GUIDELINE

ON THE

Public Health Standards of Practice for Hairdressing

Government of South Australia
Department of Health

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Public Health Standards of Practice for Hairdressing

ENVIRONMENTAL HEALTH SERVICE

DEPARTMENT OF HEALTH

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Guideline for the Public Health Standards of Practice for Hairdressing

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This guideline is one of a series of guidelines to assist Local Government in the administration of the Public & Environmental Health Act and Regulations.

Should you wish to comment on the information in this guideline, written comments are welcome and should be addressed to:

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Foreword

This publication, *Guideline on the Public Health Standards of Practice for Hairdressing* has been prepared on behalf of the Public and Environmental Health Council (the Council).

The Council is established under the provisions of the *Public and Environmental Health Act* (the Act) which requires it to initiate, carry out or oversee programs and activities designed to improve public and environmental health. The Act empowers the Council to issue guidelines to assist local councils in the administration of the Act.

This guideline has been prepared as part of a series, to assist local councils to provide appropriate information to the hairdressing industry and the public on such issues as infection risk, decontamination of equipment, disinfectants, operator hygiene and maintenance of cleanliness standards for hairdressing premises.

Any successful business providing personal services must ensure that its clients receive services that are professional, competent, safe and hygienic. Proprietors and staff of these businesses must be aware of the possible wider consequences of the procedures they use.

This guideline should be read in conjunction with the following publications:

- *Guidelines on the Safe and hygienic practice of skin penetration* September 2004; Department of Health. Available from http://www.health.sa.gov.au/pehs/environ-health-index.htm
- *Infection Control Guideline for the prevention of transmission of infectious diseases in the health care setting* January 2004*;* Department of Health and Ageing.
  Available from: http://www.icg.health.gov.au.

Definitions

AS	Australian Standard is a published document which sets out technical specifications or other criteria necessary to ensure that a material or method will consistently do the job it is intended to do.
The Authority	in relation to a local government area - the local council for that area. in relation to a part of the State that is not within a local government area - the Minister charged with the execution of the Act, in this case the Minister for Health.
Autoclave	a device that uses temperature, pressure and moisture to sterilise equipment.
Bacteria	a single-celled organism that may be capable of causing disease, and has the potential to multiply on any surface including the skin with the right conditions.
Body substance	includes any human bodily secretion or substance other than blood.
Blood	a liquid, usually red, and circulating through the heart, arteries, capillaries and veins that carries oxygen to and carbon dioxide from the tissue of the body.
Cleaning	the physical removal of foreign material, for example, dust, soil, blood, secretions, micro-organisms and other such substances from surfaces by washing in detergent and warm water to reduce the number of micro-organisms. Cleaning must be done before sterilisation.
Client	any person on whom a skin penetration procedure is being or is to be carried out but not necessarily for gain or reward.
Coagulation	clotting; the process of changing from a liquid to a solid.
Cross contamination	the process of infectious agents being transferred from one item to another via direct or indirect contact.
Cross infection	the transfer of an infectious agent from one person to another by any means.
Decontamination	the removal of micro-organisms or foreign matter (or both) from contaminated materials or living tissue.
Detergent	substance that enhances the cleansing action of water or other liquid.
Disinfectant	a substance used to reduce a range of micro-organisms.
Disinfection	a process that reduces the number of micro-organisms but may not necessarily kill all of them.
Equipment	can include any article, instrument, item, or material that is used to penetrate the skin or assist with a hairdressing procedure.
Hepatitis B	an infection of the liver caused by the hepatitis B virus which can cause long-term illness resulting in liver damage or cancer of the liver. The infection is spread when infectious body substances (blood, semen or vaginal fluids) come into contact with body tissues beneath the skin (e.g. through needle puncture or broken skin) or mucous membrane (e.g. eyes, nose, mouth or genitals). A vaccine is available.
Hepatitis C	an infection of the liver caused by the hepatitis C virus which can cause long term illness resulting in liver damage and cancer of the liver. The infection is spread when infectious blood enters the blood stream (e.g. through a blood contaminated needle used for skin penetration or tattooing) or through blood splashes to mucous membranes such as the eyes, nose or mouth. There is no vaccine available.

HIV	human immunodeficiency virus (HIV) – is the blood-borne virus that causes AIDS. This virus attacks white blood cells that are a vital part of the body's immune system. HIV can be transmitted through infected blood and other body substances. There is no vaccine available.
Infection	an infection occurs when micro-organisms invade the body and multiply causing illness.
Infection control	process that minimises the risk of spreading infection while performing procedures on clients.
Medical waste	waste material that has the potential to cause sharps injury, infection or public offence.
Micro-organism	minute forms of life which can be bacterial, viral, or fungal that may be capable of causing infection or disease.
Mucous membrane	thin sheets of tissue that line various openings of the body such as the mouth, nose or genitals.
Operator	the person carrying out procedures in the process of skin penetration.
Pathogenic	capable of causing disease.
Reusable item	an item designated or intended by the manufacturer to be suitable for reprocessing and reuse.
Risk analysis	a process for assessing the risk posed by an identified hazard, managing (minimising) the risk and communicating risk information to all stakeholders.
Sharps	any objects or devices having sharp points or cutting edges capable of cutting or penetrating the skin, eg. electrolysis, acupuncture, tattoo and body piercing needles, razors, scalpel blades, etc.
Single-use equipment	equipment designed by the manufacturer for single-use or single client use only.
Skin disinfectant	an antiseptic that is intended for the application to intact, healthy skin to prevent the transmission of micro-organisms from person to person or from the skin penetration site to the underlying tissue. Skin disinfectants include antimicrobial and antiseptic soaps, hygienic handwashes, hygienic hand rubs, surgical hand rubs and surgical handwashes.
Skin penetration	means any process, whether intentionally or otherwise, that involves the shaving, piercing, cutting, puncturing, tearing of the skin or mucous membrane.
Soil	visible dirt or debris that may protect, harbour or assist the growth of micro-organisms.
Spore	a resistant form of certain species of bacteria.
Standard precautions	Work practices required for the basic level of infection control. Standard precautions are recommended for the treatment of all clients, and apply to all body fluids, regardless of whether they contain visible blood, non-intact skin and mucous membranes.
Sterilisation	the process of rendering objects free from all forms of viable micro-organisms, including spores.
Virus	a microscopic organism that only multiples in living cells and can cause disease.

1. Introduction

The purpose of this guideline is to assist local councils in the administration of the *Public and Environmental Health Act* and Regulations and assist proprietors to adhere to the principles in the day to day operation of the business so that full protection is afforded to themselves, their operators, clients and the community.

