



Our reference
F19/13/03-D21/26182

23 November 2023

Policy and Services Committee

Notice is hereby given that the Policy and Services Committee Meetings of Council will be held in the **Council Chambers, Stratford District Council, 63 Miranda Street, Stratford** on **Tuesday 28 November 2023** beginning at **2.00pm** to hear and consider submissions to the Draft Beauty Therapy, Tattooing and Skin Piercing Bylaw and Code of Practice. This will be followed by the monthly Policy and Services Committee Meeting at 3.00pm.

Timetable for 28 November 2023 as follows:

12 noon	Workshop - Long Term Plan Capital Projects
2.00pm	Policy and Services Committee (Hearing) - Draft Beauty Therapy, Tattooing and Skin Piercing Bylaw and Code of Practice
2.45pm	Afternoon tea for Councillors
3.00pm	Policy and Services Committee

Yours faithfully

Sven Hanne
Chief Executive

2023 - Policy and Services - November (Draft Beauty Therapy, Tattooing and Skin Piercing Bylaw)



28 November 2023 02:00 PM

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AGENDA

Policy and Services Committee



F22/55/05-D23/43828

Date: Tuesday 28 November 2023 at 2.00pm
Venue: Council Chambers, 63 Miranda Street, Stratford

To hear and consider submissions to the Draft Beauty Therapy, Tattooing and Skin Piercing Bylaw and Code of Practice

1. Welcome

- 1.1 Opening Karakia
D21/40748 Page 5
- 1.2 Health and Safety Message
D21/26210 Page 6

2. Apologies

3. Announcements

Speakers to Submissions

The Chairman welcomes everyone to the Policy & Services Committee meeting. It is reinforced to Councillors that the purpose of this meeting is to hear submissions on the Draft Beauty Therapy, Tattooing and Skin Piercing Bylaw and Code of Practice. Councillors are asked to hear all submissions with an open mind, to restrict their question time to the submitters to points of clarification or issues pertaining to subject matter. Councillors are requested not to get into direct dialogue with submitters. The timeframe scheduled for the day is tight. Councillors may take notes whilst submitters are speaking.

4. Declarations of members interest

Elected members to declare any real or perceived conflicts of interest relating to items on this agenda.

5. Attendance Schedule

Attendance schedule for Policy and Services Committee meetings, including Hearings.

6. Acknowledgement of Submissions

Submissions – Pages 81-100

Attached are the three submissions received.

Recommendations

- 1. THAT the submissions to the draft Beauty Therapy, Tattooing and Skin Piercing Bylaw and Code of Practice be received.
- 2. THAT the submitters be advised of the outcome of their submission and notified that the minutes of the Policy and Services Committee Meeting, and subsequent meetings, will be available on Council's website.

Recommended Reason

So that each submission is formally received and the submitter provided with information on decisions made.

/
Moved/Seconded

7. Submitters To Be Heard

There was one submitters wishing to speak.

Each submitter will be allocated five (5) minutes to present their submission and allowed five (5) minutes for questions.

Submission #	Name	Organisation	Page Number	Time
1	Tanya Morrison	New Zealand Institute of Environmental Health	81	2.05pm

8. Decision Report – Draft Beauty Therapy, Tattooing and Skin Piercing Bylaw and Code of Practice D23/46235 Page 8

Council needs to consider submissions as part of the consultation process.

<p>Recommendations</p> <ol style="list-style-type: none"> 1. <u>THAT</u> the report be received. 2. <u>THAT</u> the committee considers submissions received as part of the public consultation process of the <i>draft</i> Beauty Therapy, Tattooing and Skin Piercing Bylaw 2023 and Code of Practice. 3. <u>THAT</u> the committee adopt the <i>draft</i> Beauty Therapy, Tattooing and Skin Piercing Bylaw 2023 and Code of Practice with recommended changes. 4. <u>THAT</u> the commencement date of the Bylaw be Wednesday 13 December 2023. <p>Recommended Reason</p> <p>The <i>draft</i> Beauty Therapy, Tattooing and Skin Piercing Bylaw 2023 and Code of Practice has gone through the public consultation process, required by Sections 82 and 83 of the Local Government Act 2002. Three submissions were received as a result of the public consultation process. The committee is now required to consider these submissions.</p> <p style="text-align: right;">/ Moved/Seconded</p>
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9. Closing Karakia D21/40748 Page 249



Our reference
F19/13/03-D21/40748

Karakia

Kia uruuru mai
Ā hauora
Ā haukaha
Ā haumāia
Ki runga, Ki raro
Ki roto, Ki waho
Rire rire hau Paimārire

I draw in (to my being)
The reviving essence
The strengthening essence
The essence of courage
Above, Below
Within, Around
Let there be peace.



Our reference
F19/13/03-D22/17082

Health and Safety Message

In the event of an emergency, unless guided to an alternative route by staff, please exit through the main entrance. Once outside the building please move towards the War Memorial Centre congregating on the lawn area outside the front of the council building.

If there is an earthquake, please drop, cover and hold where possible. Remain indoors until the shaking stops and you are sure it is safe to exit or remain where you are until further instruction is given.

5. Attendance schedule for 2023 Policy & Services Committee meetings (including Hearings).

Date	24/1/23	28/2/23	28/3/23	18/4/23	23/5/23	27/6/23	25/7/23	25/7/23	22/8/23	26/9/23	24/10/23	24/10/23	28/11/23	28/11/23
Meeting	PS	PS	PS	PS	PS	PS	H	PS	PS	PS	H	PS	H	PS
Neil Volzke	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Steve Beck	✓	✓	✓	✓	AV	✓	✓	✓	✓	✓	✓	✓		
Grant Boyde	A	AV	✓	✓	✓	S	✓	✓	✓	✓	✓	✓		
Annette Dudley	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Jono Erwood	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Ellen Hall	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Amanda Harris	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Vaughan Jones	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Min McKay	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	A	A		
John Sandford	✓	S	S	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Clive Tongaawhikau	✓	✓	✓	✓	AV	✓	✓	✓	✓	✓	A	A		
Mathew Watt	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		

Key	
PS	Policy & Services Committee Meeting
H	Hearing (heard by Policy & Services Committee)
✓	Attended
A	Apology/Leave of Absence
AB	Absent
S	Sick
AV	Meeting held, or attended by, by Audio Visual Link

DECISION REPORT



F22/55/04 – D23/46235

To: Policy and Services
From: Environmental Health Manager
Date: 28 November 2023
Subject: *Draft Beauty Therapy, Tattooing and Skin Piercing Bylaw 2023 and Code of Practice.*

Recommendations

1. THAT the report be received.
2. THAT the committee considers submissions received as part of the public consultation process of the *draft* Beauty Therapy, Tattooing and Skin Piercing Bylaw 2023 and Code of Practice.
3. THAT the committee adopt the *draft* Beauty Therapy, Tattooing and Skin Piercing Bylaw 2023 and Code of Practice with recommended changes.
4. THAT the commencement date of the Bylaw be Wednesday 13 December 2023.

Recommended Reason

The *draft* Beauty Therapy, Tattooing and Skin Piercing Bylaw 2023 and Code of Practice has gone through the public consultation process, required by Sections 82 and 83 of the Local Government Act 2002. Three submissions were received as a result of the public consultation process. The committee is now required to consider these submissions.

/
Moved/Seconded

1. Purpose of Report

- 1.1 The council approved the release of the *draft* Beauty Therapy, Tattooing and Skin Piercing Bylaw and Code of Practice on 26 September 2023 for public consultation. The public consultation period started on 10 October 2023 and closed on 13 November 2023. Three submissions were received as part of the consultation process.
- 1.2 The purpose of this report is for the council to consider the public submissions, recommend any amendments to the *draft* Beauty Therapy, Tattooing and Skin Piercing Bylaw 2023 and Code of practice and their subsequent adoption.

2. Executive Summary

- 2.1 The Council can make Bylaws to protect its community under the Health Act 1956 and the Local Government Act 2002. The Ministry of Health is responsible for the administration of the Health Act 1956 that provides the Medical Officer of Health certain powers.
- 2.2 This Bylaw reduces the hygiene and chemical risks associated with commercial services such as tattooing, body piercing, hair removal, and nail services. There are currently 11 registered premises operating in the Stratford District. This is the first review of the policy.

3. Local Government Act 2002 – Section 10

Under section 10 of the Local Government Act 2002, the Council’s purpose is to “enable democratic local decision making by and on behalf of communities; as well as promoting the social, economic, environmental, and cultural well-being of communities now and into the future”			
Does the recommended option meet the purpose of the Local Government 4 well-beings? And which:			Yes
Social	Economic	Environmental	Cultural
✓	✓	✓	✓

The Bylaw affects all four well-beings, covering environmental health, economic investment, and social and cultural organisations. This Bylaw is for the *performance of a good quality local public service*.

4. Background

4.1 Beauty Therapy and Tattoo operator numbers grew in the Stratford District around 2015/2016. Because of the growth and health risk associated with the beauty therapy procedures, consideration was given to the requirement of a Bylaw in 2017. The research for the consideration of a Bylaw was done in conjunction with the New Plymouth District Council who were reviewing their Bylaw at the time.

4.2 In 2018, the Stratford District Council and New Plymouth District Council adopted a Beauty Therapy Bylaw and Code of Practice. The Code of Practice is a technical document which prescribes minimum standards that a business owner is required to meet. While some procedures pose a higher risk than others, a business owner can propose an alternative method or procedure that would meet the requirements of the standard for an activity that is deemed low risk.

5. Consultative Process

5.1 Public Consultation - Section 82

In addition to the public notification of the Bylaw the following special interest groups were notified:

- Te Whatu Ora Taranaki District Health Board
- Manatū Hauora Ministry of Health
- Te Korowai o Ngāruahine Trust
- New Zealand Institute of Environment Health
- Current businesses registered under the Stratford District Council Beauty Therapy, Tattooing and Skin Piercing Bylaw
- Stratford Business Association
- New Plymouth District Council

As result of the public consultation the following submissions were received:

Submission	Name
1.	Tanya Morrison
<p>This submission is the personal view of Tanya Morrison who is the President of the New Zealand Institute of Environmental Health. The submission is not the opinion of individual members of the group and was not distributed to members for comment.</p> <p>The submitter comments that in the absence of national legislation for this industry, she applauds the Council maintaining a Bylaw to assist with reducing the risk to public health. We appreciate the contribution and comments the submitter has raised in the review of the Bylaw and Code.</p>	

The submitter's overall recommendation is to consolidate the Code of Practice to remove unnecessary content. The points of Ms Morrison's submission are:

- General premises requirements (physical requirements).
- Mobile and temporary premises requirements.
- Conduct and personal hygiene requirements.
- General Cleaning, Disinfection and Sterilisation requirements.
- Training Qualifications requirements.
- Specific service requirements.
- Using promotional material and education tools in the context of making a Bylaw.
- The Code of Practice is too prescriptive.

Staff comments

Council officers have responded to some of the comments made by the submitter below. The submission is substantial and recommends a number of changes to the Bylaw which would change the nature, look and use of the documents. In effect, if the Council were to agree with these changes, then officers would recommend further public consultation.

General Feedback comments

The Health Act 1956 allows the Council to make Bylaws for the purpose of promoting, preventing, and protecting public health. The Bylaw and Code of Practice (the Code) were adopted by the Council to minimise the risk associated with beauty therapy treatments offered by business owners in the absence of dedicated legislation.

The Code was created to minimise the health risk associated with a procedure that could break or burn the skin. The business owner is required to show a certain level of competency in their chosen profession and show how they will minimise the associated risk. In addition, the Code provides the Inspector who is verifying the business, with a clear set of standards for each procedure.

The submitter questions the ability of the Code to capture new and innovative procedures. The minimum standards of the Code can be applied across multiple techniques within the current Code. An example of a new service is skin implants such as implanting synthetic objects under the skin. The current Bylaw covers this technique. However, if a procedure is not captured by the Bylaw, the council has the ability to make amendments to the Bylaw under clause 6.1 at any time.

The submitter has commented that there are 14 Bylaws of a similar kind adopted across New Zealand and there are two types of Bylaws in general; either a focused Bylaw without a Code or prescriptive Bylaw with a Code.

The submitter comments that the Code is too repetitive. If a business is required to register under the Bylaw, the Code allows a business owner to select a section of the Code that applies to their chosen service. The remainder of the Code will not apply. It is that this adds to the document, but it makes apply it simpler because each business owner would only need one section.

In comparison, the Food Act 2014 is enacted to address the level of risk associated with different types of food service. Under the Act, the level of risk associated with a type of food service is separated into National programmes, Food Control Plans and Custom Food Control Plans. The Ministry for Primary Industries created separate prescriptive templates from the Act that food service operators use to achieve compliance. For example, a standard template Food Control Plan is approximately 140 pages and is legal document. The Food Control Plan also provides education through-out the template document to assist with achieving compliance. Many Acts of parliament have associated published standards or educational tools to achieve compliance with legislation. Compared with this, the application of the Code is relatively straight forward. Staff assistance is available.

The business owner has the ability to show the Inspector how an alternative method will achieve a similar standard/s of the Code. However, for transparency, we recommend a clause be added to the Bylaw. This has been proposed under section 7. This is like the Food Act 2014, where an alternative measure to a prescribed method can be tested or demonstrated by the business owner.

The submitter has asked the Council to consider how far the Code goes towards trying to educate the reader and comments this is not the role of Bylaw and further comments the Code of Practice includes resources, Code of ethics, and best practice from industry groups and questions the endorsement of these industry groups. These resources were reviewed as part of the Bylaw

implementation process and were included because they are reputable industries. These industry standards are often included in NZQA course criteria. For example, the New Zealand Certificate in Beauty Therapy includes industry requirements, such as those from the bodies/industries below:

- The New Zealand Association of Registered Beauty Professionals, Code of Ethics for Members of The New Zealand Association of Registered Beauty Therapists Inc,
- The New Zealand Association of Registered Beauty Professionals, Health, Hygiene and Safety Standards
- The New Zealand Board of Professional Skin Therapies, Code of Ethics and Professional Conduct for the NZ Aesthetics Industry.

The inclusion of this resource material is to assist the operator to achieve compliance and provide further information on how this can be done. In some instances, this information is free to the business owner. While the NZ Standard must be complied with, Code of ethics and other guidance materials are recommendations only and considered a valuable resource.

The submitter has commented on a crossover in legislation. An example used by the submitter is that in some areas of the Code, there is reference to the health and safety of an employee, and these are matters covered under WorkSafe legislation. We consider the interpretation of the Health Act 1956 that notes:

public health means the health of—

- (a) all the people of New Zealand; or*
- (b) a population group, community, or section of people within New Zealand*

The Code is intended to capture the health risks to all persons and in the context of the Code, the reference to the health and safety of an employee is appropriate. In addition, there are a few activities where legislation can/will be applied, and that piece of legislation may cross-over into the boundaries of another. If a Council officer is undertaking a routine inspection and considers there is a non-compliance with another piece of legislation, consideration will be given to who is the better organisation to approach the matter.

The submitter refers to the addition of the Natural and Built Environment Act 2023 to minimum standard 1A-1 of the Code. The Natural and Built Environment Act 2023 is one of two new laws that create a new resource management system that was intended to be phased in over the next 10 years. However, with the transition to the new government, this Act may be repealed. There is no benefit in updating the Code to include this Act currently. If a new piece of legislation is introduced by parliament, that legislation will override any rule within an existing Bylaw. The Resource Management Act 1991 referred to within our Code is still current and relevant.

The submitter has commented on adding/clarifying some interpretations of the Bylaw and Code. We agree with some of these comments. However, we point out some terms are commonly understood and do not require individual interpretation, or the meaning is intended to cover a raft of activities, hence the words “not limited to” are used in a meaning. Where a word is not defined, an officer can look to the interpretation Act 1999 or the Oxford dictionary. This is common practice in a court of law.

The submitter has recommended the inclusion of Tatu (Samoan tattooing/customary tattooing). This falls under customary tattooing and is exempt under the 9.1 of the Bylaw. The exemption applies to non-commercial customary tattooing, if the process becomes commercial then it is expected the business owner would apply for a licence under the Bylaw and the Customary Tattooing Guidelines 2010 would be recommended in accordance with the Tattooing minimum standard in the Code.

The submitter has commented on the term Temporary Premises and whether a licence is required. The interpretation for Temporary Premises under the Bylaw means any premises or any area set up to deliver a service for no more than five days at a time. The Bylaw then notes all the commercial services that must be licenced under clause 8, unless the activity is exempt or does not require a licence in accordance with the “How to use the Code” on pg. 4 in the Code. This means the operator must be licenced if it is operating a commercial service and comply with the minimum standard 1B in Code for Mobile or Temporary Premises. This captures anyone wishing to operate in the Stratford District for a short period. As noted in the Code, the separation of minimum standards for mobile and temporary premises from permanent premises recognises that it may not be possible to maintain the same standards as a permanent premises, and that the health risks may be greater due to a lack of control over the conditions.

The submitter refers to the term Commercial Service, Prescribed Process and Specified Service and questions whether they have the same meaning. I will break them down each term for clarification as follows:

- A Commercial Service is a service provided by a person or persons (they are offering a Commercial Service).
- A Specified Service is defined so that the person/s will know if their type of service falls under this Bylaw and must comply with a minimum set of minimum standards. (clause 7).
- A Prescribed Process is the manner in which the service will be undertaken/delivered.

The submitter has commented on the use and definition of 'Managers' 'Operator' and 'Licensee'. The licensee is the business owner. The reference to a Manager in the Code is used to describe the delegated person responsible for the day-to-day operations and delivery of service. In a small town like Stratford this would often be the Licensee. The reference to the Manager in the Code means, in the absence of the Licensee, the Manager is the designated person who is trained in the minimum standards and who is expected to be on site at all times and responsible for ensuring compliance. If a non-compliance takes place, the enforcement of the non-compliance would be notified to the Licensee who has overall legal responsibility. The Operator is any person undertaking a task in general. However, we agree an amendment needs to be made to section 8.9 of the Bylaw as explained below in the updates to the Bylaw and Code.

The submitter comments Acupuncturists have been included in the Bylaw. However, any acupuncturist who is registered with Acupuncturists New Zealand or who is a member of the Acupuncturists New Zealand Standards Authority will be exempt. The Submitter encourages the Council to consider how many other acupuncturists exist within Stratford that would be covered by this Bylaw, taking into consideration most acupuncturists are often working in a medical setting e.g physiotherapy clinics or similar and recommends the exclusion of Acupuncturists from the Bylaw, as chances are most if not nearly all would be exempt anyway. Currently there are no Acupuncturists not registered under the appropriate authority operating in the Stratford District. However, if a business owner would like to operate in the Stratford District who is not a member of the Standards Authority will be captured by this Bylaw to ensure they will provide a service that is meeting the minimum standards.

The submitter has also asked the Council to consider taking references out of the Code to water temperatures in particular. The water temperatures specified were added to the Code originally through an evidence-based process. The temperature setting is what is considered necessary to manage microbiological risks. While inspectors do not routinely measure the temperature of the water during an inspection, it is still an option if, when running the tap, it is the opinion of the inspector (based on experience) that the temperature may be insufficient. New business set ups are likely to be measured. The Hairdressing Regulations also specify a temperature, and this is measured by the Officer if deemed necessary. Leaving reference to the temperature is considered important to allow for compliance and enforcement where issues arise due to inadequate facilities.

The Stratford District and New Plymouth District Council Code is designed in the likeness of Auckland City Council Code of Practice for Health and Hygiene. The Stratford District Council Bylaw and Code went through a robust legal review prior their adoption. As the New Plymouth District Council has the same Code, they were asked to provide feedback on how the Bylaw and Code is working for their officers and business owners. Council officers verbally comment that the Code works well when applied to a particular service and agreed with some of the suggested changes by the submitter below:

- Bylaw and Code interpretations do not match. The Bylaw and Code of Practice now mirror each where applicable.
- Minimum Standards 1A-1 in the Code - Consider changing the heading to 'Compliance with Bylaws and other legislation'. We agree with this change to the heading as it makes no overall change to the Code. The Code has been updated accordingly.
- Section 8.9 Licence personal to Managers. We agree that this should state the Licensee and not the Manager. We have amended the Bylaw accordingly.

2.	Te Whatu Ora -
<p>Te Whatu Ora supports the Bylaw and Code of Practice and further comments, the Bylaw and Code is a proactive approach and highlights a duty of care by the Council to improve, promote and protect public health as specified in Section 23 of the Health Act 1953. The National Public Health Service – Taranaki supports the retention of the Beauty Therapy, Skin Piercing and Tattooing Bylaw and Code of Practice and the overall intent of the proposed amendments.</p> <p>Te Whatu Ora have made recommends on the following matters:</p> <ul style="list-style-type: none"> - Replacing reference to the “NZ drinking water standards” in section 1A-9 of the Code of practice to reference “Water Services (Drinking Water Standards for New Zealand) Regulations 2022”. - Retaining the requirement for existing premises to comply with the provisions of the new Bylaw within six months. - When applying Section 3B-1(d) of the Code of practice that an emphasis is placed on evidence of infection control standards, policy, and practice. - Any reusable sharp item (for example derma rollers) is cleaned, sterilised, and stored and re-used in accordance with manufacturing guidelines and in a way that ensures that there can be no cross contamination. - The sharps containers used are designed to accommodate the types of sharps that will be disposed in them, for example single use derma rollers. - The Council include a clause prohibiting eyeball tattooing unless carried out by an ophthalmologist. 	
<p>Staff comments</p> <p>We agree with the comments of Te Whatu Ora. The recommended additions made by Te Whatu Ora have no legal impact or require further consultation. We have made the following amendments accordingly:</p> <ul style="list-style-type: none"> - Replacing reference to the “NZ drinking water standards” in section 1A-9 of the Code. Council officers agree and have amended this section. - When applying Section 3B-1(d) of the Code of practice that an emphasis is placed on evidence of infection control standards, policy, and practice. Section 3B-1(d) has been updated to include infection control standards. - In terms of the sharp containers, section 2-19 of the Code notes that business owners must demonstrate that appropriate arrangements are in place to keep and dispose of contaminated material. - Te Whatu Ora have asked that the Council considers adding a restricted clause to the Bylaw. There is a restricted clause in the Auckland City Council Bylaw which reads: <ul style="list-style-type: none"> <i>Restricted services</i> <i>(1) Commercial services that pierce the eyeball (including eyeball tattooing) are prohibited unless undertaken by appropriately qualified health practitioners covered by the Health Practitioners Competence Assurance Act 2003 in the practice of their profession.</i> Related information <i>Ophthalmologists (eye specialists) are the only health practitioners that can currently carry out eyeball tattoo</i> <p>As this service can only be currently carried out by an eye specialist, there is no legal implication in adding this as a restricted clause in the Bylaw similar to the Auckland City Council. We recommend this restriction be added to the Bylaw.</p>	

3.	Stephanie Dirksen - Wellness from Within
<p>The submitter opposes the <i>draft</i> Beauty Therapy, Skin Piercing and Tattooing Bylaw 2023 and Code of Practice. The submitter comments they have been qualified and working in the Beauty Therapy industry for 16 years and has worked locally in Stratford for the last 12 and before that in Auckland in high-end Beauty Spas and further comments on:</p> <ul style="list-style-type: none"> - Adding different licence types to bylaw - A licence should not be required if the business owner has the appropriate qualification. 	
<p>Staff comments</p> <p>The submitter is not currently registered under the Stratford District Council Bylaw. We agree with the submitter that if a business owner has not been trained and following a minimum set of standards then it is likely to pose a health risk to the customer. Some of these include but not limited to:</p> <ul style="list-style-type: none"> - Allergic reaction to the ingredients in wax, - Severe burns, - Transmitted bacteria. <p>Having a Bylaw ensures that the business owner has the approved qualification and training relating to the service being offered to the Stratford community and that the business owner continues to meet the minimum standards of the Code. Not all the services listed under the Code require a qualification, however the business owner will be required to meet the minimum standards.</p> <p>An example of the requirement to register for a licence with a council, that requires ongoing compliance by way of inspections, is the Food Act, Sale and Supply of Alcohol Act, Hairdressing Regulations, and Gambling Act to name a few. Currently inspections indicate general compliance by licensed business owner is good. However, without the ability to monitor continued performance of a business owner against a set of standards, then this poses a risk to the community.</p> <p>As noted in a submission above, the Code covers a raft of services and works much like a one stop shop where only a portion of the Code will be relevant to a business owner.</p> <p>A business owner is issued with a licence that is relevant to their business and notes the services that they are providing.</p>	

5.2 Māori Consultation - Section 81

Specific Iwi consultation was not required, however, Te Korowai o Ngāruahine who submitted on the initial Bylaw were provided with a copy of the Statement of Proposal.

