Article 1. General Provisions

119300. (a) This chapter shall be known, and may be cited, as the Safe Body Art Act.

(b) The purpose of this chapter is to provide minimum statewide standards for the regulation of persons engaged in the business or performance of tattooing, body piercing, branding and the application of permanent cosmetics in California. These requirements are intended to protect both the practitioner and the client from transmission of infectious diseases through the application of proper body art procedures and the control of cross-contamination of instruments and supplies.

119301. For purposes of this chapter, the following definitions shall apply:

(a) "Antiseptic solution" means a liquid or semiliquid substance that is approved by the federal Food and Drug Administration to reduce the number of microorganisms present on the skin and on mucosal surfaces.

(b) "Bloodborne pathogen" means a disease-causing microorganism that, when present in the blood, can be transmitted to humans, including, but not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

(c) "Body art" means body piercing, tattooing, branding, or application of permanent cosmetics.

(d) "Body art facility" means the specified building, section of a building, or vehicle in which a practitioner performs or demonstrates for the purpose of instruction, body art, including reception areas, the procedure area, and the decontamination and sterilization area. "Body art facility" does not include a facility that only pierces the ear with a disposable, single-use, pre-sterilized clasp and stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear.

(e) "Body piercing" means the creation of an opening in a human body for the purpose of inserting jewelry or other decoration. "Body piercing" includes, but is not limited to, the piercing of an ear, including the tragus, lip, tongue, nose, or eyebrow. "Body piercing" does not include the piercing of an ear, except for the tragus, with a disposable, single-use, pre-sterilized stud and clasp or solid needle that is applied using a mechanical device to force the needle or stud through the ear.

(f) "Branding" means the process in which a mark or marks are burned into human skin tissue with a hot iron or other instrument, with the intention of leaving a permanent scar.

(g) "Client" means an individual upon whom a practitioner performs body art.

(h) "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.

(i) "Department" means the State Department of Public Health.

(j) "Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where the pathogens are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

(k) "Disinfectant" means a product that is registered by the federal Environmental Protection Agency and the Department of Pesticide Regulation, as indicated on the label, to reduce or eliminate the presence of disease-causing microorganisms, including human immunodeficiency virus (HIV) and hepatitis B virus (HBV) for use in decontaminating work surfaces.

(l) "Enforcement officer" means all local health officers, directors of environmental health, and duly authorized registered environmental health specialists and environmental health specialist trainees.

(m) "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.

(n) "Instrument" means a nonmedical application device used in performing body art, including, but not limited to, needles, needle bars, needle tubes, forceps, hemostats, tweezers, razors, or razor blades.

(o) "Local enforcement agency" means the local health agency of the county, city, or city and county. In jurisdictions where the local health agency and the environmental health agency are separate departments, the jurisdiction shall specify which entity will be the local enforcement agency for purposes of this chapter.

(p) "Mucosal surface" means the moisture-secreting membrane lining of all body cavities or passages that communicates with the exterior, including, but not limited to, the nose, mouth, vagina, and urethra.

(q) "Owner" means either of the following:

(1) The person or persons whose name or names appear on the health permit, business license, property deed, or rental agreement of the body art facility.

(2) A person, acting as a principal of a corporation or partnership, who employs practitioners to perform body art or other activity regulated by this chapter.

(r) "Permanent cosmetics" means the application of pigments in human skin tissue for the purpose of permanently changing the color or other appearance of the skin. This includes, but is not limited to, permanent eyeliner, eyebrow, or lip color.

(s) "Potable water" means water that complies with the standards for transient non-community water systems pursuant to the California Safe Drinking Water Act (Chapter 4 (commencing with Section 116275) of Part 12).

(t) "Practitioner" means a person who performs body art on a client.

(u) "Procedure area" means a room, or designated portion of a room, that is set apart and only used to perform body art.

(v) "Procedure site" means the area or location on the human body selected for the placement of body art.

(w) "Sharps waste" means a device or instrument having acute, rigid corners, edges or protuberances capable of cutting or piercing the skin, that has been used in the performance of body art and has not been disinfected or sterilized following use, including but not limited to, any of the following:

(1) Tattooing needles and needle bars.

(2) Disposable piercing needles.

(3) Disposable razors.

(x) “Sharps waste container” means a rigid, puncture resistant, commercial container that, when sealed, is leak resistant and cannot be reopened without great difficulty. Such containers shall be designed and constructed specifically for the proper containment of sharps waste.

(y) "Sponsor" means an individual or business entity, including an event coordinator or manager, responsible for the organization of a convention, trade show, or other temporary event that includes a body art demonstration booth. A sponsor may also be a body art practitioner.

(z) "Sterilization" means the complete destruction of all microbial life forms, including spores.

(aa) "Tattooing" means the insertion of pigment in human skin tissue by piercing with a needle.

(ab) "Vehicle" means a vehicle that has been fitted or designed to perform body art.

(ac) “Warm water” means water that is supplied through a mixing valve or combination faucet at a temperature of at least 100 degrees Fahrenheit.

(ad) "Workstation" means the area within a procedure area where a practitioner performs body art. The workstation includes, but is not limited to, the client chair or table, counter, mayo stand, instrument tray, storage drawer, and practitioner's chair.

Article 2. Restrictions on the Performance of Body Art

119302. (a) Pursuant to Section 653 of the Penal Code, a client shall be at least 18 years of age to be offered or to receive a tattoo or permanent cosmetics application, regardless of parental consent.

(b) Pursuant to Section 652 of the Penal Code, persons under 18 years of age shall not be offered or receive a body piercing unless the piercing is performed in the presence of his or her parent or guardian.

(c) A client shall be at least 18 years of age to be offered or to receive a branding, regardless of parental consent.

(d) The piercing or application of permanent cosmetics to the nipples or genitals of a minor is prohibited. The application of permanent cosmetics to the nipples of a minor is authorized when

applied by a registered permanent cosmetic technician with the consent of the minor's parent or guardian and as directed by a physician.

(e) A body art facility may refuse to perform body piercing on a minor, regardless of parental or guardian consent.

119303. (a) Prior to the performance of body art, the client shall read, complete, and sign an informed consent form that shall include, but not be limited to, all of the following information:

(1) A description of the procedure.

(2) A description of what the client should expect following the procedure, including suggested care and any medical complications that may occur as a result of the procedure.

(3) A statement regarding the permanent nature of body art.

(4) Notice that tattoo inks, dyes, and pigments have not been approved by the federal Food and Drug Administration and that the health consequences of using these products are unknown.

(5) Post procedure instructions that include all of the following:

(A) Information on the care of the procedure site.

(B) Restrictions on physical activities such as bathing, recreational water activities, gardening, or contact with animals, and the duration of the restrictions.

(C) Signs and symptoms of infection, including, but not limited to, redness, swelling, tenderness of the procedure site, red streaks going from the procedure site towards the heart, elevated body temperature, or purulent drainage from the procedure site.

(D) Signs and symptoms that indicate the need to seek medical care.

(b) Prior to the performance of body art, the client shall receive, complete, and sign a questionnaire that includes all of the following information:

(1) Whether the client may be pregnant.

(2) Whether the client has a history of herpes infection at the proposed procedure site, diabetes, allergic reactions to latex or antibiotics, hemophilia or other bleeding disorder, or cardiac valve disease.

(3) Whether the client has a history of medication use or is currently using medication, including being prescribed antibiotics prior to dental or surgical procedures.

(4) Other risk factors for bloodborne pathogen exposure.

(c) 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.

119304. This chapter does not restrict the activities of a physician and surgeon licensed under Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code or a physician assistant licensed under Chapter 7.7 (commencing with Section 3500) of Division 2 of the Business and Professions Code. Nothing in this chapter authorizes a practitioner to perform

activities that are restricted under Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code.

Article 3. Practitioner Registration

119306. (a) A person shall not perform body art at any location other than a permitted permanent or temporary body art facility.

(b) A person shall not perform body art if he or she is not registered with the local enforcement agency.

(c) As a condition of registration, the applicant shall provide all of the following:

(1) Evidence of current hepatitis B vaccination, including applicable boosters, unless the practitioner can demonstrate hepatitis B immunity or has complied with current federal OSHA hepatitis B vaccination declination requirements.

(2) Evidence of completion of OSHA Bloodborne Pathogen Training consistent with Section 119307 and pursuant to paragraph (2) of subdivision (g) of Section 5193 of Title 8 of the California Code of Regulations or its successor.

(3) Proof that he or she is 18 years of age or older.

(4) Self-certification of, knowledge of, and commitment to meet state law and relevant local regulations pertaining to body art safety.

(5) His or her business address and the address at which he or she will perform any activity regulated by this chapter.

(6) Payment of a registration fee directly to the local enforcement agency. The local enforcement agency shall set the fee at an amount not to exceed the amount necessary but that is sufficient to cover the actual costs of administering the program.

(d) A practitioner shall display, in a place readily visible to the public at the body art facility where the practitioner is performing body art, the certificate confirming registration with the local enforcement agency in the jurisdiction in which that practice is conducted.

(e) A valid and current registration issued by a local enforcement agency shall be valid in any other jurisdiction for no more than five consecutive days, or 15 days total, in any one calendar year.

(f) Practitioner registration shall be renewed annually by a process to be determined by the local enforcement agency.

(g) A practitioner shall obtain all necessary permits to conduct business, including, but not limited to, being registered with the local enforcement agency. In addition to the penalties available pursuant to Article 6 (commencing with Section 119320), a practitioner who violates this subdivision shall be subject to suspension and a penalty not to exceed three times the cost of registration.

119307. (a) Prior to registering with the local enforcement agency, a practitioner shall complete a Bloodborne Pathogens Exposure Control Training program that is specific to his or her practice.

(b) An owner shall provide Bloodborne Pathogens Exposure Control Training pursuant to the requirements of paragraph (2) of subdivision (g) of Section 5193 of Title 8 of the California Code of Regulations, or its successor, for all employees, practitioners, and volunteers who perform duties within the decontamination and sterilization area or procedure area.

(c) The Bloodborne Pathogens Exposure Control Training shall meet all of the following criteria:

(1) Training shall be conducted by a person or persons who are knowledgeable in exposure control and infection prevention in the body art setting and who are approved by the local enforcement agency in accordance with the provisions of this section.

(2) Training and training materials shall be specific to performing body art.

(3) Training shall consist of not less than two hours of instruction that includes all of the following:

(A) A copy and explanation of the Division of Occupational Safety and Health, Bloodborne Pathogens Standard, contained in Section 5193 of Title 8 of the California Code of Regulations, or its successor.

(B) A copy and explanation of applicable county, city, or city and county ordinances that pertain to bloodborne pathogen transmission control in body art.

(C) Discussion of transmission, control, and symptoms of the diseases caused by bloodborne pathogens.

(D) Discussion of tasks involved in performing body art and how those tasks may lead to exposure to bloodborne pathogens for the client or practitioner.

(E) Discussion of the types and uses of personal protective equipment, such as disposable gloves, including an explanation of the limitations of the equipment.

(F) Discussion of the types of tasks, proper task technique, and order of tasks before and after putting on and removing personal protective equipment, to avoid contamination.

(G) Discussion of the importance of hand hygiene and a demonstration of proper hand hygiene techniques.

(H) Discussion of choice, use, and storage of disinfectants and antiseptics.

(I) Information on the signage required for biohazard materials and the importance of properly labeling chemicals and supplies.

(J) Information on hepatitis B vaccine, including safety and accessibility.

(K) Discussion of what constitutes a bloodborne pathogen exposure incident, including all of the following:

(i) Examples of bloodborne pathogen exposure, how the exposure occurred, and what actions to take to prevent or minimize future exposures.

(ii) Risk of infection following a bloodborne pathogen exposure incident.

(iii) Procedures to be followed after an exposure incident, including medical follow-up.

(L) Opportunities for interactive questions and answers with the instructor.

(d) Each person required to complete a Bloodborne Pathogens Exposure Control Training program pursuant to this section shall annually complete a minimum of two hours of Bloodborne Pathogens Exposure Control Training update presented by a trainer eligible pursuant to paragraph (1) of subdivision (c).

(e) Records of training required pursuant to this section shall be maintained for three years and shall be available for inspection upon request of the enforcement officer.

119308. (a) Before performing body art, the practitioner shall do all of the following:

(1) Wash and dry his or her hands consistent with sound hygienic practices.

(2) Put on a clean apron, bib, or lap pad over clean, dry clothing.

(3) Put on personal protective equipment that is appropriate for the task.

(4) 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 examination 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.

(5) If the skin at the procedure site is to be shaved, the skin shall be first washed with soap and water. A single-use, disposable razor shall be used to shave the procedure site and then discarded into a sharps container.

(6) Immediately prior to performing the body art, the client’s skin shall be prepared with an antiseptic solution, antimicrobial, or microbicide, according to manufacturer’s instructions. The item used for application shall be discarded after use.

(b) At the completion of the procedure, the practitioner shall do all of the following:

(1) Answer questions regarding the procedure site.

(2) Provide post procedure instructions.

(3) When covering a procedure site, use a sterile dressing.

(4) Place all used or discarded sharps waste in a sharps waste container.

(5) Wash and disinfect reusable instruments as provided in subdivisions (d) and (e) of Section 119309.

(6) Package and sterilize reusable instruments that may have come in contact with non-intact skin or mucosal surfaces.

(7) Clean and decontaminate the workstation and procedure area.

119309. (a) The practitioner shall maintain a clean and sanitary environment.

(b) All solid surfaces and objects in the procedure area and the decontamination and sterilization area that have come into contact with the client or the materials used in performing the body art, including, but not limited to, chairs, armrests, tables, countertops, and trays, shall be immediately cleaned and decontaminated after each use by application of a disinfectant, used according to manufacturer's directions.

(c) The surfaces and objects in the procedure area shall be disinfected again before use if the area has been used for any activity following its previous disinfection.

(d) 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.

(e) An instrument or other reusable item that comes into contact with non-intact skin or mucosal surfaces shall either be single use or be cleaned, decontaminated, packaged, and sterilized after each procedure. Sterilization shall be accomplished pursuant to the procedures established in Section 119315 by steam autoclave.

(f) An instrument or reusable item that does not come into 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 decontaminated after each procedure.

(g) A reusable item that cannot be immediately washed, disinfected, and sterilized following completion of the body art procedure shall be placed in a basin of water with or without detergent.

(h) Sterile instrument packs shall be evaluated before use, and if the integrity of a pack is compromised in any way, including, but not limited to, being torn, punctured, wet, or having evidence of potential moisture contamination, the instrument pack shall be discarded or reprocessed before use.

(i) No food, drink, tobacco product, or personal effects are permitted in the procedure area. The practitioner shall not eat, drink, or smoke while performing a procedure. If a client requests to eat, drink, or smoke, the procedure shall be stopped and the procedure site shall be protected from possible contamination while the client leaves the procedure area to eat, drink, or smoke.

(j) 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.

119310. (a) 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.

(b) Only jewelry made of ASTM F138, 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.

(c) Ear piercing equipment with a disposable, single-use, pre-sterilized stud and clasp may be used only for piercing the ear pursuant to Article 7 (commencing with Section 119325).

(d) If measuring the body piercing site is necessary, clean calipers shall be used and the skin marked using clean toothpicks and ink or a single-use marking pen.

119311. (a) A product applied to the skin prior to tattooing or application of permanent cosmetics, including, but not limited to, stencils and marking and transfer agents, including pens, shall be single use and discarded into a waste container at the end of the procedure unless the product can be disinfected for reuse.

(b) Only commercially manufactured inks, dyes, and pigments shall be used.

(c) Inks, pigments, soaps, and other products in multiple-use containers shall be dispensed in a manner to prevent contamination of the storage container and its remaining contents through the use of a single-use receptacle.

(d) Inks and pigments shall be placed into a clean, single-use receptacle. The inks and pigments remaining in the receptacle shall be discarded immediately upon completion of the procedure.

(e) If a tray is used for inks or pigments, it shall be decontaminated after each procedure.