Infection can occur during hairdressing procedures. Items such as razors, scissors, combs, clippers and hairpins can accidentally pierce the skin. Blood and body fluids do not have to be visible on instruments or working surfaces for infection to be transmitted. Both clients and operators are at risk.

Successful hairdressing businesses supply their clients with professionally competent, safe and hygienic services, in clean and congenial premises. To do otherwise, by following unhygienic or unsafe procedures, or to allow premises, furnishings or fittings to become dirty or poorly maintained, will not only threaten the commercial success of the business; but may lead to conditions that can jeopardise the health of both clients and operators and contribute to the spread of infectious diseases and the transmission of ectoparasites such as head lice.

It is essential for hairdressers to know and understand the health implications of the procedures carried out and the precautions that must be taken to minimise health risks. The following basic principles apply to hairdressing:

1. The premises must be kept in a clean and hygienic state.
2. Any article that has been used on a client must be cleaned before using it on another person.
3. Operators must keep themselves and their clothing clean and have no exposed cuts, abrasions or wounds.

Occupational Health, Safety and Welfare considerations

It is essential that proprietors and staff be fully aware of the potential dangers of their procedures and understand the precautions that need to be taken to minimise the likelihood of infection or spread of disease. All enquiries relating to occupational health safety and welfare should be referred to SafeWork SA on 1300 365 255.

Where sterilisation of equipment is required, or where a hairdressing salon also offers skin penetration procedures such as waxing, manicures, pedicures, body piercing or permanent makeup, this guideline must be read in conjunction with SAHC *Guidelines on the Safe and Hygienic Practice of Skin Penetration*.

2. Powers of Authorised Officers

Authorised officers are not expected to assess hairdressers' technique. However, they can ensure that certain levels of hygiene exist. A suitable working environment should be maintained and no aspects of business should affect the health of the clients or those employed at the premise.

Part III of the *Public and Environmental Health Act* provides the necessary power for an authority to serve a notice on the owner of premises (or any other responsible person) to require specified action to improve the condition of the premises. Where an activity may give rise to a risk to health and/or result in the emission of offensive material or odour, a person can be required to desist from the activity.

A notice issued by an authority pursuant to the provisions of the *Public and Environmental Health Act* may make reference to these guidelines. Non-compliance with the requirements of this guideline does not necessarily imply a breach of the Act. Specific sections of the guideline may be incorporated into a notice under the Act, and then the person to whom the notice was issued could be liable to prosecution if the notice is not complied with.

Part V of the *Public and Environmental Health Act* empowers Authorised Officers to:

- enter and inspect the premises at reasonable times;
- make inquiries;
- ask questions;
- examine, inspect and test equipment;
- take samples;
- take photographs and videos;
- require records to be produced; and
- examine and copy the records.

Inspections will generally be performed on a routine basis and additional inspections will occur if complaints are received or investigations are required. Random inspections may also be undertaken. A person must not hinder or obstruct an Authorised Officer.

3. Risk minimisation

In developing effective infection control strategies in the hairdressing industry, operators must identify situations where there is significant risk of spread of harmful micro-organisms and intervene at the appropriate time to prevent that spread.

Micro-organisms are everywhere and are continually introduced into the environment. They live on skin, in food and dirt. Micro-organisms are easily spread between clients and operators and are easily transferred by contact with unwashed hands, soiled equipment or contact with blood and body substances. Operators must assume that all blood and other body substances are potential sources of infection. To minimise transfer of micro-organisms, operators must perform all procedures in a safe and hygienic manner, following all infection control techniques and procedures.

Skin that is intact, without cuts or abrasions, is a natural protective barrier against infection, but cutting, piercing or nicking the skin can introduce infectious micro-organisms into the body. Some bacterial skin infections can occur without breaking the skin, and for this reason all equipment must

be cleaned between each client. The person at risk may be the next client on whom the contaminated implement is used.

Operators may also be at risk if they have any open cuts, sores or broken skin that come into contact with the contaminated implement, blood or serum, or receive a needlestick/sharps injury.

For this reason **- single use disposable implements should be used wherever possible.**

Some of the infections that can be spread in hairdressing premises include:

- Skin infections (including scalp, face and neck):
  - Staphylococcal infections such as impetigo; and
  - Fungal infections on the scalp such as *Tinea capitis* (ringworm).
- Blood Infections:
  - HIV; and
  - Hepatitis B and hepatitis C.

Organisms that can cause potentially serious infections may be transmitted where appropriate precautions are not taken, for example where:

- implements and materials used on clients are ***not*** clean or are ***not*** handled and used hygienically;
- proper operator hygiene is ***not*** observed; and
- the structural facilities, furnishings and fittings of the premises are ***not*** kept clean and in good repair.

> ***NOTE:*** *Sharp implements such as razors, clippers and scissors may become contaminated if they pierce the skin and could transmit blood borne infections such as HIV and hepatitis B or C.*

Items such as razors, scissors, combs, clippers and hairpins can accidentally penetrate the skin. Blood and body fluids do not have to be visible on instruments, equipment or working surfaces for infection to be transmitted. Both clients and operators are at risk.

The risk minimization strategies that should be used in the hairdressing industry require the operator to:

- Wash hands immediately before and after attending a client and before attending the next client, or before resuming a procedure if interrupted (eg. answering the telephone);
- Wear clean disposable gloves when contact with blood or body fluid is anticipated;
- Use fittings and equipment that have been properly cleaned and where necessary sterilised before use;
- Maintain the premises in a clean condition;
- Handle and dispose of sharps in a safe manner; and
- Consider being vaccinated against hepatitis B in accordance with the Australian Immunisation Guidelines.

The above strategies are referred to as *Standard Precautions* (Refer to Definitions).

By adopting the infection control techniques and procedures outlined in these guidelines, operators will minimise the risk of transmission of blood-borne and other infectious diseases to clients and themselves.

Refer to Appendix 3 *Hairdressing Hazard Analysis Critical Control Point (HACCP) Plan*.

4. Hygiene

Broken skin or infection on exposed parts of the body of the operator should be kept covered with a waterproof plaster or handy tape (available from pharmacies). Single-use disposable gloves must be worn if the procedure involves skin penetration.

Hand washing

Hand washing is the most important and most basic technique in preventing the spread of infection.

When should hand washing be done?

