LONDON LOCAL AUTHORITIES ACT 1990
STANDARD CONDITIONS

REGULATIONS MADE BY THE LONDON BOROUGH OF ENFIELD UNDER SECTION 10(1) OF THE LONDON LOCAL AUTHORITIES ACT 1990 PRESCRIBING STANDARD CONDITIONS FOR ANNUAL SPECIAL TREATMENT LICENCES EFFECTIVE FROM 3 MAY 1995.

NOTES

(i) Except where the context demands otherwise the singular includes the plural and the masculine includes the feminine.

(ii) Nothing in these rules shall be construed as interfering with (i) the discretion of the licensee or his representative regarding the admission of any person or (ii) the need to strictly comply with all relevant statutory requirements.

(iii) These rules are divided into three Parts as follows: Part I – General; Part II – Rules which apply to all premises; Part III – Rules which apply to premises where massage or sauna is practised.

(iv) In these rules, all references to a British Standard (BS) shall be deemed to refer to the current standard.

(v) It is the policy of the Council that there should be access and facilities for disabled people at premises licensed for special treatment. Licensees are therefore encouraged in the strongest possible terms to provide such facilities so as to enable the admission of disabled people. To this end, Council Officers will be pleased to discuss and advise on the best ways to achieve this.

PART I – GENERAL

1. In these rules, unless the context otherwise requires:
   'Approval of the Council' or ‘Consent of the Council’ means the approval or consent of the Council as Licensing Authority in writing.
   'Approved', 'accepted' or 'permitted' means approved, accepted or permitted by the Council in writing.
   'Approved arrangements' means the arrangement of the premises, fittings, installations and all other things in connection therewith as approved by the Council.
   'Council' means the appropriate licensing authority.
   'Escape lighting' (safety lighting) means lighting, obtained from a source independent of the general supply for the building, provided to assist the public and staff to leave the premises without the aid of normal lighting.
   'Establishment for Special Treatment' has the meaning set out in Section 4 of the London Local Authorities Act 1991.
   'Licence' means a special treatment licence granted under Section 6 of the London Local Authorities Act 1991.
   'Licensee' means the person or corporate body licensed under Section 6 of the London Local Authorities Act 1991.
   'Non-combustible' material means material which is deemed to be non-combustible when tested in accordance with the provisions of the current edition of British Standard 476: Part 4, or such other material or combination of materials as the Council accepts as being non-combustible for the purpose of these rules.
   'Officer' means any person authorised in writing by the Council. (This may include officers of the London Fire and Emergency Planning Authority).
   'Public' means any person other than a member of staff admitted to the licensed premises.
   'Premises' means any premises within the Council’s area licensed for special treatment and includes all installations, fittings and things in connection therein.

2. (a) These rules may be dispensed with or modified by the Council in any special case. (b) Where in these rules there is any reference to the consent of the Council being required, such consent may be given on such terms and conditions and subject to such restrictions as may be so specified. (c) If the licensee wishes any of the terms of the licence to be varied an application must be made to the Council and if the Council so require the application must be advertised.
PART II – RULES WHICH APPLY TO ALL PREMISES

3. The establishment shall be carried on only for the treatment or business and in the trade name or style specified in the licence and at the address mentioned therein.

4. The licence or a clear copy shall be prominently displayed at all times to all persons using the premises.

5. (a) The licensee shall take all reasonable precautions for the safety of the public and employees and ensure compliance at all times with the relevant provisions of the Health and Safety at Work etc Act 1974. (b) The licensee shall at once notify the Council in writing of any change in the name or private address of the licensee or in the treatments provided or in the nature of the business carried on at the establishment. (c) The premises shall not be used under the terms of the licence unless and until any necessary permission and/or consents have been obtained pursuant to the Town and Country Planning Act 1990, the London Building Acts 1930-1939, the Building Act 1984 and the Building Regulations Act 1985 or any legislation amending or replacing the same.

6. A notice showing the name of the person in charge of the premises at the time they are open under the licence shall be conspicuously exhibited in a position where it can easily be seen by customers.

7. (a) The licensee shall maintain good order in the premises. (b) The licensee shall ensure that no part of the premises are used by prostitutes, for soliciting or any other immoral purposes. (c) The licensee or any other person concerned in the conduct or management of the premises shall not seek to obtain custom by means of personal solicitation outside or in the vicinity of the premises. (d) The licensee shall not do, or permit in the establishment, any act of an indecent or disorderly character and shall take all necessary steps to exclude from the establishment a customer or any other person who has committed such an act in the establishment and shall cause all persons in his employ engaged in the establishment to be decently and properly attired, and he shall not permit the door of any room or place in the establishment for the time being in use for the giving of massage or special treatment to be locked during the period that the client is therein. (e) The licensee shall ensure that with the exception of those persons receiving treatment in accordance with the conditions of the licence all clients present in any part of the establishment shall be decently and properly attired and separate changing accommodation for males and females shall be provided. (f) Except with the written consent of the Council, the licensee shall not employ at the licensed premises any person who he has been notified in writing that the Council considers unsuitable to be employed in such premises.

8. (a) Except as provided by 8(c) below, treatment shall only be given by qualified persons who have been approved by the Council. (b) Any certificates of qualification (or true reproductions) of such approved persons shall be displayed in the reception area so that all persons who wish to receive treatment may easily examine them; and (c) Treatment may also be given by other persons provided: (i) the person giving treatment is under the personal supervision of a person approved by the Council; and (ii) the Council’s consent in writing has first been obtained and is current at the time of treatment.

9. (a) Unless otherwise expressly permitted by the Council when treatment is given or is being received to any part of the body other than the neck and head or feet and legs below the knee or hands and arms and is not being so given by a fully qualified physiotherapist or other person entered on the register of the appropriate professional organisation whose qualifications have been approved by the Council the treatment may be given only to persons of the same sex as the person giving the treatment, and persons of the opposite sex shall not be present. (b) No treatment shall be provided to persons under the age of sixteen without consent, in writing, from a parent or guardian.

10. The licensee shall ensure that all ultra-violet radiation equipment installed in the licensed establishment is used and operated in accordance with the Guidance Note GS18 issued by the HSE.
11. (a) Records shall be kept at the premises, in a form approved by the Council, of persons receiving treatment. The record shall include the name of the person receiving treatment, the time of admittance for treatment and the real name of the person giving treatment. In the case of staff approved under Condition 8 (c) the entry shall include both the name of the person giving treatment and of the person supervising. (b) In the case of treatment to persons under the age of sixteen records shall be as follows: (i) A signed consent form must be obtained from a parent or guardian, prior to giving treatment; (ii) The parental consent form must be in a form approved by the Council. An example is attached; (iii) In circumstances where the licensee is in some doubt reasonable steps to verify the consent shall be made and the details recorded on the consent form.

12. There shall be prominently and legibly displayed a comprehensive tariff of charges which shall where necessary be illuminated and be placed in such a position that it can easily and conveniently be read by persons before entering the premises. Where this is impossible, the tariff may with the consent of the Council, be displayed in the reception area.

