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| **APPLICATION FOR APPROVAL TO ESTABLISH A**  **SKIN PENETRATION BUSINESS** |

**Applicant Details:**

Applicant’s Name:

Residential Address:

Postal Address: *(if different to above)*

Phone: Mobile:

Email Address:

**Business Details:**

Premise Name:

Location:

Postal Address: *(if different to above)*

Phone: Mobile:

Email Address:

***(Floor Plan - Please provide a floor plan layout of your proposed premises with this notification, showing the location of fixtures such as hand basins and sinks and include details on the materials to be used in the premises for shelving and flooring)***

**Application Fee $158.00**

(Application will not be approved until payment has been made)

**OFFICE USE:   
Date Paid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account: 07220803**

**Skin Penetration Compliance:**

Skin penetration establishments are required by law to notify the local government in which they intend to operate in and must comply with the *Health (Skin Penetration Procedures) Regulations 1998*. The Regulations outline minimum standards of infection control such as basic hygiene, disinfection and sterilisation requirements.

Establishing a Skin Penetration business in the City can require compliance with several City Departments. In the first instance you should contact The City of Greater Geraldton as your application will involve:

**1 - Environmental Health -** Liaise with Environmental Health Officer

The premise must comply with the **Health (Skin Penetration Procedures) Regulations 1998**

Regulations may be viewed at: <http://ww2.health.wa.gov.au/Corporate%20search%20results?searchStr=skin%20penetration&site=current>

**2 -Town Planning** - Liaise with Town Planner

Please make preliminary contact with a Town Planner to ascertain whether you need to apply for any specific Town Planning Approvals or meet any other requirement in relation to your application.

**3 - Building Compliance** - Liaise with Building Surveyor

**Building Code of Australia**

Please make preliminary contact with a City Building Surveyor to ascertain whether the level of shop fit out/alteration you are intending, requires a building permit & submission of plans.

**Please note the above is a City process only and you need to make all other necessary enquiries with any external agency that may be pertinent to your hairdressing salon proposal**.

**Declaration:**

I, the person making this application declare that the information contained in this application is true and correct in every particular way.

**Signature of the applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*In the case of a company, the signing officer must state position in the company*

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indicate Skin Penetration Type:**

(If more than one please indicate all the business type conducted on the premises)

A skin penetration procedure is any procedure which involves the tearing, cutting, puncturing or shaving of the skin and includes services such as:

* Acupuncture
* Beauty treatments
* Body piercing
* Cosmetic enhancements and
* Tattooing

Other Details - please outline the extent and nature of Skin Penetration:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Helpful Information:**

See <http://ww2.health.wa.gov.au/Health-for/Industry-trade-and-business/Personal-appearance>

[Code of Practice for Skin Penetration Procedures](http://www.health.wa.gov.au/envirohealth/bodyart/docs/Code_of_Practice_for_Skin_Penetration.pdf)

The skin penetration industry must comply with the mandatory code basic hygiene, disinfection and sterilisation requirements.

[Health (Skin Penetration Procedures) Regulations 1998](http://www.slp.wa.gov.au/statutes/regs.nsf/3b7e5f26432801b348256ec3002c128c/c95cea4a28a6501d482566dd00150e30/$FILE/Health%20(Skin%20Penetration%20Procedure)%20Regulations%201998.PDF)

Mandatory Regulations governing the skin penetration industry such as tattoo parlours, body piercing and beauty therapy establishments. Copies of the *Health (Skin Penetration Procedure) Regulations 1998* may be obtained from the State Law Publisher at [www.slp.wa.gov.au](http://www.slp.wa.gov.au)

[Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Care Setting](http://www.health.gov.au/internet/wcms/publishing.nsf/content/icg-guidelines-index.htm)

The procedures necessary for the prevention of the transmission of infectious diseases in the health care setting, referred to as infection control or infection control procedures.

