

SKIN PENETRATION

Guidelines

Better Health Good Health Care

This document represents a compendium of useful information. Every effort has been made to give reliable information. Readers should not act or rely upon this publication as the sole source of information without taking into consideration their particular circumstances.

NSW HEALTH DEPARTMENT

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For further information on this Guideline, please contact an Environmental Health Officer at your local authority or Public Health Unit (Section 14).

Additional copies can be obtained from

- Your local authority
- Better Health Centre
Phone 02 9816 0452
Fax 02 9816 0492

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Contents

1.	Introduction	1
1.1	Purpose	1
1.2	Legislation	1
1.3	Applicability	2
1.4	Local Government Responsibilities	2
1.5	Skin Penetration Operators Responsibilities	2
2.	Definitions	3
3.	Infection and Micro-organisms	5
3.1	Stopping the Spread of Infection	5
3.2	The Importance of Hand Washing	5
3.3	Gloves	6
3.3.1	Gloves for cleaning	7
4.	Standard Precautions'	8
4.1	Best Practices	8
4.2	Procedure Manuals	8
4.3	Skin Preparation	9
4.4	Operator hygiene	9
4.5	Clothing	9
4.6	Smoking, Eating and Drinking	9
4.7	Animals	9
4.8	Linen	10
5.	Cleaning	11
5.1	To clean equipment:	11
5.2	Care of cleaning equipment	11
6.	Disinfection	12
7.	Sterilisation	13
	Temperature, pressure & holding times for autoclave sterilisation	
7.1	Autoclave sterilisation	13
7.2	Preparation of Equipment for Autoclaving	14
7.3	Off-site Sterilisation	14
8.	Waste Disposal	15
8.1	Disposal of Sharps	15
8.2	Disposal of Wastes	15
9.	Basic Requirements for Premises and Facilities	16
9.1	Work area	16
9.2	Hand basins	16
9.3	Sinks	
	Equipment Sink Eating and Drinking Utensil Sink	16
9.4	Chemical Storage	17

10.	Mobile Operators	18
11.	Health and Safety in the Workplace	19
11.1	Bleeding	19
11.2	Blood Spills	19
11.3	Sharps	19
11.4	Management of exposure to blood and body substances	20
	Skin Penetration Process Notes	21
12.1	Acupuncture	21
12.2	Body piercing	22
12.2A	Ear piercing	23
12.3	Electrolysis	24
12.4	Tattooing	25
	Skin Preparation	
	Needles	
12.5	Blood Cholesterol Measurement and Blood Glucose Screening	26
12.6	Cosmetic Enhancement and Semi Permanent Make-up	27
12.7	Hairdressing	28
12.8	Beauty treatments	29
12.9	Henna Tattooing	30
13.	Extract from Public Health Regulation 1991	31
	PART 3--SKIN PENETRATION	
	Skin penetration to avoid infection	31
14	Contact List	32
	PUBLIC HEALTH UNIT	

1. Introduction

For the purpose of Clause 12(2)(c) Public Health Regulation 1991, this Guideline shall be known as the 'Guidelines on Skin Penetration'.

1.1 Purpose

This Guideline explains safe practices, minimum standards, and infection control procedures and incorporates "best practice" information for owners/operators of skin penetration premises.

The risk of transmission of infection can be minimised by ensuring that premises are maintained in a clean and hygienic manner, "Standard Precautions" are used, effective sterilisation of equipment is achieved and waste is disposed of correctly.

Unsafe or unhygienic procedures may affect the health of both the client and the operator. Where procedures involving skin penetration are not managed correctly, they may transmit bacterial, fungal and viral infections, including HIV, hepatitis B and hepatitis C.

The aims of the Guideline are to minimise the risk of transmission of micro-organisms, promote safe work environments, promote public awareness of safe working practices and procedures, and to be user friendly.

1.2 Legislation

Skin Penetration procedures are regulated under Clauses 11 and 12, Part 3, Public Health Regulations (1991). Clause 11 specifies the skin penetration procedures to which the regulation applies. Under clause 12 a person must not carry out a skin penetration procedure unless:

- (a) the person's business address has been notified to the local authority responsible for the area where the premises is located;
- (b) the premises where the procedure is carried out are clean and hygienic;
- (c) any article used which may penetrate the skin is sterile;
- (d) any such article which has been used on one person is disposed of appropriately immediately after that use, or is sterilised before being used on another person;
- (e) any article which has been used on one person, but which has not penetrated the person's skin, is cleaned before being used on another person; and
- (f) the person carrying out the procedure is clean, is dressed in clean clothing, and has no exposed skin lesions
(including any cut, abrasion or wound).

A person who fails to satisfy these requirements when carrying out skin penetration procedures commits an offence. (Maximum Penalty: 20 penalty units). Approximately \$2200.00.

Part 3 of the Public Health Regulation 1991 has been reprinted in Section 13.

1.3 Applicability

This Guideline **applies to all** people involved with skin penetration procedures including those performing acupuncture, electrolysis, waxing, tattooing, body piercing, blood glucose testing, cholesterol testing, and any other procedure that involves penetrating the skin. This Guideline also applies to hairdressing and beauty therapy.

This Guideline **does not apply** to health care workers for whom separate infection control standards are applicable under their registration Acts. These health care workers include dentists, medical practitioners, nurses, physiotherapists and podiatrists.

1.4 Local Government Responsibilities

A local authority is required to receive notifications of the names and business addresses of persons carrying out skin penetration procedures. It is best practice for local authorities to maintain a register of premises where skin penetration procedures are carried out in their area. As part of the local authorities monitoring role they may inspect premises and charge a fee for inspections (section 608 of Local Government Act 1993).

1.5 Skin Penetration Operators Responsibilities

Skin penetration operators are to notify local authorities of their name and the business address of any premises where skin penetration procedures are performed, as well as the types of procedures performed. In order to have a defence against prosecution, all skin penetration operators must comply with this Guideline.

2. Definitions

Acquired Immune Deficiency Syndrome (AIDS)

A condition in which the body's immune system loses its ability to fight off infection and becomes vulnerable to opportunistic infections and certain cancers. This condition is caused by infection with HIV.

Acupuncture

The practice of inserting sterile needles into parts of the body to treat disease or relieve pain.

Antiseptic

A chemical applied to the skin to reduce the number of micro-organisms.

Applicator

Includes spatula or similar device, for spreading lotions and wax.

Body Piercing

Puncturing or penetration of the skin, using sterilised needles and the insertion of pre-sterilised jewellery or other adornment in the opening.

