

**Rules Relating to Tattooing and Body Piercing**  
**Effective date: July 1, 2004**

**PART 1. GENERAL INFORMATION ON REGISTRATION  
OF TATTOOISTS AND BODY PIERCERS**

**1.1 THE PURPOSE OF REGISTRATION**

The Secretary of State has been given powers by Vermont law to protect the public health, safety, and welfare by setting standards, registering applicants, and regulating registered tattooists and body piercers and their practices.

**1.2 LAWS THAT GOVERN REGISTRATION**

Registration is governed by a specific state law that establishes responsibilities for setting standards, issuing registrations, and regulating the occupation. The law is the Tattooists and Body Piercers Act, 26 V.S.A. §§ 4101-4109. In addition, the Director of Professional Regulation (“the Director”) is obligated to comply with several other state laws such as the Administrative Procedure Act, 3 V.S.A. §§ 801-849, the Open Meeting Law, 1 V.S.A. §§ 310-314, the Access To Public Records Law, 1 V.S.A. §§ 315-320, and the Law of Professional Regulation, 3 V.S.A. §§ 121-131. These laws set forth the rights of an applicant, registered tattooist, or member of the public.

**PART 2. INFORMATION FOR APPLICANTS**

**2.1 APPLICATION**

A. Applications and information about registration requirements are available from the Office of Professional Regulation (“the Office”). An applicant shall submit a fully completed application form with all supporting documentation and the fee to the Office. The Office reviews applications only after the fully completed application and documentation is received, including evidence of any registration or license in another jurisdiction and its registration or licensing standards.

B. An applicant issued an initial registration within 90 days of the required renewal date will not be required to renew or pay the renewal fee. The registration will be issued through the next full registration period. An applicant issued an initial registration more than 90 days prior to the required renewal date will be required to renew and pay the renewal fee.

**2.2 QUALIFICATIONS FOR REGISTRATION AS A TATTOOIST OR BODY PIERCER**

To be eligible for registration as a tattooist or body piercer, an applicant must be 18 years of age or older and have completed a three-hour course in infectious diseases and universal precautions and the 1,000 hour apprenticeship required by 26 V.S.A. §4105(b) and further described below. Information on course providers and locations may be obtained from the office.

**2.3 APPRENTICESHIPS**

A. Apprentices shall register with the Office on forms provided by the Director prior to accumulating apprentice hours for the experience to count toward the hourly requirement. The hourly requirement shall be completed within one calendar year of registering with the Office. An applicant may receive no more than 40 hours per week of apprenticeship credit. The applicant shall provide proof of successful completion of the apprenticeship on forms provided by the Director which shall include a weekly record of attendance, including hours worked, dates, and subject areas covered, including a notarized statement of the supervisor attesting to completion of the apprenticeship.

B. Competencies - At a minimum, an apprenticeship shall cover the following basic areas of practice:

1. Sanitation;
2. Sterilization;
3. Personal Health and Hygiene;

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4. Dealing with the Public;
5. Hands-on Practice; and
6. Vermont Law.

C. Supervisors - An apprentice supervisor shall have been actively practicing for at least three years and shall not have a record of disciplinary action. A supervisor may supervise no more than three apprentices at any one time and must directly supervise each apprentice. "Direct supervision" means that the supervisor is on the premises and available to the apprentice at all times.

D. The Director may allow certain related education, training or experience of the applicant on a case by case basis for substitution of all or part of the apprenticeship requirement, depending on the quality and nature of that education, training or experience and whether it addressed some or all of the competencies listed above.

1. Apprenticeship equivalents - The Director may allow the following in lieu of the apprenticeship and course requirements:

- a. An applicant who is licensed and in good standing in another state with substantially similar requirements;
- b. An applicant with at least three years verifiable tattooing or body piercing experience working in a shop.

2. Partial apprenticeship equivalents - On a case by case basis, the Director may consider related education, training or experience, allowing credit toward all or part of the apprenticeship requirement dependent upon the quality and nature of that education, training or experience. Examples: formal tattooing or body piercing classroom instruction or experience in related fields such as electrology, nursing or other medical or medical-related professions.

3. Universal precautions and infectious diseases course - The Director may accept a previously undertaken three hour universal precautions and infectious disease course if the applicant has taken it within the two years immediately preceding the application.

## **2.4 QUALIFICATIONS FOR REGISTRATION AS A TATTOO OR BODY PIERCING SHOP**

Applicants for a shop registration shall:

- A. submit a completed application with the required fee;
- B. submit a floor plan of the shop showing separate areas for piercing and tattooing, if applicable;
- C. pass an inspection of the shop; and
- D. designate a registrant responsible for the overall cleanliness and sanitation of the shop.

## **2.5 INSPECTIONS**

An initial inspection will take place prior to operation as a registered shop to ensure compliance with the sanitation and sterilization standards set forth in these rules. After initial inspection, the Director has the authority to inspect any shop during regular business hours.

## **2.6 RIGHT TO A WRITTEN DECISION AND APPEAL**

If the Director denies an applicant registration, the Director must give specific reasons in writing and inform the applicant of the right to appeal this decision to an administrative law officer. After giving the applicant an opportunity to present the application and any additional information, the administrative law officer must affirm, reverse, or modify the Office's preliminary decision. The applicant may appeal the administrative law officer's decision to the Washington Superior Court.

## **PART 3. INFORMATION FOR REGISTERED TATTOOISTS AND BODY PIERCERS**

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**3.1 RENEWING REGISTRATION BIENNIALLY**

The Office has a fixed 24-month registration schedule. Registrants renew on a fixed biennial schedule: October 1 of the even-numbered years. A registrant shall renew by the expiration date printed on his or her registration. Before the registration expiration date, the Office will mail a renewal application and notice of renewal fee. A registration will expire automatically if the renewal application and fee are not returned to the Office by the expiration date.

**3.2 GENERAL INFECTION CONTROL PROCEDURES AND PUBLIC HEALTH PRACTICES FOR ALL SHOPS, TATTOOISTS AND BODY PIERCERS**

The practices of tattooing and body piercing involves the puncture of skin and exposure to blood. Both the client and the tattooist or body piercer are at risk for a skin- or blood-carried infection, including bacterial infections of the skin or underlying tissues and viral diseases, most significantly hepatitis B, C and D and HIV. To decrease the risk of these infections, tattooists and body piercers are required to follow the infection control procedures, public health practices, and sanitation standards contained in these rules. The following sections apply to both tattooists and body piercers and are then followed by rules more specific to each profession.

