

Review of the Health Guidelines for Personal Care and Body Art Industries

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Outline

- Sector feedback process
 - Engage Victoria
- Survey responses
 - Major issues raised
- Hand hygiene information

Sector consultation

- Engage Victoria
 - Vic Govt online consultation platform
 - Meant primarily for community consultations
 - Could be used for ‘sector’ feedback for this review as involved seeking feedback from operators etc, not just local government
- Survey open for 1 month (15 February – 19 March)
 - Some responses received directly
 - 7 further responses received via Engage Vic after survey closed
- Responses downloaded and data collated

Infection prevention and control guideline

- Primary aim of the document is to provide advice/guidance about how to comply with infection prevention and control standards and recommendations
- Also moved away from term “personal care and body art industries”
 - Changed name to reflect this
 - » Infection prevention and control guidelines for hair, beauty and skin penetration industries
- Not a health guideline that can cover all health risks for hair, beauty and skin penetration businesses and how to mitigate these
 - e.g. asthma awareness & ventilation risks or burns first aid
 - Have provided reference to other relevant documents and standards where available

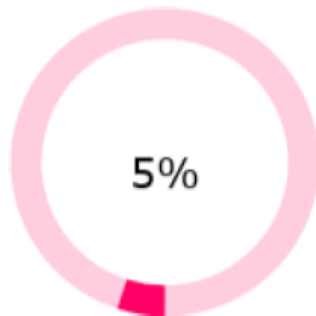
Survey response data analysis

Data for 15 February – 19 March:

- 599 Visitors (each user counted once even if visited multiple times a day)
- 902 Views (a new visit is recorded if > 30 mins after last page view)
- 45 Contributions (total number for contributors who recorded feedback)
 - 7 further surveys submitted after it was ‘closed’ (=> total = 52)
 - 3 other direct submissions received (i.e., not via Engage Victoria)

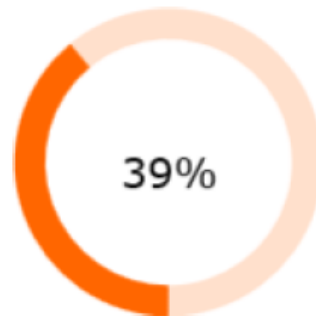
Engagement Index

Feedback Index



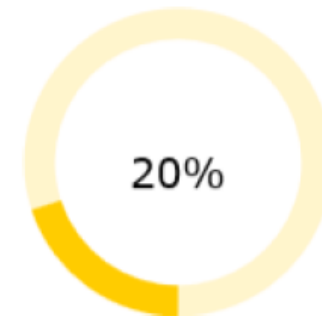
Percentage of visits where at least 1 contribution was made

