

**Supplementary Information on the Regulation of  
Medical Beauty Treatments/Procedures in Other Jurisdictions**

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**Food and Health Bureau  
November 2012**

## **Regulation of Beauty Services and Cosmetic Surgery in the United Kingdom**

### **Beauty Services**

- Under the Local Government Act 1982 of the United Kingdom, all practitioners who practice acupuncture, tattooing, cosmetic skin piercing, and hair electrolysis must register with health and local authorities.
- The UK Department of Health also produces guidance for cosmetic piercing and skin-colouring business with a view to increasing health protection and reducing the risk of transmission of blood borne virus infections such as HIV, hepatitis B and hepatitis C and other infections.

### **Cosmetic Surgery**

- Concerning the regulation of cosmetic surgery, for those invasive surgery e.g. breast augmentation, it could only be conducted by a registered medical practitioners with relevant qualifications.
- All botulinum toxins to be injected must be prescribed by a doctor and administered by a doctor (or a nurse under direction of a doctor). All laser procedures must be overseen by a doctor and conducted only by appropriately trained and qualified practitioners.
- Further, all independent clinics and hospitals in the UK that provide cosmetic surgery must be licensed with the Care Quality Commission.

- Enclosed documents for reference –
  - Part VIII of the Local Government Act 1982 (**Annex A**)
  - Chapter 26 Section 120 and Schedule 6 of the Local Government Act 2003 – Regulation of Cosmetic Piercing and Skin-Colouring Business (**Annex B**)
  - Registration under the Health and Social Care Act 2008 – The scope of regulation (relevant sections) (**Annex C**)

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*Changes to legislation: There are outstanding changes not yet made by the legislation.gov.uk editorial team to Local Government (Miscellaneous Provisions) Act 1982. Any changes that have already been made by the team appear in the content and are referenced with annotations. (See end of Document for details)*

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## Local Government (Miscellaneous Provisions) Act 1982

1982 CHAPTER 30

An Act to make amendments for England and Wales of provisions of that part of the law relating to local authorities or highways which is commonly amended by local Acts; to make provision for the control of sex establishments; to make further provision for the control of refreshment premises and for consultation between local authorities in England and Wales and fire authorities with regard to fire precautions for buildings and caravan sites; to repeal the Theatrical Employers Registration Acts 1925 and 1928; to make further provision as to the enforcement of section 8 of the Public Utilities Street Works Act 1950 and sections 171 and 174 of the Highways Act 1980; to make provision in connection with the computerisation of local land charges registers; to make further provision in connection with the acquisition of land and rights over land by boards constituted in pursuance of section 1 of the Town and Country Planning Act 1971 or reconstituted in pursuance of Schedule 17 to the Local Government Act 1972; to exclude from the definition of “construction or maintenance work” in section 20 of the Local Government, Planning and Land Act 1980 work undertaken by local authorities and development bodies pursuant to certain agreements with the Manpower Services Commission which specify the work to be undertaken and under which the Commission agrees to pay the whole or part of the cost of the work so specified; to define “year” for the purposes of Part III of the said Act of 1980; to amend section 140 of the Local Government Act 1972 and to provide for the insurance by local authorities of persons voluntarily assisting probation committees; to make provision for controlling nuisance and disturbance on educational premises; to amend section 137 of the Local Government Act 1972; to make further provision as to arrangements made by local authorities under the Employment and Training Act 1973; to extend the duration of certain powers to assist industry or employment conferred by local Acts; to make corrections and minor improvements in certain enactments relating to the local administration of health and planning functions; and for connected purposes.

[13th July 1982]

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**Annotations:**

**Modifications etc. (not altering text)**

- C9** S. 12 applied by Norfolk and Suffolk Broads Act 1988 (c. 4, SIF 81:1), ss. 6(9), 10, 23(2), 27(2), Sch. 5 para. 7(5)

**Marginal Citations**

- M8** 1936 c. 49.  
**M9** 1875 c. 55.  
**M10** 1972 c. 70.

## PART VIII

### ACUPUNCTURE, TATTOOING, EAR-PIERCING AND ELECTROLYSIS

#### 13 Application of Part VIII.

- (1) The provisions of this Part of this Act, except this section, shall come into force in accordance with the following provisions of this section.
- (2) A local authority may resolve that the provisions of this Part of this Act which are mentioned in paragraph (a), (b) or (c) of subsection (3) below are to apply to their area; and if a local authority do so resolve, the provisions specified in the resolution shall come into force in their area on the day specified in that behalf in the resolution (which must not be before the expiration of the period of one month beginning with the day on which the resolution is passed).
- (3) The provisions that may be specified in a resolution under subsection (2) above are—
  - (a) sections 14, 16 and 17 below; or
  - (b) sections 15 to 17 below; or
  - (c) sections 14 to 17 below.
- (4) A resolution which provides that section 15 below is to apply to the area of a local authority need not provide that it shall apply to all the descriptions of persons specified in subsection (1) of that section; and if such a resolution does not provide that section 15 below is to apply to persons of all of those descriptions, the reference in subsection (2) above to the coming into force of provisions specified in the resolution shall be construed, in its application to section 15 below, and to section 16 below so far as it has effect for the purposes of section 15 below, as a reference to the coming into force of those sections only in relation to persons of the description or descriptions specified in the resolution.
- (5) If a resolution provides for the coming into force of section 15 below in relation to persons of more than one of the descriptions specified in subsection (1) of that section, it may provide that that section, and section 16 below so far as it has effect for the purposes of that section, shall come into force on different days in relation to persons of each of the descriptions specified in the resolution.
- (6) A local authority shall publish notice that they have passed a resolution under this section in two consecutive weeks in a local newspaper circulating in their area.

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- (7) The first publication shall not be later than 28 days before the day specified in the resolution for the coming into force of the provisions specified in it in the local authority's area.
- (8) The notice shall state which provisions are to come into force in that area.
- (9) The notice shall also—
- (a) if the resolution provides for the coming into force of section 14 below, explain that that section applies to persons carrying on the practice of acupuncture; and
  - (b) if it provides for the coming into force of section 15 below, specify the descriptions of persons in relation to whom that section is to come into force.
- (10) Any such notice shall state the general effect, in relation to persons to whom the provisions specified in the resolution will apply, of the coming into force of those provisions.
- (11) In this Part of this Act “local authority” means—
- (a) the council of a district;
  - (b) the council of a London borough; and
  - (c) the Common Council of the City of London.

**Annotations:**

**Modifications etc. (not altering text)**

- C10** Ss. 13-17: functions of local authority not to be responsibility of an executive of the authority (E.) (16.11.2000) by virtue of S.I. 2000/2853, reg. 2(1), Sch. 1

**14 Acupuncture.**

- (1) A person shall not in any area in which this section is in force carry on the practice of acupuncture unless he is registered by the local authority for the area under this section.
- (2) A person shall only carry on the practice of acupuncture in any area in which this section is in force in premises registered by the local authority for the area under this section; but a person who is registered under this section does not contravene this subsection merely because he sometimes visits people to give them treatment at their request.
- (3) Subject to section 16(8)(b) below, on application for registration under this section a local authority shall register the applicant and the premises where he desires to practise and shall issue to the applicant a certificate of registration.
- (4) An application for registration under this section shall be accompanied by such particulars as the local authority may reasonably require.
- (5) The particulars that the local authority may require include, without prejudice to the generality of subsection (4) above,—
- (a) particulars as to the premises where the applicant desires to practise; and
  - (b) particulars of any conviction of the applicant under section 16 below,

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- but do not include information about individual people to whom the applicant has given treatment.
- (6) A local authority may charge such reasonable fees as they may determine for registration under this section.
- (7) A local authority may make byelaws for the purpose of securing—
- (a) the cleanliness of premises registered under this section and fittings in such premises;
  - (b) the cleanliness of persons so registered and persons assisting persons so registered in their practice;
  - (c) the cleansing and, so far as is appropriate, the sterilisation of instruments, materials and equipment used in connection with the practice of acupuncture.
- (8) Nothing in this section shall extend to the practice of acupuncture by or under the supervision of a person who is registered as a medical practitioner or a dentist or to premises on which the practice of acupuncture is carried on by or under the supervision of such a person.

**Annotations:**

**Modifications etc. (not altering text)**

- C11 Ss. 13-17: functions of local authority not to be responsibility of an executive of the authority (E.) (16.11.2000) by virtue of S.I. 2000/2853, reg. 2(1), Sch. 1

**15 Tattooing, ear-piercing and electrolysis.**

- (1) A person shall not in any area in which this section is in force carry on the business—
- (a) of tattooing;
  - (b) of ear-piercing; or
  - (c) of electrolysis,
- unless he is registered by the local authority for the area under this section.
- (2) A person shall only carry on a business mentioned in subsection (1) above in any area in which this section is in force in premises registered under this section for the carrying on of that business; but a person who carries on the business of tattooing, ear-piercing or electrolysis and is registered under this section as carrying on that business does not contravene this subsection merely because he sometimes visits people at their request to tattoo them or, as the case may be, to pierce their ears or give them electrolysis.
- (3) Subject to section 16(8)(b) below, on application for registration under this section a local authority shall register the applicant and the premises where he desires to carry on his business and shall issue to the applicant a certificate of registration.
- (4) An application for registration under this section shall be accompanied by such particulars as the local authority may reasonably require.
- (5) The particulars that the local authority may require include, without prejudice to the generality of subsection (4) above,—
- (a) particulars as to the premises where the applicant desires to carry on his business; and

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- (b) particulars of any conviction of the applicant under section 16 below, but do not include information about individual people whom the applicant has tattooed or given electrolysis or whose ears he has pierced.
- (6) A local authority may charge such reasonable fees as they may determine for registration under this section.
- (7) A local authority may make byelaws for the purposes of securing—
- (a) the cleanliness of premises registered under this section and fittings in such premises;
  - (b) the cleanliness of persons so registered and persons assisting persons so registered in the business in respect of which they are registered;
  - (c) the cleansing and, so far as is appropriate, the sterilisation of instruments, materials and equipment used in connection with a business in respect of which a person is registered under this section.
- (8) Nothing in this section shall extend to the carrying on of a business such as is mentioned in subsection (1) above by or under the supervision of a person who is registered as a medical practitioner or to premises on which any such business is carried on by or under the supervision of such a person.

**Annotations:**

**Modifications etc. (not altering text)**

- C12 Ss. 13-17: functions of local authority not to be responsibility of an executive of the authority (E.) (16.11.2000) by virtue of S.I. 2000/2853, reg. 2(1), Sch. 1

**16 Provisions supplementary to ss. 14 and 15.**

- (1) Any person who contravenes—
- (a) section 14(1) or (2) above; or
  - (b) section 15(1) or (2) above,
- shall be guilty of an offence and liable on summary conviction to a fine not exceeding [<sup>F7</sup>level 3 on the standard scale].
- (2) Any person who contravenes a byelaw made—
- (a) under section 14(7) above; or
  - (b) under section 15(7) above,
- shall be guilty of an offence and liable on summary conviction to a fine not exceeding [<sup>F7</sup>level 3 on the standard scale].
- (3) If a person registered under section 14 above is found guilty of an offence under subsection (2)(a) above, the court, instead of or in addition to imposing a fine under subsection (2) above, may order the suspension or cancellation of his registration.
- (4) If a person registered under section 15 above is found guilty of an offence under subsection (2)(b) above, the court, instead of or in addition to imposing a fine under subsection (2) above, may order the suspension or cancellation of his registration.
- (5) A court which orders the suspension or cancellation of a registration by virtue of subsection (3) or (4) above may also order the suspension or cancellation of any registration under section 14 or, as the case may be, 15 above of the premises in which



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the offence was committed, if they are occupied by the person found guilty of the offence.

- (6) Subject to subsection (7) below, a court ordering the suspension or cancellation of registration by virtue of subsection (3) or (4) above may suspend the operation of the order until the expiration of the period prescribed by Crown Court Rules for giving notice of appeal to the Crown Court.
- (7) If notice of appeal is given within the period so prescribed, an order under subsection (3) or (4) above shall be suspended until the appeal is finally determined or abandoned.
- (8) Where the registration of any person under section 14 or 15 above is cancelled by order of the court under this section—
- (a) he shall within 7 days deliver up to the local authority the cancelled certificate of registration, and, if he fails to do so, he shall be guilty of an offence and liable on summary conviction to a fine not exceeding £50 and thereafter to a daily fine not exceeding £5; and
  - (b) he shall not again be registered by the local authority under section 14 or, as the case may be, 15 above except with the consent of the magistrates' court which convicted him.
- (9) A person registered under this Part of this Act shall keep a copy—
- (a) of any certificate of registration issued to him under this Part of this Act; and
  - (b) of any byelaws under this Part of this Act relating to the practice or business in respect of which he is so registered,
- prominently displayed at the place where he carries on that practice or business.
- (10) A person who contravenes subsection (9) above shall be guilty of an offence and liable on summary conviction to a fine not exceeding [<sup>F7</sup>level 2 on the standard scale].
- (11) It shall be a defence for a person charged with an offence under subsection (1), (2), (8) or (10) above to prove that he took all reasonable precautions and exercised all due diligence to avoid commission of the offence.
- (12) Nothing in this Part of this Act applies to anything done to an animal.

**Annotations:**

**Amendments (Textual)**

F7 Words substituted by virtue of Criminal Justice Act 1982 (c. 48, SIF 39:1), s. 46

**Modifications etc. (not altering text)**

C13 Ss. 13-17: functions of local authority not to be responsibility of an executive of the authority (E.) (16.11.2000) by virtue of S.I. 2000/2853, reg. 2(1), Sch. 1

**17 Power to enter premises (acupuncture etc.).**

- (1) Subject to subsection (2) below, an authorised officer of a local authority may enter any premises in the authority's area if he has reason to suspect that an offence under section 16 above is being committed there.

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- (2) The power conferred by this section may be exercised by an authorised officer of a local authority only if he has been granted a warrant by a justice of the peace.
- (3) A justice may grant a warrant under this section only if he is satisfied—
  - (a) that admission to any premises has been refused, or that refusal is apprehended, or that the case is one of urgency, or that an application for admission would defeat the object of the entry; and
  - (b) that there is reasonable ground for entry under this section.
- (4) A warrant shall not be granted unless the justice is satisfied either that notice of the intention to apply for a warrant has been given to the occupier, or that the case is one of urgency, or that the giving of such notice would defeat the object of the entry.
- (5) A warrant shall continue in force—
  - (a) for seven days; or
  - (b) until the power conferred by this section has been exercised in accordance with the warrant,whichever period is the shorter.
- (6) Where an authorised officer of a local authority exercises the power conferred by this section, he shall produce his authority if required to do so by the occupier of the premises.
- (7) Any person who without reasonable excuse refuses to permit an authorised officer of a local authority to exercise the power conferred by this section shall be guilty of an offence and shall for every such refusal be liable on summary conviction to a fine not exceeding [<sup>F8</sup>level 3 on the standard scale].

**Annotations:**

**Amendments (Textual)**

F8 Words substituted by virtue of Criminal Justice Act 1982 (c. 48, SIF 39:1), s. 46

**Modifications etc. (not altering text)**

C14 Ss. 13-17: functions of local authority not to be responsibility of an executive of the authority (E.) (16.11.2000) by virtue of S.I. 2000/2853, reg. 2(1), Sch. 1

**PART IX**

18, 19. .... F9

**Annotations:**

**Amendments (Textual)**

F9 Pt IX (ss. 18 and 19) repealed by Food Act 1984 (c. 30, SIF 53:1), s. 134, Sch. 11

*Status: This version of this provision is prospective.*

*Changes to legislation: There are outstanding changes not yet made by the legislation.gov.uk editorial team to Local Government Act 2003. Any changes that have already been made by the team appear in the content and are referenced with annotations. (See end of Document for details)*



# Local Government Act 2003

## 2003 CHAPTER 26

### PART 8

#### MISCELLANEOUS AND GENERAL

#### CHAPTER 1

#### MISCELLANEOUS

*Other*

PROSPECTIVE

#### 120 Regulation of cosmetic piercing and skin-colouring businesses

- (1) Section 15 of the Local Government (Miscellaneous Provisions) Act 1982 (c. 30) (regulation of tattooing, ear-piercing and electrolysis businesses) is amended as follows.
- (2) In subsection (1) (requirement for person carrying on business to be registered), for paragraph (b) (ear-piercing) there is substituted—
- “(aa) of semi-permanent skin-colouring;
  - (b) of cosmetic piercing; or”
- (and in the side-note for “ear-piercing” there is substituted “ semi-permanent skin-colouring, cosmetic piercing ”).
- (3) In subsection (2) (requirement to register premises where business carried on)—
- (a) for “ear-piercing” there is substituted “ semi-permanent skin-colouring, cosmetic piercing ”, and
  - (b) for “pierce their ears” there is substituted “ carry out semi-permanent skin-colouring on them, pierce their bodies ”.

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*Status: This version of this provision is prospective.*

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- (4) In subsection (5) (local authority may not require particulars about individuals whose ears have been pierced etc.), for “or whose ears he has pierced” there is substituted “, whose bodies he has pierced or on whom he has carried out semi-permanent skin-colouring”.
- (5) After subsection (8) there is inserted—
- “(9) In this section “semi-permanent skin-colouring” means the insertion of semi-permanent colouring into a person’s skin.”
- (6) Schedule 6 (which makes provision about transition) has effect.

**Status:**

This version of this provision is prospective.

**Changes to legislation:**

There are outstanding changes not yet made by the legislation.gov.uk editorial team to Local Government Act 2003. Any changes that have already been made by the team appear in the content and are referenced with annotations.

**Changes and effects yet to be applied to :**

- s. 120 Coming into force by S.I. 2003/2938 art. 7(a) (commencement order for 2003 c. 26)
- s. 120 Coming into force by S.I. 2003/3034 art. 2 Sch. 1 Pt. 2 (commencement order for 2003 c. 26)

**Changes and effects yet to be applied to the whole Act, associated Parts and Chapters:**

Whole provisions yet to be inserted into this Act (including any effects on those provisions):

- s. 36A 36B inserted by 2007 c. 28 s. 143(1)
- s. 36A(1) text amended by 2009 nawm 2 Sch. 1 para. 25(a)
- s. 36A(2)(b) text amended by 2009 nawm 2 Sch. 1 para. 25(b)
- s. 36A(3) text amended by 2009 nawm 2 Sch. 1 para. 25(c)
- s. 36A(7) text amended by 2009 nawm 2 Sch. 1 para. 25(d)
- s. 36B(1) text amended by 2009 nawm 2 Sch. 1 para. 26(a)
- s. 36B(2) text amended by 2009 nawm 2 Sch. 1 para. 26(b)
- s. 36B(6) text amended by 2009 nawm 2 Sch. 1 para. 26(c)

**Commencement Orders yet to be applied to the Local Government Act 2003:**

Commencement Orders bringing provisions within this Act into force:

- S.I. 2003/2938 art. 2-7 commences (2003 c. 26)
- S.I. 2003/3034 art. 2 commences (2003 c. 26)
- S.I. 2004/3132 art. 2 3 commences (2003 c. 26)
- S.I. 2006/3339 art. 2 commences (2003 c. 26)

Commencement Orders bringing legislation that affects this Act into force:

- S.I. 2004/2304 art. 2 commences (2004 c. 21)
- S.I. 2004/2380 art. 2 commences (2004 c. 18)
- S.I. 2004/2917 art. 2 commences (2004 c. 21)
- S.I. 2005/394 art. 2 commences (2004 c. 31)
- S.I. 2005/558 art. 2 Sch. 1 commences (2004 c. 23)
- S.I. 2005/772 art. 2 commences (2004 c. 36)
- S.I. 2005/2034 art. 2-9 commences (2005 c. 18)
- S.I. 2005/2800 art. 3-5 commences (2005 c. 10)
- S.I. 2005/3175 art. 2(2) commences (2004 c. 33)
- S.I. 2006/768 art. 3 commences (2005 c. 16)
- S.I. 2006/795 art. 2(1) (3) Sch. 1 2 commences (2005 c. 16)
- S.I. 2006/2797 art. 2-7 commences (2005 c. 16)
- S.I. 2006/2826 art. 2 commences (2004 c. 18)
- S.I. 2006/3191 art. 2 commences (2004 c. 34)
- S.I. 2007/390 art. 2 commences (2005 c. 16)
- S.I. 2007/2053 art. 2 3 commences (2004 c. 18)
- S.I. 2007/3232 art. 2 commences (2004 c. 34)
- S.I. 2008/172 art. 2-9 commences (2007 c. 28)

- S.I. 2008/591 art. 2(d) commences (2007 c. 28)
- S.I. 2008/917 art. 2-5 commences (2007 c. 28)
- S.I. 2008/3110 art. 2-6 commences (2007 c. 28)
- S.I. 2009/803 art. 1(2) 10 commences (2008 c. 17)
- S.I. 2009/3272 art. 2-4 Sch. 1-3 commences (2009 nawm 2)
- S.I. 2009/3318 art. 2-4 commences (2009 c. 20)
- S.I. 2010/735 art. 2 commences (2005 c. 18)
- S.I. 2010/862 art. 3 commences (2008 c. 17)
- S.I. 2011/339 art. 2 commences (2010 asp 17)
- S.I. 2011/2896 art. 2 commences (2011 c. 20)
- S.I. 2012/411 art. 2(e) commences (2011 c. 20)
- S.I. 2012/628 art. 2-8 commences (2011 c. 20)
- S.I. 2012/887 art. 2 3 coming into force
- S.I. 2012/1008 art. 2-6 commences (2011 c. 20)
- S.S.I. 2011/339 art. 2 commences (2010 asp 17)

*Status: This version of this schedule contains provisions that are prospective.  
Changes to legislation: There are outstanding changes not yet made by the legislation.gov.uk editorial team to Local Government Act 2003. Any changes that have already been made by the team appear in the content and are referenced with annotations. (See end of Document for details)*

## SCHEDULES

PROSPECTIVE

### SCHEDULE 6

Section 120

#### SECTION 120: TRANSITION

##### *Commencement not to affect existing application of section 15 of the 1982 Act*

- 1 The coming into force of section 120 shall not affect the descriptions of person in relation to whom section 15 of the Local Government (Miscellaneous Provisions) Act 1982 (c. 30) applies in an area in which that section is already in force.

##### *Commencement not to affect pending resolutions about the application of section 15 of the 1982 Act*

- 2 (1) This paragraph applies where immediately before the coming into force of section 120—
- (a) there is in force a resolution under section 13(2) of the Local Government (Miscellaneous Provisions) Act 1982 (c. 30) that section 15 of that Act is to apply to an authority's area, and
  - (b) the resolution specifies as the day for the coming into force of that section the day on which section 120 comes into force, or any later day.
- (2) The coming into force of section 120 shall not affect—
- (a) the validity of the resolution, or
  - (b) the descriptions of person in relation to whom section 15 of that Act applies in pursuance of the resolution.

##### *Additional powers of commencement in relation to section 15 of the 1982 Act as amended*

- 3 (1) This paragraph applies where an authority has before the coming into force of section 120 passed a resolution that provides, or resolutions that between them provide, for section 15 of the Local Government (Miscellaneous Provisions) Act 1982 to apply to the authority's area in relation to all of the existing descriptions of person.
- (2) Section 13 of that Act shall have effect for the purpose of enabling the authority to bring section 15 of that Act into force in its area—
- (a) in relation to persons carrying on the business of cosmetic piercing, and
  - (b) in relation to persons carrying on the business of semi-permanent skin-colouring.
- (3) In sub-paragraph (1), the reference to the existing descriptions of person is to the descriptions of person specified in section 15(1) of that Act immediately before the coming into force of section 120.

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*Effect of existing ear-piercing registrations following extension of control to cosmetic piercing*

- 4 (1) This paragraph applies where, immediately before section 15 of the Local Government (Miscellaneous Provisions) Act 1982 comes into force in an authority's area in relation to persons carrying on the business of cosmetic piercing—
- (a) that section is in force in the area in relation to persons carrying on the business of ear-piercing, and
  - (b) a person is registered under that section by the authority to carry on a business of ear-piercing at premises in the area which are registered under that section for the carrying-on of that business.
- (2) From the coming into force of that section in that area in relation to persons carrying on the business of cosmetic piercing, the registrations of the person and the premises in respect of ear-piercing shall have effect as registrations in respect of cosmetic piercing, subject to sub-paragraph (3).
- (3) Sub-paragraph (2) ceases to apply when the business of cosmetic piercing carried on by the person at the premises subsequently first involves cosmetic piercing other than ear-piercing.

*Interpretation*

- 5 In this Schedule, except paragraph 2(1)(a) and 3(1), any reference to section 15 of the Local Government (Miscellaneous Provisions) Act 1982 includes a reference to section 16 of that Act so far as it has effect for the purposes of that section.



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**Changes to legislation:**

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**Changes and effects yet to be applied to :**

- Sch. 6 Coming into force by S.I. 2003/2938 art. 7(a) (commencement order for 2003 c. 26)
- Sch. 6 Coming into force by S.I. 2003/3034 art. 2 Sch. 1 Pt. 2 (commencement order for 2003 c. 26)

**Changes and effects yet to be applied to the whole Act, associated Parts and Chapters:**

Whole provisions yet to be inserted into this Act (including any effects on those provisions):

- s. 36A 36B inserted by 2007 c. 28 s. 143(1)
- s. 36A(1) text amended by 2009 nawm 2 Sch. 1 para. 25(a)
- s. 36A(2)(b) text amended by 2009 nawm 2 Sch. 1 para. 25(b)
- s. 36A(3) text amended by 2009 nawm 2 Sch. 1 para. 25(c)
- s. 36A(7) text amended by 2009 nawm 2 Sch. 1 para. 25(d)
- s. 36B(1) text amended by 2009 nawm 2 Sch. 1 para. 26(a)
- s. 36B(2) text amended by 2009 nawm 2 Sch. 1 para. 26(b)
- s. 36B(6) text amended by 2009 nawm 2 Sch. 1 para. 26(c)

**Commencement Orders yet to be applied to the Local Government Act 2003:**

Commencement Orders bringing provisions within this Act into force:

- S.I. 2003/2938 art. 2-7 commences (2003 c. 26)
- S.I. 2003/3034 art. 2 commences (2003 c. 26)
- S.I. 2004/3132 art. 2 3 commences (2003 c. 26)
- S.I. 2006/3339 art. 2 commences (2003 c. 26)

Commencement Orders bringing legislation that affects this Act into force:

- S.I. 2004/2304 art. 2 commences (2004 c. 21)
- S.I. 2004/2380 art. 2 commences (2004 c. 18)
- S.I. 2004/2917 art. 2 commences (2004 c. 21)
- S.I. 2005/394 art. 2 commences (2004 c. 31)
- S.I. 2005/558 art. 2 Sch. 1 commences (2004 c. 23)
- S.I. 2005/772 art. 2 commences (2004 c. 36)
- S.I. 2005/2034 art. 2-9 commences (2005 c. 18)
- S.I. 2005/2800 art. 3-5 commences (2005 c. 10)
- S.I. 2005/3175 art. 2(2) commences (2004 c. 33)
- S.I. 2006/768 art. 3 commences (2005 c. 16)
- S.I. 2006/795 art. 2(1) (3) Sch. 1 2 commences (2005 c. 16)
- S.I. 2006/2797 art. 2-7 commences (2005 c. 16)
- S.I. 2006/2826 art. 2 commences (2004 c. 18)
- S.I. 2006/3191 art. 2 commences (2004 c. 34)
- S.I. 2007/390 art. 2 commences (2005 c. 16)
- S.I. 2007/2053 art. 2 3 commences (2004 c. 18)
- S.I. 2007/3232 art. 2 commences (2004 c. 34)
- S.I. 2008/172 art. 2-9 commences (2007 c. 28)

- S.I. 2008/591 art. 2(d) commences (2007 c. 28)
- S.I. 2008/917 art. 2-5 commences (2007 c. 28)
- S.I. 2008/3110 art. 2-6 commences (2007 c. 28)
- S.I. 2009/803 art. 1(2) 10 commences (2008 c. 17)
- S.I. 2009/3272 art. 2-4 Sch. 1-3 commences (2009 nawm 2)
- S.I. 2009/3318 art. 2-4 commences (2009 c. 20)
- S.I. 2010/735 art. 2 commences (2005 c. 18)
- S.I. 2010/862 art. 3 commences (2008 c. 17)
- S.I. 2011/339 art. 2 commences (2010 asp 17)
- S.I. 2011/2896 art. 2 commences (2011 c. 20)
- S.I. 2012/411 art. 2(e) commences (2011 c. 20)
- S.I. 2012/628 art. 2-8 commences (2011 c. 20)
- S.I. 2012/887 art. 2 3 coming into force
- S.I. 2012/1008 art. 2-6 commences (2011 c. 20)
- S.S.I. 2011/339 art. 2 commences (2010 asp 17)

Local Government Act 2003

*Regulation of Cosmetic  
Piercing and Skin-Colouring  
Businesses*

Guidance on Section 120 and Schedule 6

**Local Government Act 2003**

*Regulation of Cosmetic  
Piercing and Skin-Colouring  
Businesses*

Guidance on Section 120 and Schedule 6

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# Introduction

1. This guidance explains the provisions in section 120 and Schedule 6 of the Local Government Act 2003 on the regulation of cosmetic piercing and skin-colouring businesses, which amend section 15 of the Local Government (Miscellaneous Provisions) Act 1982. The measures will come into force on 1 April 2004, at which time local authorities will be able to decide whether to implement them locally.
2. These new provisions give local authorities in England (outside London) and in Wales, specific powers relating to persons carrying on businesses of cosmetic piercing (piercing of the body including the ear) and semi-permanent skin-colouring (including micropigmentation, semi-permanent make-up and temporary tattooing).<sup>1</sup> Local authorities will be able to require such businesses:
  - to register themselves and their premises; and
  - to observe byelaws relating to the cleanliness and hygiene of premises, practitioners and equipment.
3. London local authorities already have such powers under private legislation (London Local Authorities Act 1991 and the Greater London Council (General Powers) Act 1981).
4. These measures are intended to increase health protection and reduce the risk of transmission of blood-borne virus (BBV) infections such as HIV, hepatitis B and hepatitis C and other infections. The Department of Health has produced model byelaws that local authorities may wish to adopt in their area to facilitate consistency of enforcement. These are included in **Annex 2** of this document.
5. This document also provides guidance on the procedure for the confirmation of byelaws by the Secretary of State for Health (**Annex 2**), sources of further information (**paragraph 25**) and an example of a leaflet that local authorities may wish to use in informing businesses of the change in the law (**Annex 3**).
6. Local authorities that have already resolved to adopt the 1982 Act in relation to tattooing, ear-piercing and electrolysis (section 15) can move straight to the introduction of byelaws. Local authorities who have not adopted section 15 in its entirety will need to go through the process of resolving that the new provisions should apply in their area as required by section 13 of the 1982 Act. Transitional provisions are explained in **paragraph 14**.

## Guidance from the Health and Safety Executive on the enforcement of skin piercing activities

7. Local authorities may find it helpful to read the Health and Safety Executive/Local Authorities Enforcement Liaison Committee (HELA) Local Authority Circular 76/2: *Enforcement of skin piercing activities* (October 2001). This contains comprehensive guidance on issues such as infection control, waste disposal and aftercare advice – <http://www.hse.gov.uk/lau/lacs/76-2.htm>

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<sup>1</sup> Micropigmentation, semi-permanent make-up and temporary tattooing are techniques similar to tattooing, which involve injecting vegetable/chemical dyes into the skin, for example, as eye liner or lip liner, for areola reconstruction or to apply tattoo motifs. The pigmentation lasts for several years and is reputed to be non-permanent unlike traditional tattooing.

