

Nottinghamshire's Hygiene Accreditation Scheme

Audit Tool

This document can be used to demonstrate that the proprietor has undertaken a review of practices, policies and procedures and their implementation at the premises in accordance with Section 33 of the Rating Schedule. An audit should be undertaken on an **Annual basis**.

Any 'NO' answers will require action to meet the scheme requirements schedule. Where written in *italics*, provide brief details of the arrangements at your premises.

Name of the proprietor undertaking the review:	
Date of review:	
Date of next review:	

Assessment Criteria	Rating	Comments and Notes	
Cleaning of Premises and Fittings			
Is treatment provided in an area(s) used solely for treatment	1	YES	NO
Is eating and drinking prohibited in the treatment area except for drinks in disposable receptacles	1	YES	NO
Are internal door, window, partition, floor, floor covering or ceiling is kept clean and in such good repair as to enable it to be cleaned effectively	1	YES	NO
Is the floor of the treatment area smooth and impervious	1	YES	NO
Is any surface (work surface and/or mobile unit) on which a needle, instrument or equipment is placed immediately prior to treatment smooth and impervious	1	YES	NO
Is furniture and similar fittings in the premises kept in such good repair to enable them to be cleaned effectively	1	YES	NO
Do tables, couches or seats in the treatment area have a smooth and impervious surface? Where couches or seats used in treatment are <u>not</u> capable of being kept clean, are disposable paper sheets or other suitable disposable material used and changed for each client? <i>Provide a brief summary of surface type and details of disposable material used where necessary</i>	1	-	

Assessment Criteria	Rating	Comments and Notes		
Are tables, couches or seats used by a client in the treatment area <u>and</u> any surface where a needle, instrument or equipment is placed prior to treatment disinfected <ul style="list-style-type: none"> immediately after use; and at the beginning of each working day 	1	YES	NO	
Is waste material, or other litter arising from treatment handled and disposed appropriately	1	YES	NO	
Are needles and sharps suitably stored after treatment and is disposed of in accordance with relevant legislation and guidance as advised by the local authority;	1	YES	NO	
Is treatment given in an area(s) where there are no animals except assistance animals	2	YES	NO	
Has a system been implemented to prevent cross contamination by cleaning equipment such as mops and cloths; <i>Provide details of your system for preventing cross contamination (Coloured buckets and mops etc)</i>	2			
Has a documented cleaning schedule been implemented, maintained and reviewed where there is more than one operator	4	YES	NO	N/A
Cleansing and so far as is appropriate, the sterilization of needles, instruments, jewellery, materials and equipment				
Are gowns, wraps, protective clothing, coverings, towels, cloths or similar article used in treatment: <ul style="list-style-type: none"> a) clean and in good repair; b) previously unused on another client unless it has been adequately cleansed and, so far as is appropriate, sterilized. 	1	YES	NO	
Is any needle introduced into normally sterile body areas or in contact with a break in skin or mucous membrane sterile;	1	YES	NO	N/A
Is any instrument used to hold any needle or other piercing instrument (e.g. tips and grips, cannulas etc) sterile; <i>Provide details of whether these instruments are sterilised on site or sterilised single use</i>	1	YES	NO	N/A
Is any instrument (e.g. clamps, forceps etc) which comes into contact with a break in skin or mucous membrane sterile or single use; <i>Provide details of whether these instruments are sterilised on site or sterilised single use</i>	1	YES	NO	N/A

Assessment Criteria	Rating	Comments and Notes		
Is jewellery used for cosmetic piercing sterile <i>Provide details of whether these instruments are sterilised on site or sterilised single use</i>	1	YES	NO	N/A
Is any dye/ink used for tattooing or semi-permanent skin-colouring sterile and inert at first use;	1	YES	NO	N/A
Is any dye/ink used for tattooing or semi-permanent skin-colouring used within the shelf life of the product	1	YES	NO	N/A
Are containers used to hold dye/ink either disposed of at the end of each treatment or cleaned and sterilized before re-use <i>Provide details of whether these instruments are sterilised on site or single use</i>	1	YES	NO	N/A
Are needles, instruments used to hold needles and any instrument which comes into contact with a break in the skin or mucous membrane suitably stored after treatment <i>Provide details of storage arrangements for 'dirty' instruments and needles</i>	1	YES	NO	
Are needles, instruments used to hold needles and any instrument which comes into contact with a break in the skin or mucous membrane suitably disposed of after treatment <i>Provide details of disposal arrangements for 'dirty' instruments and needles</i>	1	YES	NO	
Are there adequate facilities and equipment available to clean and sterilize instruments used in treatment (unless only pre-sterilized, disposable items are used)	1	YES	NO	N/A
Is there: a) an adequate and constant supply of clean hot and cold water on the premises; b) clean and suitable storage for articles, needles, instruments and equipment	1	YES	NO	
Is Petroleum jelly, creams or similar products which are applied to the clients skin from single-use sachets or dispensed in a manner which will prevent contamination <i>Please provide details of how products such as petroleum jelly are dispensed</i>	2			
Are single use razors used (where applicable)	2	YES	NO	N/A