Attention Index



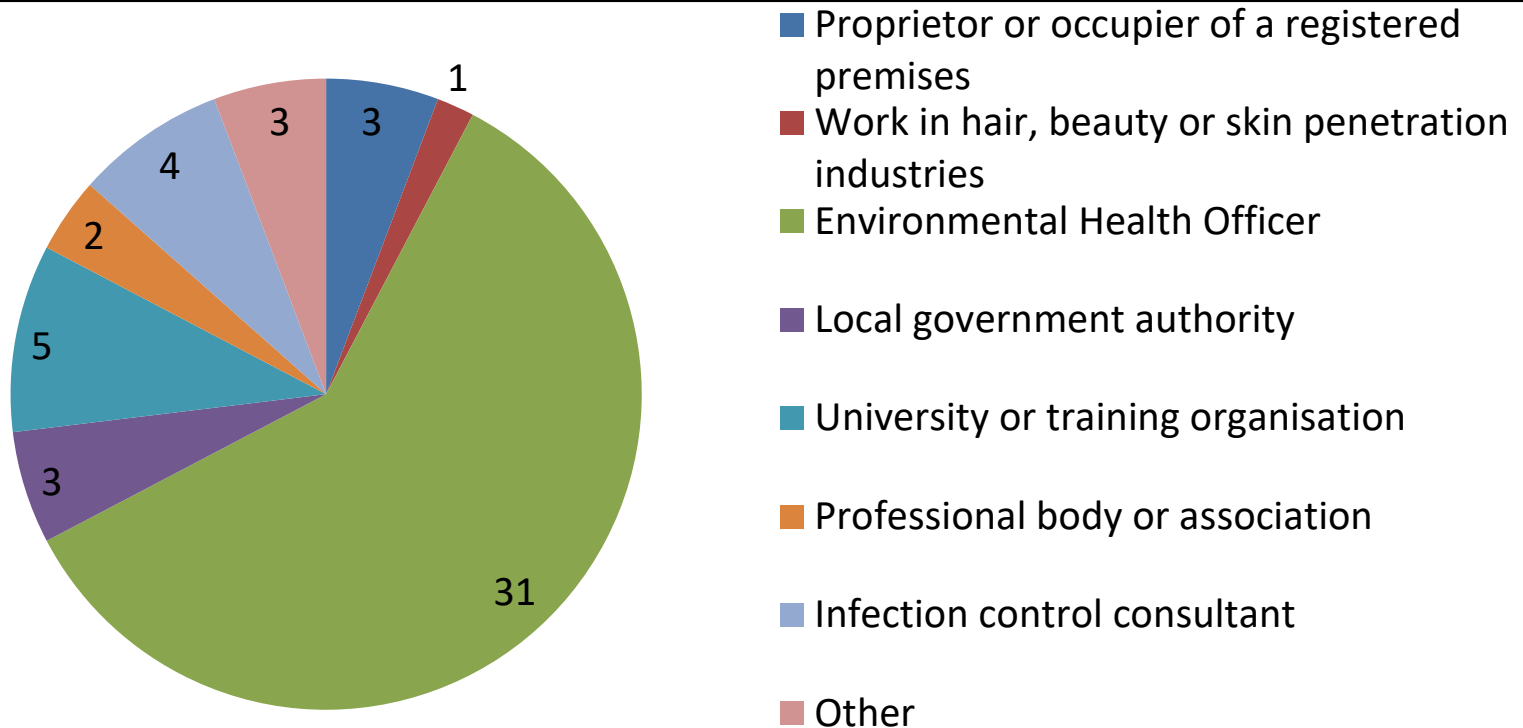
Percentage of visits that lasted at least 1 active minute

Actions Index



Percentage of visits where at least 2 actions were performed

Who responded to the survey



Other:

- Health professional
- Private environmental health services company
- Advocacy organisation for people living with HIV

Q 2: Were you aware of the health guidelines for personal care and body art industries before this process?

Option	Number of responses
Yes	51
No	1
Not sure	0

- No = Professional body or association (asthma awareness)

Part A: Registering premises

Part A: Registering premises

- Meant to provide some general advice re the Regulations and registering premises => not meant to be definitive

Part B: Principles of infection prevention and control

- What 'standard precautions' are => the basic IC principles required to prevent transmission of infection

Part C: Procedure-specific requirements

- Provide some general procedure information, specific health risk information and equipment cleaning/sterilisation requirements

Part D: Occupational health and safety

- Consideration of the occupational health and safety requirements

Is the information provided in Part ... useful in your role?

Option	Part A	Part B	Part C	Part D
Yes	46 (88%)	50 (96%)	48 (92%)	46 (88%)
No	6 (12%)	2 (4%)	4 (8%)	6 (12%)

- Any feedback (in any section) related to suggested regulatory change was forwarded to the sunset review group

Part A specific feedback

- Some more related to a review of the Regulations
 - E.g. laser treatment and spray tanning should not be registered premises, should there be scope for temporary registration
- Hand washing facilities
 - Define easily accessible
 - Portable sinks
 - Provision of alcohol-based hand rub (ABHR)
- Some issue being developed into FAQ sheets for EHOs
 - e.g. cosmetic injectables, festivals and temporary registration

Part B specific feedback

- Lots of feedback and in general very useful
- Some evidence that people were not completely familiar with old guideline
 - e.g. use of lint-free cloths for drying equipment pre disinfection or sterilisation and not soaking items for > 1 hr prior to reprocessing
- Some noted that very few or no premises are using sterilisers so reduce/change this section
 - Have significantly reduced and put most into an appendix
- Recommendation for use of ABHR has caused much angst!
 - References section for those who want to read about scientific evidence
 - Will provide some further information in this presentation
- Changes to wording to provide clarification etc where noted in most instances

Part C specific feedback

- Have added and changed some of the procedures grouped
 - e.g. separated facials and cosmetic application and added dry needling
- Will expand cleaning recommendations in table to include description
- Will add some items/equipment into tables not currently included
- One detailed submission re concerns with microdermabrasion recommendations
 - Will review evidence and put final recommendations to Dep CHO for decision
- Hard to cover absolutely every procedure possible
 - Emerging practices

Part D specific feedback

- Requirement for mandatory or appropriate training
 - Issue for review of regulations
 - Have recommended training and keeping records of any training
- Have strengthened reference to other Australian Standards, Regulations
 - e.g. Ventilation => Australian Standards, WorkSafe's *Guide to the management of hazardous substances in the hairdressing and beauty industry*

Ease of understanding the revised guidelines

Option	Understand IC precautions required?	Easy to understand?
Yes	50 (96%)	44 (85%)
No	2 (4%)	8 (15%)

- Some concern around language, content and terminology being understood by industry
 - Will send to professional editor before final approval process
- Diagrams and pictures
 - May develop more industry information sheets where this would be good

Any topics not covered that should be?