## Background

### The reason for the change in the law

8. Cosmetic piercing and semi-permanent skin-colouring carry a potential risk of BBV transmission if infection control procedures are not observed (e.g. the use of sterile equipment for each client). Until the change in the law in the Local Government Act 2003, local authorities in England (outside London) and in Wales did not have powers to require businesses offering these services to register and observe byelaws relating to the cleanliness and hygiene of premises. Local authorities' powers were limited to regulating ear piercing, tattooing, electrolysis and acupuncture. A joint Department of Health and Welsh Office consultation exercise in 1996 elicited widespread support for changing the law to extend local authorities' powers.
9. Local authorities in London, which are covered by separate private legislation, already have powers to licence and inspect cosmetic body piercing and semi-permanent skin colouring businesses (London Local Authorities Act 1991 and the Greater London (General Powers) Act 1981). The new legislation provides a consistent level of health protection across England and Wales.

## The legal framework

### The Local Government Act 2003 and the Local Government (Miscellaneous) Provisions Act 1982

10. Before the new provisions were introduced by the Local Government Act 2003, local authorities had powers under the Local Government (Miscellaneous) Provisions Act 1982 to regulate ear piercing, tattooing, acupuncture and electrolysis by requiring registration and observance of byelaws.
11. The Local Government Act 2003 amends the 1982 Act to include cosmetic piercing and semi-permanent skin-colouring businesses in the list of those which local authorities have powers to regulate. The new provisions are explained in more detail below, including the new terminology that the legislation uses i.e. *cosmetic piercing* and *semi-permanent skin-colouring*.

### The new provisions

#### Section 120 of the 2003 Act

12. The provisions in section 120 of the Local Government Act 2003 essentially add cosmetic piercing and semi-permanent skin-colouring businesses to section 15 of the 1982 Act so that local authorities may compel persons carrying on such businesses to register themselves and their premises and may make byelaws in respect of matters related to the cleanliness of such businesses. Local authorities in London already have similar powers under private legislation (the London Local Authorities Act 1991 and the Greater London Council (General Powers) Act 1981). Section 120 is reproduced at **Annex 1**.

13. Section 120 introduces new terminology for simplicity and clarity as follows:
- *ear piercing and cosmetic body piercing* are encompassed in the single term “**cosmetic piercing**”, (which is also the term used in the London legislation); and
  - *micropigmentation, semi-permanent make-up and temporary tattooing* are covered by the umbrella term “**semi-permanent skin-colouring**”. Semi-permanent skin colouring is defined as “**the insertion of semi-permanent colouring into a person’s skin**” (section 120(5)). This approach allows for other similar activities to be covered in future.

#### **Transitional provisions: Schedule 6 of the 2003 Act**

14. The Schedule is intended to provide for transition from the current legislation to the amended legislation and to avoid disruption to local authorities and businesses by providing that:
- persons and premises already registered for activities covered by section 15 of the current legislation (i.e. tattooing, ear piercing and electrolysis) are unaffected;
  - pending local authority resolutions to apply section 15 of the 1982 Act in their area are unaffected;
  - where a local authority has already resolved that section 15 of the 1982 Act should be brought into force in their area for tattooing, ear piercing and electrolysis, then the local authority will be automatically enabled to apply the registration and byelaws regime to cosmetic piercing and semi-permanent skin colouring;
  - a person and premises already registered for ear piercing shall be counted as registered for cosmetic piercing until that person subsequently provides another form of cosmetic piercing, or those premises are subsequently used to provide another form of cosmetic piercing (i.e. cosmetic piercing of a part or parts of the body other than the ear), when a new registration would be required.

#### **Section 16 of the 1982 Act**

15. Section 16 of the 1982 Act also applies to cosmetic piercing and semi-permanent skin-colouring businesses. It provides for offences and for non-custodial penalties (summary conviction and fine) for trading without local authority registration or breaching local authority byelaws. The court may also order suspension, or cancellation, of registration (whether of a person or premises) on conviction. When cancellation of registration happens, the court may order a fine, increased on a daily basis for late surrender of the cancelled registration certificate. There is also an offence of not displaying a certificate of registration or byelaws (for which a person is liable on summary conviction to a fine).

#### **Registration fees**

16. Section 15(6) of the Local Government (Miscellaneous Provisions) Act 1982 enables local authorities to charge reasonable registration fees for registration of persons carrying on businesses of cosmetic piercing or semi-permanent skin-colouring. The fee might cover initial inspection(s) associated with registration, advising the business about registration and associated administration.



## Byelaws

17. Section 15(7) of the Local Government (Miscellaneous Provisions) Act 1982 provides for local authorities to make byelaws for cosmetic piercing and semi-permanent skin-colouring for the purpose of securing:
  - the cleanliness of premises and fittings;
  - the cleanliness of the operators;
  - the cleansing and, if appropriate, sterilization of instruments, materials and equipment.
18. Model byelaws for cosmetic piercing and semi-permanent skin-colouring businesses are attached at **Annex 2** with a guidance note on the procedure for seeking the Secretary of State's confirmation of such byelaws under section 236 of the Local Government Act 1972.

## Resources

19. Costs to local authorities of implementing these new provisions are estimated to be relatively small and will be offset by several factors. As mentioned above, local authorities will be able to charge reasonable registration fees. They will already be inspecting many of these businesses, as the premises may be registered for other skin piercing activities, such as ear piercing, tattooing or electrolysis. In addition, local authorities already inspect these businesses under health and safety at work legislation. Therefore additional resources will not be made available by central Government.

## Age of consent for cosmetic piercing

20. There is no statutory age of consent for cosmetic piercing (cosmetic body piercing and ear piercing). Cosmetic piercing of a minor is lawful provided a valid consent is given. Furthermore, the courts have held that a parent's right to decide on behalf of his or her child yields to the child's competence to make a decision (i.e. if he or she is capable of understanding the nature of the act to be done). Body piercing for sexual gratification is unlawful. Children under the age of 16 are not able to consent lawfully to a piercing that would be regarded as indecent assault. Genital or nipple piercing performed on someone under the age of 16 might be regarded as indecent assault under sexual offences legislation depending on the facts of the case. A statutory minimum age of consent for tattooing (18 years of age) is specified in the Tattooing of Minors Act 1969.
21. Detailed guidance on issues relating to the age of consent for cosmetic piercing is contained in the Health and Safety Executive's Local Authority Circular (LAC) 76/2: *Enforcement of skin piercing activities*, available on their website at: <http://www.hse.gov.uk/lau/lacs/76-2.htm> There are no current plans to introduce legislation to make the cosmetic piercing of minors a criminal offence. Introducing a minimum age of consent might result in children piercing themselves or each other in an unsafe and unhygienic way or going to disreputable businesses. The Government prefers that businesses carrying out cosmetic body piercing should be subject to local authority control so that these activities can be carried out in a safe and hygienic manner. This position is kept under review in collaboration with the Home Office, which takes the lead policy responsibility for this issue.

## Cosmetic piercing and relevant medical conditions

22. The above-mentioned circular from the Health and Safety Executive (<http://www.hse.gov.uk/lau/lacs/76-2.htm>) recommends that skin piercing businesses ask clients to make a declaration of relevant medical conditions which may indicate that the client should seek medical advice before going ahead with the procedure. A list of relevant medical conditions is included.
23. Recent advice from the British Society from Antimicrobial Chemotherapy states that anyone who has had previous heart surgery, or been diagnosed with a heart condition, should consult their doctor before having a piercing involving a mucous membrane (nose, lip, tongue or genitals), as there may be a risk of potentially serious infection. It is recommended that local authorities inform businesses of this advice so that they ask relevant clients to consult their GPs. The Department of Health is alerting GPs to this advice via its *GP Bulletin*.

## Commission for Healthcare Audit and Inspection

24. Establishments carrying out skin piercing may, in some instances, also provide services that will be subject to regulation by the Commission for Healthcare Audit and Inspection (CHAI) e.g. treatment with Class 3 or 4 lasers. In such cases, local authorities may wish to consult with CHAI to discuss co-operative arrangements to avoid unnecessary duplication of work. CHAI will take over this role from the National Care Standards Commission (NCSC) from 1 April 2004.

## Further sources of information

25. Further sources of useful information are:
  - Enforcement of skin piercing activities. Health and Safety Executive/Local Authorities Enforcement Liaison Committee (HELA) Local Authority Circular 76/2, October 2001. <http://www.hse.gov.uk/lau/lacs/76-2.htm>
  - Cosmetic treatment (Micro-pigmentation/semi-permanent tattooing/ semi-permanent make-up). Health and Safety Executive/Local Authorities Enforcement Liaison Committee (HELA) Local Authority Circular 14/1, October 2003. <http://www.hse.gov.uk/lau/lacs/14-1.htm>
  - Blood-borne viruses in the workplace: guidance for employers and employees. Health and Safety Executive <http://www.hse.gov.uk/pubns/indg342.pdf>
  - Body art, cosmetic therapies and other special treatments. Chartered Institute of Environmental Health. Barbour Index 2001;
  - Hairdressing And Beauty Industry Authority (HABIA) – the standards setting body for hair, beauty and body art. Fraser House, Nether Hall Road, Doncaster, DN1 2PH; Tel 01302 380000, Fax 01302 380028, Email [enquiries@habia.org](mailto:enquiries@habia.org); Web: <http://www.habia.org> (Approved National Occupational Standards (NOS) are currently available from HABIA for ear piercing and semi-permanent make-up, and will be available for cosmetic body piercing within 12 months).

## Annex 1

# Local Government Act 2003 – Regulation of Cosmetic Piercing and Skin-Colouring Businesses (Section 120 and Schedule 6)

### 120 Regulation of cosmetic piercing and skin-colouring businesses

- (1) Section 15 of the Local Government (Miscellaneous Provisions) Act 1982 (c. 30) (regulation of tattooing, ear-piercing and electrolysis businesses) is amended as follows.
- (2) In subsection (1) (requirement for person carrying on business to be registered), for paragraph (b) (ear-piercing) there is substituted—
  - “(aa) of semi-permanent skin-colouring;
  - (b) of cosmetic piercing; or”(and in the side-note for “ear-piercing” there is substituted “semi-permanent skin-colouring, cosmetic piercing”).
- (3) In subsection (2) (requirement to register premises where business carried on)—
  - (a) for “ear-piercing” there is substituted “semi-permanent skin-colouring, cosmetic piercing”, and
  - (b) for “pierce their ears” there is substituted “carry out semi-permanent skin-colouring on them, pierce their bodies”.
- (4) In subsection (5) (local authority may not require particulars about individuals whose ears have been pierced etc.), for “or whose ears he has pierced” there is substituted “, whose bodies he has pierced or on whom he has carried out semi-permanent skin-colouring”.
- (5) After subsection (8) there is inserted—

“(9) In this section “semi-permanent skin-colouring” means the insertion of semi-permanent colouring into a person’s skin.”
- (6) Schedule 6 (which makes provision about transition) has effect.

**SCHEDULE 6  
SECTION 120: TRANSITION**

**Commencement not to affect existing application of section 15 of the 1982 Act**

- 1 The coming into force of section 120 shall not affect the descriptions of person in relation to whom section 15 of the Local Government (Miscellaneous Provisions) Act 1982 (c. 30) applies in an area in which that section is already in force.

**Commencement not to affect pending resolutions about the application of section 15 of the 1982 Act**

- 2 (1) This paragraph applies where immediately before the coming into force of section 120—
- (a) there is in force a resolution under section 13(2) of the Local Government (Miscellaneous Provisions) Act 1982 (c. 30) that section 15 of that Act is to apply to an authority's area, and
  - (b) the resolution specifies as the day for the coming into force of that section the day on which section 120 comes into force, or any later day.
- (2) The coming into force of section 120 shall not affect—
- (a) the validity of the resolution, or
  - (b) the descriptions of person in relation to whom section 15 of that Act applies in pursuance of the resolution.

**Additional powers of commencement in relation to section 15 of the 1982 Act as amended**

- 3 (1) This paragraph applies where an authority has before the coming into force of section 120 passed a resolution that provides, or resolutions that between them provide, for section 15 of the Local Government (Miscellaneous Provisions) Act 1982 (c. 30) to apply to the authority's area in relation to all of the existing descriptions of person.
- (2) Section 13 of that Act shall have effect for the purpose of enabling the authority to bring section 15 of that Act into force in its area—
- (a) in relation to persons carrying on the business of cosmetic piercing, and
  - (b) in relation to persons carrying on the business of semi-permanent skin-colouring.
- (3) In sub-paragraph (1), the reference to the existing descriptions of person is to the descriptions of person specified in section 15(1) of that Act immediately before the coming into force of section 120.

**Effect of existing ear-piercing registrations following extension of control to cosmetic piercing**

- 4 (1) This paragraph applies where, immediately before section 15 of the Local Government (Miscellaneous Provisions) Act 1982 (c. 30) comes into force in an authority's area in relation to persons carrying on the business of cosmetic piercing—
- (a) that section is in force in the area in relation to persons carrying on the business of ear-piercing, and
  - (b) a person is registered under that section by the authority to carry on a business of ear-piercing at premises in the area which are registered under that section for the carrying-on of that business.
- (2) From the coming into force of that section in that area in relation to persons carrying on the business of cosmetic piercing, the registrations of the person and the premises in respect of ear-piercing shall have effect as registrations in respect of cosmetic piercing, subject to sub-paragraph (3).
- (3) Sub-paragraph (2) ceases to apply when the business of cosmetic piercing carried on by the person at the premises subsequently first involves cosmetic piercing other than ear-piercing.

**Interpretation**

- 5 In this Schedule, except paragraph 2(1)(a) and 3(1), any reference to section 15 of the Local Government (Miscellaneous Provisions) Act 1982 (c. 30) includes a reference to section 16 of that Act so far as it has effect for the purposes of that section.

## Annex 2

# Guidance on applications to the Secretary of State for Health for confirmation of byelaws under section 236 of the Local Government Act 1972, and model byelaws

1. The Council shall pass a resolution:-
  - a. authorising the affixing of the common seal to the byelaws and
  - b. authorising the clerk to carry out the necessary procedure and apply to the Secretary of State for confirmation.
2. The seal should be affixed and duly attested, and the date of sealing inserted in the attestation. The date of sealing, and not the date of the resolution, is the date on which the byelaws are made, and until they are made the Council has no power to carry out the rest of the statutory procedure.
3. At least one clear calendar month before applying to the Secretary of State for confirmation:
  - a. Notice of the Council's intention to apply for confirmation must be given in one or more local newspapers circulating in the area to which the byelaws will apply. **(A suggested form of notice is at Appendix A)** A series of byelaws should be described by giving the heading they bear on the draft informally approved by the Secretary of State. If the byelaws are to apply to part only of the Council's district, the notice should explain which part will be affected.
  - b. A copy of the byelaws having been subject to the procedures at 2 above, must be deposited at the Council's offices and be open to public inspection without charge at all reasonable times during that month.
4. The byelaws may be submitted for confirmation any time after the month has elapsed. They should be printed to conform to the approved draft. The Secretary of State's seal and confirmation should be printed below the Council's seal and a space of at least 10 centimetres should be left. It would be helpful if the following could be typed on the left-hand side of the page as indicated:

The foregoing byelaws are hereby confirmed by the Secretary of State for Health

on \_\_\_\_\_ and shall come into operation on \_\_\_\_\_

Member of the Senior Civil Service  
Department of Health

**The Notes which do not form part of the byelaws should be printed after both the Council's and Secretary of State's seals.**

5. It would be helpful for the application to be accompanied by: -
  - (a). copy of the full Council's resolution (**a model notice of Council resolution is at Appendix B**);
  - (b). the sealed byelaws (2 sets) and a photocopy;
  - (c). the newspaper(s) containing the notice;
  - (d). the clerk's certificate as to the date and duration of deposit of a copy of the byelaws;
  - (e). a statement as to whether or not any objections were received by the Council;
  - (f). confirmation, where applicable, that the byelaws are identical to the model byelaws;
  - (g). confirmation of the Council's adoption of Section 14-17 and compliance with the provisions of Section 13 of the Local Government Act (Miscellaneous Provisions) Act 1982 particularly regarding the publishing of notice in a local newspaper.
6. The Secretary of State emphasises that he has power to confirm only if the procedure laid down in section 236 of the 1972 Act is properly carried out. He has no power to excuse deviation from this procedure.
7. The Secretary of State has power to fix the date on which the byelaws come into operation. He considers that the first day of a month will normally be most convenient; and as section 236(7) provides that, if he does not fix a date, byelaws shall come into operation one month after confirmation, he will normally bring byelaws into operation on the first day of the month next following the expiry of this period.

## Appendix A

DISTRICT/PARISH OF .....

### CONFIRMATION OF BYELAWS

Notice is hereby given that the ..... Council of ..... intend, after the expiry of the period mentioned below, to apply to the Secretary of State for Health for confirmation of byelaws made by the Council (**insert description of byelaws and state that they have been made under section 15 of the Local Government (Miscellaneous Provisions) Act 1982.**

Copies of these byelaws will be kept at the offices of the Council at ....., and will be open to public inspection without payment on any week day, not being a Bank Holiday, during the usual office hours, for one month from the date of the publication of this notice.

Copies of the byelaws or any part thereof will be supplied at a fee of 10p for each hundred words.

Any objection to the confirmation of the byelaws should be made by letter addressed to  
Mr G M Robb,  
Department of Health,  
Room 631B, Skipton House,  
80 London Road, London SE1 6LH.

(signed)

Town Clerk/Chief Executive  
(**Insert date of signature**)



## Appendix B

### Model notice of council resolution

1. The ..... Council resolved on [date] that the following provisions of the Local Government (Miscellaneous Provisions) Act 1982 shall apply to the area of this council:  
Section 15 – Tattooing, semi-permanent skin-colouring, cosmetic piercing and electrolysis  
Section 16 – Provisions supplementary to sections 14 and 15  
Section 17 – Power to enter premises (acupuncture etc.)
2. The date [s]\* on which these provisions will come into force will be: (see note 3 below).
3. The general effect of this resolution is, subject to the exceptions detailed below, that a person who carries on the business of [tattooing]; [semi-permanent skin-colouring]; [cosmetic piercing]; or [electrolysis] must be registered with this Council, and they can only carry on their business in premises which have also been registered. The certificate of registration must be prominently displayed at the place where the business is carried on. The council is empowered to charge fees for registration. Applications for registration must be accompanied by the following information [to be specified by the local authority – see section 15(4) of the 1982 Act], in particular, details of the premises concerned and particulars of any conviction of the applicant under section 16 of the 1982 Act. A person who contravenes section 15 will be guilty of an offence, and liable, on conviction, to a fine not exceeding £1000, or suspension or cancellation of registration or both. An authorised officer of the Council may apply to a Justice of the Peace for a warrant to enter premises on suspicion that an offence under Section 16 is being committed there.
4. The Council [may apply in due course/will be applying in the near future]\* for confirmation of byelaws under this Act with regard to the cleanliness of premises, fittings, persons, instruments, materials and equipment connected with the businesses of [tattooing], [semi-permanent skin colouring], [cosmetic piercing], [electrolysis]\* in the area of the Council.
5. Exceptions:
  - i These provisions of the Act do not extend to the carrying on of the business of [tattooing], [semi-permanent skin-colouring], [cosmetic piercing] or [electrolysis]\* by or under the supervision of a registered medical practitioner (i.e. means a fully registered person within the meaning of the Medical Act 1983 who holds a licence to practise under that Act).
  - ii A person who is registered under the provision of the Act specified in paragraph 1 above will not be committing an offence by engaging in the activity otherwise than at registered premises merely because he sometimes visits people at their request to provide his services.

**NOTES – not to form part of the model notice**

1. Passages marked [ ]\* to be modified by the Council according to the scope of Council's resolution.
2. The local authority should publish this notice in two consecutive weeks in a local newspaper circulating in their area.
3. The Council should specify the date or dates in paragraph 2. These can be the same for all sections listed in paragraph 1, or different, but
  - a. One month must pass between the day the resolution was passed and the first date of coming into force; and
  - b. First publication of the notice must not be later than 28 days before the coming into force of the provisions.

## Draft model byelaws

### Cosmetic piercing

Byelaws for the purposes of securing the cleanliness of premises registered under section 15 of the Local Government (Miscellaneous Provisions) Act 1982 and fittings in those premises and of registered persons and persons assisting them and the cleansing and, so far as appropriate, sterilization of instruments, materials and equipment used in connection with the business of cosmetic piercing made by ..... in pursuance of Section 15(7) of the Act.

1. Interpretation:
  - a. In these byelaws, unless the context otherwise requires –
    - “The Act” means the Local Government (Miscellaneous Provisions) Act 1982;
    - “Client” means any person undergoing treatment;
    - “Operator” means any person giving treatment;
    - “Premises” means any premises registered under Part VIII of the Act;
    - “Proprietor” means any person registered under Part VIII of the Act;
    - “Treatment” means any operation in effecting cosmetic piercing;
    - “The treatment area” means any part of the premises where treatment is given to clients.
  - b. The Interpretation Act 1978 shall apply for the interpretation of these byelaws as it applies for the interpretation of an Act of Parliament.
2. For the purpose of securing the cleanliness of premises and fittings in such premises a proprietor shall ensure that –
  - a. All internal walls, doors, windows, partitions, floors and floor coverings, and ceilings are kept clean and in such good repair as to enable them to be cleaned effectively;
  - b. All waste materials, and other litters, arising from the treatment should be handled and disposed of as clinical waste in accordance with relevant legislation and guidance as advised by the local authority;
  - c. All needles used in treatment are single-use and disposable, as far as is practicable; and are stored and disposed of as clinical waste in accordance with the relevant legislation and guidance as advised by the local authority;
  - d. All furniture and fittings in the premises are kept clean and in such good repair as to enable them to be cleaned effectively;
  - e. All tables, couches and seats used by clients in the treatment area, and any surface on which the items specified in 3b below are placed immediately prior to treatment, have a smooth impervious surface which is disinfected immediately after use and at the end of each working day;
  - f. Where tables and couches are used, they are covered by a disposable paper sheet which is changed for each client;
  - g. No eating, drinking or smoking is permitted in the treatment area and a notice or notices reading “No Smoking”, “No Eating or Drinking” is prominently displayed there.

3. For the purpose of securing the cleansing and so far as is appropriate, the sterilization of instruments, materials and equipment used in connection with the treatment –
  - a. An operator shall ensure that, before use in connection with treatment, any gown, wrap or other protective clothing, paper or other covering, towel, cloth or other such article used in the treatment –
    - i. is clean and in good repair, and, so far as is appropriate, sterile;
    - ii. has not previously been used in connection with any other client unless it consists of a material which can be and has been adequately cleaned and, so far as is appropriate, sterilized.
  - b. An operator shall ensure that any needle, metal instrument, or other item of equipment, used in treatment or for handling instruments and needles used in the treatment is in a sterile condition and kept sterile until it is used;
  - c. A proprietor shall provide –
    - i. adequate facilities and equipment for the purpose of sterilization (unless pre-sterilized items are used) and of cleansing, as required in pursuance of these byelaws;
    - ii. sufficient and safe gas points and/or electrical socket outlets to enable compliance with these byelaws;
    - iii. an adequate constant supply of clean hot and cold water readily available at all times on the premises;
    - iv. adequate storage for all items mentioned in byelaw 3 a and b above, so that those items are properly stored in a clean and suitable place so as to avoid, as far as possible, the risk of contamination.
4. For the purpose of securing the cleanliness of operators –
  - a. A proprietor shall ensure that –
    - i. any operator keeps his hands and nails clean and his nails short;
    - ii. any operator wears disposable surgical gloves that have not previously been used with any other client;
    - iii. any operator of the premises wears a gown, wrap or protective clothing that is clean and washable, or alternatively a disposable covering that has not previously been used in connection with any other client;
    - iv. any operator keeps any open boil, sore, cut or open wound on an exposed part of his body effectively covered by an impermeable dressing;
    - v. any operator does not smoke or consume food or drink in the treatment area.
  - b. A proprietor shall provide;
    - i. suitable and sufficient washing facilities for the sole use of operators, including hot and cold water and sanitising soap or detergent;
    - ii. suitable and sufficient sanitary accommodation for operators.

COUNCIL'S SIGNATURE

COUNCIL'S SEAL

The foregoing byelaws are hereby confirmed by the Secretary of State for Health

on \_\_\_\_\_ and shall come into operation on \_\_\_\_\_

Member of the Senior Civil Service  
Department of Health

**NOTE – THE FOLLOWING DOES NOT FORM PART OF THE BYELAWS**

- A. Proprietors must take all reasonable steps to ensure compliance with these byelaws by persons working on the premises. Section 16(9) of the Act provides that a registered person shall cause to be prominently displayed on the premises a copy of these byelaws and a copy of any certificate of registration issued to him under Part VIII of the Act.
- B. Section 16(2) of the Local Government (Miscellaneous Provisions) Act 1982 provides that any person who contravenes any of these byelaws shall be guilty of an offence and liable on summary conviction to a fine not exceeding level 3 on the standard scale. If a person registered under Part VIII of the Act is found guilty of contravening these byelaws the Court may instead of or in addition to imposing a fine, order the suspension or cancellation of his registration and of the registration of the premises in which the offence was committed if such premises are occupied by the person found guilty of the offence. It shall be a defence for the person charged under sub-sections (1), (2), (8) or (10) of Section 16 to prove that he took all reasonable precautions and exercised all due diligence to avoid commission of the offence.
- C. Nothing in these byelaws extends to the practice of cosmetic piercing by or under the supervision of a person who is registered as a medical practitioner or to premises on which the practice of cosmetic piercing is carried on by or under the supervision of such a person.

## Draft model byelaws

### Semi-permanent skin-colouring

Byelaws for the purposes of securing the cleanliness of premises registered under section 15 of the Local Government (Miscellaneous Provisions) Act 1982 and fittings in such premises and registered persons and persons assisting them and the cleansing and, so far as appropriate, sterilization of instruments, materials and equipment used in connection with the business of semi-permanent skin-colouring, made by ..... in pursuance of section 15(7) of the Act.

1. Interpretation:

- a. In these byelaws, unless the context otherwise requires –

“The Act” means the Local Government (Miscellaneous Provisions) Act 1982;

“Client” means any person undergoing treatment;

“Operator” means any person giving treatment;

“Premises” means any premises registered under Part VIII of the Act;

“Proprietor” means any person registered under Part VIII of the Act;

“Treatment” means any operation in effecting semi-permanent skin-colouring;

“The treatment area” means any part of the premises where treatment is given to clients.

- b. The Interpretation Act 1978 shall apply for the interpretation of these byelaws as it applies for the interpretation of an Act of Parliament.

2. For the purpose of securing the cleanliness of premises and fittings in such premises a proprietor shall ensure that –

- a. All internal walls, doors, windows, partitions, floors and floor coverings, and ceilings are kept clean and in such good repair as to enable them to be cleaned effectively;

- b. The treatment area is used solely for giving treatment;

- c. The floor of the treatment area is provided with a smooth impervious surface;

- d. All waste materials, and other litters, arising from the treatment should be handled and disposed of as clinical waste in accordance with relevant legislation and guidance as advised by the local authority;

- e. All needles used in treatment are single-use and disposable, as far as is practicable; and are stored and disposed of as clinical waste in accordance with the relevant legislation and guidance as advised by the local authority;

- f. All furniture and fittings in the premises are kept clean and in such good repair as to enable them to be cleaned effectively;

- g. All tables, couches and seats used by clients in the treatment area, and any surface on which the items specified in 3b below are placed immediately prior to treatment, have a smooth impervious surface which is disinfected immediately after use and at the end of each working day;

- h. Where tables and couches are used, they are covered by a disposable paper sheet which is changed for each client;

- i. No eating, drinking or smoking is permitted in the treatment area and a notice or notices reading "No Smoking", "No Eating or Drinking" are prominently displayed there.
3. For the purpose of securing the cleansing and so far as is appropriate, the sterilization of instruments, materials and equipment used in connection with the treatment –
  - a. An operator shall ensure that, before use in connection with treatment, any gown, wrap or other protective clothing, paper or other covering, towel, cloth or other such articles used in the treatment –
    - i. is clean and in good repair, and so far as is appropriate, is sterile;
    - ii. has not previously been used in connection with any other client unless it consists of a material which can be and has been adequately cleaned and, so far as is appropriate, sterilized.
  - b. An operator shall ensure that –
    - i. any needle, metal instrument, or other item or equipment, used in treatment or for handling instruments and needles used in treatment, is in a sterile condition and kept sterile until it is used;
    - ii. all dyes used for semi-permanent skin-colouring are sterile and inert;
    - iii. the containers used to hold the dyes for each customer are either disposed of at the end of each session of treatment, or are cleaned and sterilized before re-use;
  - c. A proprietor shall provide –
    - i. adequate facilities and equipment for the purpose of sterilization (unless pre-sterilised items are used) and of cleansing, as required in pursuance of these byelaws;
    - ii. sufficient and safe gas points and/or electrical socket outlets to enable compliance with these byelaws;
    - iii. an adequate constant supply of clean hot and cold water readily available at all times on the premises;
    - iv. adequate storage for items mentioned in byelaw 3 a and b above, so that those items are properly stored in a clean and suitable place so as to avoid, as far as possible, the risk of contamination.
4. For the purpose of securing the cleanliness of operators –
  - a. A proprietor shall ensure that –
    - i. any operator keeps his hands and nails clean and his nails short;
    - ii. any operator wears disposable surgical gloves that have not previously been used with any other client;
    - iii. any operator of the premises wears a gown, wrap or protective clothing that is clean and washable, or alternatively a disposable covering that has not previously been used in connection with any other client;
    - iv. any operator keeps any open boil, sore, cut or open wound on an exposed part of his body effectively covered by an impermeable dressing;

- v. any operator does not smoke or consume food or drink in the treatment area.
- b. A proprietor shall provide -
  - i. suitable and sufficient washing facilities for the sole use of operators, including hot and cold water, sanitising soap or detergent;
  - ii. suitable and sufficient sanitary accommodation for operators.

COUNCIL'S SIGNATURE

COUNCIL'S SEAL

The foregoing byelaws are hereby confirmed by the Secretary of State for Health

on \_\_\_\_\_ and shall come into operation on \_\_\_\_\_

Member of the Senior Civil Service  
Department of Health

**NOTE – THE FOLLOWING DOES NOT FORM PART OF THE BYELAWS**

- A. Proprietors shall take all reasonable steps to ensure compliance with these byelaws by persons working on the premises. Section 16(9) of the Act provides that a registered person shall cause to be prominently displayed on the premises a copy of these byelaws and a copy of any certificate of registration issued to him under Part VIII of the Act.
- B. Section 16 of the Local Government (Miscellaneous Provisions) Act 1982 provides that any person who contravenes any of these byelaws shall be guilty of an offence and liable on summary conviction to a fine not exceeding level 3 on the standard scale. If a person registered under part viii of the Act is found guilty of contravening these byelaws the Court may instead of or in addition to imposing the fine, order the suspension or cancellation of his registration and of the registration of the premises in which the offence was committed if such premises are occupied by the person found guilty of the offence. It shall be a defence for the person charged under sub-sections (1), (2), (8) or (10) of Section 16 to prove that he took all reasonable precautions and exercised all due diligence to avoid the commission of the offence.
- C. Nothing in these byelaws extends to the practice of semi-permanent skin-colouring by or under the supervision of a person who is registered as a medical practitioner or to premises on which the practice of semi-permanent skin-colouring is carried on by or under the supervision of such a person.



## Annex 3

# Example of leaflet for local authorities to use in informing businesses when the Local Government Act 2003 is brought into force in their area

### New requirements for [cosmetic body piercing] [micropigmentation, semi-permanent make-up and temporary tattooing] businesses

The Local Government Act 2003 has introduced new requirements for [cosmetic piercing (piercing of parts of the body, including the ear)] [semi-permanent skin-colouring (micropigmentation, semi-permanent make-up and temporary tattooing)] businesses.

From [insert date on which requirement to register and observe byelaws comes into force in the local authority area], [cosmetic piercing] [ semi-permanent skin colouring] businesses will have to:

- register with their local authorities; and
- follow byelaws on the cleanliness and hygiene of practitioners, premises and equipment to protect customers against the risk of infection.

It will be an offence to carry on such a business without being registered, to carry on such a business in premises that are not registered for that purpose or to breach byelaws.