Body substance

Includes any human bodily secretion or substance other than blood.

Cleaning

The physical removal of soil from equipment surfaces by washing in detergent and warm water to reduce the number of micro-organisms.

Cross contamination

The transfer of micro-organisms from a soiled surface to a surface which is clean.

Detergent

A substance that enhances the cleansing action of water or other liquid.

Disinfection

A process to eliminate all micro-organisms except bacterial spores.

Ear Piercing

The puncturing of the outer perimeter or lobe of the ear using sterile single use equipment and insertion of sterile jewellery.

Equipment

Any article, instrument (needle), item, or material used to penetrate the skin or assist with a skin penetration process.

Hepatitis B

Is a form of viral hepatitis that can result in acute and chronic hepatitis, cirrhosis of the liver or cancer of the liver. There is a vaccine available for hepatitis B.

Hepatitis C

Is a form of viral hepatitis that can result in acute and chronic hepatitis, cirrhosis of the liver or cancer of the liver. There is no vaccine at this time.

Human immuno–deficiency virus. (HIV)

The virus that causes AIDS. This virus attacks white blood cells that are a vital part of the body's immune system. There is no vaccine for HIV.

Infection

Is the entry of micro-organisms into the body resulting in disease.

Infection control

A process of minimising the risks of spreading infection while performing procedures on clients.

Jewellery

Must be made of surgical implant grade stainless steel, solid 14k or 18k white or yellow gold, niobium, titanium, platinum, or a dense low-porosity plastic. It must be sterile, free of nicks, scratches and irregular surfaces.

Micro–organisms

A tiny form of life which may be capable of causing infection or disease.

Operator

The person carrying out procedures in the process of skin penetration or where skin may be accidentally cut or penetrated.

Sharps

Any object or device with rigid corners, edges, or points designed and capable of cutting or penetrating the skin, including needles and razors.

Skin penetration

Any process including the piercing, cutting, puncturing or tearing of the skin or any other part of the body, or the administration of a dye or other substance for the purpose of colouring the skin of the body.

Soil

Dirt or debris, which may protect, harbour or assist the growth of micro-organisms. Includes organic matter, blood and body substances.

“Standard Precautions”

The use of safe work practices and protective barriers to minimise the risk of disease transmission.

Sterilisation

The process of rendering objects free from all forms of life including bacterial spores.

Tattooing / cosmetic enhancement

To puncture the skin with a needle to introduce coloured pigment leaving a semi / permanent mark.

3. Infection and Micro-organisms

3.1 Stopping the Spread of Infection

Skin that is intact, without cuts, abrasions or lesions, is a natural defence against infection. Micro-organisms can enter the body through cuts and sores or on sharp objects which pierce the skin.

Micro-organisms are everywhere, they live on skin, in food and dirt. They can be spread from client to client, from operator to client, from client to operator, and from operator to operator.

Micro-organisms are easily transferred from person to person by contact with unwashed hands, soiled equipment, or contact with blood and body substances. Some micro-organisms are spread by blood to blood contact.

Micro-organisms are present when cleaning has not removed all soil and stains. An invisible trace of blood on equipment can spread diseases such as HIV, Hepatitis B and Hepatitis C.

Operators must assume that all blood and body substances are potential sources of infection. To that prevent the transfer of micro-organisms operators must perform procedures that include the use of tongs, disposable single use gloves, maintaining clean premises, clean equipment and safe methods of work.

Procedures that do not penetrate the skin may also spread staphylococcal infections, herpes, ringworm, scabies, and head lice.

It is best practice to use single use disposable items on all clients.

Infection causing micro-organisms can be spread by:

- using soiled equipment;
- using clean equipment placed in a soiled area;
- using unwashed hands;
- using soiled work area furnishings and fittings;
- using unclean articles such as towels, caps, capes and drapes on a client; or
- leaving used equipment in the work area.

Operators may transfer infection causing micro-organisms to surfaces and equipment when:

- adjusting overhead light fittings;
- adjusting settings on power packs;
- answering telephones;
- touching bottles or trays;
- touching curtains drapes or bin lids;
- adjusting furniture and equipment;
- touching their own body; or
- handling money.

3.2 The Importance of Hand Washing

Hand washing and hand care are the first steps in any infection control program to prevent the transfer of micro-organisms. Cuts and abrasions on exposed skin must be covered by a water-resistant occlusive dressing which should be changed as necessary or when the dressing becomes soiled. The surface of hands and nails must be cleaned before contact with a client. Hands should be protected from chafing by using moisturising creams.

Hand washing facilities (Section 9.2) must be located within the treatment room.

Wash hands immediately after attending a client and before attending the next client, or if a procedure is interrupted.

To protect the operator and the client from micro-organisms, hands must be washed:

- before and after contact with each client;
- after contact with any blood, body substance or tissue;
- immediately prior to putting on a new pair of gloves and attending a client;
- immediately after removing gloves;
- after carrying out a skin penetration procedure on a client;
- after touching the nose or mouth;
- before and after smoking, eating and drinking;
- after going to the toilet; and
- before and after treating wounds and handling soiled wound dressings.

How to wash hands:

- wet hands;
- use liquid soap with warm running water;
- rub hands vigorously as they are washed;
- wash hands all over, including backs of hands, wrists, thumbs and between fingers for 15-20 seconds;
- rinse hands well; and
- thoroughly dry your hands with a single use paper towel.

The use of nailbrushes is not recommended for scrubbing hands as they may damage the skin.

3.3 Gloves

Gloves are worn as a barrier to protect the wearer's hands from contamination and to prevent the transmission of micro-organisms. Clean disposable gloves must be worn at all times during a skin penetration procedure to protect both clients and operators.

The use of disposable gloves does not substitute for, or eliminate the need for hand washing.

Disposable single use gloves must never be re-used.

Gloves must be changed and discarded:

- as soon as they are torn or punctured;
- after contact with each client, and
- when performing separate procedures on the same client where there is a risk of transfer of micro-organisms from one part of the body to another.

Sterile gloves must be worn if direct contact with sterile items occurs during the procedure. Once sterile gloves touch unsterile items they are no longer sterile. Management practices should prevent the need to touch sterile items.

If an operator suffers a reaction from wearing gloves, light cotton gloves may be worn between the skin and the gloves or an alternative type of glove worn.

3.3.1 Gloves for cleaning

General purpose utility gloves, ie. rubber gloves, must be used for:

- equipment cleaning;
- decontamination procedures; and
- handling chemical disinfectants.

