CODE OF PRACTICE

TATTOOING

ISSUED BY
TORFAEN COUNTY BOROUGH COUNCIL
PLANNING & PUBLIC PROTECTION
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INTRODUCTION

This Code of Practice is intended to explain the implementation and operation of the bylaws relating to tattooing.

The standards and procedures outlined in this Code will be regarded as the minimum standards to comply with the statutory duties of employers, employees or self employed persons as outlined in the Health and Safety at Work etc Act 1974, and other relevant legislation. The practitioner and his/her assistants must have received sufficient and adequate training both in Hygiene and safety as they apply to their work. The Code of Practice is not binding and reference should be made to the bylaws as the definitive documents for this purpose. Every practitioner must be aware of the bylaws and shall operate in accordance with them.

Incorrect hygiene procedures can result in damage to the health of both the patient and the practitioner. Compliance with this Code of Practice will obviate the health risk and ensure that tattooing carried out in the County Borough of Torfaen is both safe and hygienic.
1 PREMISES

1.1 General

All tattooing should be carried out in premises, rooms or areas which must be clean, and capable of being kept clean. All structural surfaces including doors, windows etc must be clean and in a good state of repair.

A wash hand basin with an adequate supply of hot and cold water and with a proper connection to the drainage system must be provided. The basin should be located in the work area, or in close proximity to it. It is desirable that the taps on the wash had basin be either foot or elbow operated. Suitable soap, preferably in liquid form with bactericidal properties, together with a readily accessible means of hand drying must be provided. The hand drying facilities may be in the form of paper disposable towels, continuous roller towels or hot air dryers. Individual cotton towels are not suitable for continuous use.

1.2 Table Tops and Work Surfaces

All furniture and fittings in the treatment area shall be kept clean and in such good repair as to make them readily cleansable. All shelves, tables, cabinets and other fittings shall be maintained in a clean condition.

The working tops and tables used during the tattooing process shall be kept clean at all times.

1.3 Chairs and Seats

Surfaces of chairs and seats shall be made of material that can be kept clean by wiping down with a suitable disinfectant. Vinyl etc is suitable for this purpose.

1.4 Sanitary Accommodation

Adequate and accessible sanitary accommodation must be provided and maintained on the premises, and these facilities must be made available to the clients. Hand washing facilities with soap and an appropriate hand drying facility should be provided in close proximity to the sanitary accommodation.

1.5 Ventilation

Adequate ventilation must be provided and maintained. Natural ventilation may, in some circumstances, require supplementary mechanical assistance. The Department for the Environment will be able to give advice in such circumstances.
1.6 **Artificial Lighting**

Adequate artificial lighting must be provided and maintained. A suitable standard overall intensity for the premises is 500 lux, with a greater intensity of 1,000 lux for all work areas. The Department for the Environment will be able to give advice on this provision.

1.7 **Waste Disposal**

All waste material shall be placed in a covered receptacle containing a leak proof liner bag. Bags shall be changed at least once every working day, or more frequently as may be necessary. No waste material should be left inside a treatment room overnight. The waste material must be disposed of safely.

2 **HEALTH AND PERSONAL HYGIENE**

2.1 **Health of the Operator**

Operators carrying out tattooing should ensure that their own health or personal hygiene does not endanger, in any way, the health of the client.

2.1.1 **Personal Hygiene**

A high standard of personal hygiene is essential. Hands must be frequently washed, nails should be kept short and clean, and should be free from nail polish or varnish.

All cuts and wounds should be washed and dressed with a waterproof dressing immediately.

The operator should wear clean, washable or disposable clothing while carrying out his/her practice. He/she must refrain from eating, drinking or smoking whilst engaged in treatment of a client.

2.1.2 **Transmission of Infectious Disease**

An operator who is suffering from an infectious disease may transmit germs to his/her client in a number of ways, eg through breaks or punctures in the skin during treatment.