Option	Number of responses	Percentage
No	32	62%
Yes	20	38%

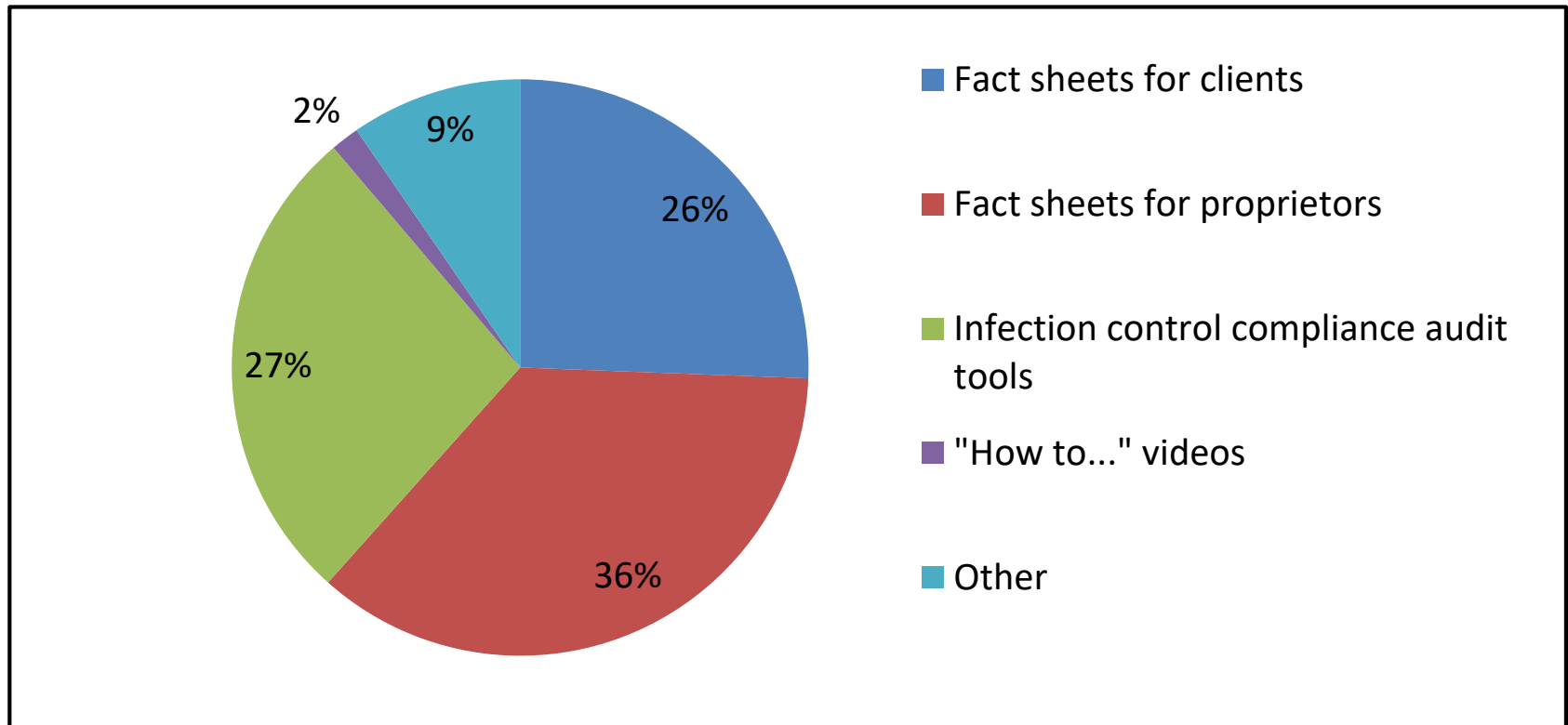
- Some specific procedures or emerging trends, e.g. myotherapy, vampire facials, feathering
- Ventilation
- A standard audit tool
- A summary to provide proprietors
 - Part C to be made available as separate sheets
 - Provide some other EHO fact sheets and audit tools separately

Any further changes that could improve the revised guideline?

