used laundry must be removed and placed in a closed lidded laundry basket and must be kept separate from fresh unused linen to prevent cross contamination. Refer to Premises, Laundry Facilities and General Hygiene section.
- Contact surfaces disinfected and room cleaned and prepared for the next client.

SUNBEDS/SOLARIUM TANNERS

Sunbeds or Solarium tanning units consist of rows of U.V bulbs in the base and pull-down hood or banks of bulbs in a circular curve that you stand in the middle of. These units emit amounts of ultra-violet radiation, and these treatments have the potential to age the skin. Research also shows a strong connection to skin cancer following these treatments.

Treatments involving the use of sunbeds, or solarium, have the potential to burn the skin and lead to longer term skin conditions, including pigmentation damage, skin cancer etc. The World Health Organization has stated that, *“Exposure to ultraviolet (UV) radiation contributes to the skin ageing process and may cause skin cancer.”* (Sinclair, 2009)

We consider any industry organisation that provides these treatments to be in breach of our Scope of Practice.

NOTE: The NZ Board of Professional Skin Therapies does not endorse these devices in our industry. Instead, we support Melanoma NZ in their efforts to educate people about the dangers of exposure to the sun and U.V and the correct use and application of sun blocks.

SCOPE OF PRACTICE

In this open market and unregulated environment, people are influenced by fads and trends promoted by celebrities, make up editors and marketing gurus. What may appear to be fun or highly talked about treatments may not necessarily be safe or beneficial for the end user.

As a professional therapist it is your responsibility to make sure that treatments and advice you give your clients are based on proven scientific information and the treatment is designed for the skin therapy/aesthetic industry.

While there are treatments being marketed for the skin therapy industry, not all treatment options are created equal. Thought must be given to:

- Selecting the correct treatment to match your client's skin requirements and expectations.
- Assess how the treatment will benefit the client in the short-term and consider any long-term side effects that may result from long-term application.
- Any treatment being applied must be delivered by a qualified and knowledgeable therapist.

Treatments outside our Scope of Practice

Virginal tightening treatments

While these treatments have been described as enhancing your inner beauty, many of the conditions that drive clients to request these treatments may have an underlying medical aspect or condition attached e.g., mild stress, urinary incontinence [SUI], symptoms of genitourinary syndrome of menopause, virginal laxity following childbirth. As therapists these treatments are outside our scope of practice and must be referred to a medical specialist.

SCOPE OF PRACTICE CONT...

Removal of Skin Tags and other Skin Lesions

Skin tag and skin lesion removal is strictly prohibited by skin therapists and must only be conducted by a medical practitioner.

Teeth Whitening Treatments

Teeth whitening treatments are also outside our scope of practice. To perform these treatments, the technician must be a qualified dentist and be able to conduct a full mouth examination to identify tooth decay and leaky margins. Without identification of these conditions, teeth whitening treatments can lead to over sensitised teeth. Also, teeth whitening products brought online and from non-dental distributors can contain unsuitable ingredients.

Lip Plumping Treatments

Any product that is pushed across the skin barrier via a penetrating object is an injection [no matter how harmless it is reported to be] and has the potential to cause an anaphylactic shock or an allergic reaction]. Only Medical practitioners and nurses with a practicing nursing certificate who have medical oversight can perform any injectable treatments.

BIBLIOGRAPHY

- Auckland Council. (2013). Health and Hygiene Code of Practice 2013.
- Auckland District Health Board. (2009). Guidelines on Hand Hygiene. Auckland, NZ.
- Centre for Disease Control. (2015, 05 15). Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008. Retrieved from Healthcare Infection Control Practices Advisory Committee (HICPAC):
- [https://www.cdc.gov/infectioncontrol/guidelines/disinfection/ Guidelin e...](https://www.cdc.gov/infectioncontrol/guidelines/disinfection/Guideline...)
<https://www.cdc.gov/infectioncontrol/guidelines/disinfection/introduction.html>
- <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/introduction.html> and Hygiene Task Force CDC. (2002). Guideline for Hand Hygiene in Health-Care Settings. Atlanta: Center for Disease Control.
- Health and Safety Executive. (2005). Biological agents: Managing the risks in Laboratories and Healthcare Premises. London, England.
- New Plymouth District Council. (2015). Hygiene and Cleaning Guidelines. New Plymouth, NZ.
- Rutalia W, W. D. (2008). Guideline for Disinfection and Sterilization in Healthcare Facilities. Atlanta: Center for Disease Control.
- Sinclair, C. (2009). Artificial tanning sunbeds, risks, and guidance.
- World Health Organisation.
- US Food & Drug Administration. (2010). Removing Hair Safely. Retrieved June 2015, from
<https://www.fda.gov/search?s=hair+removal>
<https://www.fda.gov/cosmetics/cosmetics-laws-regulations/modernization-cosmetics-regulation-act-2022-mocra>
- World Health Organisation. (2009). Hand Hygiene: Why, How & When? World Health Organization.
- Environmental Protection Authority [EPA] Guidelines for tattoo and permanent makeup substance
- Health and Disability Commission- HDC WorksafeNZ

The NZ Board of Professional Skin Therapies wishes to acknowledge the support and help given by our expert panel of industry advisors.

- Ruth Nicholson from NZ Laser Training Institute Ltd
- Karen Clark from Nail-X
- Carol Beach – Micropigmentation Specialist