

# Electrolysis - Code of Practice 5

Special Treatment Premises

## 1.0 Purpose

The purpose of this Code of Practice (COP) is to support the policy decisions and conditions of licence adopted by the Council in respect of Special Treatments Establishments.

## 2.0 Scope

This COP details specific requirements for electrolysis activities in addition to those laid down in the Regulations prescribing standard conditions applicable to all special treatment licensed premises.

## 3.0 Definitions

### 3.1 Electrolysis

For the purposes of this code of practice Electrolysis refers to a permanent method of hair removal using needle-like probes. Electrolysis (epilation) works by passing a small amount of energy into the hair follicle through a very fine needle. This produces heat which destroys the cells that produce the hair at the base of the follicle. More than one treatment is necessary due to the fact that hair follicles have a specific growth cycle. There are three main methods of electrolysis

3.11 Galvanism – the original form of electrolysis by direct current causing a chemical (as opposed to heat) reaction to take place in the follicle

3.12 Diathermy: the use of short wave high frequency current which generates a small amount of heat within the hair follicle leading to cauterisation of the blood vessels which nourish hair growth

3.13 Blend: a combination of diathermy and direct current (or galvanism) is a more up-to-date method of inactivating the hair follicle.

### 3.2 Advanced work electrolysis

Therapists who have been in continuous practice for 5 years carrying out electrolysis are eligible to be trained to treat telangiectasia (dilated capillaries or thread veins), skin tags, warts etc. These are highly skilled procedures.

### 3.3 Cleaning

This is a physical process which removes soil e.g. dust, dirt and organic matter, along with a large proportion of germs. Cleaning with hot water and detergent breaks up grease and dirt on floors and surfaces. Cleaning is also essential prior to disinfection and sterilisation of instruments and equipment.

### 3.5 Disinfection

For the purposes of these treatments a high level disinfectant relates to disinfectants capable of reducing the number of viable bacteria and blood borne viruses including Hepatitis B & C and HIV but which may not necessarily inactivate some viruses and bacterial spores. Where the disinfectant requires dilution this must be carried out in accordance with the manufacturer's instructions using clean potable water. Once diluted the disinfectant must be used in accordance with the manufacturer's instructions. Immersion must be in accordance with the manufacturers instructions.

### 3.6 Sterilisation

Refers to a treatment cycle that renders equipment free from viable micro-organisms i.e. capable of killing bacteria, fungi, viruses and bacterial spores

## 4.0 Client consultation

4.1 A full client consultation must be carried out at the time of a first visit.

This includes the following:

### 4.11 Medical history

- a.) Skin conditions e.g. Psoriasis
- b.) Haemophilia
- c.) Heart disease/pace maker
- d.) High blood pressure
- e.) Diabetes
- f.) Seizures e.g. epilepsy
- g.) Immuno-compromised conditions
- h.) Concurrent drug treatments, such as antihistamines, which often have a depressant effect on the brain, steroids and aspirin
- i.) Psychiatric disorders
- j.) Allergies i.e. plasters
- k.) Taking blood thinning medication, e.g. aspirin

### 4.12 Contra indications noted

### 4.13 Areas to be treated

### 4.14 Treatment plan, i.e. duration of sessions, no of sessions and expected results

### 4.15 Potential risk and reactions to the treatment should be discussed

4.3 This record should be signed by the client as a declaration of agreement to treatment having understood all the associated risks.

4.4 A record of subsequent treatments must be kept.

4.5 Consultation records must be held on the premises and be available for inspection by an authorised officer and copies of aftercare advice must be available for inspection.

## 5.0 Qualifications

5.1 Any person carrying out electrolysis must be suitably qualified in one of the qualifications listed below or equivalent

NVQ level 3 Unit 16 – remove hair using electrical epilation methods

CIDESCO Diploma

ITEC diploma in Electrology

City and Guilds level 3

VTCT

CIBTAC Epilation Diplomas

Therapists carrying out electrolysis must also have specific training for the machine that is operated.

All therapists carrying out electrolysis should be appropriately supervised in their first year following qualification

## 5.2 Advanced Electrolysis

ITEC Certificate in red vein treatment

British Association of Electrolysis advanced work training

5.3 Any foreign qualifications must be compared to an equivalent UK qualification by a comparability organisation such as UK Naric.

## 6.0 Standard Infection control Procedures

### 6.1 Staff health

- a.) All staff should be vaccinated against Hepatitis B
- b.) Where gloves are not worn hand hygiene is of the utmost importance. Hands should be washed immediately prior to carrying out a treatment and during the treatment where necessary. Liquid soap should be used followed by an alcohol hand rub.