6. Risk Analysis

<p>Refer to the Council Risk Register - available on the Council website.</p> <ul style="list-style-type: none"> • Does this report cover any issues that relate to any risks on the Council Risk Register, and if so which risks and what are the impacts and likelihood of eventuating? • Does this report cover any issues that may lead to any new risks that are not on the Council Risk Register, and if so, provide some explanation of any new identified risks. • Is there a legal opinion needed?
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6.1 The review of policies is noted on the Council's Risk Register (*Risk 4 – Compliance and Legislation (Bylaws and Policies)*) to ensure they are reviewed in the appropriate timeframe and are enforceable.

7. Decision Making Process – Section 79

7.1 Direction

	Explain
Is there a strong link to Council's strategic direction, Long Term Plan/District Plan?	Yes, The Long Term Plan includes a commitment to performing regulatory services cost effectively. This Bylaw would support that commitment and an affordable, quality services
What relationship does it have to the communities current and future needs for infrastructure, regulatory functions, or local public services?	Yes, A Bylaw is a regulatory function and assists to maintain the health and safety of the Stratford community.

7.2 Data

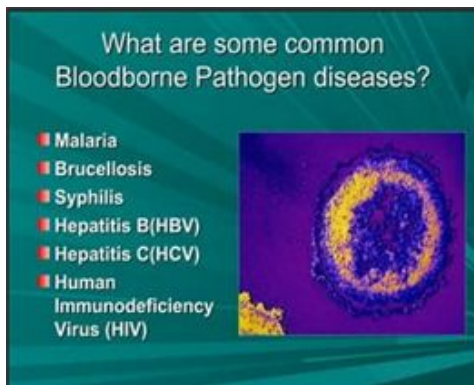
- Do we have complete data, and relevant statistics, on the proposal(s)?
- Do we have reasonably reliable data on the proposals?
- What assumptions have had to be built in?

Only one complaint has been received from another registered premises and was in relation to a staff member of another registered premises. No complaints have been received from the public who have used the services of our registered premises.

As part of this review, the New Plymouth District Council was contacted to see if officers using the Code of Practice had any suggested improvements. The officer using the Code agreed with our recommended changes and in particular making clear in the Bylaw that a business owner can show the Inspector an alternative method to that described in Code, that will satisfy the Inspector that the proposed measure would still meet compliance.

As noted in my previous report It is recognised that beauty therapy procedures and practices may pose a range of health risks to the public, which include but not limited to the following:

- blood-borne infection (e.g. hepatitis B and C, HIV)
- bacterial infections (e.g. staphylococcus)
- fungal infections (e.g. tinea, candida)
- gastrointestinal infection (e.g. campylobacter, E. coli)
- cancers (e.g. melanoma from sunbed use)
- allergic reactions and chemical poisoning (e.g. piercing metals, tattoo ink, glue/solvents, hair products)
- burning and damage to skin, tissue and eyes (e.g. laser, intense pulsed-light)
- physical injury to the body (e.g. damage to eyesight, tissue/organ damage, damage to lungs from inhalation of dust and/or solvents).



The following ACC data was provided in the previous report. Unfortunately, officers have not been able to access current statistics in relation to injuries. The following data range is from 2012 – 2016 and has been supplied from ACC to the Upper Hutt City Council. The data is compared to the previous five-year period in the % change column.

Cause	No. of Injuries	% change
Tattoo	676	20% increase
Piercing	1,422	12% increase
Massage	69,120	61% increase
Manicure/Pedicure	140	36% increase
Acupuncture	1-3	No change
Electrolysis	1-3	No change
Hair removal	152	41% increase
Exfoliation	23	100% increase
Sunbeds	3-9	8% increase
Laser	78	7% increase

7.3 **Significance**

	Yes/No	Explain
Is the proposal significant according to the Significance Policy in the Long Term Plan?	No	
Is it:	No	
• considered a strategic asset; or	No	
• above the financial thresholds in the Significance Policy; or	No	
• impacting on a CCO stakeholding; or	No	
• a change in level of service; or	No	
• creating a high level of controversy; or	No	
• possible that it could have a high impact on the community?	No	

In terms of the Council's Significance Policy, is this proposal of high, medium, or low significance?		
High	Medium	Low
		✓

7.4 **Options**

<p>An assessment of costs and benefits for each option must be completed. Use the criteria below in your assessment.</p> <ol style="list-style-type: none"> 1. What options are available? 2. For each option: <ul style="list-style-type: none"> • explain what the costs and benefits of each option are in terms of the present and future needs of the district; • outline if there are any sustainability issues; and • explain if the outcomes meet the current and future needs of communities for good-quality local infrastructure, local public services, and performance of regulatory functions? 3. After completing these, consider which option you wish to recommend to Council, and explain: <ul style="list-style-type: none"> • how this option is the most cost effective option for households and businesses; • if there are any trade-offs; and • what interdependencies exist.

Option 1:

Adopt the *draft* Beauty Therapy, Tattooing and Skin Piercing Bylaw 2023 with recommended amendments.

The committee adopt the *draft* Beauty Therapy, Tattooing and Skin Piercing Bylaw and the Code with recommended changes.

The Bylaw has been operational for five years. The Code that accompanies the Bylaw is seen as a valuable tool for operators and Inspectors and sets clear guidelines and standards for business owners offering high risk services to the Stratford community.

The Code of Practice includes resources and educational reference for business owners. The Bylaw and the Code were first adopted to improve, promote, and protect public health in the prevention of disease, disability, and injury.

In the absence of over-arching legislation, the Code provides minimum standards for business owners and Inspectors. New Plymouth District Council have not provided a submission but have verbally commented that the Bylaw and Code work well and achieve compliance. The proposed changes to the Bylaw and Code have been socialised with New Plymouth District Council officers who agree with the amended changes.

As commented above, the Bylaw and Code went through a robust legal review prior to its adoption, the current Bylaw including recommended changes is acceptable. I would recommend that if the Bylaw is condensed to the degree the first submitter suggests, then the Bylaw and Code may benefit from another legal review and further public consultation.

The New Plymouth District Council will be undertaking a review of their Bylaw in five years. I would recommend that the Stratford District Council consider another review of the Bylaw and Code at this time. If considerable changes are considered at this time, then the Bylaw and the Code should be socialised with business owners and appropriate agencies prior to public consultation.

Council Officers support option 1.

Option 2:

The Council consider a number of amendments to the Bylaw and Code now.

Should the Council consider that extensive changes are required to the Bylaw and Code after hearing submissions, then officers recommend those changes would trigger further public consultation and possibly a legal review. While we support some of the views noted by submissions and have made minor changes accordingly, we consider that the substantive nature suggested by some submitters be considered by all affected parties before further amendments are adopted by the Council.

We note that no submissions have been received from current business owners who have been operating under the current Bylaw and the Code since their adoption and of whom were in support of the Bylaw and Code prior to its adoption.

As commented above the Bylaw and Code went through a robust legal review prior to their adoption. In addition, the Health Act 1956 is administered by the Ministry of Health and the Act provides the Medical Officer of Health with powers and duties to protect public health. Te Whatu Ora supports the Bylaw and the Code.

Option 2 is not supported as we commented in Option 1, the Council has the ability to consider a further review in five years when the New Plymouth District Council consider any amendments. This would also support shared costs and consistency.

Option 3:

The Council revoke the Beauty Therapy, Tattooing and Skin Piercing Bylaw and Code of Practice.

The committee could consider revoking the Bylaw and rely on the public health system to address any health-related risk. The public health system does not monitor operators for compliance with industry standards and Regulations. Having no Bylaw relies on an incident being reported to the appropriate health services. This Bylaw is also considered a risk prevention method.

The Bylaw addresses the varying levels of risk associated with beauty therapy, skin piercing and tattooing activities and provides clear standards to address how operators will minimise and maintain the associated risk. The Bylaw establishes standards to promote and protect public health locally.

A non-regulatory approach to this activity compared to other sectors that the Council monitors for compliance, is not considered a balanced approach to public health and safety and option 3 is not supported for this reason.

7.5 Financial

- Is there an impact on funding and debt levels?
- Will work be undertaken within the current budget?
- What budget has expenditure come from?
- How will the proposal be funded? eg. rates, reserves, grants etc.

There is no significant financial impact to the Council because of this review. Fees relating to beauty therapy applications are established in the Council's Fees and Charges manual.

7.6 Prioritisation & Trade-off

- Have you taken into consideration the:
- Council's capacity to deliver;
 - contractor's capacity to deliver; and
 - consequence of deferral?

There is no additional impact on funding and current debt levels because of this review. The Stratford District Council's Environmental Health Officer appointed to the Stratford District Council as required the Health Act, monitors and inspects compliance of the Bylaw. This The current level of service provided by council staff is adequate.

7.7 Legal Issues

- Is there a legal opinion needed?
- Are there legal issues?

The content of the *draft* Beauty Therapy, Tattooing and Skin Piercing Bylaw is permitted under Section 145 of the Local Government Act 2002, which allows the Council to make Bylaws for the purpose of protecting, promoting, and maintaining public health and safety. The Bylaw also meets the requirement for a Bylaw under the Health Act 1956.

This is the first review of the Bylaw and must be reviewed in accordance with s.158 of Local Government Act. The Bylaw and Code of Practice went through a robust legal process as part of the consideration of a Bylaw. No legal opinion is required as part of the review.

7.8 Policy Issues - Section 80

- Are there any policy issues?
- Does your recommendation conflict with Council Policies?

There are no policy issues related to this report.

Attachments

Appendix 1 Draft Beauty Therapy, Tattooing and Skin Piercing Bylaw and Code of Practice 2023.

Appendix 2 Submissions 1 to 3



Rachael Otter
Environmental Health Manager



[Endorsed by]
Blair Sutherland
Director – Environmental Services



[Approved by]
Sven Hanne
Chief Executive

Date 21 November 2023

APPENDIX 1

Beauty Therapy, Tattooing and Piercing Bylaw

Stratford District Council

1. Title

- 1.1. ~~This bylaw is Chapter 23:~~ Beauty Therapy, Tattooing and Piercing ~~2023~~2017.

2. Purpose

- 2.1. The purpose of this part is to promote and protect public health by –
- a) requiring those persons and premises providing services of–
 - i) beauty therapy treatments; ~~or~~
 - ii) skin and body piercing; ~~or and~~
 - iii) tattooingto comply with minimum standards which reduce the risk of injury, transference of communicable diseases such as Hepatitis B and C, HIV/Aids, viral, bacterial or fungal skin or wound infections; and
 - b) requiring a licence for certain services which carry higher risk to the customer, including –
 - i) any commercial service that pierces the skin or any part of the body; ~~or~~
 - ii) any commercial service that risks breaking the skin; ~~or and~~
 - iii) any commercial service that risks burning the skin.

3. Commencement

- 3.1. This bylaw comes into force on ~~31 January 2018.~~
- 3.2. ~~Full compliance with this bylaw for existing premises operational before the bylaw comes into force is required on or before six months after the date the bylaw comes into force.~~
- 3.3. Any new premises operating from the day the bylaw comes into force shall comply immediately with this bylaw.

4. Authority

- 4.1. This bylaw is made under –
- a) Sections 23 and 64 of the Health Act 1956; and
 - ~~b) Section 145 of the Local Government Act 2002.~~
- 4.2. ~~This bylaw shall be in addition to the provisions of Chapter 1 Introductory of the Stratford District Council General Bylaw 1993 and if this bylaw is inconsistent with Chapter 1 Introductory then the provisions of this bylaw shall prevail.~~
- 4.2 This bylaw will be reviewed in accordance with section 159 of the Local Government Act 2002.

5. Interpretation

- 5.1. In this bylaw unless the context otherwise requires:

Acupuncture means the practice involving the insertion of filiform (very narrow) needles through the skin and tissues for the purpose of alleviating ailments or injuries.

Antiseptic means a solution containing 70% Isopropyl Alcohol.

Beauty therapy means the provision of various treatments aimed at improving a person's appearance or well-being.

Body piercing means a practice of piercing the skin or any part of the body for decorative purposes, inserting jewellery or implants to alter the appearance of the skin or body.

Cleaning means the physical removal of dirt, blood and other substances from surfaces by washing in detergent and warm water to reduce the number of microorganisms.

Colon hydrotherapy means a practice of introducing liquids into the rectum and colon via the anus and is intended to remove faeces and non-specific toxins from the colon and intestinal tract.

Commercial service means a service (whether from permanent premises, temporary premises or mobile premises) provided by one or more persons for another person(s) for monetary payment or any other consideration.

Communicable disease means any infectious disease, and any other disease declared by the Governor-General, by Order in Council, to be a communicable disease for the purposes of the Health Act 1956.

Council means the Stratford District Council or any person appointed to act on its behalf such as an Authorised Officer or a Medical Officer of Health.

Cupping means a form of traditional Chinese medicine that involves placing cups containing reduced air pressure (suction) on the skin, most commonly on the back, intended to release muscle tension through stimulated blood flow.

Customer or **client** means any person who is in receipt of a service.

Derma rolling/stamping means a practice of using micro needles to create tiny punctures in the skin intended to stimulate growth factors to enhance collagen production and better alignment of the collagen fibres.

Disinfection means the killing of disease causing micro-organisms except bacterial spores.

Ear-piercing means a service of piercing the ear for decorative purposes, inserting jewellery or implants to alter the appearance of the skin.

Electrolysis **Electrolysis** means a practice involving the insertion of a sterilised needle into individual hair follicles to the root. An electric impulse is passed through the needle to the root area to aid in the removal of hair.

Exfoliation means a practice that intends to remove dead skin and can be performed using microdermabrasion, physical peels that have an abrasive action and chemical peels such as glycolic or enzyme.

Extractions means a practice for the removal of comedones (blackheads), pimples and ingrown hairs by manipulating the pores of the skin, either with fingertips or a tool, to remove sebum. Some extractions can involve penetration of the skin using sharp equipment such as a metal tool or lance.

Hair removal means the removal of hair by waxing (pulling the hair from the skin using soft wax, hot wax or glucose); threading (lifting the hair out from the follicle by entwined thread); or tweezing (grasping hairs and pulling them out of the skin, including epilation - a mechanical means of tweezing).

Health practitioner means a person who is, or is deemed to be, registered under the Health Practitioners Competence Assurance Act 2003 as a practitioner of a particular health profession.

[Instrument](#) means any appliance, implement, needle or tool, of metal or non-metallic construction, which may come into contact with the skin or tissue on which the service is being carried out. It must also include any swab or dressing applied to the broken skin surface.

Laser treatment means a practice involving the use of a laser device, which amplifies light and usually produces an extremely narrow beam of a single wavelength (one colour), intended to remove hair or for skin photo-rejuvenation.

Licence means a licence to do something under this bylaw and includes all conditions to which the licence is subject.

Licensee means the person to whom a licence has been issued under clause 8 of this bylaw in respect to a prescribed process.

Manager means –

- a) in the case of a permanent premises, a person who is usually present and who has specific responsibility for operator supervision; or
- b) in the case of a temporary premises, a person who has effective control over operators; or
- c) if no person meets the description in (a) or (b), **manager** has the same meaning as **operator**.

Manicure means beautification or enhancement of the hands and fingernails, including shaping and polishing (painting).

Massage means a practice of applying lotion, or soft wax, or stones, or pressure to another person's face or body for the purposes of relaxation or therapy.

Mobile premises means any location other than a permanent premises where any service is undertaken on an ongoing and regular basis by any person and can include a vehicle as defined in the Land Transport Act 1998.

[Moxibustion](#) means a traditional Chinese medicine technique that is used in conjunction with Acupuncture intended to facilitate healing and involves the heating of individual acupuncture points or regions of the body by burning the herb Artemisia close to or on the inserted needle.

Operator means a person who carries out a service.

Pedicure means the treatment or beautification of feet and toenails by the shaping and polishing toenails, and the puncturing, removal or exfoliation of skin or tissue from the feet.

Permanent premises means any property, land, dwelling, storehouse, warehouse, shop, cellar, yard, building, or part of the same, or enclosed space separately occupied where any service is undertaken.

Piercing refers to any prescribed process involving the intentional or otherwise piercing, cutting or puncturing of the skin or any other part of the human body, and includes such services as body piercing, commercial ear-piercing, tattooing, acupuncture, derma rolling/stamping, epilation (including electrolysis and waxing), extractions, red vein treatment, pedicure and manicure.

Pulsed light means a practice using a powerful flash of broad spectrum, non coherent light intended to remove hair and/or for skin photo-rejuvenation and may include but is not limited to Intense Pulsed Light and Variable Pulsed Light.

Red vein treatment means a practice of piercing a vein with a needle along the length of a damaged capillary, causing little dams or blockages along the vessel.

Specified service means a service defined in clause seven of the bylaw.

Sterilised, in relation to an instrument or like article or container, means subjecting an instrument, article or container to a process, as a result of which all organisms and their spores present on the surfaces of the instrument, article or container are killed.

Tattooing means the practice of making indelible marks in human skin or tissue by inserting pigments or dyes into punctures made in the skin or tissues. Tattooing shall also include the processes known as cosmetic tattooing, pigment implantation, microblading and micropigmentation (cosmetic semi-permanent tattooing).

Temporary premises means any premises or any area set up to deliver a service for no more than five days at a time.

Traditional tattooing means the practice of making indelible marks in human skin or tissue by inserting pigments or dyes into punctures made in the skin or tissues, in procedures such as ta moko, Tatau, uhi or any other traditional tattooing practice that has recognised cultural significance.

Working day means working day as defined in the Interpretation Act 1999.

- 5.2. Explanatory notes and attachments are for information purposes, do not form part of this bylaw, and may be made, amended and revoked without any formality.

6. Beauty therapy, tattooing and piercing code of practice

- 6.1. The council may make, amend or revoke a code of practice that –
- a) relates to the operation of commercial services that pose an associated health risk to any persons using or accessing their services, products or business operation; and
 - b) establishes mandatory minimum standards with regard to the way premises are constructed, equipped and maintained, and in regard to the way operators conduct themselves when providing services; and
 - c) includes recommendations on the best practice to be observed with regard to the way premises are constructed, equipped and maintained, and in regard to the way operators conduct themselves when providing services.
- 6.2. The council must, before making, amending or revoking a code of practice in clause 6.1 –
- a) comply with the requirements under Subpart 1 of Part 6 of the Local Government Act 2002.
 - b) be satisfied that –
 - i) the standards are the minimum necessary to ensure that the purpose of the bylaw will be met; and
 - ii) the recommendations for best practice (if any) are appropriate.
 - c) have regard to –
 - i) the feasibility and practicality of effecting a transition from current practices to new practices and any adverse effects that may result from such a transition; and
 - ii) any other matters considered relevant by the council.
- 6.3. A beauty therapy, tattooing and piercing code of practice made, amended or revoked under clause 6.1 must be made publicly available.

7. Services subject to minimum standards

- 7.1. The operator of any of the following services must comply with the relevant minimum standards set by the council in a beauty therapy, tattooing and piercing code of practice made under clause 6.1 –
- a) any commercial service that pierces the skin or any part of the body, including but not limited to, tattooing, traditional tattooing, body piercing, ear piercing, acupuncture, electrolysis, extractions, red vein treatment, or derma rolling;
 - b) any commercial service that risks breaking the skin, including but not limited to, hair removal, manicure, pedicure, or exfoliation;
 - c) any commercial service that risks burning the skin, including but not limited to pulsed light or laser treatment; or
 - d) any other commercial service intended to improve, alter or cleanse a person's skin, complexion or body, including but not limited to makeup, tinting, facials, colon hydrotherapy, body therapy and massage, or glycolic peels.
- ~~d)e)~~ [The requirement to meet a minimum standard may be waived if the council is satisfied that an alternative method will achieve a similar standard.](#)

8. Health and hygiene licence

- 8.1. This clause applies to the following services -
- a) any commercial service that pierces the skin or any part of the body, including but not limited to, tattooing, traditional tattooing, body piercing, acupuncture, electrolysis, extractions, red vein treatment, or derma rolling;
 - b) any commercial service that risks breaking the skin, including but not limited to, hair removal, manicure, pedicure, or exfoliation; or
 - c) any commercial service that risks burning the skin, including but not limited to, pulsed light, or laser treatment; or
 - d) any other commercial service which falls under sub clause 7.1 d) that has been notified by council that, in the opinion of an authorised officer, is not compliant with the beauty therapy, tattooing and piercing code of practice.
- 8.2. ~~Subject to subclause 3.2,~~ The manager of any premises offering a service described in subclause 8.1 a), 8.1 b) and 8.1 c) must -
- a) obtain a health and hygiene licence from the council before commencing operation; and
 - b) hold a valid health and hygiene licence from the council at all times that the commercial service is offered.
- 8.3. The manager of any premises offering a service described in subclause 8.1 d) must –
- a) obtain a health and hygiene licence from the council within 20 working days of being notified by an authorised officer that they are not compliant with the beauty therapy, tattooing and piercing code of practice; and
 - b) hold a valid health and hygiene licence from the council for the period of time required by the authorised officer, at all times that the commercial service is offered.
- 8.4. It is the health and hygiene licence holder's responsibility to ensure compliance with the health and hygiene licence.
- 8.5. The health and hygiene licence must be prominently displayed in an area that any member of the public can easily see when visiting the premises to which the licence relates.
- 8.6. At the discretion of the council, and having regard to any controls made under subclause 10.1, health and hygiene licences may be declined, or granted subject to any conditions.
- 8.7. If no controls are made about the duration of a health and hygiene licence under subclause 10.1, the health and hygiene licence renewal date will be on the anniversary of the original licence issue date.
- 8.8. The current licence remains valid whilst the licence renewal is being processed.