Consult your family doctor early about infectious diseases that may be passed on to your clients. Ensure that the doctor is aware that you are engaged in the business of tattooing skin. Medical advice should always be sought if a cut is sustained from the apparatus which is being used on a client who is suspected of suffering from Hepatitis.

If the operator has cuts, boils or other lesions on his/her hands, disposable gloves should be worn.
2.2 **Health of the Client**

It is essential that any part to be treated should be clean and free from cuts, sores or skin infections. Operations should not be conducted if the area requiring treatment is so infected. It is recommended that enquiries be made to ascertain whether the client has a history of Hepatitis, or is currently suffering from it.

Reference should be made to Appendix 1 for information on related diseases.

2.3 **Used Facilities and Equipment**

2.3.1 Materials used as a covering on a chair or seat, or any towel, cloth or other article which is applied to a clients skin shall be clean, and shall not previously have been used for any other client.

2.3.2 All table tops etc shall be thoroughly cleansed between clients with a suitable disinfectant eg a hypochlorate solution.

2.4 **Register of Clients**

Names and addresses of all clients and dates of attendance shall be recorded in a suitable register. (See Appendix 2). This register must be made available to authorised officers on request.

3 **EQUIPMENT**

3.1 **Recommend Equipment for Hygienic Practice**

- Autoclave, or other approved sterilisation equipment. (See Appendix 3)
- Paper tissues, towels and cups
- Autoclave equipment for handling storage of needles eg stainless steel dishes and forceps
- Wide bore glass or metal tubes in a rack for holding assembled machines.
- Pre-packed alcohol impregnated swabs/cotton wool swabs and 70% alcohol
- Disinfectants and detergents (See Appendix 3)
- Ultrasonic cleaner
- “Sharps” disposable box for needles etc
- Disposable capsules for pigment
- Disposable razor, or safety razor with disposable blades
- Wooden throwaway spatulas
- Autoclavable metal syringe
- Pedal operated covered waste bin with disposable liners
- First aid kit
4 **PREPARATION AND TATTOOING OPERATION**

4.1 **Shaving and Cleaning of Skin**

The skin to be tattooed should first be cleaned with soap and water, using a clean towel for each client. It should then be swabbed with an alcoholic based impregnated swab.

**NOTE:** Particular care must be taken in relation to skin infections/rashes, see paragraph 2.2.

A disposable razor should only be used for one client at one treatment.

4.2 **Skin Lubrication**

The area to be tattooed is smeared with Vaseline. Contamination on the Vaseline is likely if fingers are used to remove it from the jar, therefore a disposable wooden spatula should be used.

Alternatively a metal syringe may be used. This should be autoclavable (eg metal ear syringes). The amount of Vaseline required is squirted onto a piece of clean gauze and then applied to the clients skin. The syringe should not be used to squirt directly onto the skin, and should **never** touch the clients skin.

It is also acceptable to use sterile lubricating jellies (eg K Y Jelly) which are available in tubes. Jelly is squirted onto a piece of clean gauze, which is then applied to the skin, as with Vaseline.

4.3 **Preparation of Tattoo Equipment**

4.3.1 Re-sterilizable stainless steel needles are recommended. These must be ultrasonically cleaned and autoclaved – (see item 4.3.5) between each client.

4.3.2 As many needles as are required for one session should be estimated and soldered onto stainless steel rods with a lead free solder. This should be done in advance of the treatment session.

4.3.3 The needles and needle bars should be placed in a disposable paper cup, containing hot water and detergent, and treated ultrasonically. This will ensure complete cleanliness of the needles but will not sterilise them.