(f) Only single-use needles and needle bars shall be used in tattooing and the application of permanent cosmetics. Needles and needle bars that are purchased in a non-sterilized state, shall be sterilized, pursuant to the process required by Section 119315.

(g) Needles, needle bars, grommets, and razors shall be discarded into a sharps waste container immediately upon completion of the procedure.

(h) Any part of a tattooing machine that may be touched by the practitioner during the procedure shall be covered with a disposable plastic sheath that is discarded upon completion of the procedure, and the machine shall be decontaminated upon completion of the procedure.

(i) A machine used to insert pigments shall be designed with removable tip parts between the tip and motor housing, and in a manner that will prevent backflow into enclosed parts of the motor housing.

(j) A hand tool used to insert pigment shall be disposed of in a sharps container, with the sharps intact, unless the needle can be mechanically ejected from the hand tool.

Article 4. Permanent Body Art Facilities

119312. (a) A body art facility shall not conduct business without a valid health permit.

(b) No body art facility shall allow a practitioner who does not possess a valid practitioner registration to perform body art procedures at the facility.

(c) An owner of a body art facility shall notify the local enforcement agency in writing within 30 days of the resignation, termination, or new hire of a body art practitioner at the body art facility.

(d) The application for a health permit for a body art facility shall include all of the following:

(1) A copy of the facility's infection prevention control plan, as required by Section 119313.

(2) A fee, as set by the local enforcement agency at an amount not to exceed the amount necessary but that is sufficient to cover the actual costs of administration of the program. Fees established by this section shall be used exclusively in support of activities pursuant to this chapter.

(e) The local enforcement agency shall issue a health permit after an investigation has determined that the proposed body art facility and its method of operation meets the specifications of the approved plans or conforms to the requirements of this article.

(f) A health permit is valid only for the location of the facility and the time period indicated on the permit and may not be transferred to another owner or facility.

(g) The health permit shall be posted in a conspicuous place at the body art facility. Certificates of registration for all practitioners performing body art in that facility shall also be prominently displayed either near the health permit or at the individual practitioner's procedure area if each practitioner has a designated area.

(h) A person proposing to construct a practice site or mobile practice site, other than a temporary body art event booth, shall submit plans to the Plan Review Unit of the local enforcement agency. The plans shall be approved in advance of the issuance of a building, plumbing, or electrical permit. All required corrections must be made and the body art facility approved to open before body art can be performed in the facility.

(i) Health permits shall be renewed annually through a process to be determined by the local enforcement agency.

(j) The county may suspend or revoke the permit of a body art facility if a person who does not possess a valid practitioner registration is allowed to perform body art.

(k) An owner who operates a body art facility shall obtain all necessary permits to conduct business, including, but not limited to, a permit issued by a local enforcement agency. In addition to the penalties available pursuant to Article 6 (commencing with Section 119320), an owner who violates this subdivision shall be subject to

the closure of the facility and a penalty not to exceed three times the cost of the permit.

119313. (a) A body art facility shall maintain and follow a written Infection Prevention and Control Plan, provided by the owner or established by the practitioners, specifying the procedures to achieve compliance with each applicable requirement of this chapter.

(b) The Infection Prevention and Control Plan shall include all of the following:

(1) Procedures for cleaning and decontaminating environmental surfaces.

(2) Procedures for cleaning, decontaminating, packaging, sterilizing, and storing reusable instruments.

(3) Procedures for protecting clean instruments and sterile instrument packs from exposure to dust and moisture during storage.

(4) A setup and teardown procedure for any form of body art performed at the body art facility.

(5) Techniques to prevent the contamination of instruments or the procedure site during the performance of body art.

(6) Procedures for safe handling and disposal of sharps waste.

(c) The Infection Prevention and Control Plan shall be revised when changes are made in infection prevention practices, procedures, or tasks.

(d) Onsite training on the facility's Infection Prevention and Control Plan shall take place when tasks where occupational exposure may occur are initially assigned, any time there are changes in the procedures or tasks, and when new technology is adopted for use in the facility, but not less than once each year.

(e) Records of training required pursuant to this section shall be maintained for three years and shall be available for inspection upon request of the enforcement officer.

119314. (a) With the exception of a temporary demonstration booth, as specified in Sections 119317 and 119318, a body art facility shall comply with all of the following:

(1) Have floors, walls, and ceilings.

(2) Have floors and walls that are smooth, nonabsorbent, free of open holes, and washable.

(3) Be free of insect and rodent infestation.

(4) Be separate from any residential areas used for sleeping, bathing, or meal preparation. A body art facility associated with a residential dwelling shall have a separate entrance and toilet facility, and shall not have a door allowing direct access between the body art facility and the residential dwelling.

(5) Have adequate toilet facilities, in accordance with the specifications of the State Building Standards Code, local building standard codes, and any other local ordinance. The sink shall be supplied with hot and cold running water, containerized liquid soap, and single-use paper towels that are dispensed from a wall-mounted, touchless dispenser.

(b) Procedure areas in a body art facility shall meet all of the following standards:

(1) Be equipped with a light source that provides adequate light at the procedure area.

(2) Be separated, by a wall or ceiling-to-floor partition, from nail and hair activities.

(3) Be separated from all business not related to body art, at the discretion of the local enforcement agency.

(4) Be equipped with a sink supplied with hot and cold running water, containerized liquid soap, and single-use paper towels that are dispensed from a wall-mounted, touchless dispenser that is accessible to the practitioner.

(5) All sinks shall be permanently plumbed and meet local building and plumbing codes. Facilities that were issued a permit prior to January 1, 2014, shall have until July 1, 2014, to comply with this section.

(6) All counter surfaces and service trays shall have a smooth, durable, and nonabsorbent finish.

(c) Decontamination and sterilization areas within a body art facility shall meet all of the following requirements:

(1) Be separated from procedure areas by a space of at least five feet or by a cleanable barrier.

(2) Be equipped with a sink, hot and cold running water, containerized liquid soap, and single-use paper towels dispensed from a wall-mounted, touchless dispenser that is readily accessible to the practitioner.

(d) Each procedure area shall have lined waste containers.

(e) Each procedure area shall have a sharps waste container that meets the following requirements:

(1) The sharps waste container shall be portable, if portability is necessary to ensure that the sharps waste container is within arm's reach of the practitioner.

(2) The sharps waste container shall be labeled with the words "sharps waste" or with the international biohazard symbol and the word "BIOHAZARD."

(3) All sharps waste produced during the process of tattooing, body piercing, or the application of permanent cosmetics shall be disposed by either of the following methods:

(A) Removal and disposal by a licensed waste hauler. Materials shall be disposed of at a licensed treatment facility or removed and transported through a mail-back system authorized by the State Department of Public Health.

(B) As solid waste, after being disinfected by a method approved by the department pursuant to paragraph (3) of subdivision (a) of Section 118215.

(4) Documentation of proper disposal of sharps waste shall be maintained for three years and shall be available for inspection at the request of the enforcement officer.

(f) No animals shall be allowed in the procedure area or the decontamination and sterilization area except service animals, as defined by the federal Americans with Disabilities Act.

119315. A body art facility shall conform to the following sterilization procedures:

(a) Clean instruments to be sterilized shall first be sealed in sterilization packaging that contain either a sterilizer indicator or process indicator, unless instruments are being processed for immediate use. The outside of the pack shall be labeled with the name of the instrument if not immediately identifiable, the date sterilized, and the initials of the person operating the sterilizing equipment unless instruments are being sterilized for immediate use.

(b) Sterilizers shall be loaded, operated, decontaminated, and maintained according to manufacturer's directions, and shall meet all of the following standards:

(1) Only equipment manufactured for the sterilization of medical instruments shall be used.

(2) Sterilization equipment shall be tested using a commercial biological indicator monitoring system after the initial installation, after any major repair, and at least once per month. The expiration date of the monitor shall be checked prior to each use.

(3) Each sterilization load shall be monitored with mechanical indicators for time, temperature, and pressure. Each sterilization load shall include, at a minimum, a Class V integrator.

(4) Biological indicator monitoring test results shall be recorded in a log that shall be kept on site for three years after the date of the results.

(5) A written log of each sterilization cycle shall be maintained for three years, shall be available for inspection by the enforcement officer, and shall include all of the following information:

(A) The date of the load.

(B) A list of the contents of the load.

(C) The exposure time and temperature.

(D) The results of the Class V integrator.

(E) For cycles where the results of the biological indicator monitoring test are positive, how the items were cleaned, and proof of a negative test before reuse.

(c) Clean instruments and sterilized instrument packs shall be placed in clean, dry, labeled containers, or stored in a labeled cabinet that is protected from dust and moisture.

(d) Sterilized instruments shall be stored in the intact sterilization packaging or in the sterilization equipment cartridge until time of use.

(e) Sterile instrument packs shall be evaluated at the time of storage and before use. If the integrity of a pack is compromised, including, but not limited to, cases where the pack is torn, punctured, wet, or displaying any evidence of moisture contamination, the pack shall be discarded or reprocessed before use.

(f) A body art facility that does not afford access to a decontamination and sterilization area that meets the standards of subdivision (c) of Section 119314 or that does not have sterilization equipment shall use only purchased disposable, single-use, pre-sterilized instruments. In place of the requirements for maintaining sterilization records, the following records shall be kept and maintained for a minimum of 90 days following the use of the instruments at the site of practice for the purpose of verifying the use of disposable, single-use, pre-sterilized instruments:

(1) A record of purchase and use of all single-use instruments.

(2) A log of all procedures, including the names of the practitioner and client and the date of the procedure.

(3) Written proof on company or laboratory letterhead showing that the pre-sterilized instruments have undergone a sterilization process. Written proof shall clearly identify the instruments sterilized by name or item number and shall identify the lot or batch number of the sterilizer run.

Article 4.5 Mobile Body Art Facilities

119316. (a) A mobile body art facility shall meet all the applicable requirements in Article 1 (commencing with Section 119300) to Article 4 (commencing with Section 119312), inclusive and Article 6 (commencing with Section 119319), unless specifically exempted by this article.

(b) A mobile body art facility that is either a special purpose commercial modular and coach, as defined by Section 18012.5, or a commercial modular coach, as defined by Section 18001.8, shall be certified by the Department of Housing and Community Development, consistent with Chapter 4 (commencing with Section 18025) of Part 2 of Division 13, and regulations promulgated pursuant to that chapter.

(c) The Department of Motor Vehicles occupational licensing requirements, Division 5 (commencing with Section 11100) of the Vehicle Code, shall also apply to these mobile body art facilities.

(d) The local enforcement agency shall approve all equipment installation prior to operation.

119316.1. A mobile body art facility shall have all of the following:

(a) A fixed hand wash sink in the procedure area for the exclusive use of the practitioner that meets all of the following requirements:

(1) Availability of containerized liquid soap and single-use paper towels that are dispensed from a wall-mounted, touchless dispenser.

(2) A pressurized supply of at least five gallons of potable water.

(3) Warm water.

(4) The sink measures at least nine inches wide, nine inches long, and five inches deep.

(b) All counter surfaces and service trays shall have a smooth, durable, and nonabsorbent finish.

(c) A waste water tank that shall be sized to be a minimum of 1.5 times the size of the potable water tank.

119316.2. (a) All body art procedures shall be completed inside the mobile body art facility.

(b) The mobile body art facility's doors and windows shall remain closed during procedures.

(c) Notwithstanding subdivision (b), a mobile body art facility may keep doors or windows open during a procedure only if the openings are covered by a screen constructed to cover the entirety of the opening that is the equivalent of a 16 mesh per square inch screen or better.

119316.3. A mobile body art facility shall use only purchased disposable, single-use, pre-sterilized instruments.

119316.4. A mobile body art facility shall only be operated within 200 feet of an accessible restroom.

119316.5. A mobile body art facility shall be used exclusively for performing body art and shall not be used as a living space or residence.

Article 5. Temporary Body Art Facilities

119317. A practitioner may, in the local jurisdiction of registration, practice in a temporary demonstration booth for no more than seven days in a 90-day period. The demonstration booth shall meet all of the following requirements:

(a) Be located within a building that has hand washing facilities with hot and cold running water, soap, and single-use paper towels to which practitioners have direct access.

(b) Constructed with a partition of at least three feet in height separating the procedure area from the public.

(c) Have floor space of at least 50 square feet for each practitioner.

(d) Be free of insect or rodent infestation.

(e) Used exclusively for performing body art.

(f) Equipped with adequate light available at the level where the practitioner is performing body art.

(g) (1) For temporary body art events consisting of one demonstration booth, the booth shall be equipped with hand washing equipment that, at a minimum, consists of containerized liquid soap, single-use paper towels, a five-gallon or larger container of potable water accessible via spigot, and a wastewater collection and holding tank of corresponding size. Potable water shall be refilled and the holding tank evacuated frequently to provide uninterrupted use, or as determined by the local enforcement agency.

(2) For temporary body art events consisting of two or more demonstration booths, practitioner hand wash areas shall be provided throughout the event. The hand wash areas shall be located within a

booth with partitions at least three feet in height separating the hand wash area from the public. The area shall be equipped with a commercial, self-contained hand wash station that consists of containerized liquid soap, single-use paper towels, a storage capacity of five gallons or more of potable water, and a trash receptacle. The sponsor shall provide one hand wash area for every two demonstration booths at the event.

(h) Have smooth, cleanable flooring.

(i) No food, drink, or tobacco products are permitted in the demonstration booth.

(j) Not allow animals within the confines of the demonstration booth.

(k) Be operating with all necessary permits to conduct business. In addition to the penalties available pursuant to Article 6 (commencing with Section 119320), a sponsor or practitioner who violates this subdivision shall be subject to closure of the temporary body art event or a penalty not to exceed three times the cost of the permit or both closure and the penalty.

119317.5. A local enforcement agency may establish a fee not to exceed the amount necessary, but that is sufficient to cover, the actual costs of the administration of Section 119317.

119318. (a) The sponsor of a temporary body art event shall obtain all necessary permits to conduct business in the jurisdiction where the event will be held. The sponsor shall submit a complete temporary facility permit application to the local enforcement agency a minimum of 30 days prior to the date of the scheduled event. A local enforcement agency may establish a fee not to exceed the amount necessary, but that is sufficient to cover, the actual costs of the administration of this section. In addition to the penalties available pursuant to Article 6 (commencing with Section 119320), a sponsor who violates this subdivision shall be subject to closure of the temporary body art event and a penalty not to exceed three times the cost of the permit.

(b) The sponsor shall not allow a person to perform body art procedures at the event unless the person has a valid body art practitioner registration.

(c) The sponsor of a temporary body art event shall be responsible for ensuring the availability of support facilities and supplies for practitioners and vendors, including, but not limited to:

(1) A demonstration booth that meets the requirements of subdivisions (a) to (k), inclusive, of Section 119317.

(2) Restrooms that have flush toilets supplied with toilet paper, and hand wash sinks supplied with hot and cold potable running water, soap, and single-use paper towels to which practitioners have direct access.

(3) Sharps waste containers for each demonstration booth.

(4) The use of a licensed medical waste disposal company for removal of all sharps waste containers used during the body art event.

(5) Frequent trash pickup from demonstration booths.

(6) Wastewater removal and potable water recharge for hand wash areas at a frequency that will provide uninterrupted use, or as determined by the local enforcement agency.

(7) When applicable, decontamination and sterilization area that is separated from a procedure area by at least five feet or by a cleanable barrier.

(8) Adequate backup supplies that have been stored in compliance with subdivision (d) of Section 119315 and that can be purchased by practitioners, including, but not limited to:

(A) Pre-sterilized tattoo needles.

(B) Pre-sterilized needle tubes.

(C) Pre-sterilized piercing instruments, including, but not limited to, needles, receiving tubes, corks, marking tools, and forceps.

(D) Plastic bags, barrier film, clip cord covers, and plastic wrap.

(E) Ink cups.

(F) Nitrile and latex gloves.

(G) Single-use tubes of water-based and petroleum-based lubricants.