- 8.9. A health and hygiene licence is personal to the [Licensee manager](#) who was issued the licence is not transferable.

9. Exemptions

- 9.1. Clauses 7 and 8 does not apply to –
- any commercial service undertaken by health practitioners in the practice of their profession;
 - acupuncture undertaken by members of Acupuncture NZ or members of the New Zealand Acupuncture Standards Authority;
 - non-commercial traditional tattooing, including ta moko undertaken by artists on, or under the authority of, a marae under tikanga-māori; or
 - [ear-piercing services undertaken in a pharmacy licenced by the Ministry of Health.](#)

10. Restrictions

Restricted services

- [commercial services that pierce the eyeball \(including eyeball tattooing\) are prohibited unless undertaken by appropriately qualified health practitioners covered by the Health Practitioners Competence Assurance Act 2003 in the practice of their profession.](#)

Related information

[Ophthalmologists \(eye specialists\) are the only health practitioners that can currently carry out eyeball tattoo](#)

10.11. Controls, fees and cost recovery

10.1.11.1. The council may by resolution regulate or make controls in respect of matters related to this bylaw, including the following –

- form of application for a licence;
- the conditions that may be imposed on a licence;
- the duration of a licence;
- whether an exemption will be given to any standards in the code of practice;
- a procedure for objecting to a decision to decline to grant a licence, including the objection period;
- a procedure for objecting to a condition of a licence, including the objection period;
- conducting inspections to ensure that a licence and its conditions are complied with;
- reviewing a licence or its conditions;
- refunding or waiving fees payable;
- suspending or cancelling a licence; and
- a procedure for objecting to a decision to review, suspend or cancel a licence, including the objection period.

10.2.11.2. Section 150(1) of the Local Government Act 2002 allows the Council to set fees in accordance with that section. The council may set fees in respect of the following matters –

- an application fee for a licence; and
- inspection necessary as part of the process of assessing an application for a licence.

10.3.11.3. The council may recover its costs in relation to activities for which a licence is required under this bylaw, including –

- inspections undertaken to assess compliance with a licence;
- an appeal made under clause 11.1 against a decision of the Council in relation to a licence;
- processes to review, suspend or cancel a licence; and
- processes to object to a decision of the Council in relation to the review, suspension or cancellation of a licence.

11.12. Appeals

11.4.12.1. Any manager may lodge an appeal with the Chief Executive Officer of the council against any decision or requirement made in respect of a health and hygiene licence within 21 working days of receiving the decision or requirement.

11.2.12.2. On hearing the appeal the Chief Executive Officer of the council may confirm, reverse or modify the decision or requirement.

11.3.12.3. The Chief Executive Officer of the council will give notice of the decision on the appeal and the reasons for the decision to the appellant.

11.4.12.4. This right of appeal is in addition to any other statutory right available to the manager.

12.13. Enforcement

12.1.13.1. The council may use its powers under the Local Government Act 2002 and the Health Act 1956 to enforce this bylaw.

13.14. Offences and penalties

13.4.14.1. A person who fails to comply with this bylaw commits a breach of this bylaw and is liable to a penalty under the Local Government Act 2002 and/or the Health Act 1956.

Draft Beauty Therapy, Tattooing and Piercing Code of Practice for adoption – 2023

Stratford District Council

Beauty Therapy, Tattooing and Piercing Code of Practice 2023

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CHANGE LOG

Version	Description of changes	Date
Consultation version	Code of practice out for public consultation in September-October 2017	September 2017
Code of practice for adoption	Track changes showing suggested changes as a result of public consultation, presented to Council for adoption.	December 2017 (current version)
Code of practice review	Track changes showing suggested changes	2023

Draft Beauty Therapy, Tattooing and Piercing Code of Practice for adoption – 2023

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Draft Beauty Therapy, Tattooing and Piercing Code of Practice for adoption – 2023

INTRODUCTION

This Beauty Therapy, Tattooing and Piercing Code of Practice (the Code) is made under the Stratford District Council Beauty Therapy, Tattooing and Piercing Bylaw 2017.

The Code seeks to protect public ~~heath~~health in regards to the operation of commercial services that pose an associated health risk to any persons using or accessing their services, products or business operation. The Code sets mandatory minimum standards of hygienic and safe practices with regard to the way premises are constructed, equipped and maintained, and in regard to the way operators conduct themselves when providing services. It includes recommendations for best practice to encourage standards of care in addition to minimum standards.

Services that involve piercing the skin or any part of the body carry public health risks to do with the transference of blood-borne diseases and viral, bacterial or fungal infections from breaking or abrading the protective epidermal layer. Other services may be unlikely to puncture the skin or body but involve contact with skin or bodily fluids, and carry a public health risk of transferring bacterial and viral infections. Services that involve application of light to the body have the potential to burn the skin and carry a health risk of damage to DNA and longer term skin conditions, including skin cancer, as well as risks associated with abrading the protective epidermal layer. It is risks such as these which warrant council intervention to ensure such services are carried out in a hygienic and safe manner.

Failure to meet a mandatory minimum standard by those required to do so, or to obtain and operate in accordance with a health and hygiene licence (if one is required) is a breach of the Stratford District Council Bylaw 2017, Beauty Therapy, Tattooing and Piercing and is an offence under the Local Government Act 2002 and/or Health Act 1956. Penalties may include cancellation or suspension of a Health and Hygiene Licence (if applicable) or a Court fine of up to \$20,000.

The recommendations for best practice in this code are included to encourage higher standards of hygienic and safe practices. These best practice recommendations are voluntary.

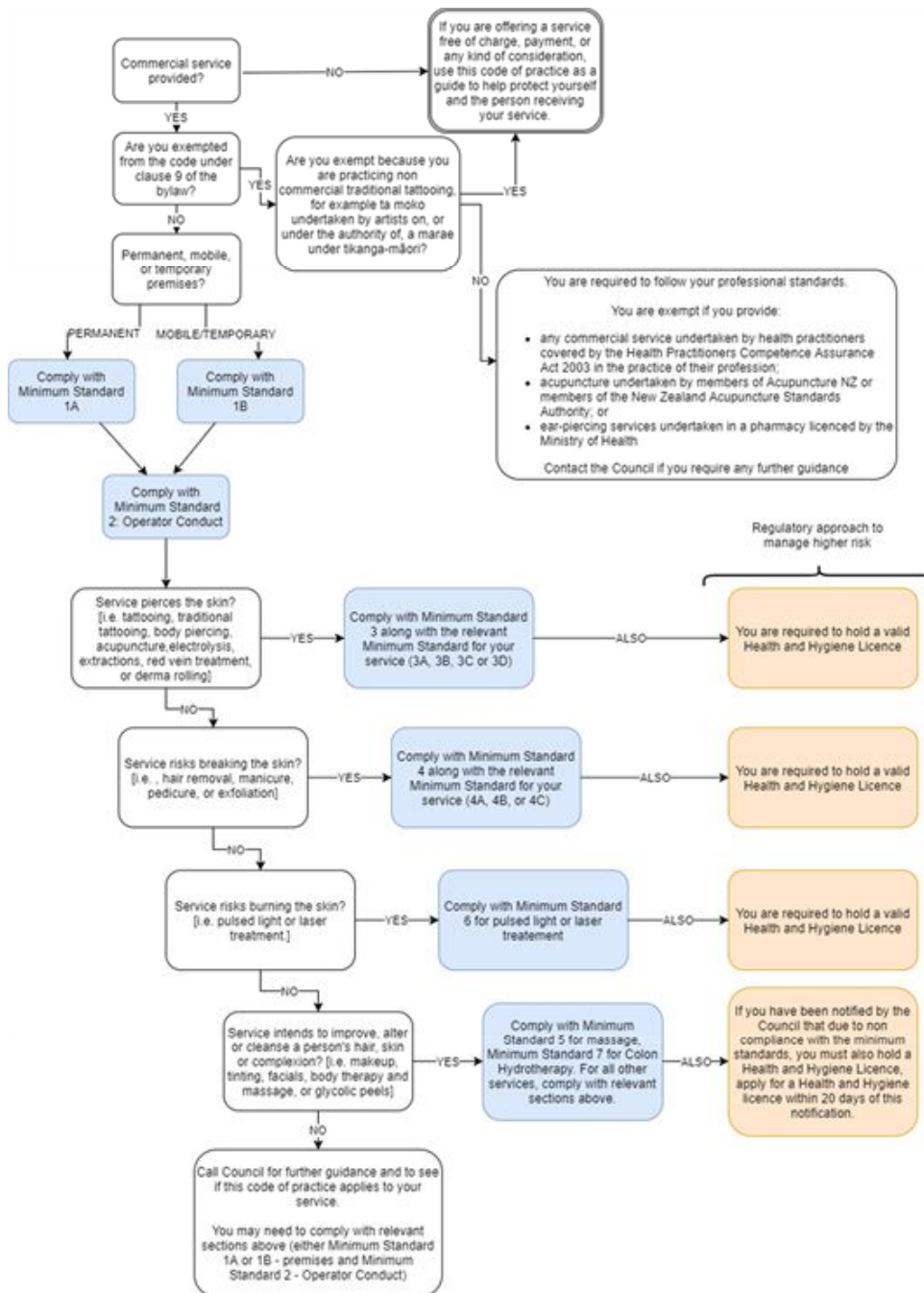
Many services are carried out in multi-use areas, such as within the same premises as a hairdresser, or in an at-home salon. The code provides standards for all premises, to ensure that customers at any of these places can expect and receive the same level of hygiene and cleanliness practices. Those operators sharing a premises with a hairdressing operation should be aware of the Health (Hairdressers) Regulations 1980 and the additional health and hygiene requirements found within them.

This Code of Practice has been developed in accordance with the Local Government Act 2002 and under clause 6 of the Stratford District Council Bylaw, Beauty Therapy, Tattooing and Piercing ~~2023.2017.~~

Draft Beauty Therapy, Tattooing and Piercing Code of Practice for adoption – 2023

HOW TO USE THE CODE

Each section of this code is broken down by topic. An operator delivering a service will need to meet multiple minimum standards in order to be compliant with the code of practice, and the flow chart below provides some guidance as to which sections apply. This is a guide only and all operators should review the code in full to ensure all relevant minimum standards are met.



Draft Beauty Therapy, Tattooing and Piercing Code of Practice for adoption – 2023

INTERPRETATION

In this code of practice, unless the context otherwise requires,—

Acupuncture means the practice involving the insertion of filiform (very narrow) needles through the skin and tissues for the purpose of alleviating ailments or injuries.

Antiseptic means a solution containing 70% Isopropyl Alcohol.

Beauty therapy means the provision of various treatments aimed at improving a person's appearance or well-being.

Body piercing means a practice of piercing the skin or any part of the body for decorative purposes, inserting jewellery or implants to alter the appearance of the skin or body.

Bylaw means [Chapter 23: Beauty Therapy, Tattooing and Piercing Bylaw 2023/17](#).

Cleaning means the physical removal of dirt, blood and other substances from surfaces by washing in detergent and warm water to reduce the number of microorganisms.

Colon hydrotherapy means a practice of introducing liquids into the rectum and colon via the anus and is intended to remove faeces and non-specific toxins from the colon and intestinal tract.

Commercial service means a service (whether from permanent premises, temporary premises or mobile premises) provided by one or more persons for another person for monetary payment or any other consideration.

Communicable disease means any infectious disease, and any other disease declared by the Governor-General, by Order in Council, to be a communicable disease for the purposes of the Health Act 1956.

Council means the Stratford District Council or any person appointed to act on its behalf such as an **Authorised Officer** or a **Medical Officer of Health**.

Cupping means a form of traditional Chinese medicine that involves placing cups containing reduced air pressure (suction) on the skin, most commonly on the back, intended to release muscle tension through stimulated blood flow.

Customer or **client** means any person who is in receipt of a service.

Derma rolling/stamping means a practice of using micro needles to create tiny punctures in the skin intended to stimulate growth factors to enhance collagen production and better alignment of the collagen fibres.

Disinfection means the killing of disease causing micro-organisms except bacterial spores.

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Ear-piercing means a service of piercing the ear for decorative purposes, inserting jewellery or implants to alter the appearance of the skin.

Electrolysis means a practice involving the insertion of a sterilised needle into individual hair follicles to the root. An electric impulse is passed through the needle to the root area to aid in the removal of hair.

Exfoliation means a practice that intends to remove dead skin and can be performed using microdermabrasion, physical peels that have an abrasive action and chemical peels such as glycolic or enzyme.

Extractions means a practice for the removal of comedones (blackheads), pimples and ingrown hairs by manipulating the pores of the skin, either with fingertips or a tool, to remove sebum. Some extractions can involve penetration of the skin using sharp equipment such as a metal tool or lance.

Hair removal means the removal of hair by waxing (pulling the hair from the skin using soft wax, hot wax or glucose); threading (lifting the hair out from the follicle by entwined thread); or tweezing (grasping hairs and pulling them out of the skin, including epilation - a mechanical means of tweezing).

Health practitioner means a person who is, or is deemed to be, registered under the Health Practitioners Competence Assurance Act 2003 as a practitioner of a particular health profession.

Instrument means any appliance, implement, needle or tool, of metal or non-metallic construction, which may come into contact with the skin or tissue on which the service is being carried out. It must also include any swab or dressing applied to the broken skin surface.

Laser treatment means a practice involving the use of a laser device, which amplifies light and usually produces an extremely narrow beam of a single wavelength (one colour), intended to remove hair or for skin photo-rejuvenation.

Licence means a licence to do something under the bylaw and includes all conditions to which the licence is subject.

Licensee means the person to whom a licence has been issued under clause 8 of the bylaw in respect to a prescribed process.

Manager means -

- a) in the case of a permanent premises, a person who is usually present and who has specific responsibility for operator supervision; or
- b) in the case of a temporary premises, a person who has effective control over operators; or
- c) if no person meets the description in (a) or (b), **manager** the same meaning as **operator**.

Manicure means beautification or enhancement of the hands and fingernails, including shaping and polishing (painting).

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Massage means a practice of applying lotion, or soft wax, or stones, or pressure to another person's face or body for the purposes of relaxation and therapy.

Mobile premises means any location other than a permanent premises where any service is undertaken on an ongoing and regular basis by any person, and can include a vehicle as defined in the Land Transport Act 1998.

Moxibustion means a traditional Chinese medicine technique that is used in conjunction with Acupuncture intended to facilitate healing and involves the heating of individual acupuncture points or regions of the body by burning the herb Artemisia close to or on the inserted needle.

Operator means a person who carries out a service.

Pedicure means the treatment or beautification of feet and toenails by the shaping and polishing toenails, and the puncturing, removal or exfoliation of skin or tissue from the feet.

Permanent premises means any property, land, dwelling, storehouse, warehouse, shop, cellar, yard, building, or part of the same, or enclosed space separately occupied where any service is undertaken.

Piercing refers to any prescribed process involving the intentional or otherwise piercing, cutting or puncturing of the skin or any other part of the human body, and includes such services as body piercing, ear-piercing, tattooing, acupuncture, derma rolling/stamping, epilation (including electrolysis and waxing), extractions, red vein treatment, pedicure and manicure.

Pulsed light means a practice using a powerful flash of broad spectrum, non coherent light intended to remove hair and/or for skin photo-rejuvenation, and may include but is not limited to Intense Pulsed Light and Variable Pulsed Light.

Red vein treatment means a practice of piercing a vein with a needle along the length of a damaged capillary, causing little dams or blockages along the vessel.

Specified service means a service defined in clause seven of the bylaw.

Sterilised, in relation to an instrument or like article or container, means subjecting an instrument, article or container to a process, as a result of which all organisms and their spores present on the surfaces of the instrument, article or container are killed.

Tattooing means the practice of making indelible marks in human skin or tissue by inserting pigments or dyes into punctures made in the skin or tissues. Tattooing shall also include the processes known as cosmetic tattooing, pigment implantation, microblading and micropigmentation (cosmetic semi-permanent tattooing).

Temporary premises means any premises or any area set up to deliver a service for no more than five days at a time.

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Traditional tattooing means the practice of making indelible marks in human skin or tissue by inserting pigments or dyes into punctures made in the skin or tissues, using tools that are culturally traditional in structure and used in procedures such as ta moko, Tatu, uhi or any other traditional tattooing practice that has recognised cultural significance.

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MINIMUM STANDARD 1: PREMISES

Introduction

How premises used for specified services are constructed, equipped and maintained can help protect public health.

MINIMUM STANDARD 1A: Permanent Premises

The minimum standards contained in this part of the code require that permanent premises are kept in clean and hygienic conditions to help protect public health.

Minimum Standard 1A: Permanent Premises

Compliance with bylaws and [building-other](#) legislation

- 1A-1** The premises must be well constructed in accordance with the bylaws of the council and in accordance with any applicable provisions of the Building Act 2004, the Resource Management Act 1991, the New Zealand Building Code and Building Regulations;

Fit for purpose

- 1A-2** The premises must be constructed, designed and arranged so as to be fit and suitable for its intended purposes;

Repairs and cleanliness

- 1A-3** The premises and all fittings, fixtures and appliances in the premises must be maintained in a state of good repair and in a clean and tidy condition, and free from any accumulation of rubbish or other materials that may harbour vermin or insects or that may become offensive or a nuisance;
- 1A-4** Any structural alterations, repairs, renovations, plumbing, or drainage work that may be undertaken or required must be carried out without unnecessary delay;
- 1A-5** All operators must establish and maintain a 'clean' work area and protect all surfaces and equipment from contamination by dust, dirt, members of the public or other such contaminants at all times;

Walls, floors, ceilings, fixtures and fittings

- 1A-6** The walls, ceilings, fixtures and fittings in any area connected with the carrying out of any specified service must be capable of being easily cleaned, and must be maintained in good repair. If the walls are liable to be wetted or fouled, they must be constructed of impervious material;

Wet areas

- 1A-7** All floors, walls, ceilings and other surfaces in and around showers, pools, steam rooms, and other areas liable to get moist or wet, including any room containing a toilet, bidet or urinal must be smooth, impervious and capable of being easily cleaned and floors must be adequately graded and drained to the requirements of the New Zealand Building Code;
- 1A-8** All floors and walls that become wet must be cleaned with a suitable sanitiser or disinfectant at regular intervals;

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Water supply

- 1A-9** All premises must be supplied with potable running water. [Self-supply water must be tested before a business operates and a further test will be required if there is a change to that supply. Water testing must comply with the Water Services \(Drinking Water Standards for New Zealand\) Regulations 2022.](#)

Ventilation

- 1A-10** All parts of the premises must be adequately ventilated to the requirements of the New Zealand Building Code;

Lighting

- 1A-11** All parts of the premises must be provided with a lighting system capable of providing adequate illumination to facilitate cleaning and inspection. [Lighting of not less than 300 lux must be provided at all working surfaces adjacent to every place where customers are attended to and where instruments and tools are cleaned and sterilised;](#)

Toilet and wash-hand basin

- 1A-12** Any toilet and wash-hand basin must be easily accessible, hygienic, clean and tidy;
- 1A-13** A wash-hand basin which is equipped with a piped supply of hot and cold tempered running water, soap and adequate hand drying facilities must be provided near toilets, bidets or urinals to the requirements of standard G1 of the New Zealand Building Code;
- 1A-14** All toilets and changing rooms must be regularly checked and cleaned throughout operating times;
- 1A-15** A wash-hand basin supplied with a constant supply of hot and cold water, or tempered running water at a temperature of not less than 38 degrees Celsius, soap, and single-use disposable paper towels or other approved hand-drying equipment must be provided in a readily accessible position where any operator carries out any specified service;
- 1A-16** The place where the wash-hand basin is situated must be such that it cannot become directly contaminated by the splashing of contaminants from the use of any basin provided in accordance with Minimum Standards 1A-17 or 1A-18 below;

Cleaner's basin

- 1A-17** A cleaner's basin equipped with a constant supply of hot and cold tempered running water must be provided on the premises for the sole purpose of being used in connection with cleaning of the floors, walls and similar fixed parts of the premises. The cleaner's basin must not be used except for such purpose;

Piercing equipment basin

- 1A-18** All premises undertaking specified services that pierce the skin or any part of the body must have suitable basins in addition to the basins in Minimum Standards 1A-13 and 1A-17 for the cleaning of piercing equipment;

Exception re basins

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- 1A-19** The requirement for a cleaner's basin or piercing equipment basin as specified in Minimum Standards 1A-17 and 1A-18 may be waived if the council thinks it is unnecessary because of the nature of the service being carried out, or alternative cleaning methods can be provided to the satisfaction of Council;

Sterilisation facilities

- 1A-20** All premises undertaking specified services that pierce the skin or any part of the body must provide a separate area or room for the purposes of cleaning and sterilising of equipment. This area must have good lighting, ventilation and be capable of being easily cleaned;
- 1A-21** Ultrasonic cleaners must be kept separately to sterilisation facilities and have a designated contamination area;

Mattresses, squabs and cushion covers

- 1A-22** All mattresses, squabs and cushions used on any chair, bed, table or the like, used in conjunction with the carrying out of a specified service must be provided with permanent impervious covers that are easily cleaned;

Storage of linen and other supplies

- 1A-23** All operators must provide sufficient facilities to adequately store all clean and used equipment, linen and waste products safely before and after use;

Staff facilities

- 1A-24** A separate room or suitable facilities for the storage of clothing and personal effects must be provided for all operators and members of staff.

Animals

- 1A-25** No animals except disability assist dogs are permitted to be in that part of the premises where the service takes place.