### 6.2 Blood Spillage

Where any blood spillage occurs it shall be cleaned up as soon as possible using the procedure stated below:

- a.) Put on disposable gloves and apron
  - b.) Place disposable paper towels on blood spillage
  - c.) Pour bleach on top of paper towels and leave for 2 minutes
  - d.) Use paper towels to mop up spillage and then place them into clinical waste yellow bags
  - e.) Discard gloves into yellow plastic bag
  - f.) Wash and dry hands thoroughly
  - k.) Any contaminated clothes should be handled as little as possible and then only with gloves on. They should be pre-washed then washed at 64°C for 15 minutes or 70°C for a minimum of 3 minutes or discarded as clinical waste
- This procedure must be documented and made available for all staff in the case of such an event.

### 6.3 Sharps Injury

The licensee shall provide a written needle stick injury procedure. The procedure shall include the following:

- a.) What action to take in the event of such an injury
- b.) Encourage bleeding by squeezing gently
- c.) Do not suck wounds
- d.) Wash well with soap and warm running water
- e.) Cover with a dry dressing
- f.) Seek medical advice as soon as possible at the local Accident and Emergency Department
- g.) Recording of any puncture wound or contamination of broken skin, mouth or eyes and report the incident to the employer where necessary
- h.) If an infection occurs as a result of the incident, it should be reported to the Local authority by telephone (RIDDOR)

### 6.4 Protective clothing

- a.) The therapist should wear a clean uniform, overall or single use apron
- b.) Hot wash with detergent is sufficient for cleaning work clothes
- c.) Single use disposable gloves should be worn where possible

### 6.5 General Infection Control

- a.) A new alcohol wipe should be used for each separate area
- b.) The pre-sterilised needle packet should be opened carefully taking care not to touch the needle

- c.) The needle should be inserted into the electrolysis machine without contaminating it.
- e.) To avoid causing local infection areas directly on or near a pimple wound or sore should not be treated.
- f.) Single use disposable equipment must be used where available. Under no circumstances must single use disposable equipment be sterilised for reuse on another client.
- g.) Where possible disposable needle holders should be used to reduce the risk of contamination.
- h.) Single use disposable equipment must not be opened until the therapist is ready to start the procedure and it should be opened in the presence of the client. Any packages with their seals not intact should be discarded into the sharps container.
- i.) The needle point must never be touched with bare fingers or any non-sterile material
- j.) One needle may be used repeatedly on one individual client during an individual treatment.
- k.) If blood is inadvertently drawn when carrying out the treatment, light to moderate pressure should be applied to the area with a clean sterile swab. (Never a bare finger) continue with a clean needle.
- l.) At the conclusion of the procedure, used needles must be placed in the sharps box see GN 5 clinical Waste
- m.) All cotton swabs and other clinical waste must be placed in clinical waste yellow bags. See GN 5 Clinical Waste.
- n.) Other contaminated equipment must be placed in a solid container marked 'dirty' immediately after use and then decontaminated as soon as possible afterwards in an autoclave.
- o.) All autoclaves used at the premises shall be chosen and used in accordance with the standards laid down in the current publication of the following
  - a.) MDA BD2002 (06) – Bench-top steam sterilizers – Guidance on purchase, operation and maintenance
  - b.) MDA DB 9804 – The validation and periodic testing of bench-top vacuum steam sterilizers
- p.) Surfaces used during the treatment e.g. couch/chair must be wiped with a suitable disinfectant after each client and when preparing for the next
- q.) All surfaces that come into contact with staff, equipment or clients must be cleaned at least daily with a suitable high level disinfectant. This will include areas such as door and cupboard handles and any other contact points. Any surfaces used during treatments must be cleaned with a suitable high-level disinfectant prior to each use

## **7.0 Aftercare**

Clients should be given verbal and written after care advice. This should also include advice of any possible after effects.

## **8.0 Age**

Anyone under the age of 18 must be accompanied by a parent or guardian. The parent/guardian must sign a consent form at the time of the treatment (see informed consent)

## **9.0 Information/record keeping/consent**

9.1 Records kept must include steps taken to verify the age of the client. E.g. photocopy of photographic proof of age where appropriate

9.2 Before any treatment takes place, the therapist or other competent person shall fully explain the potential side effects and problems that can occur to the client.

This informed consent must be recorded and signed by the client. For these purposes, a printed pro-forma should be used.

### **10.0 Use of Anaesthetics**

Only operators who have attended the appropriate course on use of topical anaesthetics will be permitted to use them.

### **11.0 Complaints procedure**

The licensee shall provide a written procedure to deal with complaints from customers. All complaints shall be recorded along with details of the following:

- a.) What action was taken to resolve the complaint
- b.) Any changes made in response to the complaint

A copy of the complaints procedure shall be kept at the premise at all times. A copy of all complaints and the above details shall be kept at the premises for a period of at least 2 years.

### **12.0 Review**

This Code of Practice will be reviewed regularly and updated in light of current industry guidance and legal opinion. Any changes will be notified to licensees and will be attached as conditions to your licence with effect from the date of the next renewal of your licence.