(H) Absorbent dressing materials.

(I) All forms and documents required to perform body art, including, but not limited to, client consent forms, medical history forms, aftercare instructions, and single-use instrument logs.

(d) The name, telephone number, and directions to an emergency room near the temporary body art event shall be posted in a conspicuous location.

(e) Each practitioner working in a booth at a temporary body art event shall display his or her certificate of registration, or keep the certificate in a folder that is available for inspection upon request of the enforcement officer or a client.

Article 6. Enforcement

119319. (a) An enforcement officer may enter a body art facility during the facility's hours of operation and other reasonable times to do any of the following:

(1) Conduct inspections, issue citations, and secure samples, photographs, or other evidence from a body art facility, or any facility suspected of being a body art facility.

(2) Check the Infection Prevention and Control Plan, required pursuant to Section 119313, to determine if persons working in the facility are following the plan, and to determine if the plan is in compliance with this chapter.

(3) Secure as evidence documents, or copies of documents, including the Infection Prevention and Control Plan, or any record, file, paper, process, invoice, or receipt for the purpose of determining compliance with this chapter.

(b) A written report shall be made and a copy shall be supplied or mailed to the owner or practitioner at the completion of an inspection or investigation.

(c) Based upon inspection findings or other evidence, an enforcement officer may impound instruments that are found to be unsafe to use, used in an unapproved manner, or used in an unapproved location. Within 30 days, the local enforcement agency that has impounded the equipment shall commence proceedings to release the instrument or to seek administrative or legal remedy for its disposal.

(d) It is a violation of this chapter for the owner or a person working in a body art facility to do any of the following:

(1) Conceal records or evidence, or to withhold evidence.

(2) Interfere with the performance of the duties of an enforcement officer.

(3) Make a false statement, representation, certification, record, report, or otherwise falsify information required to be submitted or maintained pursuant to this chapter.

119320. (a) A certificate of registration or a health permit may be suspended by a local enforcement agency for a violation of this chapter.

(b) A body art facility or practitioner whose certificate of registration or health permit has been suspended shall cease doing business until the certificate or permit has been reinstated. Suspension of the registration of one practitioner in a body art facility does not affect the status of other practitioners in the facility unless the violation or violations are for conditions or equipment that affects the ability of all the practitioners in the facility to comply with the provisions of this chapter.

(c) A body art facility for which the health permit has been revoked shall close and remain closed until a new health permit has been issued.

(d) Whenever an enforcement officer finds that a practitioner or body art facility is not in compliance with the requirements of this chapter, the enforcement officer shall issue a notice to comply or a notice of violation to the registrant or permit holder setting forth the acts or omissions with which the registrant or permit holder is charged, and informing him or her of a right to a hearing, if requested, to show cause why the registration or permit should not be suspended or revoked.

(e) (1) A written request for a hearing shall be made by the registrant or permit holder within 15 calendar days after receipt of the notice.

(2) The hearing shall be held within 15 calendar days of the receipt of a request for a hearing. Upon written request of the registrant or permit holder, the hearing officer may postpone a hearing date, if circumstances warrant the action.

(f) A failure to request a hearing within 15 calendar days after receipt of the notice shall be deemed a waiver of the right to a hearing.

(g) The hearing officer shall issue a written notice of decision to the registrant or permit holder within five working days following the hearing. In the event of a suspension or revocation, the notice shall

specify the acts or omissions with which the registrant or permit holder is charged, and shall state the terms of the suspension or that the registration or health permit has been revoked.

(h) A certificate of registration or health permit may be reinstated or a new certificate of registration or health permit issued if the local enforcement agency determines that the conditions that prompted the suspension or revocation no longer exist.

119321. If an imminent health hazard is found, the enforcement officer may suspend a registration temporarily and order the practitioner to cease operation if the hazard is not corrected. If the hazard affects the entire body art facility, then the entire facility may be closed immediately. Whenever a registration or health permit is suspended as the result of an imminent health hazard, the enforcement officer shall issue to the registrant or permit holder a notice setting forth the acts or omissions being charged, specifying the pertinent code section, and informing the registrant or permit holder of the right to a hearing.

119322. The local enforcement agency may, after providing opportunity for a hearing, modify, suspend, or revoke a certificate of registration or a health permit for serious or repeated violations of any requirement of this chapter or for interference in the performance of the duty of the enforcement officer.

119323. Performing body art without being registered, performing body art at an unpermitted location, operating a body art facility without a health permit, or operating a temporary body art event without a permit shall be a misdemeanor. The local enforcement agency may also assess an administrative penalty in an amount not less than twenty-five dollars ($25) and not more than one thousand dollars ($1,000) for violation of any provision of this chapter. All fines are to be retained by the local enforcement agency for enforcement of the provisions of this chapter.

119324. A city, county, or city and county may adopt regulations or ordinances that do not conflict with, or are more stringent than, the provisions of this chapter as they relate to body art.

119324.5. The local fees imposed pursuant to this chapter shall not exceed the reasonable costs to a local government for issuing licenses and permits, performing investigations, inspections, and audits, enforcing orders, and the administrative enforcement and adjudication thereof.

Article 7. Mechanical Stud and Clasp Ear Piercing

119325. (a) The piercing of the ear with a mechanical stud and clasp device does not constitute body art or body piercing as defined in this chapter. It is the intent of the Legislature, in enacting this

article, to provide uniform and statewide requirements for the performance of ear piercing with a mechanical stud and clasp device. The piercing of an ear with a mechanical stud and clasp device shall only be subject to the requirements in this article.

(b) The area within a facility where mechanical stud and clasp ear piercing is conducted shall be safe and sanitary and shall not constitute a threat to the public health and safety, as reasonably determined by the local enforcement agency.

(c) The mechanical stud and clasp device that is used to pierce an ear pursuant to this article shall be single-use, pre-sterilized, stud and clasp only.

(d) The single-use mechanical stud and clasp device used to pierce an ear pursuant to this article shall meet the jewelry requirements in subdivision (e).

(e) Only jewelry made of ASTM F138, 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 F136 6A4V titanium, platinum, or other materials found to be equally biocompatible shall be placed in newly pierced skin.

119326. (a) The local enforcement agency may require a facility that provides mechanical stud and clasp ear piercing services to submit a notification form, which shall be provided by the local enforcement agency in the jurisdiction in which the facility is located. If the local enforcement agency requires this notification form, the form shall include all of the following information:

(1) The address of all facilities within the jurisdiction where mechanical stud and clasp ear piercing will be performed.

(2) A statement that the mechanical stud and clasp ear piercing will be conducted in compliance with the requirements of this article.

(3) The contact information for the person responsible for compliance with this article and who the local enforcement agency should contact regarding complaints from the public regarding mechanical stud and clasp ear piercing at a facility listed in paragraph (1).

(b) Information for more than one location within a single jurisdiction with the same owner or operator may be included on a single notification form. If the local enforcement agency requires notification, it shall provide a notification form that allows the owner or operator of more than one facility in the jurisdiction to provide the required notification for all of its facilities in a single form designed for that purpose.

(c) No person shall be required to provide notification until and unless the local enforcement agency makes a form for this purpose available. Facilities performing mechanical stud and clasp ear piercing on the date the local enforcement agency makes the form available shall have five months from that date in which to complete and submit the form. Facilities that begin performing mechanical stud and clasp ear piercing after the form is made available shall be required to submit the form prior to offering services.

119327. (a) A person piercing an ear with a mechanical stud and clasp piercing device shall meet the following requirements before providing mechanical stud and clasp ear piercing services:

(1) Is at least 18 years of age.

(2) Received one hour of training that covers all of the following topics:

(A) Proper use of the mechanical stud and clasp ear piercing device.

(B) Types of bloodborne pathogens and the prevention of the transmission of bloodborne communicable diseases.

(C) Proper hand hygiene.

(D) The safe and sanitary use of single-use equipment, including, but not limited to, gloves, towels, and disinfectant wipes.

(3) If the person will also be piercing the cartilage of the upper ear, that person shall also receive training on proper techniques for this type of piercing.

(b) The training requirements of subdivision (a) shall not apply to an individual who was employed to perform mechanical stud and clasp ear piercing prior to the effective date of this article.

119328. (a) A local enforcement agency may charge a one-time facility notification fee in an amount between twenty-five dollars ($25) and forty-five dollars ($45) for each facility operating pursuant to this article. The fee charged shall not exceed the amount reasonably necessary to cover the actual costs of administering and enforcing the provisions of this article.

(b) After December 31, 2015, a county may charge a different fee, set by local ordinance, provided that the increased fee is necessary to cover the actual costs of administering and enforcing the provisions of this article.

(c) The local enforcement agency may not charge a different fee for facilities based on what part of the ear is being pierced.

BILL NUMBER: AB 300 CHAPTERED
BILL TEXT

CHAPTER 638
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AMENDED IN ASSEMBLY MARCH 10, 2011

INTRODUCED BY Assembly Member Ma
(Principal coauthor: Senator Alquist)
(Coauthor: Assembly Member Ammiano)

FEBRUARY 9, 2011

An act to repeal and add Chapter 7 (commencing with Section 119300) of Part 15 of Division 104 of the Health and Safety Code, relating to body art.

LEGISLATIVE COUNSEL'S DIGEST

AB 300, Ma. Safe Body Art Act.

Under existing law, every person engaged in the business of tattooing, body piercing, or permanent cosmetics is required to register with the county in which that business is conducted, obtain a copy of the county's sterilization, sanitation, and safety standards, as established by the California Conference of Local Health Officers and distributed by the State Department of Public Health, as specified, and pay a one-time registration fee of $25. Existing law allows the county to charge an additional fee, if necessary to cover the cost of registration and inspection, and allows a county to adopt regulations that do not conflict with, or are more comprehensive than, standards adopted by the department.

Under existing law, a person who fails to register or who violates the sterilization, sanitation, and safety standards is liable for a civil penalty of up to $500, to be collected in an action brought by the prosecuting attorney of the county or city and county in which the violation occurred.

This bill would, as of July 1, 2012, repeal these provisions and, instead, enact the Safe Body Art Act. The act would prohibit a person from performing body art, as defined, without registering annually with the local enforcement agency. The bill would require practitioners to comply with specified requirements, including, among other things, client information and questionnaires, vaccination, bloodborne pathogen training, and sanitation. The bill would also require the owner of a body art facility, as defined, to obtain and annually renew a health permit from the local enforcement agency, as specified, and to maintain the body art facility in a specified manner.

This bill would exempt from the definition of body art the piercing of an ear with a disposable, single-use, presterilized stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear, but would impose specified requirements on that practice. The bill would authorize a local enforcement agency to require facilities performing ear piercing in that jurisdiction to submit a notification form, as provided, with the local enforcement agency.

The bill would authorize the local enforcement agency to charge a one-time facility notification fee in an amount between $25 and $45, but not in excess of the amount required to cover the actual costs of administering and enforcing the program. The bill would authorize a county, after December 31, 2015, to charge a different fee, established by local ordinance, so long as an increased fee amount is necessary to cover the actual costs of administering and enforcing the provisions.

This bill would regulate the performance of body art in vehicles, temporary booths, and at body art events. The bill would require a person sponsoring a body art event to obtain a permit and fulfill specified requirements and would authorize a local enforcement agency to establish reasonable regulatory fees, including, but not limited to, a fee for body art events in an amount not to exceed, but sufficient to cover, the costs of enforcement.

The bill would authorize specified inspection by an enforcement

officer, and would provide for the suspension or revocation of a certificate of registration or a health permit in specified circumstances. The bill would make performing body art without being registered, operation of a body art facility without a health permit, or operation of a temporary body art event without a permit a misdemeanor and would authorize the local enforcement agency to assess an administrative penalty, in an amount not less than $25 and not more than $1,000, for violating a provision of the bill. The bill would also authorize the local enforcement agency, in addition to these penalties, to impose a penalty of up to three times the cost of the registration or permit on a practitioner, owner of a body art facility, or sponsor of a temporary body art event who fails to obtain needed permits.

This bill would authorize a city, county, or city and county to adopt regulations or ordinances that do not conflict with, or are more stringent than, the provisions of the bill as those provisions relate to body art. Because this bill would place the inspection and enforcement requirements on local governments and because it creates a new crime, it would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for specified reasons.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Chapter 7 (commencing with Section 119300) of Part 15 of Division 104 of the Health and Safety Code is repealed.

SEC. 2. Chapter 7 (commencing with Section 119300) is added to Part 15 of Division 104 of the Health and Safety Code, to read:

CHAPTER 7. BODY ART

Article 1. General Provisions

119300. (a) This chapter shall be known, and may be cited, as the Safe Body Art Act.

(b) The purpose of this chapter is to provide minimum statewide standards for the regulation of persons engaged in the business of tattooing, body piercing, and the application of permanent cosmetics in California. These requirements are intended to protect both the practitioner and the client from transmission of infectious diseases through the application of proper body art procedures and the control of cross-contamination of instruments and supplies.

119301. For purposes of this chapter, the following definitions shall apply:

(a) "Antiseptic solution" means a liquid or semiliquid substance that is approved by the federal Food and Drug Administration to reduce the number of microorganisms present on the skin and on mucosal surfaces.

(b) "Bloodborne pathogen" means a disease-causing microorganism that, when present in the blood, can be transmitted to humans, including, but not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

(c) "Body art" means body piercing, tattooing, branding, or application of permanent cosmetics.

(d) "Body art facility" means the specified building, section of a building, or vehicle in which a practitioner performs body art, including reception areas, the procedure area, and the decontamination and sterilization area. "Body art facility" does not include a facility that only pierces the ear with a disposable, single-use, presterilized clasp and stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear.

(e) "Body piercing" means the creation of an opening in a human body for the purpose of inserting jewelry or other decoration. "Body piercing" includes, but is not limited to, the piercing of an ear, including the tragus, lip, tongue, nose, or eyebrow. "Body piercing" does not include the piercing of an ear, except for the tragus, with a disposable, single-use, presterilized stud and clasp or solid needle that is applied using a mechanical device to force the needle or stud through the ear.

(f) "Branding" means the process in which a mark or marks are burned into human skin tissue with a hot iron or other instrument, with the intention of leaving a permanent scar.

(g) "Client" means an individual upon whom a practitioner performs

body art.
(h) "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.
(i) "Department" means the State Department of Public Health.
(j) "Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where the pathogens are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
(k) "Disinfectant" means a product that is registered by the federal Environmental Protection Agency and the Department of Pesticide Regulation, as indicated on the label, to reduce or eliminate the presence of disease-causing microorganisms, including human immunodeficiency virus (HIV) and hepatitis B virus (HBV) for use in decontaminating work surfaces.
(l) "Enforcement officer" means all local health officers, directors of environmental health, and duly authorized registered environmental health specialists and environmental health specialist trainees.
(m) "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.
(n) "Instrument" means a nonmedical application device used in performing body art, including, but not limited to, needles, needle bars, needle tubes, forceps, hemostats, tweezers, razors, or razor blades.
(o) "Local enforcement agency" means the local health agency of the county, city, or city and county. In jurisdictions where the local health agency and the environmental health agency are separate departments, the jurisdiction shall specify which entity will be the local enforcement agency for purposes of this chapter.
(p) "Mucosal surface" means the moisture-secreting membrane lining of all body cavities or passages that communicates with the exterior, including, but not limited to, the nose, mouth, vagina, and urethra.
(q) "Owner" means either of the following:
(1) The person or persons whose name or names appear on the health permit, business license, property deed, or rental agreement of the body art facility.
(2) A person, acting as a principal of a corporation or partnership, who employs practitioners to perform body art or other activity regulated by this chapter.
(r) "Permanent cosmetics" means the application of pigments in human skin tissue for the purpose of permanently changing the color or other appearance of the skin. This includes, but is not limited to, permanent eyeliner, eyebrow, or lip color.
(s) "Potable water" means water that complies with the standards for transient noncommunity water systems pursuant to the California Safe Drinking Water Act (Chapter 4 (commencing with Section 116275) of Part 12).
(t) "Practitioner" means a person who performs body art on a client.
(u) "Procedure area" means a room, or designated portion of a room, that is set apart and only used to perform body art.
(v) "Procedure site" means the area or location on the human body selected for the placement of body art.
(w) "Sharps waste" has the same meaning as that term is defined in Section 117755.
(x) "Sponsor" means an individual or business entity, including an event coordinator or manager, responsible for the organization of a convention, trade show, or other temporary event that includes a body art demonstration booth. A sponsor may also be a body art practitioner.
(y) "Sterilization" means the complete destruction of all microbial life forms, including spores.
(z) "Tattooing" means the insertion of pigment in human skin tissue by piercing with a needle.
(aa) "Vehicle" means a vehicle that has been fitted or designed to perform body art.
(ab) "Workstation" means the area within a procedure area where a practitioner performs body art. The workstation includes, but is not limited to, the client chair or table, counter, mayo stand, instrument tray, storage drawer, and practitioner's chair.