Additional Standards

In addition to the Minimum Standard 1A, several other legislative acts, guidelines and codes of practice are also relevant:

- The Building Act 2004 stipulates how buildings are to be designed and constructed, to ensure that people who use buildings can do so safely and without endangering their health.
- The New Zealand Building Code (Schedule 1 of the Building Regulations 1992) sets out how a building and its components must perform. The Building Code addresses health issues such as external and internal moisture, hazardous agents on site, substances and processes, personal hygiene facilities, laundering facilities, ventilation, internal temperature, adequate lighting, provision of clean and hot water and adequate waste facilities.
- The Prevention of Legionellosis in New Zealand: Guidelines for the control of legionella bacteria published by the Ministry of Health further aims to ensure public health and safety by setting guidelines to reduce the potential of an outbreak of Legionnaires disease.

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MINIMUM STANDARD 1B: Mobile or Temporary Premises

The minimum standards contained in this part of the code aim to require that mobile and temporary premises are set-up in clean and hygienic conditions to help protect public health.

The separation of minimum standards for mobile and temporary premises from permanent premises recognises that it may not be possible to maintain the same standards as a permanent premises, and that the health risks may be greater due to a lack of control over the conditions.

Minimum Standard 1B: Mobile or Temporary Premises

Fit for purpose

- 1B-1** The premises must be constructed, designed and arranged so as to be fit and suitable for its intended purposes;

Repairs and cleanliness

- 1B-2** The premises and all fittings, fixtures and appliances in the premises must be maintained in a state of good repair and in a clean and tidy condition, and free from any accumulation of rubbish or other materials that may harbour vermin or insects or that may become offensive or a nuisance;
- 1B-3** All operators must establish and maintain a 'clean' work area at the site and protect all surfaces and equipment from contamination by dust, dirt, members of the public or other such contaminants at all times;

Walls, floors, ceilings, fixtures and fittings

- 1B-4** The walls, ceilings, fixtures and fittings in any area connected with the carrying out of a specified service must be capable of being easily cleaned, and must be maintained in good repair. If the walls are liable to be wetted or fouled, they must be constructed of impervious material;
- 1B-5** The floor of any area connected with the carrying out of a specified service that pierces the skin or any part of the body, and risks breaking the skin or any part of the body must be surfaced with a smooth, durable material that is impervious to water and capable of being easily cleaned. The floor and the material with which the floor is surfaced must be maintained in good repair;

Ventilation

- 1B-6** All parts of the premises must be adequately ventilated;

Lighting

- 1B-7** All parts of the premises must be provided with a lighting system capable of providing adequate illumination to facilitate cleaning and inspection, and- Lighting of not less than 300 lux must be provided at all working surfaces adjacent to every place where customers are attended to and where instruments and tools are cleaned and sterilised;

Mattresses, squabs and cushion covers

- 1B-8** All mattresses, squabs and cushions used on any chair, bed, table or the like, used in conjunction with the carrying out of any specified service must be provided with permanent impervious covers that are easily cleaned;

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Storage of linen and other supplies

- 1B-9** All operators must provide sufficient facilities to adequately store all clean and used equipment, linen and waste products safely before and after use and while in transit;

Hand-washing facilities

- 1B-10** All operators must have direct access to hand-washing facilities with hot and cold running water provided preferably through a single spout, soap and means to dry with a single service towel or other approved hand-drying equipment. Alternatively, waterless alcohol-based antiseptic hand gels, foams, or liquids can be used by mobile operators only where it is physically impossible to have handwashing facilities with running water;

Only sterile or single-use disposable instruments to be used for piercing

- 1B-11** All operators must provide or use sufficient sterile equipment for the use on all customers undergoing any specified service that pierces the skin or any part of the body;
- 1B-12** If the mobile facility does not have sterilisation facilities then single-use disposable pre-sterilised equipment must be used.

Animals

- 1B-13** No animals except disability assist dogs are permitted to be in that part of the premises where the service takes place.

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MINIMUM STANDARD 2: OPERATOR CONDUCT

The minimum standards contained in this part of the code aim to require that operators who are undertaking specified commercial services conduct their operations in a safe and hygienic manner so as to help protect public health.

Any procedure that invades someone's body in any way that is performed without permission may be regarded as assault. It is therefore important that a customer receiving such a procedure gives their consent.

Minimum Standard 2: Operator Conduct

Alcohol, drugs

- 2-1** No operator may carry out any service on any person who they suspect is under the influence of alcohol, drugs or mind-altering substances except as prescribed for a medical condition;

Hand hygiene

- 2-2** All operators must at all times keep their clothing, hands, and fingernails clean and cover with an impermeable dressing any infected, damaged or inflamed skin;
- 2-3** All operators must thoroughly cleanse their hands by washing up to the wrist with soap or antibacterial cleansing agent, using an effective sterile barrier to operate taps to maintain cleanliness; by scrubbing their hands and nails when necessary and drying them with a single service towel or other approved hand drying equipment:
- (a) before and after commencing each specified service;
 - (b) immediately after using a toilet, using any handkerchief or nasal tissue or smoking;
- 2-4** All operators must wear clean well-fitting single-use disposable surgical gloves:
- (a) if the customer is bleeding;
 - (b) if the customer has open lesions or is known to have a contagious disease;
 - (c) if the operator has cuts or wounds on their hands or has a skin infection or lesion;
 - (d) if the operator is handling blood-soiled items, body fluids, excretions, and secretions, as well as surfaces, materials, and objects exposed to them;

Accidents and bleeding

- 2-5** All operators must have procedures for dealing with customers or staff where accidental exposure to another customer's blood or bodily fluids occurs.
- Procedures should also be in place to deal with incidents where prolonged or unexpected bleeding occurs. Such procedures must be kept on the premises in a form of a written policy and in view of the operator. All staff must be trained to comply with it;
- 2-6** All operators must record any incidents where exposure to another customer's blood or bodily fluids occurs, including the name and address of those exposed

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and the steps undertaken to respond to the incident. Records of such accidents involving exposure to another customer's blood or bodily fluids must be kept for a period of 3 years and made available to the council for inspection on request;

Use of linen and other supplies

- 2-7** Any towel, sheet, cloth, pillow, furniture covering, permanent cover of mattresses, squabs, cushions and any other protective garments must be clean and tidy, and disinfected as frequently as is necessary, but as a minimum at least after every customer;
- 2-8** An operator must not use a towel, sheet, cloth, pillow or any other protective garment or cover, on, or immediately under or over, a customer unless:
 - (a) it has not been previously used; or
 - (b) where it has been previously used, it has been laundered to render it clean and hygienic since last having been used;
- 2-9** Soiled linen may be laundered in a washing machine with laundry detergent or by a regular commercial laundry service;
- 2-10** Creams and lotions must be dispensed from the container with a disposable or disinfected applicator;
- 2-11** Sprays must be dispensed from a purpose-specific pump where possible;
- 2-12** All chemicals must be clearly labelled for identification and bottles must never be reused other than with the original product;

Storage of linen and other supplies

- 2-13** Adequate and separate storage lockers or other facilities must be provided for the storage of clean and soiled laundry, cleaning equipment, and other chemicals, products or materials;
- 2-14** Clean linen, tissue or single-use disposable paper products must be stored in a clean, enclosed and dust proof storage area until needed for immediate use;
- 2-15** Any used towel, sheet, cloth or any other protective garment must be stored in a closed or covered container until laundered or disposed of;
- 2-16** All premises must have a separate location or cupboard for the safe storage of all chemicals held on the premises, away from service areas and items used when performing a specified service;

Sterile storage

- 2-17** Suitable separate dust proof storage spaces must be provided for the storage of sterile dressings, sterilised instruments, and all sterile articles, including jewellery, used in connection with a specified service that pierces the skin or any part of the body;

Sterilisation

- 2-18** All instruments used for piercing the skin or any part of the body, or instruments as required elsewhere in this code, must be sterilised after each use by way of:

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- (a) thoroughly cleansing by washing in warm water and detergent or within an ultrasonic cleaner and exposed to steam in accordance with the following requirements:
 - i. exposure to steam must occur within a steriliser (autoclave) under the pressure indicated below:
 - o 103 KPa (15psi) – For at least 15 minutes at not less than 121 degrees Celsius;
 - o 138KPa (20psi) – For at least 10 minutes at not less than 126 degrees Celsius; or
 - o 206KPa (30psi) – For at least 3 minutes at not less than 134 degrees Celsius;
The times quoted above are holding times and do not include the time taken for the steriliser (autoclave) to reach the required temperature.
 - ii. every steriliser (autoclave) must be fitted with time, temperature and pressure gauges;
 - iii. every time the steriliser (autoclave) is used, chemical indicator strips must be inserted to show that the temperatures as set out above have been attained during the autoclaving procedure. If the chemical indicator / integrator fails to meet the cycle parameters, all of the load contents must be reprocessed;
 - iv. during each use the gauges must be monitored to ensure that the correct times, temperatures and pressures are reached;
 - v. time, temperature and pressure readings must be recorded and noted after each usage;
 - vi. regular spore testing must be undertaken, at no less than 6 monthly intervals, and the results recorded; and
 - vii. the steriliser (autoclave) must be serviced at no less than 6 monthly intervals, and the results recorded. These records must be maintained for a minimum of 3 years and made available to the council for inspection on request; or
- (b) thoroughly cleansed by washing in warm water and detergent and exposed to dry heat for at least 60 minutes at not less than 170 degrees Celsius; or
- (c) thoroughly cleansed by washing in cold water and detergent and then totally immersed in a glass bead steriliser operating at 250 degrees Celsius for a minimum of 5 minutes; or
- (d) thoroughly cleansed by a method appropriate to the nature of the article concerned and then submitted to a process of sterilisation approved by the council;

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Disposal of contaminated material

- 2-19** Any sharps containers and bio hazard waste bins must comply with AS/NZS 4031: 1992, and operators must demonstrate that they have made appropriate arrangements to dispose of any sharps and bio hazard wastes.

Consent

- 2-20** All operators must gain the customers consent before providing treatment, and must be able to demonstrate to Council that the essential elements of consent are being met:
- (a) Consent is voluntarily given by the customer,
 - (b) Consent is based on full provision of information on risks to the customer,
 - (c) Consent is given by a customer who has the capacity to consent.

Refreshments

- 2-21** Where refreshments are served to clients, single use utensils are to be used unless approved dishwashing facilities are supplied, and reusable utensils are rendered clean and hygienic by an approved method by Council.

Additional Standards

In addition to Minimum Standard 2, several other legislative acts, guidelines and codes of practice are also relevant:

- The waste management requirements within this code of practice are based on the AS/NZS 4031: 1992 – “Australian and New Zealand standard for nonreusable containers for the collection of sharp items used in human and animal medical applications”.
- The Health and Safety at Work Act 2015 sets out principles, duties and rights in relation to workplace health and safety. Its guiding principle is that workers and others need to be given the highest level of protection from workplace health and safety risks, as is reasonable. It applies to all New Zealand workplaces, and specifies the responsibilities of employers, the self-employed, employees, principals and others who manage or control hazards. It requires the maintenance of safe working environments, and the implementation of sound practice.
- Employers and self-employed persons must notify WorkSafe as soon as possible of workplace accidents and occurrences of serious harm.

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MINIMUM STANDARD 3: PIERCING

Piercing is any process involving piercing, cutting and puncturing the skin or any other part of the human body and includes such processes as acupuncture, body piercing, derma rolling/stamping, electrolysis, extractions, microblading, cosmetic tattooing, red vein treatment, and tattooing.

Services that pierce the skin or any part of the body may be considered high risk due to the significant hazards posed by contact with blood and body fluids, such as the risk of transmitting bloodborne viral diseases and the transference of communicable diseases including Hepatitis B, Hepatitis C and HIV.

The minimum standards contained in this part of the code aim to require operators who are undertaking commercial services that deliberately pierce or break the skin or any part of the body conduct their operations in a safe and hygienic manner so as to help protect public health.

As per the bylaw, before commencing operation, the manager of a business offering commercial services which pierce the skin or any part of the body must obtain a health and hygiene licence from the council; and hold a valid health and hygiene licence from the council at all times that the commercial service is offered.

Minimum Standard 3: Piercing

Operators must also comply with the following standards:

- Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)
- Minimum Standard 2 (Operator Conduct)

First aid

- 3-1.** There must be at least one operator on the premises at all times when a commercial service is undertaken who holds a current St John's or Red Cross First Aid Workplace Certificate or an approved equivalent;

Age restriction

- 3-2.** All operators may only carry out any specified service that pierces the skin or any part of the body (except tattooing) on any person 16 years and over unless the written permission of that person's parent or guardian is first obtained;
- 3-3.** Operators must not carry out tattooing on any person under the age of 18, unless the operator has first obtained the written permission of that person's parent or guardian and that person's parent or guardian is present for the tattooing;

Precautions, consent and aftercare

- 3-4.** Prior to the commencement of any specified service that pierces the skin or any part of the body, the operator must in addition to Minimum Standard 2-20:

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- (a) advise the customer who wishes to undergo such service of the risks associated with the service and the potential for infection to occur during and after the service; and
 - (b) give written advice appropriate to the procedure to be undertaken, concerning precautions and post service procedures that should be taken by the customer who wishes to undergo the service;
- 3-5.** Before commencing any specified service that pierces the skin or any part of the body, a customer must:
- (a) sign a consent form with medical history; and
 - (b) be given the opportunity to inform the operator through a written and signed consent form prior to the commencement of any specified service, to establish if he or she knows or suspects that he or she:
 - i. is suffering from a communicable disease or skin disease;
 - ii. has a history of haemophilia (bleeding) or is taking medications such as anticoagulants which thin the blood or interfere with blood clotting;
 - iii. has a history of allergies or adverse reactions to pigments, dyes or other skin sensitivities; or
 - iv. has a history of epilepsy or seizures;
- 3-6.** The operator may decline to carry out any specified service based on such information or agree to carry out the service subject to such conditions and safeguards as are considered appropriate in the circumstance;

Record keeping

- 3-7.** All operators must keep records of:
- (a) a customer consent form;
 - (b) a record of service including:
 - i. the date on which the piercing service was undertaken;
 - ii. the type of the piercing service; and
 - iii. the location on the body where the piercing service was undertaken;
- 3-8.** Such records must be kept secure and confidential for a minimum of 3 years and made available to the council for inspection on request;

Floors

- 3-9.** The floor of any area connected with the carrying out of a specified service that pierces the skin or any part of the body must be surfaced with a smooth, durable material that is impervious to water and capable of being easily cleaned. The floor and the material with which the floor is surfaced must be maintained in good repair;

Hand hygiene

- 3-10.** All operators must thoroughly cleanse their hands by washing up to the wrist with soap or antibacterial cleansing agent, using an effective sterile barrier to

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operate taps to maintain cleanliness; by scrubbing their hands and nails when necessary and drying them with a single service towel or other approved hand drying equipment:

- (a) before and after commencing a specified service that involves piercing of the skin or any part of the body; and
- (b) before putting on and after removing clean well-fitting single-use disposable gloves when performing a specified service that involves piercing of the skin or any part of the body;

3-11. All operators must cover their hands with clean well-fitting single-use disposable surgical gloves:

- (a) before preparing the area in which to undertake a specified service;
- (b) before commencing a specified service on any customer; and
- (c) after touching any object which has not been subject to a process of cleansing and sterilisation unless an effective sterile barrier is used;

Preparation

3-12. All operators must evaluate the piercing site prior to each service and any medical condition that may lead to irritation must be discussed;

3-13. Prior to commencing any service that involves piercing, all operators must cleanse the piercing site by applying antiseptic using a clean, single-use applicators and maintain product-specific contact time;

Only sterile or single-use disposable instruments to be used

3-14. All instruments or like articles used for piercing the skin or any part of the body on any customer, must be:

- (a) single-use disposable; or
- (b) cleaned and sterilised in accordance with the provisions of Minimum Standard 2-18 and kept in such a manner to maintain its sterility;

3-15. All devices used on any mucous membrane of any customer, such as a marker pen, must be single-use and disposable;

3-16. Any articles having a hollow lumen must be single-use and disposable;

3-17. An instrument or like article may be used for piercing the skin or any part of the body on any customer if the instrument or article has been taken, in the presence of the customer, from a package that has been sealed by the manufacturer, being a package:

- (a) in an unbroken and undamaged condition;
- (b) to which the manufacturer has affixed a label containing a statement to the effect that the contents of the package have been sterilised;
- (c) the article or instrument, if steam sterilised, has been packaged according to AS/NZS 4187: 2014; and
- (d) has not been subjected to any contamination during storage;

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After piercing

- 3-18.** All operators must ensure that, after the completion of piercing:
- (a) all single-use needles/razors are immediately disposed of according to AS/NZS 4261: 1994 A1; or
 - (b) any reusable instrument or like article used in that process is thoroughly cleansed, disinfected and sterilised in accordance with the provisions of Minimum Standard 2-18 and kept in such a manner to maintain its sterility before use on any other customer or the same customer at a later time;
- 3-19.** All sharps containers and bio hazard waste bins must comply with AS/NZS 4031: 1992, and all operators must demonstrate that they have made appropriate arrangements to dispose of sharps and bio hazard wastes;

Cleaning and disinfecting

- 3-20.** All instruments that do not need to be sterile must be cleaned and then disinfected by a thermal or chemical disinfection procedure appropriate to the level of disinfection required and the item being disinfected maintaining the product-specific recommended contact time, to the satisfaction of the council;
- 3-21.** Ultrasonic cleaners must comply with AS 2773.1: ~~1998-2019~~ and AS 2773.2: ~~1999-2019~~ as appropriate;
- 3-22.** At the completion of any cleaning activity, all surfaces must be disinfected before beginning any pre-packaging or sterilisation activities;

Sterilisation

- 3-23.** All instruments used for piercing the skin or any part of the body must be sterilised after each use, in accordance with the provisions of Minimum Standard 2-18;
- 3-24.** All instruments used for piercing the skin or any part of the body, or like articles, must be individually packaged and marked “sterile” or display an indicator tape (or similar indicator) indicating sterility, be intact and kept in such a manner to maintain sterility;
- 3-25.** All operators must display, adjacent to every place in the premises where cleaning and/or sterilising of instruments and like articles is undertaken, written instructions setting out in clear and legible format the processes to be followed to ensure compliance with sterilisation and/or ultrasonic cleaning.

Additional Standards

In addition to Minimum Standard 3, several other legislative acts, guidelines and codes of practice are also relevant:

- The New Zealand Association of Registered Beauty Therapists promotes professional beauty care and best practice in the beauty therapy industry in New Zealand. Members of the association adhere to the “Code of Ethics for Members of the New Zealand Association of Registered Beauty Therapists Inc”, “Code of Practice for Beauty Therapy Clinics, Spas and Training Establishments”, and “Rules of the New Zealand Association of Registered Beauty Therapists Inc”.
- The New Zealand Acupuncture Standards Authority (NZASA) promotes professionalism and best practice in Acupuncture and Chinese Medicine in New Zealand. Registered members adhere to NZASA “Standards of Acupuncture Practice”, “Code of Ethics”, and “Code of Safe Practice for Acupuncturists”.
- Acupuncture NZ promotes professionalism and best practice in Acupuncture and Chinese Medicine. Registered members adhere to the “Acupuncture NZ Code of Professional Ethics”, “New Zealand Register of Acupuncturists Clinical Procedures and Safe Clinical Practice” and “Acupuncture NZ Rules”.
- The waste management requirements within this code of practice are based on the AS/NZS 4031: 1992 – “Australian and New Zealand standard for nonreusable containers for the collection of sharp items used in human and animal medical applications”; and
- NZS 4304: 2002 – “New Zealand Standard for the management of healthcare waste”.
- The cleaning, disinfection and sterilising requirements within this code of practice are based on AS/NZS 4187: 2014 – “Australian and New Zealand standard for reprocessing of reusable medical devices in health service organisations”.

Additional Recommended Best Practice

- It is highly recommended that all operators undertaking tattooing or piercing should be immunised against Hepatitis B.
- It is highly recommended that all operators wear a protective garment or cover for every service of a suitable nature to prevent the operator’s clothing from becoming contaminated during any service that pierces the skin or any part of the body.
- It is highly recommended that eye protection / face shields should be worn when performing close-up procedures that may cause aerosols of blood or body substances.

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- It is important that hand gloves are:
 - changed between attending customers;
 - never washed or re-used;
 - discarded and replaced with new gloves if there is evidence of tearing or deterioration; and
 - removed and disposed of before leaving a customer for any reason.

Accidents

- The Ministry of Health “Guidelines for the Safe Piercing of Skin” outlines procedures to deal with bleeding, sharps injuries and contact with blood or body fluids.
- Employers and self-employed operators need to notify Worksafe as soon as possible of workplace accidents and occurrences of serious harm.

Cleaning

- The aim of cleaning is to remove microbial, organic and inorganic soil. Cleaning agents for manual cleaning should be biodegradable, non-corrosive, non-toxic, non-abrasive, low foaming, free rinsing and preferably liquid of mild alkali formulation. Alkaline detergents are much more effective at removing blood and fat than plain surfactant based detergents. Detergents should preferably be approved by Ministry of Primary Industries (MPI).
- Note that chlorine solutions may corrode metals. Glutaraldehyde and phenol are not recommended as disinfectants because of the health risks involved in their usage.
- Equipment should not be soaked in chemical disinfectants unless specified by the manufacturer’s instructions. Chemical disinfectants can have limited contact times and may become ineffective if left for long periods. The more items immersed in the disinfectant the less effective it will be. Fresh disinfectant should be prepared each time items are to be disinfected. The disinfectant should be discarded after use.
- To reduce the risk of cross contamination, cleaning and decontamination activities should not take place simultaneously with packaging and/or sterilisation activities.
- Ultrasonic cleaners clean but do not disinfect instruments and equipment. An ultrasonic cleaner should be operated with the lid closed to prevent emission of aerosols and should be isolated from the work area to reduce exposure to high frequency noise. No part of the body should be submerged into the water tank during operation as this is thought to cause long-term arthritic conditions. Indicator tape or other such products that indicate when a product has been properly sterilised should be used to identify reusable equipment that has been sterilised, to prevent non-sterile equipment being used by mistake. Please note,

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indicator tape may not be UV stable so equipment should be stored to protect from such exposure.

Sterilisation

- The times quoted above at Minimum Standard 2-18 are holding times and do not include the time taken for the autoclave contents to reach the required temperature. Bench top steam sterilisers without a drying cycle are only appropriate for the sterilisation of unwrapped items. Steam sterilisers should comply with a recognised national or international standard.