- Before and after contact with each client;
- Before resuming a procedure if interrupted, for example, answering the telephone;
- Immediately prior to putting on new disposable gloves;
- Immediately after removing disposable gloves for any reason;
- After handling the nose, mouth or handling a nasal tissue or handkerchief;
- Before and after smoking, eating or drinking;
- After going to the toilet; and
- After contact with blood or other bodily fluids (of self or other person).

For how long?

- 10 -15 seconds for routine hand washing

How?

- Wet hands thoroughly preferably with warm running water and lather with a mild soap. A liquid soap is preferable, although bar soap can be used if kept dry and in good condition. Liquid soap dispensers also need to be maintained by regular washing and drying all reusable parts. Soap helps remove grease, dirt and micro-organisms. Warm water helps remove grease from hands and also encourages hand washing.

***NOTE**: An antimicrobial soap is <u>not</u> necessary for routine hand washing*

- Vigorously rub hands together for at least 10-15 seconds
- Pay special attention to the backs of hands, wrists and spaces between fingers
- Rinse hands thoroughly under running water

Thoroughly dry the hands on a single-use towel or in another way that is not likely to transfer micro-organisms to the hands (eg hot air hand dryer). The dryness of hands and fingertips is related to the transfer of bacteria – that is, the drier the hands the less likely the hands are to transfer bacteria

Turn off the tap with the used towel if hands-free taps are not available

The reason for washing hands following removal of gloves is:

- hands perspire in gloves, increasing the concentration of bacteria on the skin.
- gloves are not perfect protection. They have a failure rate due to holes in the material. These holes are not always noticeable.

Washing the hands following removal of gloves will reduce the risk of transmission of bacteria and blood borne viruses to the operator and client.

Gloves need to be removed and disposed of if the operator is leaving the client to answer a phone, or for any other reason. New gloves are then put on before resuming the procedure to prevent cross contamination.

Hand care

- To minimize 'chapping' of hands, pat hands dry rather than rubbing them
- Moisturising hand creams should be used regularly to avoid dryness and cracking
- Nailbrushes should not be used for scrubbing hands as they may damage the skin
- Cuts and abrasions should be covered by a water-resistant dressing that should be changed as necessary and when soiled.

General hygiene

Operators should pay careful attention to their own personal hygiene. Clean washable clothing should be worn and changed when soiled. Clean, freshly laundered clothing carries very few micro-organisms.

Aprons or other protective clothing should be worn when there is a risk of splash from body fluids.

Fingernails should be kept clean and short to allow for easy cleaning. If fingernails are long, extra effort must be made to thoroughly wash under nails.

Jewellery can act as a trap for micro-organisms and may make thorough cleaning of hands difficult. If jewellery is worn, extra effort is required to clean and dry under the jewellery after hand washing.

Smoking

The *Tobacco Products Regulation Act 1997* prohibits smoking in all work places.

Animals

It is recommended that animals are not allowed in rooms where hairdressing procedures are performed to prevent soiling of the premises, reduce micro-organisms and help maintain cleanliness. Companion animals used by the sight and/or hearing impaired, and fish or other aquatic animals contained in a fish tank are exempt.

Headlice

Headlice live in clean or dirty human hair, and are spread from person to person through close head to head contact with an infested person, and less often by the communal use of hairbrushes, combs, hats and hair accessories. Headlice do **not** fly or jump; they can only crawl. Headlice are a social pest and do not transmit any diseases.

Headlice are small insects (approximately 2-4mm long and 1mm wide), light to dark brown in colour, with flat bodies and six legs which end in a claw. Headlice eggs are tiny, hard, yellow to white in colour and are laid close to the scalp. Eggs are attached firmly to the hair shaft, unlike dandruff which can be brushed off.

Checking for headlice

- Work in good light, preferably daylight.
- Section the hair, and check the full length of each section, working back towards the scalp.
- Search the entire head, especially the back of the head and behind the ears.

- It usually takes around 1 minute to find the first louse on an infested person.
- Eggs more than 1cm from the scalp are likely to be hatched or dead, and do not necessarily indicate an active infestation.

There are no specific regulations prohibiting a person with headlice from entering and using a salon.

Hairdressers should not be alarmed when faced with a case of headlice. Should headlice be identified in a client, a constructive approach would be to sensitively advise the client on appropriate treatments and invite the client to reschedule to the last appointment of the day.

Combs and other instruments can be 'deloused' between clients in water over 60°C for at least 30 seconds. Be aware that there is a risk of scalding at 60°C, and this temperature is too hot for washing hair. Towels, wraps, garments and other washable fabrics can be washed with hot water (not less than 70°C) and detergent. Disinfection, fumigation and cleaning of floors and walls is **not** necessary.

All hair should be swept up and placed in a plastic bag and disposed of in the rubbish bin.

It is recommended that salons keep copies of current information brochures available to help clients understand the condition and their treatment options.

It is important to ensure that information given on headlice is consistent, current, and appropriate, to avoid confusion and maximise the chances of successful treatment and control. It is also recommended that a component on headlice and their management is incorporated into staff education and training.

According to the Office of Consumer and Business Affairs, hairdressers are within their rights to refuse service as long as it is not on racial or ethnic grounds. Headlice are not considered a physical disability under the *Equal Opportunities Commission Act*, therefore a hairdresser is not committing an offence against this Act by refusing to perform a hairdressing service on a person with headlice.

Further information on headlice identification and treatment is available from Local Council Environmental Health Officers, or the Department of Health Environmental Health Service, http://www.health.sa.gov.au/pehs/branches/headlice/headlice-index.htm

5. Cleaning, disinfection and sterilisation of equipment

Cleaning

Cleaning is the removal of soil and a reduction in the number of micro-organisms from equipment surfaces by washing in detergent and warm water.

- Thorough cleaning of equipment is essential prior to any disinfection or sterilisation process.
- Mild alkaline detergents in the pH range of 8.0 to 10.8 are preferred over neutral pH detergents in most applications, as they have improved cleaning efficiency. This type of detergent is different from the type of detergent used for general environmental cleaning.
- Common household detergents shall not be used to clean equipment prior to sterilisation because they can produce large amounts of foam and it can be difficult to rinse the items properly.
- Brushes, utility gloves and other items used to clean equipment should be maintained in a clean and serviceable condition.
- Store cleaning items in a clean and dry location.