Article 2. Restrictions on the Performance of Body Art

119302. (a) Pursuant to Section 653 of the Penal Code, a client shall be at least 18 years of age to be offered or to receive a tattoo or permanent cosmetics application, regardless of parental consent.

(b) Pursuant to Section 652 of the Penal Code, persons under 18 years of age shall not be offered or receive a body piercing unless the piercing is performed in the presence of his or her parent or guardian.

(c) A client shall be at least 18 years of age to be offered or to receive a branding, regardless of parental consent.

(d) The piercing or application of permanent cosmetics to the nipples or genitals of a minor is prohibited. The application of permanent cosmetics to the nipples of a minor is authorized when applied by a registered permanent cosmetic technician with the consent of the minor's parent or guardian and as directed by a physician.

(e) A body art facility may refuse to perform body piercing on a minor, regardless of parental or guardian consent.

119303. (a) Prior to the performance of body art, the client shall read, complete, and sign an informed consent form that shall include, but not be limited to, all of the following information:

(1) A description of the procedure.

(2) A description of what the client should expect following the procedure, including suggested care and any medical complications that may occur as a result of the procedure.

(3) A statement regarding the permanent nature of body art.

(4) Postprocedure instructions that include all of the following:

(A) Information on the care of the procedure site.

(B) Restrictions on physical activities such as bathing, recreational water activities, gardening, or contact with animals, and the duration of the restrictions.

(C) Signs and symptoms of infection, including, but not limited to, redness, swelling, tenderness of the procedure site, red streaks going from the procedure site towards the heart, elevated body temperature, or purulent drainage from the procedure site.

(D) Signs and symptoms that indicate the need to seek medical care.

(b) Prior to the performance of body art, the client shall receive, complete, and sign a questionnaire that includes all of the following information:

(1) Whether the client may be pregnant.

(2) Whether the client has a history of herpes infection at the proposed procedure site, diabetes, allergic reactions to latex or antibiotics, hemophilia or other bleeding disorder, or cardiac valve disease.

(3) Whether the client has a history of medication use or is currently using medication, including being prescribed antibiotics prior to dental or surgical procedures.

(4) Other risk factors for bloodborne pathogen exposure.

(c) The questionnaire and all responses shall be considered confidential information. The body art facility shall maintain the privacy of the information and shall not sell, share, or transfer the information. A body art facility shall comply with all state and federal laws with respect to the protection of a client's personally identifiable information, including, but not limited to, medical information, and shall be subject to existing penalties for violation of applicable laws. The body art facility shall shred any confidential medical information after two years from performing the body art procedure on the client.

119304. This chapter does not restrict the activities of a physician and surgeon licensed under Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code or a physician assistant licensed under Chapter 7.7 (commencing with Section 3500) of Division 2 of the Business and Professions Code. Nothing in this chapter authorizes a practitioner to perform activities that are restricted under Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code.

Article 3. Practitioner Registration

119306. (a) A person shall not perform body art if he or she is not registered with the local enforcement agency.

(b) As a condition of registration, the applicant shall provide all of the following:

(1) Evidence of current hepatitis B vaccination, including applicable boosters, unless the practitioner can demonstrate hepatitis B immunity or has complied with current federal OSHA hepatitis B vaccination declination requirements.

(2) Evidence of completion of OSHA Bloodborne Pathogen Training consistent with Section 119307 and pursuant to paragraph (2) of

subdivision (g) of Section 5193 of Title 8 of the California Code of Regulations or its successor.

(3) Proof that he or she is 18 years of age or older.

(4) Self-certification of, knowledge of, and commitment to meet state law and relevant local regulations pertaining to body art safety.

(5) For first-time registrants, documentation evidencing a minimum of six months of related experience. The local enforcement agency may require documentation that includes, but is not limited to, dates, type, and location of work, and the name and contact information of the registrant's supervisor or supervisors.

(6) His or her business address and the address at which he or she will perform any activity regulated by this chapter.

(7) Payment of a registration fee directly to the local enforcement agency. The local enforcement agency shall set the fee at an amount not to exceed the amount necessary but that is sufficient to cover the actual costs of administering the program.

(c) A practitioner shall display, in a place readily visible to the public at the body art facility where the practitioner is performing body art, the certificate confirming registration with the local enforcement agency in the jurisdiction in which that practice is conducted.

(d) A valid and current registration issued by a local enforcement agency shall be valid in any other jurisdiction for no more than five consecutive days, or 15 days total, in any one calendar year.

(e) Practitioner registration shall be renewed annually by a process to be determined by the local enforcement agency.

(f) A practitioner shall obtain all necessary permits to conduct business, including, but not limited to, being registered with the local enforcement agency. In addition to the penalties available pursuant to Article 6 (commencing with Section 119320), a practitioner who violates this subdivision shall be subject to suspension and a penalty not to exceed three times the cost of registration.

119307. (a) Prior to registering with the local enforcement agency, a practitioner shall complete a Bloodborne Pathogens Exposure Control Training program that is specific to his or her practice.

(b) An owner shall provide Bloodborne Pathogens Exposure Control Training pursuant to the requirements of paragraph (2) of subdivision (g) of Section 5193 of Title 8 of the California Code of Regulations, or its successor, for all employees, contractors, and volunteers who perform duties within the decontamination and sterilization area or procedure area.

(c) The Bloodborne Pathogens Exposure Control Training shall meet all of the following criteria:

(1) Training shall be conducted by a person or persons who are knowledgeable in exposure control and infection prevention in the body art setting and who are approved by the local enforcement agency in accordance with the provisions of this section.

(2) Training and training materials shall be specific to performing body art.

(3) Training shall consist of not less than two hours of instruction that includes all of the following:

(A) A copy and explanation of the California Occupational Safety and Health Administration Bloodborne Pathogens Standard contained in Section 5193 of Title 8 of the California Code of Regulations, or its successor.

(B) A copy and explanation of applicable county, city, or city and county ordinances that pertain to bloodborne pathogen transmission control in body art.

(C) Discussion of transmission, control, and symptoms of the diseases caused by bloodborne pathogens.

(D) Discussion of tasks involved in performing body art and how those tasks may lead to exposure to bloodborne pathogens for the client or practitioner.

(E) Discussion of the types and uses of personal protective equipment, such as disposable gloves, including an explanation of the limitations of the equipment.

(F) Discussion of the types of tasks, proper task technique, and order of tasks before and after putting on and removing personal protective equipment, to avoid contamination.

(G) Discussion of the importance of hand hygiene and a demonstration of proper hand hygiene techniques.

(H) Discussion of choice, use, and storage of disinfectants and antiseptics.

(I) Information on the signage required for biohazard materials and the importance of properly labeling chemicals and supplies.

(J) Information on hepatitis B vaccine, including safety and accessibility.

(K) Discussion of what constitutes a bloodborne pathogen exposure incident, including all of the following:

(i) Examples of bloodborne pathogen exposure, how the exposure occurred, and what actions to take to prevent or minimize future exposures.

(ii) Risk of infection following a bloodborne pathogen exposure incident.

(iii) Procedures to be followed after an exposure incident, including medical followup.

(L) Opportunities for interactive questions and answers with the instructor.

(d) Each person required to complete a Bloodborne Pathogens Exposure Control Training program pursuant to this section shall annually complete a minimum of two hours of Bloodborne Pathogens Exposure Control Training update presented by a trainer eligible pursuant to paragraph (1) of subdivision (c).

(e) Records of training required pursuant to this section shall be maintained for three years and shall be available for inspection upon request of the enforcement officer.

119308. (a) Before performing body art, the practitioner shall do all of the following:

(1) Wash and dry his or her hands consistent with sound hygenic practices.

(2) Put on a clean apron, bib, or lap pad over clean, dry clothing.

(3) Put on personal protective equipment that is appropriate for the task.

(4) 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 examination 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.

(5) If the skin at the procedure site is to be shaved, the skin shall be first washed with soap and water. A single-use, disposable razor shall be used to shave the procedure site and then discarded into a sharps container.

(6) Immediately prior to performing the body art, the client's skin shall be prepared with an antiseptic solution, antimicrobial, or microbicide, according to manufacturer's instructions. The item used for application shall be discarded after use.

(b) At the completion of the procedure, the practitioner shall do all of the following:

(1) Answer questions regarding the procedure site.

(2) Provide postprocedure instructions.

(3) Place all used or discarded sharps waste in a sharps waste container.

(4) Wash and disinfect reusable instruments as provided in subdivisions (d) and (e) of Section 119309.

(5) Package and sterilize reusable instruments that may have come in contact with nonintact skin or mucosal surfaces.

(6) Decontaminate the workstation and procedure area.

119309. (a) The practitioner shall maintain a clean and sanitary environment.

(b) All solid surfaces and objects in the procedure area and the decontamination and sterilization area that have come into contact with the client or the materials used in performing the body art, including, but not limited to, chairs, armrests, tables, countertops, and trays, shall be immediately decontaminated after each use and then disinfected by application of a disinfectant, used according to manufacturer's directions.

(c) The surfaces and objects in the procedure area shall be disinfected again before use if the area has been used for any activity following its previous disinfection.

(d) 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.

(e) An instrument or other reusable item that comes into contact with nonintact skin or mucosal surfaces shall either be single use or be washed, disinfected, packaged, and sterilized after each procedure. Sterilization shall be accomplished pursuant to the procedures established in Section 119315 by steam autoclave.

(f) An instrument or reusable item that does not come into contact with nonintact 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 decontaminated after each procedure.

(g) A reusable item that cannot be immediately washed,

disinfected, and sterilized following completion of the body art procedure shall be placed in a basin of water with or without detergent.

(h) Sterile instrument packs shall be evaluated before use, and if the integrity of a pack is compromised in any way, including, but not limited to, being torn, punctured, wet, or having evidence of potential moisture contamination, the instrument pack shall be discarded or reprocessed before use.

(i) No food, drink, tobacco product, or personal effects are permitted in the procedure area. The practitioner shall not eat, drink, or smoke while performing a procedure. If a client requests to eat, drink, or smoke, the procedure shall be stopped and the procedure site shall be protected from possible contamination while the client leaves the procedure area to eat, drink, or smoke.

(j) 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.

119310. (a) Jewelry placed in newly pierced skin shall be sterilized prior to piercing as specified in Section 119315 or shall be purchased presterilized. 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.

(b) Only jewelry made of ASTM F138, 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.

(c) Ear piercing equipment with a disposable, single-use, presterilized stud and clasp may be used only for piercing the ear pursuant to Section 119304.

(d) If measuring the body piercing site is necessary, clean calipers shall be used and the skin marked using clean toothpicks and ink.

119311. (a) A product applied to the skin prior to tattooing or application of permanent cosmetics, including, but not limited to, stencils and marking and transfer agents, including pens, shall be single use and discarded into a waste container at the end of the procedure unless the product can be disinfected for reuse.

(b) Only commercially manufactured inks, dyes, and pigments shall be used.

(c) Inks, pigments, soaps, and other products in multiple-use containers shall be dispensed in a manner to prevent contamination of the storage container and its remaining contents through the use of a single-use receptacle.

(d) Inks and pigments shall be placed into a clean, single-use receptacle. The inks and pigments remaining in the receptacle shall be discarded immediately upon completion of the procedure.

(e) If a tray is used for inks or pigments, it shall be decontaminated after each procedure.

(f) Only single-use needles and needle bars shall be used in tattooing and the application of permanent cosmetics. Needles and needle bars that are purchased in a nonsterilized state, shall be sterilized, pursuant to the process required by Section 119315.

(g) Needles, needle bars, grommets, and razors shall be discarded into a sharps waste container immediately upon completion of the procedure.

(h) Any part of a tattooing machine that may be touched by the practitioner during the procedure shall be covered with a disposable plastic sheath that is discarded upon completion of the procedure, and the machine shall be decontaminated upon completion of the procedure.

(i) A machine used to insert pigments shall be designed with removable tip parts between the tip and motor housing, and in a manner that will prevent backflow into enclosed parts of the motor housing.

(j) A hand tool used to insert pigment shall be disposed of in a sharps container, with the sharps intact, unless the needle can be mechanically ejected from the hand tool.

Article 4. Permanent Body Art Facilities

119312. (a) A body art facility shall not conduct business without a valid health permit.

(b) The application for a health permit for a body art facility shall include all of the following:

(1) A copy of the facility's infection prevention control plan, as required by Section 119313.

(2) A fee, as set by the local enforcement agency at an amount not to exceed the amount necessary but that is sufficient to cover the

actual costs of administration of the program. Fees established by this section shall be used exclusively in support of activities pursuant to this chapter.

(c) The local enforcement agency shall issue a health permit after an investigation has determined that the proposed body art facility and its method of operation meets the specifications of the approved plans or conforms to the requirements of this article.

(d) A health permit is valid only for the location of the facility and the time period indicated on the permit and may not be transferred to another owner or facility.

(e) The health permit shall be posted in a conspicuous place at the body art facility. Certificates of registration for all practitioners performing body art in that facility shall also be prominently displayed either near the health permit or at the individual practitioner's procedure area if each practitioner has a designated area.

(f) A person proposing to construct a practice site or mobile practice site, other than a temporary body art event booth, shall submit plans to the Plan Review Unit of the local enforcement agency. The plans shall be approved in advance of the issuance of a building, plumbing, or electrical permit. All required corrections must be made and the body art facility approved to open before body art can be performed in the facility.

(g) Health permits shall be renewed annually through a process to be determined by the local enforcement agency.

(h) An owner who operates a body art facility shall obtain all necessary permits to conduct business, including, but not limited to, a permit issued by a local enforcement agency. In addition to the penalties available pursuant to Article 6 (commencing with Section 119320), an owner who violates this subdivision shall be subject to the closure of the facility and a penalty not to exceed three times the cost of the permit.

119313. (a) A body art facility shall maintain and follow a written Infection Prevention and Control Plan, provided by the owner or established by the practitioners, specifying the procedures to achieve compliance with each applicable requirement of this chapter.

(b) The Infection Prevention and Control Plan shall include all of the following:

(1) Procedures for decontaminating and disinfecting environmental surfaces.

(2) Procedures for decontaminating, packaging, sterilizing, and storing reusable instruments.

(3) Procedures for protecting clean instruments and sterile instrument packs from exposure to dust and moisture during storage.

(4) A set up and tear down procedure for any form of body art performed at the body art facility.

(5) Techniques to prevent the contamination of instruments or the procedure site during the performance of body art.

(6) Procedures for safe handling and disposal of sharps waste.

(c) The Infection Prevention and Control Plan shall be revised when changes are made in infection prevention practices, procedures, or tasks.

(d) Onsite training on the facility's Infection Prevention and Control Plan shall take place when tasks where occupational exposure may occur are initially assigned, any time there are changes in the procedures or tasks, and when new technology is adopted for use in the facility, but not less than once each year.

(e) Records of training required pursuant to this section shall be maintained for three years and shall be available for inspection upon request of the enforcement officer.