Assessment Criteria	Rating	Comments and Notes		
Is the client's skin prepared using a 70% alcohol impregnated single use swab or wipe	2	YES	NO	
Are: a) Tattoo machines/motors <u>and</u> clip cords covered with plastic which is renewed between clients; b) Elastic bands or needle runners changed between clients; c) Tattoo stencils and marker pens are single-use and are appropriately disposed of after use; d) Plastic film wrap (or suitable equivalent) used to cover tattoos is clean and used straight from the pack	2	YES	NO	
Cleanliness, Personal Hygiene and Safety of Operators				
Has a register of all operators working at the premises (which includes a photograph of the operator and their date of birth) been maintained by the proprietor <i>Provide the names of the operators (persons engaged in giving treatment) at the premises</i>	1	YES	NO	
Do all operators who work at the premises: a) keep their hands clean and their nails clean and nails short; b) keep any open lesion on an exposed part of the body effectively covered by an impermeable dressing; c) cover or tie back hair that naturally falls across the face	1	YES	NO	
Do all operators who work at the premises: a) wears well fitting, powder free disposable gloves that have not previously been used with another client; b) wear a gown, wrap or protective clothing that is clean and washable, or a disposable covering that has not previously been used in connection with another client;	1	YES	NO	N/A
Are suitable and sufficient washing facilities with an adequate and constant supply of clean hot and cold water, soap or detergent for the sole use of operators appropriately located in the treatment area	1	YES	NO	
Are there suitable and sufficient sanitary accommodation available for operators	1	YES	NO	
Do all operators <u>not</u> wear wrist watches, stoned rings or other wrist jewellery whilst undertaking treatments	2	YES	NO	
Do operators: a) wear disposable, well fitting, powder free gloves that conform to EN374-1:2003 or EN374-2 which display a "CE Mark"; b) Have access to one or more alternative glove where Natural Rubber Latex (NRL) is used; c) not wear Natural Rubber Latex (NRL) gloves for procedures involving petroleum based lubricants;	2	YES	NO	

Assessment Criteria	Rating	Comments and Notes	
<p>Is there:</p> <ul style="list-style-type: none"> a) Non-hand operated lidded bins in treatment areas; b) Paper towel accessible from a wall mounted dispenser adjacent to the wash hand basin(s); c) waterproof splash back fitted at all wash hand basin(s) d) waste receptacles for sharps, conforming to UN3291 and BS7320 are available for use in the treatment area 	2	YES	NO
<p>Are arrangements in place to ensure the collection and safe disposal of hazardous and offensive waste (where applicable) from the premises by a licenced waste contractor</p> <p><i>Provide details of who collects your hazardous waste and on what frequency</i></p>	3	YES	NO
<p>Are non-hand operated taps (operated by sensor, foot pedal, extended lever or similar design) installed at all hand wash basins in the treatment area</p>	4	YES	NO
Documentation			
<p>Are consent forms used which include:</p> <ul style="list-style-type: none"> a) The full name, date of birth and address of the person having treatment; b) An assessment of medical history of the person having treatment; c) The name and signature of the operator carrying out the treatment; d) A description of the treatment given including area of the body <p>Are these records retained and available to the local authority upon request</p>	2	YES	NO
<p>Is a record of all clients treated in the premises kept in accordance with current data protection legislation, and include:-</p> <ul style="list-style-type: none"> (a) Name of the client (b) Address of the client (c) Date of birth of the client (d) Nature of treatment (consultation, tattoo initial appointment, follow up appointment etc) (e) Relevant medical history, health related questions and assessment including contraindications to treatment (f) Name of the operator giving the treatment <p>Are these records available to the local authority upon request</p>	3	YES	NO
<p>Are all clients provided with verbal and written aftercare advice that can be taken with them following the treatment</p>	3	YES	NO
<p>Is the written aftercare document drafted in accordance with the sample aftercare forms within the CIEH toolkit or an equivalent standard</p>	3	YES	NO

