Infection Prevention and Control Plan (IPCP)

Facility Name

This plan is intended to comply with The Safe Body Art Act described within the California Health and Safety Code Sections 119300 through 119324.

**INFECTION PREVENTION AND CONTROL PLAN**

Facility Name:

Site Address: City: State: CA ZIP:

Owner’s Name: Owner’s Phone #:

Owner’s E-mail: Facility #:

**This facility provides the following services: (Check any box that are applicable)**

[ ]  **Tattoo** [ ]  **Permanent Cosmetics / Microblading** [ ]  **Body Piercing** [ ]  **Branding**

The owner, employees and practitioners of the above body art facility have developed this Infection Prevention and Control Plan (IPCP) to prevent accidents, to eliminate or minimize occupational exposure to blood or other body fluids, and to break the cycle of cross-contamination between practitioners and clients. This plan is intended to comply with the current Safe Body Art Act, OSHA standards and applicable local regulations.

This plan is effective as of the following date:

The IPCP is kept in the following location within the facility:

All body art practitioners and employees have access to the plan and can review it at any time during their work shifts.

The facility owner is responsible for administering the IPCP and providing training to all practitioners that operate in the facility. **Training will be provided annually and whenever changes are made to this document or any practices.** As staff read and are trained on this plan, they shall sign the last page of this document (for each time the training is completed).

Changes must be immediately reflected in this document and resubmitted to the County of Monterey, Department of Health (Health Department) for approval.

IPCP training records must be available for inspections upon request and maintained on site.

Note: Each practitioner is required to have proof of annual Bloodborne Pathogen (BBP) training and Hepatitis B testing, vaccinations, or declination. This information must be onsite and available upon inspection.

**Health Permit requirements and renewal information:**

Health Permits [including body art facilities and body art practitioner(s)] are required to be renewed before July 1 of each year. An invoice for body art facilities will be issued automatically 1-2 months prior to July 1 of each year. Body art practitioner will not be invoiced automatically for Health Permit renewals and are required to re-submit a Body Art application and a current BBP training certificate before July 1 of each year to continue to operate during the new fiscal year term. Any permitted facility that will either close their business or relocate shall notify the Health Department.

Only a permitted body art facility can provide body art services. No unpermitted body art practitioner shall provide body art services at this facility until the body art practitioner becomes permitted with the Health Department. No guest body art practitioner who is permitted in a different county shall provide body art service until the Health Department is notified.

SECTION I

**HANDWASHING**

All sinks must be equipped with hot and cold running water, containerized liquid soap, and single use paper towels that are dispensed from a wall-mounted, touchless dispenser that are accessible to the practitioner.

Describe the type and location of each hand washing sink in your facility:

Describe when hand washing is required in your facility:

Which sink should customers use when they would like to wash their hands?

What is the minimum amount of time it should take you to wash your hands properly? Seconds

Is it critical that warm water is used when washing hands? [ ] YES [ ] NO ­­

What would you do if you found that your facility was without hot water?

Cease all body art services until hot water can be repaired and supplied.

"Hand hygiene" means either of the following:

1. Thoroughly washing all surfaces of the hands and under the fingernails with soap and warm water.
2. In the absence of contamination with blood or other bodily fluids, or obvious soiling, applying an antiseptic solution to all the surfaces of the hands and underneath the fingernails.

Gloves shall be worn throughout the procedure.

The practitioner shall wear disposable gloves on both hands when touching, decontaminating, or handling a surface, object, instrument, or jewelry that is soiled or that is potentially soiled with human blood.

If gloves come into contact with an object or surface other than the client’s prepared skin or material to be used for the procedure, or if a glove is torn or punctured, both gloves shall be removed, hand hygiene performed, and new, clean, previously unused, disposable gloves shall be donned.

If gloves are removed for any reason during a procedure, hand hygiene shall be performed prior to donning new, clean, previously unused, disposable examination gloves.

SECTION II

**PROCEDURES FOR DECONTAMINATING AND DISINFECTING ENVIRONMENTAL SURFACES**

Describe how each workstation / procedure area will be decontaminated or disinfected:

What EPA registered disinfectant(s) will be used?

⚫

⚫

⚫

What is the required wet-contact time for this disinfectant (to be effective against Hepatitis B and Hepatitis C)? Minutes

What surfaces, objects and instruments will be disinfected?

How often will these surfaces and objects be disinfected?