13. Officers of the Council, who are furnished with authorities which they will produce on request, shall be admitted immediately at all reasonable times to all parts of the premises. NB (i) The officers of the Council are authorised to inspect on behalf of the Council. These officers can give written notification to licensees or their responsible representatives of matters noted during inspection which are not in accordance with the approved arrangements for the premises, the conditions of the licence, or which may present a hazard to the public. (ii) Officers of the LFEPA are authorised to inspect premises licensed for special treatment under the provisions of Section 15 (1) (b) of the London Local Authorities Act 1991.

14. No change of use of any portion of the premises from that approved by the Council shall be made until the Council’s consent has been obtained thereto.

15. The approved arrangements shall be maintained at all times in full working order.

16. No alterations (including temporary alterations) shall be made to the premises, without the prior consent of the Council. This condition shall not require notice to be given in respect of routine maintenance works. Where works necessitate the premises being closed for a period of time, the premises shall not re-open for the purpose of the licence, until the licensee has been notified in writing by the Council.

17. (a) All ways out of the premises shall be maintained free of trip hazards, unobstructed and available for immediate use at all times. (b) All lighting (including escape lighting, where provided) shall be maintained in full working order. (c) The escape lighting installation (where provided) shall be tested every six months by a qualified engineer and a certificate for each test retained at the premises. (d) All exit doors shall be available for immediate use, without use of a key or similar fastening the whole time the public are in the premises. (e) All fire doors shall be maintained effectively self-closing, and not be wedged open.

18. Where approval is given for curtains to be used, the curtains shall be periodically re-sprayed to maintain their fire-resistance. Curtains shall be arranged so as not to obstruct EXIT notices and/or fire extinguishers or other fire fighting equipment. Curtains where permitted across doors shall be in two halves, on a free running rail to enable them to be parted easily. Such curtains shall have a clearance of at least 75mm between the bottom of the curtain and the floor.

19. All fire extinguishers and fire fighting equipment shall be checked yearly by a competent person and the test date recorded on the equipment. Any extinguisher discharged shall be replaced or recharged immediately. Any fire alarm system shall be checked monthly to ensure it is fully operational. In addition, the system shall be serviced yearly by a qualified engineer and all results recorded in a logbook to be retained on the premises.

20. The Fire Brigade shall be called to any outbreak of fire, however slight. Suitable notices shall be displayed indicating how the Brigade can be summoned.

21. The licensee shall ensure that: (a) sanitary accommodation is available in the premises for the free use of both staff and public and shall ensure that in the sanitary accommodation
there are suitable wash-hand basins provided with an adequate supply of hot and cold water or of hot water at a suitably controlled temperature; together with an adequate supply of soap and suitable hand drying facilities; (b) the premises are so constructed with the adequate provision of efficient drains, suitable wall, floor and ceiling finishes etc. so that satisfactory sanitation can be maintained.

22. (a) Each treatment room shall be provided with a suitable wash-hand basin with a suitable supply of hot and cold water, together with soap, a nailbrush and either a supply of disposable towels or a clean towel at all times. (b) Where more than one person is being treated in a room, it shall be provided with suitable screening to maintain privacy.

23. Proper means to the satisfaction of the Council shall be provided for securing the cleanliness of all instruments, towels, materials and equipment used in the establishment and for their safe disposal.

24. A sufficient number of suitable receptacles with properly fitting covers shall be provided to the satisfaction of the Council for the purpose of receiving rubbish, dust and refuse from the premises.

25. The electrical installation for the premises and any appliances or equipment used therein shall be maintained in a safe working condition, and shall comply with the current edition of the Regulations for electrical installations issued by the Institute of Electrical Engineers and as prescribed by the Electricity at Work Regulations 1989.

26. The Electrical Installation must be inspected at least every 5 years and the inspection certificate for the electrical installation of the premises, as prescribed in these regulations shall be available for inspection by the Council. The certificate shall be signed by a qualified engineer and shall be in respect of the electrical installation and apparatus used on the premises. NB The Council normally requires that any such certificate shall be signed by a Corporate Member of the Institute of Electrical Engineers, or by a contractor currently enrolled with the National Inspection Council for Electrical Installation Contracting, or with the prior approval of the Council, other persons deemed competent.

27. Portable heating and gas-fired appliances shall not be used at the premises except with the prior consent of the Council.

PART III – RULES WHICH APPLY ONLY TO THE PREMISES WHERE MASSAGE (OTHER THAN SOLELY TO THE FACE, NECK, OR LEGS BELOW THE KNEES) OR SAUNA IS PROVIDED.

28. The licensee or some responsible person nominated by him in writing for the purpose shall be in charge of, and upon, the licensed premises during the whole time that they are open to the public. Such written nomination shall be continuously available for inspection by any officer authorised in writing by the Council.

29. (a) Treatment shall only be given by qualified persons approved by the Council in respect of Class 1 treatment of whom two identical full-face passport size photographs taken within the 6 months preceding the application for approval have been submitted to the Council. (b) A recent full-face photograph of such persons shall be displayed in the reception area so that all persons who wish to receive treatment may easily examine them.

30. All staff engaged in receiving patrons or in giving treatment or in managing the premises shall wear a name badge in a manner approved by the Council. The name shown shall correspond with that shown on any certificate displayed under Condition 8 (b).

3 May 1995
1) **Non-Surgical Lasers/IP**

a) The licence holder shall produce the ‘treatment protocol’ document which shall be kept on site. (*Annex 1 outlines the information required in this document*). The licence holder may wish to attain the services of an Expert Medical Practitioner to complete this.

b) The licence holder must produce suitable laser/IPL safety instructions (Local Rules). These should be read and understood by all staff that may be exposed to the risks from the equipment. Evidence of understanding should be documented. The local rules must be up to date and reflect current equipment, facilities and working practices. *An example of suitable content is given in Annex 2*

c) The ‘local rules’ shall be updated if there are any changes made to the equipment in use, changes in procedure or treatment room if these affect the safe use of the laser/IPL.

d) The licence holder shall perform a suitable and sufficient risk assessment, with regards to the risks from optical radiation. They shall provide evidence that they have employed the services of a Certificated Laser Protection Adviser (LPA) to assist with this. The LPA should be tasked to write a report which includes written recommendations for suitable controls. Risk assessments must be reviewed at appropriate intervals or where any changes are made that may affect the risk management.

**Training**

e) All Authorised Users must hold a qualification that meets the current National Occupational Standards (NOS) at level 3 in a relevant subject (Epilation). For all new applications from 1st January 2014 the NOS will be at VTCT Level 4 for IPL and Laser.

f) Staff members involved in the use of the equipment or safety management shall also attend a suitable laser safety management course, e.g. Laser Core of Knowledge. Laser operators should be able to demonstrate appropriate training and competence for each type of treatment offered.

g) A suitably qualified member of staff on the premises shall be identified as the laser protection supervisor they will have day to day responsibility of ensuring the local rules are followed.

h) A treatment register shall be completed every time the laser/IPLS is operated, including the following information:

- the name of the person treated (including a second means of identification);
- the date and time of treatment;
- the name and signature of the laser/IPLS operator;
- the nature of the laser/IPLS treatment given;
- the treatment parameters;
- any accidents or adverse effects.

**Laser/IPL Controlled Area**
i) The area around working lasers/IPLS shall be controlled to protect other persons while treatment is in progress. The controlled area shall be clearly defined and not used for other purposes.