Cleaning Method

The following cleaning method should be followed:

1. RINSE the equipment in ***warm*** water (15-30°C) to remove any blood or body fluids. Hot water used at this stage will cause coagulation and the substances will stick to the instrument. Cold water will harden fats making cleaning more difficult.
2. WASH the equipment in a sink filled with warm water and a mild alkaline detergent to remove all visible soiling (strong alkaline detergents may damage some instruments). Hold the items low in the sink to limit the generation of aerosols during scrubbing. Use of a scouring pad can assist in removing stains.
3. RINSE the equipment thoroughly in hot running water.
4. DRY with a lint free cloth. Drying prevents residues from damaging equipment during sterilisation.
5. STORE under cover in a clean, dry and dust free environment.

Disinfection

Disinfection is a process used to reduce the number of harmful micro-organisms but may not necessarily kill all of them

Disinfectant solutions commonly used by many hairdressers for combs, scissors, brushes etc. have been found to be ineffective. The routine disinfection of these implements by this means is not recommended. Disinfection does not achieve the same reduction in microbial contamination levels as sterilisation and **must not** be used for equipment that penetrates the skin.

All equipment that penetrates the skin must be sterilised.

Sterilisation

Sterilisation is the process of killing *all* micro-organisms including bacterial spores.

Equipment can either be pre-sterilised single use, or where equipment is reused, it must be cleaned and sterilised. The most effective method of sterilisation is the application of moist heat under pressure for a prescribed time and temperature. A steam steriliser (autoclave) is needed for this purpose.

All reusable skin penetrating equipment contaminated with blood or body fluids by any process, or equipment used in a skin penetration procedure, must be cleaned as soon as possible after use and then *sterilised* before using on another person. It is important that all reusable equipment be cleaned thoroughly before sterilisation to make the sterilisation process effective.

Operators need to wear disposable gloves if contact is likely with blood, mucous membranes, open wounds or broken skin.

> ***NOTE:*** *Microwave ovens, pressure cookers, incubators, ultraviolet cabinets, boiling water units, ultrasonic cleaners and similar appliances will not sterilise.*
> *Wiping needles/spatulas with disinfectant before use does not sterilise the item.*

For additional information on sterilisation see the South Australian Health Commission specific guideline, *Safe and hygienic practice for skin penetration.*

Ultraviolet (UV) cabinets:

Ultraviolet (UV) cabinets **DO NOT STERILISE** equipment and other articles placed in them because the UV radiation does not penetrate to all surfaces. Some viruses are not particularly susceptible to UV radiation, and these cabinets are not suitable storage receptacles because the UV rays damage combs and brushes, and compromise sterile packaging.

General hairdressing equipment

> ***NOTE:*** *One of the most effective means of preventing the spread of blood borne infections such as HIV and Hepatitis is to use only single-use disposable razors, blades or implements.*

Combs, brushes, rollers, clips and perming rods do not generally pierce, cut or nick the skin. These items should be washed between clients. Should these items become contaminated with blood or other body fluids they should be washed as soon as possible with detergent and water. If an item cannot be washed it should be discarded.

Thorough washing is the most important step in cleaning. If it is done correctly, it removes 99% of the bacterial load. Objects that do not come into contact with blood or bodily fluids during normal use do not need to be disinfected. Thorough cleaning with water and detergent is sufficient for these implements.

Any item capable of piercing, cutting or nicking the skin should be handled carefully. The following items should not be used in a hairdressing establishment because they cannot be adequately decontaminated and thereby increase the risk of infection transmission between clients:

- electric razors; and
- re-useable cut throat razors.

Single-use (disposable) razors

Disposable razors are for single-use or use on a single client, and are not supplied with replacement blades.

Dispose of immediately after use into a ‘sharps’ container.

Micro-organisms and minute quantities of blood or bodily fluid which are not visible to the naked eye may be present on the razor after use. Washing of the razor is not sufficient to prevent infection transmission.

Single-use (disposable) blades

Where razor blades have a detachable blade, the blade must be disposed of into a ‘sharps’ container after each use. The blade handle must then be washed with water and detergent to remove contaminants and dried before use on another client. A new single-use razor blade can then be attached to the handle. Do not use the blade handle again until these measures have been taken.

Cleaning requirements for hairdressing equipment

Table 1 provides a guide on cleaning requirements for equipment commonly used in the hairdressing industry. Equipment must be cleaned and or sterilised to a level appropriate for their intended use, regardless of the level of use they have had previously, or their degree of contamination. Any item dropped on the floor must be cleaned and dried, or discarded (see table).

TABLE 1: Equipment cleaning requirements

Equipment	*Reason / risk*	*When*	*How*	*Additional information*
Single use razor	Potential for skin infections or blood-borne virus transmission	After each client	Dispose of into a sharps container	Not designed or suitable for reuse
Safety razors Haircutting Razors Cut throat razors with single-use blade **only**	Potential for skin infections or blood-borne virus transmission	After each client	Dispose of blade into sharps container. Wash handle in warm water and detergent. Rinse in hot running water. Dry with lint free cloth	Use a new blade for each client
Electric Haircutting razors	Potential for infection or infestation	After each client	Dispose of blades into sharps container. Wipe over razor body with a damp cloth containing detergent and water or alcohol	Use a new blade for each client
Electric Clippers	Potential for skin infections or blood-borne virus transmission	After each client	Remove hair. Wipe clipper blade attachment with alcohol. Wipe over body of clipper with a damp cloth containing detergent and water or alcohol	Electric clippers with non-detachable blades cannot withstand immersion or sterilisation
Scissors	Potential for blood borne virus transmission or infestation	After each client	Wash in warm water and detergent. Rinse in hot running water. Dry with lint free cloth	Care should be taken at all times as scissors do have the ability to penetrate the skin
Shaving brushes	Potential for infection if previous client has facial skin lesions or infection	After each client	Rinse free of hair and shaving cream. Wash in detergent and water. Rinse in hot running water. Dry thoroughly	Brushes and plastic items may not withstand the sterilisation process
Combs Hair brushes Hairnets Neck brushes Ear caps Hair pins / clips	Potential for infection or infestation	After each client and when dropped on the floor	Use lint free cloth to remove hair. Wash in warm water and detergent. Rinse in hot running water. Dry with lint free cloth	Brushes and plastic items will not withstand the sterilisation process. Dispose of any piece of equipment that pierces the client's skin into a sharps container
Rollers - regular and hot Hot tongs Crimping tongs	Potential for infection or infestation	After each client and when dropped on floor.	Use lint free cloth to remove hair. Wash in warm water and detergent. Rinse in hot running water. Dry with lint free cloth	Store in covered containers