Are wall and floor surfaces at the workstation, decontamination area, sterilization area, instrument storage, and procedure areas smooth and cleanable? [ ] YES [ ] NO If “NO”, please describe:

Describe the cleaning procedures and frequency for each of these areas:

Customer’s waiting area

Procedure Area

Restroom

Decontamination Area / Sanitization Area:

Other Areas or Specialized Instructions:

SECTION III

**PROCEDURES FOR DECONTAMINATING, PACKAGING, STERILIZING AND STORING INSTRUMENTS OR OTHER REUSABLE ITEMS**

An instrument or other reusable item that comes into contact with non-intact skin or mucosal surfaces shall either be single-use or be washed, disinfected, packaged and sterilized before and after each procedure.

An instrument or reusable item that does ***not*** come in contact with non-intact skin or mucosal surfaces shall be washed with a solution of soap and water, using a brush that is small enough to clean the interior surfaces and decontaminate after each procedure. A reusable item that cannot be immediately washed, disinfected, and sterilized following the completion of the body art procedure shall be placed in a basin of water with or without detergent.

"Decontamination and sterilization area" means a room, or specific section of a room, that is set apart and **used only** to decontaminate and sterilize instruments.

Will you be using a Decontamination and sterilization area to decontaminate your instruments/reusable items? [ ] YES [ ] NO If “YES”, list location of designated area

Is the Decontamination and sterilization area labeled “Restricted” or “Employees Only”?

[ ] YES [ ] NO

Describe the type of container that is used to store the instruments when soaking or washing. What solution is used?

Location of the soaking instruments:

Is an ultrasonic machine used for washing and cleaning instruments? [ ] YES [ ] NO

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Where it the ultrasonic machine located within your facility?

List all instruments and reusable items that are used for the procedure and **do not** come into contact with non-intact skin or mucosal surfaces. Describe how those items will be washed, decontaminated, dried, and stored.

List all instruments or other items that comes into contact with non-intact skin that will be reused and describe how to clean and dry the items for Sterilization (if applicable):

List all Personal Protective Equipment (PPE) used when cleaning and washing instruments, items, and equipment:

List all chemicals (e.g. NON-EPA registered solutions) used in this facility:

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⚫

⚫

Are all chemical bottles labeled? [ ] YES [ ] NO

The Safety Data Sheet (SDS) sheets for all chemicals are located in:

**An instrument or other reusable item that comes into contact with non-intact skin or mucosal surfaces shall either be single-use or be washed, disinfected, packaged and sterilized after each procedure.**

Does your facility **ONLY** use pre-sterilized single-use items (such as needles or needle cartridges)? [ ] YES [ ] NO

Will your needles or needle cartridges ever be re-used? [ ] YES [ ] NO

Does your facility offer body piercing services? [ ] YES [ ] NO

Does your facility use **ONLY** pre-sterilized jewelry? [ ] YES [ ] NO

Does your facility use a sterilizing equipment such as an autoclave? [ ] YES [ ] NO

If “YES”, all sterilization information listed below in Section IV shall be followed.

SECTION IV

**PROCEDURES FOR STERILIZING INSTRUMENTS & REUSABLE ITEMS**

Will you be using a sterilization area and using a sterilizing equipment? [ ] YES [ ] NO

(If “NO”, please skip Section IV)

Only equipment manufactured for the sterilization of **medical instruments** shall be used.

**Sterilizers shall be loaded, operated, decontaminated, and maintained according to the manufacturer’s directions.**

Is the sterilization area separated from the procedure area by a space of at least 5 feet or a cleanable barrier & equipped with a sink, hot & cold running water, containerized liquid soap, single-use paper towels from touchless and enclosed wall-mounted dispenser? [ ] YES [ ] NO

Is the sterilization area labeled “Restricted” or “Employees Only”? [ ] YES [ ] NO

Sterilization Equipment Brand Name/Model:

Describe the 3 instances you would use a commercial biological indicator monitoring system (spore test) in your sterilization load (see section 119315 in the Health and Safety Code):

1.
2.
3.

Biological indicators monitoring test results shall be recorded in a log that shall be kept on site for

 years after the date of the results.

**Instruments are packaged for sterilization as follows:**

Items (including needles or jewelry) that were purchased unsterilized **OR** used items (after use and then cleaned from cleaning steps from Section III) to be sterilized shall first be sealed in peel packs that contain either a sterilizer indicator or internal temperature indicator.