The new legislation uses the terminology “cosmetic piercing” to include piercing of any part of the body, including the ear and “semi-permanent skin-colouring” as an umbrella term to include activities such as micropigmentation, semi-permanent make-up and temporary tattooing.

Please contact [insert name of local authority officer] at [insert name of local authority] for advice about registration and byelaws [or see] [insert local authority internet website address].

The Department of Health’s (DH) guidance to local authorities on the new requirements is available on the DH website at <http://www.dh.gov.uk/publications>

[ ] = delete as appropriate



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CHLORINE FREE PAPER

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Registration under the Health and Social Care Act 2008

# The scope of registration

July 2012

## **About the Care Quality Commission**

The Care Quality Commission is the independent regulator of health care and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act.

Whether services are provided by the NHS, local authorities or by private or voluntary organisations, we make sure that people get better care. This is because we:

- Focus on quality and act swiftly to eliminate poor quality care.
- Make sure care is centred on people's needs and protects their rights.

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# Introduction

This guidance is for people and organisations that provide, or intend to provide, health care or adult social care in England.

It will help you to decide whether you need to register with the Care Quality Commission (CQC) under the Health and Social Care Act 2008, and provides a guide to the scope of registration – who and what needs to be registered. However, you should not regard it as an interpretation of the law.

This is the fourth edition of our scope guidance and replaces earlier versions. The main changes to this version are:

- We have taken account of amendments to the regulations that were set out by government and agreed by parliament. These amendments started to come into effect from 18 June 2012.
- We have made changes to the Regulated activity of 'Diagnostics and screening' to reflect the amendments made in regulations.
- We have made changes to the way that providers are required to register with us if they carry out some types of transport services; again, these changes reflect amendments in the regulations.
- The regulated activity of 'Surgical procedures' has been changed to reflect that female and male sterilisation or reversal of sterilisation is now included within that activity from October 2012.
- We have added more detail to clarify some parts; in particular where we have learned from questions and queries sent to us by providers.
- We have removed the references to registration exemptions where the time limit has expired.

As a general point, we recommend that you read this alongside other guidance on applying to register, which you can find on our website:  
[www.cqc.org.uk/organisations-we-regulate](http://www.cqc.org.uk/organisations-we-regulate).

This guidance is about the scope of registration, and includes:

- A detailed explanation of what we mean by 'regulated activities' and which regulated activities you are most likely to need to register for.
- Guidance on who should register as a provider of regulated activities.
- Guidance on who should register as a manager.
- Frequently asked questions about registration from other providers.
- Information on where to find more details about the registration of health and social care.

**Section 1** describes what is meant by a 'provider' and a 'manager' who, generally, need to consider making an application.

**Sections 2 and 3** provide guidance on how Schedules 1 and 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 apply. We refer informally to these as the 'scope regulations', as they set the scope of the regulated activities that fall within this registration system.

Section 2 also sets out the general exemptions. If any of these apply, there is no need to register at present for these activities.

Section 3 sets out the regulated activities. If no exemptions apply, then a provider of any of these activities must register.

It is important to focus on the activities that will trigger the need for registration. This document is a guide to the regulations but not a substitute for them. You can find the Health and Social Care Act 2008 and the associated regulations on our website: [www.cqc.org.uk/content/health-and-social-care-act-2008-regulated-activities-regulations-2010](http://www.cqc.org.uk/content/health-and-social-care-act-2008-regulated-activities-regulations-2010).

**Please note:** The need for registration depends on what activity you provide within your 'service type'.

Our *Guidance about compliance: Essential standards of quality and safety* includes a table of service types, but you should not confuse these with regulated activities – they represent a way of helping you to match guidance about compliance to your service **after** you have decided that you are providing regulated activities. (See [www.cqc.org.uk/standards](http://www.cqc.org.uk/standards)).



## Surgical procedures

### Description

This regulated activity covers:

- Surgical procedures for the purpose of treating disease, disorder or injury; or cosmetic surgery; or for religious observance (eg circumcision), and
- From October 2012 this activity will also include surgery carried out for the purpose of sterilisation or reverse sterilisation.

### AND

- the procedures are carried out by a health care professional.

However, minor surgical procedures are not captured if they are:

- Undertaken by a medical practitioner and the minor procedures are limited to:
  - curettage (scraping), cautery (burning) or cryocautery (freezing) of warts, verrucae or other skin lesions, and
  - are carried out using local anaesthesia (or no anaesthesia).

### or

- Undertaken by any health care professional and the procedures are limited to:
  - nail surgery and nail bed procedures on the foot and which are carried out using local anaesthesia (or no anaesthesia)
  - curettage (scraping), cautery (burning) or cryocautery (freezing) of warts, verrucae or other skin lesions on any area of the foot and which are carried out using local anaesthesia (or no anaesthesia).

### What does the regulated activity cover?

The regulated activity covers the surgical procedures referred to above. A provider of surgical procedures will usually need to register for other regulated activities. For example, the use of imaging techniques during surgery may require registration for 'diagnostic and screening'.

It covers all pre- and post-operative care associated with the surgical procedures. In relation to pre-operative care, this might include, for example, assessment by an anaesthetist shortly in advance of the procedure (where that assessment is an assessment of the patient's suitability directly related to the procedure) but would not include an initial consultation with a surgeon before the procedures had been decided.



In relation to post-operative care, the activity must be related to the procedure for it to be captured and this will normally mean that it is planned to be related to them. This may include, for example, post-anaesthetic care (recovery), follow-up in an intensive care unit, or rehabilitation where they are part of a planned pathway of care. The extent of pre- and post-operative care may include a planned subsequent follow-up consultation after surgery, but would not include any further treatment (that is additional, beyond checking on the procedures) that is decided in that follow-up consultation. It would include other treatment where that is directly related to the surgical procedures and carried out under the surgical team. For example, if a pre-existing prescription for medicines is temporarily changed by the anaesthetist in order to avoid any conflict with anaesthetic drugs. But if the treatment goes beyond the surgical team, for example, change of prescription not by the anaesthetist but by the patient's cardiologist, then that is considered to be treatment in its own right rather than associated with the surgical procedures.

The key principles are the activity must be:

- Directly related to the surgical procedures, so only from the point at which the surgical procedures are decided upon.
- Only the planned pathway of care, not subsequent treatment.
- Only within the surgical team, not the activity of other health care teams that may be taking place at the same time.

Surgical procedures carried out for religious reasons, such as circumcision, are included where they are carried out by a health care professional. Where a health care professional carries out surgery for religious purposes they will be acting in their capacity as a health care professional rather than in a religious or spiritual role. This is because a registered health care professional's code of practice will prohibit them from disregarding the need to have appropriate skills, experience, equipment and facilities for this procedure and they cannot 'opt out' of their core duties and responsibilities as a registered health care professional, even if they are acting in a spiritual or religious role.

### **Cosmetic surgery**

Cosmetic surgery is not defined separately but the procedures that are captured by this regulated activity include those described as being for cosmetic purposes if they involve the insertion of instruments or other equipment into the body. For the avoidance of doubt, the activity does **not** include:

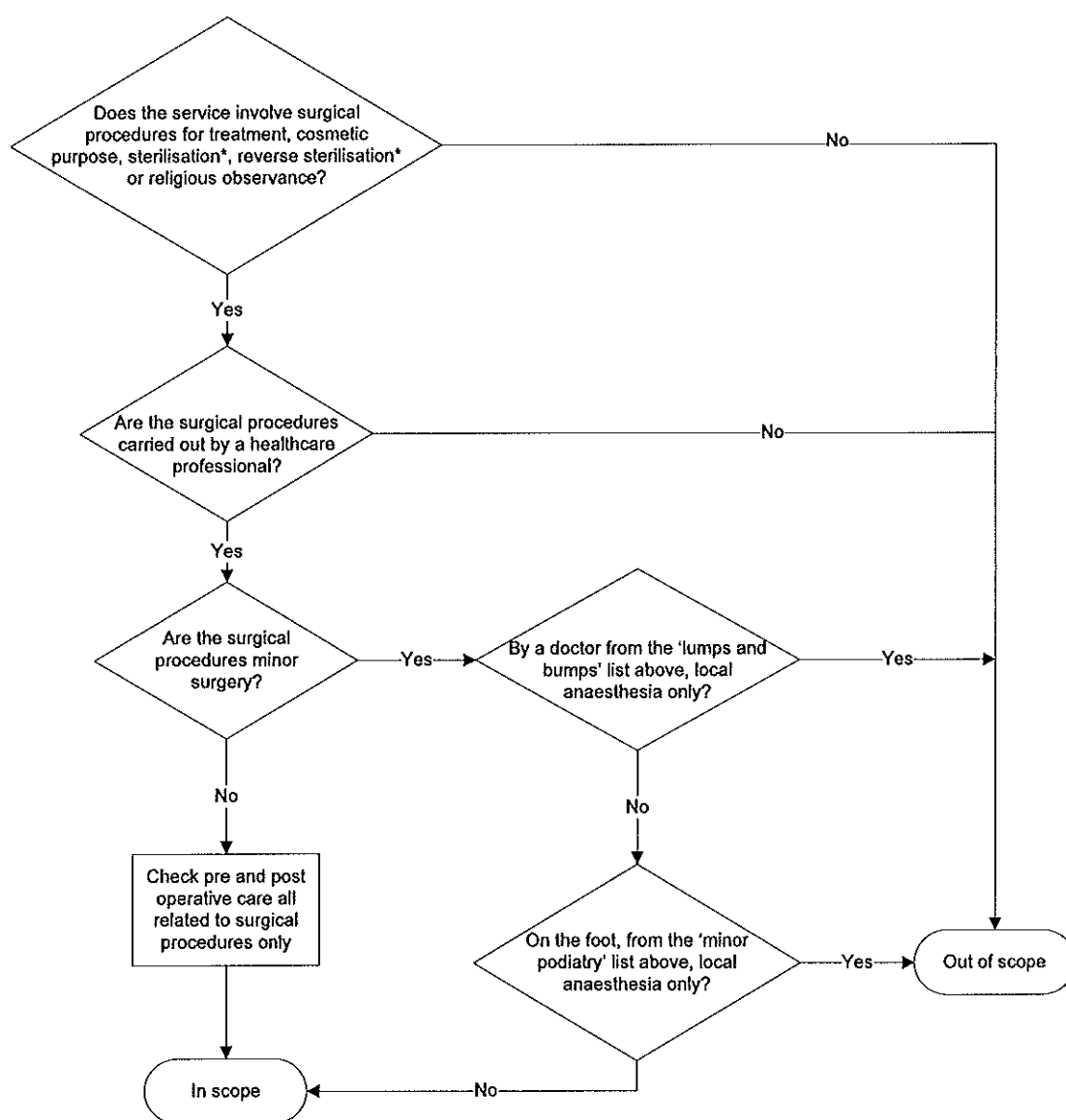
- Piercing
- Tattooing
- Subcutaneous injections to enhance appearance
- Removal of hair or minor skin blemishes by application of heat using an electric current.

## Hospices

A hospice should not ordinarily be registered for the regulated activity of 'surgical procedures'.

This is because it is unlikely that a hospice would carry out surgical procedures other than pleural taps and abdominal paracentesis. These will instead be considered as treatment under the regulated activity of 'treatment for disease, disorder or injury' for the purpose of registration.

### Decision tree for 'surgical procedures'



\* as of 31 October 2012

**Regulation on Personal Service,  
Ministry of Health, British Columbia of Canada**

- Personal service establishments<sup>1</sup> in British Columbia (BC) are regulated by the Personal Services Establishment Regulation under the Public Health Act. The public health officials regularly inspect businesses providing personal services to ensure public health standards are being met.
- Operators of such services in BC must comply with the relevant regulation and must maintain and operate their establishments in a way that prevents health hazards from occurring.
- The BC Ministry of Health also produced guidelines to assist operators of personal services establishments in preventing health hazards, in particular to reduce the risk of transmitting communicable diseases (e.g. Hepatitis B, staph, HIV, herpes, etc.) or infestations (e.g. head lice, body lice, or pubic lice) from common-use articles and sharp instruments.
- Enclosed documents for reference –
  - Guidelines for Personal Service Establishments (**Annex A**)
  - Guidelines for Ear and Body Piercing (**Annex B**)
  - Guidelines for Tattooing (**Annex C**)
  - Guidelines for Tanning Salon Operators (**Annex D**)

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<sup>1</sup> Personal service establishment means an establishment in which a person provides a service to or on the body of another person, and include a barbershop, beauty parlour, health spa, massage parlour, tattoo shop, sauna, and steam bath.

COMMUNICABLE DISEASE CONTROL  
HEALTH PROTECTION AND SAFETY

# Guidelines for Personal Service Establishments (PSEs)



BRITISH  
COLUMBIA

Ministry of Health and  
Ministry Responsible for Seniors

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## **PREFACE**

Operators of personal services establishments in British Columbia must comply with the Personal Services Establishment Regulation (reproduced on the following page) and must maintain and operate their establishments in a way that prevents health hazards from occurring. These guidelines are designed to assist operators of personal services establishments in preventing health hazards, in particular to reduce the risk of transmitting communicable diseases (ie: Hepatitis B, staph, HIV, herpes, etc.) or infestations (ie: head lice, body lice, or pubic lice) from common-use articles and sharp instruments.

Public Health Officials may refer to these guidelines when assessing whether a personal services establishment is being operated in accordance with the Personal Services Establishment Regulation. However, following these guidelines does not relieve the operator from the obligation to take any additional measures necessary to prevent health hazards from occurring in the establishment. Operators are also responsible for ensuring that they are carrying on business in compliance with municipal and other regulatory requirements, and for obtaining business licences and/or operating permits from the appropriate licensing authorities.

Personal service procedures carry varying degrees of risk of infectious diseases and/or bodily injury. In particular, colonic irrigation, tattooing, body branding, body piercing (including ear piercing) and exposure to ultraviolet radiation in tanning salons carry elevated risk of infection or injury, and clients undergoing these procedures should be advised to consider discussing these risks with their family physician before undertaking such procedures.

Operators should also be aware that Section 81 of the Medical Practitioners Act makes it an offence to practice medicine unless licenced by the College of Physicians and Surgeons of British Columbia. Section 81 (reproduced on page 3) describes what it means to practice medicine.

Public & Preventive Health Division  
Ministry of Health and Ministry Responsible for Seniors  
1520 Blanshard Street, Victoria BC V8W 3C8

August 1995  
(revised and reprinted Spring 2000)

These Guidelines, as well as guidelines developed specifically for Tanning Salons and for Tattooing establishments, may be viewed on the Ministry of Health website at:  
<http://www.hlth.gov.bc.ca/protect/persserv.html>

**Health Act**  
**PERSONAL SERVICE ESTABLISHMENTS**  
**REGULATION**

(includes amendments up to BC Reg 181/88)

**Interpretation**

1. In this regulation "personal service establishment" means an establishment in which a person provides a service to or on the body of another person, and includes a barbershop, beauty parlour, health spa, massage parlour, tattoo shop, sauna and steam bath.  
(am. B.C.Reg. 181/88, s.2)

**Water Supply**

2. No person shall operate or cause to be operated a personal service establishment unless he provides on the premises of the establishment
  - a) an adequate supply of hot and cold water at all times for operating and cleaning purposes, and
  - b) an adequate hot and cold water hand washing facility conveniently located, together with ancillary equipment

**Prevention of health hazard**

3. No person shall operate or cause to be operated a personal service establishment unless he maintains and operates it, and uses and maintains the instruments and equipment required for the service, so as to prevent a health hazard occurring.

[Provisions of the Health Act, R.S.B.C. 1996, c. 179, relevant to the enactment of this regulation: section 8]

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Victoria 1997

Practising by unregistered persons an offence

(Section 81, Medical Practitioner's Act)

81. (1) A person who practises or offers to practise medicine while not registered or while suspended from practice under this Act commits an offence.
- (2) For the purposes of and without restricting subsection (1), a person practises medicine who does any of the following:
- (a) holds himself or herself out as being, or by advertisement, sign or statement of any kind, written or oral, represents or implies that the person is qualified, able or willing to diagnose, prescribe for, prevent or treat any human disease, ailment, deformity, defect or injury, or to perform an operation to remedy a human disease, ailment, deformity, defect or injury, or to examine or advise on the physical or mental condition of a person;
  - (b) diagnoses, or offers to diagnose, a human disease, ailment, deformity, defect or injury, or who examines or advises on, or offers to examine or advise on, the physical or mental condition of a person;
  - (c) prescribes or administers a drug, serum, medicine or a substance or remedy for the cure, treatment or prevention of a human disease, ailment, deformity, defect or injury;
  - (d) prescribes or administers a treatment or performs surgery, midwifery or an operation or manipulation, or supplies or applies an apparatus or appliance for the cure, treatment or prevention of a human disease, ailment, deformity, defect or injury; or
  - (e) acts as the agent, assistant or associate of a person in the practice of medicine as set out in paragraphs (a) to (d).



# General Guidelines For Personal Service Establishments

**Purpose:** To describe minimum standards for preventing health hazards from occurring in Personal Service Establishments.

## 1. INTRODUCTION

These Personal Service Establishment Guidelines have been developed to provide operators with minimum standards in order to assist operators in preventing some of the health hazards which may occur in personal service establishments. In addition to following these standards, operators should take all necessary measures to maintain and operate their establishments and the instruments and equipment used in providing the services in a manner which prevents health hazards from occurring.

These guidelines apply to all Personal Service Establishments as defined in the regulations and include, but are not limited to, the following:

Acrylic Nails	Mud Baths
Body Branding	Sauna
Body Piercing	Shaving
Colonic Irrigation	Skin Care (Aesthetics)
Electrolysis	Spas (Health or Fitness Clubs)
Face Painting	Steam Baths
Flotation Tanks	Tanning
Hair Services	Tattooing
Laser Therapy	Therapeutic Touch Techniques
Manicure/Pedicure	Waxing

**NOTE:** The inclusion of any personal service on the above list does not imply that the Ministry of Health endorses these services as being either safe or useful, regardless of whether or not these guidelines are being followed.

Portions of these guidelines may not apply to some specific services and generally do not apply to services that fall within the scope of medical services or any procedures being performed by a health care professional who is a licensed practitioner under specific provincial legislation.

Guidelines which apply to specific types of services or premises that have already been developed (e.g. Guidelines for Tanning Salon Operators, Guidelines for Tattooing) and any other guidelines which may be developed in the future for the Ministry of Health, are intended to be used in conjunction with these general guidelines.

## 2. PREMISES AND GENERAL OPERATION

- A. Prior to commencing construction and operation, facilities and the plans for such may be required to be inspected by the Medical Health Officer or his or her delegate.
- B. Maintain the premises in a clean, sanitary, pest-free condition and in good repair.
- C. Construct or install floors, walls and ceilings of easily cleanable material and maintain them in a good state of repair.
- D. Use or install tables, counter tops, cabinets and other furniture constructed of non- absorbent, easily cleanable material and keep them clean and sanitary.
- E. Provide sufficient space for storage of equipment, supplies and instruments.
- F. Provide hand basins with hot and cold running water and toilets in a convenient location and accessible to patrons and operators. Provide soap in dispensers and single service towels at all times.
- G. Install backflow prevention devices in all situations where contaminated water has the potential of entering the potable water system.
- H. Ensure that all premises offering personal services are:
  - entirely separate from any premises used for living, or sleeping purposes;
  - entirely separate from any food storage, preparation or delivery premises and any other incompatible businesses;
  - adequately lighted and ventilated; and,
  - designed specifically for the particular service(s) provided.
- I. Install and maintain ventilation systems in accordance with the local building by-law. Local exhaust ventilation may be required.
- J. Ensure that Material Safety Data Sheets (MSDS), provided by suppliers, are available for all hazardous products and are kept up to date.
- K. Thoroughly wash in hot water all towels, pillow coverings and other launderable items that come in contact with a patron after each use and dry them in a clothes dryer set at the hottest temperature.
- L. In operations where the patron is enclosed in a small room, ensure that the door shall open outward and be unlockable from the outside by staff , to provide easy emergency access.

### 3. EQUIPMENT

- A. All equipment, instruments and supplies used in the facilities shall be of durable construction and maintained in good repair, and shall be operated in a safe and careful manner and in accordance with the instructions of the manufacturer.
- B. Treat motors and frames of all equipment that might become contaminated at least daily, and after obvious contamination, with an effective chemical disinfectant.
- C. Ensure that all equipment and surfaces which come into contact with exposed skin can be easily cleaned, and are disinfected or covered with clean paper, freshly laundered linen or approved single-use material before each patron uses the equipment.
- D. All sunlamps (including tanning beds) shall comply with the regulations specified for sunlamps under the Radiation Emitting Devices Act. Tanning salon operators should check with their equipment supplier that their sunlamps and tanning beds comply with this Act before purchasing any new, used or replacement equipment. See also the British Columbia Ministry of Health's "Guidelines for Tanning Salon Operators" — PHI 080 — available from your local Health Authority.

### 4. INFECTION CONTROL

#### Wash your Hands!

The best way to stop diseases from spreading is to wash your hands well, before attending to any new client and after having finished with that client.

Use the following method to make sure your hands are free of germs:

- 1) Remove all jewelry
- 2) Wet hands with warm running water.
- 3) Apply liquid soap and lather well. Rub your hands vigorously as you wash them.
- 4) Wash ALL surfaces, including
  - backs of hands
  - wrists
  - between fingers
  - under fingernails
- 5) Rinse your hands well. Leave the water running.
- 6) Repeat steps 3 through 5.

- 7) Dry your hands with a single-use towel.
- 8) Turn off the water using the same towel, or with a paper towel, not your bare hands.

NOTE: when washing your hands frequently, it is important to dry them gently and thoroughly to avoid chapping. Chapped skin breaks open, thus permitting bacteria to enter a person's system. Therefore, if you have to wash your hands frequently you should apply hand lotion as needed to keep your skin soft and reduce chapping. Staff with skin lesions (open sores) on their hands should wear disposable rubber gloves or avoid direct contact with clients.

### ***Sterilization & Disinfection***

A. Equipment, instruments and materials used in personal service establishments all fall into one of the following categories and must be either sterilized or disinfected accordingly:

- i) **CRITICAL ITEMS:** Defined as those items which puncture the skin, or enter sterile tissue e.g. body piercing instruments, tattooing needles, and razors.

**CRITICAL ITEMS must be purchased as sterile and properly disposed of after a single use, or sterilized between each use as per Appendix A.**

Sterilization is considered to be the complete destruction of microbial life. Heat sterilization should be used whenever possible. A chemical sterilant may also be used if precise controls on organic load, shelf life, contact time, temperature and pH are ensured. Manufacturer's directions must be followed in all cases.

**When sterilizing "critical items", the method used for effectiveness (e.g. time/temperature test strips in autoclaves) must be monitored.**

NOTE: Sharp objects which can be expected to puncture the skin can transmit HIV if used on consecutive clients. Most people are aware that this applies to needles and scalpels, but it is also important to note that razors used for shaving also have this potential. Though very rare, documented transmissions through the use of a common razor in a household setting have occurred. The transmission of the Hepatitis B virus by shared razors is also possible. Theoretically, any disease-causing agent found in blood could be transmitted in this manner. Therefore, ***barbers who shave customers are advised to use a new, disposable razor for each client.*** If a straight razor is to be re-used, only those modes of sterilization deemed appropriate for "Critical Items" (above) will suffice. Methods may include steam autoclave or 100% undiluted bleach for 30 minutes. Diluted bleach may not suffice.

- ii) **SEMI-CRITICAL ITEMS:** Defined as those items which come in contact with the mucous membranes, e.g. eyes, ears, nose, mouth or any other body orifices, or with skin that is not intact, e.g. instruments used for acne treatment.

**SEMI-CRITICAL ITEMS** must be purchased as sterile and disposed of after a single use, or treated using high level disinfection after each use.

High level disinfection is considered to destroy all microorganisms with the exception of many bacterial spores. High level disinfection is accomplished by a glass bead sterilizer. A chemical sterilant may also be used if precise controls on organic load, shelf life, contact time, temperature and pH are ensured. Manufacturer's directions must be followed at all times.

- iii) **NON-CRITICAL ITEMS:** Defined as those items which come in contact with intact skin but not with mucous membranes, e.g. suntan bed surfaces.

**NON-CRITICAL ITEMS** must be purchased as sterile and disposed of after single use, or treated using low level disinfection.

Low level disinfection kills most bacteria, some viruses and some fungi but does not necessarily kill resistant microorganisms and spores. A variety of low level disinfectants can be used.

- B. For specifics on sterilization and disinfection refer to Appendix A.
- C. Before sterilization or high level disinfection, the following steps should be followed:
- To avoid debris from drying on instruments, place items in a disinfecting bath immediately after use.
  - Rinse items in hot water (cool water if blood-soiled).
  - Wash debris from items, preferably with an ultrasonic cleaner if instruments are handled.
  - Rinse.
- D. After sterilization or disinfection, handle and store items so as to prevent contamination.
- E. Maintain up-to-date written records of routinely implemented sterilization/disinfection procedures for specific items.
- F. Dispose of all equipment, instruments and materials intended for single use upon patrons immediately after that single use. Likewise, any items that cannot be disinfected or sterilized adequately (in accordance with Appendix A) must also be considered disposable, and must be disposed of after being used.

- G. Collect all waste matter in appropriate containers and dispose of it in a sanitary fashion.
- Use a disposable, rigid, puncture-resistant “sharps” container to dispose of all needles and other sharp equipment.
  - Do not re-cap disposable needles. Discard them directly into the “sharps” container.
  - When sharps containers are full, add 1/2 cup of household bleach, and fill container with water. Seal the container and discard with the regular refuse.
  - Discard paper towels, tissues and other potentially contaminated items into plastic bags.

## 5. OTHER MATERIALS

- A. Keep all creams, lotions, powders and other cosmetics in clean, closed containers. Dispense them using one of the following methods:
- Use a clean single service spatula to remove a portion of the substance from its container;
  - Use a metal or plastic collapsible tube; or,
  - Use individualized single-service portions to prevent contamination of bulk materials.
- B. Fluids that come in contact with mucous membranes shall meet semi-critical disinfection requirements (as defined in Appendix A). Fluids that come into contact with subcutaneous tissue shall also be sterile (as defined in Appendix A).

## 6. PERSONNEL

Ensure that all persons engaged in providing personal services:

- practice acceptable personal hygiene;
- if known to have a communicable disease or skin lesions (open sores) on hands, observe appropriate infection control precautions;
- wear clean outer garments;
- wash hands with soap and warm water immediately before and after providing each service;
- refrain from smoking while providing service;
- demonstrate competency in the use of equipment and procedures in their field of practice;
- provide specific personal services, and use and maintain the instruments and equipment required for those services, so as to prevent a health hazard from occurring; and
- are familiar with these guidelines.

All persons providing personal services in a tanning salon should also be familiar with the British Columbia Ministry of Health's "Guidelines for Tanning Salon Operators" — PHI 080 — available from their local Health Authority.

All persons providing personal services in a tattooing establishment should also be familiar with the British Columbia Ministry of Health's "Guidelines for Tattooing" — PHI 082 — available from their local Health Authority.

## **ACKNOWLEDGEMENTS:**

Special thanks for many hours of research, review and consultation in the development of these guidelines are directed to the Vancouver Health Department, Environmental Health Division, to the Personal Services Establishment Guideline Committee (consisting of Kenneth L. Christian, chair, Peter Jacobs, Dr. William Moorehead, Regan Smith, Dr. Robert Fisk, and Graydon Gibson, secretariat) to Dr. Brian Emerson and the Scientific Sub-committee on Communicable Disease of the Health Officer's Council, and to Provincial Health Officer Dr. John S. Millar.

The Ministry of Health welcomes comments and/or suggestions from persons engaged in the provision of personal services regarding the contents of these guidelines, and will take any such feedback into consideration for future revisions of the guidelines.

## APPENDIX A - Methods of Sterilization and Disinfection

STERILIZATION (for "Critical" Items)		
METHOD*	TEMPERATURE & PRESSURE METHODS OF PROCESSING	MINIMUM EXPOSURE TIME
A	Wrapped items 121° C, 15 psi	30 minutes
A	Unwrapped items 121° C, 15 psi	20 minutes
B	160° C	2 hours
B	170° C	1 hour
B	121° C	16 hours
D		10 hours
E		6 hours
F		6 hours

HIGH LEVEL DISINFECTION (for "Semi-Critical" Items)		
METHOD*	REQUIRED TEMPERATURE OR CONCENTRATION	MINIMUM EXPOSURE TIME
C	218° C	10 minutes
D	Follow manufacturers directions	≥ 20 minutes
E	Follow manufacturers directions	≥ 20 minutes
F	Follow manufacturers directions	≥ 20 minutes
G	100° C	≥ 5 minutes
H	1000 ppm	≥ 20 minutes
L	500 ppm	

LOW LEVEL DISINFECTION (for "Non-Critical" Items)		
METHOD*	REQUIRED TEMPERATURE OR CONCENTRATION	MINIMUM EXPOSURE TIME
I		4-10 minutes
J	100 ppm	10 minutes
K	Follow manufacturer s directions	10 minutes
L	100 ppm	10 minutes
M	Follow manufacturer s directions	10 minutes

Alternative methods of disinfection may be approved by the Medical Health Officer. For further information about the sterilization and disinfection techniques referred to in these tables, please contact your local Environmental Health Officer.

\* For information on the Methods referred to here, see the Key to Appendix A on the next page.

Table derived in part from "APIC Guideline for Selection and Use of Disinfectants," W.A. Rutala, 1990, and "The Prevention of Cross Infection in the Physician's Office," Douglas D. Drummond, MD, CCFP for the Committee on Office Medical Practice Assessment, College of Physicians and Surgeons of BC, February, 1992.



## KEY TO APPENDIX A METHODS:

- A. Steam autoclave
- B. Dry Heat Sterilizer (hot air oven)
- C. Bead Sterilizer - must be operated according to manufacturer's specifications. Before another instrument is inserted, a recovery time must be allowed before the insertion of the next instrument. New models with a thermometer on the front are strongly recommended. Older models with a "ready light" must be tested for the required temperature of 218°C at the beginning of each day. This temperature is to be recorded and maintained for inspection programs.
- D. Glutaraldehyde - based formulations (2%).
- E. Demand release chlorine dioxide (will corrode aluminum, copper, brass, series 400 stainless steel and chrome with prolonged exposure).
- F. Stabilized hydrogen peroxide (6%) (will corrode copper, zinc and brass).
- G. Boiling.
- H. Sodium hypochlorite solution (1,000\* ppm available chlorine; corrosive).
- I. Ethyl or isopropyl alcohol (70-90%).
- J. Sodium hypochlorite (100\* ppm available chlorine).
- K. Phenolic germicide.
- L. Iodophor germicide.
- M. Quaternary ammonium germicide (e.g. Barbicide).

**\* To prepare chlorine solution:**

- 1,000 ppm - add 5 tsp. (25ml) household bleach to 1 L. water.
- 100 - 200 ppm - Add 1 tsp. (5ml) household bleach to 1 L. water.
- Mix fresh solution at least once per day

This booklet can be viewed on the Ministry of Health website at:

<http://www.hlth.gov.bc.ca/protect/persserv.html>

COMMUNICABLE DISEASE CONTROL  
HEALTH PROTECTION AND SAFETY

# Guidelines for Ear and Body Piercing



BRITISH  
COLUMBIA

Ministry of Health and  
Ministry Responsible for Seniors

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## **PURPOSE**

To describe the requirements for Personal Service Establishments (PSEs) carrying out piercing of the ears, lips, eyebrows, nose, tongue, nipples, navel, genitals and other body parts.

## INTRODUCTION

Body piercing carries an elevated risk of infection or injury, due to the difficulty in maintaining control of infection in a non-sterile site or proximity to delicate body structures. Risks include damage to nerve tissue, hepatitis B, hepatitis C, tetanus and HIV. Local infections can cause illness, loss of sensation (numbness), deformity and scarring. Clients undergoing this procedure should be advised to discuss these risks with their family physician. Individuals with skin disorders, infections or bleeding disorders should not be pierced.