Equipment	*Reason / risk*	*When*	*How*	*Additional information*
Bottles of shampoo or conditioner	Potential for contamination	When empty	Wash in warm water and detergent. Rinse in hot running water. Dry with lint free cloth before refiling	Never top up
Shaving bowls	Potential for contamination	After each client	Wash in warm water and detergent. Rinse in hot running water. Dry with lint free cloth	Store dry
Dye mixing bowls	Potential for contamination	When empty	Wash in warm water and detergent. Rinse in hot running water. Dry with lint free cloth	Prevent residual dyes from being mixed into new preparations
Capes / wraps	Potential for infection if previous client has neck skin lesions or infection	After each client unless a clean towel or paper tape is used around neck.	Wash in warm water and detergent. Rinse in hot running water. Dry according to type of material	Use a clean towel or paper around neck.
Equipment trolley	Prevention of dust and hairs from accumulating or contaminating clean equipment	At least weekly, more frequently if required	Use lint free cloth to remove hair. Wash with warm water and detergent. Dry with lint free cloth	Ensure that items such as rollers are separate in closed containers. Cover when not in use

6. Environment

Work area

A work area includes any workbenches, sinks and other structural items necessary to carry out the hairdressing procedure.

Work areas should:

- be well lit and well ventilated;
- have adequate storage space for reprocessing equipment and materials;
- have sufficient bench space to ensure the separation of clean and dirty equipment;
- facilitate a flow pattern to prevent recontamination of processed equipment; and
- have equipment positioned and stored safely to minimize the risk of injury.

Structural furnishings & fittings

- In the work area all floors, floor coverings, walls, ceilings, shelves, fittings and other furniture should be constructed of materials suitable for the procedures undertaken and should be smooth, impermeable and easily cleaned. It is important that flooring should be of a colour and type that allows for easy identification and removal of sharps should they be dropped. As a general rule carpets are not recommended, however, if carpet already exists in work areas where spillage of blood can be expected to be minimal, it may be acceptable to protect carpeted areas with a smooth plastic mat.

- A basin with hot and cold water supplied through a single outlet, plus soap or detergent, and disposable paper towels should be provided in the immediate area where hairdressing is undertaken. It is acceptable for a hair washing basin to be used for the washing of hands prior to a hairdressing procedure. Hairdressing implements that have not been exposed to blood can be washed in a hair washing sink. It is not suitable to use a hair washing basin for the washing of hands following exposure to blood or body fluids, or to wash crockery. A basin should always be available for washing hands.

Food utensil washing

Hairdressers are not food premises, however where drinking glasses, cups, dishes and cutlery are used, an efficient dishwashing machine or sink with hot and cold water should be provided. A suitable detergent for washing eating and drinking utensils should be supplied.

Towels, wraps, garments & other washable fabrics

Use clean linen on each client. Disposable neck wraps are preferred on each client, but where cloth neck wraps are used they should be washed before being re-used on another client. Towels used during perms and colouring should only be used once. Capes should be cleaned at least once a week or sooner if dirty.

All ***clean*** linen, towels, and clothing etc. should be stored in a designated linen cupboard to prevent soiling and cross contamination from soiled linen.

All ***soiled*** linen, towels and other clothing should be placed into a suitable container separate from the clean linen and at least once per week (or more often if necessary) washed in hot water and detergent, or taken to a commercial laundry.

Surfaces

Routine cleaning of work areas is important because deposits of dust, soil and micro-organisms on surfaces can transmit infection

After each client, all chairs, couches, and benches where skin contact occurs should be washed with detergent and water.

Management of blood spills

For smaller spills:

- spots or drops of blood or other small spills can easily be managed by wearing gloves and wiping the area immediately with paper towelling;
- then clean the area with detergent and water; and
- where cleaning is difficult such as between tiles and there is a possibility of **bare skin** contact with that surface, then a disinfectant (such as bleach) may be used after the surface has been cleaned with detergent and water.

For larger spills:

- wear disposable cleaning gloves;
- wipe up spill immediately with absorbent material such as a damp cloth, tissue or paper towel and place into a leak proof container or plastic bag for disposal;

- clean the area with warm water and detergent, using disposable cleaning cloth or sponge;
- where contact with bare skin is likely, disinfect area by wiping with bleach, then allow to dry;
- discard contaminated materials (such as absorbent towelling, cleaning cloths and disposable gloves) as general waste; and
- wash hands.

Cleaning of environmental surfaces

As a general rule, a pH-neutral detergent and water are all that is required for general cleaning as outlined in Table 2. Chemical disinfectants are not recommended for routine, general cleaning.

TABLE 2: Cleaning

Use	***Cleaning Product***	***Dilution***	***Process***
Floors, bench tops	pH neutral detergent and water	As per manufacturer	Damp mop or wipe and leave to dry
Toilets, sinks, washbasins etc	pH neutral detergent and water. A crème based cleanser may also be useful	As per manufacturer	Wash thoroughly and leave to dry
Small blood spills	pH neutral detergent and water	As per manufacturer	Clean up the blood spill as soon as possible, wash area thoroughly and leave to dry
Large blood spills	1. pH neutral detergent and water; followed by 2. Bleach (sodium hypochlorite) solution	1. As per manufacturer 2. 10mls bleach to 1L water (approx 500ppm)	Mop up the bulk of blood spill carefully, wash area with detergent and water, followed by damp wipe with bleach solution. Wash mop thoroughly with detergent and water, allow to dry

It is important to ensure that all solutions are used or discarded prior to their stated use-by dates.

Waste management

Waste disposal should be designed and positioned to minimize the potential for injury to staff and clients.

In accordance with Public and Environmental Health Regulation 4, a suitable rubbish bin must be provided for the containment of soiled tissues, paper, swabs, disposable products and other wastes. Suitable rubbish bins should:

- be adequate to hold the rubbish;
- be impervious and rigid;
- prevent access by flies, pests, vermin or other animals; and
- prevent, so far as is practicable, the emission of offensive odours.

Any rotting waste must be contained in wrapping or sealed in a disposable container to prevent leaking of fluids and offensive odours.

Any blood-soiled or contaminated swabs or other blood-soiled material may be wrapped before disposal as general waste.

The owner, operator or occupier of the premises must take reasonable steps to ensure that any refuse stored on the premises does not create an insanitary condition. It should be disposed of as often as appropriate for the nature of the refuse, but in any event at least once per week.

The owner, operator or occupier of any premises where a container for the storage of refuse is kept must take reasonable steps to ensure that the container is kept in a clean and sound condition.

Sharps

Sharps represent the major cause of accidents involving potential exposure to blood-borne diseases.

Operators must always handle sharps with care to minimize the possibility of injury to themselves, clients or people involved in the collection of discarded materials and refuse.