General purpose utility gloves should be washed in detergent, rinsed and left inverted to dry after each use. Inspect gloves before each use and discard if peeled, cracked, discoloured, torn, or punctured. Ideally there should be a set of cleaning gloves for each person to reduce the risk of fungal transmission between operators.

4. “Standard Precautions”

Standard Precautions' are intended to reduce the risk of transmission of blood-borne micro-organisms including human immune deficiency virus (HIV), hepatitis B and hepatitis C virus. “Standard Precautions” involve the use of barriers and practices to protect clients and operators from the transmission of blood borne micro-organisms.

“Standard Precautions” assume that all blood and body substances are potential sources of infection. The Standard Precautions approach is the most effective protective strategy for staff and clients.

4.1 Best Practices

The following are recommendations for skin penetration procedures:

- Sterilise and set up all equipment in advance to ensure skin penetration procedures can be undertaken without interruption. Interruptions increase the chance of transferring micro-organisms;
- All equipment is soiled after each use. It must be disposed of or cleaned and sterilised (if appropriate) before re-use;
- Any liquids or gels (eg. lotions, creams, oils and pigments) should be measured and decanted into single use containers for each client. Excess or unused liquids and gels must be discarded immediately;
- If re-usable containers are used they must be cleaned and sterilised after each use;
- Use collapsible squeeze tubes/bottles or pump packs to dispense liquids and gels.
- Liquids and gels should be removed with a clean unused spatula or spoon;
- Never return stock to original containers;
- Apply liquids, wax or gels to the client's skin using a spatula, cotton bud, cotton wool ball or gauze pad which must be disposed immediately after use (do not re-dip);
- Do not perform skin penetration on persons under the age of 18 without the written consent of the parent or legal guardian;
- Do not perform skin penetration on persons who appear to be inebriated or under the influence of drugs or alcohol; and
- Keep records of all clients, including the date, time and details of the procedure performed. eg, female, 25, belly pierced 1:30pm 15th June 1998. Names and addresses of clients will allow for easy follow up if required. Mobile operators must record the site / location of where all procedures were performed.

4.2 Procedure Manuals

It is recommended that all skin penetration operators produce a procedure manual for all staff.

The manual should include:

- hand-washing procedure;
- handling and cleaning of linen;
- cleaning procedures;
- sterilisation procedures;
- validation of the sterilisation process, testing of packages and seals, and sterility tests;
- regular review of storage facilities for sterile packs, chemicals, linen and waste;
- cleaning of all furniture and fittings;
- management of exposure to blood and body fluids; and
- waste disposal.

4.3 Skin Preparation

The clients skin must be clean and free from infection including sores, wounds, rashes and cuts around the area to be worked upon.

Before commencing the procedure skin must be wiped with a suitable antiseptic, which is allowed to evaporate completely, approximately 1-2 minutes.

Suitable antiseptic solutions include:

- 70% W/W ethyl alcohol;
- 80% V/V ethyl alcohol;
- 70% V/V isopropyl alcohol;
- alcoholic (isopropyl and ethyl) formulations of 0.5 - 4% W/V chlorhexidine; or
- aqueous or alcoholic formulations of povidine iodine (1% W/V available iodine).

Operators should ensure that the use-by-date on antiseptics has not expired. Antiseptic must not be used after the expiry date.

4.4 Operator Hygiene

Broken skin or infections on the exposed parts of an operator's body must be covered with a waterproof dressing, to protect the operator and clients. If a cut or abrasion is on the hand, disposable gloves must be worn.

4.5 Clothing

Operators should wear a clean washable garment intended exclusively for use when attending clients. Pockets on clothing should not be used. A clean garment must be worn daily. Protective over clothes should be removed and stored in the work area before breaks including lunch, smoke, drinks and toileting. Clothing should be changed once soiled.

4.6 Smoking, Eating and Drinking

Operators must not smoke, eat or drink while attending clients. These activities allow close contact with the mouth, transferring micro-organisms to the hand, which can then be spread to the client, and vice versa.

4.7 Animals

Animals must not enter rooms where skin penetration procedures are performed. This will prevent the soiling of the premises and the introduction of vermin. An exemption may be granted for animals used by the sight and/or hearing impaired.

4.8 Linen

Use clean linen, garments or towels on each client undergoing a skin penetration procedure. Linen may be replaced with disposable paper towels or liners.

Used and clean linen must be stored separately. Used linen should be removed from the treatment area once the client leaves or if it becomes soiled. It should be stored for processing in a suitable container. All linen including towels, capes, garments and other washable fabrics must be washed with laundry detergent and water, rinsed, dried and stored in a clean, dry, dust free location.

5. Cleaning

Cleaning means the physical removal of soil from equipment surfaces by washing in detergent and warm water to reduce the number of micro-

All equipment must be cleaned, before disinfection or sterilisation, to remove all organic matter and other residue that may prevent disinfection or sterilisation. Equipment that comes into contact with intact skin must **be cleaned before re-use** whether it looks soiled or not, this includes chairs and workbenches.

Cleaning of equipment should be started as soon as possible after use. Check the manufacturers instructions for cleaning directions.

All surfaces must be cleaned regularly. Surfaces must be cleaned immediately soiling or spills occur, or when visibly soiled. Effective cleaning ensures that equipment is clean to the naked eye and free from any residues. Soiled equipment must never be stored or processed in clean areas. All equipment should flow in one direction, from dirty to clean through a cleaning process.



5.1 To clean equipment:

- take equipment directly to area set aside and designed for cleaning;
- take equipment apart and dispose of all non re-useable pieces;
- immerse the equipment in tepid water (approximately 25-30 °C) and remove visible soil;
- place the equipment in a sink filled with warm water and detergent;
- hold the equipment under the surface of the water and scrub carefully with a clean brush;
- rinse equipment;
- allow equipment to air dry or use a clean lint free cloth; and
- store equipment in sealed containers so that it remains clean, dry and dust free.

Items must be washed before using an Ultrasonic cleaner. Cleaners must be used and maintained in accordance with manufacturers instructions.

Equipment that penetrates the skin will require both cleaning and sterilisation before re-use.

To clean non-immersible equipment check manufactures instructions.

5.2 Care of cleaning equipment

Brushes, utility gloves and other items used to clean equipment must be maintained in a clean and serviceable condition. Damaged cleaning equipment does not clean effectively and can transfer micro-organisms to the equipment being cleaned, and other surfaces.

