

## INFECTION PREVENTION AND CONTROL PLAN (IPCP) (DISPOSABLE EQUIPMENT)

FACILITY NAME: \_\_\_\_\_ FACILITY ID: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

The owner, employees and practitioners of the above body art facility have developed this Infection Prevention and Control Plan to prevent accidents, to eliminate or minimize occupational exposure to blood or other body fluids, and to break the cycle of cross- contamination between practitioners and clients. This plan is intended to comply with the Safe Body Art Act.

This plan is effective as of (date) \_\_\_\_\_

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

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

*The facility owner is responsible for administering the IPCP and providing training to all practitioners that operate in the facility. Training will be provided annually and whenever changes are made to this document or any practices. Changes must be immediately reflected in this document and resubmitted to the Merced County Community and Economic Development Department, Division of Environmental Health (MCDEH) for review.*

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

*Note: Each practitioner is required to have proof of annual Bloodborne Pathogen (BBP) certification and a current valid body art practitioner registration.*

### CHANGES TO IPCP

Date	Change	Page number

\*Changes must be submitted to MCDEH for review.

### TRAINING LOG

I certify that I received the following Infection Protection Control Plan training, required annually or when a change occurs.

Date	Name	Trainer Initials	Notes/Comments

## PROCEDURES FOR CLEANING AND DECONTAMINATING ENVIRONMENTAL SURFACES

Describe how each workstation and procedure area will be cleaned and decontaminated:

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What EPA registered decontamination and disinfecting solutions will be used?

- |          |                     |
|----------|---------------------|
| 1. _____ | Contact Time: _____ |
| 2. _____ | Contact Time: _____ |
| 3. _____ | Contact Time: _____ |

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

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

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

Where will sterilized packaged instruments be stored?

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How is each sterilization package evaluated at the time of storage and before use?

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

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### A SET UP AND TEAR DOWN PROCEDURE FOR ANY FORM OF BODY ART PERFORMED AT THE FACILITY, PREVENTION OF CROSS CONTAMINATION

*Wash hands with liquid soap and dry hands with single-use paper towels (Hand hygiene). Put on a clean apron, bib or lap pad over clean clothing. Put on any personal protective equipment that is appropriate for the task. Don clean, previously unused, disposable examination gloves on both hands just prior to the procedure. Gloves shall be worn throughout the procedure. If gloves come into contact with an object or surface other than the client's prepared skin or material to be used for the procedure, or if a glove is torn or punctured, both gloves shall be removed, hand hygiene performed, and new, clean, previously unused, disposable gloves shall be donned. If gloves are removed for any reason during a procedure, hand hygiene shall be performed prior to donning new, clean, previously unused, disposable examination gloves.*

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

Describe the set up and tear down procedure for each of the stations and for each type of procedure performed at this facility. Use additional pages if needed.

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

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

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Describe the use of barrier film, dental wraps, absorbent pads, paper towels, aprons, bibs, and any film used in your facility prior to the performance of body art and describe what equipment is covered and with what type of barrier is used in each instance:

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How will skin be prepared prior to the procedure? If skin at the procedure site is to be shaved, describe the solution used to prepare the skin, type of razor, and the method of razor disposal:

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

Tattoo/Permanent Make Up:

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Piercing or Branding:

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When covering a procedure site, a sterile dressing must be used.

What type of sterile dressing (s) are used? \_\_\_\_\_

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

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

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

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

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

Washing of contaminated instruments: \_\_\_\_\_

*PPE must be disposable or washed by a commercial laundry service.*

How are sterilization packages evaluated prior to use?

\_\_\_\_\_  
\_\_\_\_\_

Are sterilization packages opened in front of the customer prior to the procedure?

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

*Proper handwashing is a key component to preventing cross-contamination. All sinks must be permanently plumbed and equipped with hot and cold running water, containerized liquid soap, and single-use paper towels that are dispensed from a wall-mounted, touchless dispenser that is accessible at all times to the practitioner.*

Describe the location of each handwashing sink in your facility:

\_\_\_\_\_  
\_\_\_\_\_

Describe when handwashing is required in your facility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is responsible for ensuring hand sinks are properly stocked? \_\_\_\_\_

*An instrument or reusable item that does **not** come in contact with non-intact skin or mucosal surfaces shall be washed with a solution of soap and water, using a brush that is small enough to clean the interior surfaces and decontaminate after each procedure. This washing will occur at the sink located at:*

\_\_\_\_\_  
\_\_\_\_\_

## PROCEDURES FOR SAFE HANDLING AND DISPOSAL OF SHARPS WASTE

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

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

*Sharps waste shall be removed and disposed of by a waste hauler or removed and transported through a mail-back system authorized by the State Department of Public Health. Section 119314 (e)(3)(A)*

What items are disposed of in the sharps container?

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

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List the licensed Medical Waste Hauler or mail-back system used for the disposal of sharps containers:

Business Name: \_

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

City, State, Zip: \_

What is the frequency of your sharps disposal?

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Where are sharp containers stored when full, prior to disposal in your facility?

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Procedures for an Accidental Spill: Clean-up and disinfection procedures when there is a spill of sharps will be:

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## FACILITY MANAGEMENT

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

Customer waiting area:
Procedure areas:
Restroom:
Break room:
Decontamination and Sterilization Area:

When and where are animals allowed in your facility? \_\_\_\_\_

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Trash receptacles and disposal of trash: List the location of receptacles, use of disposable liners, where liners are stored, and frequency of trash removal. What items will go into the trash receptacles?

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Where will eating, drinking and smoking be allowed by employees and customers?

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## RECORDKEEPING

*If disposable, single-use, pre-sterilized instruments are used, the following records must be maintained for a minimum of 90 days after use.*

1. A record of purchase.

Where are these records maintained?

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2. *Written proof on company or laboratory letterhead showing that the pre-sterilized instruments have undergone a sterilization process. Written proof shall clearly identify the instruments sterilized by name or item number and shall identify the lot or batch number of the sterilizer run.*

This written proof will be maintained in the facility at:

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3. *Documentation must be kept of all procedures, the practitioner performing the procedure, client name, lot numbers of pre-sterilized instruments used, and date of procedure.*

Where are these records maintained?

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*All information gathered from the client that is personal medical information and that is subject to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) or similar state laws shall be maintained or disposed of in compliance with those provisions.*

Consent and medical questionnaires will be stored at: \_\_\_\_\_

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

The location of the nearest healthcare facility is:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