See Appendix A for a list of current references relative to tattooing, body piercing and infection control.

**A. DEFINITIONS**

1. Disinfection - The use of a chemical agent or physical process to destroy all disease-causing microorganisms on objects.
2. Infectious body fluids - Blood, semen, vaginal secretions and any body fluid that contains visible blood are considered potentially infectious body fluids. Cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids are also potentially infectious.
3. Invasive procedure - Any procedure that requires a puncturing or cutting of the skin or tissue.
4. Mucous membranes - Mucous membranes line body cavities such as mouth, nose, throat, urethra, rectum and vagina. Also includes eyes.
5. Non-intact skin - Skin that is damaged or broken in some way so that it does not provide optimal protection against infection. This might include skin that is chapped or abraded, or has cuts, sores, inflammation, infection, dermatitis, or an area that is the site of a recent procedure that pierces the skin.
6. Sharp objects (sharps) - Needles, razors, or other objects that can puncture skin.

**B. PREVENTING SPREAD OF INFECTION**

When performing procedures on clients that might result in contact with open skin, mucous membranes, blood, and other body fluids it is necessary to take measures to prevent infection. Infections can be passed from client to practitioner, practitioner to client, client to client, and practitioner to practitioner. Diseases can be spread by contaminated hands, objects, or body fluids and tissue.

1. Hand hygiene: hand washing and hygiene are extremely important in preventing the spread of infection.
  - a. Wash hands with soap (liquid soap is preferred to bar) and water by: 1) wetting hands with running water; 2) applying soap and distributing over all surfaces of hands and fingers; 3) rubbing hands together for 10-15 seconds; and 4) rinsing hands with running water to remove remaining soap.
  - b. Alcohol-based waterless handrubs may be used instead of soap and water only if hands are not visibly soiled.
  - c. Hands must be washed: 1) before and after contact with a client; 2) before putting on and after removing gloves; 3) after contact with body fluids, mucous membranes, skin that is not intact, and soiled inanimate objects such as bandages; 4) after using the rest room; and 5) whenever hands are visibly soiled.
  - d. For invasive procedures, scrub hands and wrists with antimicrobial soap or alcohol-based waterless antiseptic for one minute.

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- e. Liquid soaps and lotions are kept in closed containers.
  - f. Reusable soap containers are washed and dried before refilling and are not topped off.
  - g. Paper (not cloth) towels or hand blowers are within an arm's reach of the sink used for washing hands. If paper towels are used, they are dispensed from holders that do not require pushing a lever or turning a handle.
  - h. Nails are short enough to be kept clean underneath and not puncture gloves.
2. Gloves and protective barriers:
- a. Use medical gloves in the following instances: 1) performing invasive procedures; 2) making contact with genitals or mucous membranes; 3) making contact with skin that is not intact; and 4) before disinfecting a work area or equipment that might be soiled with blood, semen, vaginal secretions, other infectious body fluids or any body fluid that might contain blood.
  - b. Use disposable gloves only once.
  - c. Do not touch your eyes, nose, mouth, or hair with gloves on.
  - d. Check gloves periodically for tears.
  - e. Do not smoke, eat, or drink with gloves on.
  - f. Wear a mask and protective eyewear or a face shield when performing procedures that are likely to generate droplets of blood or other body fluids that might contain blood.
  - g. Wear a gown or apron when performing procedures that are likely to generate splashes of blood or body fluids containing blood.
  - h. Use disposable lap cloths. They are preferred to cloth lap cloths, which can harbor bacteria.
  - i. Any broken skin on the practitioner must be covered with a semi-occlusive or waterproof bandage.
3. Blood Spills and Exposure Incidents:
- a. Blood spills on inanimate objects shall be cleaned according to the following guidelines: 1) wear gloves; 2) disinfect area with a freshly prepared solution of 1:10 household bleach applied for at least 30 seconds; and 3) wipe up spill and bleach solution.
  - b. Exposure Incidents: A blood exposure incident has occurred if there has been a piercing of the skin with a sharp object that has been contaminated with blood or other potentially infectious body fluids from another person. A blood exposure may also be eye, mouth or non-intact skin exposure to blood or other potentially infectious body fluids from another person through splashes or contaminated instruments or materials. If an exposure to blood occurs follow the procedures below:
    - 1) Wash injuries caused by needles and other sharp objects with soap and water.
    - 2) Rinse splashes to the nose, mouth, or skin with water.
    - 3) Flush eyes with water, saline, or sterile irrigant.
    - 4) Contact a health care provider immediately. In some instances, postexposure treatment may be indicated.
    - 5) Get contact information from the client whose blood you were exposed to. Testing of their blood may be necessary to determine exposures.
    - 6) Keep a record of the incident, including how the incident occurred and who was exposed.
4. Disposal of Sharp Objects:
- a. Sharps (needles, scalpels, etc.) shall be disposed of in a sharps disposal container as soon as possible after each use. The container shall meet the following criteria:
    - 1) Durable, closable, puncture resistant, and leak resistant on the sides and bottom.
    - 2) Clearly identifiable to practitioners with appropriate hazard warning labels.
    - 3) Allows visualization to the degree to which the sharps container is full.
    - 4) Secure from client or visitor tampering.
    - 5) Easy to use and simple to place and remove from a mounting system.

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- b. The following practices shall be followed to avoid sharps injury:
- 1) Provide at least one sharps disposal container at each workspace where sharps will be used.
  - 2) Place containers within arm's reach of the practitioner. The practitioner should not need to travel across the room or move around furniture to dispose of the sharp.
  - 3) Place containers at a vertical height that allows the practitioner to see the opening of the container.
  - 4) Dispose of the sharp as soon as possible after use is complete (preferably do not put the sharp down in between use and disposal).
  - 5) Secure container in place and keep container upright throughout use to avoid spillage.
  - 6) Do not recap needles by hand.
  - 7) Do not overfill sharps container.
  - 8) Completely close the container before removing or replacing it. Put in a second container for transport if leakage is possible (the second container should be closable and leak proof).

