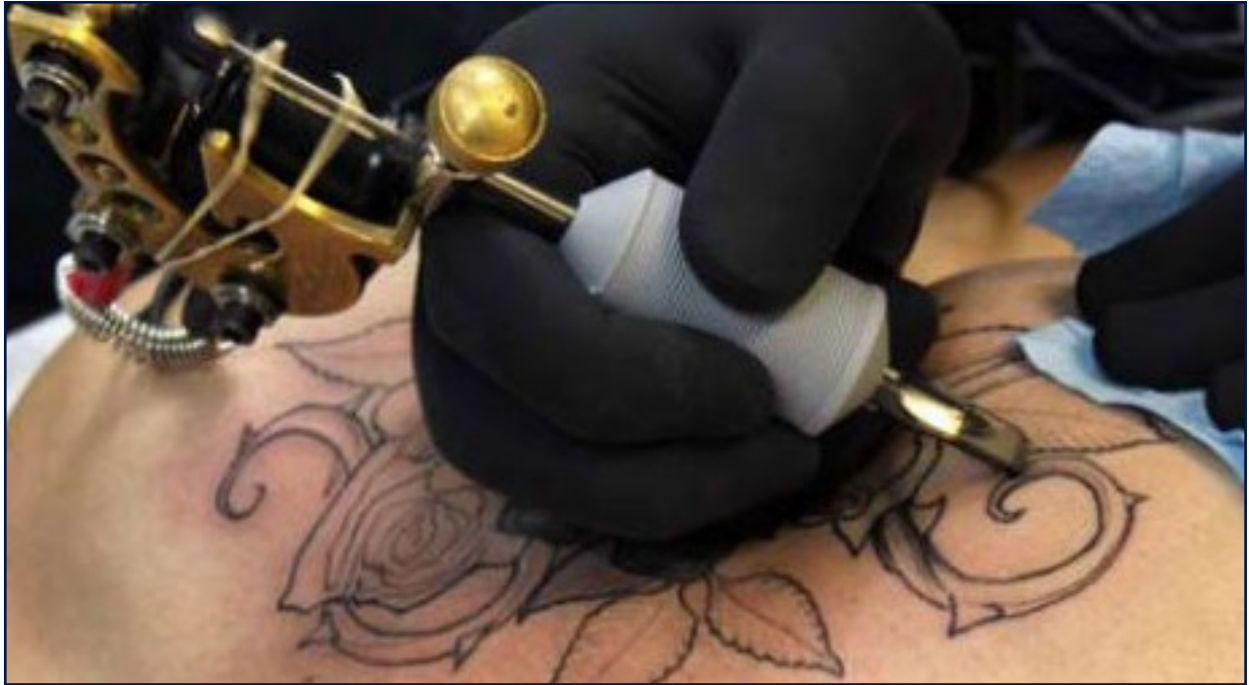


Body Art Establishment Licensing Packet



REV1: 1/30/2019



**Lake County
General Health District**

Public Health
Prevent. Promote. Protect.



Instructions:

1. Identify the intended purpose of this packet:

- ☐ Opening a new Body Art facility ☐ Remodeling ☐ Relocating (moving an existing facility)

2. Complete the Application to Operate a Body Art Establishment found on page 3.

3. Submit the following with this Application Packet.

Number of employees _____

- ☐ Attach a copy of each artist's photo ID
- ☐ Attach a copy of each artist's current First Aid training certificate
- ☐ Attach a copy of each artist's current Bloodborne Pathogens training certificate
- ☐ Attach a copy of each artist's proof of apprenticeship or training in body art
- ☐ Attach a copy of the patron consent or authorization form to be used
- ☐ Attach a copy of the parental consent form if patrons under the age of 18 will be pierced or tattooed
- ☐ Attach a copy the aftercare instructions to be provided to patrons for tattoos and/or piercings

3. Additional required items:

- ☐ A floor plan drawn to scale marking the location of all entrances, exits, sinks restrooms, equipment, etc. as required by OAC 3701-9-02 (B) and 3701-9-04. See pg. 4 for grid paper to draw the floor plan or attach your own plan.
- ☐ Written verification from zoning authority and building department having jurisdiction the building has been zoned and approved for the business use.
- ☐ Written Infection Prevention and Control Plan (IPCP) as outlined in this packet, or equivalent document.
- ☐ Log used to demonstrate employee training on the IPCP and continuing training for first aid and bloodborne pathogens
- ☐ Log used for steam sterilizer (if applicable)

4. Submit the appropriate licensing fee.

\$290 for tattoo only, \$290 for piercing only, \$325 for tattoo **and** piercing.