The person who has used the sharp is responsible for its immediate safe disposal following use.

A clearly labelled, puncture-resistant sharps container should be kept as close as possible to the area where sharps are used. Single-use needles, scalpel blades, razor blades, etc. should ***not*** be replaced into their original container or packaging.

Sharp instruments should not be passed by hand between operators.

Under the *Public and Environmental Health Act*, operators have a duty to ensure that their activities do not give rise to a risk to health. They must therefore ensure that any sharps used are disposed of into a suitable sharps container* and disposed of via a licensed contractor as per the *Australian Standard AS 4031-1992/Amdt 1-1996: Non reusable containers for the collection of sharp medical items used in health care area*s. For cost effectiveness, large sharp disposal bins are available.

> ***NOTE****: A sharps container is a rigid, leak proof, puncture resistant and shatter proof container with a tight fitting lid and should comply with the above standard.*

* Advice can be sought from the local council regarding disposal arrangements for filled sharps containers.

Mobile hairdressers

Mobile hairdressers and those that work from home must ensure that cleanliness of equipment and personal hygiene standards are maintained in accordance with these guidelines.

7. In case of Injury

If a person is accidentally cut by scissors, clippers or any sharp implement, staff must act immediately:

- If the person is bleeding, ask that person to apply pressure to the wound with a dry sterile disposable dressing until the bleeding has stopped.
- Handle both the dressing and the contaminated implement carefully to avoid contact with blood or body fluid from the client or the implement.
- Carefully wrap contaminated dressings to prevent leakage and then place them into a general rubbish container.
- Decontaminate or dispose of the implement.
- Wash hands thoroughly.
- Record the incident in a diary/logbook.

Further information may be obtained from; *Infection Control Guideline for the prevention of transmission of infectious diseases in the health care setting* (2004)*;* Department of Health and Ageing.

8. HACCP Plan for hairdressers

To ensure a satisfactory level of infection control at all times in a hairdressing establishment, a checklist or *Hazard Analysis Critical Control Points* (HACCP) plan is necessary.

These plans enable the operator to identify the potential risk involved in every activity undertaken by the business and to establish a reliable system for controlling that risk (where 0 is *no risk* and 5 is *high risk*). The plan also allows the operator to monitor the control systems currently in place by using a rating system.

A HACCP Plan is intended for use on a regular basis by the operator or manager of the hairdressing premises and can also be used by an independent auditor or the local government environmental health officer when undertaking an inspection of the business.

An example of a HACCP plan, designed using the information contained in this guideline, is provided in Appendix 3. Operators may wish to use some or all sections to form the basis of their own HACCP plan, depending on specific aspects of their business. It is important that such a plan is reviewed regularly so that it incorporates all current details of procedures which are undertaken in individual premises.

9. Acknowledgments

In the course of the preparation of this document the following authorities and organisations were consulted and their contribution is gratefully acknowledged.

This guideline was developed in consultation with representatives from the following organisations:

- Australian Institute of Environmental Health (SA Division) (AIEH)
- Australian Acupuncture and Chinese Medicine Association Ltd (AACMA)
- Advanced Association of Beauty Therapists (AABT)
- Australian Professional Piercing Association (APPA)
- Professional Tattooing Association of Australia (PTAA)
- TAFE SA – Tea Tree Gully Campus
- Environmental Health Officers from the following local councils:
  - City of Tea Tree Gully
  - City of Port Adelaide Enfield
- Hair and Beauty Industry Association of SA
- Hyde Park College of Skin & Body Therapy
- Infection Control Service, Communicable Diseases Control Branch, Department of Health
- Environmental Surveillance Section, Environmental Health Service, Department of Health

The Public and Environmental Health Council wishes to convey its sincere appreciation to the supporting organisations for making a representative available and to each individual for their valued technical contribution.