Option	Number of responses	Percentage
No	23	44%
Yes	29	56%

- Include and audit tool
- Simpler sections to be able to give proprietors
- Available in other languages
- Will it be updated as each new trend/procedure arrives?
 - Not possible for every new procedure => hence “principles of infection and prevention”
 - Will also produce EHO facts sheets as required

In addition to the guidelines, is there anything else that can be provided to help?



- Industry specific guides
- Picture or no word posters
- Record templates

Hand hygiene

What is hand hygiene?

Hand hygiene => a general term for any action of hand cleansing

Includes:

Applying an alcohol-based handrub to the surface of hands

OR

Washing hands with water and soap or soap solution, either non-antimicrobial or antimicrobial.

When performed correctly, hand hygiene results in a reduction of microorganisms on hands

Ref: Hand Hygiene Australia (www.HHA.org.au)

Hand hygiene recommendations

ABHR is the preferred HH method for when hands are not visibly dirty

- CDC, WHO
- HHA => 'gold standard' for HH in health care settings

Handwashing reserved for:

- When hands are visibly dirty or contaminated with proteinaceous material, or visibly soiled with blood or other body fluids
- When gloves have not been worn in the care of a patient with *C. difficile* or gastroenteritis

ABHR for all standard aseptic non-touch technique procedures

- These are equivalent to the type of skin penetration procedures undertaken in beauty therapy & skin penetration industries

ABHR increasingly used for surgical hand "scrub"

- WHO guideline states that hand washing prior to ABHR surgical scrub only necessary when hands are visibly dirty

Why use ABHR in preference to hand washing?

ABHRs better soap and water because they:

- Result in a significantly greater reduction in bacterial numbers than soap and water in many clinical situations
- Require less time to use than hand washing
- Can be made readily accessible
- Are self-drying
- Are gentler on skin and cause *less skin irritation* and dryness than frequent soap and water washes (handrubs contain moisturisers)

Ref: Hand hygiene Australia (www.HHA.org.au)

There is no maximum number of times that ABHR can be used before hands need to be washed with soap and water.