 Sterilized packs must be labeled with the date, load number, initials of the person sterilizing, and the contents of the pack (unless it has a clear window on one side).

Each sterilization load shall:

* The labeled and packaged instrument packs as listed above (with either a sterilizer indicated or internal temperature indicator).
* Include a **Class V integrator.** This will test for time, temperature, and steam and provide proof sterilization variables were met during the sterilization step for each current load.

**Sterilizers shall be loaded and operated according to the manufacturer’s directions.**

Describe how you load your sterilizer/tray and where you place your Class V integrator in each load:

Sterilized items are left in this location to fully dry for this length of time:

A written log of each sterilization cycle shall be maintained for **3** years and shall include all of the following information:

1. The date of the load.
2. A list of the contents of the load.
3. The exposure time and temperature.
4. The results of the Class V integrator.
5. For cycles where the results of the biological indicator (spore test) monitoring are positive, how the items were cleaned, and proof of a negative test before reuse.

SECTION V

**PROCEDURES FOR PROTECTING CLEAN INSTRUMENTS AND STERILE INSTRUMENT PACKS FROM EXPOSURE TO DUST AND MOISTURE DURING STORAGE**

Describe the location where pre-sterilized and/or sterilized/sterile packaged instruments and items (including needles, cartridges, inks and/or pigments) are stored:

Is each pre-sterilized and/or sterilized/sterile packaging for needles, cartridges and/or jewelry evaluated at the time of storage and before use? [ ] YES [ ] NO

Describe the procedure followed if a sterilized package has been compromised:

If disposable, single use, pre-sterilized instruments are used, a **record of purchase** must be maintained for a minimum of 90 days after use. Where are these records maintained?

If the pre-sterilized/sterile needles, cartridges, inks, pigments and/or jewelry are used, are the lot # for each item recorded on the consent form/questionnaire? [ ] YES [ ] NO

Where are the filled-out consent forms (records) maintained?

SECTION VI

**A SET UP AND TEAR DOWN PROCEDURE FOR ANY FORM OF BODY ART PERFORMED AT THE FACILITY**

Wash hands as defined in Hand Hygiene and dry hands with new paper towel from wall mounted dispenser. Put on a clean apron, bib or lap pad over clean clothing. Put on any personal protective equipment that is appropriate for the task. Don clean, previously unused, disposable examination gloves on both hands just prior to the procedure.

Gloves shall be worn throughout the procedure.

If gloves come into contact with an object or surface other than the client’s prepared skin or material to be used for the procedure, or if a glove is torn or punctured, both gloves shall be removed, hand hygiene performed, and new, clean, previously unused, disposable gloves shall be donned.

If gloves are removed for any reason during a procedure, hand hygiene shall be performed prior to donning new, clean, previously unused, disposable examination gloves.

The practitioner shall wear disposable gloves on both hands when touching, decontaminating, or handling a surface, object, instrument, or jewelry that is soiled or that is potentially soiled with human blood.

Describe the location of gloves and other personal protective equipment within your facility:

Give several examples of what you would consider a potential cross-contamination event that could occur during set-up:

Provide examples of how you could avoid the above-described cross-contamination events from occurring:

⚫

⚫

⚫

Describe and provide step-by-step instructions for the set up and tear down procedure for each of the stations and for each type of procedure performed at this facility:

|  |  |
| --- | --- |
| **TATTOOING/PERMANENT COSMETIC:** |  |
| **SET UP PROCEDURES** | **TEAR DOWN PROCEDURES** |
| 1. Perform hand hygiene by thoroughly washing all surfaces of the hands and under the fingernails with soap and warm water for a minimum of 20 seconds.2. Wear new unused gloves.3. Place (list type of barrier) on (list surfaces such as chair, bed, armrest, lighting trey, squeeze bottle used in procedure area).4. (if applicable) Place bib on covered (trey or procedure table)5. (if applicable) Wrap (tattooing / permanent make-up) machine with (list type of barriers) and wrap.6. Place sterile (list items such as caps, bibs, inks/pigments on covered (trey/table). | 1. Dispose of needles/cartridges into the sharp container.2. Remove and dispose barriers (list all surfaces and machine that were covered).3. Dispose of (list disposable items used in during procedure) into the trash bin.4. Dispose of gloves into trash bin.5. Perform Hand Hygiene and wear new unused gloves.6. Spray/wipe disinfectant on (list surfaces and machine) and allow disinfectant to dry for… (disinfectant contact time)7. Store disinfected (list items that were disinfectant to be reused. For example: tattoo machine, squirt bottle, etc.) in (location of where items will be stored). |
|  |  |