A suitable safety warning sign or light entry system which complies with current British Standards shall be in place on the door of the controlled area.

j) All lasers/IPLS shall comply with current standards (BS EN 60601-2-22 for medical lasers and BS 60601-2-57 and shall display labels identifying them, their wavelength or range of wavelengths and the maximum output power of the radiation emitted. The labels shall be clearly visible on the front or side of the machine.

k) The door to the controlled area shall be fitted with a suitable device which can be operated from the outside in an emergency.

l) Any windows in the controlled area shall be fitted with opaque blinds approved by the LPA.

m) The controlled areas shall be kept clear of clutter, mirrors shall be avoided and jewellery shall not be worn.

n) Surfaces within the controlled area shall be of a matt or eggshell finish.

o) Protective eyewear shall be worn by everyone within the controlled area whenever there is a risk of exposure to laser/IPLS. All protective eyewear shall be marked with the wavelength range and protection offered as detailed in the local rules document. They shall be in a clean serviceable condition.

p) The laser protection supervisor shall ensure that the key to any laser/IPLS equipment is kept in a secure and separate area when not in use and that only authorised users have access to the key.

q) Lasers/IPLS shall be serviced in accordance with manufacturer's instructions and a record kept of servicing and repairs with the local rules document.

ANNEX 1

Laser /IPLS Treatment Protocol Document
It is advised that the treatment protocol is produced with the guidance of an expert medical practitioner (EMP) in relation to the licence holder’s equipment/premises.

The treatment protocol sets out the necessary pre-treatment checks and tests, the manner in which the laser/IPLS is to be applied, the acceptable variations in the settings used, and when to abort a treatment.

The treatment protocol should be signed and dated by the EMP to confirm authorisation, should be reviewed annually and include a projected date for review.

A separate treatment protocol should be in place for each laser/IPLS in use at the licensed premises.

The treatment protocol must include the following:

- name and technical specifications of the equipment
- contraindications
- treatment technique – general
- treatment technique – hair reduction
- client consent prior to treatment
- cleanliness and infection control
- pre-treatment tests
- post-treatment care
- recognition of treatment-related problems
- emergency procedures
- permitted variation on machine variables
- procedure in the event of equipment failure

ANNEX 2

CONTENT OF LASER/IPLS LOCAL RULES DOCUMENT

1) Potential Hazards

List all types of hazards including fire, skin and eye injuries, electrical etc.
2) **Device Description**
   Description of all devices including output, serial numbers etc.

3) **Treatment Protocol**
   Reference to separate document produced by the Expert Medical Practitioner.

4) **Written Procedures**
   Supported by reference to user manual/training manual etc.

5) **Adverse Incident Procedure**
   a) Details of actions that shall be taken in cases of emergency eg. eye exposure
   b) Name, address and telephone no of local accident and emergency department.
   c) Any incidents must also be reported to Croydon Council, list of their contact details,

6) **Emergency Shutdown Procedure**
   Instructions as set down in manufacturers manual or treatment protocol.

7) **Register of Authorised Users**
   Details of trained personnel with signed declarations of individuals.

8) **Laser Protection Advisor**
   Contact details of the LPA

9) **Laser Protection Supervisor**
   a) One Authorised User shall be nominated Laser Protection Supervisor to ensure that
      the register is maintained and the local rules are adhered to
   b) Name of the laser protection supervisor

10) **Record of laser use**
    A register shall be kept which will separately record the following information every time
    the IPL is operated
    The name and date of birth of the person treated
    • date of treatment
    • the operator
    • the treatment given
    • any accident or adverse effects.

11) **Laser/IPL Operator Training**
    a) All laser/IPL ‘authorised users’ shall hold the Core of Knowledge Training Certificate
       together with specific training on the use of onsite equipment provided by the
       supplier of the Laser/IPLS.
b) Details of all training shall be recorded in the Register of Authorised Users or a separate Training Register.

12) Controlled Area designation and access

a) The room in which the laser/IPLS is used shall be designated a ‘Controlled Area’ and the laser shall only be used in this area. Approved warning signs shall be fitted to the door i.e. ‘Controlled Area’, ‘Eye Protection’ etc.

b) A notice should be fixed to the laser/IPLS indicating that its use is subject to the Local rules.

13) Register of Authorised Users

A register shall be kept of personnel authorised to operate the equipment.

14) Safe Operation of device

a) No more than one laser/IPL shall be switched on during the client treatment.

b) When the laser/IPL is in operation the number of persons in the room shall be kept to a minimum.

c) The laser/IPL shall not be enabled to fire unless it is directed towards the treatment site or a beam stop.

d) The Authorised User shall be careful to avoid reflections of the beam from Instruments/equipment in close proximity to the beam path, matt/nonreflective surfaces etc. shall be provided.

e) Whenever the device is unattended by an Authorised User, the laser shall be switched off and the key withdrawn and placed in safe custody by the Authorised User.

15) Operator responsibility

a) It is the responsibility of the equipment Authorised User to be aware of the nature of the hazard involved and to be familiar with the manufacturer’s operating instructions.

b) During the operation of the laser (or IPL) the Authorised User is responsible for the safety of all person’s present, including the client and themselves.

16) Protective eyewear

Protective eyewear shall be provided and clearly marked for the laser. It is important that the correct goggles are used e.g. the use of a coloured sticker or other identifier on the goggles matches a similar identifier on the laser of IPL. The Authorised User shall instruct all personnel in the Controlled Area to wear goggles suitable for the laser being used.

17) Application of local rules

a) The laser shall only be used in accordance with these local rules.
b) Authorised Persons shall sign statements that they have read and understood these local rules.

c) The local rules shall be kept in the treatment room/s at all times.
TATTOOING AND MICRO PIGMENTATION

DEFINITIONS

Tattooing

Is the process of permanently marking the skin by inserting ink into the lower layers of the skin with a needle. Micro-pigmentation or semi-permanent make up and microblading are a form of tattooing and therefore are covered by these conditions.

1. AGE RESTRICTIONS

1.1. The Tattooing of Minors Act 1969 prohibits the tattooing of anyone in Great Britain under the age of 18 years.

2. Challenge 25 Policy

2.1. Any person wishing to receive a licensable treatment will need to provide proof of their age if they look under 25.

2.2. Licencees must advertise this policy so that all clients are made aware that they may be challenged about their age if they look under 25.

2.3. Acceptable forms of ID are a photo driving licence, passport or the PASS hologram proof of age card.

2.4. Where a challenge is made, it must be recorded and proof of age also noted on the client record card.

3. CLIENT CONSULTATION

3.1. A full client consultation must be carried out at the time of a first visit and prior to any treatment. This must include a thorough medical history in relation to the treatment being requested and full explanation of any possible contra-indications.

3.2. Where any medical conditions exist the client must confirm to the therapist that they have taken advice from their GP regarding the treatment before any treatment can be commenced.

4. VISUAL ASSESSMENT

4.1. An assessment of the condition of the area to be tattooed must be carried out prior to commencing treatment. Where necessary notes/diagrams should be made regarding conditions, areas not to be treated.