4.3.4 Needles and needle bars should then be sterilised in accordance with Appendix 3.

4.3.5 Needles must **NOT** be tested on the tattooist’s skin prior to use on the client.

4.3.6 The ‘tubes’ i.e. the holders for the stainless steel bar, must be sterilised in the autoclave, together with forceps, metal syringes, stainless steel dishes and any other equipment used in the process.
4.3.7 The ‘motors’ or frames cannot be sterilised and they must be damp-wiped every day with a hypochlorate solution, spirit, 1/5% soluble phenolic or with activated aqueous glutaraldehyde eg Cidex.

4.3.8 After being sterilised, the needle bars should be left in the autoclave, but some can be fixed to tubes and motors in readiness for use, and kept in sterile containers. Needle ends should not be stored in contact with empty tube surfaces, and used needles should not be returned to the tubes. All storage tubes must be sterilised daily.

4.3.9 Sterile forceps should be used for handling sterile needles and bars. These should be re-sterilised in the autoclave with each batch of needles after each use.

5 USE OF PIGMENT

5.1 Because the needles are repeatedly dipped into pigment during tattooing, it is vital not to use pigments from a common pot for different clients, as hepatitis Virus can be transferred from needles to pigment to the next client. Fresh pigments in disposable capsules must be used for each client every time.

5.2 Put as much of the pigment as is likely to be needed for one client into sterile capsules.

5.3 Disposable pigment capsules must be used, one set for each customer.

5.4 Pigment capsules must be firmly placed in holders while in use, to avoid the possibility of spillage. The holders must be made of autoclavable material eg stainless steel. These should be washed with spirit or activated glutaraldehyde between clients, and autoclaved between sessions.

5.5 Only as many pigment capsules as are needed for each client should be racked in holders, otherwise splashing could occur into the empty capsules.

5.6 If the same machine is to be used for different colours for the same client, wash out the machine between colours in a disposable cup, and then discard the cup.

6 CLEANING OF EQUIPMENT

6.1 Needles

After each client is tattooed, the needle bars must be disengaged from the machine, with the tubes, and placed in an autoclavable dish eg stainless steel kidney dish.

At the end of each session, the needle point should be “flamed off”, by flaming from the point to the soldered junction. Unless re-sterilizable needles are
used, the needles should be discarded. Reusable needles must be used for one client only before being autoclaved.

The needle bars must first be cleaned in hot water then treated ultrasonically, followed by sterilisation in the autoclave. Ultrasonic treatment alone is not effective.

6.2 **Pigment Containers**

These must be disposed of after each client.

6.3 **Pigment**

Left over pigment in these containers must not be used again.

6.4 **Capsule Holders and Forceps**

These must be autoclaved between sessions.

7 **DISPOSAL OF EQUIPMENT**

7.1 **Disposal of Needles**

7.1.1 All needles to be discarded should first be sterilised in an autoclave. Alternatively they may be disinfected by placing them overnight in a hypochlorate solution made by diluting one part Domestos or Chloros in ten parts water, or using undiluted Milton solution.

7.1.2 Needles must then be placed in a stout cardboard or metal “Sharps Disposal” box for needles, such as is used in hospitals. The box should be clearly marked ‘Danger – Discarded Needles’.

7.1.3 Equipment, other than needles should be similarly treated when it is necessary for them to be discarded.

7.2 **Waste Materials**

All waste matter – paper towels, tissues etc – should be disposed of in suitable receptacles lined with a sealable leak-proof bag, and having a close fitting lid. Advice may be sought from the Department for the Environment with regard to the final disposal of the bags and the “Sharps” boxes.

7.3 **Disinfectants**

Used disinfectants must be carefully poured down the sink after use, and flushed away with copious amounts of running water.
7.4 **Method of Disposal**

The preferred means of disposal is by incineration. However, if these facilities are not available, you should contact the Department for the Environment for advice regarding alternative methods.

8 **CLIENTS AFTERCARE**

8.1 The tattooed area must be covered by sterile gauze eg Melanin, which should then be sellotaped to the skin. Gauze permits ventilation of the skin, while ensuring that the tattoo remains clean and dry. Medical attention may be necessary if the treated part becomes either infected or inflamed.