|  |  |
| --- | --- |
| **PIERCING (OR BRANDING)** |  |
| **SET UP PROCEDURES** | **TEAR DOWN PROCEDURES** |
| 1. (If applicable, list step 1 & 2 from Tattooing/Permanent Cosmetic listed above and refer to requirements in Section 119315 for Piercing and/or Section 119309 (J) . If not applicable, please list N/A in this section)2.3.4.5... | 1. (If applicable, list step 1 & 2 from Tattooing/Permanent Cosmetic listed above. If not applicable, please list N/A in this section)2.3.4.5. |
|  |  |

SECTION VII

**TECHNIQUES TO PREVENT THE CONTAMINATION OF INSTRUMENTS OR THE PROCEDURE SITE DURING THE PERFORMANCE OF BODY ART**

Are sterile instrument packs opened in front of the customer prior to the procedure? [ ] YES [ ] NO

Describe the use of barrier film, dental wraps, absorbent pads, paper towels, aprons, bibs, wax paper, plastic wrap and/or any other film used in your facility prior to the performance of body art: Describe what equipment is covered and with what type of barrier is used in each instance:

If skin at the procedure site is to be shaved, describe the solution used to prepare the skin, type of razor, and the method of razor disposal:

What solution or transfer agent is used to apply stencils or mark piercing sites?

What Personal Protective Equipment (PPE) is worn during these procedures?

Tattooing:

Piercing:

Branding:

Permanent Cosmetics:

How are sterile instrument (including needles, needle cartridges, and jewelry) packs evaluated prior to use?

Which areas are eating, drinking, and smoking **ARE** allowed?

Which areas are eating, drinking, and smoking **NOT** allowed?

Are animals allowed in your facility? [ ] YES [ ] NO

If “YES,” where are they allowed?

SECTION VIII

**PROCEDURES FOR SAFE HANDLING AND DISPOSAL OF SHARPS WASTE**

The sharps waste container shall be labeled with the words “sharps waste” or with the international biohazard symbol and the word “BIOHAZARD”.

Each procedure area and decontamination/sterilization area shall have a container for the disposal of sharps waste. Sharps waste containers must be easily accessible to the practitioner.

Sharps waste must be removed and disposed of by a company, or removal and transportation through a mail-back system approved by the State Department of Public Health.

Documentation of proper disposal of sharps waste shall be retained for 3 years on-site after the date of disposal and shall be available for inspection at time of request from the enforcement officer.

Provide the location of each sharps container in your facility:

Identify the method of sharps disposal used at this facility: (check the box if applicable)

[ ]  Biohazard waste hauler [ ]  Sharps mail-back [ ]  Self-haul to disposal facility

Provide the name and contact information for the licensed biohazard waste hauler, sharps mail-back system or disposal facility used to dispose of the sharps generated at this facility:

Name of Company: City: State:

Company’s Phone #: Email:

What is the frequency of your sharps disposal?

**SECTION VIII**

**JEWELRY STANDARDS**

Does your facility offer body piercing services? [ ] YES [ ] NO (If “NO”, skip section VIII.)

Does your facility use pre-sterilized jewelry? [ ] YES [ ] NO

Will your facility sterilize jewelry before providing body piercing service at any time? [ ] YES [ ] NO

Does your facility purchase both pre-sterilized jewelry and unsterilized jewelry? [ ] YES [ ] NO

Jewelry placed in newly pierced skin shall be sterilized prior to piercing as specified in Section 119315 or shall be purchased pre-sterilized. Sterile jewelry packs shall be evaluated before use and, if the integrity of a pack is compromised, including but not limited to, being torn, wet or punctured, the pack shall be discarded or reprocessed before use.

Only jewelry made of ASTM F 138, ISO 5832-1 and AISI 316L or AISI 316LVM implant grade stainless steel, solid 14-karat through 18-karat yellow or white gold, niobium, ASTM F 136 6A4V titanium, platinum, or other materials found to be equally biocompatible shall be placed in newly pierced skin.

Any jewelry placed in newly pierced skin will meet the above requirements: [ ] YES [ ] NO

SECTION IX

**BRANDING**

Does your facility offer body branding services? [ ] YES [ ] NO (If “NO”, skip Section IX.)

Branding shall not be done with another client in the procedure area.

