

# INFECTION PREVENTION AND CONTROL PLAN

**FACILITY NAME:** \_\_\_\_\_ **FACILITY ID:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**OWNER'S NAME:** \_\_\_\_\_ **PHONE: ( )** \_\_\_\_\_

The owner, employees and practitioners of the above body art facility have developed this Infection Prevention and Control Plan (IPCP) to prevent accidents, to eliminate or minimize occupational exposure to blood or other body fluids, and to break the cycle of cross-contamination between practitioners and clients. This plan is intended to comply with the current AB 300, OSHA standards and applicable local regulations.

This plan is effective as of the following date: \_\_\_\_\_

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

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

The facility owner is responsible for administering the IPCP and providing training to all practitioners that operate in the facility. Training will be provided annually and whenever changes are made to this document or any practices. Changes must be immediately reflected in this document and resubmitted to the Sacramento County Environmental Management Department for approval.

IPCP training records must be available for inspection upon request and maintained on site for a period of **3** years.

Note: Each practitioner is required to have proof of annual Bloodborne Pathogen (BBP) certification and Hepatitis B testing, vaccinations or declination.

## SECTION 1

### PROCEDURES FOR DECONTAMINATING AND DISINFECTING ENVIRONMENTAL SURFACES

Describe how each work station and procedure area will be decontaminated or disinfected:

---

---

---

---

What EPA registered solutions will be used? \_\_\_\_\_

---

---

---

---

What surfaces and objects will be disinfected? \_\_\_\_\_

---

---

---

---

How often will these surfaces and objects be disinfected? \_\_\_\_\_

---

---

---

---

SECTION II

PROCEDURES FOR DECONTAMINATING, PACKAGING, STERILIZING AND STORING REUSABLE INSTRUMENTS

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

Describe how instruments or other reusable items shall be washed, disinfected and packaged.

---

---

---

---

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

---

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.

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

---

---

---

Location of the soaking instruments: \_\_\_\_\_

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

---

---

---

Are all chemical bottles labeled? YES \_\_\_\_\_ NO \_\_\_\_\_

The Material Safety Data Sheet (MSDS) sheets for all chemicals are located in: \_\_\_\_\_

---

How are sterile instrument packs evaluated prior to use?

---

---

Are sterile instrument packs opened in front of the customer prior to the procedure?

YES \_\_\_ NO \_\_\_

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 instruments, the date sterilized, and the initials of the person operating the sterilizing equipment.

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

Describe the location of your decontamination area/clean room and sterilization equipment in the facility: \_\_\_\_\_

---

Is the decontamination room more than 5 feet from the procedure area or separated by a solid, cleanable barrier? YES \_\_\_\_\_ NO \_\_\_\_\_

Is an ultrasonic machine used for washing and cleaning instruments? YES \_\_\_\_\_ NO \_\_\_\_\_

Instruments are packaged for sterilization as follows:

INSTRUMENT TYPE	SPECIAL REQUIREMENTS	PACKAGING MATERIAL
Hinged	Must be in "open" position	Peel pack
Needles		Peel pack
		Peel pack
Jewelry	Individually packaged or statum sterilizer	Peel pack or open

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

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

Describe the 3 instances you would use a commercial biological indicator monitoring system (spore test) in your sterilization load:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Biological indicators monitoring test results shall be recorded in a log that shall be kept on site for \_\_\_\_\_ years after the date of the results.

Each sterilization load shall:

- A) Be monitored with mechanical indicators for time, temperature and pressure
- B) Include a **Class V integrator**
- C) Each sterilization pack shall have an **indicator**

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

---



---

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

A written log of each sterilization cycle shall be maintained for **2** 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 (spore test) monitoring are positive, how the items were cleaned, and proof of a negative test before reuse.

**SECTION III**

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

After sterilization, describe the location where the packaged instruments are stored:

---

---

---

Is each peel pack evaluated at the time of storage and before use?      YES       NO

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

---

---

---

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

---

If the above instruments are used, a **log** must be kept of all procedures, the practitioner performing the procedure, client name, and date of procedure. Where are these records maintained? \_\_\_\_\_

---

**SECTION IV**

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

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.

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

Describe the location of gloves available within your facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under no circumstances shall a single pair of gloves be used on more than one individual.