C. CLIENT PROTECTION AND CONSIDERATIONS

1. Explain risks and complications of the procedures to the client. Have clients sign a consent form.
2. No procedure shall be performed on a person obviously under the influence of intoxicating beverages or chemical substances. No intoxicating beverages or chemical substances shall be consumed on the premises. This rule includes, but is not limited to, the tattooist or piercer, who may not perform piercing while under the influence of intoxicating beverages or chemical substances.
3. Neither the practitioner nor the client shall use tobacco in any form while the procedure is being performed.
4. Do not tattoo a minor without written consent of the parent or guardian of the minor. Keep the signed consent for your records.
5. Obtain information from the client for your records (name, address, phone number, date of procedure, medical conditions, description of procedure, name of the tattooist or piercer). If a complication occurs during the procedure, make note of it in your records after the client has been cared for.
6. Give the client instructions for care of the tattoo site after the procedure.
7. Make sure the client is comfortable before starting the procedure.
8. Assess the skin to be tattooed. Do not perform if any abnormality of the skin or underlying tissues exists (for example, skin infection, dermatitis or other lesion).
9. Pre-procedure skin care:
  - a. If it is necessary to remove hair, remove it immediately before the procedure, preferably using a depilatory or electric clippers. If a razor is used, a single-use disposable razor should be used and discarded appropriately.
  - b. Clean grossly soiled skin around the procedure site by washing with soap and water.
  - c. After cleaning with soap and water, prepare the skin at the procedure site using an antiseptic agent. Common antiseptics are iodine and alcohol.
  - d. Apply antiseptic to skin starting in the middle of the procedure site and moving outward in concentric circles, so as not to re-contaminate an area that has already been cleaned. Allow antiseptic to dry.
  - e. Antiseptic bottles should be dated and discarded if not used within 3 months of opening. Do not refill or top off antiseptic bottles.
  - f. Do not use a product labeled as "disinfectant" on the skin. Disinfectants are for inanimate objects and can burn or damage skin.
10. Post-procedure skin care:
  - a. Protect procedure site with appropriate dressing.
  - b. Educate client about care of the procedure site and signs of infection such as

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redness, swelling, drainage, and fever.

c. Provide written instructions that the client can refer to at home. Direct the client to contact you and a health-care professional if infection occurs.

**D. DECONTAMINATION OF RE-USABLE OBJECTS**

All objects used more than once on a client or on more than one client must be cleaned and disinfected or sterilized between each use. The level of cleaning, disinfection and sterilization depends on the object and how it is used. All bottles should be labeled.

1. Cleaning:
  - a. Cleaning is the physical removal of tissue, blood or other visible matter from an object using soap and water.
  - b. Take instruments apart before cleaning.
  - c. Objects should be pre-cleaned before being disinfected or sterilized.
  - d. Wear gloves when cleaning objects contaminated with blood or other body fluids or tissue.
  - e. Store cleaned instruments in a clean covered container until disinfected or packaged for sterilization.
2. Disinfection:
  - a. Disinfection is the use of a chemical agent or physical process to destroy all disease-causing microorganisms on objects (some forms of microorganisms are not destroyed). Disinfection should not be used in place of cleaning and sterilizing objects that require sterilization.
  - b. There are three levels of disinfection: low, intermediate, and high.
    - 1) Low - Kills some microorganisms. Registered as a hospital disinfectant by the Environmental Protection Agency. Used for items that do not come into contact with mucous membranes (for example, table tops).
    - 2) Intermediate - Kills most microorganisms. Registered as a "tuberculocide" by the Environmental Protection Agency.
    - 3) High - Kills all microorganisms except spores. A chemical germicide labeled as a sterilant by the Food and Drug Administration is used.
3. Sterilization:
  - a. Sterilization is the use of a physical procedure or chemical agent to destroy all microorganisms, including spores.
  - b. Some devices may be purchased sterile and are used only once (for example, needles). Other devices may be re-usable and must be sterilized before each use.
  - c. Re-usable items must be cleaned with soap and water to remove debris before being sterilized.
  - d. All devices that enter a normally sterile body site (any site through which blood flows) or that touch non-intact skin must be sterile immediately before use.
  - e. Any device that comes into contact with blood, semen, vaginal fluids, other infectious body fluids, any body fluid containing visible blood, or non-intact skin must be pre-cleaned and then sterilized after use.
  - f. Sterilization can be achieved by specially manufactured machines which use a combination of pressure and steam or heat. Always follow manufacturer instructions for operation.
  - g. Steam autoclave:
    - 1) uses distilled water;
    - 2) temperature must reach 121° - 132° Celsius; and
    - 3) exposure time is 30 min for small packs.
  - h. Dry heat:
    - 1) use only for items that cannot be steam autoclaved;
    - 2) temperature must reach 170° Celsius; and

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- 3) exposure time is 1 hour.
  - i. Conduct an indicator test to ensure that the machine is working correctly.  
The manufacturer may recommend one or more of the following indicators:
    - 1) Manual indicator (pressure and temperature gauges).
    - 2) Chemical indicators (indicates that a wrapped package has been sterilized).
    - 3) Biological indicators or spore tests (the best method to ensure sterility - should be conducted weekly).
    - 4) Spore tests must be conducted at least once per month.
  - j. Label, date and store sterilized packs in a clean dry area. Plastic wrapped packs can be stored safely for 1 year.
  - k. Keep a record of sterilization equipment and operation, including indicator test results, maintenance, and repair.
4. Workspace decontamination:
- a. Wear gloves when appropriate (see section on gloves and protective barriers). General purpose (household rubber) gloves can be used for housekeeping chores. They may be decontaminated and reused, but should be replaced if peeling, cracked, discolored, or torn.
  - b. Clean visibly soiled area before using disinfectant.
  - c. Use a detergent or low-level disinfectant (hospital disinfectant) for work surfaces and equipment that do not come in direct contact with a client (for example, tables, machines, lamps) and are not grossly soiled with blood or other body fluids that may contain blood.
  - d. Use an intermediate-level disinfectant (hospital disinfectants that are labeled tuberculocidal / virucidal) according to manufacturer instructions to disinfect items contaminated with blood or other body fluids that may contain blood. ¼ cup bleach to 1 gallon water prepared daily can be used (contact time must be at least 30 seconds), but it is corrosive to metals and should not be used on instruments with metal parts.
  - e. Start decontamination in the center of a workspace and work outward in a circular manner, so as not to re-contaminate areas that have just been cleaned
5. Waste disposal:
- a. Most shop waste can be disposed of in closed bags with regular trash.
  - b. Sharp items such as needles should be disposed of in a sharps container. They should be removed by or sent to medical waste removal companies for processing.
  - c. Blood and body fluids may be carefully poured down a drain connected to a sanitary sewer (city sewer or septic system).
6. Laundry:
- a. Place all soiled linens in bags or containers at the location where they are used.
  - b. Transport soiled linens to the laundry area before sorting or rinsing.
  - c. Persons handling linens contaminated with blood or other body fluids should wear gloves and clothing to cover skin such as forearms that may come into contact with the linens.
  - d. Wash soiled linens at at least 160° F with detergent for at least 25 minutes. Water temperature may be lower than 160° F if detergents suitable for low-temperature washing are used according to the manufacturer's instructions.