4.2. Tattooing must not be carried out on or within 10cms of an infected area of
skin, a rash, cut or other wound.

5. RECORD KEEPING

5.1. Records must be kept for every client (including walk-ins/one offs). The records must include details of medical history checks and steps taken to verify the age of the client including their date of birth and the type of identification provided (where appropriate). This record must be signed by the client as a declaration of agreement to proceeding with the treatment having been explained and understanding any associated risks.

6. PERSONAL HYGIENE

6.1. Persons carrying out treatments must ensure that:-

- their hands are kept clean and washed immediately prior to carrying out a treatment,
- they maintain a high degree of personal cleanliness and wear suitable, clean and appropriate protective clothing,
- they do not smoke or consume food or drink during the course of a treatment.

6.2. Persons shall not administer treatments whilst afflicted by either a known or suspected ailment or being a carrier of a disease likely to be transmitted during treatment.

6.3. Persons carrying out treatments shall ensure that any open sores, cuts, boils, broken skin or other open wounds are effectively covered with waterproof impermeable dressings. If such cuts are on the hands gloves shall be worn over the waterproof dressings.

7. PROTECTIVE CLOTHING

7.1. All staff must wear clean clothing when tattooing. If clothing becomes soiled it must be changed prior to next client.

7.2. Tattooists must wear disposable single use vinyl or non-latex gloves whilst carrying out the treatment. The integrity of the gloves must be checked throughout the treatment. New gloves must be used for each client and/or if there is a break in the treatment and non-sterile equipment is touched.

8. EQUIPMENT

8.1. Needles, pigment caps, stencils, razors and wooden spatulas are single use only and shall be disposed of as hazardous waste after use.

9. CLEANING AND STERILISATION

9.1. In addition to the General Licence Conditions for all special treatment premises:-

9.1.1. All surfaces that come into contact with staff equipment or clients must be
disinfected daily.

9.1.2. All needles/razors and pigment caps must be single use and disposable.

9.1.3. Any surfaces used during treatments must be disinfected prior to use.

9.1.4. Any treatment chair/ couches must be disinfected after each client.

9.1.5. Tattoo motors and clip cords shall be covered with clear plastic during a tattoo and changed between clients

9.1.6. Elastic bands used on the motors shall be changed between clients

9.1.7. Any equipment that has been contaminated with blood however small must be cleaned and sterilized or safely disposed of.

9.1.8. Procedures for the decontamination, disinfection and sterilisation of equipment shall be provided at the premises where necessary.

9.2. Glass bead sterilisers; UV light boxes; hot air ovens and water boilers must not be used for sterilisation purposes.

9.3. Autoclaves must be used for sterilization of reusable equipment such as grips. This must be strictly in accordance with manufacturers instruction and with the current version of Medical Devices Agency MDA DB2002 (6) MDA DB9804. Checking and maintenance must be carried out in accordance with HTM 2010.

9.4. Where chemicals are used to achieve sterilisation the licencee is responsible for having documented evidence that the chemical used is fit for purpose and is used accordance with the manufacturer’s instructions.

9.5. Equipment and furniture must be cleaned, disinfected and/or sterilised to an appropriate level depending upon their use. For clarification definitions of cleaning, disinfection and sterilisation are provided below:-

   Cleaning- Cleaning is a process that removes foreign material (e.g. soil, organic material, micro-organisms) from an object. Detergents such as washing up liquid and multi-purpose cleaners are commonly used for cleaning.

   Disinfection- Disinfection is a process that reduces the number of pathogenic microorganisms, but not necessarily bacterial spores, from inanimate objects or skin, to a level which is not harmful to health. Commonly used disinfectants include chlorine bleach and products labelled as anti-bacterial.

   Sterilisation- Sterilisation is a process that destroys all microorganisms including bacterial spores. The only way body art practitioners can achieve
this is via steam sterilisation i.e. use of an autoclave. Pressure cookers are not suitable for body art instrument sterilisation as they cannot automatically monitor the sterilisation process to ensure that all parameters are met. Baby bottle steam sterilisers do not reach sufficient temperatures and therefore are not suitable for body art instrument sterilisation. Bench-top sterilisers or transportable sterilisers must conform to the standard BS EN 13060.

10. BLOOD/ BODILY FLUID SPILLAGE

10.1. There must be a written procedure for dealing with blood spillages.

10.2. All staff must be made aware of the procedure. The procedure must be available onsite at all times for audit by an authorised Officer.

10.3. A spillage kit must be available for cleaning up blood or other bodily fluids. The kit must include:

   a) Bucket with a tight fitting lid.
   b) 'Non-sterile', unpowdered latex gloves or vinyl gloves.
   c) Disposable plastic aprons.
   d) Disposable paper towels.
   e) Disposable cloths.
   f) Clinical waste bag.
   g) Small container of general-purpose detergent.
   h) Hypochlorite solution (e.g. Household bleach or Milton) or Sodium Dichloroisocyanurate compound (NaDCC) (e.g. Presept, Sanichlor) – to comply with COSHH 1988. Note that this compound must be stored in a lockable cupboard.
   i) Absorbent powder/granules e.g. Vernagel (absorbent crystals) to soak up the liquid content of the spillage. Alternatively, disposable paper towels can be used to soak up excess fluid.

11. SHARPS INJURY

11.1. There must be a written procedure for dealing with needle/ sharps injuries.

11.2. All staff must be made aware of the procedure. The procedure must be available onsite at all times for audit by an Authorised Officer.

12. USE OF ANAESTHETICS

12.1. Only tattooists who have successfully completed an appropriate course on use of topical anaesthetics are permitted to use them. Evidence of qualification must be available onsite. The use of anaesthetic injections is prohibited.

13. TATTOO ARTISTS
13.1. Tattoo artists must have undergone an apprenticeship (at least 2 years) with an experienced tattooist. Until such time as an externally verified tattooing qualification is offered, all tattooists will be required to demonstrate knowledge of infection control to the satisfaction of the Authorised Officer.

13.2. Only persons listed on premises licence are permitted to carry out tattooing or micro pigmentation.

14. AFTERCARE

14.1. Appropriate aftercare advice must be provided following each treatment. This must include information on actions to take if any adverse conditions occur. Where possible this should be given orally and in written form for the client to take away.

15. CIEH TOOLKIT

15.1. The Chartered Institute of Environmental Health in conjunction with Public Health England and the Tattoo and Piercing Industry Union have issued a Toolkit detailing safe practice with regard to hygienically undertaking tattoos and skin piercing. Practitioners must adhere to the requirements and recommendation contained within this document. The document can be accessed via the CIEH webpage at http://www.cieh.org/policy/Tattooing_and_body_piercing_guidance_toolkit.html

NOTES

Hepatitis B Vaccinations
There are no vaccines for Hepatitis C or HIV therefore robust infection control practices must be in place at all times. However, it is also strongly recommended that all tattooists receive a full course of Hepatitis B vaccine.
COSMETIC PIERCING (inc. EAR/NOSE PIERCING WITHOUT GUN)

DEFINITIONS

Body Piercing
Body piercing is when a hole is made in the skin and a piece of ‘jewellery’ is placed within the hole.

Beading
Steel beads or similar objects are inserted under the skin to mould or shape the skin.

Microdermal Anchors (single point piercing)
Single point piercings carried out with ordinary piercing needle that places a post under the skin which a variety of accessories can be screwed into.

