



Public Health
Prevent. Promote. Protect.

Board of Health *Sidney-Shelby County*

202 W. Poplar Street, Sidney, OH 45365

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BODY ART ESTABLISHMENT PLAN REVIEW

Approval

All body art establishments in Shelby County are required to have approval issued by the Sidney-Shelby County Health Department (SSCHD).

Getting Started

All new body art establishments, those performing extensive alterations (remodeling/relocating), and those closed for more than one year (considered a “new” establishment) must complete the plan review process. The following are necessary steps to obtain body art approval from the Sidney-Shelby County Health Department:

Step 1: Submit Plans

Include the following:

- Completed Body Art Establishment Plan Review Application.
- Completed Body Art Establishment Plan Review Checklist and materials/documents as specified.

Step 2: Plan Review Process

- Within 30 days after plans are submitted, SSCHD will review the plans.
- Plans may require additional information or changes – in this case, you will be contacted.

Step 3: Plan Approval Process

- A letter will be sent informing you that the plans have been approved.
- Plan approvals not acted upon expire in one (1) year, unless the facility is under construction.

Step 4: Construction

- Ensure that all contractors and sub-contractors, including plumbing, HVAC and electrical, are licensed/registered.
- Ensure that contractors obtain necessary permits through the Miami County Building Department, the Miami County Plumbing Department and the SSCHD.
- Contact SSCHD if you have questions or would like to request a walk-through inspection during construction.

Step 5: Inspections

- Obtain signatures (approvals) from all building and plumbing inspectors before contacting SSCHD for a pre-approval inspection – arrange for this inspection once approval for a Certificate of Occupancy or Temporary Certificate of Occupancy has been granted.
- SSCHD requires a minimum of 2 business days notice to schedule an inspection. Though we will attempt to accommodate your schedule, please call early to avoid scheduling conflicts and allow time for re-inspection, if necessary. Call 937-498-7249 to schedule the inspection.
- Once approval is made from the pre-approval inspection, an Application to Operate a Body Art Establishment must be completed and submitted with license fees to be able to open for business.



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BODY ART ESTABLISHMENT PLAN REVIEW APPLICATION

Type of Establishment *(Check all that apply):*

Tattoo ____ Body Piercing ____ Permanent Makeup ____

Plan Review Contacts

Name of Business: _____ Business Phone: _____

Business Address: _____ City: _____

State: _____ Zip Code: _____ Business Email: _____

Name of Operator: _____ Operator Phone: _____

Operator Address: _____

City: _____ State: _____ Zip Code: _____

Operator E-Mail : _____

Please list the name(s) and address(es) of any previously or currently approved body art facility(ies) you operate/operated, as well as name and contact information of the licensing agency:

Estimated Date Construction to Begin: _____ Estimated Opening Date: _____

Planned Days/Hours of Operation: _____

____ New Establishment **OR** ____ Alteration *If alteration, please briefly describe scope of project (e.g. remodel details, relocating, etc): _____

Water Supply: Municipal Other*: _____

Sewage Disposal: Sanitary Sewer Semi-Public*

*Please provide documentation of approval from Ohio EPA

Internal use only: Date received _____ Received by: _____

Body Art Establishment Plan Review Checklist

All plans submitted to SSCHD must be legible and include the following information. Lack of complete information may delay plan approval and/or the opening of your business. Please indicate with a checkmark (v) that the following are included:

_____ Scale drawing of facility, including location of all entrances/exits, plumbing fixtures (hand sinks, mop sink, cleaning sink, etc.), restroom(s), procedure/cleaning areas, equipment, counters, waste cans, etc.

_____ Interior finish schedule (if not included on drawing)

_____ Lighting plan or statement that there will be at least 40 foot candles of light provided for all work surfaces and at least 20 foot candles in all other areas of the establishment

_____ Equipment list with manufacturer and model numbers referenced to the facility drawing

_____ Written verification from the zoning authority and building department having jurisdiction that the building has been zoned and approved for the business use

_____ Materials list (inks, needles, jewelry, etc.)

_____ Client service/consent form and parental consent form

NOTE: The operator shall maintain records of each body art procedure performed for at least two years.