**E. SHOP SET-UP AND PROCEDURES**

- 1. Premises in general.
  - a. Facilities shall be well-lit.
  - b. Separate areas for tattooing and body piercing shall be maintained, where applicable.
  - c. Adequate separation and screening shall be available for the privacy and dignity of clients.
  - d. No animals are allowed in the shop. In addition to traditional pets, this also includes, but is not limited to: rodents, birds, fish, reptiles and insects. Guide dogs are permitted.

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- e. All floors, walls, chairs and other furniture which may come into contact with the client, registrant, instruments or equipment shall be easily cleanable and smooth.
  - f. All shop floors, walls and furniture shall be kept clean and in good repair.
2. Toilet facilities.
- a. A sink with hot and cold running water shall be located in the tattooing or piercing area and shall be accessible to the licensee but separate from any lavatory to be used by the general public.
  - b. Hand cleanser and single use, disposable towels shall be provided.
3. Do not conduct financial transactions during the procedure.
4. Procedure room walls, floors, counters, furniture, and other equipment should be smooth and easy to clean.
5. Maintain an area for clean items and work station set-up that is separate from the area where dirty / contaminated items are placed.
6. Keep soiled linens and non-sterile contaminated items away from the areas where a procedure will occur.
7. Provide infection control guidelines for all employees.
8. Offer hepatitis B vaccine to all employees likely to be exposed to blood (required by the Occupational Safety and Health Administration).
9. Records shall be maintained for each client for no less than two years. In the event of change of ownership or closing of the business, all records shall be made available to the Director. Records are subject to inspection at any time by the Director or his or her designee.

**F. CLIENT CONSENT FORMS**

1. Consent form: Consent forms should contain the following about tattooing or piercing procedures, with a place for the client to sign and date the form:
- a. for tattooing:
    - 1) an explanation of the procedure;
    - 2) that tattooing is permanent;
    - 3) that removal of tattooing may not be complete and may leave scarring; and
    - 4) that complications of tattooing may include bruising, scarring, bleeding, skin and/or blood infection, allergic reactions to inks, and nerve and tissue damage.
  - b. for piercing:
    - 1) an explanation of the procedure;
    - 2) the complications of body and facial piercing include bruising, scarring, bleeding, skin and/or blood infection, allergic reactions to jewelry, and nerve and tissue damage; and
    - 3) the complications of oral piercing include bleeding, infection, tooth damage.
2. The form must include the following questions:
- a. Have you used alcohol or drugs within the last 8 hours? (Clients who have used alcohol or drugs within the last 8 hours should consider having the procedure some other day as they are at increased risk for loss of consciousness and they might regret their decision later.)
  - b. Has it been more than 2 hours since you last ate? (Clients should have eaten within the last 2 hours before the procedure to avoid increased risk of fainting.)
  - c. Questions about the following medical conditions that put a client at increased risk for complications:
    - 1) Mitral valve prolapse and other heart valve abnormalities - Persons with these conditions are usually advised to receive antibiotics during dental procedures. Antibiotics might also be recommended by the client's health care provider prior to having the procedure.
    - 2) Herpes - Persons with a history of herpes in the procedure area are at increased risk of a reoccurrence of herpes in that area. Antiviral medication taken before and after the procedure can reduce the likelihood of a reoccurrence.

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3) Allergies to latex - Persons with allergies to latex can react to latex gloves used by the practitioner. Allergic reactions vary in severity, but can be severe and life-threatening. Vinyl gloves should be used for clients with latex allergies.

4) Allergies to antibiotics - Persons with allergies to antibiotics can react to antibiotic ointment applied to the skin. Allergic reactions vary in severity, but can be severe and life-threatening. Non-medicated ointments should be used for clients with allergies to antibiotics.

5) Diabetes - Persons with diabetes, especially those who must take insulin, have impaired healing. They should be cleared by a physician before having the procedure.

6) Hemophilia, other bleeding disorders, and use of anticoagulant medications - Persons with these conditions can bleed excessively during and after the procedure.

7) Medications - Blood thinners (Coumadin, Warfarin, and aspirin) affect bleeding.

8) Autoimmune disorders - Persons with these disorders might have impaired healing. They should be cleared by a physician before receiving a tattoo.

9) Pregnancy or plans to become pregnant - Complications may result from nipple, navel or genital piercings.

**G. INFECTIOUS DISEASES**

1. Immunizations: Close contact with clients can put practitioners at risk for communicable diseases. The following vaccines can protect you and your clients from some diseases. All persons with potential for exposure to blood should be vaccinated with Hepatitis B vaccine. Other vaccines may be recommended for persons with certain health conditions. Check with a health-care professional.

<b>Vaccine</b>	<b>Disease</b>	<b>Recommendations</b>
Hepatitis B	Hepatitis B	This vaccine is recommended for persons who may be exposed to blood. Three shots over 6 months are required.
Td	Tetanus, Diphtheria	Receive this vaccine every 10 years. If you did not have or don't know if you had childhood shots, a series of 3 shots is needed.
MMR	Measles, Mumps, Rubella	At least one dose of this vaccine is recommended for all persons born in or after 1957.
Varicella	Chicken pox	This vaccine can be given to adults who have never had chicken pox. Two shots are required.
Influenza	Influenza ("flu")	This vaccine is given every year in October through December for persons wishing to protect themselves from flu. Consider this vaccine yearly if vaccine supplies are sufficient.