When a person chooses to be pierced, it is important for that person to be aware of the health risks involved, so they can make an informed decision about getting pierced. This booklet is designed to provide owners and staff of body piercing establishments with a set of guidelines that will help them prevent health risks both to their clients and themselves, particularly the spread of infectious or communicable diseases. It also addresses the issue of informed consent.

Public Health Officials may refer to this document and to the British Columbia Ministry of Health's *Guidelines for Personal Services Establishments* (PSEs) (see internet site: <http://www.hlth.gov.bc.ca/protect/persserv.html>) when assessing whether a piercing establishment is being operated in accordance with the *Personal Services Establishment Regulation*. However, following the guidelines listed in this document does not relieve the owner and/or operator of the obligation to take any additional measures necessary to prevent health hazards from occurring in the establishment. Operators are also responsible for ensuring that they are carrying on business in compliance with municipal and other regulatory requirements, and for obtaining business licences and/or operating permits from the appropriate licensing authorities.

## INFORMED CONSENT

Operators must consider the issue of informed consent by their customers in addition to taking measures to prevent disease transmission and injury. A large percentage of complaints regarding the piercing industry arise from the piercing of minors. It is recommended that operators seek legal advice on the use and form of a declaration of health risks and a consent to being pierced. In general terms, operators should satisfy themselves that customers are undertaking the procedure of their own free will and not as a result of a bet or a dare, that they are not under the influence of alcohol or other judgement-altering drugs, and that they are aware that piercing carries health risks, although these risks are reduced if these guidelines are followed. In order to give their informed consent minors must have the maturity to and must understand all the implications of being pierced. It is recommended that operators require minors to obtain parental consent.

## 1. PREMISES AND GENERAL OPERATION

Refer to *Guidelines for Personal Service Establishments (PSEs)* - Sec. 2.

A hand basin with hot and cold running water is required in every treatment room where piercing is carried out.

All surfaces, including counters, tables, equipment and chairs in service areas shall be made of smooth, non-absorbent and non-porous material.

Smoking is not permitted in the piercing area.

Lighting in piercing work areas should be capable of 100 foot candle illumination.

The area where piercing takes place should be separated from the rest of the establishment by a wall or partition to provide privacy as needed.

A standard No. 2 Unit Kit (first aid), as recommended by the Workers' Compensation Board is to be fully stocked and readily available for use at all times.

Mobile or temporary body piercing facilities must be approved by the Medical Health Officer or his delegate before they start operation.

## 2. PREPARATION AND HANDLING OF INSTRUMENTS AND EQUIPMENT

Refer to *Guidelines for Personal Service Establishments (PSEs)* - Sec. 3.

See also *Infection Prevention and Control Practices for Personal Services: Tattooing, Ear/Body Piercing, and Electrolysis*, published by Health Canada/Canada Communicable Disease Report (also on the internet, at <http://www.hc-sc.gc.ca/hpb/lcdc/publicat/ccdr/99vol25/25s3/index.html>).

Body piercing implements must be used as directed by the manufacturer.

Use disposable tray and table covers.

Reusable, non-sterile implements (ie. callipers, scissors, haemostats, Penningtons, clamps, pliers) must be sterilized after each use as per the Critical Items section in Appendix A of the Guidelines for Personal Service Establishments and stored in clean, sterilized containers.

An autoclave sterilizer in proper working order should be used to sterilize critical instruments and equipment. Time temperature test strips should be used to monitor the sterilizer's effectiveness, at an interval recommended by the manufacturer.



All non-porous equipment (ie. forceps, french clothespins, receiving tubes) must be pre-sterilized and disposed of immediately after a single use in an appropriate manner. Porous equipment that cannot be sterilized should be disinfected as per Appendix A of the *Guidelines for Personal Service Establishments*. Use only single use razors.

Where items are prepackaged (ie. needles and instruments) the plastic/paper packaging must not be reused. Packages that are torn, punctured or wet should **not** be considered as sterile, and must be re-sterilized or disposed of.

A small flashlight or transdermal illuminator should be used to illuminate skin/tissue to avoid piercing blood vessels in certain areas of the body, e.g. the scrotum. The flashlight or illuminator should be covered with a single-use plastic sheath prior to use. Following use for one client the flashlight or illuminator should be cleaned and disinfected with a low level disinfectant.

Work surfaces should be damp-wiped with an appropriate disinfectant (eg. 10% household bleach solution or 70% isopropyl alcohol) after each client. (See also *Guidelines for Personal Service Establishments (PSEs)*, appendix A - Methods of sterilization and disinfection).

### **3. INFECTION CONTROL**

#### **General**

Refer to *Guidelines for Personal Service Establishments (PSEs)* - Sec. 4.

Single-use, pre-sterilized, stainless steel needles must be used for all types of body piercing, with the exception of ear lobes (see Section 3a, below).

All pre-sterilized needles must be used only once and discarded in a sharps container.

Piercing needles should be maintained in a sterile condition prior to being used and should not come into contact with any contaminated surface during use.

The use of styptic pencils or alum solids to control blood flow is prohibited.

Single-use disposable paper products, and single-use protective gloves shall be used for each client.

Disposable products (eg. corks, elastic bands, cotton swabs, razors etc.) that come into contact with the area(s) to be pierced shall be stored in closeable clean containers and removed either with sterile forceps or using a fresh pair of rubber gloves to avoid contamination of other items in the container.

A surgical alcohol-based marking pen should be used to mark piercing points. The pen should be used only after the skin has been cleaned (see skin cleaning).

Jewellery used in piercing must be non-allergenic only and includes implant-grade stainless steel (300 series, e.g. 316L), 14 to 18 carat gold, niobium, and titanium. The use of other metals or alloys increases the risk of allergic reaction to the insert.

### **Skin Preparation**

The skin area to be pierced should be examined for signs of infection, open lesions, rashes or other irregularities and if these are found the piercing should be postponed.

Piercers shall clean the client's skin, except for the areas around the eyes, by washing it with an approved antiseptic solution (see Appendix A in the *Guidelines for Personal Service Establishments*) applied with a clean single-use paper product (e.g. Q-tip) before and after piercing the client's skin. For the area around the eyes the skin should be cleaned with warm water. An antibacterial mouth wash may be used before piercing the tongue, lips or cheeks.

### **Cleaning**

Contaminated or dirty instruments must be pre-cleaned before the disinfection or sterilization process.

Ultrasonic cleaners should be used as a method of cleaning debris from reusable instruments before sterilization, however, the solution must be discarded after each client. Ultrasonic cleaners must be operated with the lid on to prevent any micro-organisms from becoming airborne and contaminating surfaces in the establishment. Ultrasonic cleaners **do not** sterilize or disinfect.

If rubber bands are used on clamps, the rubber bands should be removed and disposed of before the clamps are cleaned.

Used or dirty linens shall be disposed of or stored in a closed covered container until laundered.

## **Disinfection**

All work surfaces and equipment which cannot be autoclaved (e.g. ear piercing guns) should be damp-wiped with a disinfectant such as 10 per cent household bleach solution, 70% isopropyl alcohol or equivalent after each client. (See also *Guidelines for Personal Service Establishments (PSEs)*, Appendix A).

All jewellery should be sterilized or disinfected by soaking in 70% isopropyl alcohol for 5 to 10 minutes prior to use.

## **Sterilization**

Previously used or worn jewellery must be autoclaved prior to being inserted.

All items for sterilization should be packaged in paper, plastic or paper/plastic "peel down" pouches/bags to protect the instrument when it is sterile and permit its removal without becoming contaminated. Hinged instruments should be opened ("crossed out") before placing in bags.

Sterile packages should be removed from the sterilizer without contamination (ie with forceps) and stored in clean, designated storage cabinets. Instruments should remain in their sterile packages until used.

All equipment should be sterilized before use by autoclaving (steam under pressure) or dry heat. See *Guidelines for Personal Service Establishments (PSEs)* - Section 4 and appendix A.

*Sterilization can not be achieved by using a glass bead sterilizer, microwave oven, domestic oven, pressure cooker, boiling pot or ultraviolet cabinet.*

### **3a. REQUIREMENTS FOR FACILITIES PROVIDING EARLOBE PIERCING ONLY**

*Specialized ear piercing guns should only be used for piercing of the earlobe. No other part of the body or ear should be pierced by using a piercing gun.*

Facilities should use an ear piercing gun manufactured and designed to both minimize contact with the client's skin and to insert a pre-packaged sterilized ear piercing stud into the ear lobe simultaneously with piercing.

The ear piercing gun shall be made of non-porous material which is able to be disinfected. All parts of the ear piercing gun in direct contact with the client's skin, blood or body fluids should be disinfected before and after use on a client.

Ear piercing guns designed with a disposable stud-holding cartridge are highly recommended. The disposable cartridge must be removed following the piercing of the ear lobe, and a new sterile cartridge put in place for the next client.

Single-use prepackaged sterilized ear piercing studs should be used for each client.

New or disinfected ear piercing guns should be stored separately from used or soiled guns or instruments.

If piercing is done from client to client without interruption a second ear piercing gun will be needed to allow enough time to properly disinfect the first gun before it is used again.

## **4. OTHER MATERIALS**

Refer to *Guidelines for Personal Service Establishments (PSEs)* - Sec. 5.

## **5. WASTE DISPOSAL**

Refer to *Guidelines for Personal Service Establishments (PSEs)* - Sec. 4G regarding disposal of sharps and other potentially contaminated items.

Disposable materials (eg. cotton, gauze, paper towelling, etc.) should be discarded after each use on a client.

## 6. PERSONAL SERVICE WORKERS

Refer to *Guidelines for Personal Service Establishments (PSEs)* - Sec. 6.

The piercer should follow Standard Precautions Guidelines (see Health File #29, attached) with every client.

It is recommended that all piercers be immunized against Hepatitis B and tetanus (lockjaw).

It is recommended that at least three sets of single-use latex or vinyl gloves be used during the piercing process (ie. 1) to set up tray; 2) to clean and mark customer and open sterile packs; and 3) to perform actual piercing procedure). Gloves must be changed between clients and must not be re-used. The regular changing of gloves is not a substitute for hand washing between clients. Ask for a copy of the Workers' Compensation Board publication *Dealing with "Latex Allergies at Work"*. (You can also view this on the internet at: <http://www.worksafebc.com/pubs/brochures/howto/latex.asp>)

The piercer should wash his/her hands before and after piercing and after glove removal. See *Guidelines for Personal Services Establishments (PSEs)* - Sec. 4 Infection Control (Wash your hands!).

Each piercer should wear a clean outer garment.

Eye shields are recommended if the spattering of blood is likely to occur while providing services.

It is recommended that the operator have basic first aid training.

The piercer should consult a physician immediately if there is an accidental exposure to blood or other body fluids (e.g. a needlestick injury). Time is of the essence in reducing the risk of infection from such an exposure. ( See Health File #29, attached).

## **7. POST-PIERCING AFTER CARE**

Oral and written instructions for care at home should be provided to the client. The signs and symptoms of possible complications should be discussed. Advise the client how to deal with slight redness, pain and swelling. The client should be advised to seek medical advice if infection develops. Do not remove jewelry from an infected piercing but seek medical advice.

Oral contact with or handling new piercings can cause infection and should be avoided.

During the healing process of piercings of the genitalia, couples can promote good hygiene by wearing a condom during intercourse to minimize the risk of infection.

This booklet may be viewed on Ministry of Health's Internet site, at  
<http://www.hlth.gov.bc.ca/protect/persserv.html>

COMMUNICABLE DISEASE CONTROL  
HEALTH PROTECTION AND SAFETY

# Guidelines for Tattooing



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COLUMBIA

Ministry of Health and  
Ministry Responsible for Seniors



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## INTRODUCTION

Improperly used tattooing equipment carries a risk of infection from serious communicable diseases (such as hepatitis B, hepatitis C and HIV) and of injury. Clients undergoing this procedure should be advised to discuss these risks with their family physician. Individuals with heart disease, seizures, diabetes, skin disorders, infections or bleeding disorders should not be tattooed.

When a person chooses to acquire a tattoo, it is important for that person to be aware of the health risks involved, so they can make an informed decision about getting a tattoo. This booklet is designed to provide owners and staff of tattoo studios with a set of guidelines that will help them prevent health risks both to their clients and themselves, particularly the spread of infectious or communicable diseases. It also addresses the issue of informed consent.

Public Health Officials may refer to this document and to the British Columbia Ministry of Health's *Guidelines for Personal Services Establishments (PSEs\*)* when assessing whether a tattoo studio is being operated in accordance with the Personal Services Establishment Regulation. However, following the guidelines listed in this document does not relieve the owner and/or operator from the obligation to take any additional measures necessary to prevent health hazards from occurring in the establishment. Operators are also responsible for ensuring that they are carrying on business in compliance with municipal and other regulatory requirements, and for obtaining business licences and/or operating permits from the appropriate licensing authorities.

## INFORMED CONSENT

Operators must consider the issue of informed consent by their customers in addition to taking measures to prevent disease transmission and injury. A large percentage of complaints regarding the tattoo industry arise from the tattooing of minors. It is recommended that operators seek legal advice on the use and form of a declaration of health risks and a consent to being tattooed. In general terms, operators should satisfy themselves that customers are undertaking the procedure of their own free will and not as the result of a bet or dare, that they are not under the influence of alcohol or other judgement-altering drugs, and that they are aware that tattooing is permanent and carries health risks, although these risks are reduced if these guidelines are followed. In order to give their informed consent minors must have the maturity to and must understand all the implications of being tattooed. It is recommended that operators require minors to obtain parental consent.

\* This booklet may be viewed on Ministry of Health's Internet site, at <http://www.hlth.gov.bc.ca/protect/persserv.html>

## 1. PREMISES AND GENERAL OPERATION

- Refer to *Guidelines for Personal Service Establishments (PSEs)* – Sec. 2.
- Smoking should not be permitted in the tattooing area.
- Lighting in tattoo work areas should be capable of 100 foot candles illumination.
- The area where tattooing takes place should be separated from the rest of the studio by a wall or partition to provide privacy as needed.
- An ultrasonic cleaning device should be used, and the solution discarded after each client.
- A proper autoclave sterilizer should be provided and should be in proper working order. Time temperature test strips should be provided to monitor the sterilizer's effectiveness.

## 2. PREPARATION AND HANDLING OF INSTRUMENTS AND EQUIPMENT

- Refer to *Guidelines for Personal Service Establishments (PSEs)* – Sec. 3.
- Only professional tattooing machines with removable tubes should be used.
- The tattooing machine should be assembled in a manner which prevents contamination of the sterilized needle sets.
- All clip cords and spray bottles should have triggers and grasped areas protected by plastic bag or wrap which is disposed of after each client.
- Stainless steel needles are recommended. They should be soldered onto the needle bars with lead-free solder. Residue build-up from the soldering process should be removed using an ultrasonic cleaning device.
- Work surfaces should be damp-wiped with disinfectant (e.g. 10% household bleach solution or 70% isopropyl alcohol) after each client. (See also *Guidelines for Personal Service Establishments (PSEs)*, Appendix A – Methods of sterilization and disinfection).
- Equipment and supplies should be stored in clean, designated storage cabinets.

### 3. PIGMENTS (DYES OR INKS)

- All pigments used should be chemically pure, non-toxic and non-sensitizing. Dry powder pigments should be prepared as per the manufacturer's specifications and in a hygienic manner. Dyes and pigments containing mercury (e.g. cinnabar/vermillion/red mercuric oxide) are not permitted to be used in Canada.
- Pigments needed for each client should be dispensed into small, sterile, single use capsules in a manner that prevents contamination of the pigments (e.g. using plastic squeeze bottles) and discarded after use with each client. Pigments should be stored and handled in a sanitary manner to avoid contamination (see Guidelines for Personal Service Establishments (PSEs), section 5a).
- *Caution:* Some individuals may have an allergic reaction to even the most pure and non-toxic pigments. If the client shows any type of allergic reaction during the tattooing process (e.g. paleness, shortness of breath, difficulty breathing, undue swelling, puffiness around the eyes) the tattooing process should be stopped and immediate emergency medical attention should be obtained.

### 4. INFECTION CONTROL

#### *General*

- A new sterilized needle set should be used for each client.
- All needles should be discarded after each use with each client. A needle set should not be stored for future use with the same client
- After tattooing, the remaining unused pigment(s) should be discarded.
- The needle(s) should not be tested on the tattoo artist's skin before or during use.
- The tattoo needle(s) and tube tip should be maintained in a sterile condition prior to being used and should not come into contact with any contaminated surface during use.
- If tube and needle sets are rinsed between colours, this should be done using an ultrasonic cleaning device, and the solution discarded after each client.
- Excess pigment should be removed from the skin with a clean, absorbent and disposable material (e.g. paper towel or facial tissue) in conjunction with an antiseptic solution such as "tincture of green soap".

### *Skin Preparation*

- The skin area to be tattooed should be examined for signs of open lesions, rashes or other irregularities and if found the tattoo should be postponed.
- Disposable razors should be used, one for each client. Alternately, metal safety razors with disposable blades may be used but the blade should be discarded after use on one client and the razor sterilized prior to re-use.
- The skin should be washed well with soap and then swabbed with a disinfectant (eg. Germiphene, 70% alcohol, Hibitane 2% solution, or providone iodine 10% solution) before tattooing.
- Any adhesive used to apply a stencil to the skin (e.g. deodorant stick) should be applied with a single use, disposable item (such as a paper towel, tongue depressor, plastic wrap, etc) to prevent contamination of the adhesive source. Sprayed-on adhesives (e.g. Green Soap Tincture in a spray bottle) are acceptable.
- If lubricating gel such as petroleum jelly is used, individual portions should be dispensed without contaminating the bulk supply (e.g. by using disposable tongue depressor, not fingers). Refer to the *Personal Service Establishment Guidelines (PSEs)*, Section 5A. Any unused portion should be discarded.

### *Cleaning*

- At the end of the session, disposable needles should be melted off the needle bar and discarded into a puncture resistant (i.e. "sharps") container.
- Gloves should be worn when removing the needles from bars. Procedures should be followed which minimize the handling of needles.
- Used bars and tubes should be stored in a suitable container prior to cleaning. All containers used to hold contaminated instruments should be cleaned and disinfected daily.
- Prior to sterilization, used needle bars and tubes (including the inside of the tube) should be scrubbed to remove any adherent matter and then cleaned in an ultrasonic cleaning device. Ultrasonic cleaning detergents should be discarded after use with each client.

### *Disinfection*

- Plastic stencils should be washed in soap and warm water and disinfected with a solution of 70% alcohol before use and after use. Paper stencils should be discarded after one application.
- All work surfaces and equipment which cannot be autoclaved (e.g. tattoo machines) should be damp-wiped with a disinfectant such as 10 per cent household bleach solution, 70% isopropyl alcohol or equivalent after each client. (See also *Guidelines for Personal Service Establishments (PSEs)*, Appendix A).

### *Sterilization*

- All needles, tubes and bars should be sterilized before use by autoclaving 30 minutes at 121 degrees Celsius at 103 kps (15 psi) in autoclave bags or steriseal-type pouches with indicators or indicator tape. See also *Guidelines for Personal Service Establishments (PSEs)* – Section 4 and appendix A.
- Sterile packages should be removed from the sterilizer without contamination (ie with forceps) and stored in clean, designated storage cabinets. Instruments should remain in their sterile packages until used.
- Plastic peel packs are considered to keep the wrapped instrument sterile for 6 to 12 months. Check the manufacturers specifications for storage times.

## 5. WASTE DISPOSAL

- Disposable materials (eg. cotton, gauze, paper towelling etc.) should be discarded after each use on a client.
- Refer to *Guidelines for Personal Service Establishments (PSEs)* – Sec. 4G regarding disposal of sharps and other potentially contaminated items.

## 6. PERSONAL SERVICE WORKERS

- Refer to *Guidelines for Personal Service Establishments (PSEs)* – Sec. 6.
- The tattooist should follow Universal Precaution guidelines (see Health File #29 at the Ministry of Health's website:  
<http://www.hlth.gov.bc.ca/hlthfile/index.html>
- The tattooist should wash his/her hands before and after tattooing. See *Guidelines for Personal Services Establishments (PSEs)* – Sec. 4 Infection Control (Wash your hands!).
- Each tattooist should wear a clean outer garment.



- It is recommended that single-use latex or vinyl gloves be used during the tattooing process. Gloves should be changed between clients and should not be re-used. The regular changing of gloves is not a substitute for hand washing between clients.
- Information on latex sensitivity to gloves can be obtained from local Health Departments.
- It is recommended that all tattooists be immunized against Hepatitis B and tetanus (lockjaw).
- The tattooist should consult a physician immediately if there is an accidental exposure to blood or other body fluids. Time is of the essence in reducing the risk of infection from an exposure.

## 7. POST-TATTOOING SKIN CARE

- The tattooed area should be wiped clean with an alcohol swab, Hibitane 2% solution, or povidone iodine 10% solution and covered with a sterile non-stick dressing which should be taped to the skin and left in place for 24 hours.
- Ointments should be applied in a manner which will prevent the contamination of bulk supplies (i.e. use disposable tongue depressor, not fingers).
- The tattooist should provide the client with verbal and written skin care instructions after tattooing and should instruct the client to consult a physician at the first sign of infection in the area of the tattoo.
- Open air exposure during the healing phase is the norm, but the tattoo should be covered if it is going to be excessively exposed to dirty environments.
- Constricting or abrasive clothing should not be worn directly on a tattooed surface for a few days in order to prevent irritation.
- Clients requesting tattoo removal should be referred to a physician, preferably one experienced in laser tattoo removal.
- The client should be advised not to swim in chlorinated or salt water, as either may leach out the pigment through the incompletely healed punctures. Intense sunlight exposure should be avoided until the tattoo is fully healed.

COMMUNICABLE DISEASE CONTROL  
HEALTH PROTECTION AND SAFETY

# Guidelines for Tanning Salon Operators



BRITISH  
COLUMBIA

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## GLOSSARY OF TERMS

*Corium* - lowest (innermost) layer of cells in the skin.

*Delayed tanning* - tanning process resulting in an increase in the amount of melanin pigment produced in the skin.

*Epidermis* - outer layers of skin in which melanin is found, and where tanning occurs.

*Erythema* - the medical term for inflammatory redness of the skin. It can be produced by exposure to UVR, particularly UVB radiation. When this happens, it is commonly called "sunburn".

*Immediate pigment darkening* - tanning process that darkens only the melanin pigment already present in the skin.

*Melanin* - pigment in the skin which becomes darker when exposed to ultraviolet radiation.

*Melanoma* - most serious form of skin cancer.

*Photokeratitis and photoconjunctivitis* - painful injuries to the unprotected eye caused by overexposure to UVR

*Stratum corneum* - tough outer layer of dying skin cells.

*UVA* - ultraviolet radiation (sometimes called "long wave" radiation - 320 to 400 nanometres) most common in commercial tanning equipment

*UVB* - ultraviolet radiation (sometimes called "short wave" radiation - 280 to 320 nanometres) responsible for most sunburns as well as long lasting tans. UVB is found at varying levels in all commercial tanning devices.

*UVR* - ultraviolet radiation - includes the entire spectrum (100 to 400 nanometres) of ultraviolet radiation, including UVC radiation (100 - 280 nanometres).

## INTRODUCTION

Prolonged exposure to Ultraviolet (UV) A and B radiation can cause sunburns, premature skin aging, skin cancers, cataracts and other eye and skin diseases. It has been shown that UV can affect the immune system of the skin.

The rate of skin cancer in the British Columbia population has doubled over the last 20 years. In Canada this year about 65,000 Canadians are expected to develop skin cancer. One in seven of today's children is expected to develop some form of skin cancer in his or her lifetime. Evidence indicates that 85 per cent or more of all skin cancers are caused by exposure to UV radiation.

When a person chooses to acquire or enhance a tan using a tanning salon facility, it is important for that person to be aware of the hazards involved, so they can make an informed decision about the amount of exposure they receive. This booklet is designed to give owners and staff of tanning salons a fundamental knowledge of ultraviolet radiation, and its effects on people exposed to the various types of UV radiation. It discusses the risks of tanning, provides information on certain products that increase that risk, and provides a list of general guidelines for tanning salon personnel to help reduce health risks both to their clients and to themselves. The final section contains a series of questions and answers for tanning salon personnel which lets them test their knowledge and understanding of the information in this booklet.

Public Health Officials may refer to this document and to the Ministry of Health's *Guidelines for Personal Services Establishments*\* when assessing whether a tanning salon is being operated in accordance with the Personal Services Establishment Regulation. However, following the guidelines listed in this document does not relieve the operator from the obligation to take any additional measures necessary to prevent health hazards from occurring in the establishment. Operators are also responsible for ensuring that they are carrying on business in compliance with municipal and other regulatory requirements, and for obtaining business licences and/or operating permits from the appropriate licensing authorities.

\*Note: These Guidelines for Tanning Salon Operators, and the Guidelines for Personal Services Establishments, can both be viewed on the internet, at: <http://www.healthservices.gov.bc.ca/protect/pdf/PHI080.pdf>

## **RISKS OF TANNING**

### **Sunburn**

Sunburn (or erythema) is an inflammatory redness of the skin, caused by too much exposure to UV radiation, particularly UVB radiation. When the skin can't produce enough melanin or isn't thick enough to protect itself from UV radiation, the skin begins to burn. The small blood vessels in the skin dilate and increase the blood flow to the skin's surface, making it red and sore. This reaction can be almost immediate in severe cases, or may develop up to 24 hours later in less severe cases of overexposure.

People with fair skin who always burn and never tan are genetically incapable of producing sufficient melanin in their bodies to allow tanning. They will always burn, whether in the sun or when using tanning equipment.

### **Premature Aging**

UVR causes premature aging effects such as skin thickening, wrinkling and hardening. Overexposure to UVR can also make the skin more fragile and vulnerable to damage.

### **Skin Cancer**

Skin cancer is the most common form of cancer in Canada. In 1999, an estimated 64,000 new cases of this increasingly prevalent skin disease are expected. If current trends continue, one in seven of today's children will develop skin cancer during their lifetime.

Squamous and basal cell cancers are the most common, but rarely fatal, forms of skin cancer. Exposure to UV radiation causes these forms of cancer.

Malignant melanoma is a less common, but potentially deadly, type of skin cancer. Melanoma has been linked to intense intermittent and long-term exposure to ultraviolet radiation during childhood or the teenage years. Other risk factors for melanoma include a family history of melanoma, and physical attributes such as having lots of moles, and/or red or blond hair. Melanoma usually affects people from 25 to 50 years of age. (Source: Canadian Dermatology Association.)

The risk of developing skin cancer increases as total exposure to UVR increases. People with fair skin who burn easily are also most at risk of developing skin cancer.

## **Eye Problems**

Ultraviolet radiation may cause painful temporary injuries to the cornea and conjunctiva, called photokeratitis and photoconjunctivitis. These injuries — normally caused by too much UVB or UVC radiation — are more commonly known as ‘welder’s flash’ or ‘snow blindness’. These conditions may develop from 2 to 24 hours after exposure, but usually occurs within 6 to 12 hours. UVA radiation may cause eye aging effects, such as browning of the lens and loss of elasticity. Overexposure to UVB can cause cataracts in the lens. Some people have also reported retina damage due to too much UVR.

## **RISKS ASSOCIATED WITH TANNING SALONS**

### **Risks of overexposure to UV radiation**

A serious, although rarely occurring health risk associated with tanning salons is that of extreme overexposure to UV radiation during a single session which results in a serious case of erythema, or “sunburn”. These cases, although relatively rare, have caused serious harm to affected tanning salon clients. These incidents have usually been attributed to operator error in under-estimating the strength of the UV radiation being emitted from the equipment and/or over-estimating the maximum time that an artificial tanning session should last.

Maximum exposure times for different skin types depend on the strength and type of ultraviolet emissions from the ultraviolet light bulbs used in each individual piece of tanning equipment. There are many different models and brands of ultraviolet light bulbs available on the market, producing varying intensities and emitting different amounts of UVA and UVB radiation.

While all pieces of tanning equipment are required to carry specific information about maximum exposure times and minimum intervals between exposures, this information is based on the bulbs provided with the original equipment, when it was first manufactured. It is not uncommon, however, for replacement bulbs installed in tanning equipment by operators as part of their routine maintenance program to have different — and often higher — levels of ultraviolet emissions than the original manufacturer’s bulbs. Cases of overexposure to UV radiation have occurred as a result of clients being exposed to tanning equipment which has had its original bulbs replaced with newer, more powerful bulbs which have shorter maximum exposure times than those times which may be shown on the equipment.

For this reason, it is essential that operators ensure that clients are informed as to the maximum exposure time (in minutes) and the minimum time interval needed between consecutive exposures for the particular make and model of bulbs that are actually installed in each separate tanning machine.



The best way to determine how much UVA a bulb (or bulbs) is emitting is to measure it. Checking the bulb UVA output from time to time will assist operators in adjusting the recommended tanning times for first time users as the bulbs age and when new bulbs are purchased. Small, portable UVA meters are commercially available from this purpose.

Operators should not rely on the manufacturer's information on the exterior of the tanning device if there is any possibility that the bulbs may not be the same type as those installed with the original equipment. That information will only be correct if the original bulbs are still in place, or if bulbs identical to the originals have been used as replacements.

Operators should also note that:

- (a) Maximum exposure time cannot be increased to compensate for decreasing UV intensity as bulbs age; and
- (b) Different beds have different maximum exposure times. A client accustomed to tanning on a bed with a high proportion of UVA radiation must be advised that they cannot have a similar exposure time on a UVA tanning bed with a higher proportion of UVB radiation.

## **Risks of infection**

There is also a risk of transmission of infectious diseases (e.g. Pink Eye) from sharing of protective eyewear equipment. It is therefore recommended in these guidelines that customers of tanning salons be encouraged to purchase their own personal protective eyewear equipment for their own personal and exclusive use. If protective eyewear equipment is provided by the tanning salon, it should either be single-use and disposed of after use on a single client, or else such equipment must be disinfected after each use in accordance with the requirements for "Semi-Critical Items" as defined in the Ministry of Health's *Guidelines for Personal Service Establishments* (Section 4.A ii).

## **Risk of overhead bulbs breaking**

Another risk from tanning salons is the danger of the client getting injuries as a result of the overhead bulbs in two part or hinged tanning beds breaking and showering the client with broken glass. This may result from the client accidentally bumping against the overhead bulbs. It has also happened when an improperly installed bulb has simply fallen out of its socket and fallen onto the client. In either case, this danger can be minimized by ensuring that some form of physical barrier (i.e. a clear UV-transmitting acrylic cover) is in place between the lamps and the person being exposed to UV radiation, over the top section of two part or hinged tanning beds as well as over the bottom section. This barrier will prevent injury to the user of the equipment in case of accidental lamp breakage. It will also guard against burns from too close contact with the bulbs.

# HEALTH & SAFETY GUIDELINES

Owners/operators of tanning salons should refer to the Ministry of Health publication: *"Guidelines for Personal Service Establishments"*, available from the Environmental Health office of your local Health Unit or Department. These guidelines describe the minimum standards necessary to prevent health hazards from occurring in Personal Service Establishments as required under the Personal Service Establishments Regulation of the Health Act. In addition, operators should follow the guidelines listed below, which have been developed specifically for tanning salon operations.

## A. — GENERAL GUIDELINES:

### 1. Informed consent:

Operators of tanning salons must consider the issue of informed consent by their customers, in addition to taking measures to prevent disease transmission and injury. It is recommended that operators seek legal advice on the development and use of a declaration of health risks and a consent to being exposed to UV radiation, which should be completed and signed by each customer prior to their using tanning equipment. Operators should satisfy themselves that their customers are aware of the health risks associated with exposure to UV radiation. It is recommended that tanning clients be advised to consider discussing the risks of artificial tanning with their family physicians. In order to give their informed consent, minors must have the maturity to and must understand all the implications of exposure to UV radiation. It is recommended that operators require minors to obtain written parental consent.

