## INFECTION PREVENTION AND CONTROL PLAN (IPCP)

	FACILITY INFORMATION			Facility	ID:	
	BUSINES	SSINFO	DRMATION			
Facility Name	Boomed		J. II. II. (1101)			
Fiii-A-l-l					Ctata	Zip Code
Facility Address					State	Zip Code
City					•	•
Facility Phone		E-mail				
	APPLICA	NT INF	ORMATION			
Owner Name						
Phone		E-mail				
CHECK ALL SERVIC	ES TO BE OFFERED					
$\square$ Tattooing	☐ Body Piercing	[	☐ Permanent Cosm	etics	□ E	Branding
and Control Pla fluids, and to br	oloyees and practitioners of the abo n to prevent accidents, to eliminat eak the cycle of cross-contaminat e Safe Body Art Act.	e or m	ninimize occupatio	onal expos	ure to bloc	od or other body
are initially assi use in the facilit be immediately	cility owner shall provide on-site tra gned, anytime there are changes in many but not less than once per year. reflected in this document and res epartment (EMD) for review.	n the p Recor	rocedures or task ds shall be maint	s, when ne ained on-s	w technol ite for 3 ye	ogy is adopted for ars. Changes must
work shifts	rt practitioners and employees haves. Each practitioner is required son and a current valid body art prac	to ha	ve proof of annu	ıal Bloodb	orne Path	nogen (BBP)
An owner of a body art facility shall notify the Sacramento County EMD in writing within 30 days of the resignation, termination, or NEW hire of a body art practitioner at the body art facility. 119312. (j) The county may SUSPEND or REVOKE the permit of a body art facility if a person who does not possess a valid practitioner registration is allowed to perform body art.						
This p	plan is effective as of this date.		Date:			
Loc	cation of IPCP at the facility.		Location:			

CHANGES TO IPCP					
Date	Change	Page Number			

## **ANNUAL TRAINING LOGS**

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

cnange occurs.				
Date	PRACTITIONER	Trainer/initials	Comments	
		1	j	

	ı	ICEN	SED MEDICAL WASTE H	HAULER	
	Business Name				
☐ Mail back	Address				
				1	
☐ Pick up	City			State	Zip Code
	Facility Phone				
How	often are sharps picked the disposal com				
Where ar	e full sharp containers s prior to disposal in fa				
What items are discarded in the container?	e required to be le <b>sharps</b>				
Describe locat <b>sharps</b> contair	ion of each ner in the facility?				
PROCEDURES FOR SAFE HANDLING AND DISPOSAL OF SHARPS WASTE			sharps waste container shall the international biohazard s		
What are the procedures for cleaning up an accidental spill?					

## **EPA REGISTERED DISINFECTANT**

All active practitioner must know correct required wet contact time

1.	Contact time:
2.	Contact time:
3.	Contact time:
4.	Contact time:
5.	Contact time:

equipped with hot and cold runnii	PROPER HANDWASHING  sponent to preventing cross-contamination. All sinks must be permanently plumbed and ang water, containerized liquid soap, and single-use paper towels that are dispensed from a ser that is accessible at all times to the practitioner.
Describe the location of each handwashing sink in facility.	
Describe when handwashing is required in your facility.	
Who is responsible for ensuring <b>PPE</b> are properly stocked?	
Personal Protection E	PERSONAL PROTECTION EQUIPMENT  Equipment (PPE) must be disposable or washed by a commercial laundry service.
Describe the location of gloves available within facility.	
What Personal Protective Equipment is worn during body art procedures?	
Who is responsible for ensuring hand sinks are properly stocked.	
BARRIER FILM/SHEATH	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.

SKIN PREP		How will skin be prepared prior to the procedure? If skin at the procedure site is to be shaved, describe the <b>solution</b> used to prepare the skin and type of razor used.			
What solution or tra				All disposable razor must be	
stencils or mark wor sites?				discarded where?	
<b>DRESSING</b> : When sterile dressing must approved) What type	t be use				
			CLEANING AND DEC	ONTAMINATIO	DN .
			ıminating environmental s		g but not limited to
			eadrests, procedure area after each procedure by		
Cleaning and deco	ntamina	tion: What surfaces ar	nd objects will be disinfec	ted?	
			•		
Cleaning and deco	ntamina	tion: How often will the	ese surfaces and objects	be disinfected?	

Setup procedures					
	are as follows				
ardown proced	<b>ures</b> following the	completion of a	ny form of body	art procedure.	
		-	-	<u> </u>	
	lures are as follows.				

escribe steps taken to <b>prevent cross contamination</b> of ir ocedure.	nstruments or the procedure site during a body art
Cross contamination is prevented by	
Wash and dry hands. Put on a clean apron, bib of protective equipment that is appropriate for the examination gloves on both hands just prior to the procedure. If gloves come into contact with an object material to be used for the procedure, or if a glove hand hygiene performed, and new, clean, previous gloves are removed for any reason during a proceduring new, clean, previously unused, disposable The practitioner shall wear disposable gloves on	DSS CONTAMINATION  If lap pad over clean clothing. Put on any personal task. Don clean, previously unused, disposable to procedure. Gloves shall be worn throughout the cotton or continuous transfer than the client's prepared skin or is torn or punctured, both gloves shall be removed, asly unused, disposable gloves shall be donned. If the cedure, hand hygiene shall be performed prior to be examination gloves.  Both hands when touching, decontaminating, or that is soiled or that is potentially soiled with human
Washing of contam	inated instruments:
An instrument or reusable item that does <u>not</u> come in shall be washed with a solution of soap and water, using surfaces and decontaminate after each procedure.	
This washing will occur at the sink located at:	

## PROCEDURE FOR PROTECTING CLEAN AND STERILE INSTRUMENT PACKS Clean instruments and sterilized instrument packs shall be placed in clean, dry, labeled containers, or stored in a labeled cabinet that is protected from dust and moisture. Where will sterilized packaged instruments be stored in facility? When evaluating sterilized equipment, what things are you looking for to ensure they are safe to use? Are sterilization packages opened in front of the customer prior to the procedure? ☐ YES □ NO What will be done with a compromised sterilized package? **FACILITY MANAGEMENT** Describe the cleaning procedure and frequency for each of these areas. Customer waiting area: Restroom: Break room: Decontamination and sterilization room: When and where are animals allowed in your facility? Where will eating, drinking and smoking be allowed by employees and customers? List the location of trash bins/receptacles, use of disposable liners, where liners are stored, and frequency of trash removal. What items will go into the trash receptacles?

RECORD KEEPING					
Disposable, single-use, pre-sterilized instruments are used, the following records must be maintained for a					
minimum of <b>90 days after use</b> .					
A record of purchase: Where are these records maintained?					
Written proof on company or laboratory letterhead showing that the presterilized 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?					
Client log documentation must be kept of all procedures, 1) the practitioner performing the procedure, 2) client name, 3) lot numbers of presterilized instruments used, and 4) date of procedure.					
Where are these records maintained?					
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 (open 24 hours) facility is:					
NAME: PHONE:					
ADDRESS: CITY: STATE: ZIP:					