Micro-organisms can grow on dirty cleaning items, detergent solutions, cleaning cloths and brushes. Cleaning items must be cleaned regularly and stored clean and dry.

6. Disinfection

Disinfection means removal or killing of micro-organisms except bacterial spores.

All equipment must be cleaned prior to disinfection. Disinfection is not a substitute for cleaning.

Equipment and fittings that can become soiled with blood and body substances must be cleaned and may be disinfected before re-use.

Manufacturer's instructions must be checked for compatibility of equipment with the method of disinfection.

It is difficult to control the effectiveness of chemical disinfectants. Some may be harmful to human health. Always check the manufacturer's material safety data sheet (MSDS).

The recommended method for disinfection of equipment is by thermal disinfection using a boiler/hot water bath.

Effective thermal disinfection temperatures and times.

Minimum surface temperature	OC Minimum disinfection time (min)
Equal to or greater than 80	2
75	10
70	15

Equipment that penetrates the skin must be sterile.

7. Sterilisation

The process of rendering objects free from all forms of life including spores.

All equipment used to penetrate the skin must be sterile. Where re-useable equipment is used it must be cleaned and sterilised prior to re-use, in accordance with the manufacturers instructions. All staff should be trained on correct sterilisation procedures. Re-useable equipment must be capable of being sterilised by the method chosen.

The use of pre-sterilised single use equipment is recommended. Single use items must never be re-used, they must be disposed of immediately after use.

The recommended method for sterilisation of equipment is autoclaving.

Sterilisation depends on the following factors:

- temperature - the correct temperature must be maintained for the specified time;
- cleanliness - the equipment must be clean to enable sterilisation;
- circulation - the chamber must be designed to allow circulation around the equipment; and
- moisture - steam must be used in the sterilisation process.

All equipment must be cleaned prior to sterilisation.

Temperature, pressure & holding times for autoclave sterilisation.

Minimum Temperature oC	Pressure kPa	Pressure Psi	Holding Time (minutes)
121	103	15	15
126	138	20	10
132	186	27	4
134	206	30	3

Autoclaves and other sterilising equipment must be used and maintained according to manufactures instructions.

The following methods do not sterilise equipment and must not be used: boiling, pasteurisation, wiping or soaking with disinfectant, exposure to ultraviolet light, pressure cookers, dishwashers and microwave ovens.

Sanitisation is not the same as sterilisation.

7.1 Autoclave sterilisation

The operator / manager should do the following:

- train and instruct all people responsible for operating the autoclave in its correct use;
- display instructions on how to package equipment to be autoclaved;
- display operating instructions for the autoclave next to the machine;
- ensure the autoclave is used in accordance with the manufacturer's instructions;

- ensure the autoclave is operating properly by checking the correct temperature, pressure and holding times are achieved, by using chemical and biological indicators; and
- ensure the manufacturer, his agent or a qualified service technician services the autoclave. Keep service records on site.

7.2 Preparation of Equipment for Autoclaving

Equipment must be prepared for autoclaving by:

- ensuring the equipment can be sterilised by autoclaving;
- ensuring equipment is cleaned and packed in autoclavable bags. This protects it from becoming soiled after sterilising and enables storage in a sterile condition;
- equipment must be dry before removal from the autoclave;
- include chemical indicator on the autoclave bag to indicate processing;
- discard or reprocess equipment which is found with its packaging damaged, has broken seals, is wet or has been dropped as the contents may no longer be sterile; and
- autoclaved equipment must be used immediately on removal from its packaging.

Where an autoclave is used to process equipment on site the following information should be recorded at the completion of each batch processed:

- date;
- maximum pressure achieved;
- time held at maximum pressure and temperature;
- faults with cycle, if any; and
- number of items processed.

7.3 Off-site Sterilisation

All equipment that is sterilised off-site must have records kept on the following:

- the location of premises where sterilisation was completed;
- the date of sterilisation;
- method of sterilisation used; and
- operator who performed sterilisation.

All sterilised equipment must be transported in a manner that ensures the sterile items remain sterile.

Any items with damaged packaging or that have become damp or moist must be discarded.

All sterile equipment must be used immediately on removal from its packaging.

8. Waste Disposal

8.1 Disposal of Sharps

Care must be taken to prevent injuries during disposal of sharps. The potential for transmission of blood-borne diseases is greatest when sharps are disposed of incorrectly.

Sharps must be disposed of immediately after use into an Australian Standard Approved sharps container.

- AS 4031-1992 Non-re-usable containers for the collection of sharp medical items used in health care areas; or
- AS 4261-1994 Re-usable containers for the collection of sharp items used in human and animal medical applications.

Ensure that there is an accessible sharps container for the disposal of sharps as close as practical to the point of generation. Immediate disposal protects operators, staff and clients from injury. Sharps containers must not be accessible by visitors, particularly children. Sharps containers must not be overfilled, seal and store for disposal. Do not forcefully insert items into sharps containers.

Sharps waste is classified as a "Hazardous Waste" under the Protection of the Environment Operations Amendment Regulation 1999. Transport and disposal requirements are contained in the Waste Minimisation and Management Amendment Regulation 1999. For Sharps collection and disposal contact a licensed waste transporter and treatment facility, or contact the local authority. Disposal of sharps into the general waste streams is illegal. Records of sharps waste removal must be kept on-site for 5 years.

8.2 Disposal of Wastes

Waste shall be placed in plastic lined receptacles at the site of generation. Waste should be double bagged and disposed of with the general garbage daily. Waste bags and containers must not be overfilled as this prevents closure and increases the risk of rupture. Waste bags must be tied or sealed and left in a secure place for collection.

Sharp objects must never be placed into waste bags.

9. Basic Requirements for Premises and Facilities

All premises not using single use disposable items must have sterilisation equipment.

9.1 Work area

The work area includes workbenches, sinks and treatment areas. All floors, ceilings, shelves, fittings and other furniture must be constructed of materials that are rigid, smooth and impervious. Construction must be free from open joints, gaps, cracks, and crevices, which may permit the harbourage of vermin, collection of dust and waste, and should be kept in good repair. Carpet is only to be used in client waiting areas.

The procedure area must be separate from the cleaning and storage areas. Equipment may be moved to the cleaning area while waiting to be processed. Use the storage area to store processed equipment.

The work area must be maintained in a clean state by cleaning and disposing of all waste. All work surfaces must be washed and left to dry daily. Surfaces must be kept in good repair.