2. Exclusions from work: To avoid spread of disease to clients, refrain from client and equipment contact if you have the following conditions. Contact a health-care professional as medication may be necessary.

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<b>Disease/problem</b>	<b>Example</b>	<b>Restriction</b>
Conjunctivitis	Eye infection (e.g. pink eye)	Until symptoms/discharge stop
Gastroenteritis	Diarrhea (with other symptoms such as fever, vomiting, stomach cramps)	Until symptoms stop
Skin infections	Open sores, weeping dermatitis, blisters, ulcers, scabies	Until infections heal. May require antibiotics or other medications.
Fever and Rash	Measles, rubella, chicken pox, other	See a health professional – for most diseases restriction continues until a number of days after rash disappears or crusts over
Prolonged cough illness	Pertussis, tuberculosis	See a health professional – restriction until 5 days after start of antibiotics (pertussis) or until proved noninfectious by a health professional (tuberculosis)
Respiratory infection	“Flu”-like illness, colds (e.g. fever, headache, runny nose, sore throat, sneezing)	Until symptoms resolve. Strep throat requires antibiotics.

**3.3 STANDARDS FOR TATTOOISTS AND TATTOOING SHOPS**

**A. PREPARATION OF THE WORK AREA**

1. Cover work surfaces (trays, table tops) with paper towels.
2. Cover the tattoo machine, clipcord, spray and ink bottles, lamp handle, and any other surface that is touched during tattooing with plastic bags or film. Plastic coverings should be removed after each client and replaced with new plastic coverings for the next client.
3. Place a sharps container within reach of the workstation so that sharps can be disposed of immediately after use.
4. Use a waste bin lined with plastic for non-sharp waste items.
5. Keep a container with water in it at the workstation to hold used (contaminated) instruments and to keep them separate from clean instruments. Do not use an instrument again after it has been placed in the container until it has undergone proper cleaning, disinfection, and/or sterilization.
6. Keep all necessary items for tattooing within reach of the tattooist. Items within arm's reach will help prevent accidental spills and contamination of clean items.
7. Tissues or wipes to be used in the tattoo process should be kept in a place that is convenient to the tattooist, but in an area where they cannot become contaminated by other objects.
8. Set up equipment and open sterile items (needles, autoclave bags) in front of the client to show that sterile instruments are being used.
9. Wash hands and forearms before each procedure.
10. Prepare a lap cloth and other personal protective equipment.
11. Assemble tattoo machine (needlebar, grip, tube) with gloved hands.
12. Before an instrument is used, it shall be examined for burrs.

**B. INFECTION CONTROL PRACTICES SPECIFIC TO TATTOOING**

1. A spray bottle containing a mixture of soap and water can be used to clean the skin

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and for lubrication for shaving the area. Spray bottles should not be topped off and should be cleaned daily.

2. Use an antiseptic (for example, 70% isopropyl alcohol) on the skin in the area to be tattooed. Antiseptics should be wiped on in a circular manner using gauze or a swab. To saturate the swab or gauze, use a pump pack or pour antiseptic from its storage container into a disposable cup. The antiseptic must dry on the skin before penetration of the skin can begin. Use water instead of antiseptic around the eye.

3. Lubricating jelly in pump containers should be dispensed onto a clean single-use applicator. If more jelly is needed, a new applicator should be used. Never remove jelly from the pump using fingers or gloves. Alternatively, use single-use packages of jelly. Do not use deodorant sticks to moisten the skin.

4. Inks, dyes, and pigments should be non-toxic and need to be sterilized before use. Inks, dyes, and pigments used should be poured into clean single use plastic caps or disposable cups for each client.

5. Single-use disposable supplies and equipment should be used whenever possible.

6. Sterilized needles and similar instruments temporarily set down during tattooing shall be handled and placed so as not to become contaminated.

7. All substances shall be dispensed from containers in a manner to prevent contamination of the unused portion. Single-use tubes, containers, or applicators shall be discarded immediately following the procedure.

8. The use of styptic pencils, alum blocks, or other solid or liquid styptics to check the flow of blood is prohibited.

9. Stencils should be single-use (hctographic or tissue). Do not use acetate or other reusable stencils.

10. Tattoo needles and razors should be used only once and then discarded.

11. Discard needles and other sharps immediately after their use and in front of the client into an impervious needle disposal box.

12. Check gloves periodically for pinhole tears during the procedure.

13. Do not allow tip of pigment bottle to come into direct contact with previously poured pigment in tray or other objects that might contaminate the supply bottle.

14. When rinsing tubes for color change, do not blow excess water out of the tube. Use a tissue to pat it dry.

15. After the tattoo is applied, blot excess blood and body fluid and apply a thick layer of ointment or antibacterial cream to the tattooed area.

16. Apply a nonstick sterile gauze bandage or dressing to the area held in place with skin tape. Do not use plastic wrap. A thin layer of sterile petroleum jelly or antibiotic cream may be applied before covering with the dressing.

**C. BREAKDOWN OF THE WORK AREA**

1. Breakdown the workstation immediately after the client leaves the area.

2. Remove tube and needle set from the machine and immediately place in water or ultrasonic tank for rinsing. Properly dispose of all sharps.

3. Soak reusable instruments in preparation for cleaning.

4. Remove and dispose of elastic bands from the tattoo machine.

5. Left over ink and containers (ink caps and rinse cups) should be discarded after each client.

6. All left-over wipes in the working area should be discarded after each client.

7. All single-use items placed on the procedure tray should be discarded after each client.

8. Disinfect all surfaces that might have been contaminated. Everything touched during tattoo application is contaminated and must be disinfected (for example, drawer pulls, pigment bottles, lamps, clipcord, power supply) unless there is a barrier protecting it which can be thrown away (for example, plastic bag or film).