Describe the set up and tear down procedure for each of the stations and for each type of procedure performed at this facility:

<b>SET UP PROCEDURES</b>	<b>TEAR DOWN PROCEDURES</b>
<b>TATTOOING:</b>	
<b>PIERCING:</b>	
<b>BRANDING:</b>	
<b>PERMANENT MAKE-UP:</b>	

## SECTION V

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

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

---

---

---

---

---

---

---

---

---

---

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

---

---

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

---

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

Tattooing: \_\_\_\_\_

Piercing: \_\_\_\_\_

Branding: \_\_\_\_\_

Permanent Cosmetics: \_\_\_\_\_

Washing of contaminated instruments or items: \_\_\_\_\_

## SECTION VI

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

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

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

Sharps waste must be removed and disposed of by a company, or removal and transportation through a mail-back system approved by the department pursuant to subdivision (b) of Section 118245.

Provide the location of each sharps container in your facility: \_\_\_\_\_

---

Provide the method or licensed biohazard waste hauler used to dispose of the sharps generated at this facility: \_\_\_\_\_

What is the frequency of your sharps disposal? \_\_\_\_\_

**SECTION VII**

**HANDWASHING**

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

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

---

---

---

Describe when handwashing is required in your facility:

---

---

---

Are wall and floor surfaces at the workstation, cleaning rooms, instrument storage, and procedure areas smooth and cleanable?    YES    \_\_\_    NO    \_\_\_    If "NO" please describe:

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

Customer waiting area:
Procedure areas:
Restroom:
Decontamination room:
Break room:

Is the decontamination room labeled "Restricted" or "Employees Only"?    YES    \_\_\_    NO    \_\_\_

Are animals allowed in your facility?    YES    \_\_\_    NO    \_\_\_

If "yes", where are they allowed? \_\_\_\_\_

## SECTION VIII

### JEWELRY STANDARDS

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

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

All jewelry placed in newly pierced skin will meet the above requirements: YES  NO

Only commercially manufactured inks, dyes, and pigments shall be used in any procedure conducted in this facility.

PROVIDE A DRAWING/PLOT PLAN OF THE INTERIOR OF YOUR FACILITY

(INCLUDE WALLS, SINKS, RESTROOMS, PROCEDURE AREAS (WORK STATIONS), WAITING AREAS, BREAK ROOMS, AND DECONTAMINATION ROOM)

A large rectangular area filled with a grid of small dots, intended for drawing a facility layout. The grid consists of approximately 30 columns and 40 rows of dots, providing a guide for scale and proportion in the drawing.

**SECTION IX**

**FIRST AID**

**POST EXPOSURE PROCEDURE AND FORMS**

The location of the first aid kit is: \_\_\_\_\_

The location of the nearest healthcare facility is:

NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Two (2) attachments have been provided as part of this plan in case of an exposure incident:

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

# POST-EXPOSURE PROCEDURE

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

## I. APPLY FIRST AID

- A. Wash the area immediately with soap and water, control any bleeding, and apply bandage.
- B. For exposure to eyes, mouth, and/or nose flush area with water.

## II. GET THE POST-EXPOSURE PROCEDURE PACKET

The Exposure Packet is kept at the following location:

---

### A. Immediately go to primary healthcare facility or physician:

- A. Name: \_\_\_\_\_
- B. Healthcare Facility Address: \_\_\_\_\_
- C. Healthcare Facility Phone number: \_\_\_\_\_

### B. If primary healthcare facility or doctor is unavailable, go to:

- A. Name: \_\_\_\_\_
- B. Healthcare Facility Address: \_\_\_\_\_
- C. Healthcare Facility Phone number: \_\_\_\_\_

**C. Take source individual with you to the healthcare facility if possible for testing.** A completed Source Individual's Consent or Refusal form should accompany you to the healthcare facility

**D. Complete the Needle Stick and Sharp Object Report at the healthcare facility**

## III. NOTIFY FACILITY OWNER /AND/OR The Safety Manager IMMEDIATELY

## IV. PROCEDURE FOR SOURCE TESTING

- A. Obtain source individual consent**  
Have source individual complete and sign the consent or refusal form.



# Source Individual's Consent or Refusal

## for HIV, HBV, and HCV Infectivity

Source Individual is the person whose blood or body fluids provided the source of this exposure.

### Exposed Individual's Information

Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Exposure Date: \_\_\_\_\_  
Mo / Day / Yr

### Source Individual's Statement of Understanding:

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

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

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

### Consent or Refusal & Signature

I hereby consent to:

HIV Testing \_\_\_\_\_ HBV Testing \_\_\_\_\_ HCV Testing \_\_\_\_\_

I hereby *refuse* consent to:

HIV Testing \_\_\_\_\_ HBV Testing \_\_\_\_\_ HCV Testing \_\_\_\_\_

### Source Individual Identification

Source Individual's Printed Name: \_\_\_\_\_

Source Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship if signed by other than the Source Individual: \_\_\_\_\_