9.2 Hand basins

Install a hand basin, serviced with hot and cold water through a single outlet and hands free taps. The basin must be supplied with liquid soap and single use paper towels. Hand basins must be located within the procedure area to reduce the opportunity for soiling of hands and the environment through contact with doors and curtains. Hand basins are in addition to and separate from sinks.

9.3 Sinks

Equipment Sink

A sink supplied with hot and cold water for washing equipment is required in addition to the hand basin. A double bowl sink is essential with one bowl for washing and one for rinsing equipment. Bowls must be deep enough to allow equipment to be scrubbed under water.

Eating and Drinking Utensil Sink

All eating and drinking utensils must be kept clean by washing them with detergent, in a separate sink supplied with warm water at a temperature of at least 45oC. Alternatively a suitable dishwashing machine can be installed for this purpose.

9.4 Chemical Storage

The storage and handling of bulk chemicals is controlled under the Dangerous Goods Act 1975, operators should consult with WorkCover for requirements. Material safety data sheets should be accessible to all staff.

- All chemicals used on the premises should be stored:
- in a cool, dry and well ventilated place;
- out of reach of visitors, especially children;
- preferably in a locked room or cabinet;
- in their original containers; and
- at or near ground level to minimise the possibility of chemicals being accidentally dropped or spilled.

Chemicals must not be stored in diluted forms or be returned to their original containers after use.

10. Mobile Operators

Anyone who carries out skin penetration procedures away from fixed premises must comply with the Public Health Regulations 1991 and this Guideline. All mobile operators need to be registered with their base local authority. As operators move between local authorities each individual local authority must be notified.

Mobile facilities must receive an initial inspection from the base local authority to ensure compliance with the Guideline and structural requirements. Additional inspections are required at every site, prior to operation.

A mobile operator must inform the local authority, 14 days prior to operation, where they wish to operate the following:

- the procedures to be carried out;
- the length of time at the site;
- the location;
- where waste will be disposed; and
- approvals given by home/base local authority.

The host local authority must inspect all mobile facilities prior to operation.

Skin penetration procedures must not be carried out at shows, outdoor events and conventions unless this Guideline can be complied with and local authority approval is obtained.

Mobile operators must have direct access to hand washing facilities with liquid soap, paper towel and hot and cold running water provided through a single spout.

The preparation of procedure packs with sufficient equipment for each client will assist operators in complying with this Guideline. There must be adequate sterile equipment for all clients in between base returns.

Mobile operators must have facilities to adequately store all equipment, linen and waste safely before and after use and while in transport.

The mobile establishment must be maintained in a clean condition at all times. The mobile facility must not be used for food preparation or accommodation.

If the mobile facility does not have an autoclave, they must use single-use pre-sterilised equipment for all procedures.

All facilities must be connected to the sewer or have a wastewater storage tank suitable for the reception of all liquid wastes arising from the premises. Wastewater storage tanks must be discharged to the sewer.

11. Health and Safety in the Workplace

The Occupational Health and Safety Act 1983 prescribes the employees duty of care to provide a safe and healthy working environment for all employees, and the employee's duty of care to take reasonable care for the health and safety of others in the workplace. **This includes the provision of:**

- a workplace that is safe to work in, with working procedures that are safe to use;
- adequate staff training including topics such as safe work procedures, infection control procedures and appropriate hygiene;
- properly maintained facilities and equipment, including the provision of personal protective equipment such as gloves, eye protection and sharps containers; and
- a clean and suitably designed work place with safe storage of goods such as chemicals.

To help achieve this employers must offer employees performing skin penetration procedures, immunisation against Hepatitis B and should also consider tetanus where the last vaccination was more than 5 years. Employers are required to provide the information, instruction, training and supervision necessary to ensure the health and safety of employees at work.

11.1 Bleeding

If a client bleeds during the course of a procedure the operator should:

- put on clean disposable gloves (if not already wearing them);
- place a clean dressing on the wound and apply pressure to stop the bleeding;
- place soiled disposable sharp equipment into a sharps container;
- dispose of soiled dressings into waste bin;
- place soiled, re-useable equipment into a labelled container (eg. "soiled equipment");
- clean the work area surfaces, ie. benches, chairs, or floors that have become soiled with blood or other body substances, as soon as possible with water and detergent removing all visible soil using a disposable cloth;
- dispose of cloths used for wiping up blood; and
- remove gloves, dispose of gloves and wash hands thoroughly.

11.2 Blood Spills

Blood spills should be attended to immediately. **When managing blood spills:**

- gloves should be worn;
- absorbent material, such as paper towels should be used and disposed of immediately; and
- the area should then be cleaned.

11.3 Sharps

Care must be taken to prevent injuries and the transmission of blood-borne diseases when using, cleaning and disposing of used sharps. Needles must not be removed from disposable syringes for disposal, or be purposely broken or manipulated by hand. Needles must not be resheathed.

11.4 Management of exposure to blood and body substances

All workplaces should have a procedure manual for the management of exposure to blood and body substances. Staff should be referred to either a general practitioner or the nearest hospital for assessment of their injury. If intact skin is exposed, wash the affected area.

After exposure to blood or other body substances the worker should:

- encourage bleeding if the exposure involves a cut or puncture, then wash with liquid soap and water;
- wash with liquid soap and water where the exposure does not involve a cut or puncture;
- if eyes are splashed rinse them, while they are open, gently but thoroughly with water or normal saline;
- if blood or other body substances get in the mouth, spit it out and then rinse the mouth with water several times;
- if clothing is soiled remove clothing and shower if necessary;
- report the incident immediately to manager or employer; and
- seek medical advice as soon as possible.

Employers should establish links with a medical service. A list of medical contact persons should be displayed.

The manager should review exposures and accidents and take steps to reduce the chance of a similar event occurring.

Skin Penetration Process Notes

12.1 Acupuncture

All acupuncture equipment must be sterile single use and disposed of after one use.

Acupuncture has the potential to transfer micro-organisms. Equipment that is used to penetrate the skin must be sterile, this includes acupuncture needles, dermal hammers, seven star needles and press needles.

Prior to procedures, skin must be prepared to remove micro-organisms by using a skin antiseptic preparation (see 4.3).

Avoid contaminating sterile equipment by avoiding direct contact with the operators fingers and direct contact with any non-sterile surface or non-sterile equipment. Where sterile equipment is soiled at any stage during the process it must be replaced immediately with sterile equipment.