1. AGE

1.1. Clients must be over the age of 18 for all types of body piercing other than ear, nose, lip (labaret), eyebrow or navel.

1.2. Anyone under the age of 16 who wants ear, nose, lip, eyebrow or navel piercing must be accompanied by a parent or guardian who must sign the appropriate consent forms. The consent form must include full name, address, contact number and relationship to person receiving piercing.

2. Challenge 25 Policy

2.1. Any person wishing to receive a licensable treatment will need to provide proof of their age if they look under 25.

2.2. Licencees must advertise this policy so that all clients are made aware that they may be challenged about their age if they look under 25.

2.3. Acceptable forms of ID are a photo driving licence, passport or the PASS hologram proof of age card.

2.4. Where a challenge is made, it must be recorded and proof of age also noted on the client record card.

3. CLIENT CONSULTATION

3.1. A full client consultation must be carried out at the time of a first visit and prior to any treatment. This must include a thorough medical history in relation to the treatment being requested and full explanation of any possible contra-indications.

3.2. Where any medical conditions exist the client must confirm to the therapist...
that they have taken advice from their GP regarding the treatment before any treatment can be commenced.

4. VISUAL ASSESSMENT

4.1. An assessment of the condition of the area to be pierced must be carried out prior to commencing treatment. Where necessary notes/diagrams should be made regarding conditions, areas not to be treated.

4.2. Piercing must not be carried out on or within 10cms of an infected area of skin, a rash, cut or other wound.

5. RECORD KEEPING

5.1. Records must be kept for every client (including walk-ins/one offs). The records must include details of medical history checks and steps taken to verify the age of the client including their date of birth and the type of identification provided (where appropriate). This record must be signed by either the client/parent/guardian (as appropriate) as a declaration of agreement to proceeding with the treatment having been explained and understanding any associated risks.

6. PERSONAL HYGIENE

6.1. Persons carrying out treatments must ensure that:

- their hands are kept clean and washed immediately prior to carrying out a treatment,
- they maintain a high degree of personal cleanliness and wear suitable, clean and appropriate protective clothing,
- they do not smoke or consume food or drink during the course of a treatment.

6.2. Persons shall not administer treatments whilst afflicted by either a known or suspected ailment or being a carrier of a disease likely to be transmitted during treatment.

6.3. Persons carrying out treatments shall ensure that any open sores, cuts, boils, broken skin or other open wounds are effectively covered with waterproof impermeable dressings. If such cuts are on the hands gloves shall be worn over the waterproof dressings.

7. PROTECTIVE CLOTHING

7.1. All staff must wear clean clothing when piercing. If clothing becomes soiled it must be changed prior to next client.

7.2. Piercers must wear disposable single use vinyl or non-latex gloves whilst carrying out the treatment. The integrity of the gloves must be checked throughout the treatment. New gloves must be used for each client and/or if there is a break in the treatment and non-sterile equipment is touched.
8. CLEANING AND STERILISATION

8.1. In addition to the General Licence Conditions for all special treatment premises:-

8.2. All surfaces that come into contact with staff equipment or clients must be disinfected daily.

8.3. All needles must be single use and disposable.

8.4. Any surfaces used during treatments must be disinfected prior to use.

8.5. Any treatment chair/ couches must be disinfected after each client.

8.6. Any equipment that has been contaminated with blood however small must be cleaned and sterilized or safely disposed of.

8.7. Procedures for the decontamination, disinfection and sterilisation of equipment shall be provided at the premises.

8.8. Glass bead sterilisers; UV light boxes; hot air ovens and water boilers must not be used for sterilisation purposes.

8.9. Where chemicals are used to achieve sterilisation the licencee is responsible for having documented evidence that the chemical used is fit for purpose and is used accordance with the manufacturer’s instructions.

8.10. Equipment and furniture must be cleaned, disinfected and/or sterilised to an appropriate level depending upon their use. For clarification definitions of cleaning, disinfection and sterilisation are provided below:-

Cleaning - Cleaning is a process that removes foreign material (e.g. soil, organic material, micro-organisms) from an object. Detergents such as washing up liquid and multi-purpose cleaners are commonly used for cleaning.

Disinfection - Disinfection is a process that reduces the number of pathogenic microorganisms, but not necessarily bacterial spores, from inanimate objects or skin, to a level which is not harmful to health. Commonly used disinfectants include chlorine bleach and products labelled as anti-bacterial.

Sterilisation - Sterilisation is a process that destroys all microorganisms including bacterial spores. The only way body art practitioners can achieve this is via steam sterilisation i.e. use of an autoclave. Pressure cookers are not suitable for body art instrument sterilisation as they cannot automatically monitor the sterilisation process to ensure that all parameters are met. Baby bottle steam sterilisers do not reach sufficient temperatures and therefore are not suitable for body art instrument sterilization. Bench-
top sterilisers or transportable sterilisers must conform to the standard BS EN 13060.

9. BLOOD/BODILY FLUID SPILLAGE

9.1. There must be a written procedure for dealing with blood spillages.

9.2. A spillage kit must be available for cleaning up blood or other bodily fluids. The kit must include;

j) Bucket with a tight fitting lid.
k) ‘Non-sterile’, unpowdered latex gloves or vinyl gloves.
l) Disposable plastic aprons.
m) Disposable paper towels.
n) Disposable cloths.
o) Clinical waste bag.
p) Small container of general-purpose detergent.
q) Hypochlorite solution (e.g. Household bleach or Milton) or Sodium Dichloroisocyanurate compound (NaDCC) (e.g. Presept, Sanichlor) – to comply with COSHH 1988. Note that this compound must be stored in a lockable cupboard.
r) Absorbent powder/granules e.g. Vernagel (absorbent crystals) to soak up the liquid content of the spillage. Alternatively, disposable paper towels can be used to soak up excess fluid.

10. SHARPS INJURY

10.1. There must be a written procedure for dealing with needle/sharps injuries.

10.2. All staff must be made aware of the procedure. The procedure must be available onsite at all times for audit by Authorised Officer.

11. USE OF ANAESTHETICS

11.1. Only operators who have successfully completed an appropriate course on use of topical anaesthetics will be permitted to use them. Evidence of the qualification must be available onsite. The use of anaesthetic injections is prohibited.

12. PIERCERS

12.1. Only suitably qualified persons shall carry out piercing. Until such time as an externally verified body piercing qualification is offered, all piercers will be required to demonstrate knowledge of infection control to the satisfaction of the Authorised Officer.

12.2. Only persons listed on premises licence are permitted to carry out piercings.

13. AFTERCARE
13.1. Appropriate aftercare advice must be provided following each treatment. This must include information on actions to take if any adverse conditions occur. Where possible this should be given orally and in written form for the client to take away.

14. JEWELLERY

14.1. All jewellery which may come into contact with broken skin or mucosa membranes must be sterile.

14.2. All jewellery must be of a suitable grade e.g. surgical stainless steel, solid 14K or 18K gold, niobium, titanium, platinum, or dense low porosity plastic. This is to minimise the risk of allergic reaction, harbouring of bacteria or adhesion to newly formed skin. Grade 316 stainless steel does not comply with the Dangerous Substances and Preparations (Nickel) (Safety) Regulations 2000) and is not to be used.