119314. (a) With the exception of a temporary demonstration booth and a mobile site, as specified in Sections 119317 and 119318, a body art facility shall comply with all of the following:

(1) Have floors, walls, and ceilings that are smooth, free of open holes, and washable.

(2) Be free of insect and rodent infestation.

(3) Be separate from any residential areas used for sleeping, bathing, or meal preparation. A body art facility associated with a residential dwelling shall have a separate entrance and toilet facility, and shall not have a door allowing direct access between the body art facility and the residential dwelling.

(b) Procedure areas in a body art facility shall meet all of the following standards:

(1) Be equipped with a light source that provides adequate light at the procedure area.

(2) Be separated, by a wall or ceiling-to-floor partition, from nail and hair activities.

(3) Be equipped with a sink supplied with hot and cold running water, containerized liquid soap, and single-use paper towels that are dispensed from a wall-mounted, touchless dispenser that is accessible to the practitioner.

(c) Decontamination and sanitation areas within a body art facility shall meet all of the following requirements:

(1) Be separated from procedure areas by a space of at least five feet or by a cleanable barrier.

(2) Be equipped with a sink, hot and cold running water, liquid soap in a wall-mounted dispenser, and single-use paper towels dispensed from a wall-mounted, touchless dispenser that is readily accessible to the practitioner.

(d) Each procedure area and decontamination and sterilization area shall have lined waste containers.

(e) Each procedure area and decontamination and sterilization area shall have a container for the disposal of sharps waste that meets the following requirements:

(1) The sharps waste container shall be portable, if portability is necessary to ensure that the sharps waste container is within arm's reach of the practitioner.

(2) The sharps waste container shall be labeled with the words "sharps waste" or with the international biohazard symbol and the word "BIOHAZARD."

(3) All sharps waste produced during the process of tattooing, body piercing, or the application of permanent cosmetics shall be disposed by either of the following methods:

(A) Removal and disposal by a company, or removal and transportation through a mail-back system approved by the department pursuant to subdivision (b) of Section 118245.

(B) As solid waste, after being disinfected by a method approved by the department pursuant to paragraph (3) of subdivision (a) of Section 118215.

(f) No animals shall be allowed in the procedure area or the decontamination and sterilization area.

119315. A body art facility shall conform to the following sterilization procedures:

(a) Clean instruments to be sterilized shall first be sealed in peel-packs that contain either a sterilizer indicator or internal temperature indicator. The outside of the pack shall be labeled with the name of the instrument, the date sterilized, and the initials of the person operating the sterilizing equipment.

(b) Sterilizers shall be loaded, operated, decontaminted, and maintained according to manufacturer's directions, and shall meet all of the following standards:

(1) Only equipment manufactured for the sterilization of medical instruments shall be used.

(2) Sterilization equipment shall be tested using a commercial biological indicator monitoring system after the initial installation, after any major repair, and at least once per month. The expiration date of the monitor shall be checked prior to each use.

(3) Each sterilization load shall be monitored with mechanical indicators for time, temperature, pressure, and, at a minimum, Class V integrators. Each individual sterilization pack shall have an indicator.

(4) Biological indicator monitoring test results shall be recorded in a log that shall be kept on site for two years after the date of the results.

(5) A written log of each sterilization cycle shall be retained on site for two years and shall include all of the following information:

(A) The date of the load.

(B) A list of the contents of the load.

(C) The exposure time and temperature.

(D) The results of the Class V integrator.

(E) For cycles where the results of the biological indicator monitoring test are positive, how the items were cleaned, and proof of a negative test before reuse.

(c) Clean instruments and sterilized instrument packs shall be placed in clean, dry, labeled containers, or stored in a labeled cabinet that is protected from dust and moisture.

(d) Sterilized instruments shall be stored in the intact peel-packs or in the sterilization equipment cartridge until time of use.

(e) Sterile instrument packs shall be evaluated at the time of storage and before use. If the integrity of a pack is compromised, including, but not limited to, cases where the pack is torn, punctured, wet, or displaying any evidence of moisture contamination, the pack shall be discarded or reprocessed before use.

(f) A body art facility that does not afford access to a decontamination and sterilization area that meets the standards of subdivision (c) of Section 119314 or that does not have sterilization equipment shall use only purchased disposable, single-use, presterilized instruments. In place of the requirements for maintaining sterilization records, the following records shall be

kept and maintained for a minimum of 90 days following the use of the instruments at the site of practice for the purpose of verifying the use of disposable, single-use, presterilized instruments:

(1) A record of purchase and use of all single-use instruments.

(2) A log of all procedures, including the names of the practitioner and client and the date of the procedure.

119316. (a) If a practitioner performs body art in a vehicle, a health permit is required if the practitioner will practice in the vehicle in the jurisdiction for more than seven days in a 90-day period. To obtain a health permit, the vehicle shall meet the requirements set forth in subdivisions (b) to (g), inclusive, of Section 119317.

(b) If the vehicle will be operating in the jurisdiction for less than seven days in a consecutive 90-day period, the vehicle shall be treated as a temporary booth and will be subject to Section 119317.

Article 5. Temporary Body Art Facilities

119317. A practitioner may, in the local jurisdiction of registration, practice in a temporary demonstration booth for no more than seven days in a 90-day period. The demonstration booth shall meet all of the following requirements:

(a) Be located within a building that has hand washing facilities with hot and cold running water, soap, and single-use paper towels to which practitioners have direct access.

(b) Constructed with a partition of at least three feet in height separating the procedure area from the public.

(c) Be free of insect or rodent infestation.

(d) Used exclusively for performing body art.

(e) Equipped with adequate light available at the level where the practitioner is performing body art.

(f) Equipped with hand washing equipment that, at a minimum, consists of containerized liquid soap, single-use paper towels, a five-gallon or larger container of potable water accessible via spigot, and a wastewater collection and holding tank of corresponding size. Potable water shall be refilled and the holding tank evacuated at least every four procedures or every four hours, whichever occurs first.

(g) Not allow animals within the confines of the demonstration booth.

(h) Be operating with all necessary permits to conduct business, including, but not limited to, valid permits issued by a local enforcement agency. In addition to the penalties available pursuant to Article 6 (commencing with Section 119320), a sponsor or practitioner who violates this subdivision shall be subject to closure of the temporary body art event and a penalty not to exceed three times the cost of the permit.

119317.5. A local enforcement agency may establish a fee not to exceed the amount necessary, but that is sufficient to cover, the actual costs of the administration of Section 119317.

119318. (a) The sponsor shall obtain all necessary permits to conduct business in the jurisdiction where the event will be held, including, but not limited to, valid permits issued by a local enforcement agency. A local enforcement agency may establish a fee not to exceed the amount necessary, but that is sufficient to cover, the actual costs of the administration of this section. In addition to the penalties available pursuant to Article 6 (commencing with Section 119320), a sponsor who violates this subdivision shall be subject to closure of the temporary body art event and a penalty not to exceed three times the cost of the permit.

(b) The sponsor of a temporary body art event shall be responsible for ensuring the availability of support facilities and supplies for practitioners and vendors, including, but not limited to:

(1) Access to a potable water supply.

(2) Restrooms that have flush toilets supplied with toilet paper, and hand wash sinks supplied with hot and cold potable running water, soap, and single-use paper towels to which practitioners have direct access.

(3) Sharps waste containers for each demonstration booth.

(4) The use of a licensed medical waste disposal company for removal of all sharps waste containers used during the body art event.

(5) Frequent trash pickup from demonstration booths.

(6) An eye wash station.

(7) A decontamination and sterilization area that is separated from a procedure area by at least five feet or by a cleanable barrier.

(8) Adequate backup supplies that have been stored in compliance with subdivision (d) of Section 119315 and that can be purchased by practitioners, including, but not limited to:

(A) Presterilized tattoo needles.
(B) Presterilized needle tubes.
(C) Presterilized piercing instruments, including, but not limited to, needles, receiving tubes, corks, marking tools, and forceps.
(D) Plastic bags, barrier film, clip cord covers, and plastic wrap.
(E) Ink cups.
(F) Nitrile and latex gloves.
(G) Single-use tubes of water-based and petroleum-based lubricants.
(H) Absorbent dressing materials.
(c) The name, telephone number, and directions to an emergency room near the temporary body art event shall be posted in a conspicuous location.
(d) Each practitioner working in a booth at a temporary body art event shall display his or her certificate of registration, or keep the certificate in a folder that is available for inspection upon request of the enforcement officer or a client.

Article 6. Enforcement

119319. (a) An enforcement officer may enter a body art facility during the facility's hours of operation and other reasonable times to do any of the following:
(1) Conduct inspections, issue citations, and secure samples, photographs, or other evidence from a body art facility, or any facility suspected of being a body art facility.
(2) Check the Infection Prevention and Control Plan, required pursuant to Section 119313, to determine if persons working in the facility are following the plan, and to determine if the plan is in compliance with this chapter.
(3) Secure as evidence documents, or copies of documents, including the Infection Prevention and Control Plan, or any record, file, paper, process, invoice, or receipt for the purpose of determining compliance with this chapter.
(b) A written report shall be made and a copy shall be supplied or mailed to the owner or practitioner at the completion of an inspection or investigation.
(c) Based upon inspection findings or other evidence, an enforcement officer may impound instruments that are found to be unsafe to use. Within 30 days, the local enforcement agency that has impounded the equipment shall commence proceedings to release the instrument or to seek administrative or legal remedy for its disposal.
(d) It is a violation of this chapter for the owner or a person working in a body art facility to do any of the following:
(1) Conceal records or evidence, or to withhold evidence.
(2) Interfere with the performance of the duties of an enforcement officer.
(3) Make a false statement, representation, certification, record, report, or otherwise falsify information required to be submitted or maintained pursuant to this chapter.
119320. (a) A certificate of registration or a health permit may be suspended by a local enforcement agency for a violation of this chapter.
(b) A body art facility or practitioner whose certificate of registration or health permit has been suspended shall cease doing business until the certificate or permit has been reinstated. Suspension of the registration of one practitioner in a body art facility does not affect the status of other practitioners in the facility unless the violation or violations are for conditions or equipment that affects the ability of all the practitioners in the facility to comply with the provisions of this chapter.
(c) A body art facility for which the health permit has been revoked shall close and remain closed until a new health permit has been issued.
(d) Whenever an enforcement officer finds that a practitioner or body art facility is not in compliance with the requirements of this chapter, the enforcement officer shall issue a notice to comply or a notice of violation to the registrant or permitholder setting forth the acts or omissions with which the registrant or permitholder is charged, and informing him or her of a right to a hearing, if requested, to show cause why the registration or permit should not be suspended or revoked.
(e) (1) A written request for a hearing shall be made by the registrant or permitholder within 15 calendar days after receipt of the notice.
(2) The hearing shall be held within 15 calendar days of the receipt of a request for a hearing. Upon written request of the registrant or permitholder, the hearing officer may postpone a

hearing date, if circumstances warrant the action.
(f) A failure to request a hearing within 15 calendar days after receipt of the notice shall be deemed a waiver of the right to a hearing.
(g) The hearing officer shall issue a written notice of decision to the registrant or permitholder within five working days following the hearing. In the event of a suspension or revocation, the notice shall specify the acts or omissions with which the registrant or permitholder is charged, and shall state the terms of the suspension or that the registration or health permit has been revoked.
(h) A certificate of registration or health permit may be reinstated or a new certificate of registration or health permit issued if the local enforcement agency determines that the conditions that prompted the suspension or revocation no longer exist.
119321. If an imminent health hazard is found, the enforcement officer may suspend a registration temporarily and order the practitioner to cease operation if the hazard is not corrected. If the hazard affects the entire body art facility, then the entire facility may be closed immediately. Whenever a registration or health permit is suspended as the result of an imminent health hazard, the enforcement officer shall issue to the registrant or permitholder a notice setting forth the acts or omissions being charged, specifying the pertinent code section, and informing the registrant or permitholder of the right to a hearing.
119322. The local enforcement agency may, after providing opportunity for a hearing, modify, suspend, or revoke a certificate of registration or a health permit for serious or repeated violations of any requirement of this chapter or for interference in the performance of the duty of the enforcement officer.
119323. Performing body art without being registered, operating a body art facility without a health permit, or operating a temporary body art event without a permit shall be a misdemeanor. The local enforcement agency may also assess an administrative penalty in an amount not less than twenty-five dollars ($25) and not more than one thousand dollars ($1,000) for violation of a provision of this chapter. All fines are to be retained by the local enforcement agency for enforcement of the provisions of this chapter.
119324. A city, county, or city and county may adopt regulations or ordinances that do not conflict with, or are more stringent than, the provisions of this chapter as they relate to body art.
119324.5. The local fees imposed pursuant to this chapter shall not exceed the reasonable costs to a local government for issuing licenses and permits, performing investigations, inspections, and audits, enforcing orders, and the administrative enforcement and adjudication thereof.

Article 7. Mechanical Stud and Clasp Ear Piercing

119325. (a) The piercing of the ear with a mechanical stud and clasp device does not constitute body art as defined in this chapter. It is the intent of the Legislature, in enacting this article, to provide uniform and statewide requirements for the performance of ear piercing with a mechanical stud and clasp device. The piercing of an ear with a mechanical stud and clasp device shall only be subject to the requirements in this article.
(b) The area within a facility where mechanical stud and clasp ear piercing is conducted shall be safe and sanitary and shall not constitute a threat to the public health and safety, as reasonably determined by the local enforcement agency.
(c) The mechanical stud and clasp device that is used to pierce an ear pursuant to this article shall be single-use, presterilized, stud and clasp only.
(d) The single-use mechanical stud and clasp device used to pierce an ear pursuant to this article shall meet all of the jewelry requirements in subdivisions (a) and (b) of Section 119310.
119326. (a) The local enforcement agency may require a facility that provides mechanical stud and clasp ear piercing services to submit a notification form, which shall be provided by the local enforcement agency in the jurisdiction in which the facility is located. If the local enforcement agency requires this notification form, the form shall include all of the following information:
(1) The address of all facilities within the jurisdiction where mechanical stud and clasp ear piercing will be performed.
(2) A statement that the mechanical stud and clasp ear piercing will be conducted in compliance with the requirements of this article.
(3) The contact information for the person responsible for compliance with this article and who the local enforcement agency should contact regarding complaints from the public regarding mechanical stud and clasp ear piercing at a facility listed in

paragraph (1).
(b) Information for more than one location within a single jurisdiction with the same owner or operator may be included on a single notification form. If the local enforcement agency requires notification, it shall provide a notification form that allows the owner or operator of more than one facility in the jurisdiction to provide the required notification for all of its facilities in a single form designed for that purpose.
(c) No person shall be required to provide notification until and unless the local enforcement agency makes a form for this purpose available. Facilities performing mechanical stud and clasp ear piercing on the date the local enforcement agency makes the form available shall have five months from that date in which to complete and submit the form. Facilities that begin performing mechanical stud and clasp ear piercing after the form is made available shall be required to submit the form prior to offering services.
119327. (a) A person piercing an ear with a mechanical stud and clasp piercing device shall meet the following requirements before providing mechanical stud and clasp ear piercing services:
(1) Is at least 18 years of age.
(2) Received one hour of training that covers all of the following topics:
(A) Proper use of the mechanical stud and clasp ear piercing device.
(B) Types of bloodborne pathogens and the prevention of the transmission of bloodborne communicable diseases.
(C) Proper hand hygiene.
(D) The safe and sanitary use of single-use equipment, including, but not limited to, gloves, towels, and disinfectant wipes.
(3) If the person will also be piercing the cartilage of the upper ear, that person shall also receive training on proper techniques for this type of piercing.
(b) The training requirements of subdivision (a) shall not apply to an individual who was employed to perform mechanical stud and clasp ear piercing prior to the effective date of this article.
119328. (a) A local enforcement agency may charge a one-time facility notification fee in an amount between twenty-five dollars ($25) and forty-five dollars ($45) for each facility operating pursuant to this article. The fee charged shall not exceed the amount reasonably necessary to cover the actual costs of administering and enforcing the provisions of this article.
(b) After December 31, 2015, a county may charge a different fee, set by local ordinance, provided that the increased fee is necessary to cover the actual costs of administering and enforcing the provisions of this article.
(c) The local enforcement agency may not charge a different fee for facilities based on what part of the ear is being pierced.
SEC. 3. This act shall become operative on July 1, 2012.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution for certain costs that may be incurred under this act because a local agency or school district has the authority to levy service charges, fees, or assessments sufficient to pay for the program or level of service mandated by this act, within the meaning of Section 17556 of the Government Code.
No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution for those costs that may be incurred by a local agency or school district because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

BILL ANALYSIS

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Date of Hearing: April 2, 2013

ASSEMBLY COMMITTEE ON HEALTH
Richard Pan, Chair
AB 1168 (Pan) - As Introduced: February 22, 2013

SUBJECT : Safe body art.