Lake County General Health District

Application to Operate a Body Art Establishment

Type of Operation:

- ☐ Tattooing (\$290) ☐ Piercing (\$290) ☐ Tattooing & Piercing (\$325)
☐ Microblading (\$290) ☐ Permanent Makeup (\$290)

Anticipated Opening Date: _____

Business Information :

Name of Business: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Applicant/Owner Information:

Name of Licensee (**Owner**): _____ Phone: _____

Mailing Address for License Renewal: _____

City: _____ State: _____ Zip: _____

Email: _____

Name of **Operator** _____

You are required to list **all body artists** working in your establishment.

_____	_____
_____	_____
_____	_____

I certify that I am the operator or the authorized representative of the above operation and intend to comply with all requirements established by section 3730.03-3730.11 of the Ohio Revised Code and section 3701.09 of the Ohio Administrative Code.

Applicant Signature _____ Date _____

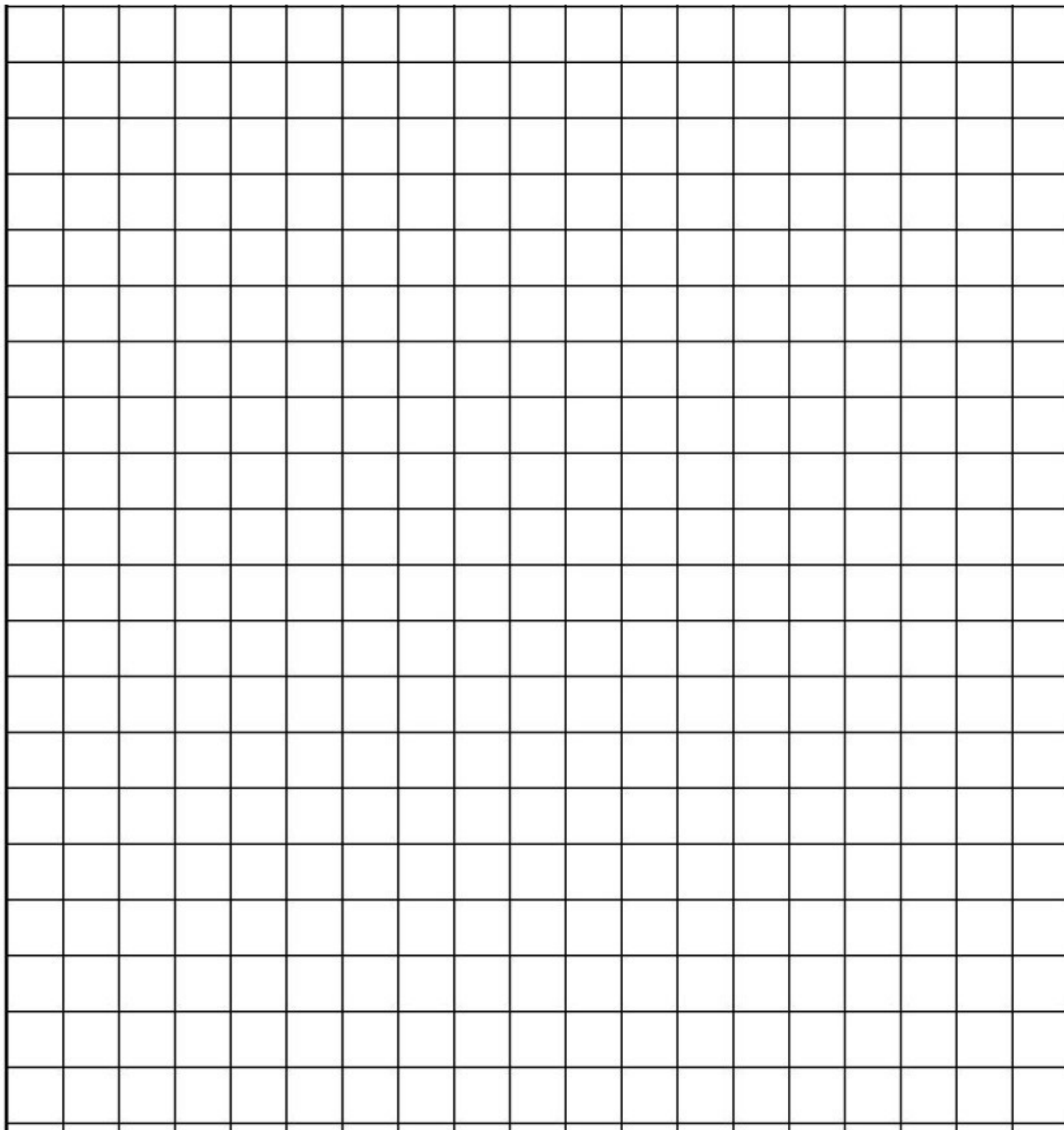
*****For Official Use Only*****

ID # _____ Fee Paid \$ _____ Receipt # _____

☐ Approved ☐ Denied Reviewer Signature _____ Date _____

Floor Plan

Provide a floor plan of the total area to be used for the business. Include the square footage of all areas to be used, general layout, location of sinks, lighting, equipment, entrances and exits, and restroom facilities. Use the grid below to complete a scale drawing of the floor plan or attach one created using your own materials.



Interior and Interior Finishes

Initial below to indicate an understanding of OAC 3701-9-04 (A) that states “Complete privacy shall be available upon a patron’s request”. At least one area must be available, upon request, to offer privacy. It may be in the form of a separate room or portable partitions. Initial here:_____.

Use the chart below to list all interior finishes. All surfaces must be smooth and easy to clean.

Room Name	Floors	Walls	Ceilings	Coving
Example: Procedure Area	Quarry Tile	Painted Drywall	Vinyl acoustical tile	Plastic Coving

Equipment

Use the chart below to list all equipment being used for body art services. Include all mechanical equipment (tattoo machines, autoclaves, etc.) and all single use procedure tools (needles, tubes, etc.)

Type of Equipment	Manufacturer	Model
Example: Autoclave	Statim	123456

Infection Prevention and Control Plan (pg. 1 of 12)

Facility Name: _____

Address: _____

Owner Name: _____

Phone: _____

The owner, employees, and artists of the above referenced 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 prevent cross-contamination between practitioners and clients. This plan is intended to comply with Ohio Administrative Code 3701-9-2 (B)(8).

This plan is effective on the following date: _____

All body art practitioners and employees have access to the plan and can review it at any time during facility hours.

The facility owner is responsible for administering the IPCP and providing training to all artists that tattoo or pierce in the facility. Training will be provided annually and whenever changes are made to this document or any practices. Training will be documented in the **training log**.