**Example of Skin Penetration Inspection Sheet:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Indicate compliance by using 🗸/🗴 in “C” column. If non-compliance is serious indicate by also inserting a 🗴 in the “S” column | | | | | | | | |
|  | | C | S |  | | C | S | |
| **Design / Construction** | | | | **Hygiene / Standard Precautions** | | | | |
| 1 | All areas clean and in good repair |  |  | 8 | Washing and drying hands before and after client contact |  | |  |
| 2 | Hand wash basin available with water, soap and single use |  |  | 9 | Protective barriers used (gloves, aprons, masks, towels) |  | |  |
|  | paper towel |  |  | 10 | Fresh clean linen available for each client |  | |  |
| 3 | Bins for waste and linen available and labelled |  |  | 11 | Used sharps placed in puncture resistant container |  | |  |
| 4 | Toilet facilities for staff and clients |  |  | 12 | Cleaning and maintenance schedule available |  | |  |
|  | **Sterilisation of Appliances** |  |  | 13 | Needle stick and blood / fluid spills clean up procedure |  | |  |
| 5 | Appropriate cleaning of all appliances |  |  | 14 | No smoking / animals / food preparation on site |  | |  |
| 6 | Appropriate disinfection of semi-critical appliances: |  |  |  | **Disinfection Procedures for Skin** |  | |  |
|  | 1. Thermal disinfection (2min @ 80°C), |  |  | 15 | Skin disinfection procedure prior to all skin penetration |  | |  |
|  | (10min @ 75°C), (15min @ 70°C) |  |  | 16 | Approved disinfection solution for skin: (within use by date) |  | |  |
|  | 1. Chemical disinfection (2% solution of |  |  |  | (i) 70% W/W isopropyl alcohol |  | |  |
|  | glutaraldehyde) |  |  |  | (ii) 80% V/V ethyl alcohol |  | |  |
| 7 | Appropriate sterilisation of critical appliances: |  |  |  | (iii) 60% V/V isopropyl alcohol |  | |  |
|  | 1. Steam under pressure (moist heat) sterilization |  |  |  | (iv) Alcoholic (isopropyl and ethyl forms of 0.5-4% W/V |  | |  |
|  | autoclaving |  |  |  | chlorhexidine) |  | |  |
|  | 1. Dry heat sterilization (min 1 hr @ 160°C) |  |  |  | (v) 10% W/V aqueous or 1% W/V alcoholic providine iodine |  | |  |
| Premises Specific | | | | | | | | |
|  | **Acupuncture** |  |  |  | **Tattooing** |  | |  |
| 17 | Skin swabs |  |  | 25 | Disposable needles used |  | |  |
| 18 | Disposable needles used |  |  | 26 | Single use shavers and single use stencils |  | |  |
|  | **Body Piercing** |  |  | 27 | Single use tubs for ink / petroleum jelly |  | |  |
| 19 | Disposable needles used |  |  | 28 | Ink still in “use by date” |  | |  |
| 20 | Sterilisable / appropriate jewellery used |  |  | 29 | Reusable equipment sterilised adequately: |  | |  |
|  | **Beauty Therapy** |  |  |  | 1. Washed with warm water and detergent |  | |  |
| 21 | Single use spatulas / ladles |  |  |  | 1. Packaged with chemical indicator and sterilised |  | |  |
| 22 | Single use wax / reused wax thermally disinfected at 130oC for |  |  | 30 | Autoclave service up to date as per manufacturer’s guidelines |  | |  |
|  | >20 mins |  |  | 31 | Electrical hand piece wiped with 70% alcohol solution |  | |  |
| 23 | Disposable electrolysis needles used |  |  |  | **Nail Salons** |  | |  |
| 24 | Tweezers and nozzles scrubbed with warm soapy water and |  |  | 32 | Disposable nailfile used / metal or plastic nailfile disinfected |  | |  |
|  | not left soaking in disinfectant |  |  |  | between clients |  | |  |

An Environmental Health Officer will call on you routinely to ensure the regulations are being met in the interest of health safety and arrange a routine inspection. Further health is available from your Environmental Health Officer or browse the following useful website: <http://ww2.health.wa.gov.au/Health-for/Industry-trade-and-business/Personal-appearance>