14.3. CIEH TOOLKIT

14.4. The Chartered Institute of Environmental Health in conjunction with Public Health England and the Tattoo and Piercing Industry Union have issued a Toolkit detailing safe practice with regard to hygienically undertaking tattoos and skin piercing. Practitioners must adhere to the requirements and recommendation contained within this document. The document can be accessed via the CIEH webpage at http://www.cieh.org/policy/Tattooing_and_body_piercing_guidance_toolkit.html

NOTES

Hepatitis B Vaccinations
There are no vaccines for Hepatitis C or HIV. Therefore, robust infection control practices must be in place at all times. However, it is also strongly recommended that all body piercers receive a full course of Hepatitis B vaccine.
EAR/NOSE PIERCING (WITH GUN) DEFINITIONS

Ear piercing
For the purposes of these conditions ear piercing refers to lower ear lobe piercing, upper ear cartilage piercing.

Nose piercing
Refers to the piercing of the nasal cavity walls only.

Nose piercing gun
Refers to a device, whether single use or reusable, specifically designed for the purpose and is capable of piercing the nasal cavity wall with the nose stud without the need for a clasp/butterfly clip. Ear piercing guns must not be used.

Ear piercing gun
Refers to a device, whether single use or reusable, designed specifically for piercing ears.

15. AGE

15.1. Clients must be over the age of 16 for ear or nose piercings.

15.2. Anyone under the age of 16 who wants ear or nose piercing must be accompanied by a parent or guardian who must sign the appropriate consent forms. The consent form must include full name, address, contact number and relationship to person receiving piercing.

16. Challenge 25 Policy

16.1. Any person wishing to receive a licensable treatment will need to provide proof of their age if they look under 25.

16.2. Licencees must advertise this policy so that all clients are made aware that they may be challenged about their age if they look under 25.

16.3. Acceptable forms of ID are a photo driving licence, passport or the PASS hologram proof of age card.

16.4. Where a challenge is made, it must be recorded and proof of age also noted on the client record card.

17. CLIENT CONSULTATION
17.1. A full client consultation must be carried out at the time of a first visit and prior to any treatment. This must include a thorough medical history in relation to the treatment being requested and full explanation of any possible contra-indications.

17.2. Where any medical conditions exist the client must confirm to the therapist that they have taken advice from their GP regarding the treatment before any treatment can be commenced.

18. VISUAL ASSESSMENT

18.1. An assessment of the condition of the area to be pierced must be carried out prior to commencing treatment. Where necessary notes/diagrams should be made regarding conditions, areas not to be treated.

18.2. Piercing must not be carried out on or within 10cms of an infected area of skin, a rash, cut or other wound.

19. RECORD KEEPING

19.1. Records must be kept for every client (including walk-ins/one offs). The records must include details of medical history checks and steps taken to verify the age of the client including their date of birth and the type of identification provided (where appropriate). This record must be signed by either the client/parent/guardian (as appropriate) as a declaration of agreement to proceeding with the treatment having been explained and understanding any associated risks.

20. PERSONAL HYGIENE

20.1. Persons carrying out treatments must ensure that:-

- their hands are kept clean and washed immediately prior to carrying out a treatment,
- they maintain a high degree of personal cleanliness and wear suitable, clean and appropriate protective clothing,
- they do not smoke or consume food or drink during the course of a treatment.

20.2. Persons shall not administer treatments whilst afflicted by either a known or suspected ailment or being a carrier of a disease likely to be transmitted during treatment.

20.3. Persons carrying out treatments shall ensure that any open sores, cuts, boils, broken skin or other open wounds are effectively covered with waterproof impermeable dressings. If such cuts are on the hands gloves shall be worn over the waterproof dressings.

21. PROTECTIVE CLOTHING
21.1. All staff must wear clean clothing when piercing. If clothing becomes soiled it must be changed prior to next client.

21.2. Piercers must wear disposable single use vinyl or non-latex gloves whilst carrying out the treatment. The integrity of the gloves must be checked throughout the treatment. New gloves must be used for each client and/or if there is a break in the treatment and non-sterile equipment is touched.

22. Infection control

22.1. All piercers must wear disposable gloves and they should be disposed of after each client.

22.2. All work surfaces must be cleaned and disinfected after each client.

22.3. The client’s skin must be cleaned prior to piercing using a solution containing alcohol or wipes.

22.4. Only pre-sterilised single use studs from undamaged packaging may be used.

22.5. Studs must be opened immediately prior to use in front of the client.

22.6. There must be a written procedure for dealing with blood spillages. All staff must be made aware of this procedure.

23. SHARPS INJURY

23.1. There must be a written procedure for dealing with needle/sharps injuries.

23.2. All staff must be made aware of the procedure. The procedure must be available onsite at all times for audit by Authorised Officer.

24. USE OF ANAESTHETICS

24.1. Only operators who have successfully completed an appropriate course on use of topical anaesthetics will be permitted to use them. Evidence of the qualification must be available onsite. The use of anaesthetic injections is prohibited.

25. PIERCERS

25.1. Only suitably qualified persons shall carry out piercing. Until such time as an externally verified body piercing qualification is offered, all piercers will be required to demonstrate knowledge of infection control to the satisfaction of the Authorised Officer.

25.2. Only persons listed on premises licence are permitted to carry out piercings.

26. AFTERCARE
26.1. Appropriate aftercare advice must be provided following each treatment. This must include information on actions to take if any adverse conditions occur. Where possible this should be given orally and in written form for the client to take away.

27. JEWELLERY

27.1. All jewellery which may come into contact with broken skin or mucosa membranes must be sterile.

27.2. All jewellery must be of a suitable grade e.g. surgical stainless steel, solid 14K or 18K gold, niobium, titanium, platinum, or dense low porosity plastic. This is to minimise the risk of allergic reaction, harbouring of bacteria or adhesion to newly formed skin. Grade 316 stainless steel does not comply with the Dangerous Substances and Preparations (Nickel) (Safety) Regulations 2000) and is not to be used.

27.3. CIEH TOOLKIT

27.4. The Chartered Institute of Environmental Health in conjunction with Public Health England and the Tattoo and Piercing Industry Union have issued a Toolkit detailing safe practice with regard to hygienically undertaking tattoos and skin piercing. Practitioners must adhere to the requirements and recommendation contained within this document. The document can be accessed via the CIEH webpage at http://www.cieh.org/policy/Tattooing_and_body_piercing_guidance_toolkit.html

NOTES

Hepatitis B Vaccinations
There are no vaccines for Hepatitis C or HIV. Therefore, robust infection control practices must be in place at all times. However, it is also strongly recommended that all body piercers receive a full course of Hepatitis B vaccine.
TANNING/ UV LIGHT TREATMENTS

DEFINITIONS

Ultra Violet Light

Defined as 3 different wavelengths of ultraviolet radiation. UVA, UVB and UVC. UVC waves should not be present in sun tanning equipment.

Sun Tanning Equipment

The use of ultraviolet light emitted from tubes to reproduce the effect of ultraviolet radiation from the sun on the skin to tan the skin. Includes sun beds and upright tanning booths, face and leg tanning equipment.

Tanning accelerants or amplifiers

Defined as any cream, lotion or other substance that increases or purports to increase the amount of UV light absorbed by the production of melanin within the skin.