SUMMARY : Makes a number of technical and clarifying changes to existing law governing practitioners engaged in the business of body art in California. Specifically, this bill :

1)Includes in the definition of a body art facility a specified building, section of a building, or vehicle in which a practitioner demonstrates body art for the purpose of instruction.

2)Requires personal medical information gathered from a customer prior to the performance of body art to comply with existing federal privacy law established under the Health Insurance Portability and Accountability Act of 1996.

3)Prohibits the performance of body art at any location other than a permanent or temporary body art facility that has been approved and inspected by the local environmental health department (LEHD).

4)Deletes the requirement for practitioners who are initially registering with the LEHD to provide evidence of at least six months of related experience as there is no standard definition of what constitutes experience.

5)Authorizes a LEHD to suspend or revoke the permit of a body art facility if a person who does not possess a valid practitioner registration is allowed to perform body art.

6)Clarifies floor, wall, and ceiling surface requirements for permanent body art facilities and requires these facilities to have adequate restroom facilities.

7)Authorizes the LEHD to determine the amount of separation between the procedures area of a body art facility and the areas of the facility not related to body art.

8)Deletes the requirement for the decontamination and

sterilization areas of a body art facility to have sharps containers because these areas primarily deal with reusable equipment, not sharps.

9)Specifies that only service animals, as defined by the federal Americans for Disabilities Act, are allowed in certain areas of a body art facility.

10)Deletes the requirement for temporary body art facilities to have eye wash stations because no such requirement exists for permanent body art facilities and these stations are not required in the performance of body art.

11)Makes other minor technical and clarifying changes.

EXISTING LAW :

1)Requires, effective July 1, 2012, LEHDs to register practitioners and issue permits to body art facilities annually following a site visit and review of specified documentation, such as infection control plans.

2)Establishes a framework under which body art practitioners qualify to provide services, including, among other things, requirements for training, health and safety practices, documentation handling and storage, and inspection compliance.

3)Imposes specified prohibitions on body art practices, including limitations on customers with regard to age and medical condition, and requires informed consent to be given and a signed consent form to be retained prior to the provision of body art services.

FISCAL EFFECT : None

COMMENTS :

1)PURPOSE OF THIS BILL . According to the sponsor, the California Association of Environmental Health Administrators, which represents all 62 LEHDs with body art safety inspectors, this bill is intended as a clean-up measure to make several technical, non-controversial clarifications to the state's existing body art statutes. The sponsor states that this bill contains a number of relatively small but important

operational and structural refinements based on input from practitioners and regulators in the field that are needed to ensure effective and efficient implementation of the state's body art laws.

The sponsor notes that, among other things, this bill will remove an unenforceable apprenticeship requirement as both regulators and industry practitioners agree that there are no standards to verify what constitutes "experience;" require practitioners to comply with federal privacy laws when obtaining a customer's confidential medical information; clarify that sharps containers are not required in decontamination and sterilization areas of a facility because all sharps waste is gathered at the procedure area; and, make other clarifying changes to ensure that LEHDs appropriately enforce operational and structural requirements.

2)BACKGROUND . AB 300 (Ma), Chapter 638, Statutes of 2011, creates the Safe Body Art Act (Act) to set up a uniform regulatory and oversight structure for the performance of tattooing, branding, body piercing, and permanent makeup in California. The Act requires all body art practitioners to annually register with their LEHD, obtain annual blood-borne pathogen training, provide documentation of Hepatitis B vaccination status, and obtain specific health information and informed consent from customers. The Act also requires the owner of a body art facility to obtain a permit from the LEHD, operate the facility in a safe and clean manner, maintain written procedures for the operation of the facility, and maintain records of training and equipment sterilization. The Act also regulates the performance of body art at body art events in temporary demonstration booths and in vehicles. Inspectors from LEHDs conduct annual inspections of body art facilities to determine compliance with the Act and have the authority to suspend or revoke permits and registrations under specified conditions.

3)SUPPORT . The sponsor writes in support that the changes in this bill are needed to reduce inconsistency and confusion with regard to implementing the Act. The sponsor adds that the provisions of this bill reflect consensus from a large

stakeholder group comprised of environmental health regulators, tattooists, body piercers, permanent cosmetic practitioners, the mechanical ear piercing industry and other health trainers and safe body art advocates. Studex

Corporation, a manufacturer of ear piercing equipment states in support that this bill brings much needed certainty, clarity, and statewide uniformity to the regulatory oversight of the ear piercing industry.

4)PRIOR LEGISLATION .

a) AB 300 regulates the performance of body art in California.

b) AB 223 (Ma) of 2010, and AB 517 (Ma) of 2009, both of which were substantively identical to AB 300, were vetoed by Governor Schwarzenegger who stated in his veto messages that he did not see a compelling need for additional legislation, given that local jurisdictions have the option to establish these requirements in their own county and many have chosen to do so.

REGISTERED SUPPORT / OPPOSITION :

Support

California Association of Environmental Health Administrators (sponsor)
Studex Corporation

Opposition

None on file.

Analysis Prepared by : Cassie Royce / HEALTH / (916) 319-2097

Subchapter 7. General Industry Safety Orders
Group 16. Control of Hazardous Substances
Article 109. Hazardous Substances and Processes

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New query

§ 5193. Bloodborne Pathogens.

Exposure Control Plan for Bloodborne Pathogens

A Best Practices Approach for Reducing Bloodborne Pathogens Exposure

Safe needle fact sheet

(a) Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by subsection (b) of this section.

EXCEPTION: This regulation does not apply to the construction industry.

(b) Definitions. For purposes of this section, the following shall apply:

“Biological Cabinet” means a device enclosed except for necessary exhaust purposes on three sides and top and bottom, designed to draw air inward by means of mechanical ventilation, operated with insertion of only the hands and arms of the user, and in which virulent pathogens are used. Biological cabinets are classified as:

(1) Class I: A ventilated cabinet for personnel protection with an unrecirculated inward airflow away from the operator and high-efficiency particulate air (HEPA) filtered exhaust air for environmental protection.

(2) Class II: A ventilated cabinet for personnel, product, and environmental protection having an open front with inward airflow for personnel protection, HEPA filtered laminar airflow for product protection, and HEPA filtered exhaust air for environmental protection.

(3) Class III: A total enclosed, ventilated cabinet of gas-tight construction. Operations in the cabinet are conducted through attached protective gloves.

“Blood” means human blood, human blood components, and products made from human blood.

“Bloodborne Pathogens” means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

“Chief” means the Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations or designated representative.

“Clinical Laboratory” means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

“Contaminated” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

“Contaminated Laundry” means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

“Decontamination” means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by Health and Safety Code Section 118275.

“Engineering Controls” means controls (e.g., sharps disposal containers, needlelesss systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

“Engineered Sharps Injury Protection” means either:

(1) A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or

(2) A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

“Exposure Incident” means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

“Handwashing Facilities” means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

“HBV” means hepatitis B virus.

“HCV” means hepatitis C virus.

“HIV” means human immunodeficiency virus.

“Licensed Healthcare Professional” is a person whose licensed scope of practice includes an activity which this section requires to be performed by a licensed healthcare professional.

“Needle” or “Needle Device” means a needle of any type, including, but not limited to, solid and hollow-bore needles.

“Needleless System” means a device that does not utilize needles for:

(1) The withdrawal of body fluids after initial venous or arterial access is established;

(2) The administration of medication or fluids; and

(3) Any other procedure involving the potential for an exposure incident.

“NIOSH” means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

“Occupational Exposure” means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

“One-Hand Technique” means a procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

“OPIM” means other potentially infectious materials.

“Other Potentially Infectious Materials” means:

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:

(A) Cell, tissue, or organ cultures from humans or experimental animals;

(B) Blood, organs, or other tissues from experimental animals; or

(C) Culture medium or other solutions.

“Parenteral Contact” means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

"Personal Protective Equipment" is specialized clothing or equipment worn or used by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

"Production Facility" means a facility engaged in industrial-scale, large-volume or high concentration production of HIV, HBV or HCV.

"Regulated Waste" means waste that is any of the following:

(1) Liquid or semi-liquid blood or OPIM;

(2) Contaminated items that:

(A) Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and

(B) Are capable of releasing these materials when handled or compressed.

(3) Contaminated sharps.

(4) Pathological and microbiological wastes containing blood or OPIM.

(5) Regulated Waste includes "medical waste" regulated by Health and Safety Code Sections 117600 through 118360.

"Research Laboratory" means a laboratory producing or using research-laboratory-scale amounts of HIV, HBV or HCV. Research laboratories may produce high concentrations of HIV, HBV or HCV but not in the volume found in production facilities.

"Sharp" means any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

"Sharps Injury" means any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

"Sharps Injury Log" means a written or electronic record satisfying the requirements of subsection (c)(2).

"Source Individual" means any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinical patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

"Universal Precautions" is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

"Work Practice Controls" means controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

(c) Exposure Response, Prevention and Control.

(1) Exposure Control Plan.

(A) Each employer having an employee(s) with occupational exposure as defined by subsection (b) of this section shall establish, implement and maintain an effective Exposure Control Plan which is designed to eliminate or minimize employee exposure and which is also consistent with Section 3203.

(B) The Exposure Control Plan shall be in writing and shall contain at least the following elements:

1. The exposure determination required by subsection (c)(3);

2. The schedule and method of implementation for each of the applicable subsections: (d) Methods of Compliance, (e) HIV, HBV and HCV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard;

3. The procedure for the evaluation of circumstances surrounding exposure incidents as required by subsection (f)(3)(A).

4. An effective procedure for gathering the information required by the Sharps Injury Log.

5. An effective procedure for periodic determination of the frequency of use of the types and brands of sharps involved in the exposure incidents documented on the Sharps Injury Log;

NOTE: Frequency of use may be approximated by any reasonable and effective method.

6. An effective procedure for identifying currently available engineering controls, and selecting such controls, where appropriate, for the procedures performed by employees in their respective work areas or departments;

7. An effective procedure for documenting patient safety determinations made pursuant to Exception 2. of subsection (d)(3)(A); and

8. An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas or departments.

(C) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with Section 3204(e).

(D) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary as follows:

1. To reflect new or modified tasks and procedures which affect occupational exposure;

2.a. To reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

b. To document consideration and implementation of appropriate commercially available needleless systems and needle devices and sharps with engineered sharps injury protection;

3. To include new or revised employee positions with occupational exposure;

4. To review and evaluate the exposure incidents which occurred since the previous update; and

5. To review and respond to information indicating that the Exposure Control Plan is deficient in any area.

(E) Employees responsible for direct patient care. In addition to complying with subsections (c)(1)(B)6. and (c)(1)(B)8., the employer shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls, and shall document the solicitation in the Exposure Control Plan.

(F) The Exposure Control Plan shall be made available to the Chief or NIOSH or their respective designee upon request for examination and copying.

(2) Sharps Injury Log.

The employer shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The information recorded shall include the following information, if known or reasonably available:

(A) Date and time of the exposure incident;

(B) Type and brand of sharp involved in the exposure incident;

(C) A description of the exposure incident which shall include:

1. Job classification of the exposed employee;

2. Department or work area where the exposure incident occurred;

3. The procedure that the exposed employee was performing at the time of the incident;

4. How the incident occurred;

5. The body part involved in the exposure incident;

6. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable;

7. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury; and

8. The employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury.

(D) Each exposure incident shall be recorded on the Sharps Injury Log within 14 working days of the date the incident is reported to the employer.

(E) The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee.

(3) Exposure Determination.

(A) Each employer who has an employee(s) with occupational exposure as defined by subsection (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

1. A list of all job classifications in which all employees in those job classifications have occupational exposure;

2. A list of job classifications in which some employees have occupational exposure; and

3. A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of subsection (c)(3)(A)2. of this standard.

(B) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) Methods of Compliance.

(1) General. Universal precautions shall be observed to prevent contact with blood or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(2) Engineering and Work Practice Controls -General Requirements.

(A) Engineering and work practice controls shall be used to eliminate or minimize employee exposure.

(B) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(C) Work practice controls shall be evaluated and updated on a regular schedule to ensure their effectiveness.

(D) All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(3) Engineering and Work Practice Controls -Specific Requirements.

(A) Needleless Systems, Needle Devices and non-Needle Sharps.

1. Needleless Systems. Needleless systems shall be used for:

a. Withdrawal of body fluids after initial venous or arterial access is established;

b. Administration of medications or fluids; and

c. Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.

2. Needle Devices. If needleless systems are not used, needles with engineered sharps injury protection shall be used for:

a. Withdrawal of body fluids;

b. Accessing a vein or artery;

c. Administration of medications or fluids; and

d. Any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available.

3. Non-Needle Sharps. If sharps other than needle devices are used, these items shall include engineered sharps injury protection.

4. Exceptions. The following exceptions apply to the engineering controls required by subsections (d)(3)(A)1.-3.:

a. Market Availability. The engineering control is not required if it is not available in the marketplace.

b. Patient Safety. The engineering control is not required if a licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgement, that use of the engineering control will jeopardize the patient's safety or the success of a medical, dental or nursing procedure involving the patient. The determination shall be documented according to the procedure required by (c)(1)(B)7.

c. Safety Performance. The engineering control is not required if the employer can demonstrate by means of objective product evaluation criteria that the engineering control is not more effective in preventing exposure incidents than the alternative used by the employer.

d. Availability of Safety Performance Information. The engineering control is not required if the employer can demonstrate that reasonably specific and reliable information is not available on the safety performance of the engineering control for the employer's procedures, and that the employer is actively determining by means of objective product evaluation criteria whether use of the engineering control will reduce the risk of exposure incidents occurring in the employer's workplace.

(B) Prohibited Practices.

1. Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.

2. Contaminated sharps shall not be bent, recapped, or removed from devices.

EXCEPTION: Contaminated sharps may be bent, recapped or removed from devices if: a. The employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure; and b. The procedure is performed using a mechanical device or a one-handed technique.

3. Sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

4. Disposable sharps shall not be reused.

5. Broken Glassware. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

6. The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.

7. Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.

8. Mouth pipetting/suctioning of blood or OPIM is prohibited.

9. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

10. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or OPIM are present.

(C) Requirements for Handling Contaminated Sharps.

1. All procedures involving the use of sharps in connection with patient care, such as withdrawing body fluids, accessing a vein or artery, or administering vaccines, medications or fluids, shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.

2. Immediately or as soon as possible after use, contaminated sharps shall be placed in containers meeting the requirements of subsection (d)(3)(D) as applicable.

3. At all time during the use of sharps, containers for contaminated sharps shall be:

a. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

b. Maintained upright throughout use, where feasible; and

c. Replaced as necessary to avoid overfilling.

(D) Sharps Containers for Contaminated Sharps.

1. All sharps containers for contaminated sharps shall be:

a. Rigid;

b. Puncture resistant;

c. Leakproof on the sides and bottom;

d. Portable, if portability is necessary to ensure easy access by the user as required by subsection (d)(3)(C)3.a.; and

e. Labeled in accordance with subsection (g)(1)(A)(2).

2. If discarded sharps are not to be reused, the sharps container shall also be closeable and sealable so that when sealed, the container is leak resistant and incapable of being reopened without great difficulty.