8.2 Written guidance on aftercare should be given to each client. Appendix 4 gives relevant information.

9 **HEALTH AND SAFETY AT WORK ETC AT 1974**

9.1 **General**

Tattooists must comply with the provisions of the above Act, which places a duty on them to conduct their undertaking in such a way as to ensure, as far as it is reasonably practicable, that persons who may be affected by it are not exposed to risk to their safety or health.

9.2 **Aspects of Safety**

In connection with safety, particular attention is drawn to the following:

9.2.1 All floors, passageways and stairs should be of sound construction, properly maintained and kept free from both obstruction and tripping hazards. A handrail should be provided to every staircase, as should a two-way lighting system.

9.2.2 All machinery and devices used in the operations should be regularly inspected and preventative maintenance should be carried out where necessary.

9.2.3 All electrical installations should be in accordance with the Institution of Electrical Engineers Regulations for the Electrical Equipment of Buildings. Both the installation and any portable appliances should be subjected to regular inspections. Care should be taken that supply cables are kept as short as possible to prevent any tripping hazard being presented to employees or clients.

9.2.4 Accidents should be dealt with in accordance with the Reporting of Injuries, Diseased and Dangerous Occurrences Regulations 1995.
9.2.5 Where five or more persons are employed, it is the duty of every employer to provide a written policy with respect to the Health and Safety of his employees.

9.2.6 A first aid kit must be available on the premises. This can be purchased in made-up form from chemists, alternatively, advice can be given on making up of one’s own kit.

10 INFORMATION AND ADVICE

Advice on the bylaws is available from the Planning & Public Protection Service, 4th Floor, County Hall, Cwmbran, Torfaen, NP44 2WN.

10.1 Information on Tattooing

Information on tattooing and equipment are available from the following organisations:

i) British Tattoo Artists Federation
   30 King Street
   Fenton
   Stoke-on-Trent
   Staffs

ii) European Tattoo Artists Association
    793 The Gallowgate
    Glasgow
APPENDIX 1

RELATED INFECTIOUS DISEASES

Acute Viral Infective Hepatitis

Viral Hepatitis is believed to consist of several distinct disease entities, a common feature of which is infection of the liver which may lead to clinical ‘yellow jaundice’. The infection is caused by different viruses of which Hepatitis A and Hepatitis B viruses are the commonest and most well-known.

Hepatitis A

Hepatitis A (formerly ‘infectious Hepatitis’) is normally transmitted by the faecal-oral route in the same way as most of the enteric infections which cause ‘food poisoning’. It has an incubation period of about four weeks. It is a common infection in conditions of poor sanitation and overcrowding. Infected shellfish can be a cause of the infection and there is an increased incidence amongst travellers to countries with inadequate sanitation. It is not usually transmitted through penetration of the skin.

Hepatitis B

Hepatitis B was formerly known as ‘Serum Hepatitis’. Although various body fluids, such as saliva, urine etc have been implicated in the spread of infection, infectivity appears to be essentially related to blood. Hepatitis B virus is spread through the blood system either by penetration of the skin with infected needles, razors etc, or contact with broken skin from contaminated apparatus or surfaces. It usually has a longer incubation period of from six weeks to six months.

Hepatitis B must be recognised as an occupational hazard to tattooing operators. It is often acquired by exposure to the blood of apparently healthy people, for example, symptomless carriers of the virus or from clients incubating the infection but not yet actually ill. It is essential that the operator is aware of the risk of contracting the infection and employs a high standard of care in his practice at all times.

High standards of hygiene and safety consciousness will greatly reduce the incidence of Hepatitis B. Risk to clients of the infection from unwise procedures must also not be underestimated.

Acquired Immune Deficiency Syndrome (AIDS)

This is a relatively ‘new’ disease, believed to be caused by a virus, resulting in the breakdown of the body’s defence mechanisms. It is thought to be passed on through contact with an infected persons body fluids, it is therefore conceivable that the earlobe serum of an infected person could transmit the disease.