Where it is necessary to grasp the needle shaft to facilitate insertion, the following methods must be used:

- Use a sterile insertion tube; or
- Use a fresh pre-packaged sterile alcohol swab or fresh sterile dry swab; or
- Use a sterile glove.

Note: The needle shaft must not come into contact with the naked hand.

Do not open the packaging of sterile equipment until immediately prior to use, to prevent contamination. Open packaging of sterile equipment at start of procedure and either place equipment on a sterile surface/tray, or remove it directly from packaging as required.

If re-useable items (excluding needles) are used, items must be sterilised in small numbers. Enough items for one client should be placed in one container. Any unused equipment remaining after each client is to be re-sterilised before use. Needles/sharps must be disposed of into an Australian Standards approved Sharps container. Needles must not be stored in original packaging for disposal.

Clean equipment such as pressure studs, magnets and stainless steel balls used in acupuncture procedures, where skin is not penetrated prior to re-use.

Single use needles must never be re-used.

12.2 Body piercing

Prior to procedures, skin must be prepared to remove micro-organisms by using a skin antiseptic preparation (see 4.3).

Equipment used in body piercing that contacts open skin must be sterile. This includes clamps, needle pushers, insertion tapers and jewellery. Disposable, single-use sterile equipment is recommended. Re-useable body piercing equipment must be cleaned and sterilised prior to re-use.

All jewellery for body piercing must be made of materials that can withstand sterilisation in the autoclave. It should also be made of a non-corrosive metal, such as surgical implant grade stainless steel, niobium, solid 14K or 18K white or yellow gold, titanium, platinum or a dense, low-porosity plastic and which is free of nicks, scratches or irregular surfaces. Only sterile jewellery should be inserted into pierced body parts. There should be no exchange of body jewellery.

The operator must avoid contact with sterile equipment that is to be inserted into body tissue.

Techniques to avoid contact with the sterile equipment include:

- Wearing sterile single-use gloves to handle the needle and sterile jewellery, or
- Using sterile forceps to handle the needle and sterile jewellery.

Care must be taken when using sterile gloves that they do not contact non-sterile equipment or surfaces and hence contaminate the gloves and skin piercing equipment.

Ordinary disposable gloves are not sterile. Touching any part of the needle means the needle is no longer sterile, and must not be pulled through the skin.

Ear piercing guns must only be used for ear piercing.

Do not use ear-piercing guns for any other types of body piercing.

It is best practice to supply the client with after care information covering the following: -

- cleaning of site and jewellery;
- infections and what to look for;
- general care instructions; and
- healing times.

12.2A Ear piercing

Prior to procedures, skin must be prepared to remove micro-organisms by using a skin antiseptic preparation (see 4.3).

Hands must be washed and new gloves must be worn for each client.

The spring-loaded ear-piercing gun is designed only to perform ear piercing (Ear piercing studs and clasps must not be used anywhere on the body other than the outer perimeter and lobe of the ear). Sterile capsules containing the stud and butterfly are inserted into the gun. Disposable clasps ensure there is no contact between the gun and the ear. After piercing the ears the clasps must be disposed of to waste and the gun must be cleaned with detergent and water to remove any contaminants before re-use on another client.

Operators must not touch the ear or pre-sterilised studs whilst performing the piercing.

Ear piercing methods using a trocar and cannula or needle and cork must use sterile single use disposable equipment, which is disposed of into an Australian Standard approved sharps container after use.

Do not use ear-piercing guns for any other types of body piercing.

Ear piercing guns must be stored in a clean and hygienic manner.

12.3 Electrolysis

Prior to procedures, skin must be prepared to remove micro-organisms by using a skin antiseptic preparation (see 4.3).

During the hair removal procedure the needle enters the skin surrounding the hair follicle resulting in contamination of the needle with small amounts of blood and body substances.

Sterile, single-use, electrolysis needles are recommended for electrolysis.

Only insert sterile needles into the electrolysis equipment at the start of treatment for each client. One needle can be used for removing as many hairs as necessary from one client at a single session, but a sterile needle is required for each treatment session. Used needles must be disposed of into a sharps container upon completion of the procedure.

Needles must not be re-used on a client at a follow up session. Needles must never be replaced into original packaging.

In electrolysis, the heat produced by the current passing through the needle will not sterilise the needle. The temperature only reaches 70 to 80°C for a short period and this is not enough to sterilise the needle.

12.4 Tattooing

Skin Preparation

Prior to procedures, skin must be prepared to remove micro-organisms by using a skin antiseptic preparation (see 4.3). Use a disposable plastic safety razor on one client only. If a standard safety razor with disposable blade is used, dispose of the razor after use on one client. Traditional cut-throat razors are not recommended for use. If petroleum jelly or a lubricating gel is to be placed on the clients skin, remove enough for one client from the stock container with a clean spatula and place into a small container. A new spatula must be used if more petroleum jelly or lubricating gel is required from the stock container. Roll on or stick type applicators are NOT appropriate for multiple use situations and must not be used.

Needles

Needles and other equipment used for skin penetration should be sterile, disposable, and single-use wherever possible. Re-useable needles or other skin penetration equipment must be cleaned and sterilised prior to each use. Open packaging of sterile equipment at the start of the procedure and either place equipment on a sterile surface/tray, or remove it directly from packaging as required. Handle sterile needles with sterile forceps. Should the operator accidentally touch a needle at any stage during the process it must be replaced immediately by a sterile needle. Needles must not be tested for sharpness on the operators skin before use. Check needles or equipment for defects by inspection or insertion into a sterile pad before use. Dispose of any needles that exhibit burrs, hooks, damage or blunt points to prevent injury to clients. Do not use hollow needles for tattooing, as skin damage will occur.

Dyes

Dyes, pigment or solution(s) that have been used for one client must not be used for another client. Dispense enough solution for one client into sterile disposable containers. Any solution left over must be discarded along with the container. If non-disposable containers are used they must be cleaned and sterilised prior to each use.

It is best practice to supply the client with after care information covering the following: -

- cleaning of site and jewellery;
- infections and what to look for;
- general care instructions; and
- healing times.

12.5 Blood Cholesterol Measurement and Blood Glucose Screening

Blood testing has the potential to transfer micro-organisms through the use of unsterile equipment, poor hygiene procedures and unclean work areas.

This Guideline must be complied with to prevent prosecution or closure of a facility.

It is essential that:

- The method of measurement is sufficiently accurate and reliable;
- The results are reported in the correct manner to those receiving the measurements;
- Any accompanying advice is sound and medically based;
- That any person receiving unsatisfactory results are referred to their doctor for further investigation and advice.