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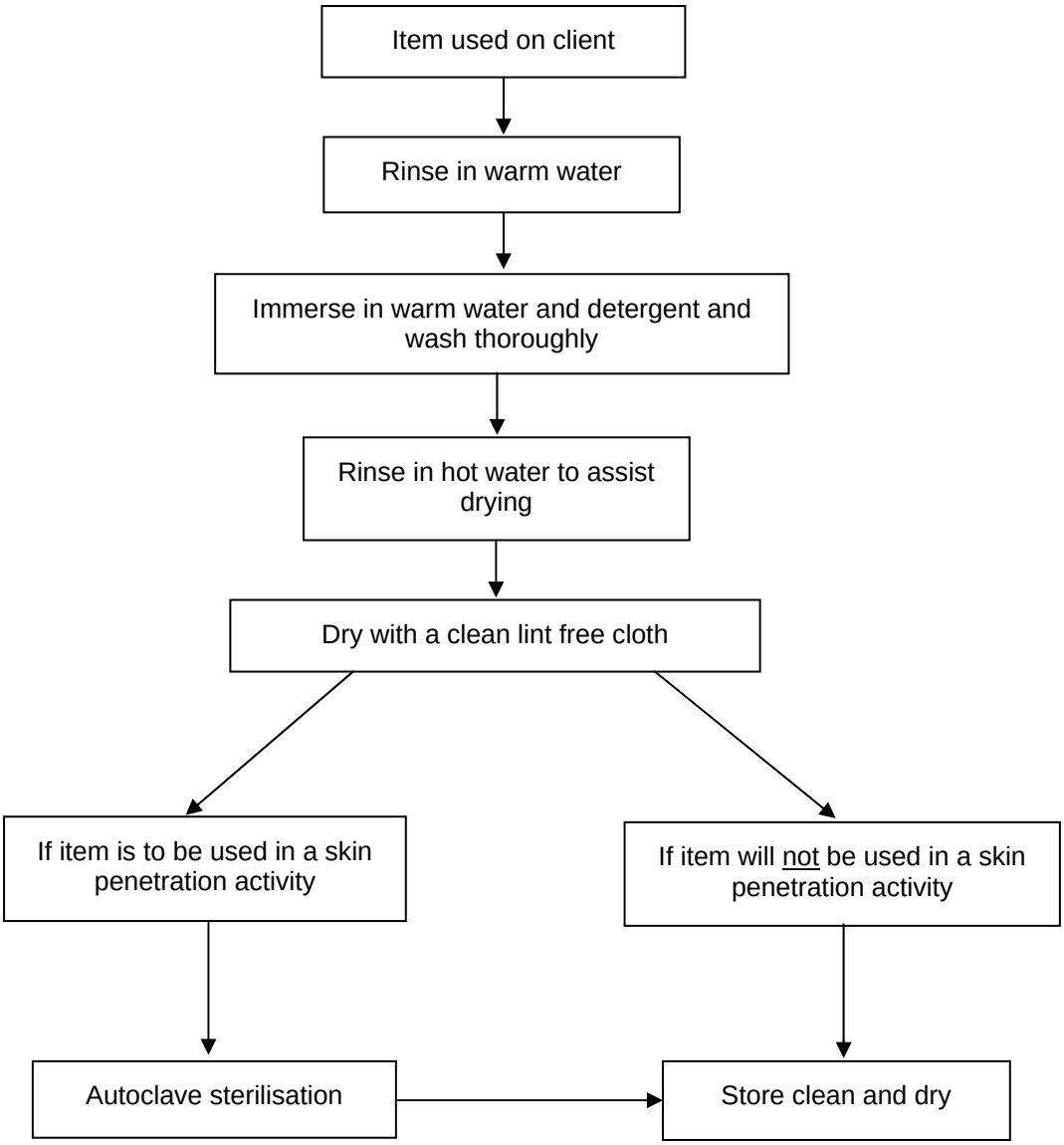
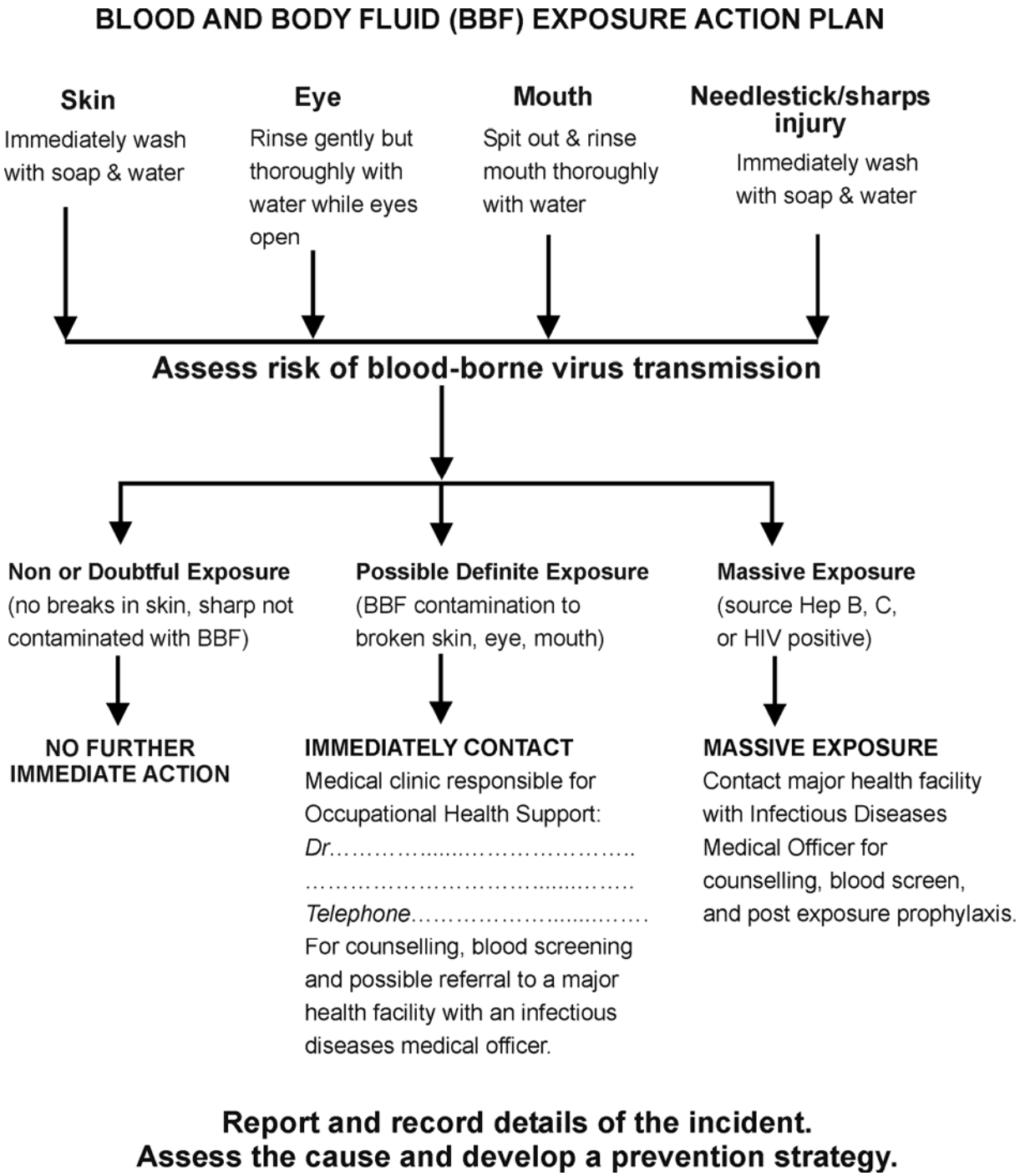
APPENDIX 1: Cleaning and sterilisation of equipment



APPENDIX 2: Blood and Bodily Fluid (BBF) Exposure Action Plan



Reference: Page 122, Needlestick and blood accidents, Bulletin 16. Page 122, Infection Control in the Health Care Setting - April 1996

APPENDIX 3: Hairdressing HACCP PLAN

(Hazard Analysis Critical Control Points)

NO	OPERATION	HAZARD	POTENTIAL RISK	CONTROL	SYSTEM IN PLACE?	PERSON RESPONS-IBLE	RISK RATING	SCORE	COMMENTS
1.0	**RISK MINIMISATION – Refer Section 3 and 4 of Guideline***								
1.1	SINGLE USE PRODUCTS	Cross contamination.	Spread of infectious disease.	Use single use products such as razor blades, disposable gloves, paper towelling where possible.	Yes/No		0-5		
1.2	USE OF DISPOSABLE GLOVES	Cross contamination.	Spread of infectious disease.	Wear clean, disposable gloves at all times when bleeding is expected. Remove gloves before performing another task. Put on new gloves before resuming procedure.	Yes/No		0-5		
1.3	HAND WASHING	Contaminated hands.	Spread of infectious disease.	Wash and dry hands using warm soapy water and disposable paper or air dryer • before and after attending a client, • after exposure to blood or bodily fluids, • before handling food • after using the toilet, handling a nasal tissue or smoking. Keep fingernails clean and short. Cover broken skin or sores.	Yes/No		0-5		
1.4	CLOTHING	Soiled clothing.	Spread of infectious disease.	Change clothing if soiled. Store soiled clothing separately.	Yes/No		0-5		
1.5	SMOKING & EATING	Contaminated hands. Discomfort for client.	Spread of infectious disease. Inhalation of hazardous fumes.	Smoking is prohibited in hairdressing premises.	Yes/No		0-5		
1.6	ANIMALS	Animals in the premise.	Spread of disease from animals (zoonosis) to humans.	Do not allow animals into skin penetration premises except for guide dogs used by visually/hearing impaired-persons.	Yes/No		0-5		