High standards of hygiene and safety consciousness will reduce the risk to both client and operative, as will correct use of recommended methods of tattooing.
APPENDIX 2

REGISTER OF CLIENTS

It is important for professional practitioners to keep records of their patients and customers. Scrupulous records prove valuable if there is any question of an infection problem later and may often help to protect the practitioner eg if the incubation period is too short or too long for infection to have been transmitted to the customer by the practitioner. Records should be kept for a minimum of one year, thus as an example, records for the whole of 1980 should not be discarded until the beginning of 1982. A daybook or diary is adequate. A card index may be an additional help.

The difficulty of obtaining accurate information is well recognised but the process of registration of the practice and public education should assist in overcoming the reluctance on the part of the client to give proper and adequate information.

Environmental Health Officers of the district councils can give advice on the setting up of such records and on routine visits to the premises they will wish to confirm that records are being maintained. Access to an individual’s personal record shall only be available on the authority of the relevant Medical Officer for Environmental Health and shall be subject to the usual safeguards of professional confidentiality in connection with the investigation of a notifiable infectious disease.
STERILISATION AND DISINFECTION

General Principles

Instruments used to pierce a person’s skin or objects in contact with broken skin should be considered to be contaminated and should not be used again unless they have been sterilised.

STERILISATION is the complete removal of all microbes.

DISINFECTION is a reduction in numbers of microbes to levels where bacterial infection probably will not occur. With regard to Hepatitis B virus, disinfection of instruments is NOT adequate, they HAVE to be sterilised. Nevertheless, disinfectants have a useful function if used intelligently where sterilisation is not possible eg on skin or table tops.

Sterilisation

The most efficient and reliable form of sterilisation is heat. Moist heat is far more efficient than dry heat, as can readily be seen from the table from ‘Hospital Hygiene’ (I.M. Maurer Edward Arnold 1975).

Times and Temperatures for Heat Sterilisation

(Medical Research Council Recommendation)

<table>
<thead>
<tr>
<th>Method</th>
<th>Temperature (°C)</th>
<th>Holding Time* (mins)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autoclave (moist heat)</td>
<td>121</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>126</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>134</td>
<td>3</td>
</tr>
<tr>
<td>Oven (dry heat)</td>
<td>160</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>170</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>180</td>
<td>7½</td>
</tr>
<tr>
<td></td>
<td>190</td>
<td>1½</td>
</tr>
</tbody>
</table>

*The holding time is the time the entire load is held at the recommended temperature

It is necessary to understand that both time and temperature are important. Once the required temperature is reached, instruments to be sterilised must be held at that temperature for a certain minimum time. The theoretical minimum temperature required for dry heat sterilisation is 160°C and 45 minutes are required at this temperature, although in practice at least 30 minutes extra are needed for the oven to reach the required temperature. Moist heat sterilises at much lower temperatures – 121-134°C.

Unfortunately, however, as water evaporates at 100°C, steam has to be maintained under pressure to attain such temperatures. An AUTOCLAVE is an instrument designed to do this. Instruments to be sterilised have to be scrupulously clean as
the steam has to be in contact with the surface of the instrument. The advantages of autoclaves are that they are quick and efficient and, with the automatic models, there is no need to time the process. Reliable autoclaves unfortunately are expensive but can often be rented quite cheaply.

With DRY HEAT OVENS, much higher temperatures are required (which may damage metal instruments). There may be considerable temperature variation within the oven (hot and cold spots) and a long time is necessary to reach the required temperature and for cooling down. A fan-assisted oven may help to reduce the tendency to hot and cold spots. With the high temperatures of these ovens, there is always a danger of fire and they are not as economical to run as autoclaves. They are, however, cheaper to buy.