(E) Regulated Waste.

1. General.

Handling, storage, treatment and disposal of all regulated waste shall be in accordance with Health and Safety Code Chapter 6.1, Sections 117600 through 118360, and other applicable regulations of the United States, the State, and political subdivisions of the State.

2. Disposal of Sharps Containers.

When any container of contaminated sharps is moved from the area of use for the purpose of disposal, the container shall be:

a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and

b. Placed in a secondary container if leakage is possible. The second container shall be:

i. Closable;

ii. Constructed to contain all contents and prevent leakage dur8ing handling, storage, transport, or shipping; and

iii. Labeled according to subsection (g)(1)(A) of this section.

3. Disposal of Other Regulated Waste. Regulated waste not consisting of sharps shall be disposed of in containers which are:

a. Closable;

b. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping;

c. Labeled and color-coded in accordance with subsection (g)(1)(A) of this section; and

d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

4. Outside Contamination. If outside contamination of a container of regulated waste occurs, it shall be placed in a second container. The second container shall be:

a. Closable.

b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

c. Labeled and color-coded in accordance with subsection (g)(1)(A) of this section; and

d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(F) Handling Specimens of Blood or OPIM.

Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

1. The container for storage, transport, or shipping shall be labeled or color-coded according to subsection (g)(1)(A), and closed prior to being stored, transported, or shipped. When a ffacility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance

with subsection (g)(1)(A) is required when such specimens/ containers leave the facility.

2. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during collection, handling, processing, storage, transport, or shipping and is labeled or color-coded to the requirements of this standard.

3. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(G) Servicing or Shipping Contaminated Equipment.

Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible or will interfere with a manufacturer's ability to evaluate failure of the device.

1. A readily observable label in accordance with subsection (g)(1)(A)8. shall be attached to the equipment stating which portions remain contaminated.

2. Information concerning all remaining contamination shall be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(H) Cleaning and Decontamination of the Worksite.

1. General Requirements.

a. Employers shall ensure that the worksite is maintained in a clean and sanitary condition.

b. Employers shall determine and implement appropriate written methods and schedules for cleaning and decontamination of the worksite.

c. The method of cleaning or decontamination used shall be effective and shall be appropriate for the:

i. Location within the facility;

ii. Type of surface or equipment to be treated;

iii. Type of soil or contamination present; and

iv. Tasks or procedures being performed in the area.

d. All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift. Cleaning and decontamination of equipment and work surfaces is required more often as specified below.

2. Specific Requirements.

a. Contaminated Work Surfaces. Contaminated work surfaces shall be cleaned and decontaminated with an appropriate disinfectant immediately or as soon as feasible when:

i. Surfaces become overtly contaminated;

ii. There is a spill of blood or OPIM;

iii. Procedures are completed; and

iv. At the end of the work shift if the surface may have become contaminated since the last cleaning.

b. Receptacles. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

c. Protective Coverings. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(I) Hygiene.

1. Employers shall provide handwashing facilities which are readily accessible to employees.

2. When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

3. Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

4. Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or OPIM.

(J) Laundry.

1. Contaminated laundry shall be handled as little as possible with a minimum of agitation.

a. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

b. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with subsection (g)(1)(A) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

c. Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

2. The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

3. When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with subsection (g)(1)(A).

(4) Personal Protective Equipment.

(A) Provision. Where occupational exposure remains after institution of engineering and work practice controls, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered “appropriate” only if it does not permit blood or OPIM to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

NOTE: For fire fighters, these requirements are in addition to those specified in Sections 3401-3411, and are intended to be consistent with those requirements.

(B) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurences in the future. The employer shall encourage employees to report all such instances without fear of reprisal in accordance with Section 3203.

(C) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(D) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by subsections (d) and (e) of this standard, at no cost to the employee.

(E) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(F) Removal.

1. If a garment(s) is penetrated by blood or OPIM, the garment(s) shall be removed immediately or as soon as feasible.

2. All personal protective equipment shall be removed prior to leaving the work area.

3. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(G) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in subsection (d)(4)(G)4.; and when handling or touching contaminated items or surfaces. These requirements are in addition to the provisions of Section 3384.

1. Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

2. Disposable (single use) gloves shall not be washed or decontaminated for re-use.

3. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

4. If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

a. Periodically reevaluate this policy;

b. Make gloves available to all employees who wish to use them for phlebotomy;

c. Not discourage the use of gloves for phlebotomy; and

d. Require that gloves be used for phlebotomy in the following circumstances:

i. When the employee has cuts, scratches, or other breaks in his or her skin;

ii. When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

iii. When the employee is receiving training in phlebotomy.

(H) Masks, Eye Protection, Face Shields, and Respirators.

1. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated. These requirements are in addition to the provisions of Section 3382.

2. Where respiratory protection is used, the provisions of Sections 5144 and 5147 are required as applicable.

NOTE: Surgical masks are not respirators.

(I) Gowns, Aprons, and Other Protective Body Clothing.

1. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. These requirements are in addition to the provisions of Section 3383.

2. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery). These requirements are in addition to the provisions of Section 3383.

(e) HIV, HBV and HCV Research Laboratories and Production Facilities.

(1) General.

This subsection applies in addition to the other requirements of this section to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV, HBV and HCV.

EXCEPTION: This subsection does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs.

(2) Research laboratories and production facilities shall meet the following criteria:

(A) Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens. Such methods are further specified in Health and Safety Code Section 118215.

(B) Special Practices.

1. Laboratory doors shall be kept closed when work involving HIV, HBV or HCV is in progress.

2. Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

3. Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

4. When OPIM or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with subsection (g)(1)(B) of this standard.

5. All activities involving OPIM shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these OPIM shall be conducted on the open bench.

6. Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

7. Special care shall be taken to avoid skin contact with OPIM. Gloves shall be worn when handling infected animals and when making hand contact with OPIM is unavoidable.

8. Before disposal, all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

9. Vacuum lines shall be protected with liquid disinfectant traps and HEPA filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

10. Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of OPIM. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

11. All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

12. A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

13. Written biosafety procedures shall be prepared and adopted into the Exposure Control Plan of subsection (c)(1). Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(C) Containment Equipment.

1. Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with OPIM that pose a threat of exposure to droplets, splashes, spills, or aerosols.

2. Biological safety cabinets shall be certified by the employer that they meet manufacturers' specifications when installed, whenever they are moved and at least annually.

(3) HIV, HBV and HCV research laboratories shall meet the following criteria:

(A) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(B) An autoclave for decontamination of regulated waste shall be available.

NOTE: Treatment of medical waste should meet the requirements of Health and Safety Code Section 118215.

(4) HIV, HBV and HCV production facilities shall meet the following criteria:

(A) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(B) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(C) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(D) Access doors to the work area or containment module shall be self-closing.

(E) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

NOTE: Treatment of medical waste should meet the requirements of Health and Safety Code Section 118215.

(F) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area). The ventilation system shall conform to the requirements of Article 107.

(5) Training Requirements.

Training requirements for employees in HIV, HBV and HCV research laboratories and HIV, HBV and HCV production facilities are specified in subsection (g)(2) and they shall receive in addition the following initial training:

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV, HBV or HCV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV, HBV or HCV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(f) Hepatitis B Vaccination and Bloodborne Pathogen Post-exposure Evaluation and Follow-up.

(1) General.

(A) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up for bloodborne pathogens exposure to all employees who have had an exposure incident. When an employer is also acting as the evaluating health care professional, the employer shall advise an employee following an exposure incident that the employee may refuse to consent to post-exposure evaluation and follow-up from the employer-healthcare professional. When consent is refused, the employer shall make immediately available to exposed employees a confidential medical evaluation and follow-up from a healthcare professional other than the exposed employee's employer.

EXCEPTION: Designated first aid providers who have occupational exposure are not required to be offered pre-exposure hepatitis B vaccine if the following conditions exist:

1. The primary job assignment of such designated first aid providers is not the rendering of first aid.

   a. Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

   b. This exception does not apply to designated first aid providers who render assistance on a regular basis, for example, at

a first aid station, clinic, dispensary, or other location where injured employees routinely go for such assistance, and emergency or public safety personnel who are expected to render first aid in the course of their work.

2. The employer's Exposure Control Plan, subsection (c)(1), shall specifically address the provision of hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM (regardless of whether an actual exposure incident, as defined by subsection (b), occurred) and the provision of appropriate post-exposure evaluation, prophylaxis and follow-ups for those employees who experience an exposure incident as defined in subsection (b), including:

a. Provisions for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM shall be reported to the employer before the end of work shift during which the first aid incident occurred.

i. The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including time and date.

A. The description must include a determination of whether or not, in addition to the presence of blood or OPIM, an exposure incident, as defined in subsection (b), occurred.

B. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures required by subsection (f)(3) are made available immediately if there has been an exposure incident, as defined in subsection (b).

ii. The report shall be recorded on a list of such first aid incidents. It shall be readily available to all employees and shall be provided to the Chief upon request.

b. Provision for the bloodborne pathogens training program, required by subsection (g)(2), for designated first aiders to include the specifics of the reporting requirements of subsection (f)(3) and of this exception.

c. Provision for the full hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific exposure incident, as defined by subsection (b), has occurred.

3. The employer must implement a procedure to ensure that all of the provisions of subsection 2. of this exception are complied with if pre-exposure hepatitis B vaccine is not to be offered to employees meeting the conditions of subsection 1. of this exception.

(B) The employer shall ensure that all medical evaluations and procedures, including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

1. Made available at no cost to the employee;

2. Made available to the employee at a reasonable time and place;

3. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

4. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this subsection (f).

(C) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) Hepatitis B Vaccination.

(A) Hepatitis B vaccination shall be made available after the employee has received the training required in subsection (g)(2)(G)9. and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(B) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(C) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(D) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

(E) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(B).

(3) Post-exposure Evaluation and Follow-up.

Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(A) The employer shall document the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(B) The employer shall identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

1. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

2. When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV or HIV status need not be repeated.

3. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(C) The employer shall provide for collection and testing of the employee's blood for HBV, HCV and HIV serological status;

1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

2. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

3. Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.

(D) The employer shall provide for post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(E) The employer shall provide for counseling and evaluation of reported illnesses.

(4) Information Provided to the Healthcare Professional.

(A) The employer shall ensure that the healthcare professional responsible for the employee's hepatitis B vaccination is provided a copy of this regulation.

(B) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

1. A copy of this regulation;

2. A description of the exposed employee's duties as they relate to the exposure incident;

3. Documentation of the route(s) of exposure and circumstances under which exposure occurred, as required by subsection (f)(3)(A);

4. Results of the source individual's blood testing, if available; and

5. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain, as required by subsection (h)(1)(B)2.

(5) Healthcare Professional's Written Opinion.

The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(A) The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(B) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

1. That the employee has been informed of the results of the evaluation; and

2. That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

(C) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(6) Medical Recordkeeping.

Medical records required by this standard shall be maintained in accordance with subsection (h)(1) of this section.

(g) Communication of Hazards to Employees.

(1) Labels and Signs.

(A) Labels.

1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or OPIM, except as provided in subsection (g)(1)(A)5., 6. and 7.

NOTE: Other labeling provisions, such as Health and Safety Code Sections 118275 through 118320 may be applicable.

2. Labels required by this section shall include either the following legend as required by Section 3341:

Or in the case of regulated waste the legend:

BIOHAZARDOUS WASTE or SHARPS WASTE

as described in Health and Safety Code Sections 118275 through 118320.

3. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

4. Labels required by subsection (g)(1)(A) shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

5. Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste shall be color-coded red and shall be labeled in accordance with subsection (g)(1)(A)2. Labels on red bags or red containers do not need to be color-coded in accordance with subsection (g)(1)(A)3.

6. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of subsection (g).

7. Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

8. Labels required for contaminated equipment shall be in accordance with this subsection and shall also state which portions of the equipment remain contaminated.

9. Regulated waste that has been decontaminated need not be labeled or color-coded.

(B) Signs.

1. The employer shall post signs at the entrance to work areas specified in subsection (e), HIV, HBV and HCV Research Laboratory and Production Facilities, which shall bear the following legend:

(Name of the Infectious Agent)

(Special requirements for entering the area)

(Name, telephone number of the laboratory director or other responsible person.)

2. These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color, and meet the requirements of Section 3340.

(2) Information and Training.

(A) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(B) Training shall be provided as follows:

1. At the time of initial assignment to tasks where occupational exposure may take place;

2. At least annually thereafter.

(C) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(D) Annual training for all employees shall be provided within one year of their previous training.

(E) Employers shall provide additional training when changes, such as introduction of new engineering, administrative or work practice controls, modification of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(F) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(G) The training program shall contain at a minimum the following elements:

1. Copy and Explanation of Standard. An accessible copy of the regulatory text of this standard and an explanation of its contents;

2. Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases;

3. Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens;

4. Employer's Exposure Control Plan. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

5. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;

6. Methods of Compliance. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment;

7. Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

8. Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment;

9. Hepatitis B Vaccination. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

10. Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;

11. Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log;

12. Post-Exposure Evaluation and Follow-Up. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

13. Signs and Labels. An explanation of the signs and labels and/or color coding required by subsection (g)(1); and

14. Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.

NOTE: Additional training is required for employees of HIV, HBV, and HCV Research Laboratories and Production Facilities, as described in subsection (e)(5).

(H) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(h) Recordkeeping.

(1) Medical Records.

(A) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with Section 3204.

(B) This record shall include:

1. The name and social security number of the employee;

2. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by subsection (f)(2);

3. A copy of all results of examinations, medical testing, and follow-up procedures as required by subsection (f)(3);

4. The employer's copy of the healthcare professional's written opinion as required by subsection (f)(5); and

5. A copy of the information provided to the healthcare professional as required by subsections (f)(4)(B)2., 3. and 4.

(C) Confidentiality. The employer shall ensure that employee medical records required by subsection (h)(1) are:

1. Kept confidential; and

2. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(D) The employer shall maintain the records required by subsection (h)(1) for at least the duration of employment plus 30 years in accordance with Section 3204.

(2) Training Records.

(A) Training records shall include the following information:

1. The dates of the training sessions;

2. The contents or a summary of the training sessions;

3. The names and qualifications of persons conducting the training; and

4. The names and job titles of all persons attending the training sessions.

(B) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) Sharps Injury Log.

The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred.

(4) Availability.

(A) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief and NIOSH for examination and copying.

(B) Employee training records required by this subsection shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, and to NIOSH.

(C) Employee medical records required by this subsection shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Chief, and to NIOSH in accordance with Section 3204.

(D) The Sharps Injury Log required by subsection (c)(2) shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, to the Department of Health Services, and to NIOSH.

(5) Transfer of Records.

(A) The employer shall comply with the requirements involving transfer of records set forth in Section 3204.

(B) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify NIOSH, at least three months prior to their disposal and transmit them to the NIOSH, if required by the NIOSH to do so, within that three month period.

(i) Appendix.

Appendix A to this section is incorporated as a part of this section and the provision is mandatory.

Appendix A - Hepatitis B Vaccine Declination

(MANDATORY)

The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the following statement as required by subsection (f)(2)(D):

> I understand that due to my occupational exposure to blood or OPIM I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Note: Authority cited: Sections 142.3 and 144.7, Labor Code. Reference: Sections 142.3 and 144.7, Labor Code; Sections 117600 through 118360, Health and Safety Code.

HISTORY

1. New section filed 12-9-92; operative 1-11-93 (Register 92, No. 50).

2. Editorial correction of printing errors in subsections (c)(1)(A) and (d)(2)(C) (Register 93, No. 32).

3. Amendment of subsections (g)(1)(A)2. and (g)(1)(B)2. filed 2-5-97; operative 3-7-97 (Register 97, No. 6).

4. Amendment filed 1-22-99 as an emergency; effective 1-22-99 (Register 99, No. 4). The emergency regulation filed 1-22-99 shall remain in effect until the nonemergency regulation becomes operative or until August 1, 1999, whichever first occurs pursuant to Labor Code section 144.7(a).