### 2. Children, teens are most vulnerable

People normally get the majority of their total, lifetime exposure to UV radiation when they are young, as children and teenagers. Research shows that the risk of getting skin cancer increases as exposure to UV radiation increases. Research also shows that a person's chance of getting the less common but more deadly form of skin cancer — malignant melanoma — as an adult is twice as high if they had one or more serious sunburns when they were young. For these reasons it is particularly important to make sure that children and teenagers are protected from overexposure to UV radiation, and that they understand the increased long term health risks as a result of increased exposure to ultraviolet radiation.

While minors are not prohibited from using tanning salons, the use of tanning salons — particularly by minors — is not recommended for the health reasons described in these guidelines.

### **3. Evaluate your customers**

People who always burn and never tan should be advised not to use tanning units. People who do not tan easily (for example, fair-skinned adults with red or blond hair and freckles) should not use tanning units for as long a time as adult customers with dark skin and hair. While minors are not prohibited from using tanning salons, the use of tanning salons — particularly by minors — is not recommended for the health reasons described in these guidelines. Anyone who has a skin infection, rash or other skin condition should not use a tanning salon until the problem is resolved or a doctor has been consulted.

### **4. Inform your customers**

Make sure that your clients are informed about factors which could adversely affect their tolerances to ultraviolet radiation exposure. This should include information about both oral and topical medications, and cosmetics or lotions applied to the skin. See Appendix D.

### **5. Delayed or adverse reactions**

Clients should be advised that they may have a delayed, adverse reaction to UV exposure (i.e. red, irritated and watering eyes, or an itching skin rash or sunburn) *after* they leave the tanning salon. This delayed reaction can take anywhere from less than an hour to as long as a day and a half to develop. If such adverse reaction is serious, they should be advised to consider seeing their doctor. They should also be asked to notify the tanning salon operator of their reaction.

## **B. — EQUIPMENT GUIDELINES:**

### **1. Compliance with federal Regulations**

All sunlamps, including tanning beds, must comply with the regulations specified for sunlamps under the Federal government's Radiation Emitting Devices (RED) Act (Appendix E). Operators should check with their equipment supplier to ensure that their sunlamps and tanning beds comply with this Act before purchasing any new, used or replacement equipment.

### **2. Staff attendance, knowledge and testing**

You should make sure that an operator or staff member who can inform and assist the public in the safe use of the tanning devices is always available during business hours. Staff should be familiar with these guidelines, and have completed the questionnaire at the back of this booklet to evaluate their knowledge.

### **3. Exposure times must be based on current, installed bulbs.**

Operators must ensure that clients are informed as to the maximum exposure time (in minutes) and the minimum time interval needed between consecutive exposures for the particular make and model of bulbs that are actually installed in each separate tanning machine.

### **4. Regular testing of bulbs**

It is recommended that operators check the intensity of the bulbs' UVA output when new bulbs are installed, and from time to time afterwards, to make sure the operator is able to determine the correct recommended maximum exposure times based on the actual output of the bulbs. Small, portable UVA meters are commercially available for this purpose.

### **5. Loss of intensity in aging bulbs**

Maximum exposure time for clients can *not* be increased to compensate for decreasing UV intensity as bulbs age.

### **6. Different equipment used by same client**

Different beds have different maximum exposure times. A client accustomed to tanning on a bed with a high proportion of UVA radiation must be advised that they cannot have a similar exposure time on a UVA tanning bed with a higher proportion of UVB radiation.

### **7. Accessible "on - off" switch**

Make sure that each tanning device can be easily turned off by the person who is being exposed, without their having to disconnect the electrical plug or remove the ultraviolet lamp (a requirement of the Federal Radiation Emitting Devices Act (RED) regulations).

### **8. Protective eye wear must be provided**

Make sure that each client/customer is provided with — and instructed on how to wear — ultraviolet radiation safety eyewear which covers the eyes securely.

### **9. Eyewear must meet certain criteria**

Protective eyewear used with sunlamps or tanning beds must meet two criteria (derived from the RED Regulations):

- (a) the user must be able to see through them clearly enough to read the labels and operate the controls on the tanning equipment.

- (b) the eyewear must attenuate the shortwave ultraviolet radiation (200-320 nm) by a factor of at least 1,000, and attenuate the longwave ultraviolet radiation (320-400 nm) by a factor of at least 100.

A list of eyewear which has met these specifications is reproduced in Appendix C. Eyewear may also be tested by the office of the Ministry of Health's Radiation Protection Branch (#210 - 4940 Canada Way, Burnaby B.C. (604) 660-6633 for compliance.

#### **10. Eyewear use**

It is recommended that customers of tanning salons be encouraged to purchase their own personal protective eyewear equipment for their own personal and exclusive use.

#### **11. Prevention of eye infection**

If protective eyewear equipment is provided by the tanning salon, it should either be single-use and disposed of after use on a single client, or else such equipment must be disinfected after each use in accordance with the requirements for "Semi-Critical Items" as defined in the Ministry of Health's *Guidelines for Personal Service Establishments* (Section 4.A ii).

### **C. — FACILITY GUIDELINES:**

#### **1. Warning Signs**

Make sure that ultraviolet radiation warning signs, approved by the local Medical Health Officer, are posted in plain view and easily readable at all tanning locations within the facility, and in the client reception area as well. The local health authority will supply the necessary signs to be posted.

#### **2. Protection against lamp breakage**

Ensure that a physical barrier (i.e. a clear UV-transmitting acrylic cover) is in place between the lamps and the person being exposed to UV radiation, over the top section of two part or hinged tanning beds as well as over the bottom section. This barrier will prevent injury to the user of the equipment in case of accidental lamp breakage. It will also guard against burns from too close contact with the bulbs.

### **3. Employee protection during maintenance**

Whenever maintenance is being performed on any of the tanning equipment (i.e. changing UV bulbs, cleaning equipment, etc.) ensure that employees either turn off all the tanning bulbs while working on or around the equipment, or else wear protective eyewear and clothing to minimize their exposure and protect against potential damage to their eyes and skin.

### **4. Adequate Ventilation**

Ensure that adequate ventilation is provided in such a way that the tanning booth/room does not exceed 30°C.

### **5. General Infection control:**

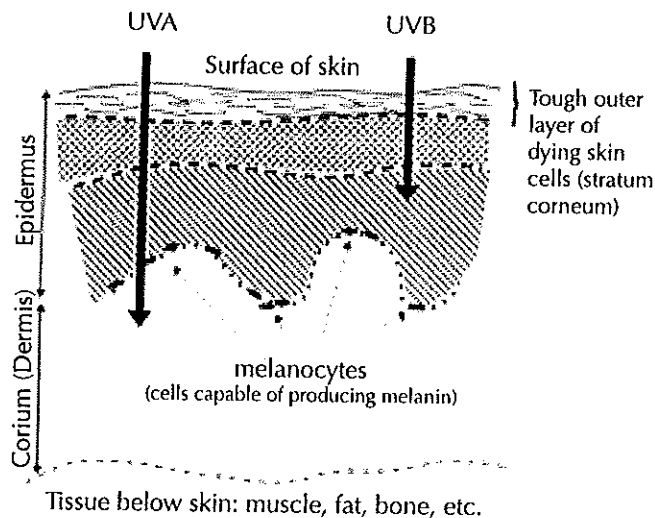
Ensure that common contact surfaces are disinfected between each use with a low level disinfectant. Refer to the Ministry of Health's "*Guidelines for Personal Service Establishments*", Section 4, regarding the importance of proper handwashing, and the use and care of critical items, including sterilization of equipment and disposal of wastes.

The Ministry of Health Services welcomes written comments and/or suggestions on these guidelines, and will take any such feedback into consideration for future revisions. Comments should be addressed to Health Protection Planning, Ministry of Health Services, 1515 Blanshard Street, Victoria, BC V8W 3C8.

## APPENDIX A - THE TANNING PROCESS

Skin is made up of basically two sections, the epidermis (outer layer) and the corium (dermis or inner layer). The innermost section or corium is formed of tissues containing nerves, blood vessels, lymphatics and fatty tissue. The outer section or epidermis is made up of a series of layers. Cells are created in the bottom or innermost layer of the epidermis. As they age, they travel from the innermost layer of the epidermis, through the middle layers, out toward the surface of the skin where they die. This surface layer (or stratum corneum) forms a tough outer protective covering. As the cells move outward, they lose moisture, flatten and eventually flake off the surface of the skin. This process takes about 28 days.

### CROSS SECTION OF THE SKIN



**Tanning:** There are two effects that occur in the skin following exposure to UV radiation. When the skin is exposed to ultraviolet radiation a slight, immediate pigment darkening or immediate tanning is sometimes observable. It is believed to result from darkening of the melanin pigment that is already present in the epidermis as it absorbs and filters out some of the damaging UV radiation. This tan is only temporary, and fades within 3 to 36 hours after exposure. This type of tan is strongly stimulated by UVA radiation.

A second process known as "delayed tanning" occurs in some individuals when the skin is exposed to ultraviolet radiation. This process causes two responses. a) more melanocytes (skin cells capable of producing melanin pigment) are produced at the base of the epidermis, and each melanocyte produces more melanin pigment. These melanin-containing cells begin to distribute themselves throughout the layers of the skin, as they work their way toward the surface of the skin. This greater presence of melanin-containing cells causes the skin to appear darker in colour. b) the tough outer or surface layer of dying skin cells thickens and absorbs more of the hazardous shortwave UVB radiation, thereby increasing protection to the inner living skin tissue from the harmful rays. This second, two-part process takes one or more days to happen, and produces a noticeable tan within a few days that can last for weeks or even months.

## APPENDIX B

### Forms of radiation

**Ultraviolet Radiation (UVR)** is a form of electromagnetic energy with wavelengths ranging from 100 to 400 nanometres. These wavelengths can be divided into UVA (wavelength 320 to 400 nanometres), UVB (wavelength 280 to 320 nanometres) and UVC radiation (100 to 280 nanometres).

**UVA** (wavelength 320 to 400 nanometres, sometimes known as "black light" or "longwave" radiation) carries less energy than UVB and UVC, although UVA penetrates more deeply into the skin and underlying tissues. UVA is about 1,000 times more effective than UVB in producing an immediate tanning effect, by causing the melanin in the epidermis to darken immediately (i.e. as soon as the skin is exposed). Intense, prolonged exposure to UVA can burn sensitive skin. Prolonged UVA exposure can damage underlying structures in the corium and causes premature aging of the skin.

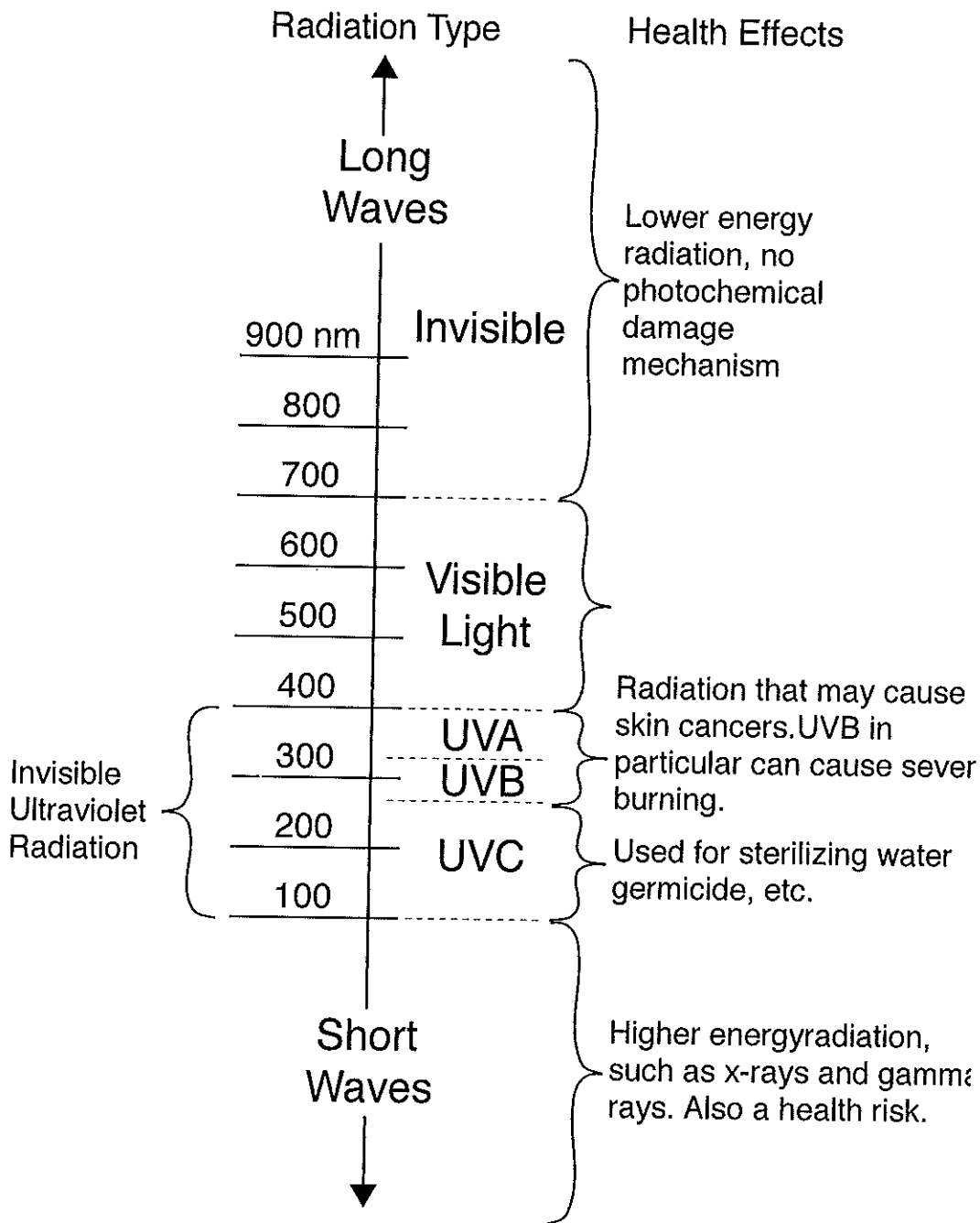
**UVB** (wavelength 280 to 320 nanometres, sometimes called "shortwave" radiation) carries much more energy than the longer waved UVA radiation, although it does not penetrate as deeply into the skin as UVA. UVB is 1,000 times more likely to cause sunburn (erythema) than UVA. Exposure to UVB causes a delayed tanning effect — that is, it takes two or three days for the tan to appear. Repeated exposure to UVB radiation also causes skin thickening and a longer lasting tan. Various factors may influence how a person will react to exposure to UV radiation, including skin type, length of exposure, and genetic background. To help you remember that UVB is 1,000 times more able to cause sunburn than UVA, remember: "B is for Burn".

**UVC** radiation from the sun is completely absorbed by the earth's atmosphere, and does not reach the surface of the earth. This is fortunate since UVC radiation is very dangerous to all forms of life, even with only very short exposures. Modern tanning equipment does not emit significant levels of UVC radiation.

Most tanning beds produce from 7 to 20 m/W cm<sup>2</sup> (milliwatts per square centimetre) of UVA. That's three to eight times more UVA than the sun produces at midday during summer in B.C. Face tanners generally emit much more UVA than tanning beds. NOTE: Some newer, non-fluorescent technology tanning beds can emit more than 60 m/W cm<sup>2</sup> — which is 25 times more than the UVA produced by the sun at midday.

All tanning beds also emit varying amounts of UVB. The amount of UVB emitted varies with each lamp. Even tanning lamps labelled 'Only UVA' still emit some UVB. Some lamps may emit ten times more UVB than others, producing significant sunburn in a short time, even to people who have previously used tanning lamps.





## APPENDIX C

### Protective eyewear for sunlamps

Protective eyewear used with sunlamps or tanning beds must meet the following two criteria:

- 1) the user must be able to see through them, clearly enough to read the labels and operate the controls.
- 2) the eyewear must attenuate the shortwave ultraviolet radiation by a factor of at least 1,000 and attenuate the longwave ultraviolet radiation by a factor of at least 100.

To date the following eyewear products have been tested by the Radiation Protection Branch and found to meet both criteria above:

- a) Super Sunnies, Lucas Products Corporation, U.S.A.
- b) Le String, Irex100, by Bolle, France
- c) Eurotan Blinkers, Eye Pro Inc., U.S.A.
- d) Wink Ease
- e) Ultra Eyes
- f) Ten Stück Sonnen Clip
- g) Peepers, 1992 California SunCare, Inc.
- h) Hytique EyeLids
- i) Sun-clipse, Apollo's St. Louis, Missouri
- j) Australian Gold EZ Eyes, distributed by ETS, Inc.
- k) SunGlobes, World SunCare Products Corp.

The following do not meet the criteria above:

- a) Cool Eyes Inc. (does not meet criterium #1)

## APPENDIX D

### Products that increase the risk

Many products, including prescribed medications, over-the-counter patent medicines, and a wide range of personal care products can increase the skin's sensitivity to UVR. This can result in photosensitivity, an intense reaction of the skin to UVR which can cause burning (or erythema) in a much shorter time period than would normally be expected.

Photosensitivity can be caused by products applied directly to the skin (contact photosensitizing agents) or from medications or other substances that have been ingested.

The article below, which lists a number of agents that may cause photosensitivity reactions, is reproduced with permission of the Marshall University School of Medicine, Huntington, WV, USA.

The URL is: <http://meb.marshall.edu/chh/DrugInfo/Review/Drug-sun.htm>

Because there are literally hundreds of known photosensitizing agents under these general categories, clients taking any medications or using any of the other products listed below should consult a physician or pharmacist before tanning.

### DRUG-INDUCED PHOTOSENSITIVITY

Many drugs can cause skin to become very sensitive to the sun or the type of light used in tanning booths. This reaction is called 'Drug-Induced Photosensitivity'. Drugs which you take by mouth and drugs which you apply on the skin can cause this reaction.

Photosensitivity reactions can be divided into two groups:

- Phototoxic reactions
- Photoallergic Reactions

Phototoxic reactions are dose related and can be seen to a slight degree in most people taking these medications who are exposed to enough sunlight. Photoallergic reactions involve the immune system and may be similar to other allergic reactions, swelling, rashes, and hives.

The drugs cause this reaction by absorbing ultraviolet light or visible light. Therefore, it may surprise you to learn that agents which are used in sunscreens can also cause photosensitivity reactions. The ability to absorb light is normally part of the physical chemical activity of the drug as opposed to its clinical effect.

Types of photosensitivity reactions include:

- Abnormal and extreme sunburn
- Stinging and Burning
- Vesicles
- Hives
- Swelling

Some of the drugs which are well known to cause photosensitivity reactions include Nalidixic Acid (NegGram), Doxycycline (Vibramycin, Vibratabs), and Hydrochlorothiazide (HCTZ, Hydrodiuril, Oretic, others). Other less known drugs which cause photosensitivity reactions include estrogens (for example, birth control pills and Premarin) and oral medications for diabetes to name a few. However, there is great differences in the frequency and severity of reactions from patient to patient. Some patients may develop blisters after a brief exposure to sunlight while others will have no reaction at all. Most will have a slight, probably unnoticeable, reaction.

### **Lists of Drugs Which Can Cause Photosensitivity Reactions**

#### **Antibiotics which commonly cause photosensitivity reactions**

- Doxycycline (Vibramycin, Vibratabs)
- Demeclocycline (Declomycin) - High incidence. Reactions to fingernails and skin usual manifestation.
- Tetracycline (Achromycin and others)
- Nalidixic Acid (NegGram)
- Lomefloxacin (Maxaquin)  
\*\* Especially noted for severe reactions when they occur.

#### **Blood Pressure and Heart Medications which commonly cause photosensitivity reactions**

- Hydrochlorothiazide (Hydrodiuril, Oretic and other names)  
\*\*Many, many drugs contain HCTZ as one of the ingredients
- Chlorothiazide (Diuril and other names)
- Furosemide (Lasix)
- Amlodarone (Cordarone) - high incidence of drug-induced photosensitivity reactions.

#### **Other Drugs which commonly cause photosensitivity reactions**

- Chlorpromazine (Thorazine)
- PABA and/or PABA esters  
\*\* commonly used in sunscreens. Reactions may occur after repeated use and are in the form of rashes and hives (an immune reactions), not sunburn.

**Other drugs which less commonly cause photosensitivity reactions**

- Alprazolam (Xanax)
- Amitriptyline (Elavil, Endep and other names)
- Benzocaine (Sensorcaine and many other numbing products)
- Captopril (Capoten)
- Chlordiazepoxide (Librium)
- Chloroquine
- Chlortetracycline
- Ciprofloxacin (Cipro)
- Co-trimoxazole (Bactrim, Septra)
- Dapsone
- Diltiazem (Cardizem, and other names)
- Diphenhydramine (Benadryl, Benylin, and other names)
- Enoxacin (Penetrex)
- Estrogens (Birth Control Pills, Premarin, and more)
- Fluorouracil (5-FU)
- Glyburide (Diabeta, Micronase, Glynase, and other names)
- Griseofulvin (GrisPeg, Fulvicin, and other Names)
- Haloperidol (Haldol)-uncommon
- Hydralazine (Apresoline)
- Ibuprofen (Advil, Motrin, and other names)
- Isoniazid (INH)
- Isotretinoin (Accutane)
- Methotrexate
- Minoxidil (Loniten, Rogaine)
- Naproxen (Naprosen, Alleve, other names)
- Nifedipine (Procardia, Adalat)
- Norfloxacin (Noroxin)
- Nortriptyline (Aventyl, and other names)
- Ofloxacin (Floxin)
- Oral Contraceptives
- Oxytetracycline (Terramycin)
- Perfenazine (Trilafon)
- Phenylbutazone (Butazolidin)
- Phenytoin (Dilantin)
- Piroxicam (Feldene) - Not rare for a photosensitivity reaction to occur.
- Prochlorperazine (Compazine)
- Promethazine (Phenergan)
- Protriptyline (Vivactil)
- Quinidine (Quinidex, Quinaglute, Cardioquin, other names)
- Quinine (Quinamm)
- Sulfonamide antibiotics (Bactrim, Septra, Gantrisin, and others)
- Thioridazine (Mellaril)
- Thiothixene (Navane)
- Tolbutamide (Tolinase)
- Tretinoin (Retin-A)
- Trifluoperazine (Stellazine)
- Vitamin A

## APPENDIX E

### **Radiation Emitting Devices Act**

Note: these regulations have been reproduced from the Department of Justice Canada website (<http://canada.justice.gc.ca/FTP/EN/Regs/Chap/R/R-1/index.html>).

The Department of Justice Canada assumes no responsibility for the accuracy or reliability of any reproduction derived from legal materials on this site. The legal materials on this site have been prepared for convenience of reference only and have no official sanction. For all purposes of interpreting and applying the law, users should consult the Acts as passed by Parliament, which are published in the "Assented to" Acts service, Part III of the Canada Gazette and the annual Statutes of Canada, and the regulations, as registered by the Clerk of the Privy Council and published in part II of the Canada Gazette.

The above-mentioned publications are available at most public libraries.

### **Radiation Emitting Devices Regulations**

Regulations Respecting Radiation Emitting Devices

#### **Interpretation**

2. In these Regulations, "Act" means the Radiation Emitting Devices Act; (Loi) "device" means a radiation emitting device that is within a class of radiation emitting devices prescribed in these Regulations; (dispositif) "Minister" means the Minister of National Health and Welfare. (ministre)
11. Sunlamps, being devices that are
  - (a) equipped, or intended to be equipped, with one or more ultraviolet lamps, and
  - (b) designed to induce skin tanning or other cosmetic effects and are represented as inducing such effects but not including any such device represented for use in the production of therapeutic effects for medical purposes.

## **PART XI SUNLAMPS**

#### **Interpretation**

1. In this Part and in Item 11 of Schedule I,

"double-contact medium screw lampholder" means a lampholder described in Double-Contact Medium Screw Lampholder (ANSI) C81.10-1976, Standard Sheet 2-13-1, a standard published by the American National Standards Institute Inc.; (douille à vis moyenne (contact double))

“exposure position” means any location, orientation, place or distance relative to the ultraviolet radiating surfaces of the sunlamp at which it is recommended by the manufacturer that the user be exposed; (position pendant l'exposition)

“Irradiance” means radiant power incident per unit area expressed as watts per square centimetre (W/cm<sup>2</sup>); (éclairage énergétique)

“maximum exposure time” means the longest time interval for continuous exposure recommended by the manufacturer of a sunlamp; (durée maximale d'exposition)

“maximum timer interval” means the longest time interval setting on the timer of a sunlamp; (intervalle maximal de la minuterie)

“minimum distance for use” [Revoked, SOR/85-757, s. 1]

“minimum interval between consecutive exposures” means the shortest time interval between two consecutive exposures recommended by the manufacturer of a sunlamp; (intervalle minimal entre des expositions consécutives)

“protective eyewear” means any device designed to be worn by the user of a sunlamp to reduce the radiation reaching the eyes either directly or indirectly; (dispositif de protection des yeux)

“single-contact medium screw lampholder” means a lampholder described in Single-Contact Medium Screw Lampholder (ANSI) C81.10-1976, Standard Sheet 2-11-1, a standard published by the American National Standards Institute Inc.; (douille à vis moyenne (contact unique))

“spectral irradiance” means the irradiance resulting from radiation within an infinitesimally small wavelength range, expressed as watts per square centimetre per nanometre (W/cm<sup>2</sup>/nm); (éclairage énergétique spectral)

“spectral transmittance” means the spectral irradiance transmitted through protective eyewear divided by the spectral irradiance incident on the protective eyewear; (transmittance spectrale)

“timer” means any device that is incorporated into a sunlamp and is capable of terminating the emission of ultraviolet radiation from the sunlamp at the end of a preset time interval; (minuterie)

“ultraviolet lamp” means any device that is designed to produce ultraviolet radiation in the wavelength range from 200 nm to 400 nm; (lampe à rayonnements ultraviolets)

“wavelength” means a wavelength as measured in air. (longueur d'onde)

## **STANDARDS OF DESIGN AND CONSTRUCTION**

2. (1) Every sunlamp shall be designed and constructed in such a manner that, under the conditions of use specified by the manufacturer, it functions in accordance with the standards of functioning described in section 4 for as long as the sunlamp has its original components or replacement components recommended by the manufacturer.
- (2) Every sunlamp shall be designed and constructed in such a manner that
  - (a) all marks, labels and signs are permanently affixed to and clearly visible on the external surface when the sunlamp is assembled for use; and
  - (b) all controls, meters, lights or other indicators are readily discernible and clearly labelled to indicate their function.
- (3) Every sunlamp shall have, on its external surface, the following information clearly legible and readily accessible to view by the user immediately before using the sunlamp:
  - (a) the name and address of the manufacturer;
  - (b) the model designation, the serial number and the month and year of manufacture;
  - (c) the recommended exposure positions and the directions for determining the recommended exposure positions;
  - (d) a warning that the use of exposure positions other than the recommended exposure positions may result in overexposure;
  - (e) the maximum exposure time in minutes;
  - (f) the minimum interval between consecutive exposures;
  - (g) the type and model designation of each ultraviolet lamp intended to be used in the sunlamp unless the sunlamp is manufactured, maintained and serviced by the same manufacturer; and
  - (h) an electro-optical radiation warning sign designed in accordance with section 5 of this Schedule.
- (4) Every sunlamp shall be designed and constructed to include the following safety features:
  - (a) a control by which the sunlamp may be easily turned off by the person being exposed at any time without disconnecting the electrical plug or removing the ultraviolet lamp or lamps; and
  - (b) a timer that satisfies the standards of functioning specified in subsection 4(2).
- (5) Every ultraviolet lamp intended for use in a sunlamp shall be designed and constructed in such a manner that it cannot be inserted and operated in a single-contact medium screw lampholder or a double-contact medium screw lampholder.



- (6) Every sunlamp shall be designed and constructed in such a manner that failure or malfunction of any component of the sunlamp does not result in non-compliance of the sunlamp with the standards of functioning specified in section 4.
  - (7) Every sunlamp shall be accompanied by sufficient sets of protective eyewear that meet the standards of functioning specified in subsection 4(3) to at least equal the maximum number of persons who may, at the same time, be exposed to ultraviolet radiation from the sunlamp, as recommended by the manufacturer of the sunlamp.
  - (8) Every sunlamp shall have the electro-optical radiation warning sign described in section 5 permanently affixed to and clearly visible on the external surface of the sunlamp.
  - (9) Every ultraviolet lamp intended for use in a sunlamp or any packaging uniquely associated with an ultraviolet lamp shall have a label that contains
    - (a) the words "DANGER-Ultraviolet radiation. Follow instructions. Use only in fixture equipped with a timer. DANGER-Rayonnements ultraviolets. Veuillez suivre les instructions. À n'utiliser qu'avec un dispositif pourvu d'une minuterie"; and
    - (b) the model designation.
  - (10) Subsection (9) does not apply to an ultraviolet lamp that is designed and manufactured for use in a sunlamp that is maintained and serviced by the same manufacturer.
3. Every sunlamp shall be equipped with
- (a) instructions for the operation and safe use of the sunlamp that includes statements respecting
    - (i) the exposure positions and directions for determining them,
    - (ii) the maximum exposure time,
    - (iii) the minimum interval between consecutive exposures,
    - (iv) the maximum number of persons who may, at the same time, be exposed to ultraviolet radiation from the sunlamp, as recommended by the manufacturer of the sunlamp, and
    - (v) an electro-optical radiation warning sign designed in accordance with section 5 of this Part;
  - (b) instructions for obtaining repairs and recommended replacement components and accessories that are compatible with the sunlamp, including protective eyewear, ultraviolet lamps, timers, reflectors and filters, in order that, if installed or used as directed the sunlamp continues to comply with the provisions of this Part; and
  - (c) a warning that the instructions accompanying the sunlamp should always be followed to avoid or minimize potential injury.

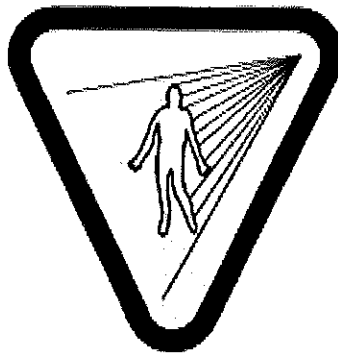
## STANDARDS OF FUNCTIONING

4. (1) Every ultraviolet lamp intended for use in a sunlamp shall function in such a manner that, at any distance in any direction from the sunlamp, the irradiance within the wavelength range from 200 nm to not more than 260 nm does not exceed 0.003 of the irradiance within the wavelength range from 260 nm to not more than 320 nm.
- (2) The timer required by paragraph 2(4)(b) of this Part shall be so designed as to
  - (a) be adjustable to preset times and have a maximum timer interval not exceeding the maximum exposure time;
  - (b) have a margin of error not greater than 10 per cent of the maximum timer interval of the sunlamp;-
  - (c) not automatically reset and therefore cause radiation emission to resume when the sunlamp emissions have been terminated by the timer; and
  - (d) not preclude a user of a sunlamp from resetting the timer before the end of the preset timer interval.
- (3) The protective eyewear required by subsection 2(7) of this Part shall have a spectral transmittance not exceeding a value of 0.001 over the wavelength range from 200 nm to not more than 320 nm and a value of 0.01 over the wavelength range from 320 nm to not more than 400 nm and shall be sufficient over wavelengths greater than 400 nm to enable the user to see clearly enough to read the labels and reset the timer.