Remote Facilities

All facilities shall be considered to be remotely operated where the therapist is out of audible range of the treatment room and the client would be unable to summon help.

1. AGE RESTRICTIONS

1.1. Anyone under the age of 18 is prohibited from using tanning equipment. If there is any doubt concerning age photographic ID shall be requested.

1.2. Where a challenge is made, it must be recorded and proof age also noted on the client record card.

2. CLIENT CONSULTATION

2.1. A full client consultation must be carried out at the time of a first visit and prior to any treatment. This must include a thorough medical history in relation to the treatment being requested and full explanation of any possible contra-indications.

2.2. Where any medical conditions exist the client must confirm to the therapist that they have taken advice from their GP regarding the treatment before any treatment can be commenced. This must be recorded on the consultation card.
3. RECORD KEEPING

3.1. Records must be kept for every client (including walk-ins/one offs). The records must include details of medical history checks and steps taken to verify the age of the client including their date of birth and the type of identification provided (where appropriate). This record must be signed by the client as a declaration of agreement to proceeding with the treatment having been explained and understanding any associated risks. In addition the following records must also be kept:-

3.1.1 A consultation card must be completed prior to first use and any contraindications identified. Clients whose skin is prone to UV damage (Skin Type 1) should not be permitted to use tanning equipment.

3.1.2 Client consultation cards must be kept detailing each and every sunbed session including duration of session. Such cards must be kept for all clients including one off walk-ins.

3.1.3 Consultation records must be held at the premises for a period of two years and be available for inspection by an Authorised Officer.

3.1.4 Records must be kept of the hours of use of each machine and these records shall show any maintenance and details of when tubes are replaced.

3.1.5 The Health and Safety Executive (HSE) recommend a maximum of 20 ultra violet tanning sessions per year, clients shall be advised when they have reached this number and made aware of this recommendation. If the client still wishes to continue with further exposure then their written consent shall be recorded on their client record card.

4. INFECTION CONTROL

4.1. The surface of the sunbed must be disinfected after each use in accordance with manufacturer’s instructions and with cleaning materials specified by the manufacturer.

4.2. All goggles must be disinfected between clients or single use disposable goggles must be provided.

5. OPERATIONAL PROCEDURES

5.1. The Licence Holder must ensure compliance with the Sunbeds (Regulations) Act 2010.

5.2. Adequate Ventilation must be provided to treatment rooms and cubicles.

5.3. Private shower, sink facilities or suitable wet wipes must be available to allow
the client to remove any skin creams and make-up. The operator must advise the client on the importance of removing creams and make up.

5.4. An automatic timer must be fitted to the equipment so that the user is unable to increase the time spent using the tanning equipment.

5.5. An emergency device must be fitted within easy reach of a person using the equipment. This device will switch off the Ultra Violet lamps and audibly summon assistance.

5.6. Suitable goggles or equivalent for the protection of the eyes of users of the equipment must be provided.

5.7. Fans must be adequately guarded.

5.8. The Health and Safety Executive ‘UV Tanning Equipment’ notice providing clear and accurate information on the health risks from exposure to Ultra Violet light must be clearly displayed near each sunbed.

6. TUBES AND TUBE REPLACEMENT

6.1. The maximum permissible output for all UV tubes must not exceed 0.3w/m2.

6.2. Tubes must be replaced at intervals recommended by the manufacturer, together with the Ultra Violet transmitting plastic sheet if fitted.

6.3. Replacement tubes shall be compatible with those supplied by the manufacturer.

6.4. All tubes in a bed or cabinet must be replaced at the same time.

6.5. Tanning times must be suitably adjusted when new tubes have been installed.

7. TANNING ACCELERATORS

7.1. Licence holder must hold product information for any tanning accelerators they sell. Tanning accelerators must comply with the Cosmetic Products (Safety) Regulations 1996.

7.2. The sale/supply of tanning injections is prohibited.

8. TANNING OPERATORS

8.1. At least one person must be available onsite at all times who, as a minimum, has specific training on the type of tanning equipment used at the premises or is a member of the Sun Bed Association and has receipt of their training package. This person(s) must carry out the initial client consultation, complete records as prescribed in parts 2 and 3 and supervise all tanning transactions to ensure that these terms and conditions are adhered to.

8.2. Any person(s) who may perform the role described in 9(a) must be listed on the premises licence.
9. AFTERCARE ADVICE

9.1. Appropriate aftercare advice must be provided following each treatment. This must include information on actions to take if any adverse conditions occur. Where possible this should be given orally and in written form for the client to take away.
Appendix F

Nail Treatments

Definition

Nail Treatments are defined as any of the following: Manicure, Pedicure, Nail Extensions or Artificial Nails of any kind, or any other treatments involving cutting, or abrading of the nails, nail cuticle, or the skin around the nails of either the hand or the feet. Nail extension treatments shall include any treatment that involves extending the length of the natural nail with any materials, and repair and/or upkeep of nail extensions. Nail Treatments do not include any form of Chiropody carried out by a State Registered Chiropodist.

1. Training

1.1 All therapists offering treatments shall be qualified at the current National Occupational Standard issued by one of the OFQUAL/CQF recognised awarding bodies. Copies of qualifications shall be available for inspection at the premises.

2. Records

2.1 Written records containing name, address, telephone number, date of treatments and operatives name shall be kept for each client. These shall be kept for a period of at least 2 years and be available for inspection by an authorised officer.

2.2 The condition of the client’s nails shall be examined prior to any treatment for signs of any contraindications. These shall be noted on the client’s record card.

2.3 Treatment shall be refused if there is any presence or suspicion of any infection etc.

3. Chemical usage

3.1 All substances used in treatments shall be kept in adequately labelled containers. The label must state the name of the chemical/substance stored in the container.

3.2 Any products containing Methyl Methacrylate (also known as MMA or Methacrylic Acid) shall not be kept on the premises or used in any nail treatments.

3.3 Chemical data sheets shall be obtained for all chemicals used in treatments. A copy of the data sheets shall be retained at the premises for information purposes. All special instructions for storage and use for any chemicals must be complied with.

4. Electric Nail Drills/files
4.1 The use of nail drills on a person's own natural nail is prohibited.

4.2 Nail drills shall only be used to file away an artificial nail surface. Nail drills shall not be used to file the area where a natural nail is joined to an artificial nail.

4.3 Where nail drills are used, only persons who have received specific training in their use and who are competent in their use shall use them. Evidence of such training must be made available to the Council's licensing department.

5. Cleaning

5.1 All equipment that is used in treatments shall be scrub-cleaned with detergent and water, and dried using clean disposable paper towels between each treatment. Any equipment that cannot be cleaned in this way shall be single use and disposable.

5.2 All reusable equipment shall undergo a suitable and sufficient disinfection process.

5.3 All 'clean' items shall be stored in a clean, sealable container until use.

5.4 All surfaces used during treatments shall be cleaned with a suitable disinfectant between each client.

6. Ventilation

6.1 Where nail extension treatments are carried out, suitable air filtering and extraction must be provided at desk-top level to remove dust and chemicals from the air. Air extraction must be in a downwards direction, away from the area where the treatments are carried out.

6.2 Suitable dust and chemical filters must be in place within the filter system. These shall be changed at suitable intervals as recommended by the manufacturer.