2.0	**CLEANING & STERILISATION OF EQUIPMENT - Refer TABLE 1 of Guideline***								
2.1	CLEANING AND STERILISATION PROCEDURE FOR ALL EQUIPMENT.	Non effective destruction of organisms on contaminated equipment.	Spread of infectious disease.	All equipment must either be discarded or cleaned before re-used on another client. For re-useable equipment: 1. Rinse equipment in warm water to remove blood or serum. 2. Wash equipment in hot water and detergent. 3. Rinse equipment thoroughly in hot water and allow to dry. 4. Sterilise using steam sterilisation if appropriate. 5. Store under cover in a clean, dry and dust free environment. See Table 1 of Guidelines for cleaning requirements for specific equipment.	Yes/No		0-5		
3.0	**DISINFECTANTS - Refer TABLE 2 of Guideline***								
3.1	DISINFECTANTS	Incorrect concentrations. Ineffective cleaning.	Unclean surfaces - cross contamination. Injury to operator.	Use disinfectants only after physical cleaning of equipment or surfaces is complete and if bare skin contact is anticipated. Follow manufacturer's directions at all times. Do not use out of date chemicals. See Table 2 of Guideline for disinfectants and their use.	Yes/No		0-5		
4.0	**ENVIRONMENT – Refer Section 6 of Guideline***								
4.1	STRUCTURAL FURNISHINGS	Contaminated surfaces.	Spread of infectious disease.	All furnishings should be constructed of material that is smooth, impermeable and easily cleaned.	Yes/No		0-5		
4.2	BASINS	Lack of appropriate facility.	Spread of infectious disease.	Hot and cold water provided through a single outlet, plus soap or detergent and disposable paper towel or hot air dryer to be provided in work area. It is acceptable to use a hair washing basin to wash hands before a hairdressing procedure. All basins/sinks should be kept clean.	Yes/No		0-5		

4.3	LINEN	Cross contamination.	Spread of infectious disease.	Store all clean linen separately (ie. *in a clean linen cupboard*). Store soiled linen separately and wash at least once per week with hot water and detergent or send to a commercial laundry. Soak linen contaminated with blood in warm water prior to hot water wash.	Yes/No		0-5		
4.4	SURFACES	Cross contamination.	Spread of infectious disease.	Clean all surfaces where body contact occurs with detergent and water after each client or cover with a clean towel or disposable paper or plastic before use. If surfaces are badly contaminated with blood or bodily fluids, the surface should be cleaned with detergent and water. If area is likely to be contacted with bare skin, it can be disinfected with hypochlorite disinfectant (10,000ppm) for 15 minutes after cleaning.	Yes/No		0-5		
4.5	MANAGEMENT OF BLOOD SPILLS	Contamination of surface. Exposure to infectious organisms.	Spread of infectious disease.	**Spot Cleaning**: • wear disposable gloves; • wipe up spill with disposable paper towel or wipe; • clean area with warm water and detergent; and • wash hands after handling contaminated item. **Small Spills**: • wear disposable gloves; • wipe up spill with disposable paper towel or wipe; • clean area with warm water and detergent; • if necessary disinfect work surfaces with chlorine bleach (10,000 ppm); • discard contaminated materials (wrapped) as general waste; and • wash hands.	Yes/No		0-5		

4.6	WASTE DISPOSAL	Soiled materials contaminated with blood and bodily fluids.	Spread of infectious disease.	Use a bin suitable for general waste materials ie. prevents access by flies or vermin, and prevents emission of odours. Wrap any rotting, blood soiled, or contaminated waste before disposal. Remove waste from the premises at least once per week.	Yes/No		0-5		
4.7	SHARPS DISPOSAL	Sharps contaminated with blood or bodily fluids.	Spread of infectious disease. Needle stick injuries.	Dispose of used sharps into appropriate sharps container complying with AS 4031. Sharps containers should be collected regularly by an approved waste contractor for safe disposal.	Yes/No		0-5		
5.0	**INJURIES – Refer Section 7 of the Guideline***								
5.1	ACCIDENTALLY DRAWN BLOOD	Blood or bodily fluid contamination.	Transfer of infectious disease.	Ask person to apply pressure to wound. Dispose of or clean and sterilise contaminated items/surfaces.	Yes/No		0-5		
5.2	INJURY (involving blood transfer)	Cross infection from used needles.	Spread of infectious disease.	Follow Blood Exposure Action Plan. Appendix 4 1. Wash the area thoroughly with soap and water. 2. Seek medical advice. 3. Keep needle/sharp for testing.	Yes/No		0-5		
5.3	EYE or MOUTH CONTAMINATION	Blood or bodily fluid contamination	Spread of infectious disease.	Rinse eyes gently while open with tap water or saline solution. If blood enters the mouth, spit out the blood and rinse mouth thoroughly several times. Seek medical advice.	Yes/No		0-5		
5.4	RECORDING THE INCIDENT	Injury or illness.	Legal action.	Advise manager or direct supervisor immediately. Record the date of the incident, any corrective action and the reason that the incident occurred.	Yes/No		0-5		

6.0	**TRAINING**								
6.1	TRAINING REQUIREMENTS	Non compliance with infection control guidelines.	Spread of infectious disease.	Prior to employment, employees should understand requirements of Guideline* and HACCP Plan. Training should be ongoing and updated regularly.	Yes/No		0-5		
7.0	**LEGAL REQUIREMENTS**								
7.1	PUBLIC AND ENVIRONMENTAL HEALTH ACT	Non compliance with provisions of Act.	Legal action.	Ensure all operators are aware of the requirements of the Act and legal consequences. Abide by guidelines.	Yes/No		0-5		
8.0	**HACCP PLAN**								
8.1	HACCP PLAN	Non compliance.	Spread of infectious disease. Legal action.	Check through this HACCP Plan monthly or whenever new or altered procedures are implemented.	Yes/No		0-5		

* Guidelines on the standards of practice of hairdressing. Department of Health 2006.