Infection Prevention and Control Plan (pg. 2 of 12)

Decontaminating/Disinfecting Environmental Surfaces-

What hospital grade disinfectant (s) will be used?

Disinfectant	Wet contact time required

What surfaces and objects will be disinfected?

--

How often will the surfaces and objects be disinfected?

--

Describe the procedure for decontaminating or disinfecting the work station:

--

Describe the cleaning procedure and frequency for the following areas:

Customer Waiting Area	Restrooms

Infection Prevention and Control Plan (pg. 3 of 12)

Decontaminating, Packing, Sterilizing, Storing Reusable Equipment and Instruments-

*** Instruments or equipment used for body art procedures will either be single-use or be thoroughly cleaned and sterilized after each use.

Will the facility be using a steam sterilizer? ☐ YES ☐ NO (continue to pg. 6 of 12)

Non– disposable instruments and equipment will be cleaned and sterilized according to OAC 3701-9-8(A) which requires the following procedures:

1. Soak in an enzymatic pre-cleanser to remove all debris.
2. Rinse and pat dry.
3. Equipment is disassembled or placed in open position.
4. Visually inspect for damage (bends, cracks, pits) that would impair the sterilization process.
5. Clean thoroughly in _____ detergent to break down blood, ink, dyes, etc.
6. Fully submerge in _____ disinfectant to ensure contact with all surfaces for _____ minutes, per the time specified by manufacturer.
7. Rinse and pat dry.
8. Place in an ultrasonic cleaning unit filled with _____ solution.
 - (a) The ultrasonic machine will be maintained and cleaned according to the manufacturer.
9. Rinse and pat dry.
10. Individually pack item in sterilization pouches **labeled with the date of processing**.
11. Sterilized in a steam sterilizer/ autoclave.
 - (a) The steam sterilizer/autoclave will be maintained in working condition and records kept on files for any maintenance for at least 2 years.
 - (b) The function of the sterilizer will be monitored. (pouches with color change, digital printouts of minimum psi/temp/time)
 - (c) Biological indicator tests will be submitted weekly for independent lab analysis. Results will be kept on record for 2 years.
 - (d) Documentation will also be kept for each time the sterilizer load was run. The documentation must include:
 - i) Date and time load or biological test was run
 - ii) Name of person who ran the load or test.
 - ii) Results of sterilization indicator or digital output.
12. If any wetness or moisture is inside the sterilization pouch after going through the sterilizer/autoclave, the equipment will be considered contaminated and **must be re-sterilized**.
13. After sterilization, the equipment will be stored in the pouches inside of a clean dry closed cabinet, drawer, or container .
14. The **expiration date** for sterilized equipment is 1 year from the date of sterilization.