Single use and disposable marker pens for mucous membrane

- Minimum Standard 3-15 requires all instruments used on a mucous membrane to be single use and disposable, including marker pens. Piercing the mucous membrane has an increased risk of bloodborne infection and includes for example the eyes, inside of the nose, parts of the genital area, inside of the mouth, and tongue.
- As an alternative to purchasing single use and disposable marker pens, operators could instead use a single use and sterilised toothpick dipped in a small amount of appropriate decanted ink such as gentian violet to mark piercing sites on mucous membranes, whilst complying with all other relevant Minimum Standards in this code of practice.

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MINIMUM STANDARD 3A: Body Piercing

Body piercing is a practice of piercing the skin for decorative purposes, inserting jewellery or implants to alter the appearance of the skin.

All commercial services that pierce the skin or any part of the body are required to comply with the general standards for piercing (Minimum Standard 3). The minimum standards contained in this part of the code are in addition to Part 3 and aim to require operators who are undertaking body piercing conduct their operations in a safe and hygienic manner so as to help protect public health.

Minimum Standard 3A: Body Piercing

All operators must also comply with the following standards:

- Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)
- Minimum Standard 2 (Operator Conduct)
- Minimum Standard 3 (Piercing)

Jewellery

- 3A-1** No operator may use any instrument or like article, including any ear or body studs or rings, ear keepers or similar jewellery for or in connection with carrying out a service, unless immediately before the instrument or article is used or since the instrument or article was last used, the instrument or article has been cleaned and sterilised in accordance with the provisions of Minimum Standard 2-18 and kept in such a manner to maintain its sterility;
- 3A-2** All body piercing jewellery for primary piercing must be made of high quality 14 carat or 18 carat yellow or white gold, surgical grade stainless steel (316L or LVM), titanium, niobium, platinum or inert plastics;
- 3A-3** Jewellery that is damaged or scratched must not be used;
- 3A-4** All operators must ensure that no jewellery thinner than 16 gauge is used below the neck.

Piercing guns

- 3A-5** Piercing guns may only be used for lower lobe (non-cartilage) ear piercing. For piercing other parts of the body, a needle must be used.

Additional Standards

In addition to Minimum Standard 3A, several other legislative acts, guidelines and codes of practice are also relevant:

The Ministry of Health has published “Guidelines for the Safe Piercing of Skin” to help those in the body piercing industry better understand how to protect themselves and their customers from the risk of infection. In addition, it aims to encourage operators to reduce harm from body piercing and promote healthy body piercing practices.

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MINIMUM STANDARD 3B: Tattooing

Tattooing is a process by which indelible marks are made in human skin or tissue by inserting pigments or dyes into punctures. Tattooing also includes the process known as cosmetic tattooing, pigment implantation, microblading or permanent makeup.

All commercial services that pierce the skin or any part of the body are required to comply with the general standards for piercing (Minimum Standard 3). The minimum standards contained in this part of the code are in addition to Part 3 and aim to require operators who are undertaking tattooing conduct their operations in a safe and hygienic manner so as to help protect public health.

Minimum Standard 3B: Tattooing

All operators must also comply with the following standards:

- Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)
- Minimum Standard 2 (Operator Conduct)
- Minimum Standard 3 (Piercing)

Training

3B-1 All operators undertaking the commercial services known as [tattooing, including](#) cosmetic tattooing, pigment implantation, permanent makeup or microblading must have the knowledge and skills necessary, which can be achieved through the following:

- (a) a recognised national qualification for the commercial service, or;
- (b) commercial industry experience of five consecutive years or more, and evidence of professional development in the commercial service; or
- (c) [evidence of training with a cosmetic tattooing, pigment implantation, permanent makeup or microblading training provider, and commercial industry experience of 12 months or more](#) [or](#)
- (d) [The operator provides evidence in support of their background experience and knowledge of commercial processes including infection control standards and practices for the approval of an authorised officer of the Council.](#)

Sterilisation

- 3B-2** All instruments must be sterilised in accordance with Minimum Standard 2-18;
- 3B-3** The sterilisation of equipment used in tattooing must include, but not be limited to, the sterilisation of needles, needle bars, tubes and tube tips. A new sterilised needle set must be used for each new customer;
- 3B-4** Single-use disposable items must not be reused for any reason. Tattoo needles are not reusable under any circumstances. After use, all needles, razors and other sharps must be immediately disposed of in sharps containers;

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Skin preparation

- 3B-5** The body area surrounding the skin to be tattooed must be draped with a single-use disposable paper product or clean linen;
- 3B-6** Ointments, lotions, lubricating gel and other products used to moisten the skin prior to the application of the stencil must be dispensed and applied to the area to be tattooed in a manner to prevent contamination of the bulk product;

Use of dyes, pigments and solutions

- 3B-7** All operators must, in carrying out tattooing on a customer:
- (a) use only dye, pigment or solution, that has been decanted into a clean sterilised container holding sufficient of the liquid for carrying out that tattoo on that customer only;
 - (b) use only that decanted dye, pigment or solution whilst the tattoo is being carried out; and
 - (c) use only pre-purchased ink specifically manufactured for tattooing purposes;

Disposal of used dyes, pigments and solutions

- 3B-8** All operators must ensure that on completion of the tattoo any decanted dye, pigment or solution residue is disposed of, and the container is either sterilised or discarded by an approved bio-hazard waste collection service. Any dye, pigment or solution residue remaining on the completion of a tattoo must not be used in connection with the tattooing of any other customer;

Disposal of other materials

- 3B-9** Any mattress, squab, cushion, or linen supply that comes into contact with blood or body fluids must be disposed of according to NZS 4304: 2002, and not reused.

Additional Standards

In addition to Minimum Standard 3B, several other legislative acts, guidelines and codes of practice are also relevant:

- The Ministry of Health has published “Guidelines for the Safe Piercing of Skin” to help those in the skin piercing industry (which includes tattooing) better understand how to protect themselves and their customers from the risk of infection. In addition, it aims to encourage operators to reduce harm from skin piercing and promote healthy skin piercing practices.
- The Ministry of Health provides “Customary Tattooing Guidelines for Operators”, primarily for Samoan Tattoo (Tatau), both in English and in Samoan. These guidelines address measures to improve the safety of customary tattooing and are of relevance to tattooists, public health units and Medical Officers of Health.

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Additional Recommended Best Practice

Single-Use Disposable Barriers

- It is highly recommended to cover instruments such as tattoo machines and associated clip cords with an effective sterile barrier, such as a single-use disposable plastic bag that is discarded after each use. This cover provides an extra level of hygiene and acts as a barrier, limiting the contaminants that may settle on the machine.

Use of dyes, pigments and solutions

- The Environmental Protection Agency (EPA) has a standard, the “Tattoo and Permanent Makeup Substances Group Standard”, to manage the chemical risks associated with tattoo and permanent makeup substances. The EPA has guidelines which include a list of substances that tattoo inks should not contain.
- It is recommended that tattoo artists confirm with suppliers that any products purchased fit within the standard. Any inks that contain hazardous properties, and therefore not within the standard, are not approved under the “Tattoo and Permanent Makeup Group Substances Standard”.
- No dye or pigment should be used that has passed its expiry date.

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MINIMUM STANDARD 3C: Acupuncture

Acupuncture is the practice involving the insertion of filiform (very narrow) needles through the skin and tissues for the intended purpose of alleviating ailments or injuries. Acupuncture may be considered to carry an associated risk of transferring blood-borne infections.

All commercial services that pierce the skin or any part of the body are required to comply with the general standards for piercing (Minimum Standard 3). The minimum standards contained in this part of the code are in addition to Part 3 and to require operators who are undertaking acupuncture conduct their operations in a safe and hygienic manner so as to help protect public health.

Minimum Standard 3D: Acupuncture

All operators must also comply with the following standards:

- Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)
- Minimum Standard 2 (Operator Conduct)
- Minimum Standard 3 (Piercing)

Single-use disposable needles only to be used

3C-1 All needles must be sterile and single-use disposable needles;

3C-2 All needles must be removed from the packaging by the handle of the needle.

Additional Recommended Best Practice

Acupuncture

- It is advisable that needles should be inserted swiftly using the correct needle technique. Needle points should not be re-palpated with bare fingers unless hands have been washed appropriately and alcohol gel has been used. Needles should not be entered into open wounds.

Moxibustion

- It is advisable for all operators to obtain written customer consent prior to moxibustion. Before commencing moxibustion directly on the skin, all operators should moisten the skin with a swab or cotton wool bud and clean water.
- A customer should never be left unattended at any stage during the procedure and care should be taken when performing moxibustion directly on the face or any sensitive area.

Cupping

- It is advisable for the operator to obtain written customer consent prior to cupping and the operator should advise the customer of the possibility of bruising.

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- The procedure of cupping should be explained to a customer before commencement and the operator should ask to be informed if the procedure becomes too uncomfortable for the customer.
- Care should be taken not to overheat the cups before placement on the body.
- All cups should be sterilised after use.

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MINIMUM STANDARD 3D: Electrolysis, Red Vein Treatment and Derma Rolling/ Stamping

Electrolysis is a practice involving the insertion of a sterilised needle into individual hair follicles to the root. An electric impulse is passed through the needle to the root area to aid in the removal of hair. Derma rolling / stamping is a practice of using micro needles to create tiny punctures in the skin intended to stimulate growth factors to enhance collagen production and better alignment of the collagen fibres. Red vein treatment by needle is a procedure involving the injection or piercing of a vein intended to shrink red veins. The vein can be pierced with a needle along the length of the damaged capillary, causing little dams or blockages along the vessel.

All commercial services that pierce the skin or any part of the body are required to comply with the general standards for piercing (Minimum Standard 3). The minimum standards contained in this part of the code are in addition to Part 3 and aim to ensure that operators who are undertaking electrolysis, red vein treatment or derma rolling / stamping conduct their operations in a safe and hygienic manner so as to help protect to public health.

Minimum Standard 3E: Electrolysis, Red Vein Treatment and Derma Rolling / Stamping

All operators must also comply with the following standards:

- Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)
- Minimum Standard 2 (Operator Conduct)
- Minimum Standard 3 (Piercing)

Training

3D-1 All operators must have the knowledge and skills necessary to provide electrolysis, red vein treatment and derma rolling / stamping, which can be achieved through the following:

- (a) National Certificate (or international equivalent) in:
 - i. Electrology for electrolysis;
 - ii. Electrology and commercial industry experience of 12 months or more for red vein treatment;
 - iii. Beautician and commercial industry experience of 12 months or more for derma rolling / stamping; or
- (b) commercial industry experience of five consecutive years or more, and evidence of professional development in the commercial service; or
- (c) evidence of training with an electrolysis, red vein treatment or derma rolling / stamping training provider, and commercial industry experience of 12 months or more;

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Sterile and single-use disposable instruments only to be used

3D-2 All needles and blades, including clinical grade derma rollers above 0.5mm, must be sterile and single-use disposable;

Re-usable derma rollers / stamps to be stored safely and securely

3D-3 Derma rollers / stamps of 0.5mm and below may be re-used on the same customer if stored in a manner as to prevent contamination from any other item;

3D-4 All operators must ensure customers of re-usable derma rollers / stamps sign a disclaimer that the derma roller / stamp is only to be used on the same customer;

3D-5 All re-used derma rollers / stamps must be disposed of within six months of opening;

Protective face / eyewear when undertaking derma rolling / stamping

3D-6 All operators must wear protective eyewear and a mask when undertaking derma rolling / stamping;

Use of creams and lotions

3D-7 All operators must ensure that creams and lotions are applied with single use disposable applicators before and after derma rolling / stamping;

Record keeping

3D-8 All operators must keep records of maintenance and calibration of electrolysis equipment for 3 years and the records must be available to the council for inspection on request;

Medical consent required

3D-9 All operators must obtain written medical consent to undertake electrolysis or red vein treatment in addition to Minimum Standard 2-20:

- (a) for the removal of hair from moles or the inside of ears or nostrils; and
- (b) on any customer who uses a hearing aid, or who has metal plates or pacemakers inserted in their body.

Additional Recommended Best Practice

Electrolysis

- It is also advisable that after electrolysis the treated area should not be touched. After care product should be applied for three to five days after the service to accelerate the healing of the underlying tissue.

Derma rolling / stamping

- The New Zealand Association of Registered Beauty Therapists recommends that single-use disposable paper towels should be suitably placed to catch any drops of blood serum from derma rolling/ stamping.

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MINIMUM STANDARD 4: RISK OF BREAKING THE SKIN

Services that risk breaking the skin carry the risk of drawing blood and body fluids. These services may be considered to carry a moderate risk of transmitting blood-borne viral diseases and the risk of transferring fungal and bacterial infection. Such services include, but are not limited to, hair removal by waxing, threading and plucking, manicure and pedicure, and exfoliation.

The minimum standards contained in this part of the code require that operators who are undertaking commercial services that risk breaking the skin conduct their operations in a safe and hygienic manner so as to help protect public health.

As per the bylaw, before commencing operation, the manager of a business offering commercial services which pierce the skin must obtain a health and hygiene licence from the council; and hold a valid and unexpired health and hygiene licence from the council at all times that the commercial service is offered.

Minimum Standard 4: Risk of Breaking the Skin

All operators must also comply with the following standards:

- Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)
- Minimum Standard 2 (Operator Conduct)

Precautions and aftercare

- 4-1.** Prior to the commencement of any specified service that risks breaking the skin, the operator must in addition to Minimum Standard 2-20:
- (a) advise the customer who wishes to undergo such service of the risks associated with the service and the potential for infection to occur during and after the service; and
 - (b) give advice appropriate to the procedure to be undertaken, concerning precautions and post service procedures that should be taken by the customer who wishes to undergo the service;

Floors

- 4-2.** The floor of any area connected with the carrying out of a specified service that risks breaking the skin must be surfaced with a smooth, durable material that is impervious to water and capable of being easily cleaned. The floor and the material with which the floor is surfaced must be maintained in good repair;

Only sterile or single-use disposable or disinfected instruments are to be used

- 4-3.** All instruments or like articles used on any customer for any specified service that risks breaking the skin must be:
- (a) single-use disposable and immediately disposed of after use; or

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- (b) cleaned and sterilised in accordance with the provisions of Minimum Standard 2-18 and kept in such a manner to maintain its sterility; or
- (c) cleaned and then disinfected by a thermal or chemical disinfection procedure appropriate to the level of disinfection required and the item being disinfected maintaining the product-specific recommended contact time, to the satisfaction of the council.

Additional Standards

In addition to Minimum Standard 4, several other legislative acts, guidelines and codes of practice are also relevant:

- The New Zealand Association of Registered Beauty Therapists promote professional beauty care and best practice in the beauty therapy industry in New Zealand. Members of the association adhere to the “Code of Ethics for Members of the New Zealand Association of Registered Beauty Therapists”, “Code of Practice for Beauty Therapy Clinics, Spas and Training Establishments” and “Rules of the New Zealand Association of Registered Beauty Therapists”.

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MINIMUM STANDARD 4A: Hair Removal by Waxing, Tweezing or Threading

Hair removal is the removal of hair by any means. This includes, but is not limited to, waxing (pulling the hair from the skin using soft wax, hot wax or glucose); threading (lifting the hair out from the follicle by entwined thread); or tweezing (grasping hairs and pulling them out of the skin, including epilation - a mechanical means of tweezing).

All commercial services that risk breaking the skin are required to comply with the general standards for risk of breaking the skin (Minimum Standard 4). The minimum standards contained in this part of the code require that operators who are undertaking hair removal conduct their operations in a safe and hygienic manner so as to help protect public health.

Minimum Standard 4A: Hair Removal

All operators must also comply with the following standards:

- Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)
- Minimum Standard 2 (Operator Conduct)
- Minimum Standard 4 (Risk of Breaking the Skin).

Gloves

4A-1 All operators must cover their hands with clean well-fitting single-use disposable surgical gloves:

- (a) before commencing hair removal on any customer; and
- (b) after touching any object which has not been subject to a process of cleansing and sterilisation unless an effective sterile barrier is used;

Skin preparation

4A-2 The skin site must be evaluated prior to each service and any skin condition that may lead to skin irritation must be discussed;

4A-3 Prior to commencing hair removal, all operators must cleanse the customer's skin by swabbing with an antiseptic using a clean, single-use swab and maintaining product-specific recommended contact time;

Use of wax

4A-4 All operators must ensure that wax is not applied to broken skin or over an area where blood has been drawn;

4A-5 All operators must use either of the two following methods to prevent cross contamination between customers:

- (a) pre-dispense the required amount of wax for each customer into single-use disposable pots and discard any unused product; or

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- (b) use single-use disposable wooden spatulas for wax application and not redip the spatula into the wax pot;

4A-6 All operators must ensure wax that has been applied to a customer's body for hair removal is not re-used;

4A-7 All operators must ensure pots of wax are kept covered between services;

Use of thread

4A-8 New single-use cotton thread is to be used only.

Additional Recommended Best Practice

Waxing

Operators should ensure that their processes for waxing customers and management of equipment minimise the potential for cross contamination. The following is also advisable:

- Single-use disposable underwear should be offered to the customer for waxing involving the full leg, bikini and/or Brazilian waxing;
- Wax should be initially applied to the inside of the operator's wrist to test the temperature of the wax, then tested on the customer in the area to be treated;
- Hot wax should be applied with a spatula in thick strips and removed by hand. Warm wax should be applied with a spatula in a thin film and removed with a paper or muslin strip;
- A soothing product should be applied after the wax has been removed;
- Metal instruments should be initially cleaned using a wax solvent to remove all traces of wax before sterilisation.

Threading

- New single-use cotton thread should be twisted and rolled onto the surface of the skin to entwine the hair. When the hair is entangled with the thread it should be pulled off and the hair removed.

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MINIMUM STANDARD 4B: Manicure / Pedicure

Manicure and pedicure is the beautification or enhancement of the hands and fingernails, as well as feet and toenails, and involves the shaping and polishing of nails, nail extensions such as gel and artificial acrylic nails, and exfoliation of skin or tissue from the feet.

All commercial services that risk breaking the skin are required to comply with the general standards for risk of breaking the skin (Minimum Standard 4). The minimum standards contained in this part of the code require that operators who are undertaking manicure or pedicure conduct their operations in a safe and hygienic manner so as to help protect public health.

Minimum Standard 4B: Manicure / Pedicure

All operators must also comply with the following standards:

- Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)
- Minimum Standard 2 (Operator Conduct)
- Minimum Standard 4 (Risk of Breaking the Skin)

Training

- 4B-1** All operators must have the knowledge and skills necessary to provide manicure / pedicure services, which can be achieved through the following:
- (a) National Certificate (or international equivalent) in Beautician or Nail Technology; or
 - (b) commercial industry experience of five consecutive years or more, and evidence of professional development in the commercial service; or
 - (c) evidence of training with a nail services training provider;

Ventilation

- 4B-2** In addition to the premises being adequately ventilated to the requirements of the New Zealand Building Code; all operators must ensure there is adequate additional ventilation for the products used;

Broken skin not to be treated

- 4B-3** No operator may undertake a manicure or pedicure on any customer if there are any exposed cuts or abrasions on the customer's hands and feet;
- 4B-4** No operator may expose any skin that is broken during a manicure or pedicure to any further service;

Skin preparation

- 4B-5** All operators must evaluate the skin site prior to each service and any skin condition that may lead to skin irritation must be discussed;
- 4B-6** Prior to commencing a manicure or pedicure, all operators must cleanse the customer's skin by swabbing with an antiseptic using a clean, single-use swab and maintain product-specific recommended contact time;

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Use of instruments

- 4B-7** All operators must be constantly aware of the heat created when using an electric nail file on a natural nail plate, as opposed to acrylic or gel nails;
- 4B-8** All operators must ensure pedicure chair basins and pipes are disinfected in between customers;

Use of supplies

- 4B-9** All operators must ensure that chemicals and products are stored in containers with air tight lids;

Disposal of waste

- 4B-10** All operators must ensure that waste with absorbed products, such as tissue and paper towels, is placed in a sealed container with lining and then disposed of.

Additional Recommended Best Practice

First aid

- All operators should hold a current St John's or Red Cross First Aid Workplace Certificate or an approved equivalent.

Ventilation

- It is advisable that a ventilation system is installed near worktables when performing gel or acrylic nails, in addition to a ventilation system for the premises if applicable.
- Natural ventilation may be used with open doors and windows. If there is insufficient natural ventilation, artificial ventilation should be placed low down to be effective.

Operators

- All operators are advised to cover their hands with clean well-fitting single-use disposable surgical gloves:
 - (a) before carrying out a pedicure on any customer and before carrying out a pedicure on any other customer; and
 - (b) before touching any object including surfaces and instruments which may have become contaminated with blood or serum of any customer, or touching any object which has not been subject to a process of cleansing and sterilisation.
- All operators should take all practicable steps to prevent cuts and abrasions from filing and buffing.
- All operators are advised to wear dust masks when using an electric nail file or hand file as the dust from filing should not be inhaled. However, dust masks will not prevent against vapour inhalation.

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- If recommended by the manufacturer, operators should apply an oil or solution to the artificial nail before filing, which will make the dust heavier, improving the atmosphere and aiding salon cleanliness.

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MINIMUM STANDARD 4C: Exfoliation

Exfoliation is a practice intended to remove dead skin and can be performed using microdermabrasion, physical peels that have an abrasive action or chemical peels such as glycolic or enzyme. Exfoliation procedures are generally safe because they usually involve the intact layer of the epidermis. However, there is a minimal risk of breaking the skin and infection when exfoliation is performed using microdermabrasion. Microdermabrasion is mechanical exfoliation that removes the uppermost layer of dead skin cells from the face, chest and hands and is associated with a risk of infection if equipment is not sterile or if the operator is not trained in the use of equipment.

All commercial services that risk breaking the skin are required to comply with the general standards for risk of breaking the skin (Minimum Standard 4). The minimum standards contained in this part of the code require that operators who are undertaking exfoliation conduct their operations in a safe and hygienic manner so as to help protect public health.

Minimum Standard 4C: Exfoliation

All operators must also comply with the following standards:

- Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)
- Minimum Standard 2 (Operator Conduct)
- Minimum Standard 4 (Risk of Breaking the Skin)

Training

4C-1 All operators of microdermabrasion equipment must have the knowledge and skills necessary to provide microdermabrasion, which can be achieved through the following:

- (a) National Certificate (or international equivalent) in Beautician (Beauty Therapy) and commercial industry experience of 12 months or more; or
- (b) commercial industry experience of five consecutive years or more, and evidence of professional development in microdermabrasion; or evidence of training with a microdermabrasion training provider, and commercial industry experience of 12 months or more.