## WARNING SIGN SPECIFICATIONS

5. The electro-optical radiation warning sign required by paragraph 2(3)(h) and subparagraph 3(a)(v) of this Part is a sign that
  - (a) is shown in two contrasting colours;
  - (b) is clearly visible and identifiable from the exposure position;
  - (c) bears the words "WARNING-ULTRAVIOLET RADIATION-FOLLOW INSTRUCTIONS-FAILURE TO USE PROTECTIVE EYEWEAR MAY RESULT IN SEVERE BURNS OR OTHER EYE INJURY-IF DISCOMFORT DEVELOPS, DISCONTINUE USE AND CONSULT A PHYSICIAN.  
-ATTENTION-RAYONNEMENTS ULTRAVIOLETS-VEUILLEZ SUIVRE LES INSTRUCTIONS-SANS DISPOSITIF DE PROTECTION DES YEUX, CE PRODUIT PEUT CAUSER DES BRÛLURES OU LÉSIONS OCULAIRES GRAVES-SI VOUS SENTEZ UN MALAISE, EN DISCONTINUER L'USAGE ET CONSULTER UN MEDECIN";
  - (d) incorporates a statement, in English and French, to indicate that
    - (i) as with natural sunlight, overexposure can cause eye injury and sunburn,
    - (ii) repeated exposure may cause premature aging of the skin and skin cancer,

- (iii) medications or cosmetics applied to the skin may increase sensitivity to ultraviolet light,
- (iv) a person who does not tan in the sun most likely will not tan from the use of this device,
- (v) a person having a history of skin problems or having a skin that is specially sensitive to sunlight should consult a physician before use, and
- (vi) overexposure should be avoided;
- (e) has no outer dimensions less than two centimetres; and
- (f) is designed in accordance with the following diagram:



## **TANNING OPERATOR KNOWLEDGE QUESTIONNAIRE**

The owner or manager of the facility should ensure that each operator completes the questionnaire on the following two pages to evaluate their knowledge about UV radiation. (Please photocopy)

It is recommended that the owner or manager retain copies of the completed questionnaire for review by Environmental Health Officers. It is also recommended that operators not be permitted to work with clients until they can answer all of the questions in the questionnaire correctly.

## TANNING OPERATOR KNOWLEDGE QUESTIONNAIRE

Operator's name: \_\_\_\_\_ Date completed: \_\_\_\_\_

1. Name the three wavelength regions that ultraviolet radiation may be divided into. \_\_\_\_\_
2. Which of these three wavelength regions of ultraviolet radiation are now most prevalent in commercial tanning equipment emissions? \_\_\_\_\_
3. What is the correct term for skin reddening or sunburn? \_\_\_\_\_
4. Briefly, what is the skin's reaction that causes erythema? \_\_\_\_\_
5. Of UVA and UVB, which penetrates most deeply into the layers of the skin? \_\_\_\_\_
6. Of UVA and UVB, which is responsible for long term or long lasting tans? \_\_\_\_\_
7. List one painful eye injury resulting from ultraviolet radiation exposure to the unprotected eye. \_\_\_\_\_
8. List two common categories of drugs or medications which may increase sensitivity to ultraviolet exposure. \_\_\_\_\_
9. The sun produces about 2.5 mW/cm<sup>2</sup> of UVA in summer around noon in BC. How much UVA does a typical tanning bed produce? \_\_\_\_\_

### True or False

10. Most conventional commercial tanning devices emit some UVB radiation.  
 True       False
11. The risk of developing skin cancer will increase as total ultraviolet exposure is increased.  
 True       False



# TANNING OPERATOR KNOWLEDGE ANSWER KEY

## Core Questions

1. UVA, UVB and UVC are the three ultraviolet radiation wavelength regions.
2. UVA and UVB: Commercial tanning equipment all emit primarily UVA radiation, with either a small amount of UVB or else UVA with a considerable amount of UVB.
3. Erythema is the medical term for inflammatory redness of the skin. It can be produced by exposure to UV Radiation. When this happens, Erythema is commonly called "sunburn".
4. Erythema occurs when the small blood vessels in the skin dilate and increase the flow of blood to the skin's surface.
5. UVA is the wavelength which penetrates most deeply into the skin.
6. UVB causes long lasting tans by increasing the production of the melanin pigment in the skin.
7. Photokeratitis or photoconjunctivitis (also known as welder's flash or snow blindness) are two painful eye injuries that can result from exposure of unprotected eyes to UVR.
8. Antibiotics, blood pressure and heart medications, and birth control pills are some of the common classes of drugs which can increase the skin's sensitivity to UVR. (See Appendix D for full list).
9. Tanning beds typically produce between 7 to 20 m/W cm<sup>2</sup> of UVA, which is as much as three to eight times the UVA the sun produces at noon in BC in the summer. Some newer, non-fluorescent technology tanning beds can emit more than 60 m/W cm<sup>2</sup> — which is 25 times more than the UVA produced by the sun at midday.

## True or False

### 10. True

All tanning lamps emit some UVB radiation, the form of ultraviolet radiation with the greatest capability of causing sunburns. All operators *must* be aware of the maximum exposure times for their clients, depending on their skin type and the intensity of the lamps used in their tanning equipment.

11. **True**  
The risk of developing skin cancer increases as total exposure to ultraviolet rays increases.
12. **True**  
Ultraviolet radiation exposure to unprotected eyes can cause cataracts, photokeratitis and other painful eye injuries.
13. **True**  
Operators should tell customers that exposure to ultraviolet radiation at a tanning salon can cause watering eyes, an itching skin rash or sunburn.
14. **False**  
All customers *must* wear protective eye-wear while using tanning equipment.
15. **False**  
Fair-skinned people with red or blond hair and freckles should not use a tanning device for as long as people with dark hair, dark skin and brown eyes. Fair-skinned people are most at risk of burning and skin cancer. Children, the elderly and those who always burn or don't tan well should not use tanning units at all.
16. **True**  
Ultraviolet radiation causes premature skin aging effects such as wrinkling and hardening.
17. **False**  
Although UVA radiation penetrates more deeply into the skin, it is mainly the UVB exposure that causes the skin to produce more melanin, creating a long lasting tan. UVB radiation is 1,000 times more likely to cause sunburn than the same intensity of UVA radiation.
18. **False**  
Operators must provide customers with clear instructions on how to use tanning equipment, including maximum exposure times (based on their skin type) and the need to wear protective eye wear while tanning.

## **Regulation of Beauty Industry, Maryland of the United States**

- According to Maryland regulations on beauty industry, the practitioners and the premises which provide beauty services shall obtain a license/ permit under the laws and regulations governing the practice of beauty culture.
- Further, the following services/activities are prohibited in salon/ salon-sponsored services –
  - the performance of services on a client who has an infectious or contagious disease that presents a hazard to others;
  - the performance of services by a licensee/registrant who has an infectious or contagious disease that presents a hazard to others;
  - the performance of services upon the surface of a client's skin, scalp, or nail where the skin, scalp, or nail is inflamed or where a skin infection or eruption is present unless authorized by a physician;
  - the removal of corns, calluses, or other growths of the skin, such as warts, by cutting;
  - the use of electrical muscle stimulator devices purported to produce nonsurgical face of body lifts;
  - cosmetic tattooing;
  - the presence of a dog, cat, bird, or any kind of animal on the salon premises with the exception of guide dogs for the blind;
  - the sale of any hairpieces which previously have been worn including but not limited to wigs, toupees, wiglets, falls, and switches;
  - the use or possession of a Credo blade or a similar razor-type implement used to cut growths on the skin;
  - the use or possession of lasers, microdermabrasion equipment, or any other mechanical devise used to remove one or more layers of skin; and
  - the use of any product or method that causes tissue destruction or penetrates the blood fluid barrier, including:
    1. chemical peels; and
    2. glycolic acids
- A copy of regulation is at **Annex**.



**Title 09 DEPARTMENT OF LABOR,  
LICENSING, AND REGULATION**

**Subtitle 22 BOARD OF COSMETOLOGISTS**

**Chapter 02 Beauty Salons**

**Authority: Business Occupations and Professions Article, Title 5, Annotated Code of Maryland**

## **.01 Salon—General.**

A. Application for a salon permit shall be submitted to the Board together with certification of approval with respect to zoning, health, fire prevention, and all other laws, ordinances, and requirements applicable to the establishment.

B. A person establishing a residential salon shall meet the following requirements in addition to the requirements set forth in § A of this regulation:

- (1) The salon shall be completely separate and distinct from all living quarters;
- (2) The salon shall be in compliance with all applicable laws, regulations, and ordinances;
- (3) The salon shall have a separate outside entrance for use of salon patrons; and
- (4) The salon shall have a restroom facility maintained for exclusive use by salon clients.

C. More than one salon permit may not be issued for any one premises unless a separate and distinct salon entity is established on a different level of the one premises.

D. Pre-opening Inspection.

- (1) Before a salon permit is issued, the premises shall be inspected by a Board member or inspector.
- (2) If the premises are not in compliance with the regulations and laws governing beauty culture, the Board may refuse to issue the permit.

E. The Board may initiate a criminal prosecution of a person operating a beauty salon without a valid permit.

## **.02 Owner Responsibility.**

The holder of either a full service salon permit or a limited practice salon permit is responsible for:

A. The condition and operation of the salon in compliance with the laws and regulations governing the practice of beauty culture;

B. Displaying a sign containing the name and nature of the establishment, in at least 3-inch bold display-type lettering, on the outside of the premises in full view of the street or public walkway unless otherwise directed by the Board;

C. Displaying, in full view of the public:

(1) The salon permit,

(2) A zoning certification or other approval for the practice of beauty culture on the premises, and

(3) A condensed version of the laws and regulations regarding the licensing and regulation of operators and salons, as provided by the Board;

D. Ensuring that all employees of the salon are properly licensed or registered;

E. Ensuring that an employee does not perform services beyond the scope of the applicable license or registration;

F. Employing a sufficient number of licensed personnel who are qualified to supervise the training of apprentices to ensure that each apprentice being trained in the salon is individually supervised and trained.

### **.03 Prohibitions.**

The following activities are prohibited in any full service or limited practice salon or in regard to any salon-sponsored services:

A. The performance of services of any kind on a client who has an infectious or contagious disease that presents a hazard to others;

B. The performance of services of any kind by a licensee or registrant who has an infectious or contagious disease that presents a hazard to clients;

C. The performance of services of any kind upon the surface of a client's skin, scalp, or nail where the skin, scalp, or nail is inflamed or where a skin infection or eruption is present unless authorized by a physician;

D. The removal of corns, calluses, or other growths of the skin, such as warts, by cutting;

E. The use of electrical muscle stimulator devices purported to produce nonsurgical face or body lifts;

F. Cosmetic tattooing;

G. The presence of a dog, cat, bird, or any kind of animal on the salon premises with the exception of guide dogs for the blind;

H. The sale of any hairpieces which previously have been worn including, but not limited to wigs, toupees, wiglets, falls, and switches;

I. The use or possession of a Credo blade or a similar razor-type implement used to cut growths on the skin;

J. Unless an individual possesses a valid and appropriate health occupation license issued by the Department of Health and Mental Hygiene:

(1) The use of lasers, microdermabrasion equipment, or any other mechanical device used to remove one or more layers of skin; and

(2) The use of any product or method that causes tissue destruction or penetrates the blood fluid barrier, including:

(a) Chemical peels; and

(b) Glycolic acids.

#### **.04 Sanitation Requirements—General.**

A. A full service beauty salon and a limited practice beauty salon shall comply with the sanitation provisions in §B of this regulation.

##### **B. Sanitation Provisions.**

- (1) Every salon shall be well lighted, heated, and ventilated, and shall be kept in a clean and sanitary condition.
- (2) The walls, curtains, and floor coverings in a salon shall be washed and kept clean.
- (3) All salons shall be supplied with hot and cold running water.
- (4) The premises shall be kept free from rodents, vermin, flies, or similar insects.
- (5) The salon may not be used for sleeping or living quarters.
- (6) All hair, nail service debris, cotton, or other waste material shall be removed from the floor without delay and deposited in a closed container and removed from the premises frequently.
- (7) Rest rooms shall be kept in a sanitary condition and have a soap dispenser and disposable towels.
- (8) All employees of a salon shall be attired in clean, washable garments.
- (9) The hands of a licensee or registrant shall be washed before attending each client.
- (10) Surgical latex gloves shall be worn if the licensee or registrant has a cut or open wound.
- (11) Implements used in direct contact with a client shall be washed in hot, soapy water before being immersed in a disinfectant solution as specified in §B(12) of this regulation.
- (12) Implements shall be disinfected in a wet sanitizer containing an EPA-registered disinfectant effective against HIV and hepatitis viruses, or a hospital-grade tuberculocidal disinfectant in a quantity sufficient to cover those portions of the implements that come in direct contact with a client.
- (13) For each work station being used by a licensee or registrant, a salon shall have:
  - (a) At least one wet sanitizer containing a disinfectant solution as specified in §B(12) of this regulation; and
  - (b) At least one closed, dry drawer or cabinet which contains no objects or substances other than those specified in §B(14) of this regulation.
- (14) Cleaned and disinfected implements and equipment shall be stored in a closed, dry cabinet or drawer which contains no other objects or substances.
- (15) The use of neck dusters, powder puffs, sponges, styptic pencil, and lump alum or any other equipment or implement which cannot be sanitized and disinfected may not be used on more than one client.
- (16) Lotions, oils, and any other type liquid shall be poured into a disinfected container or disinfected hand. Any excess remaining after application shall be discarded immediately and not returned to the original container or applied to another client.
- (17) Lotions, ointments, creams, and powders shall be kept in clean closed containers. All cosmetic containers shall be recovered.

(18) Every head rest and foot rest shall be covered with a new clean towel or disposable paper for each client.

(19) A salon shall have a closed cabinet in which laundered towels are stored and a separate bin or hamper for the disposal of soiled towels. If the salon does its own laundering, the salon shall have both an automatic washer and dryer on the premises.

(20) Creams shall be dipped from a container with a clean spatula, and this instrument may not come in contact with the patron. Creams may not be removed with the fingers.

(21) An instrument that caused a skin abrasion or a cut to the skin shall be cleansed and disinfected immediately. If bleeding occurs, a tissue or cotton shall be used to collect the blood. Blood-contaminated materials shall be disposed of immediately in a sealed, double-plastic bag.

(22) A licensee or registrant whose hands come in contact with blood shall wash and disinfect them immediately.

(23) Pressing combs shall be kept clean and free of carbon, and a hot soda solution or similar cleansing agent shall be used for this purpose. Between clients, pressing combs shall be scrubbed with a stiff brush, rinsed, disinfected, and dried.

(24) Curling irons shall be wiped with a clean cloth after use on each client. They shall be cleansed in a soap solution containing a portion of ammonia or similar cleansing agent and wiped dry each day to keep them clean and free from rust, grease, and dirt.

(25) Hot combs and curling irons shall be used in a well ventilated area and wiped free of grease and hair with a paper towel or cloth prior to their placement in the heater.

(26) A minimum of eight combs and four brushes shall be available for each senior cosmetologist, cosmetologist, and cosmetologist apprentice.

(27) Protective neck strips or similar covering shall be used on each client.

(28) Shampoo bowls shall be washed after each shampoo and sanitized frequently with a disinfectant to assure cleanliness.

(29) Permanent waving retention rods shall be cleansed and sanitized after each use. End papers shall be discarded immediately after use.

(30) Soiled combs, brushes, towels, or other used material shall be removed from the tops of work stations immediately after use.

(31) Hair clips, hairpins, bobby pins, or similar implements may not be placed in the mouth.

(32) Objects dropped on the floor may not be used until they are cleansed and disinfected.

(33) Scissors, trimmers, clippers, and other implements which cannot be immersed in a disinfectant shall be cleaned and sprayed with an EPA-registered antimicrobial spray after each use.

## **.05 Sanitation Requirements Estheticians.**

A. In addition to the sanitation requirements in Regulation .04 of this chapter, all establishments that offer the services normally performed by an esthetician shall comply with the sanitation requirements in § B of this regulation.

### **B. Sanitation Requirements.**

(1) Creams, lotions, powders, and other cosmetics shall be removed from the patron by means of disposable absorbent cotton, cleansing tissue, cotton swab, pledget, or other similar material.

(2) Lip and eyebrow pencils shall be sharpened after each use.

(3) Lip color, eye color, shadows, or other cosmetics shall be removed from the container by a spatula and applied to the client with a disposable or cleansed and sanitized applicator.

(4) Disposable lip, makeup, eyelash, or other cosmetic applicator shall be discarded immediately after use.

(5) Hair removal waxes may not be used for more than one client. Any excess wax left after client service shall be discarded immediately.

(6) Blood lancets shall be wrapped and discarded immediately after use.

(7) An EPA-registered disinfectant effective against HIV and hepatitis viruses or a hospital-grade tuberculocidal disinfectant shall be:

(a) Kept on the esthetician tray for contact disinfection of implements that may come in contact with blood; and

(b) Changed every 1 to 2 hours, or immediately upon becoming dirty, cloudy, or contaminated with blood.

(8) Nondisposable drapings shall be laundered after each client.

## **.06 Sanitation Requirements—Nail Technician Services.**

A. In addition to the sanitation requirements in Regulation .04 of this chapter, all establishments offering the services normally performed by a nail technician shall comply with the requirements in §B of this regulation.

### **B. Sanitation Requirements.**

(1) Finger bowls, manicure bowls, pedicure spas, and foot bath basins shall be disinfected after each client with:

- (a) An EPA-registered disinfectant effective against HIV and hepatitis viruses; or
- (b) A hospital-grade tuberculocidal disinfectant.

(2) Oils used in a nail technology procedure shall be dropped onto a properly disinfected hand with a glass or plastic dropper, and any excess remaining after application shall be immediately discarded.

(3) The manicure table and surrounding areas shall be maintained in a sanitary condition at all times.

(4) Table tops, armrests, footrests, and any other surface that the client has physical contact with shall be disinfected after each client with:

- (a) An EPA-registered disinfectant effective against HIV and hepatitis viruses; or
- (b) A hospital-grade tuberculocidal disinfectant.

(5) A clean towel or disposable paper cover shall be placed over the manicure cushion and footrest and changed before each client.

(6) An emery board or disposable file shall be discarded after its use on a client.

(7) Except as provided in Regulation .04B(33) of this chapter, all implements used by a nail technician shall be cleansed in hot, soapy water and then immersed in a disinfecting solution as specified in Regulation .04B(12) of this chapter before reuse.

(8) An EPA-registered disinfectant effective against HIV and hepatitis viruses or a hospital-grade tuberculocidal disinfectant in a quantity sufficient to cover those portions of the implements that come in direct contact with the client shall be:

- (a) Kept on the licensee's or registrant's table for contact disinfection of implements that may come in contact with blood; and
- (b) Changed immediately upon becoming dirty, cloudy, or contaminated with blood.

(9) A complete set of manicuring implements shall be:

(a) Properly cleansed and disinfected, as specified in Regulation .04B(12) of this chapter, after use on a client;  
and

(b) Stored in an air-tight container or a wet sanitizer containing a disinfectant as specified in Regulation .04B(12) of this chapter.

(10) A sanitizable or washable file shall be properly disinfected, as specified in Regulation .04B(12) of this chapter, after each use.

(11) When paraffin wax is used:



(a) A client shall be free of broken skin or any skin disorder;

(b) Hands or feet of a client shall be properly disinfected before being dipped into paraffin wax;

(c) Hands or feet shall be covered with disposable plastic coverings after being dipped into the wax and before covering with cloth mitts, boots, or towels;

(d) Cloth mitts or towels used in paraffin wax services shall be kept in a closed container;

(e) Paraffin wax that has been removed from a client's hands or feet shall be discarded after each use; and

(f) Paraffin wax shall be kept free of any debris and in a sanitary manner at all times.

(12) Sanding bands used on electric file mandrels are for single use purposes and shall be disposed of after each use.

(13) Electric Files.

(a) Only electric files specifically manufactured for use in the nail technology industry shall be used during the performance of nail technology services.

(b) Modified craft and hobby drills may not be used during the performance of nail technology services.

(14) Metal bits for electric files shall be properly disinfected after each client with an approved disinfectant as specified in Regulation .04B(12) of this chapter.

(15) Only bits specifically manufactured for use on the nail plate itself shall be used on the natural nail.

(16) Metal bits and sanding bands shall be used only on the surface of artificial nail enhancement products.

(17) During acrylic nail services, both the technician and client shall wear protective eye glasses or goggles when acrylic is being clipped, filed, or shaped.

(18) Artificial nail products:

(a) Shall be removed by using a solvent; and

(b) May not be pulled off the nail plate by the nail technician.

## **.07 Citations to Beauty Salons.**

Unless otherwise indicated, the following civil penalties are applicable to the following violations of the laws and regulations of the Board of Cosmetologists discovered by a Board inspector during an inspection of a beauty salon:

### **A. Operating a beauty salon for which a permit:**

- (1) Never has been issued—formal hearing;
- (2) Expired—\$300;

### **B. Licensing of personnel:**

- (1) Operating without a valid license—formal hearing;
- (2) Services beyond scope—\$300;
- (3) Improper supervision of apprentice—\$300;
- (4) No valid government-issued photo identification — \$100;

### **C. Failure to display:**

- (1) Sign—\$25;
- (2) Permit—\$50;
- (3) Condensed rules and regulations—\$100;
- (4) Zoning certificate—\$50;

### **D. Sanitation:**

#### **(1) Improper disinfection:**

- (a) Failure to wash implements before disinfection — \$150;
- (b) Failure to properly disinfect implements, bowls, basins, or other areas—\$150;
- (c) Failure to properly store disinfected implements — \$150;
- (d) Failure to keep clean disinfectant on esthetician tray or nail technician table—\$150;

#### **(2) Improper procedures for cut or blood-related incidents—formal hearing;**

#### **(3) Other:**

- (a) Poor lighting, heating, or ventilation—\$50;
- (b) Unclean walls, curtains, or floor coverings—\$50;
- (c) Absence of hot or cold running water—\$50;
- (d) Presence of rodents or insects—\$50;

- (e) Use of salon (shop) for sleeping or living—\$100;
- (f) Failure to promptly remove hair or debris—\$50;
- (g) Unsanitary restroom—\$50;
- (h) No soap dispenser and disposable towels—\$50;
- (i) Unclean operator's garments—\$50;
- (j) Failure to wash hands before each client—\$50;
- (k) No wet sanitizer at station—\$50;
- (l) No closed drawer or cabinet for disinfected implements at station—\$100;
- (m) Use of neck duster, powder puff, sponge, septic pencil, or lump alum on more than one client—\$100;
- (n) Improper application, removal, or discarding of lotions, oils, and other liquids—\$100;
- (o) Improper application of creams—\$100;
- (p) Improper maintenance of lotions, oils, and other liquids—\$100;
- (q) Failure to properly cover head, foot rest, or manicuring cushion—\$100;
- (r) Improper storage or disposal of towels—\$50;
- (s) Improper sanitation of pressing combs or curling irons—\$100;
- (t) Insufficient number of combs or brushes—\$50;
- (u) Failure to use protective neck strip—\$50;
- (v) Improperly washed or sanitized shampoo bowl — \$50;
- (w) Improper cleansing or sanitation of retention rods—\$100;
- (x) Failure to remove soiled items from top of work station after use—\$50;
- (y) Placement of pins or clips in mouth—\$50;
- (z) Use of implements dropped on floor without cleaning and disinfecting—\$100;
- (aa) Failure to sharpen lip or eyebrow pencil after each use—\$100;
- (bb) Failure to discard disposable implement or cosmetic after use—\$100;
- (cc) Use of hair removal wax for more than one client—\$300;
- (dd) Failure to launder nondisposable draping after each client—\$50;
- (ee) Unsanitary manicuring table or surrounding area—\$100;
- (ff) Improper paraffin wax procedures—\$100;
- (gg) Improper use of electric files, bits, or sanding bands—\$100;

(hh) Improper procedures when working on acrylic nails—\$100;

E. Unauthorized services:

- (1) Massage—\$300;
- (2) Microdermabrasion—formal hearing;
- (3) Lasers—formal hearing;
- (4) Glycolic acid—formal hearing;
- (5) Chemical peels—formal hearing;
- (6) Practice causing tissue destruction or penetration to the blood fluid barrier—formal hearing;
- (7) Credo blade—\$300;

F. Prohibited practices:

- (1) Services on client with infectious or contagious disease—formal hearing;
- (2) Operator with infectious or contagious disease performing services—formal hearing;
- (3) Services on inflamed skin or scalp without physician authorization—formal hearing;
- (4) Removal of corns, calluses, or other growths of skin by cutting—\$300;
- (5) Use of electrical muscle stimulator devices—\$300;
- (6) Cosmetic tattooing—formal hearing;
- (7) Presence of animal—\$100;
- (8) Sale of used hairpieces—\$300;
- (9) Methyl methacrylate liquid monomer (MMA)—formal hearing;

G. Interference with inspector—formal hearing.

## Administrative History

Effective date: April 4, 1973

- Regulation .01A amended effective November 14, 1980 (7:23 Md. R. 2166)
- Regulation .01B amended effective November 14, 1980 (7:23 Md. R. 2166)
- Regulation .01D and E repealed effective June 17, 1985 (12:12 Md. R. 1163)
- Regulation .02 repealed effective November 14, 1980 (7:23 Md. R. 2166)
- Regulation .02 adopted effective April 6, 1987 (14:7 Md. R. 830)
- Regulation .03A amended effective November 14, 1980 (7:23 Md. R. 2166)
- Regulation .03C amended effective November 14, 1980 (7:23 Md. R. 2166)
- Regulation .03D repealed effective November 14, 1980 (7:23 Md. R. 2166)
- Regulation .03E amended effective November 14, 1980 (7:23 Md. R. 2166)
- Regulation .03F repealed effective June 17, 1985 (12:12 Md. R. 1163)
- Regulation .04A amended effective November 14, 1980 (7:23 Md. R. 2166); June 17, 1985 (12:12 Md. R. 1163); March 23, 1987 (14:6 Md. R. 713)
- Regulation .04B amended effective November 14, 1980 (7:23 Md. R. 2166)
- Regulation .04C amended effective November 14, 1980 (7:23 Md. R. 2166)
- Regulation .04E repealed effective June 17, 1985 (12:12 Md. R. 1163)
- Regulation .04E adopted effective March 23, 1987 (14:6 Md. R. 713)
- Regulation .05C repealed effective November 14, 1980 (7:23 Md. R. 2166)
- Regulation .05D amended effective November 14, 1980 (7:23 Md. R. 2166); November 16, 1987 (14:23 Md. R. 2414)
- Regulation .05F amended effective November 14, 1980 (7:23 Md. R. 2166); repealed effective November 16, 1987 (14:23 Md. R. 2414)
- Regulation .05G repealed effective June 17, 1985 (12:12 Md. R. 1163)
- Regulation .06 amended effective November 16, 1987 (14:23 Md. R. 2414)
- Regulation .08 amended effective March 23, 1987 (14:6 Md. R. 714)
- Regulation .12 repealed effective November 14, 1980 (7:23 Md. R. 2166)
- Regulation .13 amended effective November 14, 1980 (7:23 Md. R. 2166)
- Regulation .14A amended effective November 14, 1980 (7:23 Md. R. 2166); August 21, 1989 (16:16 Md. R. 1750)
- Regulation .14B amended effective November 14, 1980 (7:23 Md. R. 2166)
- Regulation .14D amended effective November 14, 1980 (7:23 Md. R. 2166); August 21, 1989 (16:16 Md. R. 1750)
- Regulation .14E amended effective November 14, 1980 (7:23 Md. R. 2166)
- Regulation .15 repealed effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .15 adopted effective April 6, 1987 (14:7 Md. R. 830)

Regulation .15A amended effective August 21, 1989 (16:16 Md. R. 1750)

Regulation .16 amended effective April 6, 1987 (14:7 Md. R. 830)

Regulation .16D amended effective October 19, 1979 (6:21 Md. R. 1708)

Regulation .16E amended effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .16G amended effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .17A amended effective December 30, 1977 (4:27 Md. R. 2106)

Regulation .17B amended effective December 30, 1977 (4:27 Md. R. 2106); November 14, 1980 (7:23 Md. R. 2166); June 17, 1985 (12:12 Md. R. 1163); June 13, 1988 (15:12 Md. R. 1445)

Regulation .17D—I adopted effective April 6, 1987 (14:7 Md. R. 830)

Regulation .17D amended effective June 13, 1988 (15:12 Md. R. 1445)

Regulation .17G amended effective June 13, 1988 (15:12 Md. R. 1445)

Regulation .17I amended effective June 13, 1988 (15:12 Md. R. 1445)

Regulation .18A amended effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .18B amended effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .18C repealed effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .18C adopted effective March 23, 1987 (14:6 Md. R. 714)

Regulation .19B amended effective June 17, 1985 (12:12 Md. R. 1163)

Regulation .19D, K, N amended effective November 22, 1982 (9:23 Md. R. 2258)

Regulation .19E amended effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .19F amended effective December 15, 1978 (5:25 Md. R. 1853); March 23, 1987 (14:6 Md. R. 714)

Regulation .19L amended effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .19O amended effective December 30, 1977 (4:27 Md. R. 2107); October 19, 1979 (6:21 Md. R. 1708); repealed effective November 22, 1982 (9:23 Md. R. 2258)

Regulation .19P adopted effective October 19, 1979 (6:21 Md. R. 1708)

Regulation .19Q adopted effective March 23, 1987 (14:6 Md. R. 713)

Regulation .20 amended effective November 16, 1987 (14:23 Md. R. 2414)

Regulation .20A amended effective October 19, 1979 (6:21 Md. R. 1708); March 23, 1987 (14:6 Md. R. 714)

Regulation .20C amended effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .20D and E repealed effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .20D and E adopted effective April 6, 1987 (14:7 Md. R. 830)

Regulation .20F amended effective November 14, 1980 (7:23 Md. R. 2166); June 17, 1985 (12:12 Md. R. 1163)

Regulation .20F-I adopted effective June 17, 1985 (12:12 Md. R. 1163)

Regulation .20G adopted effective October 19, 1979 (6:21 Md. R. 1708)

Regulation .20H amended effective April 6, 1987 (14:7 Md. R. 830); May 15, 1989 (16:9 Md. R. 994)

Regulation .20I amended effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .20J amended effective June 17, 1985 (12:12 Md. R. 1163)

Regulation .20K amended effective November 14, 1980 (7:23 Md. R. 2166); June 17, 1985 (12:12 Md. R. 1163)

Regulation .20L amended effective October 19, 1979 (6:21 Md. R. 1708); November 14, 1980 (7:23 Md. R. 2166); June 17, 1985 (12:12 Md. R. 1163)

Regulation .20M adopted effective February 9, 1987 (14:3 Md. R. 273)

Regulation .20N—P adopted effective April 6, 1987 (14:7 Md. R. 830)

Regulation .21B repealed effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .21C repealed effective November 16, 1987 (14:23 Md. R. 2414)

Regulation .21E—G amended effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .21F repealed effective April 6, 1987 (14:7 Md. R. 830)

Regulation .21J repealed effective June 17, 1985 (12:12 Md. R. 1163)

Regulation .22E—I amended effective June 13, 1988 (15:12 Md. R. 1445)

Regulation .22R amended effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .22T amended effective June 13, 1988 (15:12 Md. R. 1445)

Regulation .22U, V adopted effective June 13, 1988 (15:12 Md. R. 1445)

Regulation .23 adopted effective March 23, 1987 (14:6 Md. R. 713)

Regulation .24 adopted effective March 23, 1987 (14:6 Md. R. 713)

Regulation .25 adopted effective April 6, 1987 (14:7 Md. R. 830)

Chapter repealed effective June 22, 1992 (19:12 Md. R. 1133)

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Regulations .01—.06 adopted effective June 22, 1992 (19:12 Md. R. 1133)

Regulation .02B, C amended effective April 6, 1998 (25:7 Md. R. 526)

Regulation .03H amended and I—K adopted effective September 12, 2005 (32:18 Md. R. 1519)

Regulation .03J, K amended effective May 2, 2011 (38:9 Md. R. 552)

Regulation .04B amended effective April 6, 1998 (25:7 Md. R. 526); April 29, 2002 (29:8 Md. R. 699)

Regulation .05B amended effective April 29, 2002 (29:8 Md. R. 699)

Regulation .06 amended effective September 4, 2000 (27:17 Md. R. 1618)

Regulation .06B amended effective March 9, 1998 (25:5 Md. R. 368)

Regulation .06 repealed and new Regulation .06 adopted effective April 29, 2002 (29:8 Md. R. 699)

Regulation .07 adopted effective July 31, 2006 (33:15 Md. R. 1280)

# **Title 09 DEPARTMENT OF LABOR, LICENSING, AND REGULATION**

## **Subtitle 22 BOARD OF COSMETOLOGISTS**

### **Chapter 01 General Regulations**

**Authority: Business Occupations and Professions Article, Title 5, Annotated Code of Maryland**



## **.01 General Requirements.**

A. A licensee, permit holder, or registrant shall be familiar with and comply with the laws and regulations governing the practice of beauty culture.