Infection Prevention and Control Plan (pg. 4 of 12)

Decontaminating, Packing, Sterilizing, Storing Reusable Equipment and Instruments (Continued)-

Make and model of the ultrasonic cleaning unit _____

According to the manufacturer's directions, describe how the ultrasonic cleaning unit will be used and maintained:

Make and model of the steam sterilizer _____

Is the steam sterilizer designed to sterilize hollow instruments? ☐ YES ☐ NO

Is the steam sterilizer equipped with a mechanical drying cycle? ☐ YES ☐ NO

According to the manufacturer's directions, describe how the steam sterilizer will be used and maintained. Include pressure and temperature settings.

What company/lab will be used for weekly biological indicator tests? _____

Does the company/lab provide spore checks? ☐ YES ☐ NO

If not, what packs will be used? _____

Describe how/where sterilized equipment will be stored:

How long can the sterilized equipment be stored before it is considered expired? _____

Infection Prevention and Control Plan (pg. 5 of 12)

Decontaminating, Packing, Sterilizing, Storing Reusable Equipment and Instruments (Continued)-

Describe the facility's contingency plan if the sterilization integrator or biological indicator test indicates the sterilizer is not working properly:

Any **wetness or moisture** that remains on the sterilization pouch indicates the equipment or instruments are contaminated and must be re-sterilized.

Documentation of each sterilizer load will be maintained in a log that includes:

1. _____
2. _____
3. _____
4. _____

This log will be maintained of at least **2 years**.

Infection Prevention and Control Plan (pg. 6 of 12)

Standard Precautions and Aseptic Techniques Used During Body Art Procedures

1. Hands will be washed ...
 - (a) Before putting on gloves
 - (b) After removing gloves
 - (c) After each patron procedure
 - (d) Before leaving the work area
 - (e) After hands have touched a possibly contaminated surface
2. Gloves will be worn...
 - (a) To prep the pre-cleaned area. This includes wearing gloves to apply any disposable coverings to the surfaces a patron might come into contact with.
 - (b) When handling sterilized equipment and during the tattooing or piercing procedure.
 - (c) During cleanup, after the procedure.
3. Gloves will be changed if they become torn or have come into contact with a contaminated surface.
4. Gloves will also be changed if the artist has left the procedure area and returned to finish.
5. Petroleum based products will **not** be used with latex gloves.
6. Respiratory hygiene/cough etiquette will be practiced.
7. A handwashing sink is available for artist to use that does **not** require them to use hands to go through doorways.
8. Only single use disposable razors will be used if shaving is required.

What products will be used for marking? (such as transferring tattoo stencils or marking for piercings)

***Note: All marking instruments must be single use or manufactured to sterilize by design.


What protective equipment (face mask, goggles, type of gloves, etc.) will be used by the artist(s)?

Infection Prevention and Control Plan (pg. 7 of 12)

Standard Precautions and Aseptic Techniques Used During Body Art Procedures (Continued)

Describe, in detail, the set-up and tear-down procedures for a workstation. Include the equipment will be covered during the procedure and what protective barrier will be applied.

Tattoo Set Up Procedures

A large, empty rectangular box with a black border, intended for describing the set-up procedures for a tattoo workstation.

Tattoo Tear Down Procedures

A large, empty rectangular box with a black border, intended for describing the tear-down procedures for a tattoo workstation.

Piercing Set Up Procedures

A large, empty rectangular box with a black border, intended for describing the set-up procedures for a piercing workstation.

Piercing Tear Down Procedures

A large, empty rectangular box with a black border, intended for describing the tear-down procedures for a piercing workstation.