Additional Recommended Best Practice

- All operators should use new single-use sponges where facial towelling is necessary for exfoliation.
- The New Zealand Association of Registered Beauty Therapists recommends that only safety certified microdermabrasion equipment should be used.

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MINIMUM STANDARD 5: MASSAGE

Massage is a practice of applying lotion, soft wax, stones or pressure to another person's face or body. Services which are unlikely to break the skin, but do involve contact with the skin, may be considered to carry public health risks, such as the transfer of bacterial and viral infections due to direct skin contact between customer and operator.

The minimum standards contained in this part of the code require that operators who are undertaking massage conduct their operations in a safe and hygienic manner so as to help protect public health.

Minimum Standard 5: Massage

All operators must also comply with the following standards:

- Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)
- Minimum Standard 2 (Operator Conduct)

Precautions, consent and aftercare

- 5-1.** Prior to the commencement of any massage service, the operator must, in addition to Minimum Standard 2-20:
- (a) consult the customer who wishes to undergo such service including medical history to make sure the service is suitable for that customer; and
 - (b) advise the customer who wishes to undergo such service of the risks associated with the service; and
 - (c) give advice appropriate to the procedure to be undertaken, concerning precautions and post service procedures that should be taken by the customer who wishes to undergo the service;

Skin preparation

- 5-2.** All operators must evaluate the skin site prior to each service and any skin condition that may lead to skin irritation must be discussed;
- 5-3.** Before commencing any skin to skin contact, all operators must ensure that any cuts or abrasions on both the operator and the customer where there will be skin contact are covered. Any gloves used must be disposed of after each use;

Only sterile or single-use disposable or disinfected instruments are to be used

- 5-4.** Single-use disposable gloves are to be disposed of according to AS/NZS 4304: 2002
- 5-5.** Unless it is a single-use disposable instrument, all instruments or like articles must not be used on the skin of any customer, unless immediately before the instrument or article is used, or since the instrument or article was last used, the instrument has been cleaned, disinfected, and/or sterilised in between customers.

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Additional Standards

In addition to Minimum Standard 5, several other legislative acts, guidelines and codes of practice are also relevant:

- Massage New Zealand is an association that promotes best practice in massage. Members of the association adhere to the “Rules of Massage New Zealand (NZ) Incorporated”, “Constitution of Massage New Zealand (NZ) Incorporated” and “Code of Ethics”.

Additional Recommended Best Practice

- The physical, mental or emotional health, well-being or safety of a customer should not be endangered.
- The operator should communicate clearly with the customer so that they can respond to feedback during the service.
- The operator should be adequately trained, such as a minimum of Certificate of Relaxation Massage (or equivalent), to ensure the safety, professionalism and efficacy of the service.

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MINIMUM STANDARD 6: PULSED LIGHT AND LASER TREATMENT

Pulsed light is a practice using a powerful flash of broad spectrum, non coherent light intended to remove hair and/or for skin photo-rejuvenation, and may include, but is not limited to, Intense Pulsed Light and Variable Pulsed Light. Laser treatment is a practice involving the use of a laser device, which amplifies light and usually produces an extremely narrow beam of a single wavelength (one colour), intended to remove hair and for skin photo-rejuvenation.

Services involving the use of pulsed light and laser treatment have the potential to burn the skin and lead to longer term skin conditions. Pulsed light may be considered to carry a risk of delayed recognition of skin cancers and mis-diagnosing malignant skin lesions, including melanoma. Lasers capable of breaking the skin, such as those used for laser tattoo removal, carry the risk of drawing blood. The use of lasers capable of breaking the skin may be considered to carry a risk of transmitting blood-borne diseases.

The minimum standards contained in this part of the code require that operators who are undertaking pulsed light and laser treatment conduct their operations in a safe and hygienic manner so as to help protect public health.

As per the bylaw, before commencing operation, the manager of a business offering commercial services which pierce the skin or any part of the body must obtain a health and hygiene licence from the council; and hold a valid and unexpired health and hygiene licence from the council at all times that the commercial service is offered.

Minimum Standard 6: Pulsed Light and Laser Treatment

All operators must also comply with the following standards:

- Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)
- Minimum Standard 2 (Operator Conduct)

Training in the provision of pulsed light

6-1 All operators of pulsed light equipment must have the knowledge and skills necessary to provide pulsed light services, including skin type identification and the safe use of equipment, which can be achieved through the following:

- (a) National Certificate (or international equivalent) in Electrology, evidence of professional development in pulsed light services, and commercial industry experience of 12 months or more; or
- (b) commercial industry experience of five consecutive years or more using pulsed light equipment, and evidence of professional development in pulsed light services; or
- (c) evidence of training with a pulsed light training provider, and industry experience of 12 months or more;

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Training in the provision of laser treatment

- 6-2** All operators of lasers that risk breaking the skin must comply with Minimum Standard 4: Risk of Breaking the Skin;
- 6-3** All operators of lasers that risk breaking the skin, including those used for laser tattoo removal, must have the knowledge and skills necessary to provide laser services including:
 - (a) skin type identification; and
 - (b) safe use of lasers based on AS/NZS 4173: ~~2004-2018~~ and any updates, additions or amendments to that standard; and
 - (c) commercial industry experience of 12 months or more;
- 6-4** All operators of lasers that are designed to remove the skin must be a health practitioner and must be trained in the safe use of lasers based on AS/NZS 4173: ~~2004-2018~~ and any updates, additions or amendments to that standard;

Display of qualifications

- 6-5** Qualifications must be displayed in a prominent position so customers can read them, and must be in the name of the operator performing the procedure;

Precautions, consent and aftercare

- 6-6** Prior to the commencement of any pulsed light or laser treatment, the operator must, in addition to Minimum Standard 2-20:
 - (a) advise the customer who wishes to undergo such service of the risks associated with the service; and
 - (b) give written advice appropriate to the procedure to be undertaken, concerning precautions and post service procedures that should be taken by the customer who wishes to undergo the service;
- 6-7** Before commencing any pulsed light or laser treatment, a customer must sign a consent form including medical history and skin type;
- 6-8** Before commencing any pulsed light or laser treatment, all operators must identify if the customer is suitable for the service. Any customers with a family history of melanoma must be exempt from all pulsed light and laser treatment;
- 6-9** All operators must ensure that a patch test, or a trial exposure of a small area of representative skin and hair, is carried out to determine the parameters and to judge how the skin might react to full service. Test patch protocol should include which areas to test, the pulsed light or laser settings, how long to wait to judge skin response, and how to spot adverse reactions;

Record keeping

- 6-10** All operators must keep records of:
 - (a) a customer consent form with medical history and skin type;
 - (b) a record of service including:
 - i. the date on which the pulsed light or laser treatment was undertaken;

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- ii. the type of the service;
- iii. the location on the body where the pulsed light or laser was undertaken; and
- iv. equipment calibration and maintenance;

6-11 Such records must be kept secure and confidential for a minimum of 3 years and made available to the council for inspection on request;

Health practitioners to treat skin lesions / moles only

6-12 Skin lesions and/ or moles on any customer may be managed and removed by a health practitioner only;

Medical consent required

6-13 All operators must obtain written medical consent to undertake pulsed light or laser treatment on any customer for the removal of hair from moles;

Controlled area

6-14 All operators must ensure there is a 'controlled area' for the pulsed light or laser equipment, which will have:

- (a) clear and detailed safety rules which describe how to use the area correctly, any hazards the operator or customer might be exposed to, who is authorised to use the equipment, and what to do in the event of an accident;
- (b) no windows to prevent eye damage to any passerby;
- (c) no reflective areas such as mirrors;
- (d) clear signs or warning lights showing when it is safe to enter or when the laser/ intense pulsed light is on; and
- (e) suitable door locks or keypads;

Protective eyewear

6-15 All operators must ensure suitable protective eyewear is worn by the customer and operator appropriate for the wavelength of light to be used. If the face is being treated the customer must wear opaque metal eyewear;

6-16 All operators must ensure protective eyewear is either disinfected or, if disposable, completely replaced after use;

Use of pulsed light equipment

6-17 All operators must ensure the pulsed light equipment is calibrated to make sure that it is working properly and accurately. The wavelength and service parameters of the equipment must be set according to skin type, hair type, test patch results, and previous service settings;

Cleaning and disinfecting

6-18 All equipment that does not need to be sterile must be cleaned and then disinfected by a thermal or chemical disinfection procedure appropriate to the level of disinfection required and the item being disinfected maintaining the product-specific recommended contact time, to the satisfaction of the council

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Additional Standards

In addition to Minimum Standard 6, several other legislative acts, guidelines and codes of practice are also relevant:

- ~~AS/ NZS 3130: 1995 “Australian and New Zealand Standard for approval and test specification – beauty therapy equipment”.~~
- AS/ NZS 3200.2.22: 1997 “Australian and New Zealand Standard for diagnostic and therapeutic laser equipment”.
- AS/ NZS 3760: 2010 “Australian and New Zealand Standard for in-service safety inspection and testing of electrical equipment”. The New Zealand Association of Registered Beauty Therapists does not recommend the use of Pulsed Light equipment that has not been inspected and tested annually.
- AS/ NZS 4173: ~~2004-2018~~ [“Safe use of lasers and intense light sources in health care”](#) ~~“Guide to the safe use of lasers in health care”.~~
- Electricity (Safety) Regulations 2010
- Hairdressing and Beauty Industry Authority UK “Safe Use of Lasers and Intense Pulsed Light Equipment 2003”.

Additional Recommended Best Practice

Operators should:

- seek formal instruction in the recognition of skin cancers;
- understand the importance of not treating pigmented lesions about which they have concerns;
- advise customers with such lesions to seek the advice of a registered health practitioner.

Skin preparation for pulsed light

The area to be treated should be:

- Cleansed and all make-up removed;
- Clean skin close-up photographed;
- Hair shaved or trimmed for hair removal;
- Adequately chilled.

Use of pulsed light equipment

- The light applicator should be placed onto the skin and a short pulse of light released.
- The applicator should be moved to the neighbouring area and the process repeated until the whole area is treated.

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After pulsed light

- The chilled gel should be removed, the treated area cleansed and soothing cream applied.
- The treated area should be close-up photographed.

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MINIMUM STANDARD 7: COLON HYDROTHERAPY

Colon hydrotherapy is the practice of introducing liquids into the rectum and colon via the anus and is intended to remove faeces and non-specific toxins from the colon and intestinal tract. Colon hydrotherapy may carry considerable risk to the customer if the procedure is not undertaken by a trained operator or equipment is not properly disinfected and cleansed. Colon hydrotherapy involves body fluids able to transmit infection, including Hepatitis A, Hepatitis B, Hepatitis C and HIV.

The minimum standards contained in this part of the code require that operators who are undertaking colon hydrotherapy conduct their operations in a safe and hygienic manner so as to help protect public health.

Minimum Standard 7: Colon Hydrotherapy

All operators must also comply with the following standards:

- Minimum Standard 1A (Permanent Premises) or Minimum Standard 1B (Mobile or Temporary Premises)
- Minimum Standard 2 (Operator Conduct)

Training

7-1 Unless the operator is a health practitioner, all operators must be adequately trained in colon hydrotherapy;

Age restriction

7-2 No operator may carry out colon hydrotherapy on any person under the age of 16 years unless with the written permission of that person's parent or guardian;

Precautions, consent and aftercare

7-3 Prior to the commencement of any colon hydrotherapy service, the operator must in addition to Minimum Standard 2-20:

- (a) advise the customer who wishes to undergo such service of the risks associated with the service and the potential for infection to occur during and after the service; and
- (b) give written advice appropriate to the procedure to be undertaken, concerning precautions and post service procedures that should be taken by the customer who wishes to undergo the service;

7-4 Before commencing any colon hydrotherapy service, operators must ensure the customer signs a consent form informing the operator of medical history;

Record keeping

7-5 All operators must keep records of:

- (a) a customer consent form for the service to be undertaken, listing any medical conditions and signed consent;
- (b) the name and address of any customer who undergoes any colon hydrotherapy service; and
- (c) the date on which the colon hydrotherapy service was undertaken;

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- 7-6** Such records must be kept secure and confidential for a minimum of 3 years and made available to the council for inspection on request;

Toilet, wash-hand basin and shower

- 7-7** All premises must have a toilet, wash-hand basin and shower for the exclusive use of the customer and be located in the procedure room or as an ensuite;
- 7-8** The supply of hot and cold water to the wash-hand basin must be by way of elbow-operated taps, however other taps of the hands-off type, including foot operated, electronically controlled or knee operated taps may also be used;

Floors

- 7-9** The floor of any area connected with the carrying out of a colon hydrotherapy service must be surfaced with a smooth, durable material that is impervious to water and capable of being easily cleaned. The floor and the material with which the floor is surfaced must be maintained in good repair;

Colon hydrotherapy systems

- 7-10** All operators must ensure the colon hydrotherapy system is registered with the United States Food and Drug Administration or New Zealand Medicines and Medical Devices Safety Authority;
- 7-11** All operators must ensure the colon hydrotherapy system is properly installed and complies with AS/NZS 3500.1: [20032021](#), AS/NZS 3500.2: [2003-2021](#) and AS/NZS 3500.4: [20032021](#);
- 7-12** All operators must ensure water filters are properly fitted to the colon hydrotherapy system and that filters are replaced at the manufacturer's recommended intervals and as necessary;
- 7-13** All operators must ensure that there are no pumps, other pressure enhancing devices or suction facilities on the customer side of the water tank. Mechanisms for regulating water temperature must be installed at the mains and the tank;

Only sterile or single-use disposable instruments are to be used

- 7-14** All instruments or like articles used for colon hydrotherapy must be:
- (a) single-use disposable; or
 - (b) cleaned and sterilised in accordance with the provisions of Minimum Standard 2-18 and kept in such a manner to maintain their sterility;
- 7-15** All rectal tubes must be sterile and single-use disposable;

Cleaning and disinfecting

- 7-16** All re-usable equipment that does not need to be sterile must be cleaned and then disinfected by a thermal or chemical disinfection procedure appropriate to the level of disinfection required and the item being disinfected maintaining the product-specific recommended contact time, to the satisfaction of the council;
- 7-17** Single-use disposable paper towels must be placed on the customer couch and made available for each customer after the procedure;

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Disposal of contaminated material

- 7-18** All operators must ensure premises have one waste receptacle for clinical and related waste (for any item contaminated with blood) and another waste receptacle for other single-use items;
- 7-19** All operators must ensure clinical / biohazard waste is disposed of by an approved waste contractor.

Additional Standards

In addition to Minimum Standard 7, several other legislative acts, guidelines and codes of practice are also relevant:

- The International Association for Colon Hydrotherapy aims to implement best practice and heighten awareness of the colon hydrotherapy profession, and ensure continuing and progressive education in the field of colon hydrotherapy. The association recommends the use of registered equipment with the Food and Drug Administration or New Zealand Medicines and Medical Devices Safety Authority.

Additional Recommended Best Practice

It is also advisable for operators to keep records of the following:

- A checklist of equipment operation procedures, including a record of settings used on each customer;
- An equipment maintenance record including any related repair orders;
- An emergency procedure checklist in the event of any unforeseen circumstances; and
- The manufacturer's operation manual in close proximity to the colon hydrotherapy equipment.

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EXTERNAL REFERENCES IN THE CODE OF PRACTICE

The following documents are referred to in the code of practice:

Reference material	Location in this code
(Building Regulations) Schedule 1 of the Building Act 1992 – Building Code	Minimum Standard 1A – Permanent premises
Acupuncture NZ Clinical Guidelines	Minimum Standard 3 – Piercing
Acupuncture NZ Code of Professional Ethics	Minimum Standard 3 – Piercing
Acupuncture NZ Rules	Minimum Standard 3 – Piercing
Building Act 2004	Minimum Standard 1A – Permanent premises
Code of Ethics (Massage New Zealand)	Minimum Standard 5 - Massage
Code of Ethics (NZASA)	Minimum Standard 3 – Piercing
Code of Ethics for Members of the New Zealand Association of Registered Beauty Therapists Inc (The New Zealand Association of Registered Beauty Therapists)	Minimum Standard 3 – Piercing Minimum Standard 4 – Risk of breaking the skin
Code of Practice for Beauty Therapy Clinics, Spas and Training Establishments (The New Zealand Association of Registered Beauty Therapists)	Minimum Standard 3 – Piercing Minimum Standard 4 – Risk of breaking the skin
Code of Safe Practice for Acupuncturists (NZASA)	Minimum Standard 3 – Piercing
Constitution of Massage New Zealand (NZ) Incorporated (Massage New Zealand)	Minimum Standard 5 - Massage
Customary Tattooing Guidelines for Operators (Ministry of Health)	Minimum Standard 3B –Tattooing
Water Services (Drinking Water Standards for New Zealand) Regulations 2022	Schedule – Drinking water standards for New Zealand
Electricity (Safety) Regulations 2010	Minimum Standard 6 – Pulsed Light and Laser Treatment
Guidelines for the Safe Piercing of Skin (Ministry of Health)	Minimum Standard 3 – Piercing Minimum Standard 3A – Body piercing Minimum Standard 3B – Tattooing
Health (Hairdressers) Regulations 1980	Introduction

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Health Act 1956	Introduction
Health and Safety at Work Act 2015	Minimum Standard 2 – Operator conduct
Health Practitioners Competence Assurance Act 2003	Introduction
List of communicable diseases declared by the Governor-General, by Order in Council, made under the Health Act 1956	Introduction
Local Government Act 2002	Introduction
Resource Management Act 1991	Minimum Standard 1A – permanent premises
Rules of Massage New Zealand (NZ) Incorporated (Massage New Zealand)	Minimum Standard 5 - Massage
Rules of the New Zealand Association of Registered Beauty Therapists Inc (The New Zealand Association of Registered Beauty Therapists)	Minimum Standard 3 – Piercing Minimum Standard 4 – Risk of breaking the skin
Safe Use of Lasers and Intense Pulsed Light Equipment 2003 (Hairdressing and Beauty Industry Authority UK)	Minimum Standard 6 – Pulsed Light and Laser Treatment
Standards of Acupuncture Practice (NZASA)	Minimum Standard 3 – Piercing
Tattoo and Permanent Makeup Substances Group Standard (EPA)	Minimum Standard 3B – Tattooing
The Prevention of Legionellosis in New Zealand: Guidelines for the control of legionella bacteria	Minimum Standard 1A – permanent premises Guidelines

New Zealand and Australian standards

This code has used the following standards to inform the minimum standards set. Due to copyright restrictions, Council is unable to provide copies of these standards. They can be ordered from www.standards.govt.nz.

Standard name	Location in this code
AS 2773.4:1998-2019- Australian standard for ultrasonic cleaners for health service organisations care facilities- non-portable .	Minimum Standard 3 – Piercing
AS 2773.2: 1999-2019 - Australian standard for ultrasonic cleaners for health service organisations care facilities .	Minimum Standard 3 – Piercing

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AS/NZS 3130: 1995 – Australian and New Zealand Standard for approval and test specification – beauty therapy equipment	Minimum Standard 6 – Pulsed Light and Laser Treatment
AS/ NZS 3200.2.22: 1997 - Australian and New Zealand Standard for diagnostic and therapeutic laser equipment	Minimum Standard 6 – Pulsed Light and Laser Treatment
AS/ NZS 3760: 2010 - Australian and New Zealand Standard for in-service safety inspection and testing of electrical equipment	Minimum Standard 6 – Pulsed Light and Laser Treatment
AS/ NZS 4173: 2004-2018 - “Safe use of lasers and intense light sources in health care” Guide to the safe use of lasers in health care	Minimum Standard 6 – Pulsed Light and Laser Treatment
AS/NZS 3500.1: 2003-2021 - Australian and New Zealand standard for plumbing and drainage – Part 1 water services.	Minimum Standard 7 – Colon Hydrotherapy
AS/NZS 3500.2: 2003-2021 - Australian and New Zealand standard for plumbing and drainage – Part 2 sanitary plumbing and drainage.	Minimum Standard 7 – Colon Hydrotherapy
AS/NZS 3500.4: 2003-2021 - Australian and New Zealand standard for plumbing and drainage – Part 4 heated water services.	Minimum Standard 7 – Colon Hydrotherapy
AS/NZS 4031: 1992 - Australian and New Zealand standard for non-reusable containers for the collection of sharp items used in human and animal medical applications.	Minimum Standard 2 – Operator conduct Minimum Standard 3 – Piercing
AS/NZS 4173: 2004-2018 - Australian and New Zealand standard for the safe use of lasers in health care - “Safe use of lasers and intense light sources in health care”	Minimum Standard 6 – Pulsed Light and Laser Treatment
AS/NZS 4187: 2014 - Australian and New Zealand standard for reprocessing of reusable medical devices in health service organisations.	Minimum Standard 3 – Piercing
AS/NZS 4261: 1994 A1 - Australian and New Zealand standard for reusable containers for the collection of sharp items used in human and animal medical applications: Amendment 1.	Minimum Standard 3 – Piercing
NZS 4304: 2002 - New Zealand Standard for the management of healthcare waste.	Minimum Standard 3 – Piercing Minimum Standard 3B – Tattooing Minimum Standard 5 - Massage

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Appendix 2



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Submission on Stratford District Council's Beauty Therapy, Skin Piercing and Tattooing Bylaw 2023

To whom it may concern,

I write to submit feedback on your draft Beauty Therapy, Skin Piercing and Tattooing Bylaw 2023 and Code of practice. I am an Environmental Health Officer based at Dunedin City Council with over 13 years' experience, and I am the current National President of the New Zealand Institute of Environmental Health (NZIEH). This submission is made in my capacity as National President of NZIEH and from a personal standpoint only.

One of my key subject expert matter areas within my day-to-day role is Beauty Therapists, Tattooists and Skin Piercers having been heavily involved in the updating and re-writing of Dunedin's Bylaw for these industries in 2015-2016. I have also spoken at conferences on this topic area within New Zealand previously, and provided staff training sessions for Dunedin, Invercargill, and Hutt City Council's Environmental Health teams during the implementation of their new or updated bylaws, as well as delivering training to several branches of NZIEH including the Tasman/Nelson, Northern (Auckland & Northland branch) and most recently the Central North Island branch in early October 2023.

I am currently undertaking a large research project about the current situation in New Zealand with regards to bylaws of this kind, of which there are currently 14 (including yours). I am therefore very familiar with what bylaws exist, how they are written, and I have been able to identify trends across the country in terms of bylaw application.

Overall, I support the statement of proposal to maintain a Bylaw for these Industries. In the absence of any national legislation currently for these industries, a bylaw remains the most effective way to regulate these industries otherwise.