The recommended time and temperature for autoclaves is three minutes at 134°C. For dry heat ovens, twenty minutes at 180°C or ten minutes at 190°C are necessary to allow adequate margins of safety.

Gamma-irradiation and ethylene oxide sterilisation are not available to the ordinary user as they can only be used on a large scale. Both are efficient. Instruments that are purchased already pre-sterilised will probably have been subjected to one of these methods.

**Disinfection**

Disinfectants do not sterilise; they only reduce the number of some microbes. Although there are many clinical products on sale as “sterilants” most are nothing of the kind. All chemicals should be treated as disinfectants. Nevertheless the intelligent use of disinfectant is of value. Hypochlorite solutions (eg chloros, Domestos) of the correct strength, or aldehyde disinfectants (eg ‘Cidex’ (glutaraldehyde) used undiluted after addition of the powder activator) are likely to be most useful to tattooing operators. Hypochlorite at the effective strength may corrode metals. Spirit (70% alcohol) or a clear phenolic (eg 1.5% hycolin) is suitable for wiping motors and table tops. Solutions of hypochlorite and clear phenolics must be freshly made up each day, and of glutaraldehyde each week. The manufacturers’ instructions regarding the correct concentrations should be strictly followed.

Any organic matter or dust adhering to objects to be disinfected will seriously affect the potency of the disinfectant, so that all instruments must be physically clean.

As with heat sterilisation, time is an important factor to take into account when using disinfectants. For most disinfectants at least half and hours soaking is required.
APPENDIX 4

ADVICE ON AFTERCARE

AFTERCARE OF TATTOO

Keep tattoo covered for three to six hours.

Remove dressing and wash thoroughly.

PAT DRY with a clean towel. DO NOT RE-DRESS.

Wash tattoo twice each day until it has healed.

No NOT apply creams or Vaseline.

DO NOT PICK THE SCAB.

DO NOT RUB TATTOO WHILE WET.

Do not swim in chlorinated or salt water until healed.

Do not get tattoo sunburnt until healed.

Do not get tattoo contaminated with dirt, grease, oil, paint or cement.

IF YOU ARE IN ANY DOUBT, CONSULT YOUR GENERAL PRACTITIONER

Information in the form shown above should be given to each individual client to retain and take away.
### SUMMARY

The following table summarises the use of disinfectants in most procedures:

<table>
<thead>
<tr>
<th>AGENT</th>
<th>PREPARATION</th>
<th>TIME</th>
<th>USES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Hypochlorite*</td>
<td>Make up daily to 5000 parts available chlorine per million by diluting with 20 parts of water (Domestos and chlorus); 10 parts (other brands); one part (Milton).</td>
<td>(soak) 30 minutes</td>
<td>Corrodes metals. Excellent for other materials and for disinfection of needles etc before disposal.</td>
</tr>
<tr>
<td>2 Glutaraldehyde</td>
<td>Make up weekly, using activator. Do not dilute.</td>
<td>(soak) 30 minutes</td>
<td>Damp wiping guns in acupuncture and pigment-capsule holders in tattooing.</td>
</tr>
<tr>
<td>3 70% spirit/alcohol</td>
<td>Do not dilute.</td>
<td>(damp wipe) leave 30 minutes except skin</td>
<td>Skin, table tops, metals (except instruments and containers)</td>
</tr>
<tr>
<td>4 Clear phenolics*</td>
<td>Make up daily, dilute according to manufacturers’ instruments.</td>
<td>(damp wipe) leave 30 minutes except skin</td>
<td>Table tops, damp wiping tattoo motors or acupuncture guns.</td>
</tr>
</tbody>
</table>

It can be seen that the use of 1 and 2 will suffice for most purposes. The use of disinfectant types other than those mentioned above may be wasteful and may lead to a false sense of security. There are no magic fluids that will replace heat for sterilisation.

* These disinfectants are corrosive to the skin, especially in their concentrated forms