_____ Aftercare instructions (must include, but not limited to info about physical restrictions, wound care, signs and symptoms of infection, and when to seek medical treatment, if necessary)

_____ Documentation that all persons performing body art services on the business premises have received appropriate training in tattooing and/or body piercing, as evidenced by:

- 1) Records of completion of courses or seminars in tattooing/piercing/PMU offered by authorities recognized by the Board of Health as being qualified to provide such instruction;
- 2) Written statements of attestation by individuals offering tattoo/piercing/PMU apprenticeships that the person has received sufficient training of adequate duration to competently perform body art services; or
- 3) Other documentation acceptable to the board of health.

_____ Documentation that all persons performing body art services for the business shall have received training, as evidenced by records of completion, courses or seminars provided by licensed physicians, registered nurses, organizations such as the American Red Cross, accredited learning institutions, appropriate governmental entities, or other authorities qualified to provide training in the following:

- 1) First Aid;
- 2) Standard precautions for preventing the transmission of bloodborne and other infectious diseases

_____ A written infection control plan that includes, but is not limited to, the following: a) decontaminating and disinfecting environmental surfaces; b) decontaminating, packaging, sterilizing, and storing reusable equipment and instruments; c) protecting clean instruments and sterile instruments from contamination during storage; d) ensuring that standard precautions and aseptic techniques are utilized during all body art procedures; e) safe handling and disposal of needles ***This plan shall be kept up to date and re-submitted to the Board of Health when changes are made.

_____ Sterilization device testing log, including written policy to maintain written records of sterilizer maintenance.

NOTE: The operator shall maintain records of each test performed and all sterilizer maintenance for at least two years.

I am submitting a set of plans which include the required drawings and other information noted above. As operator, I attest that I will comply with all requirements established by sections 3730.01 to 3730.11 of the Ohio Revised Code and Chapter 3701-9 of the Ohio Administrative Code.

Signature of Operator: _____ Date: _____

Submit Plans to:

Sidney-Shelby County Health Department
202 W. Poplar Street
Sidney, Ohio 45365
Telephone: 937-498-7249
Fax: 937-498-7013
Email: sschd@shelbycountyhealthdept.org

Infection Prevention and Control Plan

Facility Name	
Address	
Phone Number	
Owner's Name	
Effective Date	
<p>This plan is intended to comply with Ohio Administrative Code 3701-9-02(B)(8).</p> <p>The owner, employees, and artists of the above body art facility have developed this Infection Prevention and Control Plan (IPCP) to prevent accidents, to eliminate or minimize occupational exposure to blood or other body fluids, and to break the cycle of cross-contamination between practitioners and clients.</p> <p>All body art practitioners and employees have access to the plan and can review it at any time during their work shifts.</p> <p>The facility owner is responsible for administering the IPCP and providing training to all artists that operate in the facility. Training will be provided annually and whenever changes are made to this document or any practices contained therein. Trainings will be documented in the log within this plan.</p>	

Infection Prevention and Control Plan

Section I: Decontamination and Disinfecting Environmental Surfaces

Describe the procedures for decontamination and disinfecting environmental surfaces such as workstations and non-disposable equipment that does not get sterilized. Identify items that are to be disinfected and the disinfectants that are to be used. (Paragraph (B)(8)(a) of rule 3701-9-02 of the Administrative Code)

Environmental Surface	Type of EPA registered disinfectant used	How often will this environmental surface be cleaned and disinfected?
Workstation surfaces/counter tops		
Workstation chairs/stools		
Trays		
Armrests		
Headrests		
Procedure Area		
Tables		
Tattoo machine and clip cord		
Reusable instruments such as calipers, etc.		
Portable light fixtures or other		
Permanent cosmetic machine		
Other, Specify		
Other, Specify		
Other, Specify		
Other, Specify		
Other, Specify		
Other, Specify		
Other, Specify		
Other, Specify		
Other, Specify		