General feedback

Purpose of a bylaw:

I draw your attention to the role bylaws play and why they are introduced. Under section 64 of The Health Act 1956, bylaws can be introduced for the following reasons:

- A) To improve, promote or protect public health, by preventing or abating nuisances (Section 64 (1) (a); and
- B) To prescribe the sanitary precautions to be adopted in respect of any business or trade (Section 64 (1) (t).

Whilst the above legislation mentions the word promote in terms of one reason a bylaw can be created, I urge you to consider how far your bylaw and particularly code go towards trying to educate the reader – this is not the role of a bylaw (or code under a bylaw). A bylaw (and any code, policy or procedure that sits beneath it) is legislation. Legislation should not (within reason) be an operational (how to) guide for any procedure, nor should it be referring to or be seen to be promoting industry groups and their own codes of practices and/or guidelines. Currently your Code is written with a lot of education references, including introductory blurbs across most sections. This is unnecessary commentary which adds considerable length to your Code.

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Commercial interests and promotion of other organisations:

Your Code in many places refers to additional resources, including those from private industry groups, many of which charge a subscription fee for their members to access their materials. The idea of promoting additional guidelines and information is highly commended, however neither a bylaw nor code of practice is the appropriate mechanism to do this.

Arguably, this can create a commercial dilemma too if some industry groups are mentioned within your code of practice yet others are not – you may be seen to be endorsing certain groups over others, again, some of which are organisations that must be subscribed to for full benefit to be gained.

A bylaw (and any code, policy or procedure which underneath it) again is legislation. Legislations role's is to regulate, not to educate nor promote other commercial or private ventures, including industry groups.

Repetition of introductory information:

I would like to raise the amount of repetition and therefore at times inconsistencies observed between your Bylaw but particularly within your Code of Practice. Each section of your Code seems to give an introductory blurb about what that section is about, which is often a near-repeat of earlier sections' blurbs. This is unnecessary repetition and adds considerable length to your code overall for little gain.

The style of your bylaw – code of practice approach:

Upon studying, comparing, and contrasting all 14 bylaws of a similar kind that currently exist within New Zealand as of the date of this submission, there are two approaches as to how such bylaws are written: 1. Either outcomes focused Bylaws (without a Code of Practice); or 2. Prescriptive Bylaws (with a Code of Practice).

There are arguably pros and cons to both approaches, however I invite you to consider other recent legislation such as The Food Act 2014 and that this is an outcomes-based piece of legislation – as are most newer Acts, Regulations etc across all subject areas in recent times.

Being prescriptive by way of a Code of Practice can be detrimental, especially when it comes to enforcement of said Bylaw or Code. The level of detail at times is so specific, it leaves no wiggle room for alternative approaches, practices, or services to be accounted for, or potentially covered by your bylaw, nor allowing provisions to be practicably enforced by staff.

New, innovative, and emerging treatments

Your bylaw doesn't necessarily cover new, innovative, or emerging treatments currently, remembering once renewed, bylaws are generally in place for around 10 years at a time (between revisions).

If the bylaw isn't worded generally enough to cover such emerging issues, then there is 'no teeth' to deal with such treatments if or when they emerge.

An approach to consider might be to strengthen and broaden your definitions for who the industries are and what commercial services may be included under the bylaw. For example, clearly define Beauty therapy, Skin Piercing, Tattooing etc with what these 'industries' include process wise (using words like 'Beauty therapy includes processes such as...')

"Such as" means you're giving examples and not a comprehensive/prescriptive list, which means the



definition is potentially open enough to cover new or emerging services not yet common nor known
E.g. forms of body modification.

Overall recommendation – consolidate your Code of Practice

I would invite you to consider that your Code of Practice could be significantly condensed by removing all duplication, and instead have a format roughly based upon the following layout:

- General premises requirements (Physical requirements);
- Mobile and Temporary premises requirements (as they differ from general, permanent premises as above);
- Conduct and personal hygiene requirements;
- General Cleaning, Disinfection and Sterilisation requirements;
- Training and Qualification requirements (listing by service type what may/may not be expected or required);
- Specific services requirements (ie: have a section for Beauty Therapy, Tattooing, Skin Piercing etc then list any additional requirements per service group that haven't already been mentioned previously in above sections).

From a user-experience in reading and navigating your overall Code therefore, the document would become shorter, less repetitive, and easier to follow – especially by operators within the industry, who ideally are the persons who should be reading/referring to this document the most (besides staff).

For example, under tattooing, the requirement of single use needles, ink caps and stencils could be stated along with the reference to EPA's Tattoo and Permanent Makeup Substance Group Standard. These requirements are not relevant necessarily to other services – hence specifying them under their own separate heading.

There is also considerable duplication of definitions between both the bylaw and code currently. Consolidating your definitions to only have these under the bylaw would avoid the inconsistencies that exist between the current two sets of definitions – these documents already refer to and talk to each other, so there is no need to duplicate information unnecessarily in both the bylaw and code.

Specific Feedback on (Draft) bylaw and Code of Practice as currently presented for consultation

The following feedback relates predominantly to the content and wording of your proposed Bylaw and Code of Practice, to ensure (if approved) this document is as transparent, robust, and workable as possible for your community.

I have reviewed both documents in their entirety, and for simplicity will detail below in order any observations/comments/recommendations I have to offer so that these can be systematically worked through beginning to end for both the bylaw and code documents.

Though I have detailed my feedback below for both documents as they are currently presented, I stress again my overall recommendation to consider dramatically consolidating your code to condense it, be somewhat less prescriptive overall, and avoid unnecessary duplication.

Bylaw feedback:

Definitions:

Acupuncture is a stand-alone definition; however, this is mentioned under your 'Piercing' definition as well. It doesn't hurt to separately define what acupuncture is, however, all processes mentioned under the piercing definition therefore should also be defined (Commercial ear-piercing, epilation which includes waxing – neither epilation nor waxing have been defined).

Beauty Therapy definition may need re-wording to strengthen the definition and be open/inclusive to other emerging treatments. Using words like 'such as' then list services/procedures that generally fall under Beauty Therapy may be a way to achieve this.

For example, *'Beauty therapy means the provision of various treatments aimed at improving a person's appearance or well-being, which includes, but is not limited to Derma rolling/stamping, Electrolysis, Exfoliation, Extractions, Hair removal services including waxing, laser treatments, manicures or pedicures, pulsed light treatments, red vein treatments or other such commercially provided service'*.

Commercial service – is this the same as a 'Prescribed process'? Throughout the Code of Practice, you've referred to four different terms: Commercial Service, Service, Specified Service and Prescribed Process. Are these all meaning the same thing? Recommendation to choose one term and be consistent with its use through both the bylaw and code. My assumption would be Commercial Service is the term you would use, given it has been used the most?

Electrolysis – spelling error in definition (Electrolysis heading).

Laser Treatment – current definition mentions nothing about laser tattoo removal. Recommendation to add wording such as 'includes ink/pigment removal' to cover laser tattoo removal services as well.

Licensee – Within this definition is the wording 'prescribed process'. See comment above re: Commercial service and prescribed process potentially meaning the same thing; therefore, one consistent term should be used. Otherwise, the term 'Prescribed process' should be defined.

Operator – The word 'service' is used within this definition. See above comment re: Commercial service, service, specified service or prescribed process – which term is correct?

Permanent Premises – as above, word 'Service' referred to again.

Piercing – As above, term 'Prescribed process' referred to within definition. Also, within this definition, some commercial services haven't been defined separately: Commercial ear-piercing, Epilation (including waxing).

Temporary premises – is the intent of this definition also to include a stall or booth setup, for example at an expo or similar? Would a licence be required for travelling operators based out of town who come into your district? This is not mentioned anywhere within your Bylaw or Code – it is unclear how you would handle or licence this scenario.

Presumably within this definition, the 'no more than five days at a time' reference is not working days? If it is meant to be working days, the word 'working' should be added, given you have later defined what a working day means. I'm curious as to where the five days originated from as well.

Bylaw section 7.1 (d)

This subsection refers to commercial services including but not limited to ‘makeup’, ‘tinting’, ‘facials’ etc. These procedures should be mentioned within your definitions section as relevant (ie: most likely under Beauty Therapy).

Otherwise, this is the first time these services are referred to – nowhere else is it implied that makeup is covered by the bylaw, therefore a stand-alone makeup artist would need to be registered? Makeup is non-invasive even though there is an element of risk in relation to the cleaning of equipment such as brushes etc between clients. Consider whether this warrants needing to be covered by your bylaw (if it were a stand-alone business operation), as this really isn’t clear.

Bylaw section 8.2

Reference made to ‘The Manager’ needing to obtain a licence. Why the manager and why not the owner or licensee? In practical terms, managers are generally employees and do not have liability or legal responsibility for the business. Consider adding ‘owner’ to your licensee definition (to mean both/be interchangeable in meaning) and removing reference through bylaw and code to ‘The manager’ being the person responsible.

Bylaw section 8.3 (a)

If a Manager (see above comment in relation to the term ‘manager’) has to obtain a licence within 20 working days of being notified by an authorised officer, can the business continue trading during that time period (until a licence is obtained)? This is essentially a month (when non-working days are included) for a business to gain a licence – why so long?

Bylaw section 8.9

The licence is personal to the manager and is not transferrable. Again, why the manager and why not use the term owner or licensee? See above comment. Who holds the licence – the ‘person’ or the ‘premises’ would be worth considering also. Ideally, it will be the person (ie: the licensee).

Also consider the scenario of ‘rent a chair’. For example, where independent tattooists all work from the same studio – would you issue one licence in the name of the owner or person who chooses to take responsibility for all ‘staff’ onsite, or would all tattooists need to be licensed individually?

Multiple registrations would not be recommended as this can quickly become problematic and Authorised officers will end up visiting the premises potentially multiple times to talk to individual operators using shared facilities. Having the licence sitting with the person with overall day to day responsibility for the shared facility would be the recommended preference.

Bylaw section 9: Exemptions:

9.1 (a) – The mention of commercial services being undertaken by health practitioners in the practice of their profession, probably needs the reference to the Health Practitioners Competencies Act 2003 added into this clause.

9.1 (b) - Acupuncturists have been included in your bylaw, however any acupuncturist who is registered with Acupuncturists New Zealand or who is a member of the Acupuncturists New Zealand Standards Authority will be exempt. I would encourage you to consider how many other acupuncturists exist within your area that would be covered by this bylaw, taking into consideration most acupuncturists are often working in a medical setting E.g physiotherapy clinics of similar. It would be my recommendation for you to exclude Acupuncturists entirely from your bylaw, as chances are most if not nearly all will be exempt anyway.



9.1 (c) - Recommendation to include Tatau (Samoan tattooing/Customary tattooing) into this definition potentially. If not added into the exemptions (like non-commercial ta moko etc) then Tatau therefore needs to be covered (and licensed) by the bylaw no matter how it's undertaken, which isn't consistent between Māori and Samoan cultural practices. If Tatau is exempted, perhaps adding in the reference that the Customary Tattooing Guidelines 2010 should still be adhered to is worth considering.

Code of Practice

How to use the code diagram, page 4

The second bottom box on the left-hand side mentions 'make-up' within services intended to improve, alter, or cleanse a person's hair, skin or complexion. Refer to earlier comment under Bylaw above whereby 'makeup' may or may not necessarily be covered (outright) by your bylaw.

Code of Practice Interpretation section

Please refer to earlier comments regarding the Bylaw definitions - the same terms and definitions should be used across both the Bylaw and the Code, or alternatively, The Code could simply refer to the definitions in the Bylaw to avoid doubling up.

Additional comments for Code of Practice interpretation section:

Bylaw – this definition still refers to the 2017 bylaw, should be changed to 2023.

Cleaning – this definition is not within the bylaw – either copy all definitions so they are the same between the bylaw and code, or only keep one set of definitions (ie: in the bylaw) and have the code refer to those definitions, given the documents talk to each other anyway (to avoid duplication).

Cupping – Another definition not mentioned within the bylaw at all. Nothing in your bylaw refers to cupping, nor suggests anyone undertaking this practice requires a licence. Would they need to be licensed or not? Currently, I'd argue not as this isn't mentioned anywhere in your bylaw.

Disinfection – Definition not within bylaw – see earlier comments re: Bylaw versus Code definitions matching or avoiding duplication by referring to one set of definitions.

Instrument - Definition not within bylaw – see earlier comments re: Bylaw versus Code definitions matching or avoiding duplication by referring to one set of definitions.

Laser Treatment – as per comment under bylaw definitions section earlier, recommendation to consider including wording to ensure this service/practice includes laser tattoo removal too.

Manager – as per earlier comments regarding whether the 'Manager' as opposed to the 'owner' or 'licensee' is who should hold the licence.

Moxibustion – Definition not in bylaw. Like cupping, nothing in your bylaw refers to this practice, therefore would a licence be required?

Operator – definition refers to 'service' – see earlier comment re: commercial service, service, specified service, or prescribed process as being the consistent term to be used.



Piercing – refer to bylaw definition comments made earlier about this definition to be consistent (if definitions are retained in both the Bylaw and Code moving forward).

Specified Service – This definition is not in your bylaw. This term is used throughout your Code however, for example within section 1A: Minimum Standards section. Is this the correct term? Refer again to Commercial service, service, specified service or prescribed process – which term is correct?

Sterilised – Definition not within bylaw - see earlier comments re: Bylaw versus Code definitions matching or avoiding duplication by referring to one set of definitions.

Temporary premises – refer to comment made about this definition earlier under bylaw definition section.

No 'Working days' definition in Code, but this is within the bylaw. Again, recommendation to be consistent or have one definition list only to avoid duplication across the Bylaw and Code.

Minimum Standard 1: Premises

Minimum Standard 1A: Permanent Premises

1A-1 (Compliance with bylaws and building legislation) This section refers to The Resource Management Act 1991 – The Natural and Built Environment Act 2023 may need to be added into this section as well as the new Act replacing the Resource Management Act in time.

The heading above this section 'Compliance with bylaws and building legislation' isn't quite correct – it isn't just building legislation you're referring to by mentioning the Resource Management Act 1991, which is an Act unrelated to building (except for land use requirements, covered by Planning/Resource Consents). Therefore, consider changing the heading to 'Compliance with bylaws and other legislation'.

1A-8 (Wet areas) What is a suitable sanitiser that must be used on floors and walls? Perhaps change the wording to these surfaces needing to be regularly cleaned?

1A-11 (Lighting) Completely agree to remove reference to 300 Lux as this is impractical and in reality, is never measured and has no tangible impact on any of the services covered by this bylaw/code.

1A-15 – (Toilet and wash hand basin) Wash hand basins must be of not less than 38°C temperature – does the temperature need to be specifically mentioned? Are Officers measuring the water temperature (and if so, why?). The Food Act 2014 doesn't even specify water temperatures anymore – more commonly, the terms 'hot and cold water' are used without specifying temperatures.

1A-17 (Cleaner's Basin) Refer to comment above regarding wash hand basins – there is no mention of a water temperature requirement within this Cleaner's sink clause, the term 'hot and cold water' is instead used. Recommendation to use this terminology throughout your code and remove all temperature references.

1A-21 (Sterilisation facilities) Ultrasonic cleaners must be kept separately to sterilisation facilities and have a designated contamination area – why exactly? These units are often on the bench next to an autoclave. Sterilisation facilities in the truest sense only applies to an autoclave as an ultrasonic



cleaner does not sterilize anything, nor is it usually the first step in a multi-step cleaning/disinfecting/sterilisation process for any piece of equipment (it is often the second step after a manual clean of equipment in hot soapy water).

Autoclaves are also a closed chamber process, so what is on the bench next to an autoclave is somewhat irrelevant. I'm curious as to how an Officer would enforce this when the unit is observed not separate to sterilisation facilities.

1A-25 (Animals) – reference to 'service' – should be commercial service? See earlier comments regarding which term is to be used.

Minimum Standard 1B: Mobile or Temporary Premises

This section in general does not speak to the possibility of booth or stall setups necessarily E.g. as seen during expos. Consider reviewing the Bylaw definition for what a Temporary premises is, to ensure it would cover a stall/booth like set-up.

1B-10 (Hand washing facilities) No water temperature referenced here, just 'hot and cold running water' term used. Refer to earlier comments re: section 1A-15 and why 38°C was referred to. Typo at end of this clause – full stop required at the end of the clause, not a semi-colon.

1B-12 (Only sterile or single-use disposable instruments to be used for piercing) Consider that pre-sterilised equipment E.g. autoclaved grips and tips for a tattooist, could also be used – not all pre-sterilised equipment is disposable. The mobile facility itself may not have sterilisation facilities for example if within a caravan, or for an itinerant (door to door trader), but if that trader had a 'home base' somewhere, it is possible they could still sterilise their equipment appropriately.

1B-13 (Animals) reference to the word 'service' again – possibly should be "Commercial Service"? Refer to earlier comments.

Minimum Standard 2: Operator Conduct

Opening blurb of this section refers to commercial services – as per previous comments, presumably this is the term that is to be used?

2-3 (Hand Hygiene) This section regarding how hands are to be washed is very prescriptive, including requirements for hands to be washed up to the wrist, using an effective sterile barrier to operate taps and maintain cleanliness, scrubbing of hands etc. Consider again other legislation such as requirements under The Food Act (E.g. Template Food Control Plan) which don't go into such 'how to' detail, but merely require hands to be washed thoroughly. Being so prescriptive makes enforcement potentially hard if instructions are not followed correctly or to the letter – consider re-phrasing.

2-3 (a) Refers again to 'specified service' – meant to be commercial service?

2-3 (b) Reference to smoking, recommendation to change this to 'smoking and/or vaping'.

2-5 (Accidents and bleeding) Why does the procedure to deal with prolonged bleeding have to be in view of the operator? This section goes on to say all staff must be trained to comply with the



procedure, therefore what additional benefit does displaying the procedure in front of the operator provide? If they're trained appropriately, they should know it. How would this be enforced (and to what benefit) if the policy wasn't displayed in view of the operator but did exist and staff were knowledgeable of the procedure – consider the risk.

2-6 (Accidents and bleeding) There is reference in the second sentence to 'records of such accidents' – perhaps this should be incidents? Previous wording in the code has referred to incidents, not accidents.

2-7 to 2-8 clauses (Use of linen and other supplies) Consider the use of paper over towels for waxing and certain procedures; therefore, linen won't be changed after every client and arguably doesn't need to be (nor is it in practice). Consider the risk – if a barrier (paper) is used, and certain services (such as minor waxing, facials etc) are occurring, changing linen between every client is impractical and doesn't happen in reality.

2-10 – Wording around how Creams and Lotions are to be dispensed. Refer to section 3B-6 within the code for better wording around this clause ('Products to be dispensed and applied in a manner to prevent contamination of the bulk product). It is not practicable nor enforceable how this clause is currently written to use a disposable or disinfected applicator for creams and lotions.

2-15 (Storage of linen and other supplies) The wording around storage of linen in a closed or covered container I don't disagree with, however invite you to consider how realistic and enforceable this is. Most clean linen is stored on shelves, often open shelves (as opposed to within cupboards). Replacing the word 'must' with 'should' would allow some flexibility to this clause.

2-16 Recommendation to consider adding wording reference to the Hazardous Substances New Organisms Act 1996 (HSNO) requirements, referring operators to maximum quantities of chemicals allowed to be stored onsite without needing a chemical safety cabinet. (10 liters maximum is the limit for the likes of Acetone or Isopropyl 70% alcohol for example).

2-18 (Sterilisation) (a) The parameters for autoclave settings. Error for the option of 206KPa (30psi) – for at least 4 minutes at not less than 134 degrees Celsius. (It is 4 minutes, not 3 minutes). 3 minutes may not necessarily be wrong, but commonly it is at least 3, if not 3.5 minutes that is the required time. Most if not every other bylaw that references this time/temperature/pressure setting uses 4 minutes as they target time – recommendation to check your information source on this setting.

2-18 (a) iv to vii clauses: Consider in relation to most if not all other bylaws currently in existence that commonly annual servicing of autoclaves occurs (not 6-monthly as stated in your code). Regular spore testing is also infrequently requested for these types of operators, this is mostly seen in hospital settings. Whilst it is a good practice to undertake, consider how many operators know what this is, let alone how to do it and where to source the spores etc from. Consider what the wording around these clauses is trying to achieve.

2-18 (c) Glass Bead Sterilisers – Be aware that most Glass bead sterilisers work on a pre-programmed, set cycle time that is typically 15-20 seconds in duration. Your code states 5 minutes contact time is required. Without making operators run through over 10+ cycles to achieve 5 minutes, this clause is unrealistic. Recommendation to change wording to 'operate glass bead steriliser as per manufacturer's instructions'.

Be aware that in practice, the glass beads can't practically be temperature checked (by operators nor



inspecting officers), nor can these units be calibrated. The equipment name of 'glass bead steriliser' is misleading (though is the term used), due to the fact actual sterilisation is not occurring – as soon as an instrument leaves the glass beads, it is technically no longer sterile.

2-20 (Consent) No mention of a minimum age for any commercial service received? Standard practice is no one under 16 years of age without parental consent (ideally being accompanied by a parent or legal guardian). Some services may self-impose this condition (parental consent/accompaniment) for persons under 18 years as well E.g. tattoos. The Ministry of Health Guidelines for the Safe Piercing of Skin 1998 refers to 16 years being the minimum age.

Minimum standard 3: Piercing

3-1 (First aid) Why does there need to be at least one operator on the premises with a current first-aid certificate? Yes, this is advantageous in practice, but why is it required in a Bylaw/Code of Practice? Referring to the purpose of the bylaw which is about preventing infections, and communicable diseases, first aid is a reactive situation when incidents happen. I don't disagree that operators may wish to have this knowledge, but do not believe the code is the appropriate way to require this.

3-2 and 3-3 (Age restriction) Mention of 'specified service' terminology again – meant to be commercial service? Requiring written permission from a person's parent or guardian may need to be expanded to state the parent or guardian must accompany the minor and give consent. Otherwise, a written note could've come from anyone and the operator has no proof that parental consent has actually been obtained. Refer to section 3-3 below this clause which does state that the parent or guardian must be present – be consistent across 3-2 and 3-3 wording requirements.

3-4 to 3-6 clause (Precautions, consent, and aftercare) Mention of 'specified service' again through these clauses – meant to be commercial service?

3-9 (Floors) Section 1A-6 (Minimum requirements) already covers floor requirements; therefore, this section is semi-repeated here. The main difference in wording between this clause and 1A-6 is the mention of floors needing to be 'impervious to water'. 1A-6 could be amended to include the 'impervious' reference, therefore this clause (3-9) arguably isn't required? Note the term 'specified service' used again within this clause.