9. The tattoo machine should be wiped down with a disinfectant (for example, 70% isopropyl alcohol)

10. Bag and discard waste after each client.

**D. EQUIPMENT CLEANING AND STERILIZATION**

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1. Storage: All clean and ready-to-use needles and instruments shall be kept in sterile packets and stored in a closed glass, metal or rigid plastic case or storage cabinet while not in use. Such cabinet shall be maintained in a sanitary manner at all times.
2. Sterilization:
  - a. An autoclave shall be used for sterilizing all needles, needle bars and similar instruments that enter the body or touch a sterile item that enters the body before use on any client.
  - b. All instruments must be thoroughly pre-cleaned and washed via an ultrasonic to remove dyes, blood clots and other foreign matter, then dried and packaged for sterilization. Packages must then be dated and sterilized by autoclave.
  - c. Autoclaves must be properly maintained and spore-tested at monthly intervals, at a minimum. Weekly testing is recommended. Testing records shall be maintained and available for inspection for at least the previous two year period. Information on sterilization, cleaning supplies, autoclaves, and spore-testing may be obtained from medical supply companies.
3. Needles should be used only once and NOT sterilized for re-use.
4. Needle bars and tubes should be sterilized after each use on a client.
5. Solder new sterile needles onto a sterile needle bar. Clean and re-sterilize before using on a client.
6. Use a brush to clean grooved metal grips.

**E. AFTERCARE INSTRUCTIONS FOR CLIENTS**

1. Aftercare shall be administered to each client following a procedure. Aftercare consists of both verbal and written instructions concerning proper care for the tattooed area. Aftercare instructions shall include, at a minimum:
  - a. How long to leave the bandage on and how to remove the bandage if it sticks.
  - b. What the tattoo site will look and feel like over the next few days (for example, it might itch, look like a sunburn, peel and/or scab)
  - c. Instructions for keeping the tattoo clean and application of ointment to the tattoo until it has healed. Clients should be sure that they wash their hands before caring for their tattoo.
  - d. Client activity restrictions. For example, clients should avoid scratching, rubbing or picking the scab. Clients should also avoid swimming, baths, hot tubs, and sunbathing until the skin had healed.
  - e. Alternatives for cleaning if irritation to original cleaning products occurs.
  - f. Directions on use of sunscreen on healed tattoos to prevent fading.
  - g. Possible side effects.
  - h. Signs and symptoms of infection. These include excessive redness, swelling, severe itching, or pus at the tattoo site. Fever is also a sign of infection. Clients should be instructed to contact you and their health-care provider if signs and symptoms of infection occur.
  - i. Shop phone number for client questions.

**3.4 STANDARDS FOR BODY PIERCERS AND PIERCING FACILITIES**

**A. PREPARATION OF THE WORK AREA**

1. Cover work surfaces (trays, table tops) with paper towels.
2. Place a sharps container within reach of the workstation so that sharps can be disposed of immediately after use.
3. Use a waste bin lined with plastic for non-sharp waste items.
4. Keep a container with water in it at the workstation to hold used (contaminated) instruments and to keep them separate from clean instruments. Do not use an instrument again after it has been placed in the container until it has undergone proper cleaning, disinfection, and/or sterilization.
5. Keep all necessary items for piercing within reach of the piercer. Items within arm's

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reach will help prevent accidental spills and contamination of clean items.

6. Set up equipment and open sterile items (needles, autoclave bags) in front of the client to show that sterile instruments are being used.
7. Wash hands and forearms before each procedure.
8. Prepare personal protective equipment.
9. Assemble instruments with gloved hands.

**B. INFECTION CONTROL PRACTICES SPECIFIC TO PIERCING**

1. Wash hands thoroughly with hand cleanser and water and dry them with single-use, disposable towels before piercing.
2. Use single use impervious gloves on both hands before beginning the piercing.
3. Cleanse the client's skin by washing with an antiseptic solution applied with a clean, single-use, disposable paper or gauze product before and after performing the procedure.
4. All substances shall be dispensed from containers in a manner to prevent contamination of the unused portion. Single-use tubes, containers, or applicators shall be discarded immediately following the procedure.
5. The use of styptic pencils, alum blocks, or other solid or liquid styptics to check the flow of blood is prohibited.
6. Marking should be done after skin cleaning with a sterile instrument. Piercers shall not use a reusable marker or pen for marking the area to be pierced. Marking shall be done with a toothpick and ink well or by some other single use, disposable method.
7. Use an antiseptic (for example, 70% isopropyl alcohol) on the skin in the area to be pierced. Antiseptics should be wiped on in a circular manner using gauze or a swab. To saturate the swab or gauze, use a pump pack or pour antiseptic from its storage container into a disposable cup. The antiseptic must dry on the skin before penetration of the skin can begin. Use water instead of antiseptic around the eye.
8. For oral piercings, have the client rinse for 30 seconds or more with an antimicrobial mouthwash.
9. For oral / facial piercings (lip), the clients should use mouthwash and the facial skin should be cleansed.
10. A sterilized single-use needle should be used for each client and each procedure.
11. Discard needle immediately after use into the sharps container.
12. Single-use disposable items that should be discarded after each client include but are not limited to:
  - Needles
  - Corks
  - Rubber bands
  - Skin prepping materials
  - Marking devices
  - Dental bibs
  - Tray covers
  - Sterile gauze
  - Applicators
13. Reusable items that must be cleaned and disinfected using a high-level disinfectant include:
  - Calipers used on mucous membranes
  - Needle pushers
14. Re-usable items that must be cleaned and sterilized after each use include:
  - Forceps
  - Insertion tapers
  - Connectors
  - Receiving tubes

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· Pliers

15. Sterilize all needles (not already sterilized) and jewelry prior to use.
16. Piercing needles shall not be re-used.
17. Single-use disposable supplies and equipment are used whenever possible.
18. Disposable items used for the piercing procedure should be sterile (for example, rubber bands, cotton swabs, toothpicks, gauze).
19. All jewelry brought in by a client should be considered contaminated. Do not let customers place jewelry on a shop surface. Provide small cups for placement of jewelry brought in by clients.
20. Jewelry should be smooth polished (to avoid skin irritation and ease of cleaning / sterilizing).
21. Jewelry should be made from one of the following: surgical implant grade stainless steel; surgical implant grade titanium; niobium; tantalum; solid 14k or 18k yellow or white gold; platinum; high-density, low-porosity no-toxic plastics; PTFE (inert plastic; Tygon (S-54-HL)); or other materials found to be equally bio-compatible. Before using any of the preceding metals, the piercer should be familiar with each and how they react to different piercing locations.
22. Provide hand-washing facilities and/or hand sanitizers for clients (to decontaminate their own hands).
23. Discard needles and other sharps immediately after their use and in front of the client.
24. Gloves should be changed between skin preparation and the piercing procedure.
25. Flashlight or transdermal illuminators (used to illuminate tissue to avoid piercing blood vessels) should be covered with a fresh plastic sheath before each use. The instrument should be cleaned and disinfected with a low-level disinfectant after each use.
26. Do not use marking pens on more than one client, as they cannot be properly cleaned.
27. Do not dip tooth picks and other object into the ink container. Instead, place a few drops of ink on a clean surface (for example, the inner surface of the sterilization packet wrapper).
28. Forceps should be cleaned and sterilized after use on each client.
29. Needles and piercing devices should be the same gauge or slightly larger than the jewelry to be inserted.
30. If rubber bands are used on clamps, the rubber bands should be removed and disposed before the clamps are cleaned and sterilized.