Only the following should do non-laboratory testing:

- Pathology laboratory trained personnel;
- Doctors;
- Registered general nurses; or
- Other appropriate health professionals eg. Pharmacists.

All of the above people must have received training to acceptable standards and experience in the use of the measuring equipment to minimise errors. Training in matters of hygiene and safe clinical procedure is also required, as is training to deal with emergencies.

Prior to procedures, skin must be prepared to remove micro-organisms by using a skin antiseptic preparation (see 4.3).

It may be ideal to have a place where someone who feels faint can lie down until they recover.

Samples to be transported should be enclosed in sealed containers and appropriately labelled and stored prior to transport.

Wastes must be disposed of in accordance with section 8.

12.6 Cosmetic Enhancement and Semi Permanent Makeup

Skin Preparation

Prior to procedures, skin must be prepared to remove micro-organisms by using a skin antiseptic preparation (see 4.3). Use a disposable plastic safety razor on one client only. If a standard safety razor with disposable blade is used, dispose of the razor after use on one client. Traditional cut-throat razors are not recommended for use. If petroleum jelly or a lubricating gel is to be placed on the clients skin remove enough for one client from the stock container with a clean spatula and place into a small container. A new spatula must be used if more petroleum jelly or lubricating gel is required from the stock container. Roll on or stick type applicators must never be used.

Needles

Needles and other equipment must be sterile. Disposable single-use equipment is recommended wherever possible. Re-useable needles or other skin penetration equipment must be cleaned and sterilised prior to each use. Open packaging of sterile equipment at the start of the procedure and either place equipment on a sterile surface/tray, or remove it directly from package as required. Handle sterile needles with sterile forceps. Should the operator accidentally touch a needle at any stage during the process it must be replaced immediately by a sterile needle. Needles must not be tested for sharpness on the operators skin before use. Check needles or equipment for defects by inspection or insertion into a sterile pad before use. Dispose of damaged needles to prevent injury to clients. Do not use hollow needles.

It is recommended that cosmetic tattooists only use equipment that has single use disposable parts, which are incapable of allowing blood and body fluid to flow back into the device.

Dyes

Dyes, pigment or solution(s) that have been used for one client must not be used for another client. Dispense enough solution for one client into sterile disposable containers. Any solution left over must be discarded along with the container. If non-disposable containers are used they must be cleaned and sterilised prior to each use.

It is best practice to supply the client with after care information covering the following:

- cleaning of site and jewellery;
- infections and what to look for;
- general care instructions; and
- healing times.

12.7 Hairdressing

The following procedures incorporate best practice methods and are recommended to prevent transfer of micro-organisms by barbers and hairdressers.

Razors use a disposable safety razor on one client only. If a standard safety razor or cut-throat style razor with disposable blade is used, dispose of the blade after use on one client. The razor handle must be cleaned after each use. Traditional cut-throat razors are not recommended for use.

Electric razors are difficult to clean. Their use is not recommended.

Scissors must be cleaned before and after use on each client. Thoroughly clean scissors at least once a day, and immediately after contamination with blood or body substances.

Clippers if skin is cut with clippers, stop using the clippers. Do not remove hairs with a brush. Remove clipper blades carefully and clean before re-use. Manual clippers with non-detachable blades should not be used, as they cannot be cleaned. Detachable blades must be cleaned prior to re-use.

Streaking hooks this equipment must be cleaned between clients. If bleeding occurs clean the hook as soon as possible.

Combs, hair brushes, highlighting caps, rollers. After use on each client wash this equipment in warm water and detergent. Rinse and dry with a clean towel. Replace worn or damaged brushes. Do not use wire brushes, they damage the skin, and will require sterilisation between each use. Do not store in solutions.

Bristle brush for shaving. Do not reapply to skin once shaving has commenced. After use, wash the brush in warm water and detergent, rinse and leave to dry.

Protective towels, capes, gowns. Wash all linen daily and change any soiled linen immediately. Re-usable capes and gowns may be used if used in conjunction with a new disposable neck towel on each client.

Accidental skin penetration

If scissors or streaking hooks cause bleeding do not continue using the equipment as it is soiled and places the operator at risk of transferring micro-organisms. Stop the bleeding with a clean cloth and pressure or use a styptic stick or styptic liquid on clean cotton gauze. Place equipment in a container marked "To be cleaned". Finish activity with clean equipment, attending to bleeding as necessary. Soiled equipment must be cleaned before re-use.

Skin rashes and other lesions. If clients have open skin lesions such as boils, abscesses, or weeping eczema cut hair with scissors only. Clean all equipment used.

Head Lice & Scabies. Should a client be found to have head lice or scabies, all equipment and linen used on the client should be isolated at the conclusion of treatment for cleaning.

Styptic's. Matchstick type styptic applicators are recommended and must not be used on more than one client. Liquid styptic may be applied with a clean single use disposable cloth that is discarded once it comes into contact with the client. Chap Stick and roll-on style applicators must not be used.

12.8 Beauty treatments

Waxing

Body hair is associated with the accumulation of micro-organisms. The upper lip, pubic area (bikini line) and under-arms are either moist or close to moist areas resulting in the presence of increased numbers of micro-organisms. The process of hair removal with wax also removes the micro-organisms, upper skin layers and wound scabs. Contamination of the wax occurs as a result of the procedure.

Melting wax does not destroy micro-organisms. The contact of wax with the skin may result in the transfer of infection from one client to another. All wax is single use and must be discarded immediately after use. Roll on wax applicators must not be re-used.

Applicators for applying wax must not be re-dipped as this will cause contamination of the wax. Re-usable wax applicators must be cleaned between clients.

Manicuring Fungal infections are transferable through manicuring especially when introducing files under the cuticle. It is recommended that all equipment is single-use and is disposed of immediately after use.

Pedicures Rasping of corns and callouses on feet should only be carried out using single use disposable equipment.

Lancing Skin must be prepared prior to procedure to remove micro-organisms by washing and application of a skin antiseptic as listed in section 4.3. Treatments such as removal of blackheads and pimples require that the skin be penetrated using sharp equipment such as a lance. Sterile single-use equipment must be used.

Tweezers must be cleaned between use on clients.

Paraffin Baths apply a skin antiseptic before insertion of body parts into the paraffin bath. Dispose of peeled paraffin as soon as it is removed from client.

Equipment

Protective gowns, capes, towels must be changed once soiled and at least daily.

Skin penetrating devices must be sterile. Single use and disposable equipment is recommended.