3-10 (b) (Hand Hygiene) Within subclause (b) the mention of 'well-fitting single use disposable gloves' is inconsistent with section 2-4 which refers to these as 'surgical gloves'. Be consistent with whichever term you're going to use for gloves. Section 3-11 refers to 'single-use disposable surgical gloves' again.

3-13 (Preparation) Small typo near end of clause – applicators should be 'applicator' as the sentence structure refers to the singular application, hence the plural of applicators is incorrect.

3-14 (b) (Only sterile or single-use disposable instruments to be used) Subclause (b) of this clause states that the provisions of Minimum standard 2-18 are to be followed, therefore are the following 3-15 to 3-17 clauses (inclusive) really required?

3-20 (Cleaning and disinfecting). This clause is quite long and wordy and hard to read. Consider how this might be re-worded and simplified, especially to make it easy to read for an operator.

3-21 (Cleaning and disinfecting). A correction has been made to the standard referred to within this



clause which used to be a standard in two parts. If I'm reading the correction right, the standard is now a stand-alone document (1 part only), but it's still mentioned twice?

3-25 (Sterilisation) Why do operators have to display written instructions to ensure compliance with sterilisation and/or ultrasonic cleaning? There is arguably no benefit to this needing to be displayed if staff are trained properly. How would staff enforce this? Consider the risk and what is trying to be achieved by displaying such instructions.

Addition standards section (below clause 3-25) Recommendation to rename this 'Additional resources' as not all documents etc listed in this box are standards. Do the documents/resources mentioned within this box need to be mentioned at all?

Some documents are code of practices, only accessible if individuals belong to the association who produces them, therefore if these are subscription based documents, should these be promoted or mentioned within a legal bylaw/code?

Arguably this is inappropriate and potentially unrepresentative to all such industry-based documents – either mention them all or don't mention them at all (which would be my recommendation). Without doubt, reference to extra guidance etc is worthwhile, however within a bylaw's code of practice is not the appropriate place to do this. There could be a perception of commercially favouring some organisations over others.

Additional Recommended Best Practice section

First bullet point highly recommends operators are immunised against Hepatitis B. Again, this is commendable and to be encouraged, but via a bylaw's code is not the place to make such recommendations – this is more of a Health and Safety reference than it is a public health bylaw related reference. This bylaw and code is about public health, not operator's conduct towards health and safety necessarily.

Last bullet point of this section talks about gloves – again, are these 'surgical disposable gloves'? They've been referred to as 'hand gloves' here – be consistent in your wording/terminology. This bullet point also reads as a directive, when it is under the heading of 'Additional recommended best practice', therefore it isn't enforceable.

Accidents – second bullet point regarding Work Safe needing to be notified – why is this in the Code at all? Not relevant to public health, again this is health and safety.

Cleaning – second bullet point – the wording around chlorine solutions corroding metals – this again is not relevant to public health, why is it in the code?

The fifth bullet point down under the 'Cleaning' heading, talks about the operation of Ultrasonic cleaners potentially causing arthritis. Why is this mentioned at all? The last part of this bullet point goes on to talk about indicator tape use, which has already been mentioned under section 2-18 of the Code – no need to repeat it here again. Also, it is confusing to repeat it here under 'Recommended best practice' when it's a requirement under section 2-18 of the code.

Sterilisation and Single use and disposable marker pens for mucus membrane sections

The wording under these two headings has already been mentioned in the Code (Section 2-18). Therefore, this additional wording is not required as it is repetitive and at times contradicts the wording in section 2-18. The wording here is also very prescriptive – overall, it simply isn't required as

it adds no value to the code overall, only causes repetition and potentially confusion.

Minimum standard 3A: Body Piercing

3A-2 (Jewellery) I'm unsure where the reference to '14 carat or 18 carat yellow gold or white gold, surgical grade stainless steel (316L or LVM), titanium, niobium, platinum, or inert plastics' has come from. These are very specific requirements for the types of jewellery used, which though they may be correct, are not necessarily known to officers nor is this level of detail necessarily looked at during inspections. Consider the need to be so specific – wording to the effect of 'any jewellery inserted into the skin must be fit for purpose or meets the requirement of a particular standard (if one is known and can be referenced)' may be the better way to word this.

3A-4 (Jewellery) Similar to the above comment for section 3A-2, why only 16 gauge jewellery or greater to be used below the neck – how would this be checked and/or enforced? Where has this specific reference come from?

Minimum standard 3B: Tattooing

3B-1 (Training) Under subsection (a), what national qualifications exist for tattooing? You cannot study to become a tattooist via qualification. Subsection (b) refers to evidence of professional development – again, this may be difficult given there are no qualifications for tattooing.

What would professional development therefore look like? There are potentially courses in disease prevention such as blood-borne disease online study options (mostly international), but otherwise it's unclear what Officers would look for, but also consider what officers would accept for this in terms of being consistent amongst operators.

Subsection (d) refers to background experience to be evidenced – apprentice tattooists, besides generally an art background, have no experience – that's why they're apprentices. So how could they meet this subclause?

All 3-B1 subclauses (a) to (d) are worded for persons needing to have worked in the industry for a minimum of 12 months (as well as demonstrate other forms of training and/or experience). Nothing in these subclauses allows for apprentices or those new to the industry. The way to address this would likely be such persons would have to be actively supervised by a suitably qualified person until such time as they are deemed to be experienced. This therefore puts the onus back onto the licensee.

3B-5 (Skin Preparation) 'The body area surrounding the skin to be tattooed must be draped with a single-use disposable paper product or clean linen'. I can assure you, generally speaking this does not ever occur (with the exception of a tattoo being applied potentially to a sensitive part of the body). I'm presuming the meaning of this clause is to add some barrier as a means of protection to surrounding areas of the body, but from a risk perspective and realistically as to what happens when tattoos are applied, this does not occur. Recommendation to remove this clause as it's unrealistic, therefore unenforceable.

3B-7 (c) (Use of dyes, pigments and solutions) No mention in this clause (of clauses (a) or (b) above it) of the EPA's Tattoo and Permanent Makeup Substance Group Standard 2022. Recommendation to add this reference in.



Additional Recommended Best Practice - Single-use disposable barriers. This whole bullet point should be included within the code itself as a requirement. Covering equipment is a known way to help minimise the spread of infection, hence this should be more than just a best practice recommendation which isn't therefore enforceable.

Additional Recommended Best Practice - Use of dyes, pigments, and solutions. The first bullet point here (in reference to EPA's Tattoo and Permanent Makeup Substance Group Standard) is what should be added to 3B-7 (c) as referred to above.

Minimum standard 3C: Acupuncture

Additional best practice – Moxibustion and Cupping sections – this is the only mention (besides definitions in the code) of these services. Given they are listed as best practice, and not covered currently by any definition in the bylaw itself meaning a licence is required for anyone who undertakes these services, why are these services therefore even mentioned in your code?

They're not enforceable – decide whether they are meant to be in your code or not. If not, there should be no reference to them. They are both non-invasive procedures, so comparatively, the risk is low compared to other services.

The very last bullet point under the cupping section references cups should be sterilised after use – remember, only items that are autoclaved are truly sterilised, so the correct reference here is that cups should be cleaned and disinfected (if this stays in your code at all).

Minimum standard 3D: Electrolysis, Red Vein Treatment and Derma Rolling/Stamping.

3D-1 (Training). This whole section again does not allow for any operator with under 12 months experience. Consider adding in wording to the effect of anyone not having at least 12 months experience is to be actively supervised by someone who is experienced, therefore putting the onus back on the licensee for junior staff.

3D-3 to 3D-5 (re-useable derma rollers/stamps to be stored safely and securely) All of these clauses allow for the re-use of equipment on the same client, which may be happening, but why would your code encourage (if not allow) this to happen? Surely in keeping with the rest of the code, promoting items not to be re-used would be more appropriate.

3D-6 (Protective face/eyewear when undertaking derma rolling/stamping). This clause is health and safety, not public health related.

Additional recommended Best Practice – Electrolysis. The first bullet point in this section mentions after care product should be applied – why is aftercare advice not a requirement of the code?

Additional Recommended Best Practice – Derma Rolling/Stamping – The reference to what The New Zealand Association of Registered Beauty Therapist recommends, should not be mentioned in your code. Why have you chosen to promote their advice or guidelines over anyone else? This is not appropriate within a legal bylaw/code (even if the recommendation is a good one).

Minimum Standard 4: Risk of breaking the skin

4-1 (Floors) Section 1A-6 of the code already covers floor requirements – refer to earlier comment made in relation to section 3-9 of the code as well – no need for this wording to be repeated.

4-3 (c) (Only sterile or single-use disposable or disinfected instruments to be used). Refer to earlier comment about section 3-20 – this clause is very wordy – consider simplifying this clause.

Additional Standards

Refer to earlier comments made – why are you promoting one organisation over anyone else and endorsing their recommendations? The recommendation may be valid; however, this is also coming from an organisation where a subscription is required. Your code is not the place to be commercially endorsing other agencies.

Minimum standard 4A: Hair removal by Waxing, Tweezing or Threading

4A-1 (Gloves) Refer to earlier comments made re: consistent terminology – are the gloves to be surgical or not?

Additional recommended Best Practice – Waxing. Third bullet point down, this is a very prescriptive ‘how to’ apply wax. I am unsure why this is in your code, even under best practice. A Bylaw code should not be a how-to instructional guide about how any service is to be undertaken; it should be public health risk focused instead. Recommendation to remove this clause.

Additional recommended Best Practice – Threading. Like the above comment, your code even under recommended best practice, should not be a prescriptive ‘how-to’ procedure for any service. Recommendation to remove this clause.

Minimum Standard 4B: Manicure/Pedicure

4B-8 (Use of instruments). I believe this clause is talking about foot spas, therefore just use the term ‘foot spas’ as this is easily understood.

4B-9 (Use of supplies). How is this clause public health related? Is this not again Health and Safety orientated instead, in which case why is it in the code?

4B-10 (Disposal of waste). I am unsure why this clause is so prescriptive around having a sealed container with lining. Controlled waste falls under its own standard, with controlled waste being waste that does not go to normal landfill without some form of treatment first. This is different to biohazard/medical waste (ie: from hospitals).

This clause is written under manicures and Pedicures, therefore is the risk of this type of waste compared to say tattooists’ waste, whereby blood, plasma etc are more likely to be present (therefore this is a higher level of risk waste). Recommendation to re-word this section to be more common sense based – E.g *“All waste to be placed in receptacles with lids and removed on a regular basis”*.

Additional Recommended Best Practice – First Aid. As per earlier comments, though a good idea, why is this mentioned within your code?



Additional Recommended Best Practice – Ventilation. Ventilation requirements should either be within your code (not as a recommendation) is there's a sound reason for such a clause, or else why is it mentioned? This again, is more of a health and safety requirement (therefore covered by its own legislation).

Additional Recommended Best Practice – Operators - sub section (b) – near end of this clause, objects would be subject to cleaning and disinfection, not sterilisation.

Fifth and sixth bullet point down in this section talks about dust masks to be used and oil to be applied to nails to make the dust heavier – again, this is Health and Safety, not public health related. Neither of these bullet points should be in your code.

Minimum Standard 4C: Exfoliation

4C-1 (Training). This whole section again does not allow for any operator with under 12 months experience. Consider adding in wording to the effect of anyone not having at least 12 months experience is to be actively supervised by someone who is experienced, therefore putting the onus back on the licensee for junior staff.

Additional Recommended Best Practice – second bullet point refer to The New Zealand Association of Registered Beauty Therapists recommending only safety certified equipment is used. This clause should not be in your code. Refer to earlier comments about endorsing outside organisations and the appropriateness of this within a bylaw/code.

Minimum Standard 5: Massage

5-4 (Only Sterile or single-use disposable or disinfected instruments are to be used) This clause for the first time within the code anywhere mentions a standard for disposing of gloves. This reference is not needed – of all processes under your code, massage is the less-invasive (arguably) of all when it comes to glove use.

5-5 (Only Sterile or single-use disposable or disinfected instruments are to be used) This clause is very wordy and confusing to read. Presumably this is referring to (in a massage context for this section) hot stones or how towels or the like? If so, just say that – it's far simpler to read and understand that these are to be properly cleaned and disinfected (or suitably laundered) between clients.

Additional recommended best practice. The first two bullet points in this section are not appropriate to be within your Code, this is not the place for such comments (again, even if there is merit in the meaning). A bylaw/code is a legal set of requirements – hence these comments here are inappropriate.

Minimum Standard 6: Pulsed light and laser treatment

The opening blurb in this section makes no reference to possible removal of pigment E.g. laser tattoo removal.

6-1 (Training) and 6-2 to 6-4 (Training in the provision of laser treatment) clauses: As per earlier



comments, this whole section again does not allow for any operator with under 12 months experience. Consider adding in wording to the effect of anyone not having at least 12 months experience is to be actively supervised by someone who is experienced, therefore putting the onus back on the licensee for junior staff. It's impossible to comply otherwise with these code requirements if you don't have 12 months experience as a minimum.

6-4 (Training in the provision of laser treatment). The way this clause reads, only Health practitioners should be doing this, therefore why is this in your code? Health practitioners are exempt from your bylaw/code.

6-5 (Display of Qualifications). Why do these need to be displayed? This can be encouraged sure, but required – why? Nowhere else in your code is it mentioned that qualifications have to be displayed.

6-14 (e)(Controlled area). I understand the meaning of this section is likely that a laser treatment room needs to be a well separated space, however, to specifically require door locks or keypads is very strange and not obvious as to what this has to do with public health. Recommendation to remove this subsection cause. This is again a health and safety matter as to how spaces are used by staff/operators (ie: a work safe issue more so than a bylaw/code issue to be addressed).

6-18 (Cleaning). Very wordy section, consider simplifying this section to be more readable.

Additional Standards – Again, this heading should be 'Additional resources' as not all references in this section are actual standards. Refer to earlier comments regarding why certain organisation's documents/resources are promoted over others, let alone mentioned at all when some of these are subscription based.

Additional Recommended Best practice – this whole section reads like a 'how-to' guide to conduct the service. A bylaw code of practice is not the place for this, that is industry's role to guide and train staff, a bylaw/code's role is to regulate the health risks.

Minimum Standard 7: Colon Hydrotherapy

7-1 (Training). 'All operators must be adequately trained' – what does adequately trained mean?

7-2 (Age Restriction). Recommendation to add wording around persons underage needing to be accompanied by a parent or legal guardian, not just provide written permission (which is hard to prove the source/validness of).

7-9 (Floors). As per earlier comments, this section has already been covered by section 1A of the code.

7-16 (Cleaning and Disinfecting) – As per earlier comments, this is a very wordy section, consider simplifying.

External References in the code of practice table

- **The Building Act 1992** – should be The Building Act 2004. (Possibly confused with the Building Regulations 1992?) Check this.
- **Customary Tattooing Guidelines for Operators (Ministry of Health)** – to add the year of this



document in (2010).

- **Guidelines for the Safe Piercing of Skin (Ministry of Health)** – to add the year in (1998).
- **Resource Management Act 1991** – May need to also include The Natural and Built Environment Act 2023 reference.
- **Tattoo and Permanent Makeup Substance Group Standard (EPA)** – To add in the year (2022)

Summary/Overall comments

Thank you for the opportunity to submit and provide feedback on your bylaw. In the absence of National legislation for these industries your proposed bylaw intends to cover, I applaud you for introducing and looking to maintain a bylaw to assist with reducing the risk to health for these industries.

My overall recommendation as stated earlier, is to consolidate your Code of Practice as much as possible, removing unnecessary educational content and any content that may promote other organisations interests (commercial or private). By consolidating your Code of Practice, your Code will be come shorter, easier to read, less repetitive and will likely have more impact and effect on the end-user/reader, as well as assisting staff in being clear on what they are looking for during compliance inspections.

I would be happy to speak to my submission (in a virtual capacity) at any scheduled hearing.

In addition, I extend an offer to help train your staff if required, should this Bylaw be successfully passed/implemented in the future.

Yours faithfully,

A handwritten signature in blue ink, appearing to read "Tanya Morrison".

Tanya Morrison
National President
New Zealand Institute of Environmental Health
30 October 2023

2

Te Whatu Ora
Health New Zealand

National Public Health Service Taranaki
Private Bag 2016
New Plymouth 4342

09 November 2023

Director – Environmental Services
Stratford District Council
submissions@stratford.govt.nz

Tēnā koe

Draft Beauty Therapy, Skin Piercing and Tattooing Bylaw 2023

We DO NOT wish to speak in support of our submission.

Te Whatu Ora leads the day-to-day running of the health system across Aotearoa New Zealand, providing and commissioning services at local, district, regional and national levels. Under the Pae Ora (Healthy Futures) Act 2022, a key objective of Te Whatu Ora is “to promote health and prevent, reduce, and delay ill-health, including by collaborating with other agencies, organisations, and individuals to address the determinants of health.” As a division of Te Whatu Ora, the National Public Health Service (NPHS) leads the delivery of Health Protection, Health Promotion, and Prevention services, as well as working with the Public Health Agency and Te Aka Whai Ora on intelligence, population health, and policy. As a Tiriti o Waitangi partner, NPHS advocates for equitable health outcomes, striving to eliminate health differences, particularly for Māori.

For the NPHS, building towards pae ora (healthy futures) for everyone includes promoting and supporting *mauri ora* (healthy individuals and ways of living where culture is recognised as a determinant of health), *whānau ora* (healthy, empowered, and strong whānau/families), and *wai ora* (healthy environments and an acknowledgment of the connection with whenua and the impact of this on health and wellbeing)^{1 2}. Thus, NPHS Taranaki welcomes the opportunity to submit on the Stratford District Council ***Draft Beauty Therapy, Skin Piercing and Tattooing Bylaw 2023***.

¹ Ministry of Health (2020). Whakamaua: Māori Health Action Plan 2020-2025. Wellington: Ministry of Health

² Te Pae Tata Interim New Zealand Health Plan 2022. <https://www.tewhatora.govt.nz/publications/te-pae-tata-interim-new-zealand-health-plan-2022/>

Te Whatu Ora Health New Zealand

Skin piercing, tattooing, nail treatments and other beauty therapies are common and popular practices. They provide opportunity for self-care and self-expression, artistic expression, or cultural practice. However, there are potential health risks associated with these practices including injury, infection and the potential transmission of blood borne viruses such as HIV or Hepatitis B or C. These can occur because of inadequately sterilised equipment or poor operator hygiene practices.³

As a proactive approach and duty of care for the Council to improve, promote and protect public health as specified in Section 23 of the Health Act 1953, the National Public Health Service – Taranaki supports the retention of the Beauty Therapy, Skin Piercing and Tattooing Bylaw and Code of Practice and the overall intent of the proposed amendments.

The National Public Health Service – Taranaki supports:

- The alterations to the purpose of the bylaw.
The inclusion of all commercial tattooing in the code of practice.
- The introduction of water testing requirements for self-supply water.

The National Public Health Service – Taranaki recommends:

- Replacing reference to the “NZ drinking water standards” in section 1A-9 of the Code of practice to reference “Water Services (Drinking Water Standards for New Zealand) Regulations 2022”.
- Retaining the requirement for existing premises to comply with the provisions of the new bylaw within six months.
- When applying Section 3B-1(d) of the code of practice that an emphasis is placed on evidence of infection control standards, policy, and practice.
- Any reusable sharp item (for example derma rollers) is cleaned, sterilised and stored and re-used in accordance with manufacturing guidelines and in a way that ensures that there can be no cross contamination.
- The sharps containers used are designed to accommodate the types of sharps that will be disposed in them, for example single use derma rollers.
- The Council include a clause prohibiting eyeball tattooing unless carried out by an ophthalmologist.⁴

Ngā mihi,



Dr Neil de Wet
Medical Officer of Health
National Public Health Service | Taranaki

³ [Guidelines for the Safe Piercing of Skin \(health.govt.nz\)](https://www.health.govt.nz/our-work/keeping-you-safe/guidelines-for-the-safe-piercing-of-skin)

⁴ [Call to ban eyeball tattooing following another horror story | RANZCO](https://www.ranzco.org.nz/news/2022/07/call-to-ban-eyeball-tattooing-following-another-horror-story/)

Erin Bishop

From: Erin Bishop
Sent: Monday, 20 November 2023 3:26 PM
To: Erin Bishop
Subject: FW: Submissions - Beauty Therapy, Skin Piercing and Tattooing Bylaw 2023 and Code of Practice - Decision report
Attachments: Stratford District Council Appearance Bylaw submission of T Morrison NZIEH 301023.pdf; 20231109_SDC Beauty Therapy Skin Piercing Tattooing Bylaw_Final.pdf

-----Original Message-----

From: Steph - Wellness From Within <[REDACTED]>
Sent: Monday, November 6, 2023 7:31 PM
To: Stratford Submissions <Submissions@stratford.govt.nz>
Subject: Beauty Therapy, Skin Piercing and Tattooing Bylaw 2023 and Code of Practice.

CAUTION: This email originated from outside the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.

I'm writing to appose the Beauty Therapy, Skin Piercing and Tattooing Bylaw 2023 and Code of Practice.

I have been qualified and working in the Beauty Therapy industry for 16 years. I have worked locally in Stratford for the last 12 and before that in Auckland in high-end Beauty Spas.

In my 16 years working in the industry, I have never witnessed damage to anyones skin as a result of poor technique. Both piercing and tattooing, work to the deeper dermal layers of the skin, even those in the Beauty Therapy industry who perform skin needling, work only to the superficial, epidermal layer of the skin. With a number of clinics now offering skin needling, maybe those who offer these treatments could have a different licence from those who purely practice traditional Beauty Therapy, those who are Dermal Therapists for example.

The damage someone may receive from a waxing or exfoliation treatment in my professional opinion hasn't been sufficiently trained. The likelihood of skin damage occurring from a granular based exfoliation would be extremely low and clients have to be titrated up to having very low pH skin peels, again I have never seen this during my time in the industry amongst the large number of people I have worked with.

I understand there are a number of back-room people, especially in cities offering Beauty Therapy services they are not qualified or competent in performing, however I personally have my qualifications on display for clients and pride myself on my professional image including a professional premises which helps give clients confidence in my skills and expertise.

I think to combine our industry with that of tattooing and piercing industry shows a poor understanding of what the industry entails and the extensive training that goes into its performance.

Yours sincerely
Stephanie Dirksen
Wellness From Within Owner/Operator



Our reference
F19/13/03-D21/40748

Karakia

Kia uruuru mai
Ā hauora
Ā haukaha
Ā haumāia
Ki runga, Ki raro
Ki roto, Ki waho
Rire rire hau Paimārire

I draw in (to my being)
The reviving essence
The strengthening essence
The essence of courage
Above, Below
Within, Around
Let there be peace.