Effectiveness of different hand hygiene products

Hand disinfection: a comparison of various agents in laboratory and ward studies

Journal of Hospital Infection (1988) 11, 226–243

G. A. J. Ayliffe, J. R. Babb, J. G. Davies and H. A. Lilly*

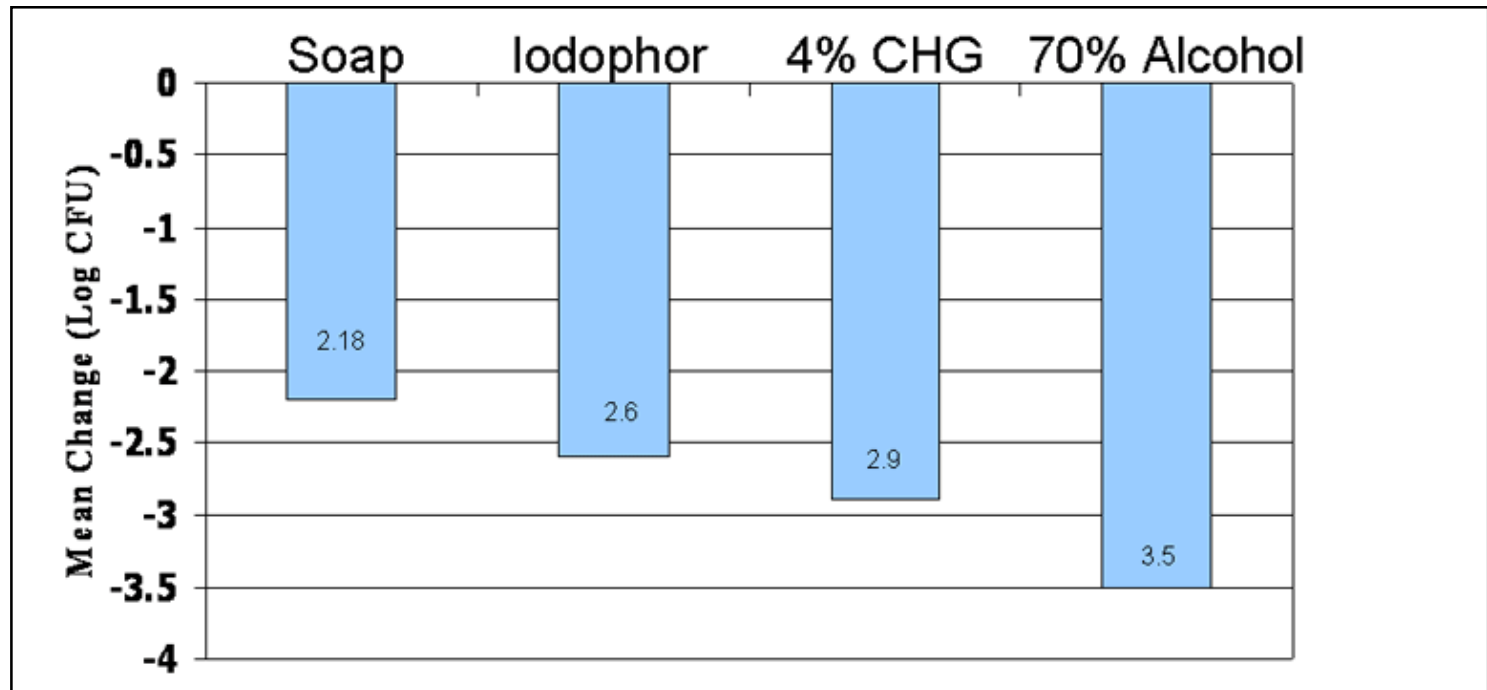


Figure 1: Effectiveness of different HH products in reducing bacterial counts after 30 sec. use (www.HHA.org.au)

Antimicrobial spectrum

CLINICAL MICROBIOLOGY REVIEWS, Oct. 2004, p. 863–893
0893-8512/04/\$08.00+0 DOI: 10.1128/CMR.17.4.863–893.2004
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Epidemiologic Background of Hand Hygiene and Evaluation of the Most Important Agents for Scrubs and Rubs

Günter Kampf^{1,2*} and Axel Kramer²

Antimicrobial spectrum

TABLE 9. Comprehensive evaluation of the most important agents for hand hygiene^a

Criterion for evaluation	Effect for:					
	Plain soap (hand wash)	Chlorhexidine (2-4%) (hand wash)	Triclosan (1-2%) (hand wash)	Ethanol (60-85%) (hand rub)	Isopropanol (60-80%) (hand rub)	n-Propanol (60-80%) (hand rub)
Spectrum of activity						
Bacteria	-	++	++	+++	+++	+++
Mycobacteria	-	(+)	Unknown	+++	+++	+++
Bacterial spores	-	-	-	-	-	-
Yeasts	-	++	++	+++	+++	+++
Dermatophytes	-	-	+	++	Unknown	Unknown
Coated viruses	-	++	Unknown	+++	+++	+++
Uncoated viruses ^b	-	+	Unknown	+ ^c	(+) ^d	(+) ^d
Effect on hand flora (mean log ₁₀ reduction)						
Transient bacteria (≤1 min)	0.5-3	2.1-3	2.8	2.6-4.5	4.0-6.81	4.3-5.8
Resident bacteria (≤3 min)	≤0.4	0.35-1.75	0.29-0.8	2.4	1.5-2.4	2.0-2.9
Potential for acquired bacterial resistance	-	Moderate	Low	None	None	None
Effect on skin						
Skin hydration	Decrease	Decrease	Decrease	No change	No change	No change
Skin barrier	Impaired	Impaired	Impaired	No change	No change	No change
Skin irritation	Likely	Likely	Possible	Very uncommon	Very uncommon	Very uncommon
Allergy	Uncommon	Possible	Uncommon	Extremely uncommon ^e	None	None
Effect on compliance with hand hygiene	(↓)	(↓)	(↓)	(↑)	↑	↑

^a +++, effective within 30 s; ++, effective within 2 min; +, effective in >2 min; (+), partially effective; -, not effective.

^b Poliovirus and adenovirus, test viruses of prEN 14476.

^c Ethanol at 95% has virucidal activity within 2 min.

^d Results largely dependent on the test virus.

^e Individual cases, possibly due to impurities.

Provision of hand hygiene facilities and products

Provision of hand basins still **essential**

- Was never suggested in this guideline that hand washing facilities could be replaced by the provision of ABHR
- Clearly stated that it did not and no intention of downgrading necessity for hand basins
- Provision of ABHR is an important and essential **addition** to the hand hygiene arsenal

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