Make-up brushes should be cleaned between clients.

12.9 Henna Tattooing

Henna tattooing is a process that involves staining of the skin. This stain lasts for approximately 1-2 weeks. It does not involve direct penetration of the skin.

Skin must be prepared prior to procedure to remove micro-organisms by application of a skin antiseptic preparation as listed in section 4.3.

Operators performing Henna tattooing must have hand washing facilities at the point of operation.

Henna stencils must be disposed of after use on one client.

Enough henna must be dispensed for each client into a single use container. Excess henna must be disposed after each client.

13. Extract from Public Health Regulation 1991

PART 3 - SKIN PENETRATION Application of Part

11. (1) This part applies to any of the following procedures:

- (a) acupuncture
- (b) tattooing
- (c) ear piercing
- (d) hair removal
- (e) any other procedure (whether medical or not) which involves skin penetration.

(2) However, this Part does not apply to or in relation to the carrying out of a procedure by:

- (a) a medical practitioner registered under the Medical Practitioners Act 1938, or a dentist registered under the Dentists Act 1989, where the procedure is carried out in the practice of medicine or dentistry, respectively; or
- (b) a person acting under the direction or supervision of such a medical practitioner or dentist, where the procedure is carried out for the purpose of the practice (by that or any other practitioner or dentist) of medicine or dentistry, respectively.

Skin penetration to avoid infection

12. (1) A person must not carry out any procedure to which this Part applies unless:

- (a) the person's business address has been notified to the local authority responsible for the area where the address is located;
- (b) the premises where the procedure is carried out are clean and hygienic;
- (c) any article used which may penetrate the skin is sterile;
- (d) any such article which has been used on one person is disposed of appropriately immediately after that use, or is sterilised before being used on another person;
- (e) any article which has been used on one person, but which has not penetrated the person's skin, is cleaned before being used on another person; and
- (f) the person carrying out the procedure is clean, is dressed in clean clothing, and has no exposed skin lesions (including any cut, abrasion or wound).

Maximum penalty: 20 penalty units.

(2) It is a defence to a prosecution for an offence against this clause if the defendant satisfies the court that the act or omission constituting the offence was done:

- (a) in the case of skin penetration for the sake of blood cholesterol testing--in compliance with the "Guideline for Blood Cholesterol Measurement in the Community" published by the Australian Government Publishing Service for the National Health and Medical Research Council; or
- (b) in the case of skin penetration for the sake of blood sugar testing (whether carried out by a pharmacist or any other person) in compliance with the "Guideline for Blood Glucose Screening by Pharmacists" prepared by the Joint Pharmaceutical Services Group and published in "The NSW Pharmacist" volume 3 number 5 (October 1988), at pages 16 and 17; or
- (c) in the case of skin penetration for any other purpose - in compliance with the "Guideline on Skin Penetration" published by the Department.

14. Contact List

For further advice contact an Environmental Health Officer at your Local authority or Public Health Unit. (PHU)

PUBLIC HEALTH UNIT

Central Coast PHU

'Birralee' Wyoming Hospital, Pacific Hwy
WYOMING NSW 2250
PO Box 361, GOSFORD NSW 2250
Phone: (02) 4320 4545 Fax: (02) 4320 4550

Central Sydney PHU

Queen Mary Building, Royal Prince Alfred Hospital,
Grose St, CAMPERDOWN NSW 2050
PO Box 374, CAMPERDOWN NSW 2050
Phone: (02) 9515 3180 Fax: (02) 9515 3182

Far West NSW PHU

PO Box 457, BROKEN HILL NSW 2880
Phone: (08) 8080 1499 Fax: (08) 8087 8697

Hunter PHU

Wallsend Health Service, Longworth Ave
PO Box 466, WALLSEND NSW 2287
Phone: (02) 4924 6477 Fax: (02) 4924 6490

Illawarra PHU

18 Madoline St, GWYNNEVILLE NSW 2500
PO Box 66, KEIRAVILLE NSW 2500
Phone: (02) 4226 4677 Fax: (02) 4226 4917

Macquarie PHU

62 Windsor Parade
PO Box M61, EAST DUBBO NSW 2830
Phone: (02) 6881 2256 Fax: (02) 6884 7223

Mid North Coast Population Health Unit

Port Macquarie Health Centre, Morton St
PO Box 126, PORT MACQUARIE NSW 2444
Phone: (02) 6583 0750 Fax: (02) 6583 7582

Mid-Western PHU

Webb's Chambers, 175 George St
PO Box 143, BATHURST NSW 2795
Phone: (02) 6339 5500 Fax: (02) 6339 5569

New England PHU

Suite 7, Parry Shire Bldg, 470 Peel St
PO Box 597, TAMWORTH NSW 2340
Phone: (02) 6766 2288 Fax: (02) 6766 3003

Northern Rivers Institute of Health & Research

31 Uralba St
PO Box 498, LISMORE NSW 2480
Phone: (02) 6620 7500 Fax: (02) 6622 2151

Northern Sydney PHU

C/Hornsby Ku-ring-gai Hospital,
Palmerston Rd, HORNSBY NSW 2077
Phone: (02) 9477 9186 Fax: (02) 9482 1650

South Eastern Sydney PHU

Joynton Avenue, ZETLAND NSW 2017
Locked Bag 88, RANDWICK NSW 2031
Phone: (02) 9382 8333 Fax: (02) 9382 8334

Southern NSW PHU

Kenmore Hospital, Taralga Rd
Locked Bag 11, GOULBURN NSW 2580
Phone: (02) 4827 3428 Fax: (02) 4827 3438

South West Centre for Public Health

605 Olive St
PO Box 3095, ALBURY NSW 2640
Phone: (02) 6021 4799 Fax: (02) 6021 4899

South Western Sydney PHU

Hugh Jardine Bldg, Liverpool Hospital
Locked Bag 7017
LIVERPOOL BC NSW 1871
Phone: (02) 9828 5944 Fax: (02) 9828 5955

Western Sector PHU

North Parramatta office,
5 Fleet Street, Gungarra Bldg, Cumberland Hospital
NORTH PARRAMATTA NSW 2151
Locked Mail Bag 7118, PARRAMATTA 2150
Phone: (02) 9840 3603 Fax: (02) 9840 3608

Penrith office

Nepean Hospital, Great Western Hwy,
KINGSWOOD
PO Box 63, PENRITH NSW 2751
Phone: (02) 4724 2022 Fax: (02) 4724 3300