B. Every licensee and registrant shall:

- (1) Display a current and valid license in full view of the public at the practitioner's work station;
- (2) Affix a current picture to the license; and
- (3) Have available at all times valid government-issued photographic identification.

C. When a senior cosmetologist or cosmetologist practices cosmetology in the residence of a patron, in a nursing home, or in a hospital, the following conditions shall be met:

- (1) The services are sponsored by an authorized salon;
- (2) The licensee is fully supplied with sanitized and disinfected equipment by the sponsoring salon and the implements and tools are carried back and forth in an appropriate manner to assure they are not contaminated;
- (3) The sponsoring salon maintains complete records of all services performed, and the date, time, place, and charge for the services;
- (4) All tools, equipment, and complete records are available for inspection;
- (5) Board inspectors are permitted to conduct inspections of any area where cosmetology services are provided; and
- (6) When the cosmetology services are provided in a nursing home, hospital, or similar facility, the:
  - (a) Patron is a:
    - (i) Resident of the facility, and
    - (ii) Customer of the beauty salon, preexisting or otherwise;
  - (b) Facility does not hold itself out to the public as a provider of cosmetology services; and
  - (c) Compensation paid for the cosmetology services is ultimately paid to the licensee performing the services or to the sponsoring beauty salon.

D. A senior cosmetologist, cosmetologist, esthetician, nail technician, or makeup artist operating a barber shop shall comply with all pertinent sanitation regulations contained in COMAR 09.22.02.04---.06.

E. A photography studio which provides hair styling or makeup services as a part of a photo package shall obtain an owner's permit, and the services shall be performed by an authorized licensee.

F. A licensee, permit holder, or registrant shall promptly notify the Board of any change of address.

G. The Board may initiate a criminal prosecution of a person who engages in the practice of beauty culture without a valid license or registration.

H. A licensee or registrant is responsible for the sanitary condition of the licensee's or registrant's individual work station.

I. A licensee, permit holder, or registrant may not knowingly interfere with the lawful activity of an inspector of the Board.

J. The provision of cosmetology, esthetic, or nail technology services in a beauty salon is prima facie evidence that compensation has been, or will be, paid for the services rendered.

## **.02 Senior Cosmetologist License.**

A. A senior cosmetologist is responsible for the theory and practical training of apprentices and limited practice apprentices in the cosmetologist's salon.

B. A senior cosmetologist license authorizes the licensee to practice all aspects of beauty culture.

**.03 Cosmetologist License.**

A cosmetologist license authorizes the licensee to practice all aspects of beauty culture.

#### **.04 Esthetician License.**

A. An esthetician license authorizes the licensee to engage in providing esthetic services as defined in Business Occupations and Professions Article, §5-101(l), Annotated Code of Maryland.

B. The term "massaging", as used in Business Occupation and Professions Article, §5-101(l), Annotated Code of Maryland, means contact with the skin limited to the beautification, cleansing, and embellishment of the skin during the application and removal of skin care products.

## **.05 Makeup Artist License.**

A makeup artist license authorizes the licensee to engage in the practice of applying creams, lotions, cosmetic preparations, and cleansing solutions to the face of an individual.

## **.06 Nail Technician License.**

A nail technician license authorizes the licensee to engage in the practice of:

- A. Massaging the hands and feet;
- B. Applying cosmetic preparations, nail enamels, antiseptics, lotions, creams, nail gel, nail wrappings, acrylics, and artificial nails; and
- C. Cutting, shaping, and similar work upon the nails.

## **.07 Cosmetologist Apprentice Registration.**

A. A cosmetologist apprentice registration authorizes the apprentice to learn all aspects of cosmetology under the direct supervision of a senior cosmetologist.

B. One senior cosmetologist shall directly train one cosmetologist apprentice.

C. Before becoming eligible to take the cosmetologist examination, a cosmetologist apprentice shall:

- (1) Train at least 20 hours per week;
- (2) Train for not less than 24, nor more than 36, months; and
- (3) Complete the apprenticeship curriculum approved by the Board.

D. For good cause, the Board may issue a new cosmetologist apprentice registration to an individual previously registered as a cosmetologist apprentice if:

- (1) A minimum of 6 months has passed since the individual was last registered as a cosmetologist apprentice; and
- (2) The individual surrenders the number of hours earned under any other cosmetologist apprentice registration.

E. A cosmetologist apprentice registration shall be obtained, and used, only for the purpose of receiving the amount of training required to qualify for a licensing examination given by the Board.

## **.08 Esthetician Apprentice Registration.**

A. An esthetician apprentice registration authorizes the esthetician apprentice to learn all aspects of providing esthetic services as defined in Business Occupations and Professions Article, §5-101(l), Annotated Code of Maryland.

B. The term "massaging", as used in Business Occupation and Professions Article, §5-101(l), Annotated Code of Maryland, means contact with the skin limited to the beautification, cleansing, and embellishment of the skin during the application and removal of skin care products.

C. One senior cosmetologist or one licensed esthetician with 2 years experience shall directly train one esthetician apprentice.

D. Before becoming eligible to take the esthetician examination, an esthetician apprentice shall:

- (1) Train at least 20 hours per week;
- (2) Train for not less than 12 or more than 24 months; and
- (3) Complete the apprenticeship curriculum approved by the Board.

E. For good cause, the Board may issue a new esthetician apprentice registration to an individual previously registered as a cosmetologist apprentice or an esthetician apprentice if:

- (1) A minimum of 6 months has passed since the individual was last registered as a cosmetologist apprentice or an esthetician apprentice; and
- (2) The individual surrenders the number of hours earned under any other cosmetologist apprentice or esthetician apprentice registration.

F. An esthetician apprentice registration shall be obtained, and used, only for the purpose of receiving the amount of training required to qualify for a licensing examination given by the Board.

G. An esthetician apprentice registration may be renewed one time.



## **.09 Nail Technician Apprentice Registration.**

A. A nail technician apprentice registration authorizes the nail technician apprentice to learn all aspects of manicuring and pedicuring.

B. One senior cosmetologist or one licensed nail technician with 2 years experience shall directly train one apprentice.

C. Before becoming eligible to take the nail technician examination, a nail technician apprentice shall:

- (1) Train at least 20 hours per week;
- (2) Train for not less than 8 or more than 12 months; and
- (3) Complete the apprenticeship curriculum approved by the Board.

D. For good cause, the Board may issue a new nail technician apprentice registration to an individual previously registered as a cosmetologist apprentice or a nail technician apprentice if:

(1) A minimum of 6 months has passed since the individual was last registered as a cosmetologist apprentice or a nail technician apprentice; and

(2) The individual surrenders the number of hours earned under any other cosmetologist apprentice or nail technician apprentice registration.

E. A nail technician apprentice registration shall be obtained, and used, only for the purpose of receiving the amount of training required to qualify for a licensing examination given by the Board.

## **.10 Supervision of an Apprentice.**

A. Prior to supervising an apprentice for the first time, a licensee shall participate in an orientation program administered by the Board.

B. A licensee who supervises an apprentice shall:

(1) Ensure that the apprentice receives:

(a) At least 20 hours of training per week; and

(b) The required theory and practical training;

(2) File a monthly report, on a form supplied by the Board, stating the progress of each apprentice in the salon and identifying the designated licensee in charge of each apprentice;

(3) Advise the Board immediately, in writing, when an apprenticeship is discontinued, temporarily or otherwise; and

(4) Ensure that any apprentice is limited to and performs only the services authorized by the apprentice registration.

C. Unless the Board determines that exceptional circumstances exist, if a monthly report required by §A(2) of this regulation is not received by the Board within 90 days of the completion of the apprentice training:

(1) The report may not be received by the Board; and

(2) Credit may not be given for the training.

## **.11 Apprenticeship Registration Requirements.**

A. A person may be registered as an apprentice if the person:

- (1) Is at least 16 years old;
- (2) Has secured a sponsoring salon in which to apprentice;
- (3) Has been approved by the Board; and
- (4) Prior to being registered as an apprentice, has participated in an orientation program administered by the Board.

B. **Non-English-Speaking or Reading-Disabled Individuals.** An individual who is non-English-speaking or who demonstrates dyslexia or other reading impairments shall participate in English comprehension or reading comprehension courses during the apprenticeship.

C. **Hearing-Impaired Individuals.** Hearing-impaired individuals registered as apprentices shall participate in courses during the apprenticeship to allow them to understand directions, explanations, or needs of examiners and patrons.

## **.12 Examinations.**

A. The Board shall schedule examinations as often as necessary to meet the demand.

B. Each qualified applicant for examination shall be sent a notice of the examination that contains the:

- (1) Time, date, and location of the examination;
- (2) Amount of time allotted for the examination;
- (3) Areas that will be tested during the theoretical and practical portions of the examination;
- (4) Requirements for models;
- (5) Equipment the applicant shall bring;
- (6) Requirements for passing the examination; and
- (7) Board's policy on bringing books or other materials into the examination room.

C. Requirements for Taking Examination.

- (1) A candidate shall arrive in a timely fashion to take the examination.
- (2) A candidate shall present the notice of examination and a proper identification with the candidate's signature and photograph.
- (3) A candidate may not bring books or papers into the examination room and may not use those materials during either the practical or the theoretical portion of the examination.

(4) A candidate taking the practical portion of an examination shall:

- (a) Appear in a clean, washable garment;
- (b) If taking the cosmetologist examination, appear with an appropriate mannequin head;
- (c) If taking the nail technician examination, appear with an appropriate mannequin hand;
- (d) If taking the esthetician examination, be accompanied by a live model who is 16 years old or older; and
- (e) Appear with the equipment necessary to take the examination which shall be in a clean and disinfected condition and in good repair.

D. Disqualification. A candidate who violates any of the provisions of §C of this regulation may not be admitted to the examination and shall forfeit the examination fee.

E. Interpreters—Foreign Language Dictionaries.

(1) Except as provided in §E(3) of this regulation, an applicant may not use an interpreter to translate during an examination.

(2) If approved by the Board or its authorized representative, an applicant may use a word-for-word, bilingual dictionary during the theory portion of an examination.

(3) During any portion of an examination:

- (a) A sign interpreter may assist an applicant who is hearing impaired; and
- (b) A reader may assist an applicant who has dyslexia or another, similar reading impairment.

F. When a practical test cannot be completed for any reason, the grade for that test shall be "incomplete" and not "failure."

G. Passing Examination.

(1) In order to be certified as passing an examination, a candidate shall:

- (a) Receive a score of 75 percent or more on the practical portion of the examination;
- (b) Score at least 75 percent or more on the theoretical portion of the examination; and
- (c) Demonstrate a sufficient ability to verbally communicate and comprehend the English language in order to understand, converse, and properly respond to the requests, needs, and explanations of English speaking patrons.

(2) An individual who passes one or more portions of the examination shall be excused from retaking the portion passed.

(3) An applicant who has not passed all parts of the examination within 1 year of the original examination date shall be required to retake the entire examination.

H. Content of Cosmetologist Examination.

(1) A cosmetologist examination shall consist of a theoretical portion and a practical portion.

(2) The theoretical portion of the cosmetologist examination shall consist of questions which embrace the subjects of cosmetology found in basic cosmetology textbooks including, but not limited to, the following:

- (a) Sanitation and disinfection;
- (b) Chemical applications;
- (c) Hair cutting and styling techniques;
- (d) Diseases and disorders;
- (e) Facial massage;
- (f) Skin care;
- (g) Makeup application;
- (h) Hair removal;
- (i) Application of artificial nails;
- (j) Manicuring and pedicuring procedures; and
- (k) Laws and regulations regarding the practice of cosmetology.

(3) The practical portion of the cosmetologist examination shall consist of the candidate demonstrating and explaining:

- (a) Wet set or thermal curl set;

- (b) Permanent cold wave;
- (c) Chemical relaxing;
- (d) Hair pressing;
- (e) Croquignole curl;
- (f) Bleach and tint;
- (g) Blended haircut;
- (h) Fingerwave;
- (i) Pincurls;
- (j) Roller placement; and
- (k) Manicure.

I. Content of Senior Cosmetologist Examination.

(1) A senior cosmetologist examination shall consist of a theoretical portion only.

(2) A candidate shall be required to demonstrate a knowledge of cosmetology including, but not limited to, an advanced knowledge of:

- (a) Sanitation and disinfection techniques;
- (b) Chemical applications;
- (c) Hair cutting and styling techniques;
- (d) Diseases and disorders; and
- (e) Laws and regulations regarding the practice of cosmetology.

J. Content of Esthetician Examination.

(1) An esthetician examination shall consist of a theoretical portion and a practical portion.

(2) The theoretical portion of the esthetician examination shall consist of questions which embrace the subjects of esthetics found in basic esthetics textbooks including, but not limited to, the following:

- (a) Sanitation and disinfection;
- (b) Diseases and disorders;
- (c) Facial massage;
- (d) Skin care;
- (e) Makeup application;
- (f) Hair removal; and
- (g) Laws and regulations regarding the practice of esthetics.

(3) The practical portion of the esthetician examination shall consist of the candidate demonstrating and explaining:

- (a) Patron preparation;
- (b) Skin cleansing;
- (c) Skin analysis;
- (d) Location and names of motor points;
- (e) Tweezing and arching of eyebrows;
- (f) Massage movements; and
- (g) Application of women's daytime makeup.

K. Contents of Nail Technician Examination.

(1) A nail technician examination shall consist of a theoretical portion and a practical portion.

(2) The theoretical portion of the nail technician examination shall consist of questions which embrace the subjects of manicuring found in basic manicuring textbooks including, but not limited to, the following:

- (a) Sanitation and disinfection;
- (b) Diseases and disorders;
- (c) Manicuring and pedicuring procedures;
- (d) Application of artificial nails; and
- (e) Laws and regulations regarding the practice of a nail technician.

(3) The practical portion of the nail technician examination shall consist of the candidate demonstrating and explaining:

- (a) Basic manicure;
- (b) Hairline tip of a free edge;
- (c) Half moon;
- (d) Application of acrylic nails; and
- (e) Pedicure procedure.

## .13 Fees.

### A. Examination Fees.

(1) The following examination fees shall be paid at the time a person files an application to take an examination:

- (a) Senior cosmetologist ... \$50;
- (b) Cosmetologist ... \$80;
- (c) Esthetician ... \$80;
- (d) Nail technician ... \$80.

(2) The following examination fees shall be paid at the time a person files an application to retake a portion of an examination:

- (a) Senior cosmetologist ... \$50;
- (b) Cosmetologist, nail technician, or esthetician:
  - (i) Full exam ... \$80;
  - (ii) Practical only ... \$50;
  - (iii) Theory only ... \$50;

B. License, Permit, and Registration Fees. Except as provided in this subsection, the following fees shall be paid to the Board prior to the issuance or renewal of a license, permit, or registration:

- (1) Owner ... \$50;
- (2) Senior cosmetologist ... \$25;
- (3) Cosmetologist ... \$25;
- (4) Makeup artist ... \$25;
- (5) Esthetician ... \$25;
- (6) Nail technician ... \$25;
- (7) Apprentice ... \$10.

C. Duplicate License Fee. If a licensee, permit holder, or registrant requires a duplicate license, permit, or registration, the applicant shall pay a fee in an amount equal to 1/2 the applicable fee set forth in §B of this regulation.

### D. Reinstatement Fees.

(1) If a senior cosmetologist, cosmetologist, esthetician, or nail technician license has expired, a reinstatement fee of \$25 shall be paid in addition to the renewal fee set forth in §B of this regulation.

(2) If an owner permit has expired, in addition to the renewal fee set forth in §B of this regulation:



(a) A reinstatement fee of \$50 shall be paid if not more than 45 days have passed since the expiration of the permit; and

(b) A pre-opening inspection fee of \$150 shall be paid, and such an inspection shall be conducted, if more than 45 days have passed since the expiration of the permit.

E. Certification Fee. The Board shall certify the licensing, registration, or permit status and qualifications of any person upon the payment of a certification fee of \$25.

F. Inspection Fee. In addition to the owner fee set forth in §B of this regulation, an applicant for a permit to own a salon shall pay to the Board a fee of \$150 for a pre-opening inspection of the salon.

G. A separate payment is required for each application.

H. Payment in cash may not be accepted.

I. All fees are nonrefundable.

## **.14 Renewals.**

- A. A renewal application for each license, permit, or registration shall be mailed to each licensee, permit holder, or cosmetologist apprentice at the last known address.
- B. A licensee, permit holder, or cosmetologist apprentice shall submit each application and the required payment at least 14 days before the expiration date of the existing license.
- C. An application that is incomplete or is not accompanied by the appropriate fee shall be returned to the applicant.
- D. A registered cosmetologist apprentice is limited to two renewals.
- E. A limited practice apprentice registration is not renewable.

**.15 Compensation—Examiners and Inspectors.**

- A. Examiners, appointed by the Board, shall be paid a per diem of at least \$50 based on the State's budget.
- B. Inspectors, appointed by the Board, shall be paid a per diem of at least \$50 based on the State's budget.
- C. All per diem employees are entitled to be reimbursed for traveling expenses in accordance with the State's policy.

## **.16 Citations to Licensees.**

Unless otherwise indicated, the following civil penalties are applicable to the following violations of the laws and regulations of the Board of Cosmetologists discovered by a Board inspector during an inspection of a beauty salon:

A. Working in a beauty salon for which a permit never has been issued or other unauthorized location—\$300;

B. Licensing:

- (1) Operating without a valid license—\$300;
- (2) No photo on license—\$100;
- (3) No valid government-issued photo identification — \$100;
- (4) Services beyond scope—\$300;

C. Sanitation:

(1) Improper disinfection:

- (a) Failure to wash implements before disinfection — \$150;
- (b) Failure to properly disinfect implements, bowls, basins, other areas—\$150;
- (c) Failure to properly store disinfected implements — \$150;
- (d) Failure to keep clean disinfectant on esthetician tray or nail technician table—\$150;

(2) Improper procedures for cut or blood-related incidents—formal hearing;

(3) Other:

- (a) Poor lighting, heating, or ventilation—\$50;
- (b) Unclean walls, curtains, or floor coverings—\$50;
- (c) Absence of hot or cold running water—\$50;
- (d) Presence of rodents or insects—\$50;
- (e) Use of salon (shop) for sleeping or living—\$100;
- (f) Failure to promptly remove hair or debris—\$50;
- (g) Unsanitary restroom—\$50;
- (h) No soap dispenser and disposable towels—\$50;
- (i) Unclean operator's garments—\$50;
- (j) Failure to wash hands before each client—\$50;
- (k) No wet sanitizer at station—\$50;

- (l) No closed drawer or cabinet for disinfected implements at station—\$100;
- (m) Use of neck duster, powder puff, sponge, septic pencil, or lump alum on more than one client—\$100;
- (n) Improper application, removal, or discarding of lotions, oils, and other liquids—\$100;
- (o) Improper application of creams—\$100;
- (p) Improper maintenance of lotions, oils, and other liquids—\$100;
- (q) Failure to properly cover head, foot rest, or manicuring cushion—\$100;
- (r) Improper storage or disposal of towels—\$50;
- (s) Improper sanitation of pressing combs or curling irons—\$100;
- (t) Insufficient number of combs or brushes—\$50;
- (u) Failure to use protective neck strip—\$50;
- (v) Improperly washed or sanitized shampoo bowl — \$50;
- (w) Improper cleansing or sanitation of retention rods—\$100;
- (x) Failure to remove soiled items from top of work station after use—\$50;
- (y) Placement of pins or clips in mouth—\$50;
- (z) Use of implements dropped on floor without cleaning and disinfecting—\$100;
- (aa) Failure to sharpen lip or eyebrow pencil after each use—\$100;
- (bb) Failure to discard disposable implement or cosmetic after use—\$100;
- (cc) Use of hair removal wax for more than one client—\$300;
- (dd) Failure to launder nondisposable draping after each client—\$50;
- (ee) Unsanitary manicuring table or surrounding area—\$100;
- (ff) Improper paraffin wax procedures—\$100;
- (gg) Improper use of electric files, bits, or sanding bands—\$100;
- (hh) Improper procedures when working on acrylic nails—\$100;

D. Unauthorized services:

- (1) Massage—\$300;
- (2) Microdermabrasion—formal hearing;
- (3) Lasers—formal hearing;
- (4) Glycolic acid—formal hearing;
- (5) Chemical peels—formal hearing;

(6) Practice causing tissue destruction or penetration to the blood fluid barrier—formal hearing;

(7) Credo blade— \$300;

E. Prohibited practices:

(1) Services on client with infectious or contagious disease—formal hearing;

(2) Operator with infectious or contagious disease performing services—formal hearing;

(3) Services on inflamed skin or scalp without physician authorization—formal hearing;

(4) Removal of corns, calluses, or other growths of skin by cutting—\$300;

(5) Use of electrical muscle stimulator devices—\$300;

(6) Cosmetic tattooing—formal hearing;

(7) Presence of animal—\$100;

(8) Sale of used hairpieces—\$300;

(9) Methyl methacrylate liquid monomer (MMA)—formal hearing;

F. Interference with inspector—formal hearing.

## Administrative History

Effective date: April 4, 1973

Regulation .01 amended effective November 14, 1980 (7:23 Md. R. 2166); repealed effective November 16, 1987 (14:23 Md. R. 2414)

Regulation .01 adopted as an emergency provision effective July 1, 1991 (18:18 Md. R. 2001); emergency status expired January 1, 1992

Regulation .01 adopted as an emergency provision effective February 14, 1992 (19:5 Md. R. 573); emergency status extended at 19:11 Md. R. 1011

Regulation .02A amended effective November 14, 1980 (7:23 Md. R. 2166); repealed effective November 16, 1987 (14:23 Md. R. 2414)

Regulation .02B repealed effective November 16, 1987 (14:23 Md. R. 2414)

Regulation .02C amended effective November 16, 1987 (14:23 Md. R. 2414)

Regulation .02D repealed effective June 17, 1985 (12:12 Md. R. 1163)

Regulation .02D adopted effective April 6, 1987 (14:7 Md. R. 830)

Regulation .02 repealed and new Regulation .02 adopted as an emergency provision effective July 1, 1991 (18:18 Md. R. 2001); emergency status extended at 19:2 Md. R. 150 and 19:11 Md. R. 1011

Regulation .03A—C amended effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .03D repealed effective June 17, 1985 (12:12 Md. R. 1163)

Regulation .03 repealed and new Regulation .03 adopted as an emergency provision effective July 1, 1991 (18:18 Md. R. 2001); emergency status expired January 1, 1992

Regulation .03 repealed and new Regulation .03 adopted as an emergency provision effective February 14, 1992 (19:5 Md. R. 573); emergency status extended at 19:11 Md. R. 1011

Regulation .04A amended effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .04B amended effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .04C-1 adopted effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .04F repealed effective June 17, 1985 (12:12 Md. R. 1163)

Regulation .05 amended effective November 14, 1980 (7:23 Md. R. 2166); June 17, 1985 (12:12 Md. R. 1163); March 23, 1987 (14:6 Md. R. 713); November 16, 1987 (14:23 Md. R. 2414)

Regulation .06A adopted effective April 6, 1987 (14:7 Md. R. 830)

Regulation .06D repealed effective June 17, 1985 (12:12 Md. R. 1163)

Regulation .06D—F adopted effective April 6, 1987 (14:7 Md. R. 830)

Regulations .06, .08, and .09 amended as an emergency provision effective July 1, 1991 (18:18 Md. R. 2001); emergency status extended at 19:2 Md. R. 150 and 19:11 Md. R. 1011

Regulation .07A and C amended effective December 30, 1977 (4:27 Md. R. 2106)

Regulation .07E repealed effective June 17, 1985 (12:12 Md. R. 1163)

Regulation .08 amended effective February 4, 1976 (3:3 Md. R. 149)

Regulation .08A amended effective November 14, 1980 (7:23 Md. R. 2166); June 12, 1981 (8:12 Md. R. 1061); April 6, 1987 (14:7 Md. R. 830)

Regulation .08B amended effective April 6, 1987 (14:7 Md. R. 830)

Regulation .08C repealed effective June 17, 1985 (12:12 Md. R. 1163)

Regulation .08C adopted effective April 6, 1987 (14:7 Md. R. 830)

Regulation .09A amended effective August 21, 1989 (16:16 Md. R. 1750)

Regulation .09D repealed effective November 16, 1987 (14:23 Md. R. 2414)

Regulation .09F amended effective June 17, 1985 (12:12 Md. R. 1163)

Regulation .09F-1 adopted effective June 17, 1985 (12:12 Md. R. 1163)

Regulation .12 amended effective November 14, 1980 (7:23 Md. R. 2166); June 12, 1981 (8:12 Md. R. 1061)

Regulation .12A amended effective March 23, 1987 (14:6 Md. R. 713)

Regulation .12D amended effective March 23, 1987 (14:6 Md. R. 713)

Regulation .13 repealed effective December 15, 1978 (5:25 Md. R. 1853)

Regulation .13 adopted effective March 23, 1987 (14:6 Md. R. 713)

Regulation .13 amended effective June 11, 1990 (17:11 Md. R. 1343)

Regulation .14 amended effective August 21, 1989 (16:16 Md. R. 1750)

Regulation .14B amended effective December 30, 1977 (4:27 Md. R. 2106)

Regulation .15 repealed and new Regulation .15 adopted effective June 17, 1985 (12:12 Md. R. 1163)

Regulation .15C—F amended effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .15D amended effective February 4, 1976 (3:3 Md. R. 149)

Regulation .15F amended effective February 4, 1976 (3:3 Md. R. 149); October 19, 1979 (6:21 Md. R. 1708)

Regulation .16B amended effective June 17, 1985 (12:12 Md. R. 1163)

Regulation .16C amended effective March 3, 1976 (3:5 Md. R. 295); November 14, 1980 (7:23 Md. R. 2166); November 16, 1987 (14:23 Md. R. 2414)

Regulation .16D amended effective June 13, 1988 (15:12 Md. R. 1445)

Regulation .16F amended effective June 13, 1988 (15:12 Md. R. 1445)

Regulation .16H amended effective June 13, 1988 (15:12 Md. R. 1445)

Regulation .16I repealed effective November 16, 1987 (14:23 Md. R. 2414)

Regulation .16I adopted effective June 13, 1988 (15:12 Md. R. 1445)

Regulation .16J amended effective June 13, 1988 (15:12 Md. R. 1445)

Regulation .16U amended effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .16W amended effective June 13, 1988 (15:12 Md. R. 1445)

Regulation .16AA repealed effective November 16, 1987 (14:23 Md. R. 2414)

Regulation .16BB adopted effective November 14, 1980 (7:23 Md. R. 2166)

Regulation .16CC adopted effective February 9, 1987 (14:3 Md. R. 272)



Regulation .16DD adopted effective June 13, 1988 (15:12 Md. R. 1445)

Regulation .16EE adopted effective May 1, 1989 (16:8 Md. R. 909)

Regulation .17F repealed effective June 17, 1985 (12:12 Md. R. 1163)

Regulation .18A—D amended effective June 17, 1985 (12:12 Md. R. 1163)

Regulation .18C amended effective February 4, 1976 (3:3 Md. R. 149)

Regulation .18D amended effective February 4, 1976 (3:3 Md. R. 149)

Regulation .18H amended effective February 4, 1976 (3:3 Md. R. 149); March 23, 1987 (14:6 Md. R. 713)

Regulation .19 repealed effective November 16, 1987 (14:23 Md. R. 2414)

Regulations .20—.24 adopted effective April 6, 1987 (14:7 Md. R. 830)

Regulations .21, .22, and .24 amended as an emergency provision effective July 1, 1991 (18:18 Md. R. 2001); emergency status extended at 19:2 Md. R. 150 and 19:11 Md. R. 1011

Regulation .22G amended effective June 13, 1988 (15:12 Md. R. 1445)

Regulations .02—.24 repealed and new Regulations .01—.15 adopted effective June 22, 1992 (19:12 Md. R. 1133)

Regulation .01 amended effective December 14, 1998 (25:25 Md. R. 1831)

Regulation .01B amended effective May 13, 2002 (29:9 Md. R. 745)

Regulation .01C amended effective July 17, 1995 (22:14 Md. R. 1052)

Regulation .01D amended effective September 4, 2000 (27:17 Md. R. 1618)

Regulation .01J adopted effective May 13, 2002 (29:9 Md. R. 745)

Regulation .04 amended effective April 26, 2004 (31:8 Md. R. 646)

Regulation .04D amended effective September 4, 2000 (27:17 Md. R. 1619)

Regulation .06 amended effective September 4, 2000 (27:17 Md. R. 1618)

Regulation .07 amended effective April 29, 2002 (29:8 Md. R. 698)

Regulation .07E adopted effective October 7, 1996 (23:20 Md. R. 1422)

Regulation .07F adopted effective September 4, 2000 (27:17 Md. R. 1619)

Regulation .08 amended effective April 26, 2004 (31:8 Md. R. 646)

Regulation .08A amended effective September 4, 2000 (27:17 Md. R. 1619)

Regulation .08B amended effective February 14, 1994 (21:3 Md. R. 193)

Regulation .08C amended effective September 4, 2000 (27:17 Md. R. 1619) April 29, 2002 (29:8 Md. R. 698)

Regulation .08D adopted effective October 7, 1996 (23:20 Md. R. 1422)

Regulation .08E adopted effective September 4, 2000 (27:17 Md. R. 1619)

Regulation .08F adopted effective September 4, 2000 (27:17 Md. R. 1619)

Regulation .09A amended effective September 4, 2000 (27:17 Md. R. 1618)

Regulation .09B amended effective February 14, 1994 (21:3 Md. R. 193); September 4, 2000 (27:17 Md. R. 1618)

Regulation .09C amended effective September 4, 2000 (27:17 Md. R. 1618); September 4, 2000 (27:17 Md. R. 1619); April 29, 2002 (29:8 Md. R. 698)

Regulation .09D adopted effective October 7, 1996 (23:20 Md. R. 1422)

Regulation .09D amended effective September 4, 2000 (27:17 Md. R. 1619)

Regulation .09E adopted effective September 4, 2000 (27:17 Md. R. 1619)

Regulation .10 amended effective April 29, 2002 (29:8 Md. R. 699); February 6, 2012 (39:2 Md. R. 141)

Regulation .11A amended effective February 6, 2012 (39:2 Md. R. 141)

Regulation .12C amended effective November 6, 2006 (33:22 Md. R. 1732)

Regulation .12E amended as an emergency provision effective July 23, 1993 (20:15 Md. R. 1218); amended permanently effective November 22, 1993 (20:23 Md. R. 1804)

Regulation .12E amended as an emergency provision effective June 20, 1997 (24:15 Md. R. 1060); emergency status expired December 20, 1997

Regulation .12E amended effective March 9, 1998 (25:5 Md. R. 367)

Regulation .12G amended effective April 29, 2002 (29:8 Md. R. 699)

Regulation .12K amended effective September 4, 2000 (27:17 Md. R. 1618)

Regulation .13A amended as an emergency provision effective April 25, 1996 (23:10 Md. R. 728); emergency status expired July 15, 1996

Regulation .13A amended as an emergency provision effective July 1, 1997 (24:15 Md. R. 1060); emergency status expired December 1, 1997; amended permanently effective March 9, 1998 (25:5 Md. R. 368)

Regulation .13A amended effective September 4, 2000 (27:17 Md. R. 1618)

Regulation .13A amended as an emergency provision effective October 1, 2002 (29:23 Md. R. 1807); emergency status expired April 2, 2003

Regulation .13A amended as an emergency provision effective March 1, 2003 (30:13 Md. R. 851); emergency status extended at 30:25 Md. R. 1843; emergency status expired January 1, 2004; amended permanently effective January 5, 2004 (30:26 Md. R. 1913)

Regulation .13A amended as an emergency provision effective October 15, 2009 (36:23 Md. R. 1815); emergency status expired effective April 9, 2010; amended permanently effective June 14, 2010 (37:12 Md. R. 800)

Regulation .13B amended as an emergency provision effective July 25, 1997 (24:17 Md. R. 1208); emergency status expired January 25, 1998; amended permanently effective March 9, 1998 (25:5 Md. R. 368)

Regulation .13B amended effective September 4, 2000 (27:17 Md. R. 1618); September 4, 2000 (27:17 Md. R. 1619)

Regulation .13D amended effective December 14, 1998 (25:25 Md. R. 1831); May 2, 2011 (38:9 Md. R. 552)

Regulation .16 adopted effective July 31, 2006 (33:15 Md. R. 1280)

## **Singapore experience on regulation of aesthetic practices**

### **Guidelines on aesthetic practices**

- In October 2008, the Singapore Medical Council (SMC) introduced guidelines on the practice of aesthetic procedures for Singapore medical practitioners. Aesthetic procedures were classified into List A and List B, based on currently available scientific evidence.
- List A procedures are supported by moderate to high level of evidence and/or with local medical expert consensus that the procedures are well-established and acceptable. They are further categorized by their invasiveness into non-invasive, minimally invasive, and invasive in which the invasive procedures could only be conducted by doctors who have the appropriate surgical training.
- List B procedures have low or very low level of evidence support and/or with local medical expert consensus that the procedure is neither well-established nor acceptable.