During the procedure, the practitioner and the client shall wear appropriate protective face filter masks. List filter mask model:

SECTION X

**FIRST AID & POST EXPOSURE PROCEDURE AND FORMS**

The location of the first aid kit is:

Any person experiencing 1 or more of the following shall seek immediate medical care:

⚫ Coughing or vomiting blood ⚫ Broken bones / Puncture skin ⚫ Injury to the head or neck

⚫ High fever ⚫ Severe chest pain ⚫ Severe shortness of breath / difficulty breathing

⚫ Suspected poisoning ⚫ Severe abdominal pain ⚫ Uncontrolled bleeding

⚫ Sudden fainting, dizziness, numbness or weakness

The location of the nearest healthcare facility is:

* Name:
* Healthcare Facility Address:
* Healthcare Facility Phone number:

**NEEDLESTICK / BLOOD / BODILY FLUID POST-EXPOSURE PROCEDURE**

(*You should arrive at the healthcare facility within 30 minutes of exposure****)***

**During the event of exposure to blood or bodily fluids of the patient from a needlestick or sharps injury or splashing into mucous membrane (nose, mouth, eyes) / open wound during the course of your work, immediately follow these steps**:

* **Step 1:**
	+ If exposure to **needlesticks (puncture wound) and/or open wound**, Wash needlesticks (puncture wound) and/or open wound with soap and warm running water 15 minutes.
	+ If exposure to the **mucous membrane areas (nose, mouth, eyes)**, Flush mucous membrane areas (nose, mouth, eyes) with running water for 15 minutes.
* **Step 2:** Once the steps are completed the response has been completed, complete steps 1 through 6.
* **Step 3:** Report the incident to your supervisor
* **Step 4:** Obtain Source Individual’s Consent or Refusal form.
* **Step 5:** Complete and sign Source Individual’s Consent or Refusal form.
* **Step 6:** Take source individual with you to the healthcare facility (if possible) for medical testing.
	+ The completed Source Individual’s Consent or Refusal form should accompany you to the healthcare facility.

**Primary healthcare facility or physician:**

* + - Name:
		- Healthcare Facility Address:
		- Healthcare Facility Phone number:

**If primary healthcare facility or doctor is unavailable, go to:**

* Name:
* Healthcare Facility Address:
* Healthcare Facility Phone number:
* **Step 7:** Complete the any needlestick and sharp object / blood / bodily fluid exposure report required of the healthcare facility**.**

**NOTIFY FACILITY OWNER /AND/OR THE SAFETY MANAGER IMMEDIATELY**

All information gathered from the client that is personal medical information and that is subject to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) or similar state laws shall be maintained or disposed of in compliance with those provisions.

One (1) attachments have been provided as part of this plan in case of an exposure incident:

See attachments: The attachments must go with the practitioner/client to the healthcare facility.

Source Individual's Consent or Refusal Form

For HIV, HBV, and HCV Infectivity

Source Individual is the person whose blood or body fluids provided the source of this exposure. Exposed Individual's Information:

Name (Please Print):

Address:

Phone Number: Exposure Date:

 **Mo / Day / Yr**

Source Individual's Statement of Understanding:

I understand that employers are required by law to attempt to obtain consent for HIV, HBV, and HCV infectivity testing each time an employee is exposed to the blood or bodily fluids of any individual. I understand that a body art practitioner has been accidentally exposed to my blood and that testing for HIV, HBV, and HCV infectivity is requested. I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me.

I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up tests may be required.

I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the exposed body art practitioner for his or her medical benefit only, and to others only as required by law.

Consent or Refusal & Signature I hereby consent to:

[ ] HIV Testing [ ] HBV Testing [ ] HCV Testing

I hereby *refuse* consent to:

[ ] HIV Testing [ ] HBV Testing [ ] HCV Testing

**Source Individual Identification**

**Source Individual’s Printed Name:**

**Source Individual’s Signature:**

**Relationship if signed by other than Source Individual:**

**Date:**

Infection Prevention and Control Plan Training Records Log Form**:**

The facility owner is responsible for administering the IPCP and providing training to all practitioners that operate in the facility. **Training will be provided annually and whenever changes are made to this document or any practices.** As staff read and are trained on this plan, they should sign the last page of this document (for each time training is completed).

I have read and understand the procedures and requirements described within this plan,

Printed Name: Signature:

Date Completed: Initials: Date Completed: Initials:

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