Infection Prevention and Control Plan

Describe the Cleaning procedure and frequency for each of these areas:

Customer waiting area:
Procedure areas:
Restroom:
Decontamination room:

Infection Prevention and Control Plan

Section II: Decontaminating, packaging, sterilizing, and storing reusable equipment and instruments

Any instruments or equipment used for body art procedures shall either be single-use and disposable, or be thoroughly cleaned and sterilized or disinfected after each use as described in paragraphs (A)(1-11) of rule 3701-9-08 of the Administrative Code

Describe the Personal Protective Equipment (PPE) used during cleaning and sterilizing processes.		
Describe the container and type of enzymatic pre-cleaner that will be used to remove all gross debris.		
Describe the type of container and type of disinfectant used to fully submerge the equipment or instrument.		
Provide make and model of ultrasonic cleaning unit used and the type of solution used in it.		
Provide make and model of steam sterilizer unit and autoclave used by the facility.		
Is the steam sterilizer designed to sterilize hollow instruments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the steam sterilizer equipped with a mechanical drying cycle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate the location of your decontamination area/clean room and sterilization equipment in the facility.		
Is the decontamination room more than 5 feet from procedure areas or separated by a solid, cleanable barrier?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Infection Prevention and Control Plan

Describe how you will monitor your steam sterilizer so as to ensure that it sterilizes reusable equipment properly.

Describe the information entered in the sterilization log. (Note: all logs shall be maintained for at least two years).

Describe the remedial action steps to be taken when any of the following takes place: the sterilization equipment malfunctions; or moisture remains in the pouch; the process indicator and/or the sterilization integrator, or the digital printout indicates that sterilization has not been achieved.

Infection Prevention and Control Plan

Section III: Protecting Clean Instruments and Sterile Instruments from Contamination during Storage

All equipment and instruments shall remain in the sealed sterilization pouch, be handled with newly gloved hands, and stored in a clean, dry, closed cabinet, drawer, or other container reserved for such instruments.

After sterilization, describe the location where the packaged instruments are stored.		
Is each pack evaluated at the time of storage and before use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the expiration date for sterilized equipment or instruments (unless the package integrity is compromised)?		
Describe the procedure to be followed if a sterilized package has been compromised.		

Infection Prevention and Control Plan

Section IV: Ensuring that Standard Precautions and Aseptic Techniques are Utilized During all Body Art Procedures

Persons performing body art procedures shall observe standard precautions for preventing transmission of bloodborne and other infectious diseases in accordance with OAC 3701-9-4(S) which requires the following:

1. Sterile instruments and aseptic techniques shall be used at all times during a procedure.
2. Hand washing shall be performed before and after each procedure. Fingernails shall be kept short and clean.
3. Clean, previously unused gloves shall be worn throughout the entire procedure, including setup and tear down. If the gloves are pierced, or torn, or if they become otherwise contaminated or compromised, hand washing shall be performed and a new pair shall be put on immediately. If the body artist leaves the area during the procedure, gloves shall be removed before leaving, hand washing shall be performed and a new pair of gloves shall be put on when returning. Under no circumstances shall a single pair of gloves be used on more than one patron.
4. Only sterilized, single use, disposable needles shall be used on a patron. All used needles and associated needle bars shall be properly disposed of immediately after the procedure.
5. If shaving is necessary, single use disposable razors shall be used. Used razors shall be properly disposed of in an appropriate sharps container.
6. All marking instruments shall be single use or be manufactured to sterilize by design.
7. All products used to address the flow of blood or to absorb blood shall be single use and disposed of properly. No individual performing a body art procedure shall use styptic pencils, alum blocks, or other solid styptics to address the flow of blood.
8. After any body art service and prior to the next, all procedure areas shall be cleaned and disinfected with an approved disinfectant.
9. All soaps, inks, dyes, pigments, ointments, and other products shall be dispensed and applied using an aseptic technique and in a manner to prevent contamination of the original container and its contents. Applicators shall be single use and disposed of properly.
10. Any equipment intended for use that is not single use shall be disinfected and sterilized between patrons. Equipment that cannot be sterilized shall be disinfected between each use.
11. All body artists shall follow appropriate hand washing techniques and wear gloves when involved in cleaning, disinfecting, and sterilization procedures.