C. PIERCING GUNS

Piercing guns should not be used on any part of the body except for the ear lobe (fleshy part). Use of the piercing gun on other body parts can lead to tissue damage and increase the risk of infection. See Rule 3.5, below, for recommendations on the use of piercing guns.

D. BREAKDOWN OF THE WORK AREA

1. Breakdown the workstation immediately after the client leaves the area.
2. Soak reusable instruments in preparation for cleaning.
3. All single-use items placed on the procedure tray should be discarded after each client.
4. Disinfect all surfaces that might have been contaminated. Everything touched during the procedure is contaminated and must be disinfected unless there is a barrier protecting it which can be thrown away (for example, plastic bag or film).
5. Bag and discard waste after each client.

E. EQUIPMENT CLEANING AND STERILIZATION

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1. Storage: All clean and ready-to-use needles and instruments shall be kept in sterile packets and stored in a closed glass, metal or rigid plastic case or storage cabinet while not in use. Such cabinet shall be maintained in a sanitary manner at all times.

2. Sterilization:

- a. An autoclave shall be used for sterilizing all needles and similar instruments before use on any client.
- b. All instruments must be thoroughly pre-cleaned and washed via an ultrasonic to remove blood clots and other foreign matter, then dried and packaged for sterilization. Packages must then be dated and sterilized by autoclave.
- c. Autoclaves must be properly maintained and spore-tested monthly, at a minimum. Weekly testing is recommended. Testing records shall be maintained and available for inspection for at least the previous two year period. Information on sterilization, cleaning supplies, autoclaves, and spore-testing may be obtained from medical supply companies.

3. Needles should be used only once and NOT sterilized for re-use.

4. Store clean items in a covered container when not in use.

**F. AFTERCARE INSTRUCTION FOR CLIENTS**

1. Aftercare shall be administered to each client following a procedure. Aftercare consists of both verbal and written instructions concerning proper care for the piercing. Aftercare instructions shall include, at a minimum:

- a. What the site will look and feel like over the next few days (for example, there might be some bruising or swelling)
- b. Instructions for cleaning the site and application of cleaning solutions and sea salt soaks until the piercing has healed. Clients should be sure that they wash their hands before caring for their piercing.
- c. Advise against using band-aids or other bandages that limit air circulation.
- d. Client activity restrictions. For example, clients should avoid:
  - 1) Over-cleaning the piercing site
  - 2) Submerging the piercing in water such as pools, lakes, jacuzzis, etc.
  - 3) Tight waistbands (for naval piercing)
  - 4) Hair spray and make-up (for ear and facial piercing)
  - 5) Use of condoms (for genital piercing)
- e. Signs and symptoms of infection. These include excessive redness, swelling, severe itching, or pus at the piercing site. Fever is also a sign of infection. Clients should be instructed to contact you and their health-care provider if signs and symptoms of infection occur. If an infection is suspected, jewelry should be left in until the client can be seen by a health provider.
- f. Shop phone number for client questions.

2. Aftercare instructions for oral piercings should also include the following information:

- a. Rinsing with cleaning solutions and sea salt mixtures after eating.
- b. Suck on ice to reduce swelling.
- c. Removal of plaque from tongue jewelry.
- d. client activity restrictions. For example, clients should avoid:
  - 1) Oral sex
  - 2) Chewing gum, tobacco, and other objects
  - 3) Smoking
  - 4) Aspirin
  - 5) Salty, spicy, acidic, alcohol, and hot foods (for the first few days)

**3.5 USE OF EAR-PIERCING GUNS BY UNLICENSED PERSONS**

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A. No person shall practice body piercing without first obtaining a registration in accordance with these rules. "Body piercing" is defined by statute at 26 V.S.A. § 4101(4) to include ear piercing, except when performed on the lower lobe of the ear:

1. by the individual himself or herself;
2. by a parent or guardian when the subject of the piercing is a minor;
3. by a household member when the subject of the piercing is an adult; or
4. with an instrument approved by the director, by rule.

B. Instruments approved by the director include piercing guns which:

1. utilize a single-use (disposable) sterile cartridge or capsule containing the studs and butterflies;
2. do not allow contact between the gun and the ear. The cartridge or capsule is discarded after each use;
3. are capable of being loaded without touching the studs or stud holders; and
4. have piercing gun bodies disinfected with at least 70% isopropyl alcohol or a high-level disinfectant after each use.

### **3.6 TATTOOING OR BODY PIERCING A MINOR**

A tattooist may not tattoo a person under the age of 18 without the written consent of the minor's parent or guardian.

The written consent form must be signed by the parent or guardian in the presence of the tattooist and must contain a certification by the parent or guardian that the information provided in the consent form is true and accurate, under pains and penalties of perjury.

Before the parent or guardian signs the written consent form, the tattooist must disclose to the parent or guardian the information required to be disclosed in these rules. Copies of a sample written consent form are available from the Office.

The body piercer laws are silent on the issue of minors. Registered body piercers are cautioned to use sound judgment in deciding whether to perform piercings on a minor for possible liability reasons, both criminal and civil.

No tattooist or body piercer is required to perform tattoos or piercings on a minor and may decline to do so.

### **3.7 CHANGE OF NAME OR ADDRESS**

A registrant is responsible for notifying the Office promptly in writing of a legal name change if he or she changes name, mailing address or business address. A registrant requesting a change in his/her name must submit proof of the legal change in name.