### **List A aesthetic procedures**

- For doctors who intend to perform **List A non-invasive** or **minimal invasive procedures**, they should –
  - have a track record of the requisite number of cases done with good outcomes (e.g. 30 cases or more); or acquire a certificate of competence (either overseas or local training courses) and submit application to the SMC;
  - perform the procedures in clinic setting.
- For **List A invasive procedures**, it could only be conducted by doctors who have the appropriate surgical training and the procedure should be conducted in operation theatre and/ or clinic setting.

## **List B aesthetic procedures**

- The conditions which doctors may consider to conduct List B aesthetic practice (i.e. low evidence procedures) on patients include –
  - All other conventional and sound-evidence based treatment/procedures are ineffective; and
  - The procedure has not been shown to carry any risk of significant adverse effects or harm to any patient; and
  - The patient is aware that the procedure is low-evidence in nature and gives specific consent to this, on a consent form.

## **Guidelines**

- A copy of the guidelines is at [Annex](#).



28 October 2008

All fully and conditionally registered medical practitioners

## **GUIDELINES ON AESTHETIC PRACTICES**

1. It was announced in July 2008 that the Academy of Medicine, Singapore (AMS), College of Family Physicians, Singapore (CFPS) and the Singapore Medical Council (SMC) shall jointly implement a framework for aesthetic practice and that the guidelines will take effect from 1 November 2008.

### **Updated Guidelines on Aesthetic Practices**

2. The SMC, together with its Ethics Committee and Aesthetic Practice Oversight Committee (APOC) have reviewed and updated the Guidelines on Aesthetic Practices. Practitioners who are currently carrying out aesthetic procedures or who intend to do so are advised to refer to the SMC's website at [www.smc.gov.sg](http://www.smc.gov.sg) for details. The following explanations are to assist practitioners for the List A, List B and other aesthetic procedures found in the updated guidelines (see enclosed).

### **List A, List B and Other Aesthetic Procedures**

#### **(A) Doctors who have been performing or who intend to perform List A Aesthetic Procedures**

3. Doctors who have been performing aesthetic procedures with a track record of the requisite number of cases done with good outcomes (for each specific procedure) need not submit any notification to the SMC (see guidelines enclosed). These doctors can continue to practise.

4. Doctors *without* a track record of the requisite numbers done with good outcomes *but have acquired a certificate* (overseas or local training courses) and who wish to perform aesthetic procedures should submit the List A notification form (together with copies of their certificates) to the SMC's APOC for verification whether it could be considered a certificate of competence (COC).

5. Doctors are strongly encouraged to engage in a quality framework or peer review and case discussions on a regular basis if they perform or intend to perform aesthetic procedures.

### **(B) Doctors who wish to perform any List B Aesthetic Procedure**

6. Aesthetic procedures under List B are currently regarded as having low or very low level of evidence and are not considered as well-established. Doctors who wish to perform List B aesthetic procedures should list themselves with the SMC's APOC using the prescribed List B notification form before carrying out any List B aesthetic procedure.

7. The Ministry of Health (MOH) will also send out a circular to all healthcare institution licensees regarding List B aesthetic procedures. MOH will require licensees to inform their doctors to list themselves with the SMC's APOC if their doctors wish to perform any List B aesthetic procedures in their healthcare institutions. Doctors may be subject to audit and should comply with requirements set by the SMC's APOC and MOH. Proper documentation of the indications and outcomes of the treatments and procedures are of utmost importance.

### **(C) Doctors who wish to perform other Aesthetic Procedures**

8. Doctors who wish to perform procedures that fall within the definition of Aesthetic Practice in the guidelines but which are not found in either List A or List B will also have to list themselves with the SMC's APOC (using the prescribed List B and Other Aesthetic Procedures notification form). The APOC may then decide on the classification of the procedure or further dictate how the doctor should proceed. It is recommended that doctors should not practise such procedures until they have been classified by the SMC's APOC.

9. The relevant forms can be downloaded from the SMC's website at [www.smc.gov.sg](http://www.smc.gov.sg).

### **Safeguarding Patients' Interest and Upholding Professional Medical Standards**

10. It is recommended that doctors who have been performing aesthetic procedures have sufficient and appropriate medical malpractice insurance to safeguard patients' interests. All registered medical practitioners are also advised to keep abreast of medical knowledge relevant to such practice and ensure that their clinical and technical skills are maintained as stated in the SMC's Ethical Code and Ethical Guidelines.



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## **GUIDELINES ON AESTHETIC PRACTICES FOR DOCTORS**

**UPDATED IN OCTOBER 2008**

### **INTRODUCTION**

1. This document serves as guidelines on aesthetic practices for medical practitioners.
2. This document is based on:
  - the *Report of the Workgroup on Recommendations on the Regulation and Training of Aesthetic Medicine in Singapore* appointed by the Ministry of Health<sup>1</sup>;
  - consultation and views of the two professional medical bodies - the College of Family Physicians, Singapore and the Academy of Medicine, Singapore;
  - consultation and views of the Society of Aesthetic Medicine, Singapore; and
  - consultation and views of the Singapore Medical Council.

### **DEFINITION OF AESTHETIC PRACTICE**

3. There is currently no internationally accepted definition of Aesthetic Practice. For the purpose of these guidelines, the definition of cosmetic surgery developed by the UK Cosmetic Surgery Interspecialty Committee<sup>2</sup> shall be adopted as the definition for Aesthetic Practice. Hence, Aesthetic Practice is defined as an area of practice involving

*“Operations and other procedures that revise or change the appearance, colour, texture, structure, or position of bodily features, which most would consider otherwise to be within the broad range of ‘normal’ for that person.”*

### **DESIGNATION OF AESTHETIC PRACTICE – AN AREA OF PRACTICE NOT A SPECIALTY OR SUBSPECIALTY**

4. Aesthetic Practice is not regarded as a specialty or subspecialty. The title of aesthetic plastic surgeon or aesthetic dermatologist or aesthetic physician is therefore NOT allowed. All registered medical practitioners are to comply with the Singapore Medical Council’s (SMC) Ethical Code and Ethical Guidelines, as well as with Section 64 and 65 of the Medical Registration Act when displaying or using any qualification, title, or designation for publicity purposes.

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<sup>1</sup> Goh CL et al. Report of Aesthetic Medicine Workgroup – Recommendations on the Regulation and Training of Aesthetic Medicine in Singapore, 2007

<sup>2</sup> This definition was also used by the UK Expert Group on the Regulation of Cosmetic Surgery in its report to the Chief Medical Officer .

5. A medical practitioner who is a dermatologist or plastic surgeon who provides and performs aesthetic treatments and procedures will still call himself or herself dermatologist or plastic surgeon, respectively.

6. A medical practitioner who is a general practitioner / family physician who provides and performs aesthetic treatments and procedures should still call himself or herself general practitioner / family physician.

## **PROFESSIONAL RESPONSIBILITY**

7. The guiding principles in any medical treatment must be that it is effective and there is due cognizance given to patient safety. In the context of aesthetic practice, it must go beyond the “Do No Harm” principle and be seen to benefit the patient positively.

8. Under the SMC’s Ethical Code and Ethical Guidelines, doctors are to treat patients according to generally accepted methods. A doctor shall not offer to patients management plans or remedies that are not generally accepted by the profession, except in the context of a formal and approved clinical trial (Ministry of Health, 23 March 2008).<sup>3</sup>

## **CLASSIFICATION OF AESTHETIC TREATMENTS AND PROCEDURES**

9. Based on currently available scientific evidence, aesthetic treatments and procedures are classified administratively into:

- List A – Moderate to high level of evidence; and / or  
Local medical expert consensus that procedure is well-established and acceptable
- List B – Low or very low level of evidence; and / or  
Local medical expert consensus that procedure is neither well-established nor acceptable

More information on the levels of evidence is at [Appendix](#).

## **LIST A AESTHETIC PRACTICES**

10. This list reflects the aesthetic treatments and procedures that are supported by moderate to high level of scientific evidence and / or have local medical expert consensus that the procedures are well-established and acceptable. They are grouped into non-invasive, minimally invasive, and invasive.

### **Non-invasive:**

- Chemical peels
- Microdermabrasion
- Lasers (Medical)
- Intense pulsed light
- Radiofrequency, Infrared and other devices e.g. for skin tightening procedures
- Photodynamic / Photopneumatic therapy
- External Lipolysis (heat / ultrasound)

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<sup>3</sup> Ministry of Health. DMS’s Circular to medical practitioners. Aesthetic Practice. 23 March 2008; MOH. MOH clarifies position on aesthetic treatment. Press Release. 23 March 2008



**Minimally invasive:**

- Botulinum toxin injection
- Filler injection
- Phlebectomy
- Sclerotherapy
- Thread lifts
- Lasers (vascular lesions, skin pigmentation and skin rejuvenation)

**Invasive<sup>#</sup> (to be performed only by doctors who have the appropriate surgical training):**

- Abdominoplasty
- Blepharoplasty (including double eyelid)
- Breast enhancement or reduction
- Brow lift
- Free fat grafting
- Hair transplantation
- Implants (excluding breast implants)
- Lasers (skin resurfacing)
- Liposuction
- Rhinoplasty
- Rhytidectomy (facelift)
- Dermabrasion (mechanical)

<sup>#</sup> In time to come, these procedures may be subject to specific licensing conditions. So far, specific licensing conditions have been developed for the practice of liposuction.

11. **Table 1** shows the minimum level of competence required of the provider in List A aesthetic treatments and procedures.

**TABLE 1. LIST A: Evidenced based aesthetic treatments and procedures**

Type of treatment and procedure	Minimum level of competence required*	Appropriate premises at which procedure can be done	Requisite no. of procedures performed**
<b><u>Non-invasive</u></b>			
Chemical or pressurized gas / liquid peels	MBBS (COC)	Clinic	30
Microdermabrasion	MBBS (COC)	Clinic	30
Intense pulsed light (IPL)	MBBS (COC)	Clinic	30
Radiofrequency, Infrared and other light-based devices e.g. for skin tightening or hair removal	MBBS (COC)	Clinic	30
Lasers (non-ablative) for hair removal	MBBS (COC)	Clinic	30
Photodynamic / photopneumatic therapy	MBBS (COC)	Clinic	30
External lipolysis (heat / ultrasound)	MBBS (COC)	Clinic	30
<b><u>Minimally invasive</u></b>			
Botulinum toxin injection	MBBS (COC)	Clinic	30
Filler injection	Plastic surgeon, MBBS (COC)	Clinic	30
Phlebectomy	Plastic surgeon, General / vascular surgeon	OT	20

Type of treatment and procedure	Minimum level of competence required*	Appropriate premises at which procedure can be done	Requisite no. of procedures performed**
Sclerotherapy	Plastic surgeon / Dermatologist, MBBS (COC)	OT / Clinic	20
Thread lifts	Plastic surgeon, MBBS (COC)	OT / Clinic	20
Lasers for - treating vascular lesions and skin pigmentation - skin rejuvenation (eg. fractional lasers)	MBBS (COC)	OT/ Clinic	30
<b><u>Invasive</u></b>			
Abdominoplasty	Plastic surgeon / General surgeon / Gynaecologist (COC)	OT	10
Blepharoplasty (including double eyelid)	Plastic surgeon / Ophthalmologist trained in oculoplastic surgery	OT / Clinic	20
Breast enhancement or reduction	Plastic surgeon	OT	10
Brow lift	Plastic surgeon	OT	10
Free fat grafting	Plastic surgeon / Dermatologist, MBBS (COC)	OT / Clinic	10
Hair transplantation	Plastic surgeon / Dermatologist, MBBS (COC)	OT / Clinic	10
Implants (excluding breast implants)	Plastic surgeon	OT / Clinic	10
Lasers (ablative eg. CO <sub>2</sub> / YAG) for skin resurfacing	MBBS (COC)	OT / Clinic	20
Liposuction (traditional / water assisted / VASER / laser)	As per MOH special licensing conditions for liposuction	As per MOH special licensing conditions for liposuction	NA
Rhinoplasty	Plastic surgeon / ENT surgeon	OT / Clinic	10
Rhytidectomy (facelift)	Plastic surgeon	OT	10
Dermabrasion (mechanical)	Plastic surgeon / Dermatologist, MBBS (COC)	OT / Clinic	10

COC: Certificate of Competence achieved through attending accredited specialised courses in the respective area of interest, approved and recognised by the SMC.

\* Minimum level of competence means competence necessary to carry out the procedure and manage the anticipated serious complications.

\*\*Doctor must at least fulfill the requisite numbers for the preceding 2 years (i.e. from 1 Oct 2006 to 30 Sep 2008)

OT / Clinic – As a general principle, procedures requiring local anesthesia and sterile conditions may be performed in a clinic with appropriate facilities and staff. Procedures that require intravenous sedation / general anesthesia should be performed in OT.

‘OT’ – refers to operating theatres in hospitals and ambulatory surgery centres.

‘Clinic’ – refers to clinics with appropriate facilities and staff. This means that the clinic must be equipped and staffed to a level commensurate with the procedure performed.

12. Doctors who are performing aesthetic procedures with a track record of the requisite number of cases done with good outcomes (for each specific procedure) need not submit a notification form to the SMC's Aesthetic Practice Oversight Committee (APOC). These doctors can continue to practise.

13. Doctors without a track record of the requisite numbers done with good outcomes but have acquired a certificate (overseas or local training courses) and who wish to perform aesthetic procedures should submit the List A notification form (together with copies of their certificates) to the SMC's APOC to be verified whether this constitutes a certificate of competence (COC). The List A notification form is available on SMC's website.

14. Doctors are strongly encouraged to engage in a quality framework or peer review and case discussions on a regular basis if they perform or intend to perform aesthetic procedures. Doctors who perform or intend to perform List A aesthetic procedures should do so only in accordance with these guidelines, further directions of the SMC and requirements set by the Ministry of Health (MOH), if any.

### **LIST B AESTHETIC PRACTICES**

15. List B contains aesthetic treatments and procedures that are currently regarded as having low / very low level of evidence and / or being neither well established nor acceptable. These are:

- (a) Mesotherapy;
- (b) Carboxytherapy;
- (c) Microneedling dermaroller;
- (d) Skin whitening injections;
- (e) Stem cell activator protein for skin rejuvenation;
- (f) Negative pressure procedures (e.g. Vacustyler); and
- (g) Mechanised massage (eg. "slidestyler", endermologie" for cellulite treatment).

16. There will be circumstances in which doctors may wish to practise such low-evidence procedures on patients. In general, these circumstances are:

- (a) All other conventional and sound-evidence based treatments / procedures have been attempted on the patient and have not been shown to produce the desired outcomes;
- (b) The procedure has on the available evidence not been shown to carry any risk of significant adverse effects or harm to any patient;
- (c) The patient is aware that the procedure is low-evidence in nature and only offered in view of the lack of efficacy of conventional and sound-evidence based treatments and gives specific consent to this, on a consent form.

17. Having satisfied all the above circumstances and documentations, it is still required of doctors to practise List B aesthetic procedures only under highly monitored conditions that enable the efficacy or lack thereof of such procedures to be objectively demonstrated. The objectives, methodology, analysis and findings obtained through such treatments must be of sufficient scientific validity to establish efficacy or otherwise. In addition, patient response should be documented and retained, alongside all case records of such treatments.

18. In the event that the procedure yields adverse or neutral outcomes, the practice of the procedure(s) must be terminated.

19. The patients must not be charged highly profitable fees for such procedures of low-evidence, but a fair fee representing the cost of the procedures plus the cost of providing and administering them. Financial documents relating to these procedures must also be retained for the purpose of audit when required.

20. It is important for a doctor to understand that the provisions of the SMC's Ethical Code and Ethical Guidelines apply to all doctors who wish to practise List B aesthetic procedures. A doctor must continue to ensure that he / she practises in the best interests of his / her patients and that any procedure is clinically justifiable if challenged.

21. No doctor shall advertise that he or she is performing aesthetic procedures in List B.

#### **ADMINISTRATION OF EXISTING AND NEW AESTHETIC TREATMENTS AND PROCEDURES**

22. Doctors who wish to perform List B aesthetic procedures should list themselves with the SMC's APOC using the prescribed List B and Other Aesthetic Procedures notification form (available on SMC's website) before carrying out any List B aesthetic procedure. Doctors who perform List B aesthetic procedures will be subject to audit by the MOH. Proper documentation of the indications and outcomes of the treatments and procedures are therefore of utmost importance.

23. Doctors who are currently performing aesthetic procedures should note the respective classification of their procedures and must comply with the recommendations made on the minimum standards of training, qualification and practice laid out in this document, as well as any requirements set by the MOH.

24. Doctors who wish to perform procedures that fall within the definition of Aesthetic Practice in paragraph 3 of these guidelines but are not listed in List A or List B should list themselves with the SMC's APOC using the same prescribed List B and Other Aesthetic Procedures notification form. SMC's APOC may then decide on the classification of the procedure and / or further dictate how the doctor should proceed. Doctors are advised not to perform any such procedures until the procedures have been classified.

#### **COMPLIANCE WITH THESE GUIDELINES**

25. Any doctor who performs any aesthetic procedure that is not in accordance with these guidelines or with any requirements set by the SMC or MOH will be deemed by the medical profession as unethical and bringing disrepute to the profession. Such a doctor may be liable for disciplinary action by the SMC.



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**Levels of evidence for aesthetic procedures**<sup>1</sup>

<b>Level of evidence</b>	<b>Quality of evidence and definitions</b>
High	Further research is very unlikely to change our confidence in the estimate of effect.
Moderate	Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low	Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low	Any estimate of effect is very uncertain.

<sup>1</sup> GRADE Working Group. Grading quality of evidence and strength of recommendations. BMJ 2004;328:1490 ; Guyatt GH et al. GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. BMJ 2008;336:924-6.

## Regulation in Mainland

- There are two regulations governing the provision of beauty services in Mainland, they are 《醫療美容服務管理辦法》 and 《美容美髮業管理暫行辦法》.
- For beauty services which involve repairing or reconstructing human faces and appearance of body parts by using surgeries, medicines, medical devices and other invasive or traumatic medical technologies, they are regulated under the 《醫療美容服務管理辦法》.
- Those medical beauty facilities have to be registered with the Ministry of Health and obtain operation permit under the relevant health-related and medical beauty-related regulations. The regulations cover professional qualification, practicing rules, governance of medical practitioners and beauticians, etc.
- For other beauty services which provide non-traumatic and non-invasive services (e.g. skin cleansing, skin care, make-up, etc), they are regulated under the《美容美髮業管理暫行辦法》. The Ministry of Commerce issued a guideline for these services, laying down regulatory principles on professional qualification of beauty practitioners, accommodation and facilities and hygiene standard of beauty parlours.
- Enclosed documents for reference –
  - 《醫療美容服務管理辦法》 (**Annex A**)
  - 《美容美髮業管理暫行辦法》 (**Annex B**)

## 中華人民共和國衛生部令（第 19 號）——醫療美容服務管理辦法

## 第一章 總 則

第一條 為規範醫療美容服務，促進醫療美容事業的健康發展，維護就醫者的合法權益，依據《執業醫師法》、《醫療機構管理條例》和《護士管理辦法》制定本辦法。

第二條 本辦法所稱醫療美容，是指運用手術、藥物、醫療器械以及其他具有創傷性或者侵入性的醫學技術方法對人的容貌和人體各部位形態進行的修復與再塑。

本辦法所稱美容醫療機構，是指以開展醫療美容診療業務為主的醫療機構。

本辦法所稱主診醫師是指具備本辦法第十一條規定條件，負責實施醫療美容項目的執業醫師。

醫療美容科為一級診療科目，美容外科、美容牙科、美容皮膚科和美容中醫科為二級診療科目。

醫療美容專案由衛生部委託中華醫學會制定並發佈。

第三條 凡開展醫療美容服務的機構和個人必須遵守本辦法。

第四條 衛生部（含國家中醫藥管理局）主管全國醫療美容服務管理工作。縣級以上地方人民政府衛生行政部門（含中醫藥行政管理部門，下同）負責本行政區域內醫療美容服務監督管理工作。

## 第二章 機構設置、登記

第五條 申請舉辦美容醫療機構或醫療機構設置醫療美容科室必須同時具備下列條件：

- （一）具有承擔民事責任的能力；
- （二）有明確的醫療美容診療服務範圍；

(三) 符合《醫療機構基本標準(試行)》；

(四) 省級以上人民政府衛生行政部門規定的其他條件。

第六條 申請舉辦美容醫療機構的單位或者個人，應按照本辦法以及《醫療機構管理條例》和《醫療機構管理條例實施細則》的有關規定辦理設置審批和登記註冊手續。

衛生行政部門自收到合格申辦材料之日起30日內作出批准或不予批准的決定，並書面答覆申辦者。

第七條 衛生行政部門應在核發美容醫療機構《設置醫療機構批准書》和《醫療機構執業許可證》的同時，向上一級衛生行政部門備案。

上級衛生行政部門對下級衛生行政部門違規作出的審批決定應自發現之日起30日內予以糾正或撤銷。

第八條 美容醫療機構必須經衛生行政部門登記註冊並獲得《醫療機構執業許可證》後方可開展執業活動。

第九條 醫療機構增設醫療美容科目的，必須具備本辦法規定的條件，按照《醫療機構管理條例》及其實施細則規定的程式，向登記註冊機關申請變更登記。

第十條 美容醫療機構和醫療美容科室開展醫療美容專案應當由登記機關指定的專業學會核准，並向登記機關備案。

### 第三章 執業人員資格

第十一條 負責實施醫療美容項目的主診醫師必須同時具備下列條件：

(一) 具有執業醫師資格，經執業醫師註冊機關註冊；

(二) 具有從事相關臨床學科工作經歷。其中，負責實施美容外科項目的應具有6年以上從事美容外科或整形外科等相關專業臨床工作經歷；負責實施美容牙科專案的應具有5年以上從事美容牙科或口腔科專業臨床工作經歷；負責實施美容中醫科和美容皮膚科專案的應分別具有



3 年以上從事中醫專業和皮膚病專業臨床工作經歷；

（三）經過醫療美容專業培訓或進修並合格，或已從事醫療美容臨床工作 1 年以上；

（四）省級人民政府衛生行政部門規定的其他條件。

第十二條 未取得主診醫師資格的執業醫師，可在主診醫師的指導下從事醫療美容臨床技術服務工作。

第十三條 從事醫療美容護理工作的人員，應同時具備下列條件：

（一）具有護士資格，並經護士註冊機關注冊；

（二）具有 2 年以上護理工作經歷；

（三）經過醫療美容護理專業培訓或進修並非合格，或已從事醫療美容臨床護理工作 6 個月以上。

第十四條 省級衛生行政部門可以委託仲介組織對主診醫師資格進行認定。

第十五條 未經衛生行政部門核定並辦理執業註冊手續的人員不得從事醫療美容診療服務。

#### 第四章 執業規則

第十六條 實施醫療美容專案必須在相應的美容醫療機構或開設醫療美容科室的醫療機構中進行。

第十七條 美容醫療機構和醫療美容科室應根據自身條件和能力在衛生行政部門核定的診療科目範圍內開展醫療服務，未經批准不得擅自擴大診療範圍。

美容醫療機構及開設醫療美容科室的醫療機構不得開展未向登記機關備案的醫療美容專案。

第十八條 美容醫療機構執業人員要嚴格執行有關法律、法規和規章，遵守醫療美容技術操作規程。

美容醫療機構使用的醫用材料須經有關部門批准。

第十九條 醫療美容服務實行主診醫師負責制。醫療美容專案必須由主診醫師負責或在其指導下實施。

第二十條 執業醫師對就醫者實施治療前，必須向就醫者本人或親屬書面告知治療的適應症、禁忌症、醫療風險和注意事項等，並取得就醫者本人或監護人的簽字同意。未經監護人同意，不得為無行為能力或者限制行為能力人實施醫療美容專案。

第二十一條 美容醫療機構和醫療美容科室的從業人員要尊重就醫者的隱私權，未經就醫者本人或監護人同意，不得向協力廠商披露就醫者病情及病歷資料。

第二十二條 美容醫療機構和醫療美容科室發生重大醫療過失，要按規定及時報告當地人民政府衛生行政部門。

第二十三條 美容醫療機構和醫療美容科室應加強醫療品質管制，不斷提高服務水準。

## 第五章 監督管理

第二十四條 任何單位和個人，未取得《醫療機構執業許可證》並經登記機關核准開展醫療美容診療科目，不得開展醫療美容服務。

第二十五條 醫療美容新技術臨床研究必須經省級以上人民政府衛生行政部門組織有關專家論證並批准後方可開展。

第二十六條 各級地方人民政府衛生行政部門要加強對醫療美容專案備案的審核。發現美容醫療機構及開設醫療美容科的醫療機構不具備開展某醫療美容專案的條件和能力，應及時通知該機構停止開展該醫療美容專案。

第二十七條 各相關專業學會和行業協會要積極協助衛生行政部門規範醫療美容服務行為，加強行業自律工作。

第二十八條 美容醫療機構和醫療美容科室發生醫療糾紛或醫療事故，按照國家有關規定處理。

第二十九條 發佈醫療美容廣告必須按照國家有關廣告管理的法律、法規的規定辦理。

第三十條 對違反本辦法規定的，依據《執業醫師法》、《醫療機構管理條例》和《護士管理辦法》有關規定予以處罰。

#### 第六章 附 則

第三十一條 外科、口腔科、眼科、皮膚科、中醫科等相關臨床學科在疾病治療過程中涉及的相關醫療美容活動不受本辦法調整。

第三十二條 縣級以上人民政府衛生行政部門應在本辦法施行 1 年後年內，按本辦法規定對已開辦的美容醫療機構和開設醫療美容科室的醫療機構進行審核並重核發《醫療機構執業許可證》。

第三十三條 本辦法自 2002 年 5 月 1 日起施行。

# 中華人民共和國商務部令

2004 年 第 19 號

《美容美髮業管理暫行辦法》已經 2004 年 9 月 23 日商務部第 11 次部務會議審議通過，現予公佈，自 2005 年 1 月 1 日起實施。

部 長 薄熙來  
二〇〇四年十一月八日

## 美容美髮業管理暫行辦法

**第一條** 爲了促進美容美髮業的健康發展，規範美容美髮服務行爲，維護美容美髮經營者和消費者的合法權益，根據國家有關法律、行政法規，制定本辦法。

**第二條** 在中華人民共和國境內從事美容美髮經營活動，適用本辦法。

本辦法所稱美容，是指運用手法技術、器械設備並借助化妝、美容護膚等產品，爲消費者提供人體表面無創傷性、非侵入性的皮膚清潔、皮膚保養、化妝修飾等服務的經營性行爲。

本辦法所稱美髮，是指運用手法技藝、器械設備並借助洗髮、護髮、染髮、燙髮等產品，爲消費者提供髮型設計、修剪造型、發質養護等服務的經營性行爲。

**第三條** 商務部主管全國美容美髮業工作，各級商務主管部門在本行政區域內對美容美髮業進行指導、協調、監督和管理。

**第四條** 從事美容美髮經營活動的經營者，應當符合下列基本條件：

- (一) 具有承擔民事責任的能力;
- (二) 具有固定的經營場所;
- (三) 具有與所經營的服務專案相適應的設施設備;
- (四) 具有取得相應資格證書的專業技術人員。

**第五條** 美容美髮經營者應當具有明確的服務專案範圍，並按照其服務專案範圍提供服務，同時從事醫療美容服務的，應當符合衛生管理部門的有關規定。

**第六條** 國家鼓勵美容美髮經營者採用國際上先進的服務理念、管理方式和經營方式，為消費者提供優質服務。

**第七條** 國家在美容美髮業推行分等定級標準，實行等級評定制度，促進美容美髮行業的規範化和專業化。

**第八條** 美容美髮經營者及從業人員應當遵守國家法律、法規和相關的職業道德規範，不得從事色情服務等違法活動。

**第九條** 美容美髮經營者應當執行本行業的專業技術條件、服務規範、品質標準和操作規程。

**第十條** 從事美容美髮服務的美容師、美髮師及其他專業技術人員，應當取得國家有關部門頒發的資格證書，其他從業人員應當經過有關專業組織或機構進行的培訓並取得合格證書。

**第十一條** 美容美髮經營者應當在經營場所醒目位置上明示營業執照、衛生許可證、服務專案和收費標準等。

**第十二條** 美容美髮經營者在提供服務時應當向消費者說明服務價格。對

在服務過程中銷售的美容美髮用品應當明碼標價。對所使用的美容美髮用品和器械應當向消費者展示，供消費者選擇使用。

美容美髮經營者在提供服務後，應當向消費者出具相應的消費憑證或者服務單據。

**第十三條** 美容美髮經營者在提供服務時，應當詢問消費者的要求，向消費者提供與服務有關的真實資訊，對消費者提出的有關產品、服務等方面的問題，應當做出真實明確的答覆，不得欺騙和誤導消費者。

**第十四條** 美容美髮服務所使用和銷售的各種洗髮、護髮、染髮、燙髮和潔膚、護膚、彩妝等用品以及相應器械，應當符合國家有關產品品質和安全衛生的規定和標準，不得使用和銷售假冒偽劣產品。

**第十五條** 美容美髮經營場所應當符合有關衛生規定和標準，具有相應的衛生消毒設備和措施；從業人員必須經過衛生部門的健康檢查，持健康證明上崗。

**第十六條** 各級商務主管部門應當加強對本行政區域內的美容美髮業的管理與協調，指導當地行業協會（商會），在資訊、標準、培訓、信用、技術等方面開展服務工作。

**第十七條** 美容美髮行業協會（商會）應當積極為經營者提供服務，維護經營者的合法權益，加強對美容美髮行業發展的引導和監督，做好行業自律工作。

美容美髮經營者應當向當地美容美髮協會（商會）進行企業資訊備案登記。

**第十八條** 各級商務主管部門對於違反本辦法的美容美髮經營者可以予以

警告，令其限期改正；必要時，可以向社會公告。對依據有關法律、法規應予以處罰的，各級商務主管部門可以提請有關部門依法處罰。

**第十九條** 各省、自治區、直轄市商務主管部門可以依據本辦法，結合本行政區域內的美容美髮業實際情況，制定有關實施辦法。

**第二十條** 本辦法由商務部負責解釋。

**第二十一條** 本辦法自 2005 年 1 月 1 日起實施。