Describe the marking instrument(s) used for body art procedures at your facility.

Indicate the location of disposable gloves within your facility.

Infection Prevention and Control Plan

Describe the use of barriers (films, wraps, absorbent pads, paper towels, aprons, bibs, wax paper, aluminum foil, plastic wrap, etc.) used in your facility prior to beginning body art. Indicate what equipment (tattoo machine, trays, tables, chairs, clip cords, power supplies, squeeze bottles, lamps, etc.) is covered and with what type of barrier is used in each instance.

Describe the set up and tear down procedure for each of the stations and for each type of procedure performed at this facility.

Set up Procedure	
Tattooing	Body Piercing

Infection Prevention and Control Plan

Tear Down Procedure	
Tattooing	Body Piercing

Piercing Requirement
<p>Prior to a procedure, the area of the patron's body to be pierced shall be thoroughly cleaned with soap and water, then prepared with an antiseptic solution that is applied with a clean, absorbent disposable material. The following procedures and solutions will be used to meet this requirement:</p>

Infection Prevention and Control Plan

In the case of oral piercings, the patron shall be provided with alcohol-free, antiseptic mouthwash in a single use cup. **The antiseptic mouthwash used will be:**

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

Jewelry placed in newly pierced skin shall be sterilized prior to piercing as specified in OAC 3701-9-08 or shall be purchased pre-sterilized. Sterile jewelry packs shall be evaluated before use. If the integrity of a pack is compromised, including but not limited to, being wet, torn or punctured, the pack shall be discarded or reprocessed before use.

Only jewelry made of ASTM F 136 compliant titanium or ASTM F138 compliant steel, solid 14 karat or 18 karat white or yellow gold, niobium, or platinum, shall be placed in newly pierced skin.

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

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

Tattooing Requirement

Prior to a procedure, the area of the patron's body to be tattooed, shall be thoroughly cleaned with soap and water, then prepared with an antiseptic solution that is applied with a clean single use gauze square, cotton ball or square, cotton swab, or other clean, absorbent, disposable material. **The following procedures and solutions will be used to meet this requirement:**

Infection Prevention and Control Plan

Only commercially manufactured inks, dyes, or pigments that are intended for tattooing shall be used for procedures in this facility. Single use containers of inks, dyes or pigments shall be used for each patron and the body artist shall discard the container and remaining dye or ink upon completion of the procedure.

The body artist performing the procedure shall remove excess dye, pigment or ink from the skin with single-use gauze squares, cotton balls or squares, cotton swabs, or other clean, absorbent, disposable material.

The body artist shall wash the completed tattoo with a single use gauze square, cotton ball or square or cotton swab, saturated with an appropriate antiseptic solution. **The antiseptic solution used will be:**

Body artists shall apply a sterile, non-occlusive (not air or water tight), single use dressing secured with non-allergenic tape to the site. Non-medical use paper products including, but not limited to, napkins and tape for dressing shall not be used. **Describe how this requirement will be met:**

Infection Prevention and Control Plan

Section V: Safe Handling and Disposal of Needles

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 and decontamination/sterilization area shall have a container for the disposal of sharps waste. Sharps waste containers must be easily accessible to the practitioner.

Disposal of waste items including, but not limited to needles, razors, and other supplies capable of causing lacerations or puncture wounds shall be disposed of in accordance with OAC 3745- 27.

Indicate the locations of sharps waste disposal containers located throughout the facility

Provide the name of sharps waste collection services or explain how sharps waste are ultimately disposed of from the facility

Infection Prevention and Control Plan

Section VI: Aftercare guidelines

Attach or describe the aftercare guidelines provided to the patrons.