### **3.8 PROFESSIONAL STANDARDS**

Registered tattooists and body piercers may be disciplined for any of the categories of unprofessional conduct listed in 26 V.S.A. §4108. In addition, 3 V.S.A. §129a provides grounds for discipline in this state, including grounds for discipline if a registrant or applicant has been disciplined in another state for any offense which would constitute unprofessional conduct in Vermont.

### **3.9 COMPLAINT PROCEDURE**

The Office has a procedure for receiving, investigating, and acting on complaints of unprofessional conduct. Copies of the procedure are available from the Office.

## **PART 4. DISCLOSURE OF INFORMATION**

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**4.1 DISCLOSURE OF INFORMATION**

Each registered tattooist and body piercer shall disclose to each new client the following information, printed or typed in easily readable format:

- (1) The registrant's professional qualifications and experience.
- (2) The infection control procedures and public health practices to be followed to protect the public from communicable diseases.
- (3) A copy of the statutory definition of unprofessional conduct (26 V.S.A. § 4108 and 3 V.S.A. § 129a).
- (4) Information on the process for filing a complaint with, or making a consumer inquiry to, the Director. Sample information cards are available from the Office.

Disclosure means, at a minimum:

- (a) posting the information and informing the client where the information is posted; or
- (b) having the information printed, displaying the printed information in an easily accessible location, and informing the client where the information is displayed; or
- (c) having the information printed and directly handing a copy of the information to the client.

Before the first treatment, the tattooist or body piercer shall present to the client for signature a document stating that the information required to be disclosed in paragraphs (1), (2), (3), and (4) above has been disclosed to the client. The tattooist shall also sign the document and shall prepare and shall retain the signed original. If, before the first treatment, disclosure cannot be made or the client declines to sign, the tattooist or body piercer shall prepare and sign a written statement explaining the omission, which shall be retained in place of the signed copy.

For tattooists, if the client is a person under the age of 18, the information required to be disclosed in this rule shall be disclosed to the minor's parent or guardian, in connection with obtaining written consent for treatment, as provided in rule above.

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APPENDIX A

Resources, references and recommended reading for tattooists and body piercers.

RESOURCES:

Contact numbers:

For questions about infection control procedures, contact Infectious Disease Epidemiology, Vermont Department of Health at (802) 863-7240.

For questions about practitioner regulations and licensing, call the Vermont Secretary of State Office at (802) 828-2363.

For questions about worker safety and health, call the Vermont Occupational Safety and Health Administration at (802) 828-2765

For questions about low or intermediate-level disinfectants, and some high-level disinfectants (sterilants) contact the manufacturer or the Environmental Protection Agency (EPA). Hotline: (703) 308-0127. Email: [info\\_antimicrobial@epa.gov](mailto:info_antimicrobial@epa.gov).

For questions about high-level disinfectants (sterilants) or how to clean, disinfect or sterilize a device, call the manufacturer of the product or device. Information on sterilants and medical devices can be obtained by calling the FDA at (301) 443-4690 or 1-888-INFO-FDA (1-888-463-6332).

For information about selection of medical gloves, call the Food and Drug Administration at (301) 443-8913 or 1-888-INFO-FDA (1-888-463-6332).

For questions about immunizations, the National Immunization Information Hotline is supported by CDC's National Immunization Program and provides vaccination information for health-care providers and the public, 8:00 am--11:00 pm, Monday-Friday.

Telephone (English): 800-232-2522

Telephone (Spanish): 800-232-0233

Telephone (TTY): 800-243-7889

REFERENCES:

AAP. Infection control in physicians' offices. *Pediatrics* 2000 Jun;105(6):1361-9 Available at: <http://www.aap.org/policy/re9962.html>

Guideline for Hand Hygiene in Health-Care Settings Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. October 2002. Available at: <http://www.cdc.gov/mmwr/PDF/RR/RR5116.pdf>

APIC Guideline for Hand Washing and Hand Antisepsis in Health-Care Settings. 1995 Available at: <http://www.apic.org/pdf/gdhandws.pdf>

CDC. Selecting, Evaluating and Using Sharps Disposal Containers. January 1998. Available at: <http://www.cdc.gov/niosh/sharps1.html>

CDC. Exposure to Blood: What Health-Care Practitioners Need to Know. 1999 Available at: [http://www.cdc.gov/ncidod/hip/Blood/exp\\_blood.htm](http://www.cdc.gov/ncidod/hip/Blood/exp_blood.htm)

CDC. Issues in Healthcare Settings: Laundry. Available at: <http://www.cdc.gov/ncidod/hip/STERILE/laundry.htm>

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CDC. Issues in Healthcare Settings: Infectious Waste. Available at:  
<http://www.cdc.gov/ncidod/hip/Blood/WASTE.HTM>

CDC. Universal Precautions for Prevention of Transmission of HIV and Other Bloodborne Infections. Available at:  
<http://www.cdc.gov/ncidod/hip/Blood/UNIVERSA.HTM>

CDC. Issues in Healthcare Settings: Sterilization or Disinfection of Medical Devices: General Principles. Available at: <http://www.cdc.gov/ncidod/hip/sterile/sterilgp.htm>

CDC. Issues in Healthcare Settings: Sterilization or Disinfection of Patient-Care Equipment: HIV Related. Available at: <http://www.cdc.gov/ncidod/hip/sterile/hivsteri.htm>

CDC. Guideline for infection control in health care personnel, 1998. Available at:  
<http://www.cdc.gov/ncidod/hip/guide/InfectControl98.pdf>

CDC. Guideline for Prevention of Surgical Site Infection, 1999. Available at:  
<http://www.cdc.gov/ncidod/hip/SSI/SSI.pdf>

OSHA. Regulations (Standards - 29 CFR) Bloodborne pathogens. - 1910.1030  
Available at: [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)

Guidelines for Environmental Infection Control in Health-Care Facilities:  
Recommendations of CDC and the Healthcare Infection Control Practices  
Advisory Committee (HICPAC) 2003  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm>

Guideline for Hand Hygiene in Healthcare Settings, 2002  
<http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>

Guideline for Prevention of Surgical Site Infection, 1999  
[http://www.cdc.gov/ncidod/hip/SSI/SSI\\_guideline.htm](http://www.cdc.gov/ncidod/hip/SSI/SSI_guideline.htm)