5. Permanent adoption of 1-22-99 amendments, including further amendments, filed 7-30-99 pursuant to Labor Code section 144.7(a); operative 7-30-99 pursuant to Government Code section 11343.4(d) (Register 99, No. 31).

6. Repealer of subsection (c)(1)(D)2., new subsections (c)(1)(D)2.a.-b. and (c)(1)(E), subsection relettering, amendment of subsection (c)(2), new subsections (c)(2)(D)-(E) and amendment of subsections (d)(3)(B)2.Exception, (d)(3)(E)3.b., (d)(3)(H)1.b. and (d)(3)(H)2.a. filed 8-3-2001; operative 8-3-2001. Submitted to OAL for printing only. Exempt from OAL review pursuant to Labor Code section 142.3 (Register 2001, No. 31).

7. Change without regulatory effect providing more legible illustrations for biohazard symbols filed 3-2-2009 pursuant to section 100, title 1, California Code of Regulations (Register 2009, No. 10).

8. Editorial correction of subsection (g)(2)(E) (Register 2015, No. 37).

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BODY ART FACILITY INFECTION PREVENTION AND CONTROL PLAN GUIDELINE

Body Art Facility Information

Business Name:
Owner/Contact Name
Location address:
E-Mail Address:
Business Phone Number:

Type of Activities (check all that apply)

☐ Tattoo ☐ Permanent Cosmetics ☐ Branding ☐ Body Piercing

In accordance with the **California Health and Safety Code, Section 119313**, a body art facility shall maintain and follow a written Infection Prevention and Control Plan, provided by the owner or established by the practitioners, specifying the procedures to achieve compliance with the Safe Body Art Act. The Infection Prevention and Control Plan shall include all the following:

1) Procedures for decontaminating and disinfecting environmental surfaces.
2) Procedures for decontaminating, packaging, sterilizing, and storing reusable instruments.
3) Procedures for protecting clean instruments and sterile instrument packs from exposure to dust and moisture during storage.
4) A set up and tear down procedure for any form of body art performed at the body art facility.
5) Techniques to prevent the contamination of instruments or the procedure site during the performance of body art.
(6)Procedures for safe handling and disposal of sharps waste.

The Infection Prevention and Control Plan shall be revised when changes are made in infection prevention practices, procedures, or tasks.

Onsite training on the facility's Infection Prevention and Control Plan shall take place when tasks where occupational exposure may occur are initially assigned, any time there are changes in the procedures or tasks, and when new technology is adopted for use in the facility, but not less than once each year.

Records of training shall be maintained for **three years** and shall be available for inspection upon request of the LA County Environmental Health, Body Art Program.

SECTION I

PROCEDURES FOR DECONTAMINATING AND DISINFECTING ENVIRONMENTAL SURFACES

1. What disinfectant will be used in your facility?
   a. Counter tops, armrest, headrests, chairs/stools, tables etc . (e.g. Madacide, Wavicide, Cavicide, or other EPA registered disinfectant).

   _____

   _____

   b. Trays, tattoo machines (e.g. Madacide, Wavicide, Cavicide or other EPA registered disinfectant).

   _____

   _____

   c. Floors, walls, mop sink, hand sink, janitorial area, toilet room (e.g. Pine sol)

   _____

   _____

Disinfectant: the product that is registered by the federal Environmental Protection Agency (EPA) and the Department of Pesticide Regulation, as indicated on the label, to reduce or eliminate the presence of disease-causing microorganisms, including HIV and hepatitis B virus(HBV) for use in decontaminating work surfaces.

2. How do you decontaminate or disinfect your workstation

Workstation: the area within a procedure area where a practitioner performs body art.

Decontamination: the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where the pathogens are no longer capable of transmitting infectious particles and the surface.

Bloodborne pathogen: a disease-causing microorganism that, when present in the blood, can be transmitted to humans, including, but not limited to, hepatitis B virus (HBV), hepatitis C (HCV), and human immunodeficiency (HIV).

a. Counter tops, armrest, headrests, chairs/stools, tables etc.

_____

_____

_____

b. Trays, tattoo machine

_____

_____

_____

_____

c. How often do you decontaminate or disinfect all contact surfaces or tattoo machines/equipment?

_____

_____

_____

The practitioner shall maintain a clean and sanitary environment. All solid surfaces and objects in the procedure area and the decontamination and sterilization area that have come into contact with the client or the materials used in performing the body art, including, but not limited to, chairs, armrests, tables, countertops, and trays, shall be immediately decontaminated after each use and then disinfected by application of a disinfectant, used according to manufacturer's directions (Section 119303).

At the completion of the procedure, the practitioner shall decontaminate the workstation and procedure area (119308).

The surfaces and objects in the procedure area shall be disinfected again before use if the area has been used for any activity following its previous disinfection (Section 119309).

SECTION II

PROCEDURES FOR DECONTAMINATING, PACKAGING, STERILIZING, AND STORING REUSABLE INSTRUMENTS

1. A. Describe the procedures used for washing and cleaning of reusable instruments (e.g. Needle tubes, calipers and other instruments).

_____

_____

_____

_____

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 (Section 119309).

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 (119309)

B. Describe what Personal Protective Equipment (PPE) is used during decontaminating reusable instrument (e.g. gloves, mask, glasses, aprons)

2. Describe the procedure used for packing and labeling the reusable instruments before sterilization.

Clean Instruments to be sterilized shall first be sealed in peel-packs that contain either a sterilizer indicator or internal temperature indicator. The outside of the pack shall be labeled with the name of the instrument, the date sterilized, and the initials of the person operating the sterilizing equipment (Section 119315).

Sterile instrument packs shall be evaluated before use, and if the integrity of a pack is compromised in any way, the instrument pack shall be discarded or reprocessed before use (Section 119309)

3. Describe the procedures used for sterilizing the reusable instruments.

_____

_____

_____

Sterilizers shall be loaded, operated, decontaminated and maintained according to manufacturer's directions, and shall meet all the following standards (Section 119315):

- Medically approved autoclave
- Spore test shall be done after the initial installation, after any major repair, and at least once a month
- Class V integrator shall be used for each sterilization load. Each individual sterilization pack shall have an indicator
- Class V integrator monitoring test results shall be recorded in a log for two years
- A written log of each sterilization cycle shall be retained on site and shall include:
  a. The date of the load
  b. A list of the contents of the load
  c. The exposure time and temperature
  d. The results of the Class V integrator
  e. How to correct the positive result of spore test

4. Describe the procedure for storing the reusable item.

_____

_____

_____

Clean instruments and sterilized instrument packs shall be placed in clean, dry, labeled containers, or stored in a labeled cabinet that is protected from dust and moisture.

Sterilized instruments shall be stored in the intact peel-packs or in the sterilization equipment cartridge until time of use (Section 119315).

Sterile instrument packs shall be evaluated before use, and if the integrity of a pack is compromised in any way, the instrument pack shall be discarded or reprocessed before use (Section 119309)

SECTION III

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

Describe the procedure of storing clean and sterilized instruments, its location and how it is protected from dust and moisture:

_____

_____

_____

SECTION IV

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

Before performing body art, the practitioner shall do all of the following:
Wash and dry hands. 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 (119308).

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 procedure for setting up and tearing down the workstation for the following procedures: (fill up only sections performed by your facility).

1. Tattoo:

_____
_____
_____

2. Piercing:

_____
_____
_____

3. Permanent Cosmetics:

_____
_____
_____

4. Branding:

_____

SECTION V

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

Describe the techniques used to prevent the contamination of instruments, tattoo machines, trays, tables, chairs, clip cords, power supplies, squeeze bottles, inks, pigments, lamps, stools and other items used during a body art procedure.

_____
_____
_____

_____
_____

1. Describe what type of barrier used in each procedure:

_____
_____

2. Describe what type of personal protective equipment (PPE) being used during the procedure:

_____
_____

3. Describe what type of solution to be used on the procedure site if skin is to be shaved and what type of razor:

_____
_____

SECTION VI

PROCEDURES FOR SAFE HANDLING AND DISPOSAL OF SHARPS WASTE

Each procedure area and decontamination/sterilization area shall have a container for the disposal of sharps waste. The sharps waste container must be within arm's reach of the practitioner.

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

Describe the procedure for the safe handling of sharps and indicate the location of the sharps containers in your facility:

_____

_____

_____

Needles, needle bars, grommets, and razors shall be discarded into sharps waste container immediately upon completion of the procedure (119311.g).

Provide the method of disposal, name of removal or disposal company, removal through a mail-back system approved by the department:

_____

_____

Medical Waste Hauler: _____

Address: _____

Telephone: _____

BODY ART CONSENT FORM

CLIENT INFO

Name: _____ Age: _____ Date of Birth: _____

Phone: _____ Address: _____

Email: _____ Emergency contact: _____ Phone: _____

PROCEDURE INFO

Circle the type of body art being performed:

Tattoo | Permanent cosmetics | Branding | Piercing

Procedure Site:

Description of Procedure:

MEDICAL HISTORY

Please circle any conditions listed below that apply to you.

TB	Asthma	Antibiotic Allergies	Hemophilia
HIV	Hepatitis	Cardiac Valve Disease	Scarring/Keloiding
Epilepsy	Skin Conditions	Pregnant/Nursing	MRSA/Staph Infections
Diabetes	Blood Thinners	Fainting/Dizziness	Latex Allergies

When is the last time you ate?

Do you have any additional allergies to metals, soaps, cosmetics or alcohol?

Do you use any medications that might affect the healing of the body art?

Do you have a history of herpes or any other skin conditions?

Other medical conditions?

INFORMED CONSENT

PLEASE READ AND INTIAL THE BOXES BELOW TO CONFIRM THE INFORMATION IS UNDERSTOOD

_____ I am the person on the legal ID presented as proof that I am at least 18 years of age.

_____ I am under the age of 18 years old and have the presence of my parent or guardian to receive the body piercing. **(Applicable only to underage body piercing. N/A if not applicable)**.

_____ I am not under the influence of alcohol or drugs and that I am voluntarily submitting myself to receive body art without duress or coercion.

_____ I understand the permanent nature of receiving body art and that removal can be expensive and may leave scars on the procedure site.

_____ The body art described or shown on the consent form is correctly placed to my specifications.

_____ All questions about the body art procedure have been answered to my satisfaction, and I have been given written aftercare instructions for the procedure I am about to receive.

_____ I understand the restrictions on physical activities such as bathing, recreational water activities, gardening, contact with animals, and the durations of the restrictions.

_____ I understand there is a possibility of getting an infection and I am aware of the signs and symptoms, including, but not limited to redness, swelling, tenderness of the procedure site, red streaks going from the procedure site towards the heart, elevated body temperature, or purulent drainage from the procedure site.

_____ I understand that there is a chance I might feel lightheaded, dizzy during or after being tattooed. I will notify the artist immediately if this occurs.

NOTICE:*

-HIPAA REQUIREMENTS: *Any medical information obtained will be subject to the Health Insurance Portability and Accountability Act of 1996 (HIPPA).*

-TATTOO INKs*: Tattoo inks, dyes, and pigments that have not been approved by the Federal Food and Drug Administration have health consequences that are unknown.*

I acknowledge that the information that I have provided is true to the best of my knowledge. I have been fully informed of the potential risks associated with a body art procedure. I still wish to proceed with the body art application and I assume any and all risks that may arise from body art. Aftercare has been explained and instructions have been provided.

Printed Client Name: _____ Signature of Client : _____ Date: _____

*****INFORMATION BELOW TO BE FILLED OUT BY BODY ART PRACTITIONER*****

PRACTITIONER:

BODY ART FACILITY:

Type of Identification Provided:

Driver's License | Passport | Birth Certificate

☐ *Aftercare overviewed and provided*

I have reviewed the client's information presented and have provided information on aftercare.

Signature of Practitioner:

_____

INSTRUMENT LOG

Date	Supplier	Instrument/Needle	Lot/ID #	Sterilization Date Expiration

** A record of purchase and use of all single-use instruments shall be maintained for each procedure for a minimum of 90 days.*

AFTERCARE INSTRUCTIONS

CLIENT NAME: _____

The following verbal and/or written instructions were communicated to the client:

1. Information on the care of the procedure site.
2. Restrictions on physical activities such as bathing, recreational water activities, gardening, or contact with animals, and the duration of the restrictions.
3. Signs and symptoms of infection including but not limited to redness, swelling, tenderness of the procedure site, red streaks going from the procedure site towards the heart, elevated body temperature, or purulent drainage from the procedure site.
4. Instructions to call a physician if any of the addressed signs and symptoms appear or for any other reason related to the Body Art procedure(s).
5. If physician care is required by the client related to the Body Art procedure(s), the client is to notify the Body Art facility and practitioner of the problem and the resolution by a physician or clinic. This information shall be placed in the client's file.

COMMENTS:

_____

_____

_____

_____

To the best of my knowledge this information is correct:

Practitioner Signature: _____ Date: _____

I have received aftercare instructions:

Client Signature: _____ Date: _____

CLIENT RECORDS

NAME:_____**DATE:** _____

ADDRESS: _____

PHONE NUMBER: _____**EMAIL**:_____

*Apply a check to the type of body art being performed**:***

TATTOO_____ **PERMANENT COSMETICS**_____ **BRANDING**_____ **PIERCING**_____

DATE OF BIRTH	PROCEDURE SITE OF BODY ART	NAME AND REGISTRATION # OF PRACTITIONER

COPY OR DESCRIPTION OF PROCEDURE

Type of identification provided:

ID of Client	ID of Parent or Guardian (*Applicable only to underage body piercing)*

MEDICAL HISTORY QUESTIONNAIRE

Name: _____
Last First Middle

Emergency Contact:_____Phone: (_____)

Please circle any conditions listed below that apply to you.

TB	EPILEPSY	BLOOD THINNERS	SCARRING/KELOIDING
HIV	ASTHMA	ECZEMA/PSORIASIS	GONORRHEA/SYPHILIS
	HEPATITIS	HEART CONDITION	MRSA/STAPH INFECTIONS
HERPES	HEMOPHILIA/OTHER BLEEDING DISORDER	PREGNANT/NURSING	ALLERGIC REACTIONS TO LATEX
DIABETES	SKIN CONDITIONS	FAINTING OR DIZZINESS	ALLERGIC REACTIONS TO ANTIBIOTICS

How long has it been since you last ate?

_____

Do you have any additional allergies such as to metals, soaps, cosmetics or alcohol?

_____

Do you use any medications that might affect the healing of the body art you wish to receive?

_____

Do you have a history of herpes at the procedure site?

_____

Do you have any other medical or skin conditions that affect the outcome of your procedure?

_____

Have you ever been prescribed antibiotics prior to dental or surgical procedures?

_____

Do you have any cardiac valve disease?

_____

Is there any information you feel you should provide to the body art practitioner?

_____

Other medical conditions?

_____

The information I have provided is complete and true to the best of my knowledge.

Signature of Client:_____Date:_____

Signature of Practitioner:_____Date:_____

AFTERCARE INSTRUCTIONS

CLIENT NAME: _____

The following verbal and/or written instructions were communicated to the client:

1. Information on the care of the procedure site.

2. Restrictions on physical activities such as bathing, recreational water activities, gardening, or contact with animals, and the duration of the restrictions.

3. Signs and symptoms of infection including but not limited to redness, swelling, tenderness of the procedure site, red streaks going from the procedure site towards the heart, elevated body temperature, or purulent drainage from the procedure site.

4. Instructions to call a physician if any of the addressed signs and symptoms appear or for any other reason related to the Body Art procedure(s).

5. If physician care is required by the client related to the Body Art procedure(s), the client is to notify the Body Art facility and practitioner of the problem and the resolution by a physician or clinic. This information shall be placed in the client's file.

COMMENTS: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

To the best of my knowledge this information is correct:

Practitioner Signature: _____ Date: _____

I have received aftercare instructions:

Client Signature: _____ Date: _____