6.3 All air filtering/extraction equipment shall be maintained in good working order in accordance with manufacturer's instructions.
SAUNA/ STEAM ROOM/ SPA POOLS/ BATHS

DEFINITIONS

Spa Pool and Jacuzzi
A Spa Pool/Jacuzzi is defined as a pool full of warm water at approximately body temperature, designed for sitting in rather than swimming. It has jets of water, or air bubbles or combination of both to provide a warm water massage.

Sauna
Saunas consist of an insulated enclosure usually made of wood, together with heat generating equipment usually in the form of a heat-generating stove. Benches are provided within the sauna enclosure. Saunas provide a dry heat and the temperature may range from 85°C to 100°C for up to a 10 minute treatment.

Steam room/bath
These consist of an enclosure made of an impervious material and steam generating equipment. They are designed to operate at temperatures of up to 50°C regulated by a thermostat with relative humidity of 80 to 100%. They produce a wet humid heat and are intended for indoor use. The treatment usually lasting 6 – 12 minutes.

Detox Box
Provides gentle and deep penetrating heat to the body to induce a high volume of sweat.

Floatation Tank
Enclosed tank with water at body temperature and high conc. of Epsom Salts.

Foot Detox
Feet or body submerged into spa or bathtub fitted with electrodes. No treatment to feet.

Hydrotherapy
Water therapy which may include submersion in a bath. Uses fresh water.

Thalassatherapy
Water therapy which may include submersion in a bath. Uses sea/salt water.

1. AGE RESTRICTIONS

1.1. Treatments/ usage restricted to clients over the age of 16.

1.2. Persons of 13yrs+ can use sauna/steam room or spa pools if accompanied by a parent or guardian.

2. CLIENT CONSULTATION

2.1. A full client consultation must be carried out at the time of a first visit and prior
to any treatment. This must include a thorough medical history in relation to the
treatment being requested and full explanation of any possible contra-
indications.

2.2. Where any medical conditions exist the client must confirm to the therapist that
they have taken advice from their GP regarding the treatment before any
treatment can be commenced.

2.3. Where it is impractical for a consultation to be carried out i.e. use of sauna at
hotel etc. then adequate health information must be displayed by equipment.
Information must cover health conditions that increase the risk of adverse
reactions when using sauna, steam room, spa etc.

3. RECORD KEEPING

3.1. Daily, weekly, monthly and periodical cleaning and maintenance check
records must be available for inspection by an authorised officer.

3.2. Maintenance and electrical safety records must be available for inspection
by an authorised officer.

3.3. There must be a written procedure detailing the action to be taken in the
event that the alarm mechanism is used. All relevant personnel must be
familiar with the procedure.

4. SPA POOLS/JACUZZI/ BATH

4.1. All operators must refer to the Health and Safety Executive Approved Code of
Practice and Guidance L8, “The Control of Legionella Bacteria in Water
Systems”.

4.2. Records must be available for inspection by an authorized officer of the free
chlorine levels and the pH levels of the spa.

4.3. The Licence Holder(s) must be able to demonstrate that the microbiological
quality of the spa pool water complies with the PHLS 1994 guidance on
Hygiene for Spa Pools.

4.4. The Licence Holder(s) must have a written procedure that must be followed in
the event of an unsatisfactory microbiological result or other health concerns
associated with use of the pool.

4.5. There must be a non-verbal alarm system in the vicinity linked to a manned
reception area for summoning help when users are left unattended. The alarm
should continue to sound until it is manually switched to the ‘off’ position in
order to silence it. The user must be made aware of the alert mechanism and
how to use it.

4.6. All equipment shall be of sound mechanical construction and regularly
maintained. Records of maintenance should be held for inspection by
authorised officers
4.7. The Licence Holder(s) shall have a written procedure detailing steps taken to ensure the maximum bather load for the facility is not exceeded.

4.8. A notice providing information on the use of the spa pool must be clearly displayed near each unit.

4.9. A rest area for users must be provided.

4.10. The spa pool must be emptied and refilled at regular intervals in accordance with the manufacturer’s guidance and usage but in any event at least every week.

4.11. The water circulation system must be run for a minimum of 3 hours/day and preferably continuously.

4.12. Water jets must be operated for a minimum of 1 hour/day.

4.13. The pool must be drained and refilled if left unused for 5 days or more.

5. SAUNA

5.1. Must have a glazed panel to allow safe access and egress by clients and supervising staff.

5.2. A thermometer shall be provided indicating the temperature inside the sauna.

5.3. A non-verbal emergency assistance device shall be provided on or adjacent to the sauna. Saunas installed after January 2017 must have a non-verbal alarm linked to a manned reception area. The alarm should continue to sound until it is manually switched to the ‘off’ position in order to silence it. The user must be made aware of the alert mechanism and how to use it.

5.4. A clock or other time keeping device shall be visible to users, from inside the sauna.

5.5. The temperature control device shall not be accessible to users of the sauna.

5.6. The hot coals in the sauna shall be protected by a guard rail or barrier.

5.7. Shower facilities shall be provided close to the sauna.

5.8. A supply of fresh drinking water shall be available close to the sauna.

5.9. A notice providing accurate information on the safe use of the sauna must be clearly displayed near the unit.

5.10. Clients must wear bathing costume/shorts in the sauna.

5.11. No eating, drinking or shaving permitted in sauna.
6. STEAM ROOMS

6.1. The floor of the equipment must be impervious; laid to fall to promote drainage and easily cleaned. It should also be constructed of a non-slip material.

6.2. The operator must be aware of the temperature the unit is operating at. Ideally there should be a thermometer located inside the unit. If this is not fitted the temperature inside the unit must be checked regularly.

6.3. Temperature must not exceed 50°C.

6.4. Temperature control must remain under the control of the licence holder.

6.5. Must have a glazed panel to allow safe access and egress by clients and supervising staff.

6.6. The door must have an internal handle to allow the client to exit the room when required.

6.7. There must be a non-verbal alarm system that can be heard in manned areas for summoning help when users are left unattended. Steam rooms installed after January 2017 must have a non-verbal alarm linked to a manned reception area. The alarm should continue to sound until it is manually switched to the 'off' position in order to silence it. The user must be made aware of the alert mechanism and how to use it.

6.8. All equipment shall be of sound mechanical construction.

6.9. A clock or timer must be visible in order to monitor time elapsed in the steam room.

6.10. A notice providing accurate information on the safe use of the steam room must be clearly displayed near each unit.

6.11. Clients must be advised to sit on a towel in the steam room to reduce the risk of infection and burning.

6.12. The licensee shall provide a procedure whereby all steam rooms are checked on a half hourly basis for cleanliness and for state of health of the user e.g. signs of fainting.

6.13. Clients must wear a bathing costume/shorts in the steam room.

6.14. No eating, drinking or shaving permitted in steam room.

7. CLEANING/ INFECTION CONTROL

7.1. The sauna/steam room/baths must be cleaned and disinfected each day, in accordance with manufacturer’s instructions and with cleaning materials specified by the manufacturer.

8. OPERATORS
8.1. One person must be available onsite at all times who has had, as a minimum, specific manufacturer training for the equipment used within premises or equivalent training deemed suitable by an Authorised Officer of Council.