Infection Prevention and Control Plan (pg. 8 of 12)

Safe Handling and Disposal of Needles

Sharps container(s) will be used to dispose of all sharps used during a procedure.

1. The container will be red and labeled with the biohazard symbol.
2. The container will be stored in a location easy enough for the artist to access, yet in a safe location where it cannot be knocked over.
3. Once the sharps have reached the full line, the container will be sealed with heavy tape and disposed of as solid waste. (provided this is less than 50 lbs of sharps per month) or disposed of through a licensed sharps management service.

How many sharps containers will be in the facility? _____

Describe the location of each sharps container:

Patron Pre-Conditions

1. Prior to performing any procedure, the artist shall inquire about a patrons conditions that could affect the healing process (such as diabetes).
2. It may be necessary to require documentation from a licensed physician prior to the procedure.

Record Keeping

1. Records will be kept for a minimum of 2 years on each patron.
2. The information will include the tattoo & inks and/or piercings and jewelry use.
3. All sterilized instruments, equipment, and/or jewelry will be opened in front of the patron and the backings of the packaging attached to the records or recorded if storing electronically.

Infection Prevention and Control Plan (pg. 9 of 12)

Piercing Requirements

The area of the patron's body to be pierced must be thoroughly cleaned with soap and water, then prepared with an antiseptic solution that is applied with a clean, absorbent disposable material prior to the procedure. Describe the procedure and solutions that will be used to meet this requirement.

If an oral piercing is to be done, the patron shall be provided with alcohol-free, antiseptic mouthwash in a single use cup.

The antiseptic mouthwash used will be_____.

In the case of a lip, labret, or cheek piercing, the procedures described above for **both skin and oral piercings** shall be followed.

Jewelry

Jewelry placed in newly pierced skin shall be sterilized prior to piercing as specified in OAC 3701-9-08 or shall be purchased pre-sterilized. Sterile jewelry packets shall be evaluated before use and, if the integrity of the 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 F136 compliant titanium or ASTM F138 compliant steel, solid 14 karat or 18 karat white or gold, niobium, or platinum, shall be placed in newly pierced skin.

All jewelry placed in newly pierced skin will be the above requirements.

Mill certificates for jewelry will be maintained at the establishment in the following location:

Infection Prevention and Control Plan (pg. 10 of 12)

Post-Exposure Procedure

1. Apply first aid.

- Wash the area immediately with soap and water.
- Control any bleeding and apply bandage.

Describe the location of the first aid kit.

Describe the location of the Post-Exposure Packet.

2. Get the Post-Exposure Packet and seek medical attention.

- Immediately go to primary health care facility or physician.
- If primary health care facility or physician is unavailable, go to:

Nearest health care facility

Name: _____

Address: _____

Phone: _____

- Take source individual with you to the healthcare facility if possible for testing. Complete the **Source Individual's Consent or Refusal** form for the healthcare facility.
- Complete the Needle Stick and Sharp Object Report at the health care facility.

3. Notify body art establishment owner immediately.

Infection Prevention and Control Plan (pg. 11 of 12)

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.

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 required. 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 HIV may not be completely reliable. In some cases, test results may indicate that a person has antibodies and/or antigens to the virus when the person does not (false positive), or that it may fail to detect that a person has a virus when the person has antibodies (false negative).

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 required by law.

- I give my permission for my blood to be tested for HIV, Hepatitis B, and Hepatitis C antibodies and antigens.

Patient's Signature _____

Date _____

Guardian's Signature _____

Date _____

Guardian's Relationship _____

- I do not give my permission for my blood to be tested for HIV, Hepatitis B, and Hepatitis C antibodies and antigens.

Patient's Signature _____

Date _____

Guardian's Signature _____

Date _____

Guardian's Relationship _____

Infection Prevention and Control Plan (pg. 12 of 12)

Minors Policy

Will patrons under the age of 18 be tattooed/pierced at this body art establishment?

☐ Yes

☐ No

A parent or guardian of the individual under 18 years of age must sign the parental consent form included in this document.

As required by OAC 3701-9-04 (P)(3), no body art procedure shall be performed on the nipple, areola, or genital area of any individual under the age of 18.

Copies of state issued driver's licensed or state ID of the guardian should be kept with records. If the patron under the age of 18 has a state issued driver's license or state ID, that should also be kept with records.