Assessment Criteria	Rating	Comments and Notes		
<p>Are the following details recorded on the client consultation form:</p> <p>(a) A record of the brand and batch number of all inks used in the treatment;</p> <p>(b) A record of the brand and batch number of any needle, instruments, jewellery, materials or equipment which are required to be sterile before contact with the client's skin</p> <p><u>OR</u></p> <p>Is there an equally suitable system which will enable inks, needles, instruments, jewellery, materials or equipment which are required to be sterile before use, to be traced from the client to the manufacturer</p> <p><i>Provide details of your arrangements</i></p>	4	YES	NO	
Is the date of birth for all clients having a tattoo or body piercing on any genital area including nipples verified using an approved identity document e.g. photo card drivers licence, passport or proof of age card bearing the PASS hologram	4	YES	NO	
Is a copy of the approved identity document attached to the client consent form	4	YES	NO	
Equipment Safety				
Where used, are sterilization and cleaning equipment such as autoclaves and ultrasonic cleaners operated in accordance with the manufacturer's instructions	2	YES	NO	N/A
Where used, are the manufacturer's instructions for cleaning equipment such as autoclaves and ultrasonic cleaners available to the proprietor, operators and the Local Authority upon request	2	YES	NO	N/A
Where sterilization and cleaning equipment is used, is the equipment serviced and maintained in accordance with manufacturer's instructions and periodically tested by the proprietor/operator to ensure its efficient and effective operation;	2	YES	NO	
<i>Provide details of how the proprietor/operator ensure the steriliser is working efficiently and effectively</i>				
Is there a valid certificate of insurance for all steam sterilisers (as required by the Pressure Systems Safety Regulations 2000) available upon request;	2	YES	NO	

Assessment Criteria	Rating	Comments and Notes	
Are records of maintenance, servicing, testing and operating cycles retained until the date falling six months after the equipment is destroyed or disposed of	3	YES	NO
Are the following documents available: a) Material safety data sheets (MSDS) for all inks used on site b) Batch numbers and/or invoice information of inks used on site c) Batch numbers and/or invoice information of all needles used on site	3	YES	NO
Does all jewellery used in the treatment process comply with the current EU Nickel Directive	3	YES	NO N/A
Competence of Operators			
Can all operators demonstrate their competence in the following: a) Hand washing procedures; b) Decontamination procedures; c) Management of waste and sharps; d) Use of personal protective equipment (PPE); e) Procedures in the event of a needle stick injury; f) Procedures in the event of a blood or bodily fluid spillage.	2	YES	NO
Immunisation			
Have all operators undergone a full course of Hepatitis B vaccinations unless the operator has refused	5	YES	NO
Where the operator has refused a Hepatitis B vaccination, has the operator signed a disclaimer/waiver form	5	YES	NO
Has a record of the vaccination status of every operator been retained and available upon request	5	YES	NO

Assessment Criteria	Rating	Comments and Notes	
Management System			
<p>Where there is more than one operator, have written procedures which are proportionate to the size of your business been prepared which include details of the:</p> <ul style="list-style-type: none"> a) Hand washing procedure; b) Cleaning policy and rota; c) Decontamination procedures; d) Management of waste and sharps; e) Management of blood and bodily fluid spillages including the provision of spill kits; f) Emergency Operating procedures for clients undergoing treatment including the provision of first aid; g) Use of personal protective equipment (PPE); h) Needle stick injury procedures; i) Immunisation of all operators <p>When were the written procedures last reviewed:</p>	5	YES	NO
Is evidence available to demonstrate all operators and persons involved in treatment have been trained in the written procedures	5	YES	NO
<p>Has the business got a form of Public Liability Insurance</p> <p>Who is your insurance with:</p>	5	YES	NO

Action Plan

Action Required	Applicable Standards	Responsible Person	Deadline for Action	Actions Completed and Date
<i>(e.g. install non-hand operated taps at wash hand basins in treatment area)</i>	<i>Rating Level 4 – Section 25</i>	<i>Proprietor</i>	<i>Within two months</i>	<i>